



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

National review of *domiciliary care* in Wales

Monmouthshire
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 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 domiciliary care commissioned by the local authority. Methods used during the inspection included consideration of 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).

1.4.

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

- 2.1. Monmouthshire has a commissioning plan for 2014 to 2017, which supports the principles identified in the Welsh Government's 'Fulfilled Lives, Supportive Communities' commissioning guidance. The plan sets out the local authority's high level commissioning intentions focusing on providing support around the individual, connecting people to their local communities and an onus on collaboration. It includes an analysis of need, current spend and service provision along with analysis of gaps between strategy and current service models. The document refers to the market position. Whilst there is a Local Authority Plan in Monmouthshire, there is a mature partnership between the local authority and health board at both strategic and operational levels, which is reflected in the integrated management and service delivery arrangements.
- 2.2. Current arrangements for domiciliary care are based on a provider framework agreement. There is a contract in place with five providers who provide care and support mainly to older people but also to those with disabilities and mental health illnesses. The existing care model is traditional and based on people receiving allocated support with personal care tasks. The hourly rate for each of the five providers was determined as part of the tendering process, with 60% of the tender based on quality and 40% on cost. Complementing this is a number of identified providers who have been approved by the local authority and provide approximately 10 percent of the capacity. These services are purchased on a spot contract basis at a different hourly rate. Currently the independent sector commands 76% of the market with the remainder being provided via the in-house home support service through the Raglan Project.
- 2.3. The original contract, which ran from 2011 to 2014, was extended for a further two years (until April 2016) while a new model for the future is developed through the department's transformation programme. When extending the contract for the current model in 2014, the local authority stated: "In the main, the framework with augmentation from the approved providers is able to generally meet the current demand in terms of the hours of support required to meet users' needs." However, at the time of this review there was evidence of pressure in the system, with providers struggling to meet demand in some patches for a number of reasons. This included recruitment and retention of staff and challenges in rural pockets dotted across the local authority. In addition, the local authority is aware of the increased number of older people currently living or retiring to Monmouthshire, where life expectancy for both males and females is the second highest in Wales.
- 2.4. Although the commissioning strategy is embedded in social work, it is recognised that this needs to be updated to reflect the new approach being taken to transform services in a way that meets the requirements of the new legislation, as well as the expectations of people who use services and wish to remain in their local community. A number of work streams are in place originally the local authority considered how well assessment and care management was operating, while more recently the local authority's "Turning the World Upside Down" transformation programme was initiated, looking at how support at home should be provided in the future. This reflects a more flexible and outcome focused approach to delivering domiciliary care, supporting those with high levels of need within their own home. This work stream is in its early stages with a number of providers, as

well as ourselves, invited to 'exploration days' during summer 2015 to consider what ideas and solutions there may be in order to deliver care creatively in the future.

- 2.5. There is solid corporate support for the proposed new model of working in partnership with providers who share the same values and aspirations, which is in line with the local authority's aim of 'doing it better, doing it differently'. Although the detailed costing's for the transformation programme have not been developed, the understanding is that this will be cost neutral. The local authority will need to redesign, with partners and citizens, how services are shaped to deliver within an existing but reducing budget.

3. What people commissioning domiciliary care told us

- 3.1. The transformation programme recognised the need for a more responsive approach to care management. This is being taken forward through the integrated teams, being supported by a new assessment process managed through the recently implemented FLO IT system. There is no definition of eligibility criteria for a commissioned service; this is based on the knowledge and professionalism of the purchaser. The new system is welcomed by staff as it enables practitioners to be more creative in capturing the evidence and information from service users and their representatives, in terms of strengths and assets, moving from a deficit focused approach and identifying the outcomes required.
- 3.2. A specification of need is completed by the social worker following assessment and is sent to the brokerage team. The request is initially circulated to the five framework providers (some of whom cover two geographical areas in the local authority) who have a two hour window to consider and respond to the commissioner. If this proves unsuccessful, approved providers on the list are then contacted. Increasingly there has been a need for social workers to rely on their long standing relationships with providers in order to meet capacity issues. Border areas are particularly vulnerable and sometimes providers from outside the county boundaries are used. Managers acknowledge that this is unsustainable in the long term and in the interim occasionally in-house reablement services are used to plug the gap, which creates a bottleneck where service users are waiting for a service. This is a particular challenge at peak times e.g. mealtimes and bed times. In addition, there is pressure around complex care where two people are required to assist, particularly in rural areas. At the time of the inspection (November 2015), we were advised that there were 25 outstanding packages of care (218.5 hours) awaiting brokerage.
- 3.3. Monmouthshire has a small corporate procurement team of two staff who provide advice and oversee procurement across all departments, to ensure risks are appropriately managed. Whilst links are good, advice is mainly based on informal conversations. Each individual department is responsible for undertaking their own procurement exercises. The current approach of a mixture of framework and approved providers, who represent national and regional providers as well as small family run businesses, is considered to have been effective especially in terms of managing costs and meeting individual assessed need.
- 3.4. Overall, brokerage is seen as being effective and the brokerage team has developed good relationships with providers and practitioners, with brokers now spending time with the social work teams to better appreciate their requirements. Arrangements for paying

invoices on a four-weekly basis are considered effective. Where there are disputes regarding invoices, in recognition of the problems with cash flow for small operators, these are normally paid pending the dispute being resolved rather than holding up payment.

