

QUALITY ASSURANCE ARRANGEMENTS FOR CARE AT HOME

1. SUMMARY

1.1 Introduction

At the Council meeting of 28th June 2012 which considered the future of Home Care Services, Members requested additional information about the proposed quality assurance/monitoring/care management arrangements. This paper provides details of the proposed arrangements and the implications for the Home Care Organiser role.

1.2 During the consultation on the future of Home Care Services, the issue raised by most respondents was concern about how services would be monitored to ensure a consistent quality of service delivery.

1.3 When considering the future of home care services, it was agreed at an early stage that additional quality assurance measures would be required to monitor the future service delivery and quality of these services. As the balance of care shifts from residential to community based services, a greater volume of home care services will be required and this gives rise to a need for greater quality assurance.

1.4 Home Care services will be monitored for quality by a range of measures and agencies. Taken together these scrutiny measures are designed to monitor:

- the fitness of providers to operate a care at home service
- independent evaluation of the service against the National Care Standards
- compliance with the Council contract
- day to day arrangements for and quality of home care packages
- customer satisfaction with the service

1.5 There are three primary bodies responsible for reviewing monitoring and evaluating care at home services: The Care Inspectorate; the Council Procurement and Commissioning Team and Council Home Care Procurement Managers (previously Home Care Organisers).

1.6 Appendix 1 is a copy of the proposed roles and responsibilities for the Home Care Procurement Manager. This outlines the additional functions that will be put in place to more thoroughly monitor day to day arrangement for the delivery of care packages commissioned from providers.

1.7 Appendix 2 is a copy of the new review arrangements for care homes. These arrangements are more in depth than previous arrangements and

include representation from health care professionals. Work is underway to provide a similar document for reviewing care at home services, in keeping with the increasing numbers and dependency levels of people receiving a care at home service.

2. RECOMMENDATIONS

2.1 The Council are asked to note the content of this report and the Appendices.

2.2 The Council are asked to agree the requirement for the introduction of Home Care Procurement Managers. Procurement Managers will undertake 3 main functions:

- Monitoring and review of care at home providers and delivery of service within the agreed Framework contract.
- Monitoring and review of Council Care at Home Services in relation to the day to day arrangements for delivery of care packages.
- Carrying out care reviews for individual's receiving a care at home service.

2.3 The Council are asked to agree that Council in house services be subject to the same level of scrutiny and quality assurance from the Home Care Procurement Manager as externally commissioned services.

3. DETAIL

3.1 Quality Assurance Measures for providers within the Framework Contract

Following the Council decision to externalise services in Helensburgh and Lomond, Bute and Cowal and Lorn it is necessary to put arrangement in place to ensure that;

- ***Providers are allocated a proportion of all new home care business commensurate with the Framework Contract.*** The agreement is that the 1st preferred provider gets 60% of all new business, the 2nd preferred provider gets 25% of all new business and the 3rd preferred provider gets 15% of all new business. This is a complex balance and Home Care Organisers in their new role as Home Care Procurement Managers have transferrable knowledge and skill that make them best placed to carry out this task in procuring home care packages.
- ***Regular sampling and monitoring of care packages and day to day delivery arrangements is carried out.*** Packages will be scrutinised and monitored by interrogating information from the providers electronic monitoring system. Print outs from the log of visits will be available to the Home Care Procurement Manager on a weekly basis. Monitoring systems provide such information as the time of arrival of the home care worker, the duration of the visit and whether the same carers are delivering the service. 20% of packages will be scrutinised and matched to the care package that was commissioned. Any issues with service delivery will be discussed with the provider. Depending on the frequency and seriousness

of concerns about compliance a service concern notification will be made to the Procurement and Commissioning team for further action. As well as scrutinising electronic logs the Home Care Procurement Manager will undertake up to 4 unannounced visits per week to sample service delivery while the home carers are at the client's house.

- **Care packages are regularly reviewed.** Home Care Procurement Managers will have care management responsibility for people who receive a care at home service. The Home Care Procurement Manager will convene care reviews and invite all relevant people at a minimum of 6 monthly intervals. Care reviews must include any health care professionals currently involved in the client's care. Care reviews will routinely include a focus on the client's satisfaction with the current arrangements.
- **Regular meetings take place between the Home Care Procurement Manager, the Procurement and Commissioning Officer and The Provider.** Monthly meetings will be held between these representatives to discuss compliance with the Framework Contract and iron out any day to day minor issues. This is an opportunity to discuss service development, any difficulties around local arrangements and to look at what is going well and what could be improved.

