

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT CARE AND HEALTH SERVICES

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE		
DATE:	3 OCTOBER 2016	AGENDA ITEM:	12
TITLE:	ETHICAL CARE CHARTER PROVIDER COMPLIANCE		
LEAD COUNCILLOR:	COUNCILLOR EDEN	PORTFOLIO:	ADULT SOCIAL CARE
SERVICE:	WELLBEING	WARDS:	ALL
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1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 Policy Committee resolved on 19 March 2014 to sign the Ethical Care Charter (ECC), an initiative started by UNISON to address poor working conditions for staff working in home care services and to improve the standards of care for vulnerable older people.
- 1.2 Following this the Council carried out extensive consultation with providers to assess their capability to meet the requirements of the ECC. This led to a new four year Home Care Framework contract (HCF) which started in June 2015 and has been structured (including fee levels) to include a range of these requirements.
- 1.3 The Council continues to work in partnership with HCF providers, individuals and their representatives to monitor delivery of these requirements in implementation.
- 1.4 During the first year of the contract, officers have concentrated on ensuring mobilisation of all providers and the sustainability of the home care sector.
- 1.5 This report provides a summary of provider compliance following visits carried out to all framework providers by officers between November 2015 and June 2016 and a survey sent to providers in August 2016 to assess compliance.

2. RECOMMENDED ACTION

- 2.1 To continue to monitor delivery of the UNISON Ethical Care Charter and provider compliance with stage one and report back to ACE annually.

3. POLICY CONTEXT

- 3.1 There are three stages to the implementation of the ECC. Signatories are not expected to implement all the provisions immediately. HCF providers are expected to work towards implementing stage one during the first year of the contract and stages two and three over the lifetime of the HCF.

- 3.2 No measurement or guidelines are available by Unison to benchmark progress against the ECC.

4. PROGRESS TO DATE - PROVIDER COMPLIANCE WITH STAGE 1 OF THE ETHICAL CARE CHARTER

- 4.1 Appendix 1 details the three stages of the ECC. Point one of the ECC states that the starting point for commissioning of visits will be client need and not minutes or tasks. Workers will have the freedom to provide appropriate care and will be given time to talk to their clients.

- 4.1.1 The starting point for commissioning begins during the care and support planning phase. At this stage social care staff talk to individuals about their eligible unmet needs and the outcomes they would like to achieve. This is then quantified into a care package in order for this to be tendered and for a provider to staff it appropriately and be paid. Once tendered, providers are expected to work with the individuals to develop these outcomes within the provider's care and support plan.

- 4.1.2 Currently 91% (10) of providers have had a validation visit in the last six months. This is a visit by an officer from the Council's Quality Team during which provider, client and staff documentation is reviewed. This includes checking a random sample of support plans to ensure they are up to date and written in a person centred way so as to meet the outcomes the individual is aiming to achieve.

- 4.1.3 100% of care plans reviewed had been completed or reviewed within the last 12 months and 100% of all providers had up-to-date risk assessments. Only one provider did not have clear information on client files and was missing important information - the other 10 providers complied with this at the time of visit. The non-compliant provider has since addressed these issues and this has been verified through a visit.

- 4.1.4 Client reviews and feedback and evidence of spot checks is also monitored to ensure sufficient time is spent with clients and to ensure time allocated

to calls is appropriate. 91% of providers had evidence of regular supervision and spot checks happening every 2-3 months.

