

**REPORT TO:** Health Policy and Performance Board  
**DATE:** 10 September 2013  
**REPORTING OFFICER:** Strategic Director, Communities  
**PORTFOLIO:** Health and Wellbeing  
**SUBJECT:** Domiciliary Care across the Borough  
**WARD(S)** Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To update the Health Policy & Performance Board on the current home care provision Borough wide.

2.0 **RECOMMENDATION: That Members of the Board note the contents of the report.**

3.0 **SUPPORTING INFORMATION**

3.1 There are different options of purchasing domiciliary care in Halton. Individuals can choose to buy care through a direct payment or a commissioned care route. When individuals opt for the commissioned route, they can be reassured that all the care providers are monitored by the Quality Assurance Team (QAT) and by the Care Regulator, Care Quality Commission (CQC).

3.2 There are currently ten domiciliary care providers who deliver care in Halton. The QAT monitors the quality by assessing a number of areas including consultation feedback, safer recruitment, medication records, training, and case recording.

3.3 The providers in Halton are rated as the following:

Six – Green ( Good / Excellent)  
Four – Amber ( Adequate / Satisfactory)  
None are rated as Red ( Poor- with actions)

Adequate rated services receive additional monitoring and spot checks to improve standards within agreed timescales.

CQC have rated two domiciliary care services as requiring minor improvement actions and the rest are fully compliant.

3.4 There is a drop in performance across domiciliary care in Halton from the last period. Three providers fell from good rating to

adequate. The main theme is a lack of training in areas such as safeguarding, risk assessments, dementia, challenging behaviour and pressure care. A number of HBC E learning modules are available for providers to access free of charge and additional training is available at a charge of £50 per person. However, providers are reporting difficulties sustaining levels of good quality training in the current financial climate where the Providers operational costs are increasing and the Councils budgets are reducing. QA officers will continue to monitor the levels of training undertaken within each agency and contract compliance action plans are in place to ensure that required levels of training are maintained.

3.5 Feedback forms are sent to the QAT by stakeholders including social work teams, family members etc. These are low level issues and are not complaints. Very often these are resolved quickly to prevent further escalation into complaints and safeguarding referrals.

The number of feedback forms received during 1<sup>st</sup> January 2013 - 31<sup>st</sup> June 2013 are:

Carewatch	2
Caring Hands	10
Local Solutions	47
Homecare Support	32
Castlerock Care	15
M-Power	1
Premier Care	6
Just Care	16
I Care	15
Victoria Community Care	6
<b>Grand Total</b>	<b>150</b>

The two largest providers in Halton are Local Solutions and Homecare Support. They have up to 5 times the volume some of the others have.

This is a slight increase of 7 from the previous period (April – December 2012).

A query has been raised through Safer Halton PPB regarding Manual handling. However, on reviewing the information contained within the above feedback forms, there have only been three substantiated concerns regarding manual handling. Two have been progressed through safeguarding and one resulted in a re-assessment for equipment.

3.6 There is a formal tender process for domiciliary home care in Halton starting in September 2013. As part of this process, financial standing, recruitment, quality, performance and policies and procedures will be evaluated.

### 3.7 **Electronic Monitoring**

3.7.1 The Council's IT department are in the process of completing an updated system which records electronic monitoring returns submitted by providers on a four weekly basis. This will improve processes the Quality Assurance Team use to monitor the activity of care providers.

### 4.0 **POLICY IMPLICATIONS**

4.1 None identified.

### 5.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

#### 5.1 **Children & Young People in Halton**

None identified.

#### 5.2 **Employment, Learning & Skills in Halton**

None identified.

#### 5.3 **A Healthy Halton**

Work is starting in 2013 on a nutrition and hydration pilot with domiciliary care providers. The Council, Public Health and Bridgewater will be working jointly on a programme to improve the health and wellbeing of vulnerable people living in their own homes.

#### 5.4 **A Safer Halton**

The domiciliary care packages enable people to live in their communities for longer. Following the consultation undertaken in November 2012, 99% of the respondents felt safer having care in their own homes. The next consultation will take place between September – November 2013.

5.5 **Halton's Urban Renewal**

None identified.

6.0 **RISK ANALYSIS**

6.1 The current financial climate is placing pressure on the domiciliary care market. The Council are working with providers to understand the concerns.

6.2 Commissioning care through accredited contracted providers reduces risks to the Council of provider failure.

7.0 **EQUALITY AND DIVERSITY ISSUES**

7.1 All contracted providers are required to comply with the Equality Act 2010 as stated in the domiciliary care contracts 2009-13.

8.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

None under the meaning of the Act.