3.2 Current Quality Monitoring Arrangements

Currently responsibility for monitoring services lies with the Care Inspectorate and the Council Procurement and Commissioning Team.

The Care Inspectorate has a regulatory responsibility to register and inspect providers of care services under the Regulation of Care (Scotland) Act 2001.

Services are inspected against care regulations and National Care Standards. Inspection reports are publicly available make recommendations or requirements to improve service delivery. Reports also give an overall grade for the service.

The Procurement and Commissioning Team set up contracts with suitable providers to provide services on behalf of the Council. It is a requirement of the contract that the provider complies with Care Inspectorate regulations. The procurement and commissioning team carry out regular monitoring activity including visits to services to ensure the provider is complying with the contract.

The Procurement and Commissioning Team introduced a service concern form 2 years ago and these are used by staff, service users, providers or members of the public to flag up any issues of concern about services. Service concern forms are followed up by the Procurement and Commissioning Team and any significant concerns are reported to the Care Inspectorate.

Memorandum of Understanding - A Memorandum of Understanding is in place between the Council and the Care inspectorate. This allows concerns about services to be shared, a plan of action to be agreed for improvement and for each organisation to take appropriate steps to implement the plan of action.

There are formal meetings between the Care Inspectorate and the Council twice a year to review how services are performing. Other meetings about specific services are called as required.

3.3 Current Monitoring Activity

It is worth noting that current monitoring activity by the Care inspectorate provides evidence of an improving picture.

The Care Inspectorate graded providers numerically, between 1 and 6, in the following 4 categories; Quality of Care and Support; Quality of Environment; Quality of Staffing and Quality of Management and Leadership. The grades were translated as follows:

- 6 – Excellent
- 5 – Very Good
- 4 – Good
- 3 – Adequate
- 2 – Weak
- 1 – Unsatisfactory

The Council's Care at Home providers were consistently high scoring and little change was evident between 2011 and 2012. In 2011, over 85% of providers were scoring "Good" or "Better". This year, this was over 90%, with improvements to the number of providers scoring of grade of "4".

3.4 Customer Satisfaction Measures

Service users are usually surveyed twice a year at present.

The Council Procurement and Commissioning Team send out annual satisfaction surveys and the Care Inspectorate also surveys a random sample of people who use registered services.

While the return on survey forms is low – about a third of forms are returned – satisfaction levels with the service provided are high.

Alongside introducing more thorough reviews of individual care packages, it is intended that new customer satisfaction measures are tried;

- Following each care review, the Care Manager will meet privately with the service user or their representative and have a conversation about how the care package is working and whether they are satisfied with the arrangements and outcomes.
- The Care Manager will write up the conversation and check with the service user that they are satisfied that the written account reflects their views.

- Discussions will focus on “Talking Points”. Talking points is a Scottish Government tool that offers guidance on conversations about quality outcomes with service users.

The more personal emphasis on meeting with service users and speaking with them about their experience is intended to offer opportunities for service users to comment meaningfully on the quality and consistency of services, or to raise concerns. It also seeks to engage service users in discussion to gain a more in depth view of their satisfaction with services and to overcome any fears about being seen to complain about the service they receive.

The externalisation of services in the four areas agreed by Council on the 28th June 2012, provides for 3 providers in each area. This ensures a level of competition that will serve to maintain quality standards and improve the resilience of providers in the market.

3.5 Quality Assurance Measures for Council Services

For those care at home services that will remain within the Council, it is proposed that electronic monitoring of the service is introduced and that Council services are subject to the same scrutiny as the independent providers. This will entail purchasing a system that provides reports that outline when staff start a visit, how long the visit lasts and whether the same staff consistently provide the service.

