

THE ROYAL BOROUGH OF KENSINGTON AND CHELSEA

HEALTH, ENVIRONMENTAL HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE - 4 JULY 2012

REPORT BY THE TRI-BOROUGH EXECUTIVE DIRECTOR OF ADULT SOCIAL CARE

RESPONSE TO THE LINK DIGNITY CHAMPIONS REPORT ON HOME CARE SERVICES IN KENSINGTON AND CHELSEA

This report is the officer response to the LINK report which appears immediately beforehand on the agenda.

FOR DECISION

1. Introduction

- 1.1 The Home Care report presented to the Scrutiny Sub-Group in September 2011 highlighted areas of concern with home care in the Royal Borough of Kensington and Chelsea (RBKC). The working group requested the RBKC LINK find out more from users of home care services on their views about the service. The intention was to provide qualitative data to support the work with providers regarding any areas of concern and so improve the service for recipients.
- 1.2 Attached is the report of the work done by and findings of the RBKC LINK on our two contracted home care providers.
- 1.3 We welcome the LINK report and its findings. This report looks at how we are currently working to address some of the issues to improve services for our users and will continue to build on as part of our ongoing work.

2. Background

- 2.1 The contract for the two main care providers, Care UK and Plan Care were awarded in 2008 as part of a procurement process and are valid until October 2013. The annual value is approximately £5m. They have been regularly monitored by officers.

- 2.2 In addition to this, RBKC has a robust electronic monitoring system which monitors the times carers arrive and leave each visit so that the Council is able to ensure that care is delivered as required.
- 2.3 Plan care has approximately 419 service users using approximately 6,286 hours care per week.
- 2.4 Care UK has approximately 361 service users using approximately 3,500 hours care per week.
- 2.5 An internal audit on Home Care (service monitoring and complaints management) was undertaken in 2011/12 on the Royal Borough of Kensington and Chelsea's contracted home care services, Care UK and Plan Care .
- 2.6 The audit review gave a satisfactory assurance that appropriate controls are in place and that the system presents a medium risk to the organisation achieving its overall service objectives.
- 2.7 There has been a great deal of concern about quality in home care over the past months, both nationally and locally.
- 2.8 The Scrutiny home care sub-group report outlines some concerns in local service delivery and areas that can be and are being addressed. Punctuality and communication were two key areas raised.
- 2.9 The RBKC LINK is also concerned about home care and has taken on the work addressing issues of dignity and concern in home care services provided in the borough.
- 2.10 More recently the RBKC LINK has met with the LINKs from Hammersmith and Fulham and Westminster and is forming a Tri borough home care group to look at services and work that can be done across the three boroughs.
- 2.11 Tri borough Commissioners and contracts management teams have met and will work with the Tri borough LINK home care group. This is seen as a positive move and a helpful relationship to support the development of useful outcomes for users of the service.
- 2.12 This Tri borough LINK arrangement is being managed by Hestia, who is the LINK host for RBKC.

3. The LINK report

- 3.1 The Council welcomes the work that the LINK has done in interviewing users of home care about their views and the report

submitted here on their findings; also the providers' response/action plans received so far as a result of this.

- 3.2 The findings and recommendations made by the report have not thrown up new areas of concern, but are concerning nevertheless. These problem areas are being addressed by contract monitoring and this will continue.
- 3.3 There appears to be some evidence of improvements in areas of punctuality and timekeeping and the electronic monitoring system undoubtedly helps with this. However, electronic monitoring cannot solve all the problems mentioned in the LINK report. We are still faced with the challenge of how to monitor what happens in a service user's home when there is no one else around.
- 3.4 There are however preventative measures that can be put in place that will allow us to be proactive in reducing instances of poor practice and improving quality generally as opposed to just reacting when they do happen. These measures include:

3.4.1 Continuity of Carer

We know from surveying clients that getting used to replacement carers when their regular carers are on leave or off sick, is always difficult. We would expect both care agencies to patch their care staff within a specific area to a) minimise travel time and b) reduce the number of people going into any one client. Targets have not been set for either agency around continuity and we will be looking to introduce this into the action plan for 2012/13. Getting this right resolves a number of issues further down the line and this will be one of the first areas to be audited.

3.4.2 Punctuality

Electronic time recording has allowed RBKC to monitor punctuality on a weekly basis. This is then taken up with the agencies at contract monitoring. The homecare action plan for 2012/13 will require both agencies to constantly review rotas to ensure that calls are scheduled further apart. This will be further enhanced by monthly spot checks of the carer's rotas by the monitoring officer at the agency's offices. Missed calls are usually raised as safeguarding alerts in RBKC and there are very clear targets around minimising these. The reasons for missed calls are numerous and we review all missed calls (and other safeguarding alerts) to see if there are recurring patterns.

