



St.Helens Council

St Helens Council

Health and Adult Social Care Scrutiny Panel

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Home Care Visits

Task group Members

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1.0 Introduction

- 1.1 People's Services provides care and support for vulnerable, eligible people over the age of 18, so they can continue to be supported in their daily lives to have the best outcomes possible.
- 1.2 Adults may be vulnerable due to old age and frailty, because they have a learning disability, mental health problems or because they have a physical or sensory impairment. Some people may only need advice and guidance whilst others will require a range of services to help them manage their daily lives.
- 1.3 As people get older, they are increasingly likely to need care at home. The resident population of St.Helens is 178,445 people (2016 mid-year estimate, ONS). This has remained constant for the past decade; current population projections indicate that there will be a 5% increase of the total population by 2025.
- 1.4 Over the next twenty-five years, the number of residents in their 80s is expected to almost double, from 7,700 in 2014 to 12,900 in 2039. The number of residents in their 90s is projected to almost triple from 1,300 to 4,300. This ageing of the local population is likely to increase the incidence of diseases linked to older age and potentially increase demands on health and social care services
- 1.5 Advancing age is associated with frailty. Frail and older people are likely to have co-morbidities including sensory and cognitive impairment. As the number of older people increases, demand for adult social care services is likely to increase.
- 1.6 Adult Social Care provided care packages for 7,512 people who are over 65 years old and 2,316 for people aged 18-64 in 2017/18; a total figure of 9,828 which includes people who

are carers. Since 2014/15 there has been an 11.6% increase in the number of care packages for people over 65 years old, whilst those aged 18-64 has remained constant (falling by less than 1%). Each year has seen on average a 3% increase in the number of care packages for people over 65 years old.

- 1.7 The population projections highlight that the number of people aged 65-84 in St Helens will increase by 15% from 2012 to 2025 (4,700 additional people in this age group); however, those over 85 are projected to increase by 54% (2,000 additional people).
- 1.8 Studies show that older people would prefer to stay at home until it is impossible for them to do so rather than move into residential care and that the benefits of home care is enormous, both to individuals and to the state. Home care provision also costs less than a place in residential or nursing care.

2. Background

- 2.1 Domiciliary care, sometimes called home care, is rapidly becoming a popular alternative to residential and nursing care. It enables those with varying care needs (through illness, long-term medical issues or old age) to remain in their own home indefinitely, or for a longer period than was previously possible.
- 2.2 Increasingly individuals and their families are turning to domiciliary care in favour of traditional residential or nursing care, as beds in homes are filling up and rising in price – with no guarantee that the care provided will be sufficient.
- 2.3 Home care can be offered in various capacities and the intensity and frequency of visits will depend on individual circumstances and care needs. Some only need intensive domiciliary care for short periods of time, whilst others simply need low-level long-term care.
- 2.4 Domiciliary care, also called dom care, can also be offered to young people, children and adults with temporary or permanent care needs and is not an exclusive service for the elderly alone.
- 2.5 The main advantage of home care is that it is carried out in a person's own home, eliminating the need for them to spend lengthy spells of time in hospital and enabling them to stay in their own home indefinitely, if not for a longer period than would normally have been possible before domiciliary care was an option.
- 2.6 According to the Guardian (May 2018) recent estimates predict around 4m hours of domestic care in the home are provided in the UK every week, many through local authorities and community healthcare agencies.
- 2.7 In St Helens many home visits are carried out by independent agencies commissioned by the council to deliver services in the community. The priority for the council is to know that services are being delivered appropriately and service levels are being maintained.
- 2.8 Traditionally, this kind of service would have been carried out by a community-based team, who would report in to the office at the end of each day to complete a time sheet. The time sheets would have been collated, and an invoice generated for the commissioning organisation. The Council would then retrospectively check the invoices and time sheets, before making a payment.

- 2.9 More recently the use of Electronic homecare monitoring (EHM) has helped with domiciliary visits by providing an electronic alternative to traditional time sheets. Software allows staff and management to log in and view information in real time, such as schedules, appointments met and missed, and what appointments are for. Time sheets can be viewed in real time, reducing the amount of time taken to prepare and process invoices. Missed appointments are quickly flagged, meaning services are provided more reliably.

3. Findings

- 3.1 St Helens has operated an open framework since 1st December 2016. Under the framework CQC registered domiciliary care providers who meet set criteria and have an office within St Helens or a bordering authority are accepted onto the framework.
- 3.2 Each provider who has electronic call monitoring in place is accepted as a Tier 1 provider (the preferred option) and if this is not in place they are registered as a Tier 2 provider. The framework is opened every 3 months to allow new providers to join.
- 3.3 When an individual package of care is required a mini procurement exercise takes place and the Tier 1 providers are asked whether they can provide the care as specified. If there is no response from Tier 1 providers, Tier 2 providers are approached. Bids to provide a package of care are evaluated against a set methodology that considers price, quality and the call times offered compared to those requested.
- 3.4 During the initial move to the framework existing providers maintained their original packages so that continuity for service users was maintained and disruption for staff was minimised (as TUPE considerations due to transfers to alternate providers was avoided).
- 3.5 At the outset 31 providers were on the framework on 1st December 2016. At 1st June 2018 there are 37 providers on the framework, however only 21 of these were actively delivering packages.
- 3.6 The framework contract has a clear specification and performance standards together with procedures to follow in the event of non-compliance.

