



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

National review of *domiciliary care* in Wales

Carmarthenshire
County 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 January 2016 as part of a larger national review of domiciliary care.
- 1.2. The purpose of the inspection is to assess the success of the local authority's social services in achieving the outcomes for people by evaluating the efficiency and quality of the domiciliary care commissioned by the local authority. Methods used during the inspection included considering information provided by the local authority, discussion with commissioners, a focus group with care providers and an examination of six cases of people using domiciliary care, including discussion with individual people where appropriate
- 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. Carmarthenshire County Council commissions 75% of its domiciliary care services from the independent sector, with 25% provided in-house, which includes reablement and long-term support. The cost for this service was £15.3 million in 2015, with approximately 1,030 people receiving a service. About 14,000 hours of domiciliary care were provided to people in Carmarthenshire during the week, with 95% of the service provision for older people.
- 2.2. Carmarthenshire County Council historically had a well established commissioning and contracting framework in line with Welsh Government guidance. In 2012 the local authority undertook a significant piece of work reviewing and evaluating its domiciliary care services in order to shape its service for the future, in readiness for the implementation of the Social Services and Well-being (Wales) Act 2014 and the Wellbeing of Future Generations Act 2015. The local authority developed a market position statement, a domiciliary care strategy 2013 - 2017 and a commissioning and contracting strategy, which set out the local authority's intent to reshape the delivery of service. The local authority aims to put people at the centre of service delivery to provide a personalised approach to care, moving away from time and task based care. In the development of the new model the local authority considered key facts that improved the outcomes for people receiving the service and these are built into the contractual arrangements. These included pay and conditions for staff, with no zero hour contracts, travel time built into cost and working collaboratively with providers to improve the recruitment, retention and skills of staff working within domiciliary care services.
- 2.3. The new domiciliary care commissioning framework commenced in July 2015 following a significant tendering process, undertaken through the corporate procurement process. The local authority is now tendering under a framework agreement with six main providers working in specified geographical areas in Carmarthenshire. Alongside this there are nine other providers who are contracted as approved providers and services are allocated to these if the providers within the framework agreement cannot meet the specifications to deliver the contract. Whilst at the time of the review the new framework was relatively new and (as expected) teething problems had been experienced, we found that the values and principles of the framework were sound. Whilst we were satisfied that the procedures and process in place provide a robust quality assurance framework, the local authority will need to assure itself that there is effective implementation of these policies, to ensure that people receive a good quality service as this new framework is embedded in practice.
- 2.4. The new systems allow for greater scrutiny of public spending, ensuring effective financial probity and accountability from care managers, commissioners and domiciliary care providers. We found that the new framework is based on ensuring good quality outcomes for people, whilst ensuring value for money and

is in line with the requirements of the Social Services and Well-being (Wales) Act 2014.

- 2.5. Discussions with the lead elected member confirmed that there are effective scrutiny and governance arrangements for commissioning and contracting of domiciliary care services. Elected members had been fully briefed regarding the new commissioning framework.

3. What commissioners told us

- 3.1. The review of the commissioning and contracting of domiciliary care services was driven by the need to change and improve on how the local authority commissioned its services, to improve the status of the local market, as well as the influence of national research. The local authority has seen significant growth in the market position over the last few years, a move from the cottage industry model to large providers moving into the area. Whilst this increased the capacity in the market, it brought about inconsistency in the quality of services provided. The ethos of the new model is working in partnership with providers to improve the quality of the service being delivered.
- 3.2. The local authority's new tendering process focused on changing service delivery, moving away from 15 minute calls and task based care to a care plan that focuses on what matters for people. The intention is to provide flexible packages of care based on a robust holistic assessment that identifies key outcomes for people; aiming to give people a greater control over their care package; and ensuring through their procurement arrangements that the local authority delivers services that provide better value for money. This ensures best value and more accountability, with the intention that people receive a better quality service.
- 3.3. In developing the new framework the local authority undertook multi-agency reviews of care packages being delivered to people. This work was led by social workers with occupational therapists working in parallel using a risk based model. Discussions during the review showed that this had been done collaboratively with providers, service users and family members and resulted in some cases in the reduction of double handed care to single handed care packages. We were advised that this enabled a less intrusive care package focusing on the dignity and respect of the individual, whilst still ensuring people had a service according to their needs.
- 3.4. Prior to implementing the new commissioning framework the local authority ensured that the infrastructure was in place to support this new way of working. This included reviewing and refining its procurement, commissioning, brokerage, and care management systems and developing policies to support the new commissioning arrangements. The new frameworks aim to provide a timely and responsive service to enable people to be supported effectively in their own home or community facility. It is reported that the new framework has brought about an improvement in the local authorities delayed transfer of care responses, through better contracting arrangements and increased capacity.

