

## ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

<b>1</b>	<b>Meeting:</b>	<b>Cabinet Member for Adult Social Care</b>
<b>2</b>	<b>Date:</b>	<b>18 November 2013</b>
<b>3</b>	<b>Title:</b>	<b>Paper 1 - Contracting For Care Forum Community and Home Care Quality and Activity Report Quarter 1 2013</b>
<b>4</b>	<b>Directorate:</b>	<b>Neighbourhoods and Adult Services</b>

### **5 Summary**

This report provides information on Community and Home Care Service activity and quality for the period 1<sup>st</sup> April 2013 to 30<sup>th</sup> June 2013. It will be presented to the Adult Social Care Contracting for Care Forum on 10<sup>th</sup> of December 2013.

This report has been appropriately anonymised to protect the commercial interests of independent providers.

### **6 Recommendations**

- **That this report be received by Members for onward reporting to The Contracting for Care Forum.**

## 7 Details

- 7.1 This report provides information on activity levels and quality monitoring outcomes for services delivered by the Community and Home Care Services (CHCS) Framework during Quarter 1 of the financial year 2013-2014.
- 7.2 The brokerage team currently refer care packages to providers appointed to the CHCS framework. They implement an allocation protocol according to the service specification. The brokerage function provides an essential role in sustaining the framework by ensuring that the allocation of work is fair which gives balance and stability to the framework and ensures adequate capacity is secured. As a result the providers on the framework remain competitive and quality is stimulated.

### Framework Activity Q 1 2013

- 7.4 1238 people were receiving Community and Home Care Services at the end of March 2013.
- 7.5 Number on service throughout the year:

Period	Number of people on service
End Quarter 3 2012-13	1257
End Quarter 4 2012-13	1238
End Quarter 1 2013-14	1234

- 7.6 New Starters by Quarter:

	Qtr 3 2012-13	Qtr 4 2012-13	Qtr 1 2013-14
Independent Home Care	201	213	264

- 7.7 Leavers by Quarter:

	Qtr 3 2012-13	Qtr 4 2012-13	Qtr 1 2013-14
Independent Home Care	152	148	221

## 8 Monitoring of Quality

- 8.1 Concerns, Defaults and embargos

	Q3 2012-13	Q4 2012-13	Q1 2013-14	Total
<b>Closed Contracting Concerns (substantiated only)</b>	34	32	24	90
<b>Safeguarding investigations</b>			2	2
<b>Default with embargo</b>	0	0	0	
<b>Voluntary suspension of placements</b>	0	1	0	
<b>Default without embargo</b>	0	0	0	

## 8.2 Overview of Concerns for Q1 2013/14:

76 concerns about domiciliary care providers were added to the database in the period. In the period 41 were investigated and closed. 24 of these were substantiated. Remaining concerns are still open pending monitored action by the provider, or the outcome of safeguarding/police investigation.

Of the 24 substantiated concerns 16 (65%) have been around missed calls, (eighteen in total). The remaining concerns were equally split around quality of care, care practice, management and medication.

Two providers were involved in safeguarding investigations in the period. A case of substantiated neglect and institutional abuse against one provider led to a review and update of training for a number of staff. The second was a substantiated case of neglect by a care worker from a different provider which led to the dismissal of the care worker and a referral to the disclosure and barring service.

## 8.3 Examples of key learning and service improvements from compliance monitoring with the sector in Q1:

As a result of a number of missed calls:

A provider re-issued mobile telephones to care workers.

A provider installed an answer machine to ensure telephone calls are not missed during on call duty. Five staff based in the office are available throughout the day. A communication book is used to record all calls taken.

To ensure compliance with medication policy:

A provider added RMBC's medication policy into the induction training and medication refresher training for staff

Bespoke training to address concerns raised by providers is agreed and implemented following the CHCS Forums. In Q1 this included training on continence products and on the medication policy..

