



Leicester  
City Council

Minutes of the Meeting of the  
ADULT SOCIAL CARE SCRUTINY COMMISSION

Held: THURSDAY, 3 APRIL 2014 at 5.30 pm

P R E S E N T :

Councillor Dr Moore (Chair)  
Councillor Chaplin (Vice-Chair)

Councillor Alfonso  
Councillor Joshi

Councillor Fonseca  
Councillor Willmott

In attendance:

Cllr R Patel – Assistant City Mayor (Adult Social Care)

Philip Parkinson – Healthwatch

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**113. APOLOGIES FOR ABSENCE**

There were no apologies for absence.

**114. DECLARATIONS OF INTEREST**

Councillor Joshi declared an Other Disclosable Interest in the general business of the meeting in that his wife worked for the City Council's Adult Social Care Reablement service. He also declared an Other Disclosable Interest in the general business of the meeting in that he worked for a voluntary organisation for people with mental health issues.

Councillor Fonseca declared an Other Disclosable Interest in respect of item 6 "Domiciliary Care Review" as he knew a carer that attended an individual who would be giving evidence as part of the review.

Although not a member of the Commission, Councillor Patel declared an Other

Disclosable Interest in the general business of the meeting in that her sister worked for the City Council's Adult Social Care and Safeguarding division. She also declared an Other Disclosable Interest in the general business of the meeting in that her mother received a small social care package from the City Council's Adult Social Care and Safeguarding division.

As a Standing Invitee to the Commission, Mr Philip Parkinson (Healthwatch invited representative) declared an Other Disclosable Interest in the general business of the meeting in that he had a relative in receipt of a social care package.

In accordance with the Council's Code of Conduct, these interests were not considered so significant that they were likely to prejudice the respective people's judgement of the public interest. They were not, therefore, required to withdraw from the meeting.

#### **115. MINUTES OF PREVIOUS MEETING**

RESOLVED:

that the Minutes of the meeting of the Adult Social Care Scrutiny Commission held on 6 March 2014 be confirmed as a correct record.

#### **116. PETITIONS**

The Monitoring Officer reported that no petitions had been received.

#### **117. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE**

The Monitoring Officer reported that no questions, representations or statements of case had been received.

#### **118. DOMICILIARY CARE REVIEW**

The Chair reminded the Commission of the rationale of the review and advised that carers and recipients of care had been invited to give evidence of their experience of domiciliary care.

It was reported that two care managers invited to give evidence had indicated that they were unable to attend and had their apologies for absence noted.

The Chair referred to the written evidence provided arising from an informal meeting and discussions held with carers at Danbury Gardens, with managers from a private care provider, and following a visit to meet and observe care workers. It was noted that the husband of the lady receiving care at that home visit was in attendance to give his own evidence. Copies of the Chair's notes were circulated for the Commission's attention.

A carer (now retired), and an individual in recipient of care for his wife, were in attendance.

The Chair invited the individual in receipt of care to give evidence of his experiences of the domiciliary care service.

He advised the Commission of the care required for his wife and the decision made by the family to take up a direct payment, so they could choose the domiciliary care provider themselves to deliver the care package.

It was reported that a converted room had allowed for proper implementation of the care plan, although difficulties with some care providers had been experienced, particularly with the turn-over of carers visiting his wife. The relationship between staff was also considered important when working together and having handovers. The Commission noted the requirement for care providers to ensure, as much as possible, that consistency was maintained in the carers being sent to individuals. The Chair referred to her notes of the visit which emphasised this requirement. It was considered that if changes were necessary, prior notice should be given.

He stated that the greatest difficulty he faced was in accessing the service and it was only because he knew people in the service that he knew the correct avenues to follow to ensure that his wife received the correct level of care.

The Chair expressed her thanks for the evidence submitted and referred to the model of care which had been demonstrated to be satisfactory, subject to adequate controls being in place, including suitable advocacy arrangements and commitment from the care managers.

The Chair asked Commission members to note the written evidence submitted, following a media appeal and clarified the two case studies listed had been raised on BBC Radio Leicester.

The Chair then invited a carer, (who had retired in 2011), to present written evidence of her experiences in domiciliary care. She highlighted particular issues including poor training and support, little travel time which was unpaid, not enough information provided about clients, an unreliable logging system which did not record hours fully and a bullying culture by companies on their staff.

Asked why she had found it necessary to leave the service, she stated that largely it was due to the daily pressures. She considered that during her work she had felt that there had been too much room for major error, and also she personally was not being given enough hours to remain in the profession.

In debate, concern was expressed that the agency she had worked for was contracted with the Council, although it was noted that the carer's experience had been within the county. It was confirmed that this organisation was contracted by Leicester City Council, but it was emphasised there had been a rigorous Quality Assurance Framework (QAF) in place to monitor all providers since the new contracts were awarded in October 2013.

