



<b>Meeting or Decision Maker:</b>	<b>Audit &amp; Performance Committee</b>
<b>Date:</b>	<b>23 April 2018</b>
<b>Classification:</b>	<b>General Release</b>
<b>Title:</b>	<b>Update on Home Care Services within the City of Westminster</b>
<b>Wards Affected:</b>	<b>All</b>
<b>City for All Summary</b>	<b>This is a briefing paper, providing an update on the performance of Home Care services within Westminster</b>
<b>Key Decision:</b>	<b>Not Applicable, this paper is for information only</b>
<b>Financial Summary:</b>	<b>Not Applicable, this paper is for information only</b>
<b>Report of:</b>	<b>Mike Boyle, Bi-Borough Director of Integrated Commissioning</b>

**Contact Details: [mboyle@westminster.gov.uk](mailto:mboyle@westminster.gov.uk)**

## **1. Executive Summary**

- 1.1 Supporting people to live safely and independently in their own homes is a key function of adult social care. Nationally over 500,000 people are in receipt of home care services and in Westminster around 1,000 people per week are receiving care in their own homes.
- 1.2 This briefing paper outlines the current commissioning approach to the provision of home care services within the City of Westminster. Approximately 60% of the service is delivered through 5 main 'block' contracts. Residents have the right to choose who provides their care and the remaining 40% of the service is delivered through a number of spot contracts.
- 1.3 The report explains the role of the Care Quality Commission (CQC), the national regulator for these services, and provides the Committee with information on CQC's rating of the performance of local home care providers. The report also provides information on any Safeguarding alerts or complaints that have been received on local home care providers.

1.4 Nationally, and across London, the home care market is fragile. Directors across London recently commissioned an external review of the market and the conclusions were that margins are very tight, recruitment and workforce development is challenging, and there is little or no scope for achieving savings by reducing the hourly rate paid to home care providers.

## 2. The Role of the Care Quality Commission (CQC)

2.1 The CQC is the independent regulator of health and adult social care in England. They ensure that health and social care services provide people with safe, effective, compassionate, high-quality care and encourage care services to improve.

Their role is to:

- **Register** care providers.
- **Monitor**, inspect and rate services.
- **Take action to protect people** who use services.
- **Speak with an independent voice.**

2.2 All inspections ask the following 5 key questions:

- Are they safe?
- Are they effective?
- Are they caring?
- Are they responsive to people's needs?
- Are they well-led?

2.3 Each of the five key questions are used in inspections and are broken down into a further set of questions; known as the key lines of enquiry. When an inspection is undertaken, these questions and key lines of enquiry ensure consistency and enable inspectors to focus on key areas.

2.4 Following an inspection the CQC awards the following ratings to each service:

### Outstanding



### Outstanding

The service is performing exceptionally well.

Good



Good

The service is performing well and meeting CQC expectations.

Requires improvement



Requires improvement

The service isn't performing as well as it should and CQC have told the service how it must improve.

Inadequate



Inadequate

The service is performing badly and are taking action against the person or organisation that runs it.

### 3. Current Commissioned 'Block' Contract Provision

- 3.1 The current contracted provision for home care services has been allocated over 4 patches; one of the providers also has a subcontracting arrangement with another provider. All the contracts were awarded from 29<sup>th</sup> September 2015 for five years, with an option to extend for up to a further 2 years.

The contracted providers are:

**Healthvision:** Northeast. (*WCC Northeast* is the area to the north of the borough but outside Northwest patch, bordered by the Westway, Edgware Road and above St John's Wood Road and Regents Park.)

**Sage Care:** Central. (*WCC Central* covers the remainder of the area, from Birdcage Walk/ Westminster Bridge, up to St John's Wood Road, broadly aligning with W1 and WC1 postcodes, but also with some NW1 and NW8 postcodes)

**London Care:** Northwest. (*WCC Northwest* is loosely based on geographical boundary of West London/ Central London CCGs. Very broadly, bordered by Shirland Road, The Westway, Sussex Gardens and Bayswater Road. Predominantly W9, W10, W11, and W2)

**Vincentian Care Plus (VCP)** who also subcontracts to Verilife. South. (*WCC South* includes the area below Hyde Park and St James's Park, broadly aligning with the SW1 and SW7 postcodes that also fall into Westminster.) VCP subcontracts to Verilife to ensure that there is capacity to manage and maintain the number of ongoing packages of care and new referrals that are received.

