

Council Response to the Healthwatch Report into Domiciliary Care Services

1. Introduction:

Blackpool Healthwatch is the independent consumer champion for Health and Social Care services across Blackpool. As part of their work plan in 2015/16 a consultation with people receiving Adult Domiciliary Care services was carried out. The report of findings has been published and the Commissioning Team response to this report is laid out below.

2. Scope of the Consultation:

It represents findings from two cohorts; views of those who receive care organised and/or paid for by The Council, as well as those who arrange their own Domiciliary Care. Therefore the report's findings relate to a wider group of providers than those on the Blackpool Framework. Under the Care Act 2014 the Council has responsibilities that relate to those people who arrange and pay for their own care therefore their views are taken account of here also.

The total number of service users receiving care at home support arranged by Blackpool Council is 1,118 (based on Framework I figures on 12 April 2016). The report is based on the views of 98 respondents. This is the equivalent of 8.5% of the Blackpool Council pool of Care at Home service users, although this does not include private service users, the size of this group is unknown.

3. Summary Of findings:

3.1. Meeting Overall Needs:

One of the ultimate aims of the consultation was to identify how well "care" needs are being met. A welcome finding from the consultation overall is the high proportion of respondents that said the care provided was meeting their needs; 87%. This is supported through the other findings in the report as referred to below.

3.2. How Care Was Arranged And Paid For:

Blackpool Council Adults Social Care plays a large part in arranging the Domiciliary Care for residents in Blackpool. Figures in the Healthwatch report identify the majority of packages (at least 67%) are assessed and organised by the council. At least 57% of packages are known to be wholly or partially paid for by the Council. It is possible that of the remaining 33% this will include some respondents who are paying a Council subsidised contribution. All residents are entitled to an assessment of their needs by the Council. For those who have eligible needs, care may be commissioned on their behalf and/or support to access alternative resources that may be available across the community. **Linking into the council plan Priority 2 Communities:- Creating stronger communities and increasing resilience.** This includes exploring the various resources available to the person, such as support from family friends and the wider community, voluntary and charitable services including informal support networks, benevolent and grant funds, community activities and private sector services. For those who fall outside the eligibility criteria the Council will offer advice and support to access non-commissioned community services described above.

3.3 Times:

The Council is pleased to note that the report provides evidence that the majority of carers turn up on time or mostly on time, with 84% of respondents stating this. In addition, the report provides evidence that a high proportion of respondents (82%) said the time agreed with the care agency suited them. Of the respondents, 84% said that carers stayed always or mostly the full amount of time and 90% of respondents are clear what to do and who to contact where they have a problem with late or missed visits. It is reassuring to know, as this is an area the Council is developing with Care at Home providers and field workers ensuring each service user receiving a commissioned care package receives a detailed individual care plan which describes their scheduled care arrangements and includes contact details for people involved in delivering their support. For the majority of packages the care plan specifies a window of time during which the commissioned care will be delivered, and in a smaller number of cases where there is a particular need, (for example around timing of medication), a more specific time will be included.

The Council's contract monitoring processes has identified that missed visits and late visits are an area for improvement.

3.4 Telephone Contact:

A very high proportion of the respondents (90%) have been treated with respect when contacting the agency by telephone, or never had to contact them. This is strong and pleasing evidence that people receiving care are being treated with dignity and respect by provider staff.

3.5 The Carers:

The Council is pleased to recognise very high levels of consistency, 90% of the respondents always or mostly receive support from the same carers and no respondents had different carers every visit. It is also evident that carers knew what was expected of them and are clearly communicating this to service users, and recorded what they had done. This is a very positive finding and one that the Council has focused on ensuring through its contract monitoring processes.

3.6 Qualitative feedback:

There are a number of areas that individuals have raised in addition to the areas they were directly questioned about. These highlight some key considerations that will be addressed through the ongoing programme of contracts reviews with the Council's "Care at Home" providers.

3.7 Areas to be improved:

Based on the content of the Healthwatch report into Domiciliary Care it is clear there are overall high levels of satisfaction from those consulted. In addition, a number of areas have been identified by respondents where they feel improvements can be made. These concerns will be fed into contract monitoring of the Council's "Care at Home" framework providers to supplement the commissioning team's evidence and understanding of issues affecting service

users, and to drive future service improvements. In addition to the findings from this Healthwatch report, the quality monitoring function has identified communication and missed/late visits and visit times, as key themes requiring improvement which is being taken forward through plans to develop further the quality monitoring function across the Care at Home provider framework.

An initial action plan to address findings from the report is outlined below and will be led by the Commissioning Team.

Area for improvement	Action required	Led by	comments
Understanding customer satisfaction	Spot check with service users part of contract monitoring	Commissioning team	Ongoing arrangement to be established by end of Quarter 1
	Follow up after complaints "how has care been"	Commissioning team	As required
Professional standards for safe care	Raising awareness professional carers' behaviour and effect on the cared for.	Providers	Raise at contract review ensure providers to include in inducting training and supervision procedures.
	Improved ID badge wearing by carers..	Providers	As above
Missed late visits	Explore the use of "live" electronic call monitoring (ECM) within contracted providers.	Commissioning team	Involve provider forum
	Review data collection on missed visits.	Commissioning team	Ongoing arrangement to be established by end of Quarter 1
	Identify how providers risk rate service users	Commissioning team	Through contract monitoring

4. Recommendation:

- Content of report for noting.
- Actions for implementation for consideration.