- 4.1.5 Providers report to the Council where they feel that the call time allocated to meet the individuals outcomes is insufficient and an increase is needed. In a seven week period between July - September 2016, 59 requests for overruns were submitted (that is where care has exceeded the allocated time). Given that we commission approximately 13,000 calls a week this is a percentage of 0.5% and we are therefore satisfied that our call lengths are commissioned appropriately to the task and outcomes. This also evidences that provider staff have the freedom to deliver appropriate care through additional time rather than undermining the dignity of individuals. Reassessments are arranged should this be a regular occurrence.
- 4.1.6 In addition to the ECC, HCF Providers are required to sign up to the Councils Dignity and Care Charter and provide a self-assessment. The Dignity and Care Charter includes an action for providers to alleviate loneliness and isolation. Some of the ways in which providers have stated this is achieved is as follows:
- *Care workers interact with all individuals listening to them and answering accordingly.*
 - *Care workers are encouraged to spend time with their service users, talking about any issues the service user wishes to discuss and only positive issues regarding themselves.*
 - *Care workers discuss the importance of social interaction with service users, at the induction programme*
- 4.2 Point two of the ECC states the time allocated to visits will match the needs of the clients. In general, 15-minute visits will not be used as they undermine the dignity of the clients.
- 4.2.1 15 minute calls are only commissioned when they are part of a larger package of support for the individual or where requested by the individual. We do not commission home care visits less than 15 minutes.
- 4.2.2 15 minute calls for personal care are minimised and any tasks commissioned in a 15 minute call have to meet the Care Act requirements to: *ensure that where we arrange services, the assessed needs of a person with eligible care and support needs is translated into effective, appropriate commissioned services that are adequately resourced and meet the wellbeing principle of the Act.*
- 4.2.3 Commissioners and Panel routinely monitor the tenders and challenge where calls may not seem appropriate. The number of people receiving 15 minute calls has reduced by 136 in the year from June 2015 to June 2016 and we will continue to monitor this.

- 4.3 Stage 1 of the ECC also states that homecare workers will be paid for their travel time, their travel costs and other necessary expenses such as mobile phones.
 - 4.3.1 The Council has established an adequate funding level in partnership with providers that enable payment of travel time in full, as well as travel expenses and training.
 - 4.3.2 Commissioners routinely monitor vacancy advertisements and challenge providers where appropriate. In the last year two providers have been non-compliant with this element, but once challenged have evidenced changes.
 - 4.3.3 From a recent RBC survey 91% (10) of the HCF providers pay travel time and mileage as well as meeting other costs such as training, uniforms and DBS checks. One provider does not pay travel time at the moment, and is seeking advice to introduce this imminently as they are non-compliant.
- 4.4 Stage one of the ECC also requires visits to be scheduled so that homecare workers are not forced to rush their time with clients or leave their clients early to get to the next one on time.
 - 4.4.1 73% (8) of HCF providers are using electronic management systems to plan and regulate care workers time. Providers choose to work in certain areas thus minimising the time their carers spend travelling and travel time is paid as per above. This reduces the risk of care workers cramming in calls and rushing between clients. One is in the process of introducing an electronic management system and a further two will introduce this pending a decision from RBC on the choice of system (see 4.4.5) to ensure compatibility. These are smaller providers on the HCF.
 - 4.4.2 RBC expect a minimum of 85% of all calls to be delivered within an hour of the allocated time unless they are time specific. During visits, timeliness analysis of call logs have been conducted to check if workers are arriving on time. 36% (4) of providers delivered 90-94% of their calls on time, 18% (2) providers delivered 85-89% of their calls on time. 45% (5) providers delivered fewer than 85% of calls on time.
 - 4.4.3 During the timeliness analysis, further investigation of rotas is conducted to ensure adequate travel time is allowed between calls. Officers track the length of each call and queried the provider if the call was cut shorter or extended longer than the commissioned length. This investigation found that calls were not rushed or crammed, and in most cases timeliness issues occurred due to poor rota practice and care plans not accurately reflecting the call times rather than calls not being scheduled appropriately.
 - 4.4.4 As a result, of the five providers who have under-performed on timeliness, three providers have improved to an acceptable level following intervention from officers. One provider has failed to improve, despite being given opportunities to do so and is currently on an amber flag for time dependent

calls subject to the completion of an action plan. Work is ongoing with another provider who may be similarly amber flagged.

- 4.4.5 The Council is considering the possibility of introducing Electronic Monitoring for HCF providers which will electronically monitor the provision of care commissioned from HCF providers. This will store and provide an automated audit trail for when a home care worker has started and finished their shift, the time spent on each individual call, whether a home care worker has not arrived at a visit within a pre-defined timescale (early/late), not left a visit within a predefined timescale (over-run) or when a critical visit is missed or delayed.
- 4.5 The final point in stage one of the ECC requires homecare workers who are eligible to be paid statutory sick pay.
- 4.5.1 All providers on the HCF responded to our survey confirming that they pay statutory sick pay.