- 3.2 Activity for the period ending 25<sup>th</sup> March 2018, shows that 8,475 hours of actual care being delivered per week to 687 service users and accounted for 61% of the total numbers of hours delivered.

Provider Name	No. of S.Users	No. of Hours Provided Per Week	Annual Forecast Spend to 25/3/18
Healthvision	236	2,819.2	£2,456,268
Sage Care	130	1,874.9	£1,633,535
London Care	122	1,177.2	£1,025,605
Vincentian Care Plus	132	1,647.1	£1,435,017
Verilife (VCP)	67	957	£833,830

- 3.3 The current CQC ratings for the commissioned providers and the last inspection dates are illustrated in the table below:

Provider	Overall CQC Rating	Date Inspected
Healthvision	Good	07/11/2017
Sage Care	Good	17/11/2017
London Care	Requires Improvement	17/01/2017
Vincentian Care Plus	Inadequate	11/08/2017
Verilife (VCP)	Requires Improvement	15/08/2017

- 3.4

Healthvision Performance Update:

- 3.4.1 Operational colleagues raise the most low-level concerns around Healthvision. Anecdotally issues arising frequently around timeliness,

continuity and skill base. There are case surgeries with the social work teams and formal review points to address these.

3.4.2 Through the above actions and as Healthvision remain responsive the low-level concerns are not typically escalating into formal complaints.

3.5 London Care Performance Update:

3.5.1 Services at London Care have been strong albeit it is a small service. There is some evidence nationally of a correlation between the size of the agency and the quality of the service. In this case smaller tends to be better.

3.5.2 London Care has recently taken over a number of other contracts (Ark in WCC and Mears in LBHF & Croydon) and it is too soon to see what, if any impact, this may have on their Westminster contract. Officers will monitor the situation to determine if there is likely to be any negative impacts upon the local market..

3.6 Sage Care Performance Update:

3.6.1 The anecdotal feedback from Operational colleagues is positive. Currently Sage are doing well managing complex cases (hoarding and dementia) and office based staff are responsive to enquiries.

3.6.2 Their office covers both the LBHF and WCC contract c5,500 hours in total. This is also a large patch.

3.7 Vincentian Care Plus Performance Update:

3.7.1 Significant work has already been undertaken to improve the service and there is a continuous improvement plan in place to keep the momentum going. They have improved their organisational structure, leadership and staff engagement, and invested in improved back office technology

3.7.2 CQC are due to reinspect VCP in mid-April and Officers will brief the Committee on the outcome of that inspection.

Electronic Home Care Monitoring

3.8 All of the block providers are required to use an electronic home care monitoring system to enable the Council to monitor missed and late calls. The system also means the Council only pays for actual hours delivered, as opposed to planned time. Initially, compliance with electronic monitoring was challenging but recent performance is much improved:

Provider	Compliance Rates
Healthvision	86.41%

London Care	94.18%
Sage Care	81.54%
Vincentian Care Plus	91.68%

3.9 Work continues with all commissioned providers to improve and to sustain performance. Recruitment and retention of care workers is an industry challenge and is particularly difficult in central London where the cost of travel can act as a disincentive. The four providers are now working with and advertising through the Council's employment networks. This aims to support local residents to find job opportunities within the local community to support providers and to recruit local candidates who are interested in a career as a care worker.

3.10 The number of complaints and safeguarding alerts that have been raised in the last six months from September 2017 to February 2018 inclusive, are as follows:

Provider	Complaints	Safeguarding	Total
Healthvision	5	5	10
London Care	0	0	0
Sage Care	0	3	3
Vincentian Care Plus	1	4	5
Total	6	12	18

#### 4. Spot Home Care Provision within Westminster

4.1 For the period ending 25<sup>th</sup> March 2018, there are approximately 30 spot providers delivering 5,454 hours of care per week to 358 service users; equating to 39% of the total hours of care delivered in this period.

