

London Borough of Bromley

PART 1 - PUBLIC

Briefing for Care Services Policy Development and Scrutiny Committee 4th December 2012

Quality Monitoring of Domiciliary Care Services

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1. Summary (Include the purpose of the briefing)

1.1 This report updates Members on the work undertaken to monitor the quality of domiciliary care services provided in the borough by external Providers. Members requested an annual update on the quality of this service.

1.2 Members are asked to note that:

- a) The Council constantly monitors domiciliary services and takes action where concerns are raised.
- b) The Council has procured a new Domiciliary Care Framework of 24 Providers.
- c) The Council uses lessons learned from complaints and safeguarding alerts to work with providers in order to continuously improve services.
- d) A report on domiciliary care will be made annually to this Committee.

2. THE BRIEFING (what does the briefing cover, links to corporate priorities, implications, risk analysis, policy, equalities, next steps etc)

2.1 The Council supports approximately 1,500 people in Bromley to stay in their own homes through the provision of domiciliary care services. The Care Services Policy Development and Scrutiny Committee (CS PDS) has requested an annual report on quality monitoring of this service. This report explains the contract monitoring and quality assurance processes which are in place for both external domiciliary care agencies and the in house reablement service. Information is collected through visits to care providers, feedback from service users and the Council's care management staff, and from complaints and safeguarding data.

- 2.2 The previous contracts with external providers expired in August 2012. Officers completed a procurement exercise to set up a framework of external providers to deliver domiciliary care. The framework consists of 24 providers who can be asked to deliver care packages, all of whom meet robust quality standards. In order to comply with Financial Regulations, care packages are now offered out to all contracted providers on the Framework. The specialist service for people with dementia was also successfully transferred to a new provider from Bromley Mindcare. A key feature of the new contracts is that all providers are required to use an electronic call monitoring system. This assists them to monitor the timings of calls and to investigate any discrepancies with carers.
- 2.3 During the last two years, two Agencies providing services to the borough have ceased trading. Amazing Healthcare had financial difficulties and was closed with immediate effect, giving no notice. The Contract Compliance Team worked with colleagues in the Brokerage Team and found new Agencies to deliver care within the same day, so that there was no loss of care to our 16 clients. To date the council has received no negative feedback as a result of these moves. The other agency was Redspot, who made an executive decision not to tender for the new contract and notified us that they wished to close down their Bromley office prior to the end of the contract. Officers from the ECS Contracts and Care Services Teams worked closely with Redspot managers with the aim of closing down the service in an orderly way that didn't place the service users at risk, or tip Redspot care staff precipitately into unemployment. Most service users transferred to other agencies, but 12 chose to take a direct payment in order to retain their Redspot carer. The transfers were completed smoothly during a 6 week period and the service ended on 17th June 2012.

3. REGISTRATION

- 3.1 Domiciliary care agencies providing personal care are required to register with the Care Quality Commission (CQC) under the Care Quality Commission (Registration) Regulations 2009 introduced by the Health and Social Care Act 2008. The CQC monitors for compliance against The Essential Standards of Quality and Safety. Compliance reports may identify 'minor', 'moderate' or 'major' concerns against any of the Essential Standards. Where concerns are identified, they will then take whatever they consider to be the most appropriate action to ensure that the necessary improvements are made
- 3.2 The Council continually monitors the registration status of domiciliary care agencies and if at any time there are concerns about this status the contractual arrangements with the agency are reconsidered. All of the agencies contracted to the Borough are registered with the CQC. All agencies new to working in Bromley have been visited by the Contracts Compliance Officer prior to receiving work through the framework to ensure that essential procedures and policies are in place at the registered location. Several agencies have been inspected by CQC recently and have been found to be compliant with the Essential Standards.

