



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

# National review of *domiciliary care* in Wales

City and County  
of Swansea

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 5 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 efficiency and quality of the domiciliary care commissioned by City and County of Swansea Council. Methods used during the inspection included consideration of information provided by the council, discussion with commissioners, a focus group with care providers and an examination of 6 cases of people who were 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 authority**

- 2.1. In the City and County of Swansea (CCoS) the definition of domiciliary care generally describes the services which are provided by external agencies/providers. Homecare is the historical term used to describe in house services (now called Integrated Services). The current situation involves the use of a mixed delivery model to provide this care and support to people living in their own homes who require additional help with household tasks, personal care, medication management and any other activity which promotes their independence and wellbeing.
- 2.2. In house or integrated services are delivered from three locality hubs which are located across the city and are staffed by social services and Abertawe Bro-Morgannwg University Health Board (ABMU) staff. The locality hub model of multi-agency working has only recently been developed (April 2015) and early indicators suggest that the service is responsive and is delivering a high quality service for people who are in crisis or who have very complex needs including end of life care. For people who require ongoing, less complex support this is usually delivered by the independent domiciliary providers of which there are 22 currently being commissioned. The unit cost of the integrated service is 80% higher than that of the external domiciliary service. The council are working to evaluate the cost versus benefit of the services in order to develop the best service model into the future.
- 2.3. The council understand that they need to have a flexible, responsive and sustainable domiciliary care service which meets current and future needs and that the service will need to be fully compliant with the Social Services and Wellbeing (Wales) Act 2014 and Wellbeing of Future Generations Act 2015. They recognise the impact of the drivers for change such as the demographic of older people, who are living longer and are remaining at home often in very frail and poor health. Expectations of people have changed over generations with many people choosing independence over residential support which is being supported by new legislation and regulation.
- 2.4. In order to achieve this the council are currently undertaking a whole system approach in the review of their commissioning arrangements. The review covers many areas across the council, domiciliary care being just one service area which is being scrutinised and evaluated. The council want services to be effective in delivering the best outcomes for the most frail and vulnerable citizens of the city. The council have commissioned the support of the Institute of Public Care (IPC) Oxford Brookes University to undertake the review.
- 2.5. The council currently contract with 22 independent domiciliary providers. The majority of the contracts operate under a pre-placement agreement, under which individual packages of care are spot purchased. The biggest challenge identified to date is that of demand management and the council acknowledge that the current model cannot sustain the demands in the long term.
- 2.6. The council have identified key issues which impact on the market.
  - Recruitment and retention of care workers

- Limited capacity in the market to start new packages of care leading to increased waiting times and delays in hospital discharge
- Financial pressure and cuts in adult social care budgets
- Welsh Government directive in fair charging cap set at £60 with no charges available for reablement service
- Introduction of the national minimum wage and possibly implementation of the living wage in the future.
- Geographical challenge in rural areas

2.7. There have been significant changes within the senior management team and this has provided the opportunity to review the progress of the transforming adult social care programme. There appears to be strong leadership and governance in place with a clear line of sight on the future. Officers report that they are supported and encouraged in their duties by senior management. There are robust plans in place which set the direction of travel and the work of adult social care is supported by the corporate centre, Cabinet and the Executive Board.

2.8. There has been close member involvement at each stage of the commissioning review, which has established and reinforced corporate support and oversight. There seems to be an appetite to maintain a certain degree of council provision in the future. This will clearly need to be balanced with the cost of maintaining a well resourced and integrated service. A thorough ongoing evaluation of the current service needs to be put in place in order to ensure service delivery is cost effective.

### 3. **What commissioners told us**

3.1. The majority of domiciliary care contracts operate as a framework arrangement with an overarching pre-placement agreement. Under this, individual packages of care are spot contracted from the individual providers. The council have identified that they have out dated contracts with providers and that work is being done to better understand the true cost of internal and external provision. A new supplier suitability process has been developed to ensure robust systems are in place when a tender exercise is launched during 2016.

3.2. The council have reviewed the brokerage service and identified that there was inconsistency across client groups and issues with the detail and the timeliness of information exchange which can affect the safe handover of care packages to providers. Line management of the brokerage officer has now been moved to the contracting team with responsibility for domiciliary care, the officer will also spend time within the locality hubs and hospital teams. This will ensure more resilience to the process and support effective communication and information exchange.

3.3. The council, having carried out a review of the brokerage role recognised that current brokerage systems need to work more effectively with the sector in reducing the increasing level of delays in delayed transfers of care and waiting lists for packages of care generally.

3.4. The brokerage review has also identified weaknesses with the information received by providers, which was felt to be neither accurate nor timely. This was reinforced by providers as they were unable to identify whether they had the capacity or capability to

meet the needs of people if they did not have enough detail. Whilst it is recognised that this process is intended to speed up the allocation process it could well impact negatively on the need for a person centred approach.

