



Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru
Care and Social Services Inspectorate Wales

Inspection of **Adult** Social Services

in Powys County Council

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Introduction

Care and Social Services Inspectorate Wales (CSSIW) has produced a number of reports on Powys County Council in recent years including a Review of Adult Social Services October 2011, and an inspection of the arrangements for Adult Social Services in March 2013. A number of recommendations were made and an increasingly urgent need to modernise the approach taken by the Council to the delivery of adult social services was highlighted in these reports.

Four main areas for follow up were identified:–

- The changes in leadership and senior management posts.
- The establishment of the reablement service across the County.
- Partnership working with the NHS and Ceredigion Council.
- The development of contracting and commissioning capacity.

A theme throughout all of these inspections was the turnover in senior management positions and reliance on interim staff in key positions. In addition, the proposed establishment of a single point of access was identified as an area of risk in 2013. The financial climate means that the required changes are now more challenging and urgent as Powys needs to reduce its overall budget by £20 million in 2014/15 and £40 million over three years.

This inspection of Powys County Council adult social services was prompted by the concerns raised by service users, members of the public, Assembly Members and CSSIW as a result of the commissioning exercise Powys County Council had undertaken in January 2014. This resulted in the appointment of four main contractors for domiciliary care services, two in the north and two in the south of the county and a requirement that they subcontract up to 40% of services to other domiciliary care agencies locally. Contracts with two main providers, one each for the north and south, have since been terminated and a third has withdrawn, leading to the suspension of the framework in the south of the County. The Council has consequently brought a proportion of domiciliary care provision back in-house in April 2015.

This inspection was focussed on determining whether the arrangements for commissioning and contracting of domiciliary care by Powys County Council provided the framework for effective service delivery. It also considered if care and support outcomes for individuals were adversely affected and if there was any impact on the social services pathway for adults by, for example, increasing delayed transfers of care from hospital.

During the course of this inspection CSSIW simultaneously carried out regulatory inspections of all of the domiciliary care providers operating in Powys. These reports have been published separately for each of the agencies concerned. However, key evidence relating to the council's contracting and commissioning role and relationships with providers was drawn through to the findings contained in this report.

As a result of the problems arising from the implementation of its commissioning exercise, the Council commissioned an independent report via the Social Service Improvement Agency for Wales from the Institute of Public Care (IPC), which focussed on the chronology of events surrounding the implementation of the commissioning and procurement of domiciliary care services in 2013. A report was published in December 2014 which describes the approach taken by Powys County Council and makes a number of recommendations, which have been developed into an action plan currently being followed through by the Council.

Context

Powys County Council covers an area of 2,000 square miles and has a population of 132,952 which makes it the most sparsely populated county in England and Wales, with 26 people per square kilometre (2012 figures). The percentage of people in Powys aged over 80 is projected to increase to 13.8% by 2033, compared to a Welsh average of 9.4%.

Almost one third (31%) of the working population in Powys is employed by the public sector and 35% of the workforce is over 50 years old. An estimated 600 young people leave the county each year to study or work (Council's own figures) and the level of unemployment within Powys for this age group is the lowest in Wales.

Powys has continued to provide services for people with moderate needs for much longer than other local authorities in Wales, and it is estimated that it consequently provides care and support to a greater proportion of its adult population. The domiciliary care service provides approximately 10,000 hours of care per week to almost 1,200 people.

Summary of Findings

The approach taken by Powys County Council to the commissioning of domiciliary care services in 2013 and 2014 was flawed in concept, design, and delivery. The governance arrangements and decision making were not managed at a senior level and were not sufficiently rigorous or challenging, especially given the number of people reliant on these services and the risks associated with the transfer of care arrangements. The senior management team at the time were not experienced in social care commissioning and this remains an area of challenge for the Council, as it continues to rely on external consultancy and interim arrangements to support the delivery of these key functions.

A number of key building blocks which would have underpinned a successful re-provisioning of care and support were not in place, for example a consistent reablement service across the county and up to date individual care and support plans. As a consequence, the decisions made during the procurement exercise were not always well thought through, especially in terms of the real costs versus benefits analysis and therefore sustainability.