- 3.5. The commissioning service involved the corporate procurement team in the new tendering process, in order to ensure effective arrangements were in place as required under European Legislation. The review found there were positive relationships between corporate procurement and social services, with the procurement team having a good knowledge about the domiciliary care sector and the challenges it faces. Briefing days were held with potential providers to discuss the procurement process and to provide details of the proposed framework and expectations. This ensured providers had the required information regarding the new tender arrangements to enable them to make an informed bid. Applications were received through the BRAVO online system, providing an audit trail to demonstrate fair procurement process.
- 3.6. A quality assurance framework has been developed, including the development of commissioning standards which will be used as outcome measures. Whilst the quality assurance framework has yet to be fully embedded in practice, commissioners and brokers are clear about the expectations that are in place. However, we did find that there is some uncertainty with some of the providers' understanding of the systems and processes they are required to complete, in order to feed into these quality assurance measures.
- 3.7. The new commissioning framework has brought about significant changes to the operations of the commissioning and brokerage service and whilst we found that these are yet to be fully implemented, a significant improvement is that brokers are able to make timely decisions on any small changes to care delivery. More significant changes go through a 'master variation' process which requires a full review by care management thus providing more rigorous accountability. However, providers told us that the information provided about service users at the brokerage stage was very basic and they were concerned that they were tendering to provide a service for something they could not meet that would potentially put the service user or their staff at risk. The local authority needs to review this to ensure providers can make an informed decision.
- 3.8. The review found that the new framework when fully implemented should improve the commissioning arrangements and provide a more robust monitoring and review process with providers. However, the capacity of contract monitoring teams to effectively implement the quality assurance mechanisms requires consideration.
- 3.9. The new framework brought about significant changes to care management arrangements. Since July 2015, all new care packages are developed within an outcome focused model. However, we found pre-July 2015, care packages were not being delivered within this framework and this led to different service specifications being provided. The local authority needs to ensure that all care packages are reviewed to bring them in line with the new arrangements.
- 3.10. Whilst Carmarthenshire County Council has developed a new commissioning framework, there is also work taking place in the West Wales regional collaborative looking at regional commissioning arrangements. In developing

this collaborative Carmarthenshire and Pembrokeshire County Councils recently entered into a partnership agreement to look into the feasibility of having a single commissioning service. The local authority will need to be confident that any collaborative work will strengthen its commissioning arrangements and improve outcomes for people using domiciliary care services.

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

- 4.1. Independent providers said they have a very good relationship with the local authority, they are well supported by the commissioning service and care managers and there was a general view that they felt part of a team.
- 4.2. Providers were positive about the new framework, and felt engaged in the process. Independent providers were concerned about the issues affecting the workforce and they were particularly keen to address the issues they faced with the recruitment and retention of staff and supporting staff to attain relevant qualifications. Providers felt the framework had some strength in addressing these issues, but were concerned that care providers in the independent, social services and health sector were recruiting from a small pool. It was reported that there was still a higher status attributed to working in health and social services than the independent sector and they were keen to work with the local authority to address these issues.
- 4.3. Discussions with providers did not confirm that they had a full understanding of how the new framework worked in practice, what the expectations were and what the penalties were if they did not deliver as required. Whilst the local authority did provide training days on the new framework and individual meetings, it was clear that the framework had not been interpreted clearly by all providers. The providers felt there would be a benefit in re-establishing providers meetings as they felt these were very informative and enabled wider discussion regarding the challenges faced by the sector. Re-establishing these may help with the inconsistencies being experienced.
- 4.4. Under the new framework it is the expectation that providers develop a service delivery plan in consultation with people receiving the service, aiming to ensure that people are at the centre of their plan. It was clear that this ethos is in line with the Social Services and Well-being (Wales) Act. However, the local authority should assure itself that providers are able to develop these plans effectively, as we were advised that there was inconsistency in the quality of these plans. It is critical that the local authority specifies the requirements of the service delivery plans to ensure they meet a prescribed standard and enable care workers to deliver care according to the needs of people receiving the service. This is an area that needs to be considered as part of the quality assurance framework that is currently being developed.
- 4.5. Whilst providers viewed the responsibility for the service delivery plan now being held with them as positive, the inconsistent practice from some social workers, in setting out outcome based care plans in enough detail to enable essential care tasks to be carried out, is causing some confusion. This was also a

particular problem as care is now being provided within time bands, aiming to be a more flexible approach to delivering care. However, it was reported that in some instances social workers specified a time which then brought providers into direct conflict with the new framework and again this caused difficulties when developing the service delivery plan. The local authority needs to ensure that it addresses these inconsistencies through better communication with providers, social workers and importantly service users and their families.

- 4.6. Providers reported that the flexible approach to care delivery based on the daily needs of the service user was causing them some difficulty in delivering the service. The cumulative effect of this was some late calls and clearly this impacted the quality of service for some people. This caused specific problems regarding the interpretation of a late call and if and when this would constitute a complaint. The local authority needs to ensure as it undertakes a review of the new framework to consider how all contributors fulfil the requirements to deliver a more flexible care package, whilst ensuring a consistent approach to service delivery.
- 4.7. A key development of the new framework was to ensure an effective call monitoring process and a contractual requirement was that providers must have this system in place. It was reported that there have been significant problems with getting this system to operate effectively. Discussions advised that this was being addressed and that the local authority in some cases had made a 50% payment to providers in order to ensure the continued financial sustainability of the business.
- 4.8. It was reported that providers had received inconsistent responses from the Emergency Duty service and in some cases this had affected service delivery for people. Discussions with the local authority revealed that this was a generic service and that they were looking at options of how to address these matters. However, in the interim they must ensure that emergency duty staff understand the new framework and are able to respond appropriately to people's needs and providers' requests.
- 4.9. Providers said they were committed to delivering the new framework contract and were working cooperatively with the local authority to address the teething problems experienced. It was apparent that they were committed to the new framework; they wanted it to work and were driven to improve the service.

5. What people who use domiciliary care told us

- 5.1. Care management records reviewed confirmed that social worker assessments were comprehensive and where required there was a holistic multi agency assessment. Analysis of people's needs was good, and evidence of people's views and wishes were recorded. However, we did find shortfalls in records being maintained to confirm that carers were being offered a carer's assessment and we were unable to confirm from paper and electronic records if an assessment had been undertaken. This clearly needs further consideration to ensure a record is maintained with the Care First record management

system. The local authority will need to review these arrangements to ensure that appropriate records are maintained in line with the expectations of the Social Services and Well-being (Wales) Act.

5.2. People who use domiciliary care services that were case tracked and visited during the review advised us that they have good support from their social workers. Discussions with staff confirmed that they are committed to providing people with a good quality service and they want to do the very best for the people they support. Social workers spoke very positively about the new commissioning framework with clear signs of improvement in the quality of the service, including a significant reduction in the waiting time for people accessing domiciliary care services. However, practitioners spoke about a variance in the service being provided to people by domiciliary care agencies. Whilst it was recognised that the new framework would take time to embed, it was felt that there needed to be a better understanding of outcome-focused planning to ensure providers could deliver.

5.3. Some of the things people told us were:

"We have had issues with the consistency of care workers and some have had a lack of skills and we have had to explain multiple times to different care workers what care is required."

"The service is better now since we have new providers, they are all male carers and they are very good."

"We now have continuity of care as previously there were a number of care workers, which changed sometimes daily. The current standard of care provided is excellent."

5.4 The people who receive domiciliary care services that we visited said they were generally satisfied with the quality of service being received and spoke about recent improvements since changes in providers. Whilst service users and their families felt that care workers were generally providing a good service, there were examples where users felt that care workers did not possess the necessary skills and knowledge to carry out the care tasks, nor did the users feel that service delivery plans had always been read prior to visiting. Again, whilst a number of users felt they received consistency in care workers from a rota, others had experienced significant inconsistency. Generally, however, users knew which care workers were attending on which day; they said care workers were timely and felt that the care provided met the expectations in place.

6. Analysis

6.1. The local authority has taken some progressive steps in reshaping the provision of domiciliary care services, with a clear aim of improving the health and well-being of the people of Carmarthenshire. In developing the new framework the local authority considered issues facing the domiciliary care market, national

research and built mechanisms into the framework to improve working conditions for staff, and what is considered best practice in the field. This included developing stronger links with a variety of partners to ensure there is a focus on improving the workforce, through better training and support as well as pay and conditions.

- 6.2. The new framework has generally been well received by all partners and we found that the implementation and the transition into the new framework was well planned with effective communication between all relevant parties. However, we did find there was some uncertainty with providers about how the new framework translated into practice and that this was having an impact on providers' understanding of service delivery. We also found that some providers did not have the infrastructure in place to effectively support the new framework, as the framework was reliant on an effective electronic call monitoring system. In some cases, there was a delay in the local authority making payments for the commissioned service and providers reported in some cases a delay of a few months. This matter was explored during the review and we were satisfied that the local authority was taking appropriate action with providers to address the issues. In some cases the local authority made remedial payments to avoid this affecting the business viability of service providers. Whilst it is accepted that the framework is relatively new, the expectations in establishing such a framework and its subsequent procurement, tendering and commissioning exercise is not yet delivering the level of care delivery expected. The local authority, in its review, will need to clearly identify how it addresses these concerns. It is also imperative that the local authority supports those providers on the framework to ensure timely and accurate invoicing and call monitoring.
- 6.3. The local authority is developing innovative mechanisms to address recruitment and retention issues collaboratively with providers and whilst this is in its early stages, there is a real sense of partnership working between the local authority and providers to improve service quality. Whilst these are positive steps that will improve the experience of people using domiciliary care services, there are issues of carer inconsistency, which is still of concern to people using the service. It is recognised that in part these concerns are linked to the new framework which will take some time to embed into practice. However, we did find that some of these issues could be addressed through better communication between the local authority and providers to ensure that there is a clear understanding of individuals' care needs prior to providing the service. The local authority will need to continue to monitor effectively those providers on the framework in order to ensure that they deliver to the expectations set out in the framework. This monitoring and engagement will be crucial.
- 6.4. A clear objective of the new framework is to ensure consistency in service delivery through effective care management assessments and that this is translated into a meaningful care plan for people that focuses on what matters to them. Whilst we got a sense that the local authority and providers were generally committed to this aim, we did find that there is some way to go to ensure this is happening in practice. In the main, people reported a positive experience of the service they were receiving; however, we did find that there were inconsistencies in the quality of service being received. We found that

some of this can be attributed to change in care management practice and that there is now a focus on care plans being outcome focused rather than prescribing task based care. Care management staff, brokers and commissioners need to ensure that a clear dialogue is established at an early stage with service users and service providers, in order that a clear and realistic understanding regarding service delivery is agreed. This will ensure that when developing the service delivery plan providers can ensure they deliver on the expectations of the contract and that critically, people receive the service they need. A crucial element in carrying this forward is ensuring there are robust quality assurance mechanisms in place and to ensure that care management reviews are being carried out as required. Further work regarding quality is needed in order to provide care providers with the necessary detail to deliver targeted care.

- 6.5. It is recognised by the local authority that a change in culture is still required in order to deliver a true outcome-focused approach, balanced with appropriate risk management, moving away from a traditional model of whole scale local authority delivery of care and support to a more risk management approach. The local authority should consider how it continues to support care management staff and providers, in ensuring that care workers understand and follow care plans appropriately. This will ensure effective oversight as the local authority moves to an outcome-focused care planning approach to ensure the delivery of good care and support to people who use domiciliary care services. This should include increased monitoring and engagement with service users, and ongoing evaluation of the performance of providers and carer workers.

7. Areas for consideration

- 7.1. The local authority in reviewing the implementation of the new framework has to satisfy itself that providers are delivering on the expectations in place and that people are receiving consistency in quality of service, irrespective of which agency is providing the service and the geographical area.
- 7.2. The local authority will need to ensure that any potential future partnership arrangements in joint commissioning, whilst having potential benefits, do not weaken or dilute current commissioning arrangements within the local authority. The local authority will need to be confident that any collaborative work will strengthen its commissioning arrangements and improve outcomes for people using domiciliary care services.
- 7.3. The local authority should consider re-establishing the domiciliary care provider forum, in order for discussion and engagement; this would be welcomed by providers.
- 7.4. The local authority's capacity in its contract monitoring function should be reviewed. Current staffing capacity does not appear to support the necessary monitoring, evaluation and support required by the new framework.

- 7.5. The local authority should consider establishing of an effective electronic database to support the operation of its commissioning function, to ensure that appropriate records are maintained and are accessible by all relevant staff. This would enable a more effective and timely performance evaluation of individual service providers.
- 7.6. Information given to providers about service users at the tendering/brokerage stage should be reviewed to ensure it is sufficient for them to make an informed decision about the provision of the service.
- 7.7. The local authority should ensure that training on the new domiciliary care framework is provided to staff working within the emergency duty service, to ensure that they can respond appropriately to any enquires received out of hours.
- 7.8. Further training is provided for providers and staff on the new commissioning framework, as there remain some areas that require further clarity, specifically roles and responsibilities within the care planning process. It would be of great benefit if this was done jointly.