

Reading LINK

Local Involvement Network

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Final report on aspects of quality of Domiciliary Care Services provided through Reading Borough Council

Completed October 2010

Introduction

This issue was initially raised by Reading CAB on 11 May 2009, following a number of complaints by employees working in domiciliary care in Reading that a lack of allowance for travel time between clients caused them problems as employees, which in turn led to an unsatisfactory service for clients. The CAB had also received two complaints directly from home care clients, one of which had been taken through the RBC complaints procedure with the assistance of their solicitor specialising in Community Care.

Whilst the CAB referral also outlined evidence (via complaints to CAB by care workers) of poor employment practices in independent residential care homes in Reading, the LINK focused its work on the issue highlighted in relation to domiciliary care, since this had direct implications for the service to clients.

The Reading LINK board decided to seek information from Reading Borough Council Housing and Community Care directorate (RBC H&CC) about the specific issue raised and the general quality assurance and monitoring processes for domiciliary care provision via a formal information request made on 11 August 2009.

Background Information

The initial response from RBC H&CC, dated 10 September 2009, appeared to indicate only that there was a general expectation that providers of Domiciliary Care Services should deliver 'best value' and 'good quality outcomes'. It appeared that quality assurance substantially relied on only using Care Quality Commission (CQC) rated providers graded higher than '0', alongside risk assessments, complaints and consequent improvement plans. There was no indication in this response of any proactive quality and performance monitoring, linked to specific performance indicators or quality benchmarks, undertaken directly by RBC.

However, RBC H&CC also indicated that two significant developments were underway, which were intended to drive up quality across contracted services for adult social care, including Domiciliary Care:

- (i) New commissioning arrangements that will be based on an accreditation scheme (DASL) i.e. only approved providers from this list will be able to be used to deliver specific care packages on behalf of RBC
- (ii) A new Contract Quality and Monitoring Policy and accompanying procedures

In addition RBC indicated that staff capacity within the H&CC Contracts and Commissioning Team was being increased.

In response to a request from the LINK board for further information on 24 September, RBC provided copies of:

- the draft Contract Quality and Monitoring Policy
- the DASL assessment accreditation framework and related documentation

- the National Home Care Survey results for Reading (a national postal survey of clients), together with the RBC H&CC Action Plan in response to this

Analysis and consideration of information

Reading LINK undertook some analysis of the National Home Care Survey results for Reading which, alongside a number of positive results, indicated some areas of concern directly related to the issues initially raised by the referrer. These are set out below alongside the RBC H&CC proposals to address these specific issues contained within their (much broader) action plan.

Issue Identified in Survey Results	RBC Action Plan response
<p>Time Pressures/Punctuality:</p> <ul style="list-style-type: none"> ○ Carers coming at times that suit the client (or not) ○ Workers being in a rush ○ Workers arriving on time (or not) <p>Communications:</p> <ul style="list-style-type: none"> ○ Clients being kept informed about changes to their care arrangements ○ How Social Services respond to client queries 	<p>These are grouped together in the action plan under 'general issues identified in survey', the specific action being to incorporate these into the Reading Domiciliary Accreditation Selection List (DASL) i.e. the new accreditation scheme.</p> <p>The Action Plan also provided for these findings to be compared to the 'Issues Log' to see if there is any correlation (by 12 May 2010)</p> <p>RBC also intend to produce a business case for an Electronic Monitoring System i.e. to record time spent with clients (by Jan 2010)</p>

It was noted that the new RBC H&CC Contract Quality and Performance Monitoring Policy contained some key aspects pertaining to the issues raised by the referrer and in the National Home Care Survey, as identified above:

S.2 Scope (of the policy): includes how the Council will monitor the quality and performance of providers delivering care etc on behalf of RBC.

S.3 Procedures that will support implementation of the policy include:

QPM1 – Quality Assurance in Contract Development

QPM2 – Risk Management in Contract Development

QPM5 – Management Information Reporting Framework

S.4 Principles include that all providers should have contracts and that all contracts will set out clear quality and performance monitoring requirements and procedures.

S.6 Managing Performance indicates that performance targets are 'set using SMART objectives that are clear and unambiguous' with providers made aware of their obligations at the start of the contract. This section also indicates that the basis for managing performance includes, baseline contractual performance measures, management information reports, issues and complaints raised and the Assessment Accreditation Framework (i.e. for DASL) and that continuous performance review will be a central feature of the performance framework.

Under the new Domiciliary Care provider accreditation system assessment framework (DASL), after basic legal and financial checks by RBC, the prospective provider completes a self-assessment form, which is constructed around a series of 'quality outcome areas'. RBC H&CC staff review the self assessment data and award an A, B or C grade across these and overall for the provider. C grade is that which meets basic/ essential requirements; generally requiring evidence that the prospective provider has relevant policies and procedures in place. A failure to meet level C in any of the quality outcome areas would preclude inclusion on the approved list.