The arrangements for the subcontracting of care through the main providers resulted in the Council not having a clear line of sight on the quality and consistency of care provided by these agencies. There was no evidence that the availability of care had improved through the commissioning arrangements; indeed delayed transfers of care from hospital increased during 2014/15.

Whilst it is recognised that opportunities, partnerships and budgets can often drive pragmatic decision making, the absence of an overarching commissioning strategy and market position statement resulted in the Council not being in a position to plan effectively and determine its commissioning and service development priorities. A number of commissioning strategies are now in development but this situation remained largely unchanged at the time of the inspection. The planning of a route map for the future delivery of domiciliary care over the coming months will be critical, and building collaborative relationships with providers and the engagement of people who use these services and their carers will be fundamental to a successful outcome.

The view that Powys is unique because of its demography is often articulated by people who live and work there and there are undoubtedly rurality factors that impact on the delivery of services. This can sometimes act as a block to thinking of solutions and has created an inward facing culture within the Council. However Powys is the sum of its parts, many of which share similarities with other communities in Wales. The strategic relationship with Powys Teaching Health Board does provide many opportunities in terms of service delivery and shared facilities, including information technology, but this has also meant that Powys does not naturally or easily look outside its borders for opportunities to jointly commission or to work collaboratively.

A key challenge for Powys County Council has been the recruitment of staff at all levels and they did not have in place a workforce strategy. We understand that this is under discussion with key partners such as the Powys Teaching Health Board and provider organisations and this will be a key component in the delivery of an integrated pathway for older people.

CSSIW inspectors spoke to a number of people in Powys who wanted to share their experiences of the past year and the serious concerns they had with some of the previous agencies, where carers had failed to turn up or were constantly changing. One relative told us that she had lived with the anxiety about the safety of her mother, but she now was able to relax and go to work because she was confident in the reliability of the care providers and knew that the agency would contact her if there were any problems.

The contract framework for domiciliary care has now been suspended in the south of the county and some of the provision, including over 124 staff, has moved back to their in-house service. This latest transition had been well coordinated and managed by the Council and inspectors noted an improvement in the quality of care now being provided when compared with last year, with big improvements in some agencies especially in the planning of care and continuity of carers.

The pace of change has increased since the appointment of the permanent Director of Social Services in July 2013 and Head of Service in October 2013 respectively. They are facing a very demanding and ambitious schedule to modernise social services in Powys and the failure of the commissioning framework for domiciliary care has made this more difficult. The prospects therefore are uncertain and questions remain about the future arrangements, particularly in the context of budget reductions and in preparing for the implementation of the Social Services and Well Being (Wales) Act. However there are signs of improvement and the Council is following through on the recommendations within the IPC report including the development of a commissioning toolkit for all staff.

Recommendations

1. The **corporate governance arrangements** for social care commissioning need to be clarified and strengthened in order to effectively challenge and test the design, planning and delivery of the demanding work programme that Powys is facing.
2. The **commissioning strategy** for older people must be based on a rigorous analysis of need and demand at community level and include local infrastructure and innovative and collaborative solutions. It should also consider models of best practice used elsewhere.
3. The approach to commissioning social care services should make greater use of **service user and carer experiences** and facilitate a wider conversation with its communities about what future service models might look like.
4. Future commissioning and procurement exercises for domiciliary care services should be built on a **market development** and partnership approach. It must robustly test the tender submissions, the capacity and capability of organisations to manage the transition of services and deliver the service specifications.
5. The **knowledge and skill base** for managers in commissioning and the management of contractual relationships needs to be developed through a range of solutions including training and mentoring opportunities.
6. The Council needs to strengthen its **relationships** with and oversight of domiciliary care providers operating in Powys, including setting up regular meetings and clear lines of communication with the commissioning managers to address ongoing concerns and queries.
7. The Council needs to consider carrying out a review of the **grants and service level arrangements** to ensure they align with the Powys One Plan and the Integrated Pathway and provide the best value for money.
8. The development of the **integrated pathway** for older people with Powys Teaching Health Board should be clearly defined and articulated to capture the projected demand and therefore capacity required at each stage, including reablement. The future integrated service model must be supported by clear governance arrangements that include financial commitments and management accountability.
9. The **first contact** arrangements via the Powys People Direct should be further developed to ensure it can provide the appropriate level of response, advice, support and information for adult services and therefore reduce the need for an additional duty response at team level.
10. The new adult **safeguarding** management structures and reporting mechanisms must be secured and established as a priority, to ensure that the Designated Lead Managers are supported in their responsibilities and there is consistent reporting, decision making and oversight at an appropriately senior level.
11. The low uptake of **carer assessments** needs to be further investigated to understand the needs of this group of people and how they can be supported in their role.
12. A **workforce strategy** which supports the establishment of the integrated pathway for older people should be developed across the wider health and social care workforce including domiciliary care. Opportunities to build workforce capacity such as care apprenticeships should be considered, as well as potential barriers such as housing and transport.