4. CONTRACT MONITORING

- 4.1 Contract monitoring meetings are held quarterly with the main providers handling the majority of care packages. The Contract Compliance officers use the Essential Standards of Quality and Safety and the service specification to assess performance. They also review recent complaints and comments from Care Services. The frequency of monitoring visits to other agencies is

scheduled proportionate to risk and previous performance, however each agency is visited at least annually. Monitoring covers four key areas:

- Assessment and Care Planning.
- Protection of Service Users and Staff.
- Staff and Training.
- Organisation and Running of the Business.

4.2 At the meeting the monitoring officer discusses progress on each key area with the provider and their staff and scrutinises supporting documentation evidence produced. Following each meeting an action plan is jointly agreed which is then followed up on subsequent visits.

4.3 The in house reablement service is regulated by the CQC in the same way as external agencies. Regular quality monitoring is firstly the responsibility of the service itself and in addition officers from the ECS Contract Compliance team undertake regular checks.

4.2 Key areas for improvement that have been identified during recent monitoring and are being addressed by agencies are outlined briefly below.

- Risk assessment reviews following a change in a service user's needs.
- Ensuring that risk assessments accurately reflect risks to service users.
- Improvements to the detail and legibility of care logs.
- Ensure that staff follow the care plans when providing the service.
- Review of rotas to ensure sufficient time and travel time allowed to each visit.
- Comparison of rotas to care logs to ensure accuracy of visit times.
- Feeding back to the Borough if visit times agreed with service users varies from those prescribed on the service request.
- Increased monitoring and supervision of care workers involved in complaints.
- Ensuring that any issues noted during an agencies quality assurance process are followed up to an appropriate conclusion
- Secure and appropriate storage of client data.

5. QUALITY ASSURANCE OFFICER

5.1 A Quality Assurance Officer visits service users and their carers to find out first hand how well providers are performing. The information gathered from users is analysed and any issues highlighted addressed with providers at monitoring meetings and if appropriate form part of action plans. As part of the preparation for the new contracts the Quality Assurance Officer completed a questionnaire with 58 service users (4%) and the results of this were incorporated into one of the tender evaluation questions.

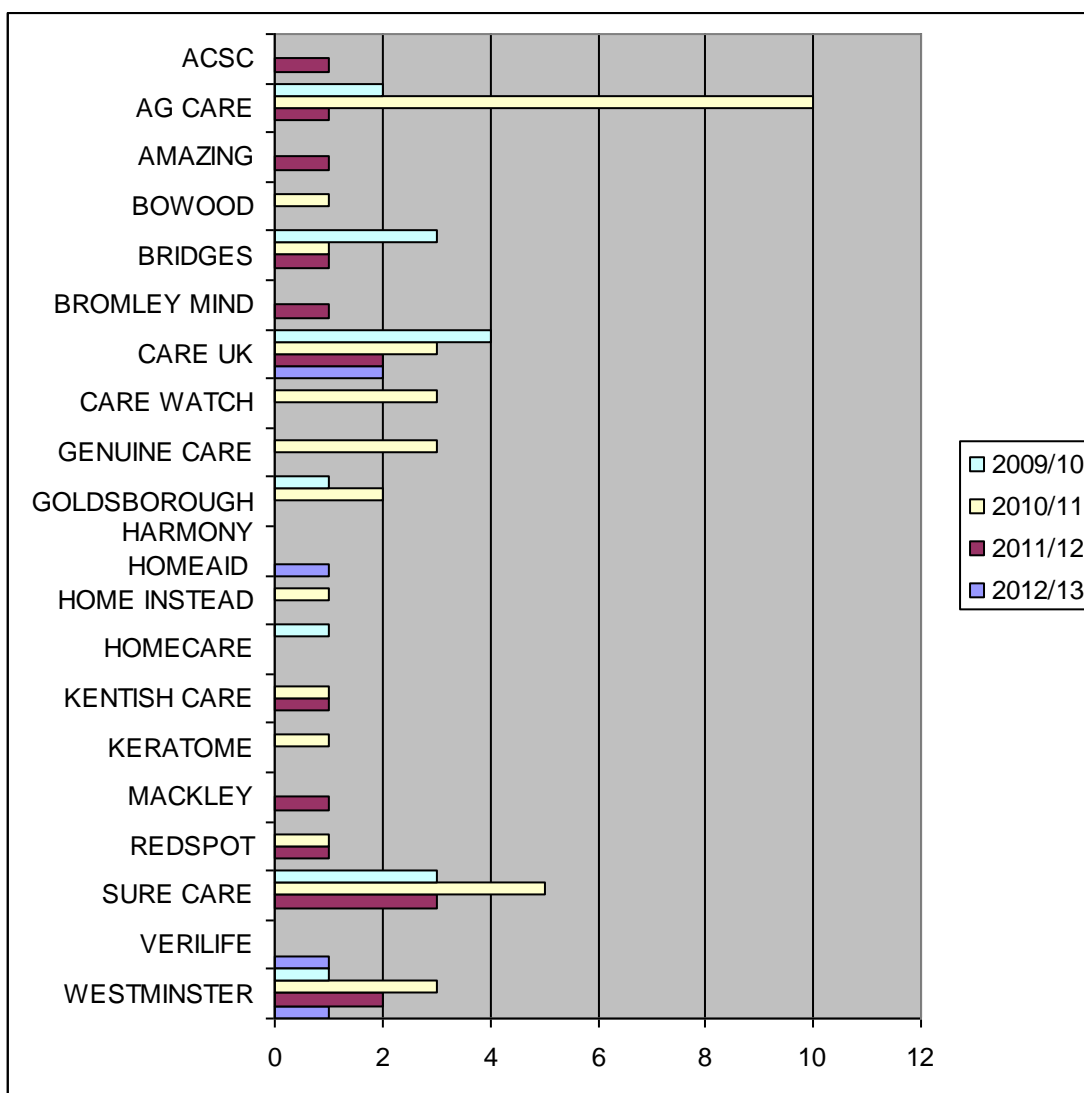
5.2 Key improvement areas identified for agencies are:

