



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

National review of *domiciliary care* in Wales

Denbighshire
County Council

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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 November 2015 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 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 examining 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. Commissioning is a key social care activity that has a significant impact upon the quality of people's lives. Local authorities increasingly work within a mixed economy framework that works with private and third party organisations to procure and deliver care that supports independence, meets identified need and complements the support provided by carers and families. The ability to influence and shape the range of local services is a crucial component of commissioning and, when done effectively, will result in far-reaching decisions that secure sustainable care through good planning, design and procurement.
- 2.2. The local authority faces significant challenges in determining how best to meet growing demand for domiciliary care services, particularly for people with more complex care needs. Its recent approach to commissioning and procurement is underpinned by an adult social care market position statement and commissioning intentions document produced in 2014. It links to a range of strategic documents - such as the corporate plan, the adult services plan, the modernising social services plan and the supporting people plan. There are no service specific commissioning plans that provide a detailed and measureable means of assessing and determining progress.
- 2.3. A market position statement is an important tool in ensuring the market evolves to meet current and projected need. Providers have a right to expect a local authority to be proactive in facilitating a greater range of services that support better choice and control for service users. When this is done well, local authorities will have developed sound systems that capture and develop market intelligence in order to inform potential providers of key issues that will drive investment, and the resulting growth of sustainable care services. The local authority needs to provide information such as reliable future demand projections, a market balance profile, an outline of reasonable expectations concerning margins of profit, clarity relating to innovation incentives that promote quality, and overall levels of ongoing and consistent local authority support.
- 2.4. This is currently lacking and the local authority needs to do more work to develop a market position statement that is market facing, as the current approach does not provide sufficient intelligence to enable potential providers to plan their future role, function and investment opportunities. Whilst the high-level strategic focus of early intervention, prevention and reablement to support independence is clearly outlined, other key components lack detail and expansion. For example, population data does not encompass a strategic needs assessment; neither is there any qualitative information to support a citizen-focused approach nor evidence of any significant input by commissioning partners and stakeholders. A retrospective descriptive approach provides some headline activity data, but there is little connection to the experiences of people who use services.

- 2.5. As a consequence, providers do not understand the local authority’s direction of travel, future demand, current supply, required models of practice, future resourcing or how they can support innovation in the delivery of care.
- 2.6. The local authority is party to the North Wales Domiciliary Care Agreement (NWDCA) that provides a contractual framework and regional consistency in adopting a collaborative approach to developing sustainable service models. The model uses an approved provider format that is a pre-requisite for contract award, done through using individual purchase orders) However, some elements of the contract are subject to local variation that can result in markedly different approaches which are not securing sustainable outcomes This is primarily due to the adoption of a competitive bidding model against indicative fees that are detailed in Table 1.

Duration	Domiciliary Personal Care	
	Town Provision (< 5 miles)	Rural Provision (> 5 miles)
1 hour	£13.25	£15.66
¾ hour	£10.83	£12.66
½ hour	£9.05	£10.24
¼ hour	£5.42	£6.63

Table 1: Indicative Fees

- 2.7. Potential providers are encouraged to submit “a rate equal to, or less than, the indicative fees” and the care broker then considers applications. The brokerage model uses an evaluation process that “factors in parameters which consider the most economically advantageously placed submission”. The brokerage model, as outlined within Schedule 6 of the NWDCA references no other criteria and contracts awarded on a spot basis. The local authority reports that over 96% of domiciliary care hours are now provided by the independent and third party sectors, from a pool of approximately 34 potential providers, of which 23 were active in September 2015.
- 2.8. There are six geographical patch areas that constitute the ‘town provision’, with a five-mile boundary used to distinguish ‘rural provision’.
- 2.9. The local authority is committed to funding a two-week retainer period that is not universal practice across North Wales; however, once this period is exhausted, a competitive bidding process is re-established that can result in a change of provider and a break in the continuity of care that may have been well established for a significant period of time.
- 2.10. The local authority continues to procure 15 minute domiciliary care visits and this was evidenced in information provided by commissioners, and also through discussions with social workers, providers and people using services. The sample data of 54 service users revealed that 14 received visits lasting 15 minutes.
- 2.11. There is growing recognition that capacity to conduct annual contract monitoring reviews is becoming more challenging and the local authority is currently reviewing its approach.

This is a fundamental part of its quality assurance model and provides a valuable link to ensuring effective safeguarding and, as a consequence, requires further strengthening.

3. What commissioners told us

- 3.1. The local authority is aware of the need to review its current approach to commissioning in order to better secure sustainable services that will meet future need. It has recently produced a draft strategy for supporting independence that emphasises the need to adopt modern approaches to commissioning, as outlined in the Social Services and Well-being (Wales) Act 2014.
- 3.2. However, the local authority should review its recent organisational changes that separated commissioning and contract functions, as the rationale for this is not widely understood and is having a considerable impact on the effectiveness of the commissioning cycle, particularly in contract monitoring.
- 3.3. Local authority staff told us that more needs to be done to strengthen the role of services users in designing and evaluating the commissioning process. We found limited evidence of the routine use and analysis of qualitative information in driving service improvement. This was also reflected in the limited involvement of service providers in shaping and influencing the commissioning process, a gap recognised by the local authority, with few meetings having taken place during the previous 12-month period despite increasing pressures and resource challenges.
- 3.4. Commissioners are aware of mounting difficulties in procuring domiciliary care at key times of the day and in an increasing number of locations, not necessarily rural. This is compounded by a number of providers either pulling out of the local authority area or reducing their presence in recent months. The local authority believes that recruitment difficulties are a significant contributory factor, but acknowledges that the current funding model is increasingly unsustainable. As a consequence, there are growing pressures in the brokerage system with corresponding risks in meeting current need and the ability to procure future provision. The local authority is attempting to better understand the reasons for this and has recently met with a small group of providers to look for mutual solutions.
- 3.5. A number of local authority staff considered the commissioning model to be in need of review and expressed concerns at the ability to retain existing providers and attract new partners. This position will require urgent and concerted attention by the local authority, together with the development of a new relationship with providers that delivers a sustainable and high-quality model of care.
- 3.6. There is some recognition that the current bidding approach is not securing the outcomes the local authority desires and does not synchronise with strategic goals intended to promote and support independence. The significant use of 15 minute visits to meet care

needs is placing pressure on providers to meet specifications that are focused upon time slots within contracts based upon competitive price.

- 3.7. There is little evidence that current procurement practice incorporates key elements of UNISONs ethical care charter and the local authority needs to reflect on whether working conditions are intrinsically linked to the quality of care currently being delivered.

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

- 4.1. Providers of domiciliary care services expressed mixed views of the local authority as a commissioner. A number told us that its strategic commissioning approach needs further development if it is to adequately provide them with the information necessary to appropriately plan and invest in sustainable services. They described a lack of vision for the development of services to meet future need, detachment from the process of commissioning and increasing difficulties in contacting appropriate local authority staff. Providers told us there is a strong emphasis on cost-driven procurement at the expense of a sustainable model of care that actively considers capacity, location and quality of services.
- 4.2. As a consequence, providers are bidding at levels below indicative fees with significant impact upon their ability to recruit staff, improve terms of employment or deliver consistent services throughout the local authority area. We learned that some personal care is being provided at levels significantly below indicative fee levels – for example at £12.20 an hour. It is difficult for providers to generate business certainty and, consequently, many staff still have zero-hour contracts. An increasing number of providers are serving notice on contracts, reducing their presence or no longer providing any services within the county, preferring to target work with neighbouring local authorities.
- 4.3. A number of providers expressed concern about the pressure to meet personal care needs in unrealistic time periods. We saw examples of expectations that would be difficult to meet in the procured time period, with consequent pressures on care workers and impact upon people needing care. One provider shared information that it provided 167 15 minute calls a week for the local authority.
- 4.4. Providers told us that documentation was variable, with care plans ranging in quality and detail. They described contracts as very task focused with little emphasis upon person-centred care and associated outcomes. A number of examples provided evidence of expectations that would potentially compromise dignity and well-being of people using services. For example, a provider was encouraged to rebid at lower cost when a service user was in hospital for a longer period than expected, despite having a very settled and established relationship with the person. We were told this was not uncommon, and failing to bid lower could result in another provider being awarded the contract, with the service user having no input into the process.

- 4.5. Some providers said they are not always involved within the review process despite having important information to share about the effectiveness of commissioned care arrangements.
- 4.6. Communication needs to be more consistent and contact points more clearly defined. Providers expressed disappointment that fewer face-to-face meetings with local authority commissioning and contract representatives are taking place, with the local forum only convening once since the beginning of 2015. In addition, providers described increasing difficulty in being able to access key local authority staff who would have sufficient knowledge of individual service users. Some providers were advised to access the single point of contact gateway, but found the quality of response variable and, as a consequence, sought other means of contacting the local authority.
- 4.7. Providers report that invoices are generally processed promptly by the local authority, but not consistently within the stipulated 28-day period. Queries can result in delays that can have a significant impact due to ongoing business overhead expenses.

5. What people who use domiciliary care told us

- 5.1. Local authorities are aware of their role in promoting the well-being, assessment, care and support planning, and review arrangements for people who need support from care professionals. In particular, they are aware of their duties in supporting an assessment process that considers individual need, capacity and resources, desired outcomes and eligibility for services – the resulting care and support plan being a key means of addressing identified need. Good assessment processes should ensure that information is correct, consistent and shared.
- 5.2. People who use domiciliary care gave mixed views about whether they received a service that met their needs. Although generally satisfied with care workers, many felt that allocated time was insufficient and not always at times when they most needed support.
- 5.3. People told us their care plans were primarily task focused and we saw these often reflected assessment documentation that did not always adequately detail the needs of services users and carers.
- 5.4. The role played by unpaid carers in supporting people's independence in the community is crucial to the success of many people who receive domiciliary care. However, a number of carers told us they had either not been offered an assessment of need or had one undertaken when requested. In one instance we saw that the local authority information system recorded that a carer assessment had been offered, but discussion with the carer suggested otherwise.
- 5.5. Some of the things people told us were:

“Care workers are rushed and have no time other than to heat something up and then go to the next call.”

“The continuity of staff is an issue.”

“The first call is much later than needed, but there is no alternative due to agency availability.”

- 5.6. We saw examples of unrealistic care plans which did not reflect the capacity or ability of the provider to appropriately meet need – for example, one referred to a 15 minute call to prompt medication, assist with washing, dressing, preparing breakfast and a hot drink, and emptying a commode. Discussions with people using services, families and carers provided further evidence that some care providers felt pressured to provide a service within the time period allocated and ensure they were at the next call on time. A number had experienced a succession of new care workers. Others told us of missed calls.
- 5.7. A number of people said it was becoming more difficult to access care in rural areas and that this had led to delays or sometimes the offer of services at times that did not meet assessed need. This was further evidenced by the local authority’s own research that highlighted some of the issues experienced by people in the south of the county in being able to access care when required.
- 5.8. Reviews are not always undertaken when they should be and this means that valuable opportunities to determine whether needs are being met are not consistently taken up. Although a number of providers expressed the view that they feel more involved with this process, not all did and the local authority needs to consider how to embed a more consistent approach.

6. **Analysis**

- 6.1. The local authority has not sufficiently developed its market intelligence and, as a consequence, has produced a market position statement that does enable providers to plan their future role and function.
- 6.2. As a consequence, providers are unsure of the direction of travel, future demand, future resourcing and how the local authority will continue support those in need of care and support at home.
- 6.3. The arrangements for domiciliary care commissioning are weak, with a corresponding risk that the current model of procurement is becoming unsustainable. A culture has developed that encourages the lowest bid against indicative fees and this has resulted in contracts being awarded primarily on price. Providers have increasingly bid lower to secure contracts and this has reduced local authority expenditure. However, this has been at the expense of market stability, most evident in the emergence of increasing

recruitment and retention difficulties in a sector that already faces significant challenges in making care a more attractive profession.

- 6.4. A fragile relationship with providers has therefore developed with some actively considering market exit strategies.
- 6.5. There are considerable risks to the sustainability of the local domiciliary care market and this is having an impact upon people who currently use services, who are increasingly not being well served.
- 6.6. Too many visits of 15 minute duration are being commissioned by the local authority and this is driving unrealistic and unreasonable expectations of provider staff to support people in timeframes that afford neither dignity nor respect.

7. Areas for consideration

- 7.1. The local authority needs to urgently review its commissioning strategy if it is to address the significant risks to market stability in the domiciliary care sector.
- 7.2. Learning from best practice that has delivered effective commissioning models elsewhere.
- 7.3. Market intelligence is underdeveloped and the local authority needs to better understand factors that are central to its role as a facilitator and the information required by providers to incentivise and encourage sustainable investment in local care services.
- 7.4. The development of a market position statement that is market facing.
- 7.5. The development of a fee model that places quality of care at its heart and rewards providers who invest in sustainable recruitment, retention and training of care workers.
- 7.6. The development of a new relationship with providers as equal partners in the planning and delivery of care services.
- 7.7. Reviewing the procurement of 15 minute calls to meet personal care needs and the subsequent impact of this on people and those providing care.
- 7.8. The development of care and support plans that are person-centred and outcome-focused which recognise the contributions of all concerned in enabling the continued independence of people living at home.