1. Person Centred Assessment

Key Findings

- Powys People Direct (PPD) is now the main point of contact for social services but, as a relatively new development, it is not fully bedded in which means that the operational teams provide a second tier duty system to filter referrals and gather further information.
- There was a good response to adult safeguarding concerns by the operational teams but the robustness of the safeguarding management structures, capacity and oversight requires further development.
- Care management was very responsive to concerns and risks when they were raised and there was evidence of very effective working in partnership with NHS colleagues and to address them, including Community Psychiatric Nurses and Physiotherapists.
- The poor availability of care and support resources in some areas meant that other services such as reablement had to fill the gap and people had to rely heavily on family and others for support.
- The low uptake of assessments by carers needs further investigation as the poor availability of service provision in some locations has increased the demands on people in this role.
- The changes in their care provider through the new contract arrangements had not been well communicated to the individuals involved in 2014, but the more recent changes have been proactively managed and communicated.
- The majority of assessment documentation seen as part of the desktop case tracking was outcome focussed, completed in detail and with a small number of exceptions, of a good quality.

1.1 Access, approach and quality of assessment

1.1.1 The point of contact for social services is Powys People Direct (PPD) which was initially established for children's services in October 2014 with adult social services included from 1st April 2015. The PPD acts as the access point for all children's services (other than youth justice) and all adult services (other than those for mental health that is accessed via the Community Mental Health Teams). Adult safeguarding concerns, including those resulting from a service failure or poor quality care and support provision, can also be referred via the PPD but are most often directed to the team based duty system.

1.1.2 As a relatively new arrangement there have been issues with the telephony and call management at PPD, which were confirmed by the home care providers and other professionals who expressed frustration at delays in getting through to social services and the fact that calls were not returned. We also had feedback from individuals and carers that they too experienced difficulty in getting in touch with individual social workers, finding the right person to answer their questions and delays in calls being answered or returned.

1.1.3 Staff and managers supported the principle of a single point of access; however the level of expertise and knowledge of staff about adult services in the PPD was a concern and resulted in the adult operational teams having to be contacted for advice by the PPD.

1.1.4 The third sector brokers based in PPD did not yet have a detailed knowledge of county wide resources to signpost people to other services. There was evidence that the new arrangements have improved the interface with the Emergency Duty Team who are now able to send referrals to a single point of contact.

1.1.5 Referrals into the reablement service were also routed through the PPD and then passed to a suitable key worker who carried out an assessment. The number of people accepted into reablement has reduced when compared with the previous year, as consequence of the unavailability of domiciliary care.

1.2 Identification of outcomes

1.2.1 The assessment documentation used by Powys County Council supported an outcome focussed approach. Carers were identified and offered an assessment but the take up appeared to be low. One of the challenges for Powys is that many of the family carers lived at some distance from the person they cared for.

1.2.2 During the course of the inspection the Council was in the process of raising the eligibility criteria threshold from moderate to substantial. They are one of the last local authorities in Wales to make this change; however the staff and managers we spoke to did not anticipate that there would be a significant impact on their approach to assessments.

1.3 Consideration of risk

1.3.1 Risks were identified as part of the assessment process and there was a clear read across to the care and support requirements in the majority of cases reviewed by inspectors. Risks such as self neglect, medication management, falls, self harm and social isolation were identified and consideration on how to mitigate these risks was reflected in paperwork. Care management was very responsive to concerns and risks if they were raised and there was evidence of very effective partnership working with NHS colleagues.

1.3.2 However, in some cases, the lack of availability of domiciliary care services meant that it was not always possible to mitigate some of the risks and another service such as reablement and/or the person's family had to fill the gap. We saw a number of cases where the person's family had had to provide extensive support on an interim basis because the care providers did not have capacity. The low uptake in carers' assessments is also a concern in this context as it puts additional strain on family and friends in this role.