- Service users not being informed in advance of a change of carer.
- Carers in a rush.
- Carers not always staying for the full length of the planned visit.

- Consistency of care worker.
- 5.3 When issues about poor standards of service are raised through contract monitoring or by other stakeholders LBB Officers initially investigate them with the agency. Often the investigation will result in the setting of an action plan for the agency which is then regularly monitored to ensure that improvements are made and sustained. If standards fail to improve officers may take additional action; for instance new placements to the agency may be suspended until improvement has been demonstrated. During 2012 the Council suspended new placements to AG Care and Care UK following a succession of complaints about missed visits and poor communication. Our concerns were shared with CQC and work is continuing on action plans to improve performance with both providers. Regular meetings are held between the Contract Compliance Team, commissioners, brokers and care managers from Care Services Division to ensure that performance information and concerns are shared appropriately. Officers also raise concerns about general quality issues at the quarterly Domiciliary Care Forums.
- 5.4 The Contract Compliance Team has developed a quality assurance framework (QAF) to enable measurement of the performance of agencies against a range of standards. Providers are required to self assess and gather evidence which demonstrates how they meet the standards. Compliance Officers then validate the collected evidence during monitoring visits. Standards are graded in three groupings 'A', 'B' and 'C' across seven key areas. 'C' graded standards are largely based upon the Essential Standards of Quality and Safety whilst 'B' and 'A' graded standards require providers to demonstrate continuous improvement to the quality of service.
- 5.5 The QAF has been discussed with the new managers and these agencies will be working towards demonstrating the criteria for next year. Most providers have accepted that the process is helpful in getting them to consider ways in which they can develop their service. Compliance with the QAF is a contractual obligation in the new contract and failure to demonstrate improvements will impact on the amount of new care packages offered to the agency.