3.4.3 Quality of Care

All the evidence gathered from contract monitoring shows that high standards of care are directly related to having the same carers coming in and as few changes as possible. A high proportion of

complaints about poor care stem from short notice changes to carers and their unfamiliarity with the client or the client's care plan. A regular carer knows how their clients like to have their care delivered and as care is a highly personal service, it takes a while to establish a rapport.

There is however no excuse for rushed care. Working with the care management teams to ensure that sufficient time is commissioned for each client will also help to improve the quality of care delivered.

3.4.4 The dignity/respect Agenda

Care staff are more likely to treat their service users with respect if they themselves feel supported and respected. Care staff work alone in a challenging and pressurised environment and it is up to the individual agencies to recognise this and put structures in place to support the care staff out in the field. This includes regular and meaningful supervisions, regular team meetings, staff surveys and a clear demonstration that carers concerns are being taken seriously.

Care UK will be introducing a team of full time "area team leaders" who are based out in the field and whose role it is to support the carers out in the field. Each team leader will be responsible for a geographical location where they become familiar with the service users in that area along with the carers who look after them. Their role is not one of monitoring or overseeing the carers but of support and encouragement.

This model has worked well for Care UK in other contracts and has received enthusiastic support from the care staff.

The work being carried out by the dignity champions in RBKC will act as further support and overview of the efficacy of this strategy.

3.5 Officers also welcome the action plan that was received from Plan Care and initial feedback from Care UK (due to being the later survey undertaken and hence later to produce an action plan) to these LINK reports. It has helped ensure a constructive joined up approach to looking at the service provided and how it can be improved.

3.6 Contract managers will continue to work with providers to ensure that the action plans in place as a result of these reports are followed through. This will be done in regular monitoring meetings with provider staff, as well as by feedback from service users as part of monitoring procedures.

4. Future plans for home care

4.1 Work is underway to address the provision of home care across the three boroughs of Kensington and Chelsea, Hammersmith and Fulham and Westminster. Despite the very large amount of money

that is spent on it by local authorities, there is still concern that while many people are satisfied with the service they receive and some improvements are in place as described, there are still ongoing and persistent concerns raised about some poor standards that have not been eliminated.

- 4.2 The move of Adult Social Care to a tri borough arrangement offers an opportunity for Commissioners to look at the service we are offering, and to reassess whether we can commission it differently in a way that ensures a more consistent level of quality in home care for the future.
- 4.3 We also wish to look at how policy trends and increased Personalisation and user empowerment are being achieved in home care.
- 4.4 Commissioners are starting work on this challenging project, with the overall aim of recommissioning a service at the end of 2013 across the three boroughs which is more fit for purpose, leads to increased satisfaction with service provision and gives better outcomes for people who use the services. Dignity will be at the heart of this service.
- 4.5 We are working with the Tri Borough LINK home care group as part of this, to look at issues of current home care provision and how we can shape future provision. This is seen as a positive move to improve services.
- 4.6 As part of this work, we are holding four community engagement consultation events in June/July to help officers to look at how to commission a dignified and compassionate home care service. A range of stakeholders have been invited to attend and the LINK is organising the user involvement aspect of these events.
- 4.7 Input from these events will help officers to start to reshape how to commission a more fit for purpose home care service going forward.
- 4.8 Commissioners, contractors, providers and those representing people who use services need to work together to make sure that our commissioning of home care, at the heart of supporting people to remain living well at home, is provided in a way that ensures a consistently dignified service that meets people's outcomes and is underpinned by robust monitoring procedures.
- 4.9 Officers will continue to work with the LINK and service providers in ensuring good practise is followed and we can have objective evidence of people's satisfaction. A similar exercise in a year's time

as that which has been undertaken here may be useful to look at whether any real change has been effected.

5. Financial and Property, Legal, Sustainability, Risk, Personnel and/or Equalities Implications

- 5.1 There are no immediate financial, legal sustainability, risk, personnel or equalities implications arising out of this report.
- 5.2 Home care provision carries a budget which will not be altered as a result of this report. Future home care procurement will be dependent on the available budget at the time.
- 5.3 Processes are in place to take up concerns relating to any risk relating to an unsatisfactory service provision by effective contract monitoring and Safeguarding procedures.

6. Recommendation(s)

6.1 I recommend that

- 1) That officers continue to work with providers regarding their improvement plans as part of their ongoing contract monitoring to minimise areas of concern in service provision
- 2) That Scrutiny notes the intention to commission for a new service in 2013 that aims to reduce current dissatisfaction and improve overall outcomes for people using the service.

FOR DECISION

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Background papers used in the Preparation of this Report: None

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