1.4 Involvement of the person and their carers

1.4.1 There was good evidence of the individual and their carer being involved in the assessment process and their wishes were reflected in their care and support plans. People were not always kept fully informed of changes in their care providers following the change in the contract arrangements in 2014, and this had contributed to a number of complaints. In some cases people had decided to change to a direct payment in order to stay with the agency and staff they knew well and had confidence in. More recently the changes from the outgoing main contractor in the south of the county to the in-house provision had been well communicated and managed much more proactively.

1.5 Documentation and Recording

1.5.1 The majority of assessment documentation seen as part of the desktop case tracking was completed in detail and was of good quality with a small number of exceptions. The format used was clear and outcome focussed.

1.5.2 The information presented to the quality and resource panel was detailed and further improvements were in development to streamline the process and reduce the number of documents required. The process is completed electronically and decisions sent directly in real time to care managers, brokerage and finance teams.

2. Quality of Outcomes

Key Findings

- There were significant delays in accessing care and support through the new contract arrangements which have not improved availability or coverage. The number of delayed transfers of care from hospital had more than doubled during 2014/15 and, although the position has since improved, this remains a key challenge for Powys County Council and its NHS partners.
- The data seen by inspectors highlighted that there was a significant number of missed calls during the implementation of the new contract arrangements in the summer of 2014 and again when one of the main providers was experiencing problems in early 2015.
- There has been an impact on the capacity of the reablement teams, and sometimes family members had to step in and provide support until care was available. There is no arrangement in place for an individual handover between the reablement teams and domiciliary care providers and no forums to share and exchange good practice.
- Care managers were discouraged from having direct contact with subcontracted agencies despite being responsible for fulfilling the statutory assessed needs of the people they were involved with.
- There was no management oversight of the unmet demand for domiciliary care provision across Powys and senior managers did not act promptly to commission or spot purchase other services outside of the contract.
- Staff and managers in the operational teams have had to cope with an extremely challenging set of circumstances over the last 18 months and they should be commended on how they have risen to the challenge.
- The people we spoke to as part of the regulatory inspections were on the whole very happy with the quality of the care provided and appreciated the staff whom they experienced as kind, caring and respectful. However there had been an increase in “missed calls” during the implementation of the contract and again in the first few months of 2015 prior to the termination of the contract with a main provider.
- People told inspectors that care staff stayed for the allocated time and said carers were not rushed and that the time allowed for providing care was appropriate. Inspectors found some extremely positive examples of the care being provided; one person told inspectors that his carers “had improved his life so much”.
- Powys County Council developed a detailed and comprehensive implementation plan when it moved the services back in house in April 2015 to minimise the impact of this further change. This preparation ensured the smooth transition of services and staff and managers worked extremely hard to reduce the impact on the individuals affected.

2.1 Achieving outcomes: co-production, effectiveness and timeliness of care and support plans

2.1.1 Inspectors saw evidence of significant delays in putting care and support arrangements in place due to the lack of capacity and response from providers. In March 2015 there were approximately 30 people waiting for a care package in the north and 50 in the south of the county. These numbers have since reduced, but response times and capacity in some areas remains a challenge.

2.1.2 The domiciliary care contract arrangements had not improved access or coverage to the parts of Powys that previously had problems, which was one of the key objectives of the commissioning exercise. We also saw examples of a reluctance on the part of providers to take on more complex cases, for example people with mental health problems or bariatric cases which required two members of staff to provide the care. The whole premise of the 2014 contract was that the main providers would have an obligation to take on all packages but this did not happen.

2.1.3 The number of delayed transfers of care from hospital had more than doubled during 2014/15 from circa 8 per month to 20. In one example a person who needed a care package for a hospital discharge was originally requested in May 2014 but no provider responded. The reablement team were still involved in August and eventually the care provider picked it up in September. This obviously had a significant impact on reablement capacity which was used to fill the gap and delayed transfers of care from the acute hospitals. The health managers and professionals we talked to, expressed great concerns at the impact of this very significant increase and also the unilateral use of reablement resources which are subject to a Section 33 integrated service agreement.

