
Report of Head of Contracts and Business Development

Report to the Health, Adults & Well-being Scrutiny Board

Date: 21 February 2017

Subject: The Quality of Homecare Services in Leeds

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| Are specific electoral Wards affected? If relevant, name(s) of Ward(s): | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Are there implications for equality and diversity and cohesion and integration? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Is the decision eligible for Call-In? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number: | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

Summary of main issues

1. In June 2016, Adult Social Care let a new community homecare contract. This report is to provide an overview of that contract and of the general quality of homecare services in the city as requested by Scrutiny Board.

Recommendations

2. The Adult Social Services Public Health NHS Scrutiny Board members are asked to note the content of this report.

1 Purpose of this report

- 1.1 This report is to inform scrutiny members of the history of the Adult Social Care Residential and Nursing Framework Contract, how it is now operating, including its monitoring, and the proposals for the next phase of the commissioning process.

2 Background information

- 2.1 During 2015, Adult Social Care undertook a major commissioning exercise to let a new contract for community homecare services. This followed a major consultation exercise to agree a new model for the contract to replace the existing framework contract. The Scrutiny Board were involved in the exercise through a number of working groups undertaken by the Board. The result of the consultation was that a new model of community homecare contract was developed and agreed.

- 2.2 The new home care model sought to meet the requirements of the Care Act 2014, and secure quality and value within a fair fee rate that incentivises good employment practices by care providers. The main features of the new contract included:

- A split of the city into 6 geographical areas with a primary homecare provider being appointed to each area.
- A city wide framework which would support the primary providers.
- An agreed framework price established following a cost of care exercise.
- Methods to incentivise good employment practices by care providers, such as payment of travel time and the reduction of zero hours contracts.

- 2.3 Following a rigorous tender exercise 4 providers were appointed to the 6 geographical locations:

- Hales Ltd – have 2 areas covering Wetherby and North East Leeds.
- CASA – covering South Leeds.
- Medacs – covering East Leeds
- Homecare Support – have 2 areas covering West and North West Leeds.

In addition to this a further 8 providers were appointed to the Framework Contract (in addition to the primary providers):

- A J Social Care Recruitment Ltd
- Care 24-7 Ltd
- GP Homecare Ltd trading as Radis Community Care
- Housing and Care 21 – now Ark following a sale of the homecare business
- Mears Care Ltd

- Nestor Primecare Services Ltd trading as Allied Healthcare
- Sevacare (UK) Ltd
- Springfield Homecare Services Ltd

2.4 Following a 'Fair Rate of Care' exercise the Executive Board agreed that there would be three fixed hourly rates; namely, an urban rate (£13.71), a rural rate (£15.28) and a super rural rate (£15.56). This was a significant increase on previous rates aimed to improve terms and conditions of staff.

2.5 Within the contract is an extensive quality framework document which is monitored by the contracts officers within Adult Social Care.

3 Main issues

3.1 Whilst the Council now only contracts with 12 organisations to provide local authority funded home care, the latest CQC Area Profile indicates there are 113 domiciliary care services registered in the city. Some of these providers will be known to Adult Social Care through legacy spot contracts or where they are providing extra care or supported living services; however, there are a large number of providers with whom the council has no contractual relationship. These providers will mainly cater for the private pay or NHS market.

3.2 Of the 113 CQC registered providers, 39 (35%) have received a Good rating, 26 (23%) have a Requires Improvement rating and 48 (42%) are still to be inspected. There are no home care providers who are rated as outstanding or inadequate.

3.3 As part of the home care contract there is a Quality Standard Assessment (QSA) that sets the standards and quality expected in the delivery of home care services, and is a means of ensuring that providers deliver services to national standards and in accordance with contractual expectations. This can be used as a self-assessment tool by the providers to ensure they are meeting the contractual standards. Within ASC there is a team of contract officers who will monitor the provider's performance against the standards contained in the QSA. This will take the form of a desktop assessment of the provider's evidence supplied as part of the QSA together with a validation visit to the provider's offices, service user/relative/carer questionnaires and conversations together with other evidence/information which may be obtained e.g. safeguarding information or information from CQC. Should any issues be uncovered during this validation, an improvement action plan will be put in place with the provider and closely monitored to ensure improvements are made and sustained. In addition, regular contract management meetings will take place, together with Provider forums where information on best practice can be shared.

3.4 Current ratings for providers on the Council's homecare contract are:

Primary Providers

- Hales Ltd – Not Yet Inspected.
- CASA – Inspection report published in November 2015 and rated Good.

- Medacs – Not yet inspected.
- Homecare Support – Not yet Inspected.

Framework Providers:

- A J Social Care Recruitment Ltd – Inspection report published in July 2016 and rated Good.
- Care 24-7 Ltd - Inspection report published in May 2015 and rated Good.
- GP Homecare Ltd trading as Radis Community Care – Inspection report published in November 2016 and rated Requires Improvement.
- Ark – Not yet inspected.
- Mears Care Ltd – Not yet inspected.
- Nestor Primecare Services Ltd trading as Allied Healthcare - Inspection report published in October 2016 and rated Requires Improvement.
- Sevacare (UK) Ltd - Inspection report published in September 2016 and rated Requires Improvement.
- Springfield Homecare Services Ltd - Inspection report published in October 2016 and rated Requires Improvement.

3.5 In addition to the monitoring of the contract undertaken by contract officers, Healthwatch Leeds have undertaken a project, supported by Adult Social Care, working with older people to collect service users' perceptions of the quality of the home care service they receive. This was done by Healthwatch volunteers directly contacting service users and questionnaires. Healthwatch Leeds have produced a report detailing the findings of this survey. They have reported:

- That many people they spoke to expressed overall satisfaction with the care that they receive.
- Some people expressed frustration at the constant rotation of carers and lack of consistency of carers.
- Some people expressed frustration at the constant rotation of carers and lack of consistency of carers. This is particularly a concern for people with dementia and their families.
- While many people said they felt they knew what the carers should be doing, some commented that they had to explain this to new staff.
- There were issues around communication in terms of changes to care and getting in touch with people.
- There was overall positive comments about the attitude of carers and people felt they were treated with dignity and respect. However some

comments were made about poor attitudes of younger and less experienced carers.

- There was a mixed response to how well people felt involved in their care. However there was a lack of consistency around involvement in their care planning and reviewing.
- While the majority of people felt the care met their needs, out of those that did not, this was mostly put down to rotation of carers and new carers not knowing what to do.
- A large number of people expressed satisfaction with the quality of the care, however many commented that this was dependant on individual carers.
- Some people felt that carers were rushed, leading to quality of care being compromised.
- While a large number of people stated that they would know who to contact if there was a problem, there were large variations as to who this actually was.

A further survey of service users is currently being undertaken by Healthwatch.

- 3.6 As mentioned earlier, unlike residential and nursing care services, ASC only contracts with a relatively small section of the overall homecare market in the city. Where the council does not hold a contract with a provider of homecare, it is not possible to monitor these providers in the same way as contracted providers. However, in order to maintain some information on the market as a whole, a tool is being developed, as part of Adult Social Care's Market Oversight and sustainability project, to track the CQC ratings of all homecare providers in the city.

Corporate Considerations

3.1 Consultation and Engagement

- 3.1.1 A full consultation process was undertaken for the new homecare contract.

3.2 Equality and Diversity / Cohesion and Integration

- 3.2.1 A full Equality Impact Assessment was undertaken as part of the establishment of the new homecare contract.

3.3 Council policies and the Best Council Plan

- 3.3.1 The services provided as part of the contract will contribute to the Health and Well-Being City Priority plan.

3.4 Resources and value for money

- 3.4.1 The initial cost of care exercise for the new contract was conducted to establish a fair fee for homecare services in the city time. The cost of care exercise was carried out using a locally adapted version of the UK Homecare Association costing tool. The costing model included items of provider expenditure such as training provision for staff and payment of staff travel time. Prior to the commencement of the contract, a delegated decision was taken to increase the staff wage rate contained in the model to the Leeds Living Wage rate of £8.01.
- 3.4.2 A fee review will be conducted annually in accordance with the terms and conditions of the contract.

3.5 Legal Implications, Access to Information and Call In

- 3.5.1 This report is for information purposes only. There is no confidential information contained in this report and the report is not subject to call-in.

3.6 Risk Management

- 3.6.1 There are no specific risk issues with this report.

4 Conclusions

- 4.1 The new contract has now been operating for a period of 8 months and is beginning to bed in following a period of considerable change for providers. All providers who have been appointed to the contract will shortly be undertaking their self-assessment against the Quality Standard Assessment contained in the contract which will then be validated by ASC contracts officers. Since the start of the contract ASC have held regular contract management meetings with the providers and these will continue throughout the period of the contract. An overview will also be kept on the market as a whole, to ensure there is a diverse range of organisations available to people in the city.

5 Recommendations

- 5.1 That the Scrutiny Board (Adult Social Services, Public Health, NHS) notes the content of this report.

6 Background documents¹

- 6.1 None.

¹ The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.