- 3.5. The Adult Service Income and Finance Team have recently moved to the Corporate Finance Centre. A focus on maximising income generation and debt recovery is now in place. The Abacus project has been developed to review and improve the issues around payment methodology, verification and client re-charging.
- 3.6. From a financial point of view the key issues for the council will be that they are unable to levy any charges for reablement activity, the impact for the Welsh Government directive on the charging cap which is set at £60 per week, the increased financial pressures brought on by the current budget overspend and the need to make a further 20% efficiency savings across the whole of adult services, over the next 3 years.
- 3.7. The council has undertaken a specific piece of work to better understand the unit costs of both external domiciliary care provision and in-house provision. The current unit cost of external domiciliary care provision is £14.61 with the in house domiciliary care provision being set at £26.06. Payment varies to contract type, there is a single overarching framework in place as a pre-placement agreement, spot purchasing is then undertaken at a pre-specified single rate per provider. The council attribute the differential to in-house staff having better terms and conditions within the public sector, greater staff to service user ratios and the delivery of fewer hours of planned care.
- 3.8. Four weekly invoicing is in place which providers report as being paid promptly based on "hours planned" rather than "actual hours" basis. No unilateral uplift in fees since 2009 has been given. Providers are reporting increasing budgetary pressures from changing legislation and contractual expectations around payments for staff for travelling and training, increases to the national minimum wage and introduction of pension scheme requirements.
- 3.9. The council set a budget of 7.5m for the provision of domiciliary care for 2015 -16, this incorporated an overspend from 2013-14. However, the current spend for domiciliary care is 9.5 million, an overspend at end of October of 2 million. Whilst they recognise this situation there has been increased budget monitoring and accountability of senior officers for each service area. The council is now able to effectively and in a timely way monitor the budget spend of each cost centre.
- 3.10. A recent review of adult safeguarding processes has put in place improved data collection which informs risk assessment and referral decisions. The service monitors and collects information on domiciliary care providers in order to collate, analyse and evaluate trends to improve practice. Linked to this work are monthly provider performance monitoring meetings and performance information officers have now been allocated to individual teams to support this process of information collection and analysis. Designated Lead Managers (DLM's) are now in place in each Hub, which improves consistency and accountability of the whole safeguarding process.
- 3.11. However, on discussion providers felt that they were not equal partners in the Adult Safeguarding process, examples were raised where some strategy meetings had taken place without providers being informed about them or the allegations made. Other concerns were about safeguarding actions being assigned to them without their

knowledge and little information being provided to them before meetings in order to enable them to prepare and be more effective at strategy meetings.

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

- 4.1. Work has been undertaken by the council to consult with external domiciliary care workers to compare terms and conditions and to explore and understand the motivation behind wanting a career in care. Challenges for the workforce including issues regarding short call times, poor pay and contractual conditions, stigma of the role and risks of lone working were among the main areas of debate.
- 4.2. Providers have indicated that recruitment and retention of care staff could be improved with the support of the council. A collaborative recruitment event could raise the profile of caring as a career choice and attract new entrants into the domiciliary care market as well as the continued offer of training and development opportunities.
- 4.3. Unison's ethical care charter has been used within the domiciliary care forum to facilitate discussion around good practice principles and standards. The commissioners feel that the provider group is committed to developing and improving terms and conditions for care workers which will in turn improve standards of care. There was enthusiasm to develop a Swansea version of the charter as a way of setting minimum standards and principles which support safety, quality and dignity in care. The Council's Executive Board have agreed for further research to be undertaken as part of the commissioning review for the development and implementation of a Swansea Care Charter.
- 4.4. The provider agencies who contract with the council report that they have very positive relationships with the council. This is borne out in the level of engagement that there seems to be especially around the current review of the future service model. There is regular communication and a strong provider forum group which meets quarterly. Whilst it is recognised that a dialogue with a small number of accredited providers has taken place with regard to a definition for both late and missed calls, this dialogue needs to take place with the wider domiciliary care sector.
- 4.5. Geographical zoning of packages of care, aligning providers to each hub area is seen by both commissioning staff and locality hub staff as the way forward in order to ensure consistent and sustainable service delivery. When we asked about this the provider group stated that this is the way that they already tend to operate, so could not see a significant benefit. Concerns were raised regarding the imposition of such a model which may limit the providers' ability to grow and develop a sustainable business.
- 4.6. Training of the workforce was highlighted by the providers as an issue. They were concerned that the withdrawal of social care funding to provide specialist training was impacting on the skills of the workforce. The council itself has recognised that further work needs to be carried out with the sector especially around specialist area such as pressure area awareness, end of life and dementia care. The commissioners reported that independent sector staff are able to attend their programme of training although rates of attendance are generally low.
- 4.7. The pressure from both the council and the regulator to ensure that staff are skilled and competent to carry out their roles means that providers are required to ensure

appropriate training is provided. This can result in well experienced and trained staff leave the private sector when public sector recruitment takes place.

- 4.8. Whilst providers reported that they were appreciative of timely payment of invoices, there was some concern expressed that it can take some months for the council to query the invoices and in some cases request re-payment. Providers raised the point that often with the nature of cash flow, the re-payment in itself may cause un-necessary financial instability in the market especially for smaller providers.