2.1.4 The list of people waiting for a care package is sent to team managers on a weekly basis. However we found that there was no management oversight or monitoring of the Powys-wide picture. Indeed there was a sense of paralysis amongst social services senior managers in the Council in terms of their ability to seek other solutions, such as commissioning further step down beds or spot purchasing from other domiciliary care providers not on the framework agreement. This was based on the mistaken belief that they could not commission outside of the contract.

2.1.5 The principle means of communication with the individuals and their carers was via the care managers and this had put a considerable additional burden on the frontline teams who have had to negotiate and explain the delays and limitations in the options available. They have risen to this challenge very well and have shown great resolve.

2.1.6 Powys County Council and Powys Teaching Health Board have been developing a reablement service for some years. The service provision was not yet a full intake model whereby all new referrals are offered a period of reablement to ensure people remain as independent as possible. We also found differing levels of service and capacity in different parts of the County. The providers operating in Powys report that there is no handover or shadowing contact between the reablement teams and domiciliary care providers and no meetings or forums to exchange good practice, as happens in other local authorities they operate in. This means that the work done to develop and maintain independence through reablement may not be sustained when the care is transferred to the care provider and lead to an increase in their care needs at an earlier point.

2.1.7 Providers also report that they do not always get the information they need regarding the care and support needs. The response from the Occupational Therapists regarding equipment provision and moving and handling has recently improved and we saw examples of a very quick response when necessary.

2.1.8 The range of options available to address some of an individual's outcomes were limited to the more traditional services such as a home care package, day centre attendance and equipment. If these were not available, it was not evident that other more creative solutions were sought.

2.1.9 A number of cases reviewed had an adult protection plan in place as a result of poor or non-delivery of care and support. The protection plans were often identical and the majority of actions were delegated to the care provider, for example to ensure the care was delivered according to the care and support plan or to change the member of staff involved in delivering the plan.

2.2 Quality and range of support and services

2.2.1 The care and support arrangements put in place did reflect the preferences of the individual and their carer, but there was little use of creative or innovative solutions in the cases reviewed.

2.2.2 The impact of gaps in domiciliary care provision on reablement capacity was evident in the care tracked by inspectors and in others the family had to step in and support until care was available.

2.2.3 In a number of cases we saw the effect of disruption to care and support arrangements following the change in contract in early summer of 2014. The number of concerns raised as a direct result of domiciliary care peaked in June 2014 and have since reduced but there was another rise in the south of the County in the first quarter of 2015 before the termination of the contract with one of the main providers.

2.2.4 The nature of domiciliary care is such that there will always be issues with the timing of calls as staff can be held up for a number of reasons such as someone they are caring for feeling particularly unwell or traffic. It is important therefore to understand what constitutes a "missed call". There is no nationally agreed definition of a missed call, but the working definition used by Powys County Council is that the call is either more than an hour late, or does not take place. The data seen by inspectors highlights that there were a large number of calls within this definition during the implementation of the new contract arrangements in the summer of 2014 and again when a provider was experiencing problems in early 2015. Since then the overall service delivery provision has improved but it still relies largely on self reporting by the agencies. It is anticipated that the introduction of Electronic Call Monitoring (ECM) system will improve the Council's ability to monitor this.

2.2.5 We were told that short calls of less than 30 minutes were used infrequently in Powys which was confirmed in the cases we reviewed. Care management staff reported that they were only commissioned in certain circumstances such as medication monitoring. Inspectors were particularly interested to know if there has been "call clipping" but there was no evidence that this was an issue from the feedback received or in the agency records. People told inspectors that care staff stayed for the allocated time and said carers were not rushed and that the time allowed for providing care was appropriate.

2.2.6 The people we spoke to as part of the regulatory inspections of domiciliary care agencies were on the whole very happy with the quality of the care provided and experienced the staff as kind, caring and respectful. In many cases, whereas in the previous regulatory inspections more service users were critical about the care they received, this had now changed and they expressed relief that they received a service at all and that the consistency of care had improved. However during the most difficult periods of the transition to the new contract and when agencies were struggling to meet the demand for services, care managers could offer few solutions and some people were left in a vulnerable position.

2.2.7 People were aware of who their social worker was and confirmed their involvement in their assessment and the development of their care and support plans. Improvements were also noted in the care plans and assessments received from the local authority following the paucity of information they were sent following the initial transfer in April and May 2014.

