

Domiciliary Care and Extra Care Services

- 1.1 The Council supports approximately 1,100 people in Bromley to stay in their own homes through the provision of domiciliary care services.
- 1.2 Services are procured from a Framework of Providers which was awarded in August 2012 following a Procurement Exercise. There are 22 providers on the framework, all of whom meet robust quality standards. In order to comply with Financial Regulations, new care packages are offered out to all contracted providers on the Framework. A key feature of the contract is that all providers are required to use an electronic call monitoring system (ECM). This assists them to monitor the timings of calls and to investigate any discrepancies in timing with carers.

REGISTRATION

- 1.3 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 currently 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. The CQC inspection regime is changing as described in the main body of this report. Where the CQC identify concerns, they will take action to ensure that the necessary improvements are made.
- 1.4 The Council continually monitors the registration status of domiciliary care agencies and if at any time we have concerns about this status we reconsider the contractual arrangements with the agency. A schedule of agencies used by the borough with their CQC scores and a record of the contract monitoring visits can be found in Appendix 4.

CONTRACT MONITORING

- 1.5 Contract monitoring meetings are scheduled based on a risk assessment. The Contract Compliance officers use the Essential Standards of Quality and Safety and the Quality Assessment Framework (QAF) to assess a contractor's performance. They also review recent complaints and comments made by Care Services. Each agency is visited at least annually, and agencies with more clients are monitored quarterly. Compliance Officers schedule additional visits as necessary if they have concerns about an agency's performance. Monitoring covers five key areas:
 - Assessment and Care Planning.
 - Medication

- Protection of Service Users and Staff.
 - Quality Assurance
 - Organisation and Running of the Business.
- 1.6 At the meeting the monitoring officer discusses progress on each key area with the provider and their staff and scrutinises supporting documentation evidence produced. The QAF is used for all monitoring of Domiciliary Care Services so each section of the QAF is completed and a score given. Following each monitoring meeting an action plan is jointly agreed which is then followed up on subsequent visits.
- 1.7 During 2014 officers focussed specifically on the quality of service delivery confirmed through the use of Electronic Call Monitoring (ECM) by agencies. The key points were: :
- Monitoring the length, time and spacing of calls for service users
 - Ensuring that Carers are logging in and out regularly using ECM (overall compliance)
- 1.8 Where Officers identify that improvements are required, they ask the provider to complete an action plan which is followed up at the next monitoring visit. The use of ECM is also checked by a Quality Assurance Officer in the users homes

QUALITY ASSURANCE

- 2.0 A Quality Assurance Officer visits service users and their carers to find out at first-hand how well providers are performing. The information gathered from users is analysed and any issues highlighted are addressed with providers at monitoring meetings and if appropriate are carried forward into action plans. The schedule of quality assurance visits is designed to co-ordinate with the Contract Monitoring schedule.
- Any serious issues are raised immediately with the Agency; otherwise the Agency receives a report at the end of a set of client visits outlining the general feedback.
- 2.1 The main issues clients identified in 2013 through quality assurance visits were carers being in a rush and not staying for the full length of the planned visit. Feedback from clients over this year has shown that agencies practice in these areas has improved.
- 2.2 Concerns raised during 2014 which are common across all agencies:
- Service users/families have reported that they would like a better introduction, particularly for new users of Domiciliary care.
 - Service users would like care agencies to keep them informed of lateness
 - Service users would like to be informed of the name of the carer who will be attending if it is someone unfamiliar.

- Service users prefer to have consistent care staff.
- 2.3 When issues about poor standards of service are identified through contract monitoring or reported 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 Officers regularly monitor to ensure that improvements are made and sustained. If standards fail to improve officers may take additional action; for instance the Council will stop making new placements to the agency until improvement has been demonstrated.
 - 2.4 During September 2014 the Council suspended new placements to Bridges Healthcare and issued a Contract default notice after concerns about Quality Assurance Systems and poor planning and delivery of calls and in particular a number of missed calls. Officers put in an enhanced monitoring programme and met with the agency to discuss business planning and organisation. Recent monitoring shows that improvements are being made. The team will continue to check on progress before recommending the suspension is fully lifted.
 - 2.5 The contract with Ark was terminated in in March 2014 due to their decision to re-locate their office to Sheffield which is outside the terms of the contract, requiring providers to have a local office. Clients were offered the choice of a Direct Payment or an alternative Framework Provider. This transfer was handled smoothly and each client had a visit from a Quality Assessment Officer several weeks after the change of Provider to ensure that the change of agency had gone well.
 - 2.6 The Council issued a default notice to Care UK in December 2014 after serious concerns over missed visits. Care UK are currently working on an action plan and have a completion deadline of January 2015 before a follow up compliance visit to check on progress.
 - 2.7 Default notices were issued to Eleanor Care and Guardian Homecare in March 2014 for failing to implement a complete and fully operational ECM system. Both defaults were remedied swiftly.
 - 2.8 During February 2014 the Council suspended new placements with Verilife and issued a default notice after the agency failed to make improvements following a compliance visit in December 2013. Improvements were required in training and supervision of staff, and care planning and risk assessments for clients. The default was remedied and suspension was lifted in May 2014.
 - 2.9 The Compliance Team met with Caremark in July 2014 following a rise in the number of informal complaints and following feedback from the Quality Assurance Officer. The informal complaints recorded were mainly about the quality of care received and inconsistency of carers. This was highlighted by Service Users and their families asking for their care to be moved from Caremark. At the meeting the agency outlined their plan to improve their practice and subsequently the number of complaints has reduced.

