

Helensburgh and Lomond Area Committee Report

1. SUMMARY

- 1.1 The purpose of this report is to update the Area Committee on the findings of the 2nd quarterly evaluation of the Care at Home provision within the Helensburgh and Lomond area. This is following the externalisation of services on 21st January, 2013.

This report has been broken down to show the progress and joint working that has been put into place to ensure that a high quality service is provided, as it is recognised that this service is provided to vulnerable individuals, predominantly by lone workers, in the home environment.

The remit of the Procurement and Commissioning Team together with the Homecare Procurement Officers is to ensure best value, contract compliance, quality of services and customer satisfaction. This will support Community Services to commission quality care at home services via the formal procurement and commissioning procedures.

2. RECOMMENDATIONS

- To continually work closely with the providers utilising formal processes identified to monitor and evaluate the quality of service.
- To continue to ensure meaningful communication via face to face meetings with the Providers.
- To ensure policies are adhered to in terms of the use of the monitoring and evaluation tools available.
- To promote and encourage service user and carer participation in the monitoring and evaluation and any subsequent action plans to maintain and improve quality services.
- To ensure accountability and transparency at all levels.

3. DETAIL

OUTCOME OF TENDER

Within the Helensburgh and Lomond locality, almost 100% of the service has historically been provided by the independent sector. The three providers successful in the framework are Care UK, Allied and Carr Gomm. However, due to the situation described above no internal service was handed over to the new providers at the tender transfer 21st January. Three Homecare Procurement Officers are now in post to ensure the robust review/monitoring of the services to ensure a high quality is maintained.

A condition of the tendering exercise was that all services within the framework would have an electronic call monitoring system to log visits to service users which would minimise missed/late visits and allow the Council to monitor continuity of care. These are now all in place, and operational. This will enhance the service monitoring visits carried out by the Homecare Procurement Officers due to the reports provided by these systems.

CARE AT HOME PROVISION

As at 30th September 2013 an approximate total of 3,396 hours per week are being provided to 264 service users within the Helensburgh and Lomond area by external providers. A breakdown of the provision is detailed in the table below:

Providers on Framework from tender exercise		Weekly hours Commissioned	
			Hours at 30 th Sep
1 st preferred provider	Care UK		62
2 nd preferred provider	Allied		397
3 rd preferred provider	Carr Gomm		54

Existing Providers	Number of referrals since 01/07/13	Weekly Hours Commissioned	
		Hours at 21 st Jan	Hours at 30 th Sep
Carers Direct	11	392	449
Carewatch	4	311	232
M&J Care	8	556	560
Premier Healthcare	6	409	524

Quality Care	14	578	458
Joan's Carers	4	396	304
	Total Hours	2642	2527
Direct payments		356	356
	Total Hours	2998	2883

Initial problems were highlighted due to difficulties for the preferred providers in recruiting staff. This issue is not new to this locality, due to the rural areas involved; however it has led to the Council going off contract to meet demand.

CONTRACT MANAGEMENT PROCESS

Argyll and Bute Council's Procurement and Commissioning team are responsible for the Contract and Supplier management of these services. This is complimented by the service monitoring and review process carried out by Homecare Procurement Officers and Case Managers. The Procurement and Commissioning Team carry out quarterly contract management meetings that determine the risk rating of each contract. All contracts are risk rated using a combination of Care Inspectorate grades, service concerns and complaints.

Additional monitoring is undertaken as required where risk levels increase.

In the event that the quality levels are valued below our acceptable limit, there is a need identified to enhance monitoring activity.

There is currently one provider who has enhanced monitoring activity to support performance improvement. In addition, fortnightly contract management meetings are being carried out to assist the provider to focus on their service improvement plan.

A breakdown of the Care Inspectorate grades are detailed in the table below. This reflects the quality of the service in three specific areas and whereas a 6 is noted as Excellent, a grade of 3 is considered to be Adequate and a 2 is considered to be Weak. Further details of how the Care Inspectorate grade is available on their website www.careinspectorate.com or 0845 600 9527

Provider	Care Inspection Grades		
	Quality of Care and Support	Quality of Staffing	Quality of Management and

			Leadership
Allied	5	5	5
Carers Direct	5	4	6
Care UK	5	5	4
Carr Gomm	6	5	6
Joans Carers	5	5	5
M&J Care	2	2	2
Premier Healthcare	6	6	6
Quality Care	4	4	3

MONITORING ARRANGEMENTS

An ongoing training schedule has been implemented to the Homecare Procurement Officers and a robust monitoring programme has been put in place with both the Procurement and Commissioning Monitoring Officer and Homecare Procurement Officers having close contact with the external providers and service users.

A detailed list of contact with service users and providers for the quarter is detailed below:

Contact	Total number carried out since 21/01/2013	Council Officer involved
Review of care needs with service users, family and provider	84	Homecare Procurement Officer and/or Care Manager
Quarterly Contract and Supplier Meetings with Providers in line with the Scottish Government Guidance on the Commissioning of Care and Support Services	17	Procurement and Commissioning Team / Social Work
Provider Forums, meetings set up for networking to share good practice and training opportunities.	5	Procurement and Commissioning Team/Social Work/NHS

SERVICE MONITORING VISITS

Training has been provided to all Homecare Procurement Officers on individual service monitoring. A schedule of monitoring visits has been agreed and a process to report the outcome of these visits to the Procurement and Commissioning Team has been developed. This information will feed into the quarterly Contract and Supplier monitoring meetings. Over the course of these meetings individual risk ratings are adjusted as required.

The monitoring activity and results for the quarter are detailed below. The provider's identity has been anonymised giving consideration to the commercial sensitivity of the information and how that is interpreted.

Provider	Number of Spot Checks/ Monitoring Visits	Satisfied/ Unsatisfied	Service User Comments	ACTION
Provider A	8	8 Satisfied	Happy with service Fewer carers. Would like to be informed if carer is late and/or changes.	On-going Monitoring as planned.
Provider B	3	3 Satisfied	Happy with service no suggested improvements.	On-going monitoring as planned.
Provider C	4	4 Satisfied	Happy with service no suggested improvements.	On-going monitoring as planned.
			Fewer Carers would be good.	On-going monitoring and Reviews completed as planned.
Provider D	3	1 Satisfied	Happy with service, gets on well with carers.	On-going monitoring as planned.
		2 Unsatisfied	Missed visits, no idea of who	Increase in monitoring, support to

			is coming or when.	improve service, further monitoring visits and Reviews of improvement action plans.
			Schedules missing, not kept informed of who is coming and when. Too many carers.	Increase in monitoring, support to improve service, further monitoring visits and Reviews of improvement action plans
Provider E	12	10 Satisfied	Happy with service, more travel time for carers between clients would be helpful.	On-going monitoring and Reviews completed as planned.
		2 Unsatisfied	Carers always late, never stay the correct amount of time.	Increase in monitoring, support to improve service, further monitoring visits and Reviews of improvement action plans.
			Too many carers, confusing for client. Records not accurate.	Increase in monitoring, support to improve service, further monitoring visits and Reviews of improvement action plans.
Provider F	5	5 Satisfied	Happy with service, no improvements.	On-going monitoring as planned.
Provider G	2	2 Satisfied	Happy with service, no improvements.	On-going monitoring as planned.

There has been extensive work carried out within this quarter to support the providers and service users. The feedback from service users and families who have received individual announced/unannounced monitoring visits has been positive.

Of 37 visits, 33 service users are happy with the quality of the service delivered. This equates to an 89% satisfaction rate. On-going work is

continuing with the remaining 11% to reach an outcome agreeable to all concerned.

SERVICE CONCERNS

There is a clear service concern process in place and from 1st July – 30th September, there has been 10 service concerns received. Whilst the service concerns can be considered by the Care Inspectorate and may impact on their grading exercise, all service concerns are investigated fully and the Homecare Procurement Officers work closely with the providers to improve any issues raised.

Provider	Number of Concerns	Details of Concern	Upheld and appropriate action taken
Provider A	3	Concerns re missed visits. Administration of medication.	3 upheld
Provider B	1	Missed Visits	1 upheld
Provider C	2	Concerns re missed visits and late visits	2 upheld
Provider D	4	Concerns over late/early visits. Confidentiality Change of times. Availability.	1 upheld 1 partially upheld. 2 ongoing investigations.

For information – The above concerns (10) have been received in this quarter. The total weekly service currently being delivered by the providers concerned is 3,100 hours per week.

COMPLAINTS

No complaints have been received for the quarter for Care at Home services delivered by these providers.

RECRUITMENT/RETENTION

There have been ongoing problems with attracting and retaining staff with the required skills, knowledge and experience within the care at home sector. This is true for both in-house and external providers. The Procurement and Commissioning Team has been working with the independent providers to identify possible solutions.

Part of this work involved collating high level detail on current pay levels. This activity was undertaken out with the formal contract and supplier management process with the co-operation of the providers.

A number of the respondents requested that their individual information would not be released into the public domain. The results in terms of hourly rates paid compared favourably with industry standards. All providers who responded confirmed that they comply with national minimum wage standards. The providers at the lower end of the scale all confirmed they also paid travel time and mileage where appropriate, in addition to this.

4. CONCLUSION

From the evidence gathered, including service users and families input, services are being provided according to the terms and spirit of the contract.

Due to the fluctuations within human services, in terms of demand for services and providers capacity to respond, service concern issues are inevitable.

All issues identified within this quarter have been addressed, with the intensive support of the Procurement and Commissioning Team together with the Homecare Procurement Officers to maintain continuous improvement. On-going evaluation and monitoring will ensure good practice and customer satisfaction.

Concern still remains with regards to shortages of staff, resulting in providers being unable to take on packages at short notice. The private providers are actively looking at innovative ways of attracting staff especially within the rural areas. This is a nationally recognised problem across all aspects of the care sector.

5. IMPLICATIONS

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| 5.1 | Policy | Consistent with Best Value and National Policy on Re-Shaping Older People's Services. |
| 5.2 | Financial | None |
| 5.3 | Personnel | None |
| 5.4 | Equalities Impact Assessment | None. |

5.5 **Legal**

None

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