- 3.5. Some social workers interviewed expressed concern about the time lag in getting a response/decision on a request for a care package. They were anxious when providers voiced frustration at not hearing from the brokerage team if they had been unsuccessful in being allocated a package of care.
- 3.6. One provider was the subject of performance monitoring at the time of the review. There had been a series of meetings with the provider and agreement was reached to suspend the provision of care for new packages on a temporary basis, whilst improvements are made. The local authority has robust quality assurance mechanisms in place to identify concerns which is captured on an application devised by the commissioning team. This includes a rating system for reliability for each agency, as well as an overview of the quality of the sector locally.

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

- 4.1. In order to move forward on implementing their “Turning the World Upside Down” approach, the local authority has identified three workstreams around governance, experiments and relationships which will help put the vision into action. A number of these experiments are due to be implemented early next year, possibly nine in total across three areas. (The local authority is divided into three geographical hubs - Abergavenny, Chepstow and Monmouth - with a total of 25 providers covering the whole area.) Providers expressed their willingness to engage in the process and have already participated in workshops over the summer while a number have had individual conversations with the local authority around the future shape of services.
- 4.2. We met with eight providers. Two key issues dominated the meeting:
 - immediate challenges facing the sector
 - strategic direction of home care provision in the future.
- 4.3. Providers have significant fears around medium to long term survival of their businesses which is an immediate concern. Flat hourly rates with no enhancements, alongside the impact of the national living wage and pensions are in their view “crippling” them. Recruitment and retention have been acknowledged as issues and in their view additional enhancements are needed to attract care workers to an under-valued profession.
- 4.4. Framework providers are tied into hourly rates, agreed at the time of the tender award; rates range from £12.70 to £13.27 depending on the geographic hub covered. The equivalent hourly rate for approved providers ranges from £14.63 to £15.08. In 2015 an additional 2% uplift was awarded to all providers on the approved list. However, one provider informed us that they had recently renegotiated an additional increase in the hourly rate, in excess of the figures quoted above. Framework providers expressed in retrospect unhappiness at signing up to a fee structure and terms and conditions that

are not applied to approved providers, although they are aware that approved providers are not offered the same stability.

- 4.5. There is commitment in principle to the local authority's future direction which clearly identifies a strengths-based approach that is person-centred and outcome-focused. Providers felt senior leaders made the right decision about implementing a model where there is an identified need to have a diverse group of providers available.
- 4.6. The group talked in detail about the expectation in the future that service delivery plans, completed by agencies, will be person centred and queried how this will be reconciled given that the information provided by the local authority is often time- and task orientated. Information received from social work teams is said to be detailed and pen pictures are provided which identify a list of needs. Scheduled times within care plans are not always accurate and there are ongoing issues regarding capacity at peak times which is always problematic. A frustration shared by all providers present was the unrealistic promises made to service users (by social workers) about time critical calls, when it was discussed in provider meetings that there is a need to have some flexibility because of capacity issues and travel times in rural areas. In their view there needs to be a re-education about how care plans are written and services commissioned in the new world, and an introduction to flexible timeslots is needed. Its success will be dependent on forging true partnership arrangements and trusting relationships which is felt by some providers not to be the case at present.
- 4.7. Providers told us that some of the small providers have left the market because of the way in which contracts were constructed with rigid terms and conditions. They are keen to have meaningful dialogue with the local authority, that moves from principles to practice and are seeking guidance on the local authority's longer-term commissioning intentions. This will give them time to consider whether their businesses are viable in Monmouthshire.
- 4.8. Some of the comments included:
 - "We want to be profitable and serve the community."
 - "They want to change the world but don't want to pay for it."
 - "We know that whatever we put forward we are not going to get, if it costs anything."

5. What people who use domiciliary care told us

- 5.1. As part of the review, inspectors visited six service users living across Monmouthshire, and selected a combination of provider agencies in order to give a fair representation of the local domiciliary care market. People we spoke to reported that the most important aspects for them were reliability, continuity of carers and consistency in the care provided. One family member told us that care provided to his relative was "timely, respectful, friendly and very caring and competent".
- 5.2. In addition, a number of service users and carers were spoken to as part of the annual programme of regulatory inspections that took place between October 2015 and January/February 2016.

- 5.3. We were told that agencies never miss calls and some agencies, although not all, make contact if care workers are running late. Care workers stay for the allocated time, but sometimes care felt rushed and there was no time to have a chat with the service user. The criteria set for the inspection was to review packages of care where people received three or more calls daily. For some people this meant they had a significant number of care workers visiting, particularly if there was an assessed need for two care workers. However, where this was the case we were able to establish that even where care workers were significant in numbers, they were part of a core team, thus providing consistency. Social workers were able to confirm that they did not feel pressurised to commission 15 minute calls, although providers themselves said that in some instances this may be appropriate. Some people expressed a preference for more mature female carers because of the wider perspective and skills they brought to the job.
- 5.4. Dignity and rights were respected. The principles of the Social Services and Well-being (Wales) Act were evident and conversations with service users and their family carers around what matters to them in terms of outcomes were taken into account during assessment and review processes. This information was effectively captured on files examined. An example was given where a service user who had the mental capacity to make decisions in this area wished to remain in their local community, against the wishes of their family, whose preference was residential care. The social worker challenged this and, as a result, identified outcomes ensured that the service user could retain their independence. Where appropriate, relevant professionals were involved in reviews, although providers were not always present or were unaware that they were taking place until after the event or the care plan had changed.
- 5.5. We saw evidence where there was a need to change provider because of poor performance. This appeared to be handled well by the local authority, which acted appropriately and supported the service user through the change.
- 5.6. Some of the things people told us were:
- "These staff are timely, respectful, friendly and very caring and competent."
- "I prefer to have my care provided by older more mature staff as they know what to do. There are a number of younger staff now but a lot of them leave ... I never have a carer that I do not know."
- "The time goes quickly when they are here but they never cut calls or stay for shorter periods than they should."
- "They are pretty good. I've no complaints. I would like to stay with this agency."

6. Analysis

- 6.1. Needs projections for older people indicate that over the next 20 years the number of people aged 85 and older will grow significantly. The corresponding demand for social care services, based on the current model, will become unaffordable and will also be unsustainable due to budget pressures, as well as complex care packages. In 2012-13

the total spend on 'at home' support, equated to 37% of the total spend across adult services.

- 6.2. The local authority's position statement and plans in relation to home support recognise the need to radically transform the way in which it supports people at home. There has already been success in developing a small project where the emphasis is on relationship-based care and where care workers have more autonomy to aid individual choices and provide a flexible approach.
- 6.3. Managers acknowledge the need to encourage and develop the sector with the introduction of new providers to the market, as well as strengthening the approach to partnership working with existing businesses. This work has commenced with workshops and individual provider and commissioner meetings. While the sector is appreciative of this open dialogue and the opportunity to be creative, it requires some assurance about the local authority's commissioning intentions for the future. The sector described its fears for the immediate future, in particular the impact of UK Government imperatives around the national living wage, pension contributions and the long term planning for the future without clear direction from the local authority.
- 6.4. Procurement systems and processes are good overall and the corporate procurement team are located in the same building as the commissioning and brokerage team, which provides greater opportunity for informal networks to work successfully. The introduction of a new computer application designed specifically for the sector to capture feedback from social workers on the quality of provision is a positive element of the overall quality assurance framework.
- 6.5. Overall we found the approach to assessment was effective, where practitioners are now more focused on what matters where assessments and reviews reflect the individual's journey. People receive a service that generally meets their needs and this is provided in a consistent way.

7. Areas for consideration

- 7.1. The commissioning plan needs to be refreshed, capturing the work which is in progress under the transformation programme, and to be developed jointly with health setting out how the joint vision will progress into firm plans for service transformation.
- 7.2. The local authority should look at how it can give support to providers to engage in the process in a constructive manner, capturing their good will and using their collective intelligence and knowledge. This will provide opportunities to work more collaboratively to find solutions for how the service can move forward and respond to the aspirations of "Turning the World Upside Down".
- 7.3. The local authority should consider a review of the effectiveness and sustainability of its commissioning model and needs to further consider the impact of UK Government imperatives such as the national living wage and pension contributions on the sector's business in the local market.

- 7.4. In developing individual packages of care, the local authority need to move from a time- and task-orientated approach to a more holistic one that encompasses well-being and outcomes fully, that are personal to people's individual circumstances.
- 7.5. The local authority should utilise the knowledge and skills of the sector more effectively by inviting care providers to regularly contribute to individual planning and reviews of packages of care for individuals for whom they provide a service.