The DASL self-assessment quality outcome areas that are relevant to the referral and related issues arising from the National Home Care survey results are summarised below, alongside the minimum requirement to achieve the basic Level C for accreditation.

Area of Concern	Standard(s) Required within DASL
Time Pressures/Punctuality:	Outcome 1. Timeliness and reliability of services
Carers coming at times to suit (or not)	<i>Level 'C' requirement:</i> client is asked at review if time of visit suits them and there is a 30 minute 'window' for all visits
Workers being in a rush	See Outcomes 3 and 5 below
Workers arriving on time (or not)	<i>Level 'C' requirement:</i> service users' contact sheets are regularly audited to check timeliness
Communications:	
Clients being kept informed about changes to their care arrangements	<i>Level 'C' requirement:</i> users are informed if carer will be more than 30 minutes late.
How Social Services respond to client queries	Not relevant to DASL provider self-assessment
	Outcome 3. Quality Assurance
<i>Aspects of these sections of the DASL self-assessment are relevant to both timeliness and communications issues</i>	<i>Level 'C' requirements:</i> Quality Assurance system and customer care policy/ charter alongside an annual service user survey
	Outcome 5. Service User Empowerment
	<i>Level 'C' requirements:</i> Regular audits of contact sheets and regular spot checks to ensure carers are spending the correct amount of time with service users, policy stating service user views should be taken into account, complaints and compliments procedure, which includes target times for responses

Further formal request for information

After perusal of the above information, Reading LINK made a further formal request to RBC H&CC for information that would enable it to clarify the extent to which the new contract Quality and Performance Monitoring procedures and Domiciliary Care contracting arrangements would impact on the issues originally referred, or highlighted through the National Home Care survey. In response, RBC H&CC confirmed that:

- Quality and Performance Monitoring detailed procedures, including QPM1, 2 & 5, had not been completed to the original schedule and quality standards are now being developed as part of the tendering process for each area of social care provision, with Domiciliary Care being at the most advanced stage (see below).
- No comparison of the issues log with the results of the National Home Care survey had yet been undertaken. An improved version of the issues log had been developed and implemented in February 2010 and some time needs to elapse before common themes or trends can be usefully identified and compared.
- The business case for an electronic monitoring system had not yet been developed, but this should happen within the next few weeks (at October 2010).
- RBC provided a copy of the DASL Continuous Quality and Performance Monitoring Criteria, which set out the areas of performance to be monitored through the provider's quarterly returns, together with the specific criteria on which performance will be judged and the way that the level of provider performance will be assessed. Punctuality is covered within the DASL 1. Performance Measure.
- RBC outlined how the issue of RBC H&CC responses, identified through the National Home Care Survey, had been addressed through recent improvements in customer response across community services that have been developed. These include the Reading Adult Contact Service, RBC customer call centre and a new resource directory of services. There has also been additional staff training on complaints handling and increased opportunities for engagement through the Reading Older People's Partnership.

Domiciliary Care task & finish group

Reading LINK convened a 'task and finish' group to consider the issues raised in relation to the quality of Domiciliary Care services in Reading; this comprised a LINK board member, members of the Reading LINK reference group and a representative from Age Concern Reading.

The group considered the information received and, in particular, the extent to which the new Domiciliary Care provider accreditation and performance monitoring framework for this service would address the issues originally referred or identified through the National Home Care survey results.

The group noted that RBC H&CC directorate had clearly undertaken a major project to transform the delivery of domiciliary care services in Reading, drive up quality, increase flexibility and develop the market. However, there were some remaining concerns as to

whether the new procedures would adequately address the issues raised, through ensuring these specific aspects were appropriately monitored.

Group members' own knowledge and experience indicated that the issues of domiciliary care providers' punctuality, and spending the full contracted time with clients, were a chronic problem and that proper allowance for travel time often lay behind this. It was noted that carers arriving early could be just as problematic for some clients e.g. people being put to bed early or it being the wrong time for their meals or medication.

The group acknowledged that the specific arrangements for travel time between clients were a matter for the employer : employee relationship, rather than the form of the RBC : provider contract, but also that punctuality and spending the contracted time with clients were areas of key importance to elderly and other vulnerable people for a variety of reasons. It was also noted that in many cases, with income based assessment of contributions toward cost, clients were paying from their own resources for these services and should expect to receive what they had paid for.

In the view of the group, these factors indicated that monitoring of performance on punctuality, spending the contracted time with clients and timely communication of any difficulties in doing so was of high importance.

However, within the DASL Continuous Quality and Performance Monitoring Criteria, of eight in total, there is only one Key Performance Indicator (KPI) specifically concerned with directly measuring a contractor's performance in this respect.

PI Name	Key Quality Outcome	Rationale
Reliability of domiciliary care service provision	Timeliness and reliability of services	Users and carers should expect their domiciliary care service provider to arrive within a timely fashion identified within their care plan

Extract from RBC H&CC DASL Continuous Quality and Performance Monitoring Criteria 15 March 2010 final

The definition for this KPI is as follows: "the percentage of domiciliary care visits that were missed plus the number of visits that was greater than or equal to 30 minutes after, or 30 minutes before, the identified time on the care plan." A late call is "when the carer arrives more than 30 minutes after, but less than 2 hours after, the stated time on the care plan."

In effect therefore, there is a 60 minute window during which the care visit will count as being 'on-time' and visits will only count as being missed if they are 2 hours or more outside of the appointed time. A formula sets out the calculation that will be undertaken to arrive at the contractor's score on this KPI.

Conclusions

Monitoring of punctuality/correct time spent with clients:

The group's view was that a performance measure based on:

- (i) a criterion of 30 minutes, early or late, for an agreed appointment time
- (ii) a criterion that up to 2 hours variance from the appointment time constitutes early or lateness, rather than a missed appointment

is insufficiently rigorous and that appropriate criteria for this measure would be that arrival up to 15 minutes, either side of the fixed appointment i.e. in a 30 minute window, was required as a minimum standard, except in extreme circumstances and that 2 hours was far too wide a margin as the measure of an appointment being 'missed', rather than early or late.

The group noted that in the DASL Self-assessment template, Outcome 1 – Timeliness and Reliability of Service, the standard required to achieve the minimum Performance Level C, was *that 'Service user support plans have a 30 minute window for all care visits'*. In this context, there appears to be some inconsistency with the performance monitoring criterion, which is structured around a 60 minute window.

In addition, the group's view was that where the carer's arrival was due to be outside a 30 minute window, then clients should always be informed (which was not the group's understanding of what happens in practice) and that compliance with this should also be subject to specific performance monitoring.

The group was not convinced that effective monitoring of time spent with clients was dependent on the introduction of an electronic monitoring system, especially given the financial uncertainties that are likely to affect the development of such a system. The group considered that a paper based recording system, in the client's home and signed off by clients, could be just as effective (with the potential added benefit that it would be accessible to a client's family and friends).

It was noted that the DASL Self-assessment template, Outcome 5 – Service User Empowerment, required providers to undertake *'regular audit of client contact sheets to ensure that carers are spending the correct amount of time with the service user'* in order to achieve the minimum Level C performance standard in this area. There would appear therefore to be an existing mechanism through which time spent with clients is monitored, but is not the subject of a specific performance indicator and reporting to RBC H&CC.

It was also noted that Forest Care (or other) lone worker monitoring systems, might also effectively offer electronic monitoring of staff time spent with clients.

Development of appropriate key performance indicators (KPIs):

The group noted that of the eight KPIs for Domiciliary Care Services, only one is directly concerned with outcomes for clients. One other is concerned with measuring the rate of service reviews the provider has conducted with clients (but not the outcomes of them), another with the CQC rating for the provider and the rest being about evidence relating to matters concerning the provider's workforce. The group was concerned that the balance between focusing on indicators of good practice and a well trained and satisfied workforce and measures of how the service is delivered in reality, together with the difference it has made to peoples' lives is wrong. There should be a much greater focus on outcomes for clients.

The group was also of the view that the effectiveness of monitoring the quality of domiciliary care provision would be improved if this were the subject of discussion and agreement with service users, families and user led or focused organisations.

Recommendations

1. That the RBC H&CC DASL key performance indicators should be reviewed to:
 - (i) ensure a better balance between indicators focused on actual outcomes for clients, compared to other measures relating to policy, practice and the workforce
 - (ii) be defined around a higher standard of performance relating to punctuality, based on a 30 minute 'window' around the appointment time, consistent with the DASL self assessment Outcome framework, together with a reduction in the time allowed for early/late (as opposed to missed) appointments from 2 hours to a maximum of 1 hour
 - (iii) include a specific measure related to time spent with the client compared to contracted time
2. That RBC H&CC should explore what further opportunities there might be to directly involve service users, families and other unpaid carers and user led or focused organisations in the development of contractual requirements and performance criteria for Domiciliary Care services.

Reading Borough Council response to Reading LINK 'Final Report on aspects of quality of Domiciliary Care Services provided through Reading Borough Council'

Reading Borough Council thanks Reading LINK for its report on the quality of domiciliary care services commissioned by the local authority.

As noted, the original review commenced before Reading had introduced its new accreditation system for domiciliary care - 'DASL' (Domiciliary Accreditation Select List). This accreditation process introduced quality and performance standards against which domiciliary care providers are now measured. Providers falling below minimum thresholds are not accepted onto or maintained on the DASL list and therefore are not now able to provide services commissioned by RBC. Following a detailed assessment process the DASL list went live on 6th April 2010; there are now 11 DASL accredited providers.