In response to a question from a Commission member it was reported that the UNISON Ethical Care Charter, which had previously been cited as a possible helpful benchmark, could be made available

The carer was asked if she knew of processes to 'whistle-blow' was and she reported that she felt that the opportunity had not been evident and it was difficult to identify who any complaint or report would be forwarded to in the first instance. At this point, officers circulated cards with details of how to report any problems in the service. The commission was informed that these were circulated to all contracted organisations for distribution to carers and service users in February 2014, as a means of enabling people to raise concerns with the Council, the Care Quality Commission, or the NHS.

It was also noted with concern that a large amount of the problems experienced by the carer had been due to a lack of appropriate training, and that a shadowing arrangement had been considered sufficient. The requirement to ensure adequate monitoring of care providers was expressed, particularly given the apparent assurances needed in respect of training.

The Chair expressed her thanks for the evidence submitted and referred to the contrasting models demonstrated by comparison with the first witness's evidence.

The Chair referred to her written submission following her interview with two middle managers from a private provider. She commented on the reports which had described some alarming incidents and also stated that a visit with another provider had been cancelled within an hour of its start time.

It was also considered that care providers should be given information about any potential difficult clients by the Council, to prevent problems resulting from staff being sent to difficult situations. It was accepted that an increase in the information available to them could prevent problems for carers, leading to better staff retention. The Director for Care Services and Commissioning confirmed that a copy of the care plan was now sent to providers, so they now had the relevant information, including risk assessments, so they understood the needs of a client before providing care. It was requested that the data concerning the turnover of staff be researched and reported to the Commission in due course.

Commission members asked on progress of the removal of 15 minute visits. It was confirmed that these are being screened out through reassessments with providers.

Commission members asked about progress of the removal of 15 minute visits. It was confirmed that these are being screened out through reviews of clients.

The Director of Care Services and Commissioning referred to the new contracts that had been in place since October 2013 and the requirements of the QAF as the mechanism to monitor contracts with providers. It was reported that customer satisfaction surveys and regular audits were undertaken to

ensure adequate levels of training, care and safeguarding. Copies of the training matrix, staff supervisions files and evidence of certification were all checked via the QAF process. In the future, providers would be asked to provide information relating to the turn-over of their staff.

It was considered that systems to identify the results of those audits should be established to ensure that qualitative data is available to the Commission.

It was confirmed that all providers would be undertaking the QAF audit by the end of the calendar year and that resultant data and comparisons could be submitted to a future meeting. The requirement to ensure that information on the levels of care being given, as received from the carers themselves, was reiterated as an important part of that process.

The ABC assessment rating was explained, where level A showed they were striving to be leaders in their field, at level B they were performing at the good level and at C they were meeting the contractual obligations. The ladder of intervention policy would be implemented if a provider fell below level C was described, including relevant timescales for revisits and evidence. It was confirmed that, should a provider still fall below the minimum level C, suspension and termination from the framework could result. The Director for Care Services and Commissioning confirmed that the A, B, and C results for providers could be supplied to Commission members.

RESOLVED:

- i) that a draft report of the review be submitted to the next meeting of the Commission to be held on 15 May 2014, to include an overview of the process to date and the circulation of the UNISON Ethical Care Charter; and
- ii) that the audit information is reported back to the commission at a future meeting of the commission.

**The meeting was adjourned at 7.35 pm and was reconvened at 7.45 pm**

#### **119. ELDERLY PERSONS' HOMES - UPDATE**

The Commission received a report which provided an indicative timetable of actions needed to support existing residents in the Council's Elderly Persons Homes.

The Vice-Chair questioned if the residents of Herrick Lodge Elderly Persons Home would still move before the end of the judicial review. It was clarified that, as for all of the Homes to be closed in Phase 1 (Herrick Lodge, Elizabeth House and Nuffield House) no residents were being forced to move and they would have done so on a voluntary basis.

In reply to a further question it was clarified that the 'Moving Plan' process had so far been successful and the data in the report was updated verbally. It was

confirmed that Elizabeth House was nearly empty with only three remaining residents and some receiving respite care. As those receiving respite care were there on a short term basis this would not affect the closure of the home once permanent residents had moved on.

The Commission noted the update.

#### **120. DOUGLAS BADER DAY CARE CENTRE - UPDATE ON ALTERNATIVE FACILITIES FOR CURRENT USERS**

The Director of Care Services and Commissioning provided a verbal update on the progress made since the decision was made to close the centre.

It was noted that meetings had been convened with the 42 users, involving carers, family members and support workers, to explain how individuals would be supported to move to other services or to access community based options. It was explained that assessments would be completed by dedicated social workers, who would work with family and carers to ensure the smooth transition to other services. It was reported that the process would indicate whether day care or community based care was most appropriate.

It was confirmed that a more detailed update would be submitted to the next meeting of the Commission.

The Commission noted the update.