2.3 Securing rights and entitlements

2.3.1 Financial assessments were completed in a timely way and communicated to the individuals concerned. People are provided information on charging which is also available on the Powys County Council website.

2.3.2 The number of people using a Direct Payment increased from 287 to 428 during 2014/15. The hourly rate paid for Direct Payments options is £10.80 which is considerably lower than the fee paid directly to agencies. This is a disincentive for people to take up this option and is based on the premise that people will be employing their own care staff rather than using an agency of their choice.

2.3.3 We also saw examples of the impact of the £60 cap on people's choice of care provider where they had reluctantly switched from an agency they had been using privately to the local authority's framework provider. This had the effect of narrowing down choice and affecting the viability of some small local providers.

2.3.4 There was some evidence that Continuing Health Care funding is not always considered where appropriate; care managers view it as very difficult and time consuming to access.

2.4 Suitability of accommodation

2.4.1 The people who were case tracked during the inspection all lived in the community in a range of different settings and locations across Powys. There was good evidence that they were supported to live independently wherever possible, but the challenge of delivering a service to some very isolated and rural locations was apparent. There appeared to be a limited choice in terms of types of accommodation such as extra care housing and the majority of cases reviewed appeared to be owner occupiers which is consistent with the Council's own estimates of almost 76% of people over the age of 65 owning their home. Inspectors saw evidence of a good response from Occupational Therapy and Care and Repair in assessing and providing adaptations and equipment.

2.4.2 The Council has a fit for purpose accommodation project which involves visiting older people in its own properties and an Occupational Therapist working closely with the housing department to anticipate where vacant properties can be reconfigured and so reduce the demand for expensive adaptations at a later point. There is also an Older Persons Accommodation Strategy in development which will be a key element in the context of managing the future demands of Powys ageing population and tenure profile.

2.5 Monitoring progress and reviews

2.5.1 Reviews had always not been carried out prior to the contract award and transition to the new framework in 2014. This meant that the information on individuals' care and support plans was often inaccurate and out of date and therefore the estimate of hours was incorrect. Powys has more recently used a social work agency in the north of the county to carry out reviews but this has not been replicated in the south of the county.

2.5.2 The documentation seen by inspectors indicated that there was some confusion about who is actually providing the care package. The system records the main contractor as the provider but the care delivery is actually from an agency subcontracted by the main provider. Interviews with care managers confirmed that they were not always aware which agency was involved with individuals. They also stated that they were discouraged from having any direct contact with the subcontracted agencies, despite their being responsible for fulfilling the statutory needs of the person as assessed by the care manager. Equally the subcontracted providers were not encouraged to contact the social workers directly, even if they had concerns about someone they were providing care for. However the evidence is that this communication does necessarily happen and should be supported rather than discouraged.

3. Engaging the person and their carers

Key Findings

- The Council's communication and engagement with stakeholder organisations and people about the changes in the delivery of domiciliary care at the time of the implementation of the framework was not effective.
- The majority of formal complaints concerning adult services received by the Council in 2014/15 were in respect of domiciliary care service delivery.
- Ethnicity and religious needs were recorded in all of the cases reviewed and were reflected in care and support plans where appropriate.

3.1 The voice of individuals and carers

3.1.1 People who had received domiciliary services in Powys felt the changes in their care provider had not always been well communicated and a number remained uncertain which agency was providing their care. In some cases people had opted to have a direct payment rather than change from their preferred care team despite this potentially costing more. Communication and engagement with stakeholder organisations about the changes in the delivery of domiciliary care had also not been effective and they had had to deal with a lot of concerns amongst people they were in contact with. There was evidence from the cases we tracked of frustration and distress amongst individuals and carers when trying to establish what their care and support arrangements should be and when they would happen.

3.2 Access to advice, information and independent support

3.2.1 The PPD included two third sector brokers whose role it was to direct people towards other types of community support. However this was a relatively new development at the time of the inspection and staff did not have sufficient knowledge of county wide resources to effectively signpost and support people. The Council also commissioned information and advice from a range of third sector organisations including 10 volunteer bureaux across the county.