The Council agrees that the issues of care staff punctuality, spending the contracted time with clients and timely communication of any difficulties in doing so are of high importance. As at 22/2/11, Reading purchased 7,020 hours of domiciliary care per week which supports 810 service users. Given the scale of this type of provision, Reading would suggest that it is pragmatic to use a statistical, evidence based approach to make judgements about the overall quality and performance of service. This is not to de-value individual's experience of service, or to avoid addressing specific problems service users have with the delivery of service. However, in a report such as this which considers overall the nature of service, making judgements or inferences about overall performance by using individual feedback such as that below does not present a fair or representative picture:

"Group members' own knowledge and experience indicated that the issues of domiciliary care providers' punctuality, and spending the full contracted time with clients, were a *chronic problem* and that *proper allowance for travel time often lay behind this*".

Our response to the specific recommendations identified are as follows:

1. That the RBC H&CC DASL key performance indicators should be reviewed to:

- i) *ensure a better balance between indicators focused on actual outcomes for clients, compared to other measures relating to policy, practice and the workforce*

RBC Response:

Reading acknowledges that the delivery of good outcomes for clients is the prime objective and monitoring systems need to reflect that. It is probably fair to say that the current Performance Indicators are concerned with the inputs and outputs that support delivery of good outcomes (e.g. staff retention, staff sickness, staff supervision, staff training, completing reviews, dealing with complaints in a timely manner) rather than the outcomes themselves. Finding quantifiable ways to assess whether good outcomes that matter to service users are delivered is a challenge for most authorities. The government is currently working on ways of measuring outcomes (ref 'Transparency in Outcomes; A Framework for Adult Social Care, DH Dec 10), referencing the importance of outcomes, quality and service user experience.

In Reading we will commit to reviewing the current DASL PIs during 2011/12 with stakeholders to ensure that they become more outcome-focussed, using the guidance government is producing. We would welcome working with LINKs and with service users/carers/family members as well as providers to achieve this objective.

- ii) *be defined around a higher standard of performance relating to punctuality, based on a 30 minute 'window' around the appointment time, consistent with the DASL self assessment Outcome framework, together with a reduction in the time allowed for early/late (as opposed to missed) appointments from 2 hours to a maximum of 1 hour*

Reading response:

DASL was an entirely new process for domiciliary care providers to follow. In setting minimum standards for qualification onto DASL, the group had to consider what, in their experience, they felt were realistic standards that suppliers could achieve, whilst ensuring these were a reasonable indicator of quality. If the standard was set too high then the risk was that most providers would fail to meet the standard, would not achieve accreditation and this would severely limit the numbers of providers on the DASL - and the available supply of carers to meet local needs therefore. The group felt that as a minimum providers should meet a 30 minute window. However, if providers achieve a 15 minute window then they can be accredited as meeting a 'Quality A' standard. This would increase their rating on DASL with the incentive that they would be offered more business first.

We have analysed the Timeliness of Calls (KPI1) from 1st April 10 to 31st December 10. This showed that the majority of providers averaged 3.68% of calls which were classified as missed or late. There were 2 'outlier' providers who performed particularly poorly and including these providers increased the average to 7.76% of calls being classified as missed or late. One of these providers was suspended from DASL as part of an overall Improvement Action Plan and the other was given a warning that performance needed to be improved. There is evidence that provider performance has improved as a result of contract management interventions.

We will produce an end of year analysis to chart further progress in this area and to review whether the thresholds can be changed. We feel the focus has to be to ensure consistency at least to meet the minimum standard as originally set, before being able to increase the requirements.

iii) include a specific measure related to time spent with the client compared to contracted time

Reading Response:

We agree with this recommendation and will be able to incorporate this measure when electronic monitoring is introduced. A Business Case is currently being made for investment into the purchase of a system and we will advise LINKs when the decision is known.

It is important to understand if the contracted time is not being spent, why this is. There could be a valid reason, e.g. the service users needs have changed and they no longer require the care and support originally agreed because they have become more independent, or it could be because the carer is rushed and does not have the time to spend with the service user that is needed (because of poor scheduling by the provider or because the users needs were originally underestimated by RBC, or their needs have increased). Electronic monitoring can help provide the information needed to trigger an assessment of need, or of provider performance, or of both.

2. That RBC H&CC should explore what further opportunities there might be to directly involve service users, families and other unpaid carers and user led or focused organisations in the development of contractual requirements and performance criteria for Domiciliary Care services.

Reading response:

This proposal is welcomed and reflected in our framework review plans. As previously outlined it is our intention to review the performance indicators, and we will actively include the stakeholders you have identified in this process.

We would welcome working with LINKs and service user/carer/family reference groups to review the way DASL operates and for future developments.