The proposals for day to day management of Council services are as follows:

- **Home Care Organisers are retained in MAKI and the Isles.** It is a requirement of registration with the Care Inspectorate that a suitably qualified and experienced manager is in place.
- **The Quality Assurance and care management functions in MAKI are divided into monitoring of the independent sector and the Council service and management of Council service.** It is proposed that the Home Care Organisers in MAKI are divided with 3 staff taking responsibility for the management of the Council service and care management of the clients who use this service. The remaining 2 staff will monitor the quality of the independent and council services and care manage people receiving a care at home service from independent providers. Due to the increase in quality monitoring across this locality an additional Home Care Procurement Post would be required.
- **The Lorn Home Care Procurement Managers undertake quality assurance of the council services on the Isles.** Home care arrangements on the isles will be managed by Home Care Organisers as at present and the quality assurance function for these services will be managed by Lorn Home Care Procurement Managers. Due to the increase in quality monitoring across this locality an additional Home Care Procurement Post would be required.

Bute and Cowal services will be externalised and it is anticipated that the current Home Care Organisers are matched into Home Care Procurement

Manager role. There is sufficient capacity in Bute and Cowal for staff to undertake the new role.

Helensburgh and Lomond are currently operating with one permanent and one temporary Home Care Organiser. The majority of services are externalised and the post holders in this locality are already primarily engaged in undertaking the activities of the Home Care Procurement Manager role. The 2 postholders are managing the prioritisation of commissioning of services but are struggling to keep up with the programme of individual reviews. A further post will be required to carry out the full range of activities of the new role. In addition the temporary post requires to be made permanent. This is an addition of 2 posts for Helensburgh and Lomond

3.6 The following table outlines the current and proposed arrangements for the management and quality monitoring of care at home services.

Locality	Current Cover	Proposed Cover	Additional Cost
Helensburgh and Lomond	1 permanent Home Care Organisers (HCO) 1 Temporary HCO	3 Permanent Home Care Procurement Managers (HCPM)	£67,424
Bute and Cowal	3.5 x HCOs	3.5 x HPCPs	£0
Mid-Argyll Kintyre and Islay	5 x HCOs	6 x HPCPs	£33,712
Oban, Lorn and the Isles	3.5 x HCOS	4 x HCPMs	£16,856
Additional admin support to be spread across the localities		2 x LGE5 posts	£42,998
Total Cost			£160,990

The additional post reflect the range of additional activities that will be required to improve quality assurance and the management and review of care packages for individuals across Council and independent services.

The increased costs will be met by the service from existing budgets and reflect the redirection of resources from residential to community based settings in line with the national policy for shifting the balance of care.

4. CONCLUSION

- 4.1 The proposed change in role for Home Care Organisers will significantly improve arrangements for monitoring the day to day delivery of home care services, for both independent providers and Council services.
- 4.2 The increased emphasis on the consistency and quality of service delivery, together with the enhanced focus on individual care reviews, will further improve outcomes for service users.
- 4.3 By introducing electronic call monitoring and improved quality assurance measures for Council home care services it is intended that all services are subject to the same level of scrutiny.
- 4.4 The new arrangement for monitoring home care services will enhance quality outcomes for service users and improve public confidence in home care services across Argyll and Bute.
- 4.5 The Council are asked to agree the requirement for the introduction of Home Care Procurement Managers.
- 4.6 The Council are asked to agree that Council services be subject to the same scrutiny from the Home Care Procurement Manager as external services.

5. IMPLICATIONS

<i>Policy:</i>	Consistent with Reshaping care for Older People (national).
<i>Finance:</i>	Financial implications are covered from within the existing Older Person Services budget.
<i>Personnel:</i>	Corporate redeployment and voluntary redundancy policies.
<i>Legal:</i>	None.
<i>Equal Opportunities:</i>	None.
<i>Risk:</i>	Implementation assists in managing the risk of supporting vulnerable people within the Community.
<i>Customer Service:</i>	Implementation assists in improving the quality of services associated with supporting vulnerable people in the community.