#### 8.4 Risk Matrix

The Risk Matrix developed in collaboration between Commissioning and Safeguarding Teams and reported previously indicates how homes are performing against regulatory, Rotherham MBC quality standards, and contractual obligations. This is being further developed by the NAS IT Systems Team and will create a system which will raise automatic timely alerts when contracted and in house services deviate from accepted standards.

The system will reduce the requirement of manual inputting, record timely information and enable efficient response to rectify failures and enforce contract terms and conditions to eliminate poor practice.

A 'mock up' system will be in place by October 2013 and it is expected that the system will be fully functional early 2014.

#### 8.4 Meetings with the Care Quality Commission

Monthly meetings are chaired by the CQC, and include attendees from Health, Rotherham CCG, Safeguarding, Commissioning and Assessment and Care Management.

In Q1, 3 meetings with CQC have been undertaken to share intelligence and collaborate to resolve the issues mentioned above.

## 8.6 Home Matters Review

The Home Matters Review includes completion of self assessment by the provider followed by an audit at the provider's premises undertaken by a Contract Compliance Officer, one to one interviews with service users using the Adult Social Care Outcomes Toolkit (ASCOT) and online staff surveys.

All providers will be assessed against the framework between October 2013 and March 2014. The reviews inform the work programme for the Compliance Officers and the provider risk rating.

## 9 Finance

9.1 NAS expenditure on independent sector home care is monitored by the Finance Team and this information is contained in monthly budget monitoring reports.

## 10 Risks and Uncertainties

10.1 During Quarter 1 there were no issues regarding lack of capacity in the independent sector.

10.2 There are changes to the Brokerage Team planned in November 2013, approved through Cabinet Member. The service will be provided by dedicated Team Administration staff in future. There will be consultation and guidance to providers but it is expected that there may be some transitional issues as the new delivery method is introduced. It is important that the allocation guidelines continue to be followed to avoid problems with stability of the CHCS Framework. A risk assessment has been undertaken and actions recommended to mitigate risks associated with the change.

10.3 Regular meetings take place with providers on care standards, referral levels and capacity, financial sustainability, management/ leadership, training and development needs, and recruitment and staffing issues.

10.4 In September 2013 RMBC completed and returned a national survey by the Equalities and Human Rights Commission. The survey related to action /due regard by Councils to the recommendations contained in the EHRC report: 'Close to Home'. The report considers the impact of home care practices on the human rights of vulnerable people using commissioned services. The return found RMBC compliant with the majority of EHRC recommendations and working towards compliance in all other areas. We expect to receive formal feedback and further guidance from EHRC in November 2013.

10.5 The Unison 'Time to Care' national survey was undertaken in June/July 2012 and the consequent report published in October 2012.

Unison are seeking a dialogue with commissioners to establish a baseline of safety, quality and dignity of care through assurance around employment conditions within the care sector. They are calling for Councils to commit to becoming Ethical Care Councils by only commissioning home care services which adhere to the Unison Ethical Care Charter.

Rotherham MBC can demonstrate that contracted care providers agree with the majority of the principles outlined in the Ethical Care Charter, and our principles mirror current legislation/policy.

Our contracted services are continuously monitored in line with standards set out in our service specification and Framework Agreement terms and conditions. Deviation from this standard will result in intervention that is supportive of the organisation to improve. Where it is found that improvement is not achieved the default notices will be served to protect service users.

We will take the opportunity presented by the expiration of the contract in April 2015 to make sure that current guidance and principles apply to any new commissioned services.

## 11 **Policy and Performance Agenda Implications.**

- 11.1 The Rotherham Health and Wellbeing Strategy 2012 - 2015 sets out the key priorities that the local Health and Wellbeing Board will adopt over the next three years to improve the health and wellbeing of Rotherham people.

The Strategy outlines six areas of priority and associated outcomes. The Community and Home Care Services Framework supports Rotherham MBC to contribute against:

- **Priority 1** - Prevention and early intervention
- **Priority 2** - Expectations and aspirations
- **Priority 3** - Dependence to independence
- **Priority 4** – Healthy Lifestyles
- **Priority 5** – Long Term Conditions

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