6. COMPLAINTS

- 6.1 Front line staff take the lead when dealing with informal (unwritten) complaints. Formal complaints are forwarded to the contract compliance officers by the ECS complaints team for investigation. Investigations are conducted with the relevant agency which is expected to provide any information relevant to the complaint. This may include timesheets, care records from service users' homes and statements from any agency staff involved in the issues raised.
- 6.2 Overall the number of complaints made about domiciliary care agencies continues to reduce. During the year 2011/12 there were 15 formal complaints about domiciliary care, a drop from 33 the previous year. In the first six months of 2012/13 there have been 5 formal complaints; 3 relating to missed visits, 1 regarding the tasks to be completed and 1 concerning the lateness of one carer for a double handed visit.
- 6.3 The chart below shows the actual number of complaints per agency for the last 3 financial years and the first 6 months of 2012-13.



6.4 The number of formal complaints received about the services from external agencies has reduced in the last 3.5 years whilst the number of care hours commissioned has risen. In addition to monitoring formal complaints received by agencies the Contract Compliance officer also checks the number of complaints received and resolved by directly by agencies. The actual number of complaints about each agency is set out in the table below.

Care Agency Name	2012/13 to Sept	2011/12	2010/11	2009/10	Total
ACSC		1	0	0	
AG CARE		1	10	2	13
AMAZING		1	0	0	1
BOWOOD		0	1	0	1
BRIDGES		1	1	3	5
BROMLEY MIND		1	0	0	
CARE UK	2	2	3	4	8
CARE WATCH		0	3	0	3
GENUINE CARE		0	3	0	3
GOLDSBOROUGH		0	2	1	4
HARMONY					
HOMEAID	1	0			1
HOMECARE		0	0	1	1
HOME INSTEAD			1	0	1

KERATOME			1	0	1
KENTISH CARE		1	1	0	2
MACKLEY		1			
REDSHOT		1	1	0	2
SURE CARE		3	5	3	8
VERILIFE	1				
WESTMINSTER	1	2	3	1	5
	5	15	35	15	59

7. SAFEGUARDING

- 7.1 When safeguarding alerts are received the care management teams instigate the Bromley multi agency safeguarding procedures. Monitoring officers can be involved in safeguarding investigations and always follow up on learning points or action plans at the conclusion of each case. The Council's Adult Safeguarding Manager convenes the Care Services Review Group which brings together safeguarding and contract compliance with the safeguarding lead practitioners and Primary Care Trust staff in order to monitor current information, identify any patterns which need investigation and share any safeguarding concerns about local homes and domiciliary care agencies. This ensures that any potential issues are picked up and factored by into monitoring and training programmes early.
- 7.2 There were 16 safeguarding referrals relating to domiciliary care during 2011/12 and so far this year (to end September) there have been 4 referrals. Many referrals concerned suspected financial abuse, physical abuse or neglect. In every case of suspected financial abuse and in many other cases the police are involved and the care worker suspended as a matter of course whilst an investigation takes place. Officers consider all information available to establish the facts, including whether or not there are patterns of complaints or grumbles about the care worker, or from the user. Where allegations against care workers are substantiated they are reported to the Independent Safeguarding Authority (ISA) which has set up a register to prevent their future employment.
- 7.3 The Council has piloted an accreditation scheme for personal assistants who are employed by users of direct payments. The scheme ensures that satisfactory employment checks have been undertaken including, references, eligibility to work, insurance, enhanced CRB and training qualifications. The details of accredited Personal Assistants will be made available to service users and the wider population who are self funding via the Council's My Life website.

8. JOINT WORKING TO IMPROVE STANDARDS

- 8.1 The Council hosts a quarterly Domiciliary Care Provider Forum which works to improve on quality and consistency of care in peoples' homes and to promote and share good practice. Membership of the forum is extended to all local agencies, whether or not they contract with the Council. The forum has an annual work plan which has concentrated this year on safeguarding, development of a quality assessment framework, and business continuity planning. The membership of the forum has continued to increase during the last year and there has been a significant increase in the number of Providers that receive their training through the Council's Training Consortium.
- 8.2 The safeguarding team regularly attends provider forums in order to ensure that providers are kept up to date with changing requirements, such as the

introduction of the London multi agency safeguarding arrangements. Providers are represented on the Adult Safeguarding Board which ensures that provider issues are considered as part of this multi agency approach.

