

Domiciliary Care, Extra Care Services and Supported Living Services

- 1.1 The Council supports approximately 1,200 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 20 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.

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 Fundamental Standards of Quality and Safety. Compliance reports may identify 'minor', 'moderate' or 'major' concerns against any of the Fundamental Standards. 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 Provider. A schedule of Providers 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 CQC Fundamental Standards of Quality and Safety and the Quality Assessment Framework (QAF) to assess a contractor's performance. They also review recent complaints and comments about care 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 each meeting the monitoring officer discusses progress on each key area with the provider and their staff and scrutinises supporting documentation. 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 2015 officers focused specifically on the quality of service delivery confirmed through the use of Electronic Call Monitoring (ECM) by Providers. The key areas scrutinised 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

- 2.1 In addition to the Contract Compliance Officer monitoring the agency, 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 future monitoring meetings and if appropriate are carried forward into action plans.
- Any serious issues are raised immediately with the Provider; otherwise the Agency receives a report at the end of a set of client visits outlining the general feedback.
- 2.2 Feedback from Service Users during 2015 which are common across all agencies:
- Service users/families have reported that they would like a better introduction to the service, 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 the agency fails to improve standards, officers may take additional action; for instance the Council will stop making new placements to the agency until improvement has been demonstrated.
 - 2.4 In 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, delivery of calls and in particular a number of missed calls. Officers put in an enhanced monitoring programme and Bridges made significant improvements. The default notice was removed and the suspension of new business was lifted in February 2015. Recent monitoring shows that improvements continue and this is reflected in the fact that the Council received just one formal complaint about the service to date in 2015 compared to four formal complaints and two safeguardings in 2014. The team continues to check on progress.
 - 2.5 The Council issued a default notice to Care UK in December 2014 after serious concerns over missed visits. Officers put an enhanced monitoring programme in place for Care UK to work on an action plan. A follow up compliance visit was conducted in January 2015, followed by a meeting with the Provider in March 2015 and a further compliance visit in April 2015. Officers received assurances from Care UK management that issues would be resolved with the introduction of a new IT system and Care UK were given time to demonstrate this. However, in July 2015 Officers were alerted to further failures to deliver services, late visits and double handed calls being delivered as single handed. The Provider also failed to share these issues with the Council although they were aware of the problems and the Council took the decision to terminate both the Framework and Service Contract in August 2015. Clients were offered the choice of a Direct Payment or a move to an alternative Framework Provider. The transfer of care was handled smoothly and officers monitored these services for a period of time to ensure that the change of provider had gone well. Care staff were transferred with the care packages to the new providers where possible to ensure continuity of care.
 - 2.6 The Contract with Guardian Homecare was terminated in September 2015. Officers had been very concerned about the quality of care and the management of services for some time. Improvement action plans were agreed with Guardian, but sustained improvement was not achieved. In May 2015 Guardian Homecare asked to return four care packages due to the lack of female carers available to staff these packages. This was followed by a request from Guardian Homecare in June 2015 to return all care packages as soon as possible as they were unable to sustain the business due to lack of care workers. The Council terminated the contract for the failure to deliver services or to communicate potential service delivery problems to the Council in a timely manner. Guardian Homecare worked with the Council to ensure a smooth transfer of services.

- 2.7 In July 2015 Plan Care notified the Council of their decision to exit the Domiciliary Care Market. Plan Care held negotiations with Westminster Homecare who are on Bromley's Framework. Clients and Care Staff were transferred smoothly to Westminster Homecare and the contract with Plan Care ended at the beginning of October 2015.
- 2.8 In April 2015 CQC published a report rating Sevacare as Inadequate. In accordance with this decision, the Council suspended new placements with Sevacare and completed a review of current clients. As Lewisham Council had the vast majority of clients with the branch of Sevacare, it was agreed that they would take the lead monitoring role and Bromley Officers liaised with Officers in Lewisham. Bromley Officers completed a QAF visit to Sevacare in November 2015. CQC published a further report in November 2015 rating Sevacare as Requiring Improvement and as a result Bromley Council lifted the suspension in place.
- 2.9 During 2015 a South East London Network was established; which includes monitoring officers from Bexley, Bromley, Greenwich, Lewisham and Southwark to share intelligence on Providers and the market position in South East London.

