



Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru
Care and Social Services Inspectorate Wales

National review of *domiciliary care* in Wales

The City of Cardiff Council

July 2016

Mae'r ddogfen yma hefyd ar gael yn Gymraeg.
This document is also available in Welsh.

1. Background to the local authority inspection of domiciliary care

- 1.1. This inspection took place over five days in September 2015 as part of a larger national review of domiciliary care.
- 1.2. The purpose of the inspection is to assess the efficiency and quality of the domiciliary care commissioned by City of Cardiff Council. Methods used during the inspection included considering information provided by the local authority, discussion with commissioners, a focus group with care providers and examining six cases of people using domiciliary care, including discussion with the people receiving domiciliary care.
- 1.3. The larger national review of domiciliary care in Wales will draw upon a wide range of information including discussion with commissioners, providers, staff and people using services and their carers, gathered during detailed fieldwork in six local authorities, and enhanced inspections of selected domiciliary care agencies. A national survey of all local authorities was undertaken along with questionnaires for provider agencies who organise domiciliary care, questionnaires for care workers who directly provide care and questionnaires for people who receive care and their carers. Discussion took place with care providers and commissioners during three regional workshops and during meetings with representative groups including the Welsh Senate of Older People, Age Connects and Cymru Older People Alliance (COPA).

2. Introduction: The approach to commissioning, procurement and brokerage taken by the local authority

- 2.1. In 2014 Cardiff Council was required to re-commission the domiciliary care provision it purchased. This need arose because the previous framework agreement with a small number of service providers was coming to an end.
- 2.2. The local authority considered a number of options and finally settled upon a “dynamic purchasing system”. At the time this was called Matrix. The Matrix system is based upon an online bidding process where potential individual contracts are circulated electronically to accredited providers, who then choose whether or not to bid in with a price. When bidding, providers also explain how they will address the needs of the person requiring care. This forms part of evaluating the bids. The most favourable bid is offered the contract to provide care. The system has quick turn around times to ensure speedy allocation of packages. Implementing the new system was not without challenges and providers initially found it difficult to operate.
- 2.3. The Matrix system is flexible and can accommodate add-on modules, which includes an electronic call monitoring module. Cardiff Council is actively considering purchasing this to improve the management of invoices and payments and quality monitoring of service delivery. The Matrix system has been purchased for a period of four years up until November 2018.
- 2.4. As the Matrix system is embedded it is becoming more finely tuned to the needs of Cardiff Council, for example a quality element based on past provider performance has now been implemented following consultation with service providers. Full implementation remains a work in progress.
- 2.5. We visited the local authority to consider how the system was working in practice. The local authority employs a small, experienced brokerage team which undertakes a number of administrative functions to ensure that information in care plans is translated into offers of packages of care to providers. Bids are passed on to Team Managers for evaluation. We found these were signed off in a timely fashion. Contracts are then sent out, and information about the packages of care and contracts is sent to the financial team. The view of the brokerage team is that the system is flexible and evolving, that it provides transparency and an equitable way of working with providers. It has improved the way invoices are processed and reduced costs but has not led to an increase in market capacity. The cost of packages of care for older people has increased to an average rate of around £15.22 per hour.
- 2.6. The Matrix system appears to have encouraged an increase in the number of providers coming forward and being placed in the system. Under the previous framework agreement, 11 providers were part of the framework agreement. At the time of the inspection, there were 56 providers enrolled on the Matrix system. However information provided by the local authority shows only half have actively bid for a package of care in the last three months and the proportion has declined quarter by quarter. We have also been informed there are several other agencies who have decided not to enrol on the system.
- 2.7. It was anticipated the Matrix system would encourage competition and potentially drive down costs; however this has not been the experience in Cardiff. The system has not

stimulated capacity in the market, but has generated a large amount of data which should help with market management and development in the future.

3. What commissioners told us

- 3.1. At the point of re-commissioning domiciliary care, the local authority was clear that it did not want to enter into another framework agreement. A number of options were considered before choosing Matrix, including a social enterprise model.
- 3.2. A dynamic purchasing system was felt to offer more benefits to providers including the flexibility to set their own price and would assist providers to develop specialist services. It would also offer the opportunity for new providers to work in Cardiff.
- 3.3. The local authority held a number of information sessions for providers on how the system would work in practice. It was always planned that the system would take account of the quality of service when bids for packages were evaluated. Quality scores have been introduced and build up over time and are updated each quarter. The quality score is made up of a provider's quarterly self assessment, care manager review feedback, contract monitoring visits, customer surveys, concerns, safeguarding and complaints. Information can be verified during monitoring visits. The local authority is proposing to fund an electronic call monitoring system to streamline the billing process and reduce costs to providers, as well as improving the monitoring of missed or late calls and generally improve the delivery of services to people.
- 3.4. In adopting the Matrix system, it was thought that this would build capacity in the market. This has not been the case. It was reported that some providers do not wish to increase the scale of their businesses. We were told all the previous framework providers had enrolled on the new system which resulted in the minimum disruption to service users, by maintaining continuity of care as providers kept their existing care packages.
- 3.5. The local authority is undertaking a six month review of the new commissioning model but at the time of writing this had not been completed. Initial feedback on the review is likely to lead to further work with providers to consider future demand and build capacity. The local authority is looking to develop a work force strategy with providers and develop a market position statement. There is a clear drive to focus on quality.
- 3.6. Cardiff Council has adopted the national living wage for local authority staff. It is not a contractual requirement for domiciliary care providers to pay the living wage to staff. When providers bid for packages of care, the price must include all costs e.g. travelling, training and payment of care workers' wages. Any bids made for packages of care are for the period of the current contract with Matrix which is four years. It is unclear as to how prices will be managed as costs go up over this period, though there is an option to override and add a percentage uplift on all packages. The local authority said it is difficult to 'police' what agencies pay to staff and what expenses are actually covered in reality.
- 3.7. There appear to be good systems in place to support decision making in the procurement of domiciliary care. Team managers have to meet tight deadlines in reviewing new bids for packages of care. They also have a process for escalating high cost packages of care to the operations manager. Staff have received training in outcome-based care planning to support their decision making.

- 3.8. Plans are underway to consider how to commission for needs which are difficult to meet. There have been some packages of care being put on the system several times before any agency is identified.
- 3.9 The local authority says it faces increasing demands on the service and in one week provided nearly 30,000 hours of care to 2,100 people. The challenge facing the local authority is finding the capacity to meet service demands at peak times and the availability of care workers to provide support and care during these periods.

4. What people who provide a domiciliary care service told us

- 4.1. We met with nine provider agencies as part of our review, which included the chair of Cardiff Council domiciliary care provider forum. The overall feedback from the group was that the Matrix system itself and the principles it is based on are fine, although its implementation was hurried.
- 4.2. Providers were aware that the previous framework agreement was coming to an end but felt the decision to take forward the new system was made by the local authority before fully engaging with providers. This initially led to some challenges from providers due to the increased administration cost associated with the bidding process.
- 4.3. Providers feel the new system is more transparent and have welcomed the implementation of a quality score rating. Providers were fully involved in the development of the quality score which makes up 50% of the score to award the care package. Providers felt their views were sought and notice taken of their comments. One provider commented that their agency has been more successful in securing new packages of care since their quality score had gone up.
- 4.4. There is a clear structure for providers to link with the contract monitoring team and the relationship was described as very successful by the group of providers. Some providers who work across a number of authorities stated that Cardiff's commissioning and procurement team was one of the best to work with.
- 4.5. Providers reported good engagement with the local provider forum and relevant local authority officers attend as and when required.
- 4.6. Providers acknowledge that visits at peak times are difficult to meet and responding to specific times for care delivery is challenging. Previously Matrix was rigid in dictating the call times. The local authority are now asking for bids to meet approximate times to increase provider capacity and flexibility.
- 4.7. Providers discussed the challenges of attracting and retaining staff and the limited value placed by society on domiciliary care work. They felt there is a need to provide more attractive terms and conditions and a reasonable rota and travelling distances. Providers recognise the need to attract the right staff with the right qualifications. Providers are aware that staff continually chase better terms and conditions which results in a high turnover of staff as they move between agencies, which then impacts on the quality of care delivered to people using the service.

4.8 Whilst providers spoke positively about their engagement with the local authority, some areas of concern and areas for future development were raised by the group.

- If there is more than 10% change in a service user's needs the care package has to go back through Matrix for a new package of care to be allocated. This can result in the previous provider not being successful; however the local authority is mindful of the need for continuity for users.
- Providers expressed concern that the price they bid for any package is set for the length of the Matrix contract. The commissioners felt it was down to the provider to incorporate the future costs into any bid they wish to submit. This could impact on market sustainability if providers were to withdraw from their contracts on account of increased costs which could not be foreseen at the point of procurement.
- Some providers commented on the lack of clarity in some service user care plans. For example, some tasks are not clear and domestic tasks are added on top of the care tasks without specifying what domestic tasks are required. This can lead to complaints from service users and result in some tasks not being completed. In addition, some care plans were not outcome focused and were more task orientated.
- Providers commented about the lack of joined up working between providers and the reablement team. It was reported that little or no information is sent to providers following a service user's period of reablement. This means that providers are not able to continue with interventions to help support and maintain a person's independence.
- Providers reported that they are not given information on packages that have not been successful with a previous agency. This could have the potential for a provider not being able to adjust their approach, potentially placing the package at further risk of breakdown.

4.9. Providers told us that the local authority is thinking of moving to locality "patches" to assist providers to specialise in providing in a particular area. This could help with building 'runs' to maximise staff time, reduce travelling and create more capacity in the service.

5. What people who use domiciliary care told us

5.1. As part of our review we visited five service users who received a minimum of four visits a day. Four of the service users said they were very satisfied with the quality of care they received. They felt care workers were responsive and nothing was too much trouble. They told us calls were on time and care workers stayed for the full allotted time.

5.2. One service user commented that the care workers are becoming like friends and they could not be better. They said they are listened to, that care workers follow their wishes, go out of their way and go the extra mile. The service user commented that it is normally the same care workers that visit each day.

5.3. One service user commented that they receive care from a lot of African staff. They commented the care workers are very good and there are no difficulties with communication. They said calls were always on time and that it was usually the same

care worker but the second care worker sometimes changed. They said care workers normally arrive on time and stay the allotted time and will sometimes stay longer if needed.

- 5.4. One service user we met said they were not very happy with the care being provided by the agency. The service user stated care workers do not stay for the allotted time but always make them a cup of tea. They said there were lots of different care workers and they never get told when different care workers are turning up. The service user said about six of their care workers were nice but the rest were 'a bit slovenly and have a slap dash attitude'. They told us nobody ever rang to say they would be late. Examination of records in the person's house clearly show missed calls, late calls and clipped calls. This was brought to the attention of the local authority who raised the issues with the care provider. As part of our review our inspectors undertook an inspection of the service which included a further visit to the person receiving care. We found improvements had been made in the delivery of care and overall people using services were generally satisfied with the care provided by the agency.
- 5.5. During inspections of 12 domiciliary care agencies operation we found the majority of people using the services were listened to and were provided with a flexible service.
- 5.6. Our inspections also found domiciliary care agencies were providing care to people with a wide range of complex needs. Feedback from people using the service indicated that agencies were reliable and the timing of care suited people's needs. One service user commented that they discussed what they wanted and what they needed help with and felt they were listened to.

6. What staff who deliver domiciliary care services told us

- 6.1. As part of our review we considered the care of five people receiving a minimum of four visits a day. Of the people we visited, we had opportunity to meet with three care workers from three different agencies who were delivering care at the time of our visit.
- 6.2. Two of the three care workers confirmed they were generally satisfied with their terms and conditions. They confirmed they were provided with training and allowed travel time between calls.
- 6.3. One care worker was less positive and stated they were often rushed and had not been allowed any travel time. Examination of the person's rota confirmed call times were back to back. The care worker stated they had limited training and often had to pick up extra calls. On the day we met the care worker, they were already late for the call and they acknowledged they would not be staying their allotted time as this was an extra call they had to fit in. The care worker indicated this was common practice as no travel time was given and care workers often rang in sick.
- 6.4. In addition to the five people we considered in the local authority inspection, our inspectors undertook 12 inspections of domiciliary care agencies in Cardiff. There were a number of themes arising from our discussion with staff which could impact on the delivery of care to people.

- 6.5. We found staff recruitment, training and retention of staff was a high priority for most agencies. We also found that when staff turnover was high, service users did not receive a consistent and reliable service.
- 6.6. Care workers spoke positively about the training they received and said they have enough training to do the job. They felt that there are occasions when they do not have sufficient time to meet the needs of people and this results in them being 'task orientated' when delivering care. However, some also gave positive examples where they are able to deliver flexible care to better meet the needs of people.
- 6.7. Care workers stated that they do not intentionally arrive late for calls and were aware of the importance of continuity of care, but spoke about the challenges of having to cover for staff sickness and staff turnover at short notice.
- 6.8. Terms and conditions varied from agency to agency with a high number of staff on zero hour contracts. While this does meet the needs of some care workers, it can contribute to the high turnover of staff as people move around the industry and seek better terms and conditions with other providers. Staff said they would like more pay. Not all staff are paid travelling time and rates for mileage varied from 20 pence to 30 pence per mile depending on the agency. This is an area that agencies will need to address to ensure all staff are paid the minimum wage including the time spent traveling to service users. This could increase costs for the provider and have a significant impact on social services' budget.

7. Analysis

- 7.1. The Matrix system was implemented in Cardiff in 2014 in a short space of time and whilst it remains a work in progress, it has demonstrated a number of benefits. At the time of its introduction, there was significant concern and speculation about the potential downside and ethics of adopting an internet based approach to bidding for individual care packages. These concerns have not been realised. The benefits of the system included transparent allocation of work; efficiency and timeliness in setting up packages; an emphasis on quality; reduced internal costs to Cardiff and achieving an increase in the number of providers. Performance figures produced by the system over 12 months indicate that 97% of requests received at least one bid and around 80% of packages started on or before the intended date. However, choice is clearly dropping with only 38% of packages receiving 2 or more bids (a fall from 72%). So whilst the vast majority of care packages are placed quickly, there is little choice of provider and competition on price. The lack of competition for packages over the year strongly correlates with significant reduction in potential savings per package.
- 7.2. The lack of capacity appears to be related to an underlying shortage of potential care workers and an understandable unwillingness of providers to over-commit themselves. The suppliers of Matrix have commented that in their experience local authorities cannot rely on the system to generate capacity on its own. There must be parallel market development and engagement with providers to shape and manage the market. This is something Cardiff has taken on board.

- 7.3. There are risks to the sustainability of the domiciliary care market in Cardiff. The local authority is aware that care workers tend to “drift into care work” and it is not seen as a chosen career. Terms and conditions of the workforce, zero hours contracts and a trained work force are issues that the local authority is working hard to address, although the local authority has no specific contractual requirements with providers in relation to the provider workforce. Other local authorities do and this is something for Cardiff to consider.
- 7.4. There is a good working relationship with accredited providers and benefits of the system enable providers to ‘set their price’ for each package of care. There are challenges in these arrangements as providers find it difficult to put together ‘runs’ of packages in one area.
- 7.5. In response, the local authority is working with providers to look at ways of working in neighbourhoods and identifying care packages that reduce travel and enable providers to work more efficiently in smaller areas. A number of other local authorities have adopted a “zoned” approach to procurement to address the same issues.

8. Areas for consideration

- 8.1. Providers identified a number of areas (see above) which could improve the delivery of care and which the local authority should consider. These include the lack of continuity in care workers which can result when needs change; the clarity of the original care assessments and the need to avoid misunderstandings; the transfer of unsuccessful care packages and the handover of care packages from the reablement team.
- 8.2. Capacity in the market remains a concern for Cardiff and the local authority will need to continue to look at ways of developing new ways of working to increase capacity. Staff retention and recruitment are critical.
- 8.3. In addition, the local authority needs to consider the impact of UK Government initiatives such as the national living wage and the workplace pension scheme on the market to ensure both short and long term sustainability within the budget constraints facing the local authority.