#### **121. DECISIONS ON ADULT SOCIAL CARE NON-STATUTORY SUPPORT SERVICES - UPDATE**

The Director for Care Services and Commissioning reported on the amended proposals following statutory consultation.

It was reported that for alarm provision, funding would continue for existing service users who did not have access to any on-site support, but no new people would be funded in the future.

For service users living in Sheltered Schemes with on-site support, funding for the alarm system would no longer be available. However, it was also explained that the proposed core on-site support hours had been recalculated and increased and the figures discussed with the providers, who had broadly supported the proposed new subsidy contribution from the Council.

It was also explained that people in receipt of an alarm only service or living in the Sheltered schemes could also be considered for additional floating support, if they met the requirement of the assessment criteria.

The Assistant City Mayor (Adult Social Care) clarified that the intended decision had been accepted by providers and that, following the consultation period, reflected the best option available.

In response to a question it was reported that the take-up of the Leicester Care Service could be reported in due course.

RESOLVED:

- i) to note the progress and proposals with the re-modelling of the services;
- ii) to thank the City Mayor for the amended proposals following consideration of the points raised by the Scrutiny Commission and consultation; and
- iii) to receive an update on the number of people opting to move to the Leicester Care Service.

## **122. DECISIONS ON THE MOBILE MEALS SERVICE - UPDATE**

The Chair agreed to accept this item as urgent business in accordance with Scrutiny Procedure Rule 14, (Part 4E of the Council's Constitution).

The item was accepted in order to undertake scrutiny of the Mobile Meals Provision, which was considered necessary prior to the next ordinary meeting of the Commission.

It was reported that a mobile meals scoping document had been agreed with the Chair of the Commission to address the following three specific issues

- To promote the 'in-house' service to existing Adult Social Care (ASC) users, eligible for statutory support;
- To develop the service provided by ASC, so it could be used for anyone; and
- To develop the service to create a sustainable business, which could be used by anyone, including people eligible for ASC support.

The Commission was advised that increasing the number of meals sold to self-funders could have some impact on reducing unit costs, but this would be minimal because the Council was not permitted to make a profit from such sales. The charge to self-funders therefore would need to decrease.

The Commission was advised that meals sold to eligible service users were heavily subsidised, so that any increased sales would lead to additional costs to the Council. This would mean that the approved budget savings would not be made.

The Commission also was advised that in-house costs would be higher than those of external providers, due mainly to staff terms and conditions. Given the competitive nature of the market, it would be hard for the in-house service to reverse the falling numbers of meals sold.

The Commission discussed the costs of meals and noted with disappointment the difficulties arising from the lack of positive economies of scale to reduce costs. It was noted that staffing and transport were the factors which had led to the proposal to discontinue the service.

The Chair circulated a graph showing the numbers of meals relative to the individual costs of providing the service. It was noted that only a marginal difference in cost existed if the numbers of meals increased. The Chair asked that the work to look at making the service financially viable was not lost and should be included as part of the decision notice communicated by the Executive.

The Assistant City Mayor (Adult Social Care) reported on the rationale to discontinue the service but asked members to note the framework contract arrangements allowing for the future provision of a managed service.

The Commission noted the update.

### **123. PROGRESS WITH ESTABLISHING AN OLDER PERSONS' COMMISSION**

The Assistant City Mayor (Adult Social Care) reported on the progress in establishing an Older Persons Commission.

It was clarified that the Commission would initially consider issues that affected older people, primarily the 'Ageing well in Leicester' Strategy.

The proposed membership of the new Commission was explained with a view to having no more than 10 members, including national organisations working with older people, the Department of Health, private sector service providers, university representatives, and local Members of Parliament.

It was reported that further information on the Older Persons' Commission would be submitted to the next meeting.

The Commission noted the update.

### **124. WORK PROGRAMME**

The Commission referred to the draft Work Programme.

The Chair reported that the draft report on the Domiciliary Care Review would be submitted to the meeting on 15 May 2014.

The Director of Adult Social Care and Safeguarding also indicated that the report due on Intermediate Care (15 May 2014) would be a verbal update

In response to a question about the decision to continue with the existing adult social care eligibility thresholds, the Director of Adult Social Care and Safeguarding confirmed that the thresholds had not changed, but there could be a national scheme as part of the revisions to the Care and Support Bill. It



was agreed that information relating to the eligibility thresholds would be reported to the next Commission meeting.

The Chair referred to a seminar she had attended recently with the Vice-Chair and a Commission member concerning the Better Care Fund. A summary of the briefing notes and findings arising from the seminar were read by the Chair. Following this meeting it was agreed that this Commission would look at the preventative measures of the plan to be scheduled at a future meeting.

RESOLVED:

that the updates as described above be noted and the draft Work Programme be approved.

## **125. CLOSE OF MEETING**

The meeting closed at 9.00 pm.