

Top Tips for Directors

Commissioning and Arranging Home Care Services

Introduction

As you know there has been increasing attention on the quality of home care this year including publicity about 15 minute calls, a Human Rights Commission Report, the work of the Low Pay Commission and the key challenges facing home care staff which are highlighted in a recent survey¹. This has brought into sharp focus the quality of home care and the practices of local authority commissioners. Norman Lamb, the Care Services Minister has announced that he has asked the Care Quality Commission (CQC) to consider the impact of commissioning practices when CQC inspect home care providers from April 2014.

With the assistance of some funding from the Department of Health we are in the process of developing a Framework for improved commissioning. We are anticipating that this will be available in the spring.

The attention to these issues takes place in the current climate in which we are all balancing our responsibilities to develop and arrange high quality care with the necessity to make significant savings as Councils' funding reduces.

In view of this we are issuing Top Tips for Directors to assist colleagues with a more immediate review of commissioning practices.

The clear statutory responsibility of Councils is to ensure that services are available that are of sufficient quality reflecting dignity, safety and compassion.

Directors are aware CQC intend introducing a differentiated approach to regulating different health and social care services and will develop new 'fundamental standards' that will differ between different types of service. In each case, the standards will focus on five areas to establish whether the service is:

1. safe
2. effective
3. caring
4. well-led, and
5. responsive to people's needs.

These five areas are to be embodied in a new set of more specific standards and measures against which services will be assessed. The Care Quality Commission have emphasised that they will be assessing regulated services through the eyes of those who receive services and their carers.

By law, all agencies in England that provide personal care to people in their own homes must be registered by CQC and are responsible for making sure that the care they provide meets national standards of quality and safety. Directors will note this is the *providers'* responsibility. However, directors should ensure that their contracts and fees cover the costs of the services that councils wish to purchase. CQC have also summarised what customers should expect from an agency that provides care in the home which meets national standards of quality and safety. Commissioners will have to become familiar with the standards, with customer expectations and the inspection records of the agencies with whom they contract.

¹ <http://www.theguardian.com/social-care-network/2013/oct/30/main-challenges-homecare-survey-findings>

TOP TIPS

The following tips are designed to help in your assurance processes as you consider care at home provided through a domiciliary care service. They are not exhaustive but suggest broad areas you might expect managers to brief you on. They can be considered alongside the ADASS procurement survey 2013. Your contact on that is jonathan.gardam@adass.org.uk

People who use Services

1. Assure yourself people who use services are at the heart of all activities surrounding domiciliary care.

Examples:

- a. *Making it Real* is not a performance framework but you may wish to assure yourself that the *Think Local, Act Personal (TLAP)* statements demonstrate progress in personalisation in your local domiciliary care market.
- b. Consider how people are exercising the maximum choice and control in how they are supported and how they shape the procurement of your local domiciliary care services.
- c. Are you assured that local people, users of services and carers play a major part in scrutinising quality of service provision?
- d. Are there robust systems for listening to the experience of people who use services?

The centrality of users and carers will also be reflected in the remaining sections.

Political Engagement

2. Consider political engagement and domiciliary care.

Examples:

- a. How aware are your elected members of the issues surrounding domiciliary care?
- b. Have the issues regarding commissioning of home care services been considered by Committees such as overview and scrutiny and Health and Wellbeing Boards?
- c. Was the cost and quality of domiciliary care considered in political discussions on setting budgets?
- d. How aware are members of stakeholders' views on the quality of domiciliary care services in their wards? Do they feel engaged in local feedback mechanisms on the quality of domiciliary care?
- e. Are they assured there is a rapid response process in case of provider failure?

Care Management

3. Assure yourself care management processes around domiciliary care are robust.

Examples:

- a. Service design takes proper account of a person's fluctuating needs so be assured reviews of care packages are regular and take into considerations people's levels of vulnerability.
- b. Seek assurance on the level of advice and information available to self-funders in need of domiciliary care.
- c. Are you assured of the control customers in receipt of domiciliary care packages have and the satisfaction indicators used to hear views on such matters as short contact time, inconsistent care workers, varying standards, delays and cuts in service quantity etc?
- d. Given the present focus, are you confident that the length of time commissioned from providers is adequate given the need to ensure dignity and safety and is perceived to be appropriate by services users and carers?

Commissioning

4. Assure yourself there is a professional and effective commissioning process in place.

Examples:

- a. Seek assurances that people who use domiciliary care services, and stake holders, are fully engaged in service design and specification
- b. What assurances do you have of the knowledge and skills of commissioners and of their awareness of national standards and of the rights of customers in receipt of domiciliary care? Do you have local quality standards?
- c. Be assured about the process for hearing customers' complaints and commendations and in particular on the amount of care contact time and its quality.
- d. Are you sure that there is a shift from contracting by time to contracting for outcomes and that this is reflected in an increasing focus on reablement and enabling independence?

5. Assure yourself of the contracting process, employment terms and conditions and the status of the domiciliary business in your area.

Examples:

- a. Are front line care delivery staff paid at least the minimum wage (2013) of £6.31 for 21+ year olds? Are they paid the living wage of £7.65 (London weighting 2013: £6.61 and £8.80)? Can you ensure that tendering processes reflect rates which enable at least the full costs of the National Minimum Wage, providers' costs of sale and overheads?
- b. Is travel time paid for in addition to actual customer contact time, or as part of it, or not at all?

- c. What is the percentage of zero-rated contacts within workforces? Are you satisfied with the rationale for the existence of such practices in this critical care sector? Are there associated costs?
- d. Are you satisfied with providers' investment in training front line staff?
- e. What contingency agreement is in place for when a provider encounters urgent additional care needs that go beyond the terms of the original care package?

Partnerships

6. Be assured there are good partnership approaches with providers.

Examples:

- a. Understand the issues being raised by providers and their access to commissioners when wanting to work in partnership on quality. Is there a forum to raise, debate and resolve issues collectively with groups of providers or singly? What is your knowledge of them as partners?
- b. Are they encouraged to be solution-finders delivering outcomes for people or are they primarily paid-for units of task or time?
- c. Are you satisfied the price you are paying for care is sufficient to meet the cost of delivery and ensure the stability of provider partners?

7. Be assured there are good partnerships with other commissioners

Examples:

- a. Has there been agreement with NHS commissioners on joint approaches to local market and the role of domiciliary care in reablement and avoiding hospital admissions?
- b. Have there been agreements put in place with fellow regional directors where providers cross boundaries in respect of procurement, approaches to quality assurances and intelligence sharing?
- c. What support is offered to self funders who commission their own care?

8. Be assured there are good partnership approaches with CQC, police and others with a stake in quality assurance and standard setting.

Examples:

- a. Consider what agreements have been put in place in respect of sharing concerns about quality of provision.
- b. Be assured that protocols have been put in place by parties when urgent action is required to suspend or close services so that current users are safeguarded.

It is hoped that these top tips go some way in helping you to consider just some of the factors which impinge on the quality of service experienced by people in our communities.

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