

ROTHERHAM BOROUGH COUNCIL – REPORT TO CABINET MEMBER

1	Meeting:	Cabinet Member for Adult Social Care
2	Date:	17 March 2014
3	Title:	Community and Home Care Activity and Quality Report Quarter 3 2013
4	Directorate:	Neighbourhoods and Adult Services

5 Summary

This report provides information on independent sector Community and Home Care Service activity and quality for the period 1 October 2013 to 31 December 2013.

Names of providers are withheld before to protect the commercial interests of independent sector providers.

This report will be presented to the Contracting for Care Forum scheduled to take place on the 23rd of April 2014.

6 Recommendations

- **This report and the information contained in it are received by Cabinet Member for Adult Social Care and forwarded onto the Adult Social Care 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 3 of the financial year 2013-2014.
- 7.2 The CHCS providers on the Framework include:
1. Choice Healthcare (formerly 360 Health Care)
 2. Crossroads
 3. Housing 21
 4. Carewatch
 5. Ark
 6. Direct Health
 7. Domus
 8. Allied Health Care
 9. Comfort Call
 10. Mears
 11. TLC
 12. Sevacare
 13. Voyage
 14. Care UK

Framework Activity Q 3 2013 (Appendix 1)

- 7.4 At close of Q3, 1258 people were receiving Community and Home Care Services.
- 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
End Quarter 2 2013-14	1255
End Quarter 3 2013-14	1258

The figures above demonstrate relatively stable numbers of people on service over the previous 12 months with a variance of only 3 people compared the previous quarter.

- 7.6 New Starters by Quarter:

	Qtr 3 2012-13	Qtr 4 2012-13	Qtr 1 2013-14	Qtr 2 2013-14	Qtr 3 2013-14
Independent Home Care	201	213	264	226	201

7.7 Leavers by Quarter:

	Qtr 3 2012-13	Qtr 4 2012-13	Qtr 1 2013-14	Qtr 2 2013-14	Qtr 3 2013-14
Independent Home Care	152	148	221	203	216

8 Monitoring of Quality

8.1 Concerns, Defaults and embargos

	Q1 2013-14	Q2 2013-14	Q3 2013-14	Total 2013-14
Closed Contracting Concerns (substantiated only)	24	22	34	80
Safeguarding investigations	2	1	0	3
Default with embargo	0	2	1	2
Voluntary suspension of placements	0	1	0	1
Default without embargo	0	0	0	0

8.2 Overview of Concerns for Q3 2013/14:

68 new concerns about domiciliary care providers were added to the database in the period. 70 were investigated and closed in the period.

Of the 70 investigated and closed 38 (54%) were substantiated. For the 34 substantiated concerns:

- 21 (56%) have been around missed calls
- 2 (5%) about equipment
- 2 (5%) about moving and handling
- 4 (10%) around medication issues
- 1 (3%) delay or failure to report an incident and
- 1 (3%) around records
- 4 (10%) quality of care
- 2 (5%) staffing issue
- 1 (3%) Management

8 of the above had a safe guarding element.

8.3 Examples of key learning and service improvements from compliance monitoring with the sector in Q3:

As a result of a number of a medication error:

- A home care provider disciplined the care worker concerned and agreed a replacement with the family. Regular spot checks were undertaken and regular communication with the family was introduced.

As a result of a missed call

- A home care provider implemented a new system for managing rotas after a change.
- A home care provider implemented a new system for communication of issues from their out of hours team.
- A home care provider instigated a new check system for unallocated calls.

As a result of a moving and handling issue:

- A home care provider issued a guidance note and carer workers updated their moving and handling training

As a result of 2 concerns around medication:

- A home care provider had a worker redo medication training, completed spot checks and kept in close communication with families.

8.4 Risk Matrix Update

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. The Information Systems team have progressed the work and the set up and 'new look' of the new database has been viewed. It is still expected that the system will be fully functional early 2014.

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.

8.5 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 Q3, 2 meetings with CQC have been undertaken to share intelligence, identify risk and collaborate to resolve the issues mentioned above.

8.6 Home Matters Review

For the current financial year all providers will be assessed against the Outcome Monitoring Framework between October 2013 and March 2014 and will be reported in the next financial year.

Ongoing continuous monitoring of the contracted home care sector inform the provider risk rating on the 'risk matrix' and prioritise the work programme for the Contract Compliance Officers, Commissioning and Contract Team.

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.

9.2 The annual inflationary uplift was agreed in January and reported through existing reporting mechanisms via the Finance Team. The sector have been formally advised.

10 Risks and Uncertainties

10.1 During Quarter 3 there were no issues reported regarding the capacity in the independent sector.

10.2 The current Community and Home Care Services contractual agreement comes to an end 31st March 2015 with an option to extend to March 31st 2016. Preparatory commissioning activity has commenced with consultation with Assessment and Care Management and the independent sector in order to be ready to go to the market in April 2014.

10.3 An analysis of a sample care schedules has been undertaken to establish the frequency of 15 minute calls and those that require 2 care workers and the duration of scheduled visits. This information will be used to; establish a fair hourly rate, examine how the scheduling of visits affects the quality of service and provide context to the conditions of employment for care workers operating in the field.

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
- Outcome: Rotherham people will get help early to stay healthy and increase their independence.

- **Priority 2** - Expectations and aspirations
 - Outcome: All Rotherham people will have high aspirations for their health and wellbeing and expect good quality services in their community, tailored to their personal circumstances.
 - **Priority 3** - Dependence to independence
 - Outcome: Rotherham people and families will increasingly identify their own needs and choose solutions that are best suited to their personal circumstances
- 11.2 The Outcome Monitoring Framework – ‘Home Matters’ - monitors the quality of independent sector provision against the Community and Home Care Services Framework Agreement and Service Specification 2012 – 2015.

Contact: Jacqueline Clark, Operational Commissioner, NAS
Tel: 22358
Email: jacqueline.clark@rotherham.gov.uk