4.2 The top ten spot providers in Westminster based, upon the number of service users that they support, are as follows:

Provider Name	No. of S.Users	No. of Hours Provided Per Week	Annual Forecast Spend to 25/3/18

Respect Care Services	90	2,024.2	£1,604,459
Mind	59	279.3	£238,904
Ark	45	631.6	£493,945
Healthvision	39	626.3	£1,806,300
Carewatch	37	361.2	£282,463
Sweettree	17	426	£333,175
Independent Care Solutions	13	276	£215,860
Priory Nursing Agency	11	217.3	£169,982
Bluebird Care	8	144.6	£141,463
Camden Chinese Community Centre	6	62.8	£49,077

4.2 The current number of safeguarding alerts that have been received over the last six months are:

Provider Name	Safeguarding
Respect Care Services	7
Ark	3
Carewatch	1
Independent Care Solutions	2

There have not been any other known complaints made regarding spot providers in the last six months.

4.3 The CQC current ratings for the top ten spot providers are as follows:

Provider Name	CQC Rating
Respect Care Services	Requires Improvement
Mind	Awaiting Inspection
Ark	Requires Improvement
Healthvision	Good
Carewatch	Requires Improvement
Sweettree	Outstanding
Independent Care Solutions	Good
Priory Nursing Agency	Good
Bluebird Care	Good
Camden Chinese Community Centre	Requires Improvement

- 4.1 Work is about to start on developing a procurement strategy for an approved list or framework to manage the provision of spot purchased Homecare across the Bi-Borough. This will provide better oversight and management of the spot market.
- 4.2 This will also include the development of a contract management framework which will be aligned with performance management requirements of the commissioned providers and provide opportunities for the Procurement and Contracts Team to develop effective relationships and encourage workforce development to help underpin and sustain the market.
- 4.3 A Home Care standard has been agreed in principle and this will be used to define the minimum requirements for a provider to enter into contract arrangements and will form the standards required for any future procurement process. It could also be shared with providers who contact the Council(s), seeking work.
- 4.4 This exercise will also allow the local authority to negotiate an agreed set of rates that will be in line with the hourly rate that is offered to the commissioned providers.
- 4.5 It is also recognised that spot providers will need to sign up and use the Ezi-Tracker homecare monitoring system. Currently, spot providers are paid by the number of hours commissioned instead of actual hours delivered. This



should deliver further efficiencies that have yet to be realised and has the potential to be developed as a quality assurance tool.

- 4.6 An options appraisal will be undertaken to explore and identify a number of viable options for consideration and approval. These currently will include:
- A Dynamic Purchasing System
  - A Framework for approved providers
- 4.7 Whichever option that is chosen to be procured will need to be able to also underpin the main Home Care contract and will be form the main part of the revised Contingency Plan that will be used to maintain service provision in light of provider failure either as a result of poor quality or financial failure.
- 4.8 There will be a focus on the following criteria:
- Financial viability
  - Business resilience
  - Quality of care delivered.
- 4.9 Key next steps include:
- review the learning from the London ADASS review on the impact of commissioning practices on the domiciliary care market;
  - benchmark best practice locally and nationally;
  - provide recommendations to commissioning colleagues to incorporate into new service design and;
  - establish a programme of local home care provider networks to continue the sharing of best practice and establish communication channels in preparation for the procurement process.

## 5. Quality Assurance Framework

- 5.1 A key principle of the Care Act is that residents should be able to choose who provides their care. We are required by law to inform people of how much the Council will pay for their care needs to be met (personal budget) and to offer people the opportunity to receive their personal budget as a cash payment (direct payment).
- 5.2 The Council also has a statutory duty to have an oversight of the quality of all care being provided, irrespective of whether the Council is directly contracting for that service.
- 5.3 The recently appointed Executive Director has established a new Quality Assurance team. The QA team will be responsible for monitoring the quality of care being delivered by providers irrespective of their procurement methods used to access these services. The team are in the process of developing a

designated domiciliary care toolkit that will support ongoing work to improve quality standards, This will be complemented by a joint (health and social care) workforce development programme. This team, along with our contract management processes, will also review recruitment practices to ensure, as far as possible, staff working in home care cannot have unsupervised access to residents prior to police checks being completed.