COMPLAINTS

- 3.1 The Adult Early Intervention team takes the lead on dealing with informal (unwritten) complaints about agencies. Formal complaints are forwarded to the contract compliance officers by the ECHS complaints team for investigation. This investigation will include scrutiny of ECM records, timesheets, care records from service users' homes and statements from any agency staff involved in the issues raised.
- 3.2 The number of complaints made about domiciliary care agencies has doubled this year. From April to November 2015 the Council has received 28 formal complaints; 8 were upheld, 9 were partially upheld, 7 were not upheld and 4 are still being investigated. Complaints were about the attitude of staff and lack of communication (13 complaints), quality of care issues (10 complaints) and late or missed calls (5 complaints).

The number of complaints received by the council about each agency is set out in the table below.

- 3.3 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	2015/16*	2014/15	2013/14	2012/13	Total	No of clients 1st Dec 2015
ACSC					0	66
ARK HOME HEALTHCARE			4		4	0
BRIDGES	1	3	1		5	18
BS HOMECARE			1	1	2	0
CARBY	2				2	64
CARE UK	2	1		2	5	0
CAREMARK	4	4	2		10	185
CARE WATCH	3				3	75

Care Agency Name	2015/16*	2014/15	2013/14	2012/13	Total	No of clients 1st Dec 2015
DARET HOMECARE		1			1	13
ELEANOR CARE		1			1	63
ETERNAL CARE		2			2	28
GUARDIAN HOMECARE			1		1	0
HARMONY HOMEAID				1	1	14
HOME HEALTHCARE	1				1	9
KENTISH CARE			1		1	39
MACKLEY					0	14
PLAN CARE	1	1			2	0
SEVACARE			2		2	5
SURE CARE	2		4		6	151
THE LINK	1	1			2	32
VERILIFE	8	1	1	1	11	107
WESTMINSTER	3			1	4	72
	28	15	17	6	66	

*April to November 2015

EXTRA CARE HOUSING

- 3.4 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.

Healthwatch have recently started a programme of Enter and View visits at the Extra Care Housing schemes and their reports will be published shortly.

- 3.5 There has been an improvement in the quality at the Extra Care Schemes, with a significant reduction in the number of complaints and safeguarding alerts received compared to last year; 6 complaints received in 2014/15 compared to 3 up to the end of November 2015.

SUPPORTED LIVING SCHEMES

- 3.6 The contract compliance team also monitors the quality of service provided in supported living schemes for people with learning disabilities which have been developed in the borough over the last few years. Care in these schemes is covered by the CQC regulations for Domiciliary Care Agencies. Officers have amended the QAF for monitoring care and the frequency of visits is determined by a risk assessment.

- 3.7 There are 19 Supported Living Schemes in the borough and all are being monitored against the QAF during 2015 with good scores being received. The care providers in some of the schemes have been changed during the year, so monitoring is increased in these schemes to ensure the new providers meet the quality standards we expect.
- 3.8 Several of the in house Supported Living schemes were market tested during 2015 and from October are delivered by an external provider. These will be monitored using the Supported Living QAF and we are currently recruiting another monitoring officer to do this.
- 3.9 As part of the monitoring function we have a team of LD Quality Checkers that visit each Supported Living scheme to help inform the monitoring visit. The Quality Checkers are well placed to gain the views of users and any issues are addressed with providers at monitoring meetings.

SAFEGUARDING

- 3.10 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 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 intelligence 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.

- 3.11 There have been 37 safeguarding referrals so far in 2015 (to end November) compared to 21 in 2014/15. Twenty of the investigations have been closed, with only 7 of the cases being either substantiated or partially substantiated. Many referrals concerned suspected financial abuse, medication errors 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.
- 3.12 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.