2.10 In November two framework agencies reported staffing difficulties and had to cease delivering care in Bromley. (MiHomecare and Care Matters). A total of 20 clients were moved to other agencies on the framework.

COMPLAINTS

3.0 Front line Care Services staff take the lead on dealing with informal (unwritten) complaints about agencies. Formal complaints are forwarded to the contract compliance officers by the ECHS complaints officers for investigation. Investigations are conducted with the relevant agency which is expected to provide any information relevant to the complaint. This may include ECM records, timesheets, care records from service users' homes and statements from any agency staff involved in the issues raised.

3.1 Overall the number of complaints made about domiciliary care agencies has remained stable, although there was a dip during the year 2012/13. From April to November 2014 we have received 15 formal complaints. The number of complaints received by the council about each agency is set out in the table below.

3.2 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.

Care Agency Name	2014/15*	2013/14	2012/13	2011/12	Total	No of clients 1st Dec 2014
ACSC				1	1	75
ALLIED				0	0	37
ARK HOME HEALTHCARE		4		1	5	0
AMAZING				1	1	0
BRIDGES	3	1		1	5	31
BROMLEY MIND				1	1	0
BS HOMECARE		1	1		2	1
CARE UK	1		2	2	5	36
CAREMARK	4	2			6	166
CARE WATCH				0	0	72
DARET HOMECARE	1				1	13
ELEANOR CARE	1				1	24
ETERNAL CARE	2				2	33
GUARDIAN HOMECARE		1			1	20
HARMONY HOMEAID			1	0	1	14
KENTISH CARE		1		1	2	48
MACKLEY				1	1	9
PLAN CARE	1				1	3
REDSPOT				1	1	0
SEVACARE		2			2	8
SURE CARE		4		3	7	181

THE LINK	1				1	36
VERILIFE	1	1	1		3	115
WESTMINSTER			1	2	3	77
	15	17	6	15	53	

*April to November 2014

EXTRA CARE HOUSING

- 3.3 The contract compliance team also monitors the quality of service provided in externally provided Extra Care Housing Schemes for older people. These schemes are also governed by the CQC regulations for Domiciliary Care Agencies; the QAF is used to monitor care and support and the frequency of monitoring visits is determined by our standard risk assessment tool.
- 3.4 There are 3 external Extra Care Housing schemes in borough where tenancy support is provided by the Landlord and care has been commissioned from an external Provider. London Ambulance Service identified these schemes as having high call out rates for ambulances for falls this year. In response the Council purchased special lifting equipment for each scheme and falls prevention training was organised. There has been a reduction in the number of ambulance call outs.
- 3.5 At Regency Court where the care is provided by Sanctuary Care, there was an increase in the number of complaints and safeguarding alerts during the year. As a result the Council suspended new placements to the scheme in June 2014, which was lifted in August 2014. Officers continue to meet frequently with Sanctuary to monitor progress.
- 3.6 The Clinical Commissioning Group are in the process of appointing dedicated Visiting Medical Officers for each scheme, which should help to reduce the number of hospital admissions and ensure that appropriate medical advice is accessed speedily by all schemes.

SAFEGUARDING

- 3.7 When safeguarding alerts are received the care management teams instigate the Protecting Adults at Risk London Multi-agency Policy and Procedures to Safeguard Adults from Abuse. 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 chairs the Care Services Intelligence Group which includes Safeguarding and Contract Compliance Teams with the safeguarding lead practitioners and partners from the Clinical Commissioning Group, Oxleas, CQC and Bromley Healthcare. The group monitors current information and shares any safeguarding concerns about local homes and domiciliary care agencies, to identify any patterns which need

investigation. This ensures that any potential issues are picked up and factored into monitoring and training programmes early.

- 3.8 There have been 19 safeguarding referrals so far in 2014/15 (to end November) compared to 25 in 2013/14. Many referrals concerned suspected financial abuse or neglect. In every case of suspected financial abuse and in certain other cases the police are involved and the care worker suspended whilst an investigation takes place.
- 3.9 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 Disclosure and Barring Service which will then show up in any DBS checks for future employment.