

Report to the Adult Social Care Scrutiny Commission

Date: 9th January 2014

Domiciliary Care
Lead Director: Tracie Rees



Useful information

- Ward(s) affected: All wards
- Report author: Tracie Rees
- Author contact details: Ext 2301

1. Summary

- 1.1 This report provides further information to members as part of the Domiciliary Care Scrutiny Review, and in response to the questions noted in the Scrutiny meeting of 5th December 2013.
- 1.2 Appendices 1-3 provide further detailed information in response to the questions raised.
- 1.3 Appendix 4 provides an overview of the differences between the previous service specification and the new service specification, which officers offered to provide to members.

2. Report

2.1 As part of the Scrutiny Commission Review into Domiciliary Care members asked a number of additional questions at its meeting of 5th December. The responses are outlined here, and within the attached appendices.

2.1.1 Zero hours contracts should not be being used

Legally we cannot stipulate that providers cannot use zero based contracts. However, discussions will be held with the providers on the Council's framework about the future use of zero contracts.

2.1.2 Rather than just assess people's very basic needs and provide a level of service that met them, people should be given the service they wanted. For example, they may want to visit a day centre, or go shopping, but if this was beyond their basic needs this level of service would not be provided

Assessment is completed within a statutory framework, which sets out levels of need across 4 eligibility levels. Leicester (like the vast majority of Councils) meets substantial and critical needs. The threshold is set according to the available resources for the Council to meet need. Therefore home care providers will only be commissioned to undertake tasks that meet needs which relate to a critical or substantial risk. Any other needs (low or moderate) will not be provided for. This is not a matter for the provider, but for the assessment. It is therefore the case that people are only give a service that meets their eligible (basic) needs as this is all the Council is able to afford.

It would be worth noting that the draft Care Bill proposes to set a national eligibility threshold at substantial and critical, replicating our current level across all Councils as a statutory minimum; this is in recognition of the fact that most Council's already have this threshold in place.

2.1.2 How was the break-down of time for visits worked out? Information also was needed on what was included as activities and how time was allocated to these, as there currently appeared to be a mismatch between aspirations and outcomes.

Where services are commissioned directly, the allocated worker, in conjunction with the Service User (or their representative) will discuss what needs have been identified via the assessment process and what services are required (and for how long) to ensure these needs are met. An outcome is, in effect, the result of a met, identified need. Whilst officers within Adult Social Care will attempt to meet aspirations if they are linked to needs/outcomes, the Council is only legally obliged to meet needs (and only then for those Service Users who meet the locally set Eligibility Criteria) and are expected to have due regard to the public purse.

There is slightly more flexibility for Service Users who opt to receive Direct Payments rather than commissioned services as, whilst they are still expected to use their payments to meet their needs/achieve their outcomes, they can spend the payments on services that the Council may be unable to commission directly and which may be more in tune with their aspirations.

2.1.3 Approximately 6% of users had 15 minute visits allocated to them. However, these could be part of a package that included other visits on the same day of different durations. The Commission requested that the actual number of people receiving 15 minute visits be provided.

Due to the limitations of the current IT system, CareFirst; and current business practices the number of 15 minutes domiciliary support service calls cannot be reported with absolute certainty. Previously reported was the figure of 6% of all domiciliary support service calls lasting 15 minutes based on a 2013 weekly snapshot of the electronic care management (ECM) data.

The only 15 minute calls that can be reported from CareFirst are those where it is the only call that day and this account for 350 calls per week or approximately 1% of the total number of calls and to 47 service users (see appendix 1). This is due to the business practice of only inputting the total number of domiciliary support hours and minutes per day and not each call; to do otherwise would result in a substantial increase in data inputting. There is a record of every call in each service user's support plan but this is in a word based document and in free text so it is not possible to report from that format.

When the new IT system comes into use in April 2014 it will be possible to record each new call, this will provide data relating to the number and length of calls delivered to a service user. The system will import the data in its current format so no historic extrapolation of 15 minute calls will be possible.

No 15 minute calls have been commissioned since the new domiciliary support framework agreement was set up on October 14th 2013.

2.1.4 Information was requested on who the providers were.

This is attached at Appendix 2

2.1.5 A quality assurance framework was built in to the Domiciliary Care framework. This could be made available to the Commission.

This is attached at Appendix 3

2.1.6 The Commission asked whether any form of “mystery shopping” was done and, if so, how often and what sample size was used. It also requested that information be provided on whether service users were asked for feedback on their care.

An Annual User survey is conducted.

2.1.7 It would be useful for the Commission to hear the experiences of users of domiciliary care and / or their families, in order to get a broad overview of the service.

As per the minute resolved, Democratic support to action the following:

- 1) That the Communications Manager be asked to work with the Commission to issue an appeal for users of domiciliary care and / or their families to discuss their experiences of domiciliary care, both good and bad, the appropriate setting for these discussions to be decided.

3. Summary of appendices:

Appendix 1: Table of 15 minute calls

Appendix 2: List of Providers

Appendix 3: QAF

Appendix 4: Comparator Table of Service Specifications

Appendix 1

Provider	Mon Mins	Tues Mins	Weds Mins	Thurs Mins	Fri Mins	Sat Mins	Sun Mins	Week Sum	Weekly Vists
Always There Homecare Ltd	15	15	15	15	15	15	15	105	7
Always There Homecare Ltd	15	15	15	15	15	15	15	105	7
Always There Homecare Ltd	15	15	15	15	15	15	15	105	7
Always There Homecare Ltd	15				15		15	45	
Amicare		15		15		15	15	60	7
Amicare	15	15	15	15	15	15	15	105	7
Amicare	15	15	15	15	15	15	15	105	7
Amicare	15			15	15	15	15	75	7
Amicare	15	15		15		15	15	75	8
Amicare	15	15	15	15		15	15	90	7
Amicare		15	15	15				45	5
Care UK Homecare	15	15	15	15	15	15	15	105	7
Care UK Homecare	15	15	15	15	15	15	15	105	7
Carewatch Care Services	15	15	15	15	15	15	15	105	7
Carewatch Care Services						15	15	30	2
Carewatch Care Services				15				15	7
Carewatch Care Services			15		15			30	2
Carewatch Care Services					15			15	1
Carewatch Care Services	15							15	1
Claimar Care Ltd (Housing 21)	15	15	15	15		15	15	90	8
Claimar Care Ltd (Housing 21)	15	15	15		15	15	15	90	8
Claimar Care Ltd (Housing 21)		15	15		15	15	15	75	7
Claimar Care Ltd (Housing 21)		15		15	15		15	60	7
Claimar Care Ltd (Housing 21)		15		15	15			45	11
Claimar Care Ltd (Housing 21)		15	15	15	15			60	6
Claimar Care Ltd (Housing 21)	15	15	15	15	15			75	5
Direct Health UK Ltd	15	15	15	15	15	15	15	105	54
Direct Health UK Ltd,	15	15	15	15	15	15	15	105	7
Direct Health UK Ltd,	15	15	15	15	15	15	15	105	7
Direct Health UK Ltd,	15	15	15	15	15	15	15	105	7
Direct Health UK Ltd,	15	15	15	15	15			75	5
Direct Health UK Ltd,	15	15	15	15	15			75	5
Domiciliary Care Services (D.C.S.)	15	15	15	15	15	15	15	105	7
Domiciliary Care Services (D.C.S.)	15		15		15			45	9
Help At Home		15						15	19
Help At Home	15	15		15	15	15	15	90	8
Help At Home	15	15	15	15	15	15	15	105	7
Help At Home	15	15	15	15	15	15	15	105	7
Help At Home	15	15	15	15	15	15	15	105	7
Help At Home	15	15	15	15	15	15	15	105	7
Help At Home	15	15	15	15	15	15	15	105	7

Help At Home	15	15	15	15	15	15	15	105	7
Help At Home	15	15	15	15	15			75	5
Help At Home	15							15	2
Help At Home	15	15	15	15				60	4
Help At Home	15	15						30	2
Westminster Homecare			15					15	12
Totals	525	555	495	525	510	420	450	3480	350

Appendix 2

LOT 1: Generic Domiciliary Support Service

1. Housing 21
2. MEARS CARE LIMITED
3. Help at Home
4. Care UK Homecare Ltd
5. Amicare Domiciliary Care Services
6. Direct Health (UK) Limited
7. City & County Care Services Ltd t/as Carewatch Leicester
8. Comfort Call Limited
9. Always There Homecare Ltd
10. Domiciliary Care Services (UK) Limited
11. Castlerock Recruitment Group Limited
12. Sevacare UK Ltd
13. Universal Care Services (UK) Limited
14. GP Homecare Ltd t/a Radis Community Care
15. Westminster Homecare Limited
16. Hales Group Ltd (Reserve)
17. PRIVATE HOME CARE UK LTD (Reserve)
18. Age UK Leicester Shire and Rutland (Reserve)
19. LHA Support Services (Reserve)
20. Choices Care Ltd (Reserve)

LOT 2: Specialist Domiciliary Support Service

1. Voyage Care
2. MEARS CARE LIMITED
3. Creative Support Ltd
4. City & County Care Services Ltd t/as Carewatch Leicester (Reserve)
5. Amicare Domiciliary Care Services (Reserve)
6. Castlerock Recruitment Group Limited (Reserve)

LOT 3: Acquired Brain Injury Domiciliary Support

1. Voyage Care
2. City & County Care Services Ltd t/as Carewatch Leicester (Reserve)

LOT 4: Danbury Gardens – Extra Care Scheme

1. Care UK Homecare Ltd
2. MEARS CARE LIMITED (Reserve)