9. TRAINING

- 9.1 The Council is committed to working in partnership with local private and voluntary sector providers to ensure adequate provision is made for training and that providers can access a comprehensive training programme. External domiciliary care agencies are encouraged to join a training consortium managed by the Council where providers can pool their available training funds and purchase places on training programmes. Courses are run throughout the year to address identified training needs. The Council works continuously with providers to ensure that the courses provided are timely and assist providers in balancing the competing demands of delivering care and ensuring that staff receive both induction and refresher training.
- 9.2 The training courses provided for agency managers and their staff address the Essential Standards of Quality and Safety for registered care services. These standards include requirements about the competence of the workforce including their suitability, experience and qualifications. The overall intention of the Care Standards Act 2000 is to improve the quality of care provided and to ensure that services delivered meet user needs.
- 9.3 The programme is accessed by 6 out of the 24 domiciliary care agencies on the new framework; as well as another 16 agencies who are not in the new framework but provide care services to people within the Borough. Three new domiciliary care agencies joined the consortium in 2012/13. The Contract Compliance officer ensures that agencies who are not accessing training via the consortium are fulfilling their obligations to train staff by scrutinising staff training and supervision records during monitoring visits.
- 9.4 Within the training programme approximately 29 different courses are currently provided, of which 5 are core training courses; first aid, food hygiene, health and safety including fire safety and manual handling.
In September 2012 a new e-learning suite of training was offered for Safeguarding training, Mental Capacity Act and Deprivation of Liberty (DOLs) training to providers at no cost. In total there are 21 key safeguarding training courses on the e-learning website which are easy to access and use and ideal to use as a refresher or as an induction for new staff and as a supplement to other types of learning.
Other training courses provide valuable learning opportunities for care staff to gain additional skills and knowledge in the areas of infection control, dignity in care, dementia and safe administration of medicines.
- 9.5 The Workforce Development Officer has taken several initiatives to reduce the programme costs, having market tested the training providers to ensure that best value for money is achieved, secured cheaper training venues and negotiated an increase in the financial contribution from consortium members.
- 9.6 Each course delivered by the consortium ends with a test in order to ensure that learning has been achieved. Wherever possible the courses will be accredited in order that they can count towards the care workers professional development and the Qualification Credit Framework (QCF) Diploma which has replaced the NVQ. This system has been endorsed by training consultants and consortium members and recommended to other local authorities as good

working practice. The Consortium Workforce Development Officer works closely with trainers in order to identify any areas of training which require further attention.

10. POLICY IMPLICATIONS

10.1 National and local policies expect that continuous improvement be achieved in the quality of care delivered by domiciliary care agencies serving the local community.

11. LEGAL IMPLICATIONS

11.1 Under the NHS and Community Care Act 1990 the Council has a duty to assess individuals' requirements for social care support and depending upon those needs to provide for them. The legislation governing the provision of the support will depend upon the nature of the services required and the reasons for the individual's need for such services: National Assistance Act 1948, Chronically Sick and Disabled Persons Act 1970, Mental Health Act 1983

11.2 The Care Standards Act 2000 sets out the standards of care to be provided including that for domiciliary care. This has been supplemented by the requirements of domiciliary care agencies to be registered by the Care Quality Commission pursuant to the Domiciliary Care Agencies Regulations 2002. The Health and Social Care Act 2008 introduced revised Care Quality Commission (Registration) Regulations in 2009.

12. SUPPORTING DOCUMENTS (where appropriate append key documents or add web hyperlinks)

ACS10024 14th April 2010 Quality Monitoring of Domiciliary Care Services
[ACS10024](#)

ACS 11033 20th July 2011, Gateway review – Procurement Strategy for Domiciliary Care Services [ACS11033](#)

ACS10060 30th November 2011, Quality Monitoring of Domiciliary Care Services
[ACS10060](#)