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July 2012

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JOB DESCRIPTION

JOB TITLE	HOME CARE PROCUREMENT MANAGER	
DEPARTMENT	COMMUNITY SERVICES, ADULT CARE	
LOCATION: LYNNSIDE DAY SUPPORT SERVICE	SECTION: ADULT CARE	GRADE LGE 9
RESPONSIBLE TO:	TEAM LEADER OLDER PEOPLES' SERVICES	
RESPONSIBLE FOR:	COMMISSIONING HOME CARE SERVICES, MONITORING CONTRACT LEVELS AND CARE CO-ORDINATION OF HOME CARE SERVICE USERS.	
PROFESSIONAL QUALIFICATIONS	SVQ 4 IN SOCIAL CARE OR EQUIVALENT	
MEMBERSHIP OF PROFESSIONAL BODIES	SSSC	
CAR USER CLASS	CASUAL	

Main Function

COMMISSIONING

- Commissioning quality home care services from preferred providers as determined by the personal care plan
- Check that the service to be commissioned is appropriate to the identified needs
- Monitor the percentage of business apportioned to each preferred provider and allocate work as appropriate
- Issue call up letter and service plan
- Carry out formal 4 week review of the commissioned service and amend service as required.
- Monitor compliance of commissioned service through scrutiny of provider's electronic returns. Give particular attention to duration of visits, consistency of staff and timing of visits.
- Monitor Service Concern Forms and investigate lw level concerns such as missed visits. Refer more serious concerns to the Procurement and Commissioning Team for attention.
- Liaise with the Procurement and Commissioning Team to support service development.
- Develop good working relationships with external providers.
- Monitor the standard and quality of commissioned services
- Work with the Team Leader in relation to budget management

CARE COORDINATION

- Attend all formal 4 weekly reviews to achieve efficiency savings
- Ongoing monitoring of cases
- Arrange and coordinate 6 monthly reviews (or more frequently if necessary) for home care clients as determined by the Team Leader
- Manage day to day contact with clients and providers
- Complete and review risk assessment plans as required
- Review IORN scores as required
- Review customer outcomes and satisfaction levels
- Update CareFirst and other relevant systems as required
- Work in conjunction with Adult Care colleagues

Person Specification

Commissioning and Care Coordination Officers will:

Have at least 2 years experience of working in a home care setting

Be qualified or working towards achieving SVQ 4 in social care or equivalent

Have an awareness and understanding of delivering a service that is in keeping with National Care Standards

Be aware of and uphold the Code Of Practice for staff employed in a social care service

Have an awareness of the Council Commissioning Strategy and work to the Councils commissioning procedures in relation to proportionate allocation of work

Be aware of effective service monitoring procedures

Have a minimum of 2 years experience of care coordination arrangements as outlined in the Assessment and Care Management Procedures

Display good organisational and interpersonal skills

Be able to work flexibly as part of a team and individually

Have experience of working with providers to deliver a quality service to people who use home care services

Be enthusiastic and committed to developing quality home care services for older people

Work with other agencies such as NHS and home care providers to deliver a service that is responsive to the changing needs of people who use services



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Appendix 2

Guidance Notes for Pre Review Document

Introduction

This guidance was developed as a result of the follow up of a serious care concern arising from an adult protection concern arising within a Care Home.

The guidance is linked to the development of additional structures being developed to ensure more consistent and effective monitoring of the provision care services to the growing number of older people with complex health and social care needs being admitted to care homes.

Purpose

This documentation is developed to support Care Homes to evaluate the effectiveness of health and social care plans prior to individual review. The documentation allows the provider, the residents and resident's representatives to highlight particular issues to be discussed as part of the review process.

The Guidance Note accompanies the Pre Review Questionnaire that will be completed by care home staff 2 weeks prior to the planned date of a residents statutory 6 monthly review.

Setting the Scene

Reviewing Officers should meet the resident in their own room prior to review as a matter of routine. This will offer an opportunity to observe the general demeanour and well being of the resident and to go over the person's understanding of the purpose of the review.

Meeting the person in their own room also offers an opportunity to evaluate the appropriateness of the layout of the room and the person's access to call systems, toilet and bathing facilities.

The resident may wish to discuss any concern or comment on satisfaction with the service when meeting less formally with reviewing officers in the privacy of their own room, prior to the more formal meeting.

The following guidance links to the Pre Review document:

1. Care Plan

- Is care plan appropriate to person's current needs?
- Is it evident that care is being delivered as per the care plan?
- Are the outcomes for the person clear from the care plan?
- Are daily updates evident in the care plan recording?
- Where appropriate is there an Anticipatory Care Plan in place?

