

Decision Maker: PORTFOLIO HOLDER FOR CARE SERVICES

Date: For Pre-Decision Scrutiny by the Care Services Policy Development and Scrutiny Committee on Tuesday 14th November 2017

Decision Type: Non-Urgent Executive Non-Key

Title: DOMICILIARY CARE SERVICES ANNUAL QUALITY MONITORING REPORT

Contact Officer: Wendy Norman, Head of Contract Compliance and Monitoring, Chief Executive's Department
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Chief Officer: Lesley Moore, Director of Commissioning

Ward: Borough-wide

1. Reason for report

- 1.1 This report details the quality monitoring arrangements for agencies delivering domiciliary care in Bromley and reviews the performance delivered during 2016/17.
 - 1.2 There are 18 agencies contracted to deliver via a framework. Where these agencies cannot meet the demand the Council enters into spot contracts with other agencies.
 - 1.3 Information about the performance of the individual Providers on the framework is detailed within the report.
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2. RECOMMENDATIONS

- 2.1 The Care Services Policy Development and Scrutiny Committee is asked to:
 - i) Consider the report and comment on the action taken to ensure that Providers maintain and improve the quality of services provided.
- 2.2 The Portfolio Holder for Care Services is asked to:
 - i) Agree that The Central Placement Team only place new care packages with Providers whose CQC rating is "good" or above where possible.
 - ii) Agree that the following agencies be added to the framework:
 - Care Direct (CQC – Good)
 - Invicta 24 (CQC – Good)

Corporate Policy

1. Policy Status: New policy. A policy change is proposed in order to ensure that quality of care delivered is improved .
 2. BBB Priority: Supporting Independence.
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Financial

1. Cost of proposal: N/A
 2. Ongoing costs: N/A
 3. Budget head/performance centre: Various domiciliary care budgetets across ECHS
 4. Total current budget for this head: £12,114k
 5. Source of funding: Revenue Support Grant
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Staff

1. Number of staff (current and additional): See below:
 2. If from existing staff resources, number of staff hours: 1.7 FTE Contract Compliance Officers +1FTE Quality monitoring officer
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Legal

1. Legal Requirement: Statutory requirement.
 2. Call-in: Call-in is applicable: Portfolio Holder decision.
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Customer Impact

1. Estimated number of users/beneficiaries (current and projected): 1500 at any one time
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Ward Councillor Views

1. Have Ward Councillors been asked for comments? N/A
2. Summary of Ward Councillors comments: N/A

3. COMMENTARY

3.1 The Council commissions Domiciliary Care Services from external agencies. The table below gives a snapshot of commissioned activity in October 2017

Hours commissioned per week	13,110
Visits commissioned per week	18,880
Number of service users	1,217
Double Handed Care Packages	231
Hospital Discharge New Packages	51%

- 3.2 A framework of domiciliary care providers was set up in August 2012 in order to enable the Council to commission care from agencies at guaranteed prices and to monitor the quality of the care delivered. Executive authorised the extension of the framework from 27th August 2017 until 26th August 2019 and during this period Commissioners will be re-tendering the service.
- 3.3 The framework has delivered a high proportion of new care packages. In the first few years this was as high as 90%. In 2016/17 the figure declined to @70% and is currently at 68% for 2017/18. This figure compares well with similar arrangements set up by other authorities.
- 3.4 Officers in the Contract Compliance Team monitor the service delivered by all agencies. Every agency is monitored against the Council's Quality Assessment Framework(QAF) annually and thereafter receives follow up visits which focus on the delivery of improvement plans arising from the QAF. Contract Compliance officers include information available from Care Services front line and Review teams as part of their review of each service.
- 3.5 The Quality Assurance Officer visits people in their own homes to find out first hand how well providers are performing. The information gathered is provided to the Contract Compliance Officer and considered as part of the overall analysis. A common problem identified through this route is that carers are not staying for the full length of calls. In order to try and improve this situation the LBB officers are spending more time scrutinizing the records produced by the agencies electronic call monitoring systems. Where problems are identified Providers will be asked to demonstrate improvement and also where appropriate to refund the Council and the Service User.
- 3.6 An agreed escalation procedure has been put in place in order to ensure that Senior Management and Members are alerted to services causing concern. The Director of Adult Care Services receives monthly briefings about the monitoring programme. Any immediate concerns are raised with him urgently. The Portfolio Holder for Care Services and Executive Director of Care Services receive fortnightly updates to alert them to any adverse CQC reports published about Bromley services. The Care Services Policy Development and Scrutiny Committee receives annual updates covering the performance of the contract and providers and progress made to raise standards in domiciliary care services.
- 3.7 The number of agencies on the framework at November 2016 report was 24. The framework contract was extended in August 2017 and following this the number of active agencies has reduced to 18. Three agencies had ceased to make bids and failed to respond to the invitation to actively renew the contract. One agency took the decision to withdraw from working in Bromley. The Council also took the decision not to offer new new contracts to 2 agencies based on the poor quality of their service.
- 3.8 Ideally the framework providers would deliver all the care required, but ever increasing demand for community services, particularly to ensure that hospital discharge is achieved quickly means

