

Mid Argyll, Kintyre and the Islands Area Committee Care at Home Report

1.0 EXECUTIVE 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 Mid Argyll Kintyre & the Islands Area. This is following the tendering exercise undertaken by Argyll & Bute Council when the decision was taken by members not to externalise homecare services within this area. At this time it was also decided that our internal services would be under similar scrutiny to ensure that all care at home services are equally monitored.
- 1.2 The capacity in MAKI to deliver essential homecare services has been significantly challenged for some time now. Location and the scale of a package can be a key issue, but this is not always the case. Providing a relatively modest service in a town setting can also present problems when no provider is able to carry out the work.
- 1.3 Members to note the actions to address service capacity issues.

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- 1.2 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 of care is provided as it is recognised that this service is provided to vulnerable individuals, predominately by lone workers, in the home environment.
- 1.3 The report also highlights continued service capacity issues in meeting increasing demand for care at home services, and the work undertaken/planned to ensure everything possible is done to address these issues.

2. RECOMMENDATIONS

Members are asked to note:-

- (1) The supports in place to ensure the commissioning of quality care at home services via the formal procurement and commissioning procedures;
- (2) That steps are underway to develop the internal homecare service to ensure there is an available, flexible and needs-focused workforce; and
- (3) The actions being taken to address service capacity issues.

3. DETAIL

3.1 OUTCOME OF TENDER

Within the Mid Argyll, Kintyre & the Islands area over 60% of the services are being provided by our in house homecare provision with the independent sector providing back up services within these areas. The Homecare Procurement Officer within the locality will 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 would have an electronic call monitoring system to log visits to service users which would minimise missed or late visits and allow the Council to monitor continuity of care. Community Services are in the process of purchasing an electronic call monitoring system for their in house care at home provision to keep them in line with the external providers. This is intended to be implemented within the 2014/2015 financial year, and in MAKI should start to be implemented from January 2015.

3.2 CARE AT HOME PROVISION

As at 30th September 2014 an approximate total 2614 hours per week were being provided to 262 service users within the Mid Argyll, Kintyre & Islay Area by both in house provision and external providers and direct payment. A breakdown of the provision is detailed in the table below. Of note is the continued increase in both hours and number of service users in both of previous two quarters.

Mid Argyll, Kintyre and Islay

Argyll & Bute Homecare	Number of service users	Weekly hours commissioned	
		Hours at 30 th June	Hours at 30 th Sept
Mid Argyll	75	719	690
Kintyre	46	567	445
Islay	41	404	358
Total	162	1690	1493

External Providers	Number of Service Users	Weekly Hours Commissioned	
		Hours at 30 th June	Hours at 30 th Sept
Argyll Homecare	27	268	259
Carr Gomm	44	302	344
Enable	6		76
Crossroads	3		14

Carers Direct	1		23
Perth and Kinross	1		29
	Total Hours	570	744
Direct Payments	18	441	376
	Total Hours	1011	1121

3.3 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.

A breakdown of the Care Inspectorate grades are detailed in the table below.

Provider	Care Inspection Grades		
	Quality of Care and Support	Quality of Staffing	Quality of Management and Leadership
Internal Homecare Mid Argyll, Kintyre & Islay	4 (5)	5 (4)	4
Argyll Homecare	5	4 (5)	4 (5)
Carr Gomm	4 (6)	4 (5)	5 (6)

Care Inspectorate Grades are as follows:

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

Members will note the change in grades over those previously reported are in brackets. Regarding Carr Gomm grades these are now for the local service, not national as previously. Grades for aspects inspected of all Homecare services in MAKI are all found to be good or very good, as should be the aim for all services provided or commissioned.

3.4 MONITORING ARRANGEMENTS

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. Case Managers/care co-ordinators review all service users cases on a six monthly basis and any issues identified are raised as a service concern if required.

A detailed list of contact with Service Users and Providers for the 2nd quarter is detailed below.

Contact	Total number carried out between 1/7/2014 and 30/9/2014	Council Officer involved
Review of care needs with service users, family and provider	167	Homecare Organiser 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	2	Procurement and Commissioning Team / Social Work
Provider Forums, meetings set up for networking to share good practice and training opportunities.	3	Procurement and Commissioning Team/Social Work/NHS

3.5 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 feeds 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:

Number of Spot Checks/Monitoring Visits	Satisfied/ Unsatisfied	Service User Comments
14	All satisfied	The carers are fantastic and meet all my needs and treat me with nothing but respect

		The carers who come in are great, very helpful
		We like all the carers that come into our home although sometimes struggling to remember the names
		The carers who come in are great and I could not be without them

All visits this quarter have been planned visits, there have been no spot checks. The reason for this reduction in monitoring is that the HCPO has had to prioritise commissioning of services. All visits have been very positive, with a 100% satisfaction rate.

3.6 SERVICE CONCERNS

There is a clear service concern process in place and in the period 1st July to 30th September, 2014 2 service concerns have been received. These concerns have been fully investigated and the appropriate action has been taken to ensure that the issues raised have been addressed.

Provider	Number of Concerns	Details of Concern	Upheld and appropriate action taken
Provider A	2	Timekeeping	Upheld
		Missed visit	Upheld

3.7 COMPLAINTS

No complaints have been received for the quarter for care at home services delivered by these providers.

3.8 SERVICE CAPACITY

The capacity in MAKI to deliver essential homecare services has been significantly challenged for some time now. Location and the scale of a package can be a key issue, but this is not always the case. Providing a relatively modest service in a town setting can also present problems when no provider is able to carry out the work.

At present there are 5 Mid Argyll clients and 3 Kintyre clients for whom we are unable to provide totals of 43.75 and 12 hours respectively.

As has been notified to members previously this issue is not occurring only in MAKI but across the authority area and indeed across the country. It seems areas who have contracted hours and easier recruitment systems also report capacity and retention issues.

For some time now deployment meetings, to ensure best use of available staff resources across health, social work and external agencies have been held in Mid Argyll and Kintyre. Outwith these meetings liaison between workers and Team Leaders is frequent. There is some work on-going on patching to try and reduce travel time and cost wastage.

A key aspect of modernising the internal homecare service is the administration of medication, which will assist with service capacity as at present at times service users are having two providers to provide their full package or having to move provider. The revision of the homecare worker job description is near agreement. An implementation programme is currently being developed.

One of the benefits of the homecare monitoring and scheduling system should be to maximise use of staff and cut down unnecessary travel time. The Project Board decided to change earlier plans to pilot the new system in Kintyre due to significant pressures within the Kintyre team, this is now planned for January 2015.

3.9 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 and within the context of increasing demand for services has continued to result in significant challenges in MAKI area as described above.

Over the July-Sept quarter internal homecare service in MAKI took on 5 permanent and 10 bank staff. However 13 staff left during that period, 5 temporary of whom 3 went onto the bank, and 1 retiral with the rest being bank workers.

Another aspect of work on modernising the internal homecare service is the introduction of guaranteed hours and plans are underway to offer existing staff guaranteed hours commensurate with a proportion of their historical pattern of work. It should be noted that the service is aware that in other authority areas where guaranteed hours are provided this has not removed recruitment/retention issues.

Recruitment is an on-going problem we are facing across the Council area. Head of Service, Adult Care alongside the Procurement and Commissioning Team met with all providers to discuss the difficulties. Adult Services arranged to introduce IRISS (Institute for Research & Innovation in Social Services), a project being run in partnership with the Council, chaired and supported locally by Scottish Care reshaping care for Older People teams. IRISS aims to bring the independent sector together to form an informal partnership to address

issues around the planning and delivery of care at home in Argyll and Bute. The group is looking at a range of proposals e.g. joint recruitment, joint training and efficiencies that can be made in dead time by reducing travel. Adult Services have also been working alongside our Employability Partnership, who have agreed to take forward recruitment within the care sector forward as one of their workstreams. Details of these workstreams can be seen below in appendix 1. A further event has been arranged for the 4th of December to measure progress.

4. CONCLUSION

It is clear from the information gathered and service users and families input that in general the care at home is being provided in an appropriate manner. Ongoing evaluation and monitoring will ensure good practice and customer satisfaction.

Problems with recruiting staff are evident within the internal homecare service. Revision to job description is still under negotiation to ensure the service can provide medication support service users require. Plans are underway to offer existing staff guaranteed hours commensurate with a proportion of their historical pattern of work.

Concern still remains with regards to shortages of staff, resulting in providers being unable to take on packages at short notice. The work described previously in the report assist providers to actively look at innovative ways of attracting staff especially within the rural areas, however the note of caution is that there appear to be no quick fixes to this nationally recognised problem.

5 IMPLICATIONS

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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For further information, please contact:

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