3.2.2 Powys Association of Voluntary Organisations (PAVO) had developed an "Info-Engine" which had the details of circa 800 services available within Powys. Access to independent mental capacity advocates services was identified as an area which needs further development as there was a disparity of delivery between north and south of the county.

3.3 Complaints and concerns

3.3.1 Powys County Council has a separate complaints and concerns database which is fed into the contracts monitoring process and also the safeguarding concerns oversight. The changes in domiciliary care provision were identified as a continuing theme in the rise in complaints in 2014/15 when compared to the previous year. Missed calls are recorded as a concern and are updated on the client database every week for team managers' attention.

3.3.2 There were 33 complaints recorded for Quarter 1 for 2014/15 in respect of adult services, 25 of these were in respect of domiciliary care and none of these were progressed to a formal investigation. 76% of complainants received a response within the agreed timescales. Quality of service was the main reason for the complaints in adult services and six about access to services.

3.4 Equality and diversity

3.4.1 Ethnicity and religious needs were recorded in all of the cases reviewed and were reflected in care and support plans where appropriate.

4. Quality of Workforce

Key Findings

- The social services leadership team had limited commissioning experience and managers did not demonstrate a detailed knowledge of the contract and service specifications for domiciliary care or understand how to manage contractual relationships.
- The relationship between some of the corporate functions and social services was not clear and contributed to delays in addressing some of the problems with the domiciliary care contract arrangements.
- The adult services functions including safeguarding have been restructured to achieve greater consistency and accountability across the county, but it is too early to say how effective the new arrangements will be. The new adult safeguarding management structures and reporting mechanisms are not yet fully established which must be a priority for the Council.
- Training and professional development is a Council priority and staff felt well supported in this respect.
- Powys County Council did not have a workforce strategy in spite of the considerable challenges it has faced with capacity for several years.
- The domiciliary care workforce did have access to training but there were some aspects of training that were not available in Powys and in particular they felt they would benefit from further training on caring for people with dementia.

4.1 Leadership and decision making

4.1.1 It has been recognised in previous inspection reports that Powys County Council has experienced considerable instability and change in its arrangements at Director of Social Services and Head of Adult Services level. During 2013 these posts were recruited on a permanent basis, but the lack of momentum and progress in previous years has meant that they were faced with a very considerable workload.

4.1.2 It was apparent that managers in adult social services lacked commissioning and contractual management experience. This contributed to slow decision making and a sense of powerlessness in the face of the poor standard of care delivery in parts of the county and non delivery in others. Managers did not appear to have a detailed knowledge of the contract and service specifications for domiciliary care which inevitably made them very reliant on advice and guidance from the corporate centre, such as legal and procurement services.

4.1.3 Managers were not aware of, or advised about the range of commissioning and contractual options available to them and there was a belief that they could not access services outside of the contract even to facilitate hospital discharges. The critical difference between procurement and commissioning of social care, which requires a different skill set including contract and relationship management, was not fully appreciated. This indicates that the Council's ambition of becoming a commissioning organisation has yet to be developed fully. This has been recognised to a certain extent, but there remains an overreliance on external consultants to provide this crucial expertise. Inspectors were told that there was now a greater emphasis on skills transfer and mentoring from the consultants they were currently working with, but it is too early to see if this is an effective approach in the longer term.

4.1.4 There was evidence that the relationship between corporate functions and service units was not straight forward in terms of how decisions were made. This contributed to delays in addressing some of the problems with the domiciliary care arrangements. An example of this is the resolution of delayed payments from the main providers to the subcontractors which can have a significant impact on the financial viability of some of the smaller providers.

4.1.5 At the time of the inspection, adult services were in the process of being restructured which has been a lengthy process leading to delays in filling vacant posts and a consequent over reliance on agency staff. Team managers welcomed the restructure which has moved away from the previous three shires model with the aim of improving consistency and accountability. It is too early to judge if this will be effective.

4.2 Professional practice and expertise

4.2.1 Managers and staff felt that the Council was committed to its workforce and that priority was given to training and supporting secondment to social work degree courses. Inspectors also found commitment to staff development and they were encouraged to access training opportunities despite the difficulties this presented operationally. Staff in Powys have had to work above and beyond their normal duties, including the Emergency Duty Team who had a huge volume of calls to deal with when the problems with domiciliary care providers was most acute.