that there are times when the framework cannot meet the demand. At this point work is offered to 15 agencies who have spot contracts with the Council.

- 3.9 Officers ensure that the spot agencies meet the same standards of policies and procedures as those on the framework and monitor them using the same methodology and risk assessment. This is particularly important when using new agencies that have started up as CQC do not inspect and rate them for some time after initial registration. The prices of the spot contract agencies vary widely, many being higher than those who are part of the framework.
- 3.10 The regulatory framework covering domiciliary care agencies for adults is the Health and Social Care Act 2008. The Care Quality Commission (Registration) Regulations 2009 and Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 detail the key care standards which providers must deliver. There are 28 regulations and associated outcomes that are set out in this legislation. The CQC monitors for compliance against these Fundamental Standards of Quality and Safety.

	Outstanding	Good	Requires Improvement	Inadequate	Not yet rated	Rated fully compliant under previous system	Total
2016	0	26 (60%)	9 (21%)	3 (7%)	2 (5%)	3 (7%)	43*
2017	0	18 (55%)	9 (27%)	1(3%)	5 (15%)	0	33
% Service users		66%	23%	1%	10%		

**this total included spot agencies with specific contracts for one client only*

- 3.11 The table above shows the breakdown of CQC scores by provider. Overall the number of agencies used by the Council and rated as good has declined during the last year. Although a high percentage of agencies are rated as requiring improvement 66% of users are receiving care from agencies rated as good. The detail of each agency’s ratings is shown in Appendix 1.
- 3.12 The Council ‘s policy is not to make any new placements with a registered provider where the CQC has found the service to be inadequate. If CQC finds an existing provider to be inadequate the Council reviews each service user and the Care Services, Safeguarding Manager and Contract Compliance teams jointly undertake a risk assessment to decide what the Council’s response should be.
- 3.13 Where a provider is given an overall rating of Requires Improvement by CQC the Council’s Contract Compliance Officer will intensify the level of scrutiny of the provider and the provider’s performance is regularly reviewed by the partners at the Care Services Intelligence Group (CSIG).

Change of Policy

- 3.14 It is proposed that the Council’s current policy is amended in order that no new placements are made with agencies that are rated inadequate or requires improvement. This proposal would affect 9 agencies currently working with the Council, 7 on the framework and 2 spot providers. The providers who have not yet been rated have been assessed by Council officers as providing a satisfactory service. This change in policy would be implemented by the Central Placement team. As the team are under constant pressure to commission a care package there may be occasions where the imperative to provide a service to a user will mean that new

entrants to the market, or non-rated agencies have to be used. Overall the change in policy will provide an incentive to a provider to ensure that their ratings are improved swiftly.

Complaints / Safeguarding

- 3.15 In the first instance Service users and their families are encouraged to try and resolve complaints directly with agencies. The Council's Early Intervention team takes the lead on dealing with informal (unwritten) complaints, but logs the activity on CareFirst. Formal written complaints are managed by the ECHS complaints team. Investigation of complaints includes scrutiny of Electronic Call Monitoring records, timesheets, care records from users' homes and statements from agency staff involved.
- 3.16 A detailed breakdown of complaints and safeguarding alerts received by agency is shown at Appendix 2.

Current Concerns

- 3.17 The Council is regularly using 33 providers to deliver domiciliary care. There are current concerns about the providers listed below:

Services rated as Inadequate

- 3.18 Harmony Home Aid Services Limited - 11 users. This providers was rated inadequate for the domains of "safe" and "well-led" in April 2017. The agency was required to put in place improved quality assurance processes to monitor punctuality of calls and ensure there were no missed visits. They also needed to ensure that safeguarding incidents were reported appropriately; to review risk assessments and to improve management of people's medication. The provider has worked hard to complete all these actions and CQC have recently re-inspected. The Council immediately suspended new placements to this service. All existing service users were reviewed and those that wished to change to an alternative agency were enabled to do so.

- 3.19 Service rated as Requires Improvement

Bridges – 10 users. The provider did not have adequate quality assurance systems place. The contract with this provider was not extended. Current service users have all been reviewed and given the option to change provider.

Daret –rated good October 19th 2017 (report to be published)

Eternal Care. 36 users. CQC improved the provider's rating from Inadequate in December 2016. CQC noted that significant improvements had been made in all areas, however because the inspection was relatively soon after the previous one the rating for safe and well led would remain as requires improvement as changes to practice in these areas had been implemented relatively recently.

Lifecome Care – 21 users Rating March 2017. The agency has made improvements since previous inspections in 2016, but still needed to improve both the rota system and quality assurance systems to ensure that visits were made on time and lasted the correct length. Compliance and quality assurance officers have monitored this provider closely, however the rate of improvement has not been satisfactory. The Council issued a default notice in October 2017 and is not placing any new work with the agency. Current service users will be reviewed and asked if they wish to remain with the agency.

Verilife – 90 users – Rating September 2017. The provider needs to improve rostering to ensure that calls are made on time. The provider also needs to improve the quality assurance

systems in order that they are able to identify problems and rectify them. Contract Compliance officers observed that the provider had made significant progress in identifying and dealing with rostering problems during the year. The provider is focussing on quality assurance of its system to ensure that anomalies are highlighted and dealt with at the early planning stage.

Westminster – 48 users – Rating December 2016. The areas for improvement were Medication records, ensuring that visits were made on time, staff support and supervision and overall quality assurance systems. Contract Compliance officers are following up the improvements required. The provider has consolidated 2 branch offices and improvements have been observed on timing of calls.

Compassion Homecare – 4 users – Rating October 2016. Ensure that risk assessments and care plans were reviewed and up to date to reflect current user needs. Concerns about accurate medication administration. Overall the Provider needed to improve their quality assurance systems.

Heritage Healthcare – 11 users – Rating August 2017. CQC require improvements in rostering, administration of medication and record keeping. Bromley Quality assurance officers reported a very high level of customer satisfaction.

Home Healthcare – 20 users – Rating August 2017. Concerns about rostering sufficient travel time to enable accurate visit times. Record keeping to be improved and quality assurance systems to be robustly followed up. All existing users reviewed. No new users. Contract being closely monitored

4 RISK

- 4.1 There is a risk that the domiciliary agency market will not have the capacity to meet demand. CQC report that although new agencies continue to register a very high proportion (4/5) also deregister every quarter. This market churn is evident in Bromley. The policy change recommended in this paper whereby the Council will only place new packages with providers rated as good may will increase demand on a smaller group of agencies, however this also provides an incentive to agencies who have not achieved a good rating. This pressure may be alleviated in part by the introduction of the pilot “discharge to assess” project in the hospital as it is expected that the number of longer term packages required will reduce following this intervention.
- 4.2 The Council will be re-tendering domiciliary care during the next two years and will be expecting to increase the amount of direct payments made in the next contract period. This will maximise the opportunity for service users to exercise choice and control and flex the capacity of the community to respond to demand by bringing in more personal assistants to deliver care.
- 4.3 There is a shortage of suitable people willing to work as Carers. The pay is low, the hours are long and the work can be very physically and mentally demanding. Often people leave the profession entirely to work in low paid but less stressful jobs, such as supermarkets or once they have been trained move to work in other care settings in the community or in the NHS.
- 4.4 Neighbouring boroughs are paying the London Living wage for care which enables carers to earn more working elsewhere. Many agencies have reported cost pressures which means that they are preferring to take on private clients rather than work for the Council. The agencies are all private businesses and need to make an element of profit in order to survive. The shortage of carers is common to all agencies and results in the Providers not being able to grow their businesses by taking on new care packages.