## **5. What people who use domiciliary care told us**

- 5.1. Before receipt of services most people receive an overview assessment which helps them identify what matters most to them and what they want to happen as a result of receiving the service. For people who are not able to give their views easily carers and family are encouraged to participate in the assessment process. Whilst the care management process asks if the carer has had a carer's assessment it is not clear from the recorded information on files seen that this has in fact been offered and subsequently declined with the reasons why. Assistive technology does not appear to be fully considered as an alternative or additional support option. These are two areas that should be fully examined in order to explore care delivery and will be an expectation from the implementation of the Social Services and Wellbeing (Wales) Act.
- 5.2. Most people spoken to reported satisfaction with the services received, although some family members spoken to had not been as involved in the statutory review process as they had wanted to be. The issue of reviews not being co-ordinated effectively between the social work teams and the providers was identified. The impact of this was that reviews may be undertaken without either the provider or the social worker not always being present. There was also an issue of ownership of the review arrangements where providers were unsure about who was responsible for organising them. These issues have been raised with the council and will be addressed
- 5.3. Care workers' consistency was a frequent matter of concern for people who use services and their families. For instance there were concerns over which care worker would attend to a home at any one time, even when staff rotas are given these are often not followed. The impact of this causes anxiety and embarrassment especially where an individual is very reliant on care workers for intimate personal care needs. This has even more impact when care workers are very new in post and inexperienced about the care tasks which have to be explained in detail at each visit. Concern was also expressed regarding the impact of 20 minute calls for some care tasks. These could result in either tasks not being carried out fully in the time allowed as required in the care plan or care workers having to rush people with their personal care routines in order to get to the next call on time.
- 5.4. Evidence suggested that where there had been a need for a change in provision/provider then this appeared to have been be organised quite quickly to the satisfaction of the service user.
- 5.5. Any concerns or complaints seemed to have been followed up and resolved by the care manager, social worker or provider as appropriate. Although some service users and family members reported that they were unsure if they had an allocated social worker and some were unsure of who to contact if they have a problem.



5.6. Service users and families also commented on the positive relationships developed with social work staff and the care workers from the domiciliary care agencies.

## 6. **Analysis**

- 6.1. We recognise that the council have a positive insight into what needs to change and that they have considered the whole of adult social care and its interdependencies. The information exchange during the review and fieldwork was very open and transparent and greatly appreciated. It is recognised by the council that there is a fragility in the domiciliary care market and there is the need to not only value and support the provider agencies but also to work collaboratively with them as equal partners.
- 6.2. Procurement systems are in review; contracts are being re-drafted, revised and reviewed, leading to a re-tendering exercise after the conclusion of the commissioning reviews. There is good linkage between the corporate centre and social services and effective monitoring of provider performance and where necessary, failure. The development of an 'ethical charter for Swansea' is positive.
- 6.3. Commissioning arrangements are good, the review presents as an honest appraisal of the state of commissioning within adult services, it also provides both council members and the inspectorate with reassurance that adult services are committed to improvement and service sustainability.
- 6.4. The council has constructive relationships with providers, which has been confirmed by the provider group, who whilst feeling highly involved in service improvement and development, did highlight issues around information sharing, coordination of reviews, and a commitment from the council to support training. The ongoing challenge of recruitment and retention in the sector would benefit from a joint piece of work in developing a workforce strategy to support the sector.
- 6.5. To ensure efficacy and value for money of the locality hubs, the oversight of the provider sector is more developed and is supported by the risk assessment data base managed through contract monitoring. This data base is proving effective and is seen by CSSIW as good practice and as such this approach should be embedded across the contract monitoring processes in all of adult social services.
- 6.6. The assessment process within the care management system appeared to be generally effective although there were some examples where person centred care planning was compromised by the daily timetable of care being overly task orientated. Although it is recognised that due to very limited call times, the timetable of care needs to cover the tasks in sufficient detail to ensure that everything is completed fully. There is still a need to include more detailed information about the choices and wishes of the person.

## **7. Areas for consideration**

- 7.1. The council should consider carrying out a thorough evaluation of the in-house service in order to ensure service delivery is cost effective. To include an impact assessment to measure the effect of this service on both domiciliary care delivery, recruitment and retention of care staff in the sector and continued growth and development in the independent sector.
- 7.2. In offering packages of care to providers, the council must ensure information is provided in sufficient detail to enable holistic and person centred care to be delivered.
- 7.3. The council need to further consider the impact of imposing a geographical model of commissioning in relation to user choice and the provider's ability to develop a sustainable business.
- 7.4. Adult Safeguarding processes must consider the position of the provider within the framework. Providers should be involved in the identification and investigation of poor practice and alleged abuse of vulnerable service users where this is appropriate.
- 7.5. The council may wish to consider the development of a joint workforce strategy with the independent provider sector to include recruitment and retention, and training and development of the workforce.
- 7.6. A dialogue needs to take place with the whole independent sector to reach agreement around on the definition of missed and late calls. A regional approach may assure consistency of understanding in relation to cross boundary working.
- 7.7. The council should consider the impact and efficacy of 20 minute calls in delivering person centred care.