General Wellbeing

2. Mental Health

- Are there any significant changes in behaviour?
- What tools are being used to monitor any pain/discomfort?
- Is there a note of how Pain control/Pain Management is monitored?
- Is there reference to management of confusion? Mental Wellbeing? Mental Health?
- Can person readily communicate their needs?
- Any perceptual disturbance? I.e. depression
- Appropriate sensory impairment equipment in place?
- Has telecare been considered?
- Are existing conditions/diagnosis noted in the care plan?
- Is there evidence of how existing conditions are managed in the care plan?

3. Weight Loss/Weight Gain

- Have there been any significant changes?
- Have any significant changes in weight gain been explored appropriately?

4. Fluid Intake

- If appropriate are fluid charts being used?
- Has fluid intake been assessed?
- Does staff training promote awareness of importance of hydration?
e.g. prevention of constipation, skin integrity, confusion
- Is there a readily available range of drinks?
- Are drinking utensils being used appropriate to needs?
- Have appropriate referrals been made and followed up?

5. Dietary intake

- Dietary choices and preferences are recorded and menus reflect these choices
- Cultural and social preferences and restrictions in relation to diet are respected
- Special dietary requirements are met when identified
- Where there is a clinical requirement weight monitoring charts are in place
- What food and nutrition monitoring tools are in place? e.g. MUST

6. *Continence Issues*

- Is the person using pads?
- Do staff have adequate training in catheter care?
- Do staff have access to equipment for infection control i.e. gloves, aprons?
- Is skin intact?
- What tools are being used to monitor continence issues/Skin Integrity?

7. *Skin Integrity*

- Is skin intact?
- Have appropriate referrals been made and followed up?
- If the person has skin flap injuries, how did they occur and why?
- If the person has skin flaps, what measures are being taken and who are they being treated by?

8. *Mobility and Falls/Walking Aids/Moving & Handling*

- What moving and handling assessment tools are used?
- Have the cause of any falls been explored and have referrals been made?
- Is there a pattern to person's falls?
- Have incident forms been completed?
- Is there appropriate use of alert mats?
- Has the environment been checked for fall prevention?
- How is condition of zimmers/wheelchairs?
- Does person have their own wheelchair for which they have been appropriately measured?
- Is person hoisted, do they have their own sling?
- Are moving & handling assessments up to date and are they reflective of the persons needs?

9. *Sleeping Pattern*

- Is usual sleeping pattern documented in Care plan?
- Is any deviation from regular sleep pattern being explored?
- Is effective sleep being promoted?
- Is use of medication a factor in sleeping patterns?

10. *Pain Control*

- What monitoring tools are used?
- When was pain control last assessed?
- How often is pain control reviewed?
- How is pain being managed?
- Do staff have adequate training & awareness on pain control?

11. Diagnosis of Dementia

- Has the person been formally assessed?
- What are the presenting factors for the person?
- Have other reasons for concerns been explored? (i.e. depression, UTI, delirium, constipation, dehydration)
- Has consideration been given to referral to the dementia team if there is no formal diagnosis?
- Does the person present challenging behaviours?
- How are behaviours that challenge currently being managed?
- Have there been any incident reports completed?
- Are there any unnecessary restrictions to the person's freedom?

12. Management of Medication

- Is the list of prescribed medication cross-referenced with what is administered?
- Is resident prescribed 'as required' medication?
- Are 'as required' medications being administered appropriately and reviewed regularly?
- Is medication administered covertly?
- If medication is being administered covertly is this done in line with the Royal Pharmaceutical Guidelines?

13. Adults with Incapacity

- Has capacity been assessed?
- Is it clear which areas the person does/does not have capacity in?
- Is there a POA / Welfare / Financial Guardian in place?
- Are copies of certificates on file?
- Is Care plan reflective of regular contact with appointed person(s)?

14. Finances

- If finances are managed by care home under AWI part 4, are they regularly audited?
- Are there appropriate procedures in place for individual financial management?
- Does the person have an individual record for finances?

15. Risk Management

- Are there current and appropriate risk management plans in place?
- Are the risk management plans regularly reviewed and reflective of the care plan?

This guidance is provided to support an in-depth and meaningful review process for persons using residential care services. The areas to be covered are not exhaustive and reviewing officers will use their judgement, knowledge of the individual and their unique circumstances in deciding with the person using the service, their representative and care home staff what areas require priority.

Further Developments - Customer Satisfaction Survey

Work is currently ongoing to prepare a focussed tool that will inform discussion with service users and their representatives following the care review.

Care managers will meet privately with service users and their representatives following the review. The purpose of the meeting will be to ask about the service users satisfaction with the quality and consistency of the service and to give a discreet opportunity for the service user to raise any concerns.

Conversations will focus on Talking Points. Talking Points is a Scottish Government tool that provides a basis for meaningful discussion about quality outcomes for service users.

When this work is complete information packs and awareness raising sessions will be provided for care management staff.



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Pre Review Form

Name of Resident:	Name and location of Care Home:	Date of Review:	Name of Care Manager:	Name of Community Nurse:
Date of Birth:	Name of N of K/ P of A:	Date of previous review:	Name of CPN:	Name of Keyworker:
Persons consulted in completing this form:				

Does the resident have a current care plan

Yes/No

When was the care plan last updated?

Date:

Are there any issues with the implementation of care plan?

Yes/No

If yes, please outline below

GENERAL WELL BEING

Have there been issues with any of the following since the previous review:

- 1. Mental Health
- 2. Weight loss or weight gain
Yes/No
- 3. Fluid Intake
Yes/No
- 4. Dietary intake Yes/No
- 5. Continence Issues Yes/No
- 6. Skin Integrity including skin flap injuries Yes/No
- 7. Mobility & Falls / Walking Aids/Moving & Handling Yes/No
- 8. Sleeping Pattern Yes/No
- 9. Pain control Yes/No

If yes to any of the above, please outline below

Please indicate any well-being monitoring tools in use eg. MUST, Waterlow etc

Most recent dental appointment:
Most recent Opticians appointment:
Most recent Chiropodist appointment:

4. Does the resident have diagnosis of mental illness? YES/NO

If yes, please provide details including how the person is supported to manage their condition:

5. Does the resident have diagnosis of dementia? YES/NO

Is AWI in place? YES/NO

Does the person have an appointed:

Welfare POA YES/NO
(if yes, please supply name(s) of POA)

Name(s)

Financial POA
(if yes please supply name(s) of POA)

YES/NO

Name(s)

Is Guardianship in place
If YES please provide details below:

YES/NO

Is there involvement from:

Psychiatric services

YES/NO

Community Dementia Team

YES/NO

If answering Yes to any of the above please provide details below:

1(a)

If answering no:

1(b)

Have there been any visits from any healthcare professionals since the previous review?
YES/NO

If yes, please detail below (including the purpose and outcome of the visit):

Please list the medications and dosage below:

Who carried out the most recent review of medication?

Name:

Date:

Does the resident take their medication as directed/ YES/NO

If No please provide details below:

SOCIAL INTERACTION/DAILY ACTIVITIES

How does the person prefer to spend their time? Please outline below:

Preferred daily routine, any outings, interests and hobbies, balance of time spent alone and with others, do they eat alone or with others, spiritual and religious interests, emotional well being (happy, anxious, tearful, challenging, passive, active)

Does the person have regular visitors?

YES/NO:

Who usually visits the resident?

Name(s):

When did the resident last have a visitor?

Date:

COMMUNITY LIVING

Does the resident have any particular friendships or conflicts with other residents?

Please comment below:

Does the resident have any particular friendships or conflicts with staff?
Please comment below:

FINANCIAL MANAGEMENT

Funding: Please indicate

FPC Residential Care:

FPC Enhanced Residential Care:

FPC Nursing Care:

Self Funding:

How are the residents' finances managed?

Please describe below?

RISK MANAGEMENT

Have any accident/incident reports been completed for the resident since the previous inspection?

YES/NO

If yes please provide information below:

Are there any areas risk identified for the resident?

YES/NO

If Yes please outline below:

Are the identified risks managed?

Please outline below:

How does the resident summon assistance from staff?

Please describe below:

Has the resident been the subject of Adult Protection procedures since the previous review?

YES/NO

If yes, please detail below:

Completed by:

Date:

Title: