

CARE AT HOME AND OPERATIONAL PERFORMANCE

1.0 EXECUTIVE SUMMARY

The purpose of this report is to update the Area Committee on the findings of the continuing quarterly evaluation of the Care at Home provision within the Helensburgh and Lomond area and the performance of the operational Adult Care Social Work Team

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 predominately 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

CARE AT HOME AND OPERATIONAL PERFORMANCE

2. INTRODUCTION

The purpose of this report is to update the Area Committee on the findings of the continuing quarterly evaluation of the Care at Home provision within the Helensburgh and Lomond area.

3. RECOMMENDATIONS

It is recommended that the Area Committee note the contents of the report.

3. DETAIL**3.1 Adult Care Team Performance****Operations (Older People) as at 27/4/2015 - Helensburgh & Lomond**

Number of Unallocated Cases After 5 Working Days	0
Number of Care Assessments outstanding over 28 days	0
Number of Carers Assessments outstanding over 28 days	0
Number of Adult Care Operational Cases	414

Learning Disability as at 23/3/2015 - Helensburgh & Lomond

Number of Unallocated Cases After 5 Working Days	1
Number of Care Assessments outstanding over 28 days	0
Number of Carers Assessments outstanding over 28 days	0
Number of Adult Care Learning Disability Cases	106

Mental Health as at 23/3/2015 - Helensburgh & Lomond

Number of Unallocated Cases After 5 Working Days	0
Number of Care Assessments outstanding over 28 days	0
Number of Carers Assessments outstanding over 28 days	0
Number of Adult Care Mental Health Cases	42

3.2 CARE AT HOME PROVISION

Currently there are 3 providers on the framework with an additional 6 contracted providers who provide services throughout the Helensburgh and Lomond area, due to the high demand for service and the recognised local and National shortage of care workers.

As at 28th February 2015, an approximate total of 4383 hours per week were being delivered a further 376.29 hours are being delivered in the form of Direct Payments. A breakdown of the provision is detailed in the table below:

Existing Providers		Weekly Hours Commissioned	
		Hours at 30 th September 2014	Hours at 28th February 2015
Care UK		19.3	233.5
Allied		266.25	308.75
Carr Gomm		204.25	221.75
Carers Direct		608.25	634.5
Carewatch		197.75	238.5
M&J Nagy		914	1007.25
Premier Healthcare		571	537
Quality Care		537.75	657.25
Alzheimer Scotland		59	59
Joan's Carers		391.25	433.5
Intensive home care team		54	54
	Total Hours	3997	4383
Direct payments		396.04	376.29
	Total Hours	4393.04	4761.29

3.3 RECRUITMENT/RETENTION

Recruitment is an on-going problem we are facing across the Council area in Adult Services and specifically Home Care. A report was presented to the Community Services Committee during December 2014 which highlighted a number of strategies in working with the independent sector in developing a partnership approach to recruitment and effective commissioning. The first meeting of the multi-agency strategic group recommended in the report has taken place with the arranged for 12th May.

3.4 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.

Breakdowns 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
Allied		6	6	5
Carers Direct		6	5	6
Carewatch		5	5	5
Care UK		4	4	3
Carr Gomm		4	4	5
Joan's Carers		5	5	5
M&J Care		4	4	4
Premier Healthcare		6	6	6
Quality Care		4	4	3

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

3.5 MONITORING ARRANGEMENTS

A robust ongoing monitoring programme is in place with both the Homecare Procurement Officers and the Commissioning Monitoring Officer 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	Target	Actuals	Comment
Review of Care needs with service users, family and provider	82	171	Exceeded Target
Quarterly Contract and Supplier Meetings with Providers in line with the Scottish Government Guidance on the Commissioning of Care and Support Services	18	19	On Target
Provider Forums - Reshaping care for Older People meetings.	4	4	On Target

SERVICE MONITORING VISITS

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:

Contact	Target	Actual	Comments
Monitoring Visits	54	22	Impact of implementation of Self Directed Support

The main reason for the non-achievement of meeting monitoring targets has been the prioritisation of work of the Homecare Procurement Officers in relation to the implementation of Self Directed Support and working to secure packages of care at this present time within the constraints previously

mentioned around limited care provision. With the settling down of SDS, a concerted effort will be made to make good the targets this year.

3.6 SERVICE CONCERNS

For the period 30th September 2014 to 28th February 2015 there has been a total of 15 service concerns received. All of these concerns have been fully investigated and the appropriate action has been taken to ensure that these issues are addressed by the providers.

An escalation protocol is in place whereby any initially unresolved concerns are passed to Procurement and Commissioning Team for attention.

<u>Provider</u>	Number of Concerns	Details of Concern	Upheld and appropriate action taken
Provider A	4	Missed Visits Medication issues	1 – further action required
Provider B	5	Missed visits Errors in reports Times of visits	1 – further action required, 2-ongoing
Provider C	1	Medication Issues	1 – further action required
Provider D	4	Missed Visits Food Hygiene Moving and Handling Issues	2 – further action required
Provider E	1	Missed Visits	1 ongoing

For information – The above concerns (15) represent the total received in between September 2014 and End February 2015. The total weekly service currently being delivered is 4761.29 as of 28th February 2015, to a total of 371 clients. This equates to a 96% satisfaction rate.

COMPLAINTS

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

INTERGRATION

A draft management structure has been presented to those managers affected. The draft structure is one which integrates management to local level. Comments from managers and manager interest in contributing to content of job descriptions were invited.

JOINT INSPECTION

Notification of a Joint Health & Social Work Inspection was received on 4th February 2015. Key issues:

- Scrutiny of position statements (self-evaluation)
- Case File Audits – 100 individuals
- Staff Survey
- Interviews with service users, unpaid carers, staff, groups representing unpaid carers and advocacy.

Inspectors will be on site the weeks beginning

- 27th April for file reading
- 25th May for follow up to file reading including interviews with staff and service users
- 8th June for meeting with senior officers and senior members

The draft inspection report will be provided to the partnership mid- August 2015 and will be published to the public in September.

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. There have been some issues identified within this reporting period, and with the support of the Procurement and Commissioning Team, together with the Homecare Procurement Officers, these have been addressed and the services are continuing to improve. Ongoing 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 proposals described previously in the report will work towards assisting providers to actively look at innovative ways of attracting staff, especially within the rural areas. This is a nationally recognised problem across all aspects of the care sector.

5.0 IMPLICATIONS

5.1	Policy	Consistent with Best Value and National Policy on Re-shaping Older People's Services
5.2	Financial	None
5.3	Legal	None
5.4	HR	None
5.5	Equalities	None
5.6	Risk	None
5.7	Customer Service	None

David Hall, Team Leader Adult Care.
28th April 2015