5. NEXT STEPS

- 5.1 The Council and Providers on the HCF are compliant with stage one of the ECC. The success of this is evidenced through the performance of the HCF particularly in picking up care packages during holiday periods such as Christmas and the summer and during the junior doctor strikes last year. They have enabled people to be discharged from hospital and from our Community Reablement Team in a timely way. The cost saving from looking after people in their own homes is significant and the quality of life better for the individuals.
- 5.2 HCF providers and their staff play a major role in offering companionship and conversation to often lonely and isolated individuals and this also makes a significant difference to the quality of their lives. Individuals are put at the centre of the service and through more sustainable pay providers can retain a more stable workforce. However as the Living Wage increases this will put added pressure on the Council budget.
- 5.3 There is a need to continue working closely with providers to ensure that improvement continues. In particular, there is a need to engage with care workers to confirm the issue of payment of expenses, DBS checks and training as well as travel time and statutory sick pay. The Council piloted Care Worker drop ins at various buildings around Reading but these were poorly attended, despite providers discussing this at Team Meetings.
- 5.4 We are working with providers and will be piloting alternative ways of engaging care workers such as attending staff meetings throughout September - December 2016. We will also use this opportunity to validate what the provider has said as part of the Dignity and Care Charter.

5.5 We hope to begin checking stage compliance of stage two from January 2017. Due to resources we are not in a position to do this separately but hope to plan this as part of usual quality visits.

6. CONTRIBUTION TO STRATEGIC AIMS

6.1 The ECC contributes directly to the strategic aim of promoting equality, social inclusion and a safe and healthy environment for all.

6.2 The ECC directly supports the service priority of 'safeguarding and protecting those that are most vulnerable' by improving the employment standards required for home care services.

7. COMMUNITY ENGAGEMENT AND INFORMATION

7.1. Contained in the body of the report.

8. EQUALITY IMPACT ASSESSMENT

8.1 None required - information report.

9. LEGAL IMPLICATIONS

9.1 None required - information report.

10. FINANCIAL IMPLICATIONS

10.1 None required - information report.

11. BACKGROUND PAPERS

11.1 <https://www.unison.org.uk/content/uploads/2016/08/22014.pdf>

Appendix 1 - Ethical care charter for the commissioning of homecare services

Stage 1

- The starting point for commissioning of visits will be client need and not minutes or tasks. Workers will have the freedom to provide appropriate care and will be given time to talk to their clients
- The time allocated to visits will match the needs of the clients. In general, 15-minute visits will not be used as they undermine the dignity of the clients
- Homecare workers will be paid for their travel time, their travel costs and other necessary expenses such as mobile phones
- Visits will be scheduled so that homecare workers are not forced to rush their time with clients or leave their clients early to get to the next one on time
- Those homecare workers who are eligible must be paid statutory sick pay

Stage 2

- Clients will be allocated the same homecare worker(s) wherever possible
- Zero hour contracts will not be used in place of permanent contracts
- Providers will have a clear and accountable procedure for following up staff concerns about their clients' wellbeing
- All homecare workers will be regularly trained to the necessary standard to provide a good service (at no cost to themselves and in work time)
- Homecare workers will be given the opportunity to regularly meet co-workers to share best practice and limit their isolation

Stage 3

- All homecare workers will be paid at least the Living Wage (as of November 2015 it is currently £8.25 an hour for the whole of the UK apart from London. For London it is £9.40 an hour. The Living Wage will be calculated again in November 2016 and in each subsequent November). If Council employed homecare workers paid above this rate are outsourced it should be on the basis that the provider is required, and is funded, to maintain these pay levels throughout the contract.
- All homecare workers will be covered by an occupational sick pay scheme to ensure that staff do not feel pressurised to work when they are ill in order to protect the welfare of their vulnerable clients.