3.7 Length of Home Visits

- 3.8 Members expressed their concerns over the amount of time allocated to individual home care visits. According to NICE (National Institute for Health and Care Excellence) guidance, whistle-stop home care visits should be avoided and named care coordinators appointed to plan support for service users.
- 3.9 NICE guidelines for councils and home care providers states visits should last at least 30 minutes and only be shorter if the care worker is known to the person receiving care, the visit is part of a wider support package, and it allows enough time to complete specific tasks such as checking someone is safe and well.
- 3.10 The guidance, which is advisory rather than mandatory, said visits should be long enough “for home care workers to complete their work without compromising the quality of their work or the dignity of the person”.
- 3.11 This meant potentially scheduling more time for people who had cognitive impairments, communication difficulties or sensory loss. Service contracts should also give home care

workers sufficient time to travel between appointments, while those being supported should also be seen by the same worker or workers to ensure continuity in their care.

- 3.12 Data gathered for the week ending 23rd April 2018 showed that approximately 13,100 hours of domiciliary care were provided by 21 providers on the framework.
- 3.13 A separate data gathering exercise looked at the length of commissioned calls from the 3 providers who were delivering approximately 21% of the all commissioned care.
- 3.14 Across the 3 providers the home care visits were as follows:
- 16% - 15 minutes;
 - 71% - 30 minutes;
 - 8% - 45 minutes
 - 4% - 60 minutes;
 - 1% were split across a handful of calls over 60 minutes.
- 3.15 This exercise confirmed that call times were tailored to the individual and that 15-minute calls accounted for only 16% of calls. We were pleased to hear that the sampling of the 15-minute calls concluded that these were utilised for medication checks and prompts and were not utilised for personal care tasks.

3.16 Care Quality Commission ratings

- 3.17 The Care Quality Commission regulate providers of domiciliary care and publish ratings and reports following their inspections.
- 3.18 According to information published by CQC on 1st August 2018 for Social Care Organisations in England, Community based adult social care services in St Helens is rated as Good. For comparison purposes,
- England overall is rated at 82.6%
- St Helens - 85.0% for those framework services within the Borough.
- St Helens - 83.3% (includes all framework services both in borough and those in a bordering authority).

3.19 Expressions of concern / Quality concerns

- 3.20 All social care providers must meet national minimum standards and the associated regulations, set by the Government, to qualify for registration. From time to time service users, carers and others with an interest in social care, have concerns about the quality of these care services.
- 3.21 The Quality Monitoring Team investigate expressions of concern / quality concerns. These can be raised by professionals, family members, service users etc to raise a concern around the delivery of a service in any setting.
- 3.22 Each concern is allocated to a Quality Monitoring Officer to be investigated. There are currently seven officers, three of whom are domiciliary care trained. Concerns could involve spot checks, focused visits, quality improvements action plans and progress visits.

- 3.23 We were pleased to hear that none of St.Helens care providers rated below ‘requires improvement’. Out of 25 providers, 20 were rated as good and 5 required improvement. All providers who hold contracts with the Council, are subject to contractual inspections and remedies, which if not satisfied, would result in termination of the contract. It is felt that the Council has a good reputation for working in partnership with the providers.
- 3.24 In the full year 17/18 a total of 761 concerns were raised, 343 of these related to domiciliary care. To date (18/19) 244 concerns have been raised, 114 of these related to domiciliary care.
- 3.25 The outcomes for domiciliary care concerns are summarised below:

	Substantiated	Part substantiated	Unsub	Inconclusive	Still being investigated	Total
17/18	224	37	48	34		343
18/19 to 20 th August	55	13	15	8	23	114

Details of the issues and outcomes are used to inform quality monitoring activity.

3.26 Quality monitoring

- 3.27 The departments Quality Monitoring Team carry out a range of activities to monitor the quality of delivery of care across the range of commissioned services.
- 3.28 For domiciliary care each provider will have a full quality monitoring visit every 24 months and be subject to progress visits to check progress against required actions from a previous visit and responsive visits to investigate specific concerns that have been raised.
- 3.29 Each provider will have various contacts each year with the team with frequency depending on the level of issues with that provider.
- 3.30 As previously explained, for Tier 1 providers with an electronic call monitoring system it is a requirement that this can be accessed in real time by Council officers to check the ongoing delivery of calls and download a history of calls, rotas etc to help inform Contract and Quality monitoring.
- 3.31 Following a visit to a provider a written report is produced that will identify any actions required and a timescale for completion of each action. Should a provider fail to complete the required actions then appropriate action can be taken under the default procedures contained within the contract. These procedures do follow a stepped approach with the ultimate sanction being termination of contract.
- 3.32 The main themes arising from quality concerns are as follows:
- 1) Missed calls/Late Calls/General dissatisfaction with call times
 - 2) Medication issues
 - 3) Care Tasks, as identified in the care plan not being completed

4) Poor Communication/ Confidentiality

5) Record Keeping.

6) Unprofessional behaviour.

3.33 Spot checks

3.34 As part of quality monitoring activity spot checks are carried out and a quality monitoring officer visits a service user to check on the delivery of care. When asked the question 'Overall how satisfied are you with the support from your Provider?' the following responses were provided:

Spot Check Visits for Dom Care 17/18 = 77 Visits

- Extremely Satisfied - 46
- Satisfied - 28
- Dissatisfied and Quality Concerns raised and investigated to improve the service = 3
- Spot Check Visits for Dom Care 18/19 to 20.08.18 = 92 Visits
- Extremely Satisfied - 64
- Satisfied - 26
- Dissatisfied and Quality Concerns raised and investigated to improve the service = 2

3.35 From this information over 96% of service users were either satisfied or extremely satisfied with the support they receive from their provider.

3.36 Service Reliability - Continuity of Care

3.37 Tier 1 providers are monitored against the continuity of care provided to service users and have targets under the following criteria set in the contract specification. These targets are to encourage a regular staff group for each service user that is appropriate to the number of hours required.

No of Visits per Week <i>(one care call completed by 2 care workers is classified as 2 visits)</i>	Target No of Care Workers
1 to 3	2
4 to 7	3
8 to 14	5
15 to 21	6
22 to 29	8
30 +	10

3.38 Meeting the Quality Monitoring Team

- 3.39 The task group visited the Quality Monitoring Team to speak about their own experiences and what they felt worked well and what, if anything, could be improved.
- 3.40 The task group were keen to know the time taken for a care package to be agreed to actual delivery and were pleased to hear that it was usually between 4 or 5 weeks. However, it was reported that delays could occur if a risk assessment was required. One example given was use of the shower at Kershaw Day Centre – those giving/receiving a shower needed to be risk assessed before it could be carried out. We heard that staff at the centre were not always trained to undertake this and felt that if the facility was available, then at least one of the staff present should be able to make use of this. As a result, we heard that one service user had waited several weeks before being able to have a shower. This was unacceptable.
- 3.41 The team were confident that the quality monitoring process was robust but couldn't confirm it was completely watertight. Those working in the team had many years of experience and as a result knew the clients and their requirements very well. The team went above and beyond their duties and responsibilities and did their best to work with providers to develop relationships/understanding.
- 3.42 It was noted that since September 2018, integration with the CCG had allowed for the sharing of valuable information. This had proved invaluable.

3.43 Recruitment and Training

- 3.44 It is recognised that the recruitment of care staff is a problem throughout the region and nationally. The difficulties in social care were apparent as far back as 2014 when it was predicted "the only certainty is that there are difficult times ahead." We would like to see more done nationally to promote work in the care sector and the opportunity for young people to build a rewarding career with the possibility of recognised apprenticeship schemes being offered to all those working in the sector.
- 3.45 The main concern is the feeling that, as the age of the UK's population increases along with their need for care, there would be a **shortfall of the number of employees** in this sector.
- 3.46 The picture is getting no clearer, with social care struggling with shortages and last year's Skills for Care report showed that although staff numbers are rising, so is the vacancy rate and turnover. It all suggests employers are struggling to find people to fill roles in the sector.
- 3.47 We heard that staff within the team were keen to undertake formal training in quality monitoring but were unaware if this kind of course was available. It was suggested that the Council liaise with St Helens/ Edge Hill around the possibility of devising a suitable bespoke course encompassing the skills needed to undertake a quality monitoring role. It was suggested that the possibility of utilising the Apprenticeship Levy be explored.

4. Recommendations

- 1. That the Quality Monitoring Team continue to work with commissioners to understand the challenges around late calls and travel times and find solutions. It is crucial to ensure home care visits are long enough for home care workers to complete their work without

compromising the quality of their work or the dignity of the person, including scheduling sufficient travel time between visits.

2. That staff at daycare centres be fully trained and risk assessed to enable maximum use of all facilities (including showers) for those attending.
3. That Council liaise with St Helens/ Edge Hill around the possibility of devising a suitable bespoke course encompassing the skills needed to undertake a quality monitoring role and that the possibility of utilising the Apprenticeship Levy for this be explored.
4. That the Team explore further collaborative working with partners and the sharing of good practice within the city region.
- 5, That those service users living alone with no one to speak on their behalf be made a priority.