- 4.5 CQC have highlighted a challenge that may arise from changes in immigration policy resulting from the vote to leave the European Union. The CQC reports that 10% of adult social care staff in London are currently from the European Economic Area. Providers have also reported increases in the costs of consumables due to the fall in sterling.
- 4.6 The Council has budgeted for further increases in the national living wage and continues to invest in staff to monitor the quality of care delivered. The Council also funds a programme of training in mandatory skills which guarantees training quality and reduces the costs of training for Providers.
- 4.7 The anticipated benefits of the procurement of domiciliary care via a framework have been achieved. The contract resulted in significant savings for the Council compared with the previous expenditure. Maintaining a framework of providers has enabled more rigorous monitoring of quality.
- 4.8 Bromley CCG also uses the framework at the prices negotiated to purchase standard domiciliary care where required.

MANAGEMENT

- 5.1 The Contract Compliance Team continues to have the necessary resources to manage the contract successfully. There are 2.7 FTE staff working on domiciliary care managing the monitoring of 33 agencies, plus reviewing new agencies seeking to work as spot contractors and organising quarterly provider forums.

6. SERVICE PROFILE / DATA ANALYSIS

- 6.1 Analysis of the volume of hours commissioned and amounts paid to each agency shows the distribution of work between agencies and that Caremark and Homecare Bromley are each delivering about 14% of the total volume of work. Advanced Care and Support, Verilife, Carby Communit Care and Invicta 24 deliver more than 5% work each. The Council is using the guidance set when the framework was set up was that no agency should deliver more than 50% of the work.
- 6.2 This report recommends that 2 current spot agencies Invicta 24 and Care Direct are added to the framework as they work within acceptable price framework and have good CQC ratings.
- 6.3 Officers negotiate rates with new spot agencies to attempt to peg these close to the framework rates. Officers review the quality of work of all new CQC registered agencies that set up in Bromley and want to work for the Council before allocating any care packages.
- 6.4 Electronic Call Monitoring (ECM) - Key Performance Indicator 85% useage.

The Council made it a requirement of being a framework provider that providers invest in ECM. This is a useful tool to check compliance with accurate visit times and length of calls. The Council set an 85% useage target to ensure that provider staff are following instructions to use the call monitoring system. Fifty percent providers have consistently met this target. Having ensured that the system is being used properly the Contract Compliance Team looks for evidence that the providers interrogate the system frequently to ensure they are aware of the staff performance in this area.

7 USER / STAKEHOLDER SATISFACTION

- 7.1 Each agency undertakes its own annual user satisfaction survey. Officers review the outcomes of these as part of the contract monitoring process and check that the views of individual users and carers are integrated into care plans. Individual user feedback is covered in paragraph 3.5

8. SUSTAINABILITY / IMPACT ASSESSMENTS

- 8.1 The majority of the agencies delivering care are local South East London small or medium sized enterprises and new entrants to the market follow this pattern. CQC report that services caring for a small number of users were able to offer a higher level of responsiveness than larger concerns.
- 8.2 Larger companies have begun to pull out of the domiciliary care business as it doesn't deliver significant profits, particularly when commissioned by local authorities. The CQC issued serious warnings about the state of the care market in October 2017 <http://www.cqc.org.uk/publications/major-report/state-care> and in its report for the previous 3 years <http://www.cqc.org.uk/publications/major-report/state-adult-social-care-services-2014-2017>
- 8.3 CQC information shows that Bromley is in the lowest 20% of the country for domiciliary care agency ratings. Officers consider that the implementation of the Recommendation at 2.2 (i) will prove an incentive to providers to improve their individual performance.

9. POLICY CONSIDERATIONS

- 9.1 Paragraph 3.14 sets out the proposed revision to the current policy whereby new care packages are not placed with providers rated requires improvement or inadequate.

10. COMMISSIONING & PROCUREMENT CONSIDERATIONS

- 10.1 The Framework Contract was extended from August 27th 2017 to August 26th 2019. A procurement project is in progress.

11. FINANCIAL CONSIDERATIONS

- 11.1 It is important to have an active framework available for domiciliary care as spot rates tend to be more expensive.
- 11.2 Providers on the framework have recently experienced price rises due to the introduction of the National Living Wage. Officers have been in negotiations with Providers to address this in order to to keep them on the framework and to continue to provide care at the quality levels that are expected of them.

Non-Applicable Sections:	Personnel and Legal Implications
Background Documents: (Access via Contact Officer)	See appendices.