

Adult Social Care Scrutiny Commission Briefing Note

**Response to Domiciliary Care Review Report of
the Adult Social Care Scrutiny Commission**

Lead Director: Tracie Rees



Useful information

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1. Summary

1.1 The purpose of this report is to provide the Adult Social Care Scrutiny Commission with a response to the recommendations made following the review of Domiciliary Care services undertaken by the Commission in May 2014.

2. Recommendations

1.1 To note the response to the recommendations.

3. Main report:

3.1 The Domiciliary Care Review Report of the Adult Social Care Scrutiny Commission was presented to the Executive on 30th September 2014 and the commission asked for the following recommendations to be considered.

3.2 **Recommendation:** The phasing out of 15 minute visits is endorsed. The commission asks that an update comes back to the commission to ensure that all providers have ended them.

Response:

The Council has not commissioned 15 minute calls since October 2013. It was agreed that reviews of existing service users would be completed to phase out the 15 minutes calls and this work is in progress. However, it should be noted that some 15 minute calls will continue to be commissioned where a second carer is needed for hoisting a client.

3.3 **Recommendation:** Future procurement exercises should have a greater focus on not-for-profit organisations where the primary aim is on the quality of care over financial profitability.

Response:

The re-procurement process for domiciliary care will commence in 2016 with award of contracts in 2017. The procurement process will include comparing the performance of different types of organisations including 'not for profit' organisations to determine if there are any indicators that they operate at a higher level with regards to quality.

3.4 **Recommendation:** The council signs up to the Unison Ethical Care Charter encouraging other providers to do the same. Whilst this can't be enforced, the council can try and persuade providers of the benefits of this to deter the high turnover of staff and the effect of that on users.

Response:

Whilst the Council has not formally signed up to the Charter the majority of the principles have been adopted by the Authority. There are 3 stages of the charter which covers 12 points as detailed in the following table.

Stage 1	ASC response
Commissioning of visits should be based on client needs and not minutes or tasks. Workers will have the freedom to provide appropriate care and will be given time to talk to their clients	Visit durations are determined by social work staff in conjunction with the service user and their family carers as part of the support planning process. Whilst 'typical' time slots will be the starting point, every support plan reflects the individual needs of that client. Times are agreed with providers and we routinely take feedback from providers where they feel that the allotted time of a call is not right for the client. We do not expect tasks to be rushed; however we do only commission the time needed to complete those tasks identified as meeting eligible needs.
The time allocated to visit will match the needs of the clients. In general, 15 minutes visit will not be used as they undermine the dignity of clients.	We moved away from 15 calls following a re-procurement exercise in October 2013 and are committed to reviewing those cases where 15 minutes calls still exist.
Homecare workers will be paid for their travel time, their travel costs and other necessary expenses, such as mobile phones	The procurement exercise in 2013 required the Domiciliary Care organisations to provide a breakdown of their costs, including travel costs. Travel costs were include in their tender submission, however it is not clear how much is passed onto the staff. Therefore, this is an issue that will be considered as part of the next procurement exercise
Visits will be scheduled so that homecare workers are not forced to rush their time with clients to get to the next one on time	We have implement an electronic reporting mechanism, so that call times can be analysed and to assist with efficient rostering of staff. We are fortunate to have a geographically small city and where particular issues for providers have arisen, such as difficulties parking near to the customers home, we have worked with providers to find solutions, such as obtaining parking permits.
Those homecare workers who are eligible must be paid statutory sick pay	It is a requirement of the contract for employers to be compliant with the employment legislation. As over 25,000 hours of care are delivered each week it is not possible to assess the eligibility of each worker. However, this is something that could be considered as part of the re-procurement exercise for 2016.

Stage 2	
Clients will be allocated the same homecare worker/s wherever possible	Our contracts set very clear, but realistic expectations about the consistency of care worker, which is monitored via the data available through the Electronic Care Monitoring systems and as part of the Quality Assurance Framework process.
Zero hour contracts will not be used in place of permanent contracts	The contract requires Domiciliary Care organisations to be compliant with the relevant employment legislation. Whilst this type of contract is not illegal, it is something that will be considered as part of the re-procurement exercise for 2016.
Providers will have a clear and accountable procedure for following up staff concerns about their clients wellbeing	Providers are required to have a procedure in place and this is monitored as part of the Quality Assurance Framework.
All homecare workers will be regularly trained to the necessary standards to provide a good service (at no cost to themselves and in work time)	We work closely with Domiciliary Care providers to ensure they have access to training and development opportunities for their workforce and we monitor the core training that staff undertake as part of our contract assurance monitoring visits.
Homecare workers will be given the opportunity to regularly meet co-workers to share best practice and limit their isolation	This is a contractual requirement and is monitored as part of the Quality Assurance Framework.
Stage 3	
All homecare workers will be paid at least the Living Wage. If Council employed homecare workers paid above this rate are outsourced, it should be on the basis that the provider is required and is funded to maintain these pay levels throughout the contract	Organisations have indicated that any requirement to implement the Living Wage would mean additional costs to the Council, which are unaffordable at this time. Leicester City Council does not have an internal home care function, as all services are commissioned from independent providers.
All homecare workers will be covered by an occupational sick pay scheme to ensure that staff do not feel pressurised to work when they are ill in order to protect the welfare of their vulnerable clients	The contract requires all Domiciliary Care organisations to be compliant with relevant employment legislation. Consideration to making this a future requirement will be considered as part of the re-procurement exercise in 2016.

3.5 Recommendation: The commission to receive contract management progress reports including customer satisfaction surveys, complaints and audits of providers on a regular basis.

Response:

Officers undertook a telephone survey with Service Users in receipt of Domiciliary Care

Services in January 2014. Members of the Scrutiny commission have already provided helpful comments and the questionnaire will be reviewed for 2015. Comparisons will be undertaken regarding satisfaction levels of services users compared with the 2014 results. A progress report will be presented to the Adult Social Care Scrutiny Commission in April / May 2015.

3.6 Recommendation: The Executive is asked to write jointly with the Commission to the Secretary of State and appropriate National bodies to express concern at the overall funding and policies around domiciliary care for the elderly.

Response:

The Executive is supportive of writing jointly with the Adult Social Care Commission to the Secretary of State to express concern at the level of funding for Adult Social Care services, including domiciliary care.