4.3 Integrated working across health and social care

4.3.1 Powys County Council and the Local Health Board hold up the Glan Irfon facility as a model of good practice and integrated working but this is the exception. In other parts of Powys teams are not co-located although there is evidence of close working relationship and cooperation at an operational level. In recent months the difficulties in the availability of domiciliary care has put additional pressure on the frontline teams and in particular reablement services.

4.4 Workforce planning – recruitment, capacity and skill set

4.4.1 Powys County Council does not have a workforce strategy in spite of the considerable challenges the Council has faced in this respect for several years. The recent restructure of adult services has resulted in a reduction in the number of posts. There are still a number of vacancies and a heavy reliance on agency staff which is delaying the full implementation of the new structures. Levels of staff sickness within social services have previously been a concern and this continues to be an area of some pressure.

4.4.2 There was a belated acknowledgment that providers struggle to recruit staff within Powys despite the Council's own inability to recruit from a similar demographic to the reablement teams. The "Homecare Project Initiation Document for Sustainable Domiciliary Care" rated the risk of not securing sufficient workforce capacity as "low". The Council had no sense of ownership of this problem and somehow thought the providers would find their own solutions to this challenge. Additionally the payment of travelling time for staff was not consistent across the agencies contracted by Powys County Council, and was not part of the tender questionnaire.

4.4.3 Senior managers have now acknowledged the need for a workforce strategy which, given their plans for an integrated approach with the NHS, would need to take a whole systems approach across health and social care.

4.5 Training of staff and support for good practice

4.5.1 In recent months the Council developed a commissioning training programme and toolkit and has the ambition of delivering it to all staff in the Council. This will be a fundamental building block towards the Council becoming a commissioning authority. Considerable resources will be required to deliver this training and the timescales for implementation were not clear. It will be important that people in key management and commissioning positions, both within social services and at the corporate centre, model the behaviours outlined in the programme, otherwise the impact will be diluted. As reported there is good access to training in Powys but it is not clear if this is always sufficiently targeted.

4.5.2 The Integrated Training programme (SCWDP) is accessible to a whole range of providers and information is readily available. Staff within the domiciliary care agencies had received appropriate training although inspectors felt further dementia training would be beneficial as staff are often faced with the challenges of supporting people with dementia on their own. People generally felt confident in the skills of their carers although there were examples of some younger carers lacking in general life skills.

4.6 Regulatory Workforce

4.6.1 Inspectors generally had very positive feedback from staff working in the agencies who said they enjoyed their work and that they were well supported by their agencies. Some staff had had a very difficult time in the past year moving “from pillar to post” as they were moved from one agency to another under TUPE. The result has been that in some agencies there were wide variations in terms and conditions between different staff members and this appears to be leading to tension and resentment within staff groups, in addition to posing administrative challenges.

4.6.2 Half the agencies used zero hour contracts and inspectors made the point that this approach does not support a resilient and sustainable workforce. Pay and conditions varied between the agencies, one agency paying a flat rate throughout the day and others not paying for travel time. Two agencies were undertaking reviews with HM Revenues and Customs (HMRC) to ensure staff are receiving the minimum wage.

5. Leadership and governance

Key Findings

- The council's governance arrangements for social care commissioning need further streamlining and strengthening to improve clarity and accountability.
- Powys is required to reduce its overall budget by £20m in 2014/15 and £40m over three years. It has previously badged significant savings against the reablement and domiciliary care work streams, but it is not clear that these have been fully realised.
- The Council did not have in place a commissioning strategy or market position statement to help it determine the right model and approach, to commissioning domiciliary care, identify key risks and challenges and to help it determine its priorities.
- A number of key building blocks which would have underpinned the re-provisioning of domiciliary care were not in place, even though the board overseeing this work originally convened in 2010 and the Council had been working towards this objective over a number of years.
- There are a range of grants provided to organisations across Powys which have not been reviewed for some time and so they do not necessarily align with the Powys One Plan or the Integrated Pathway for Older People or provide the best value for money.
- The impact of the approach taken to domiciliary care commissioning has had a very significant impact on the NHS in Powys and the acute hospitals on its boundaries.
- The subcontracting arrangement did not provide Powys with a clear line of sight on those organisations providing care and support for people with critical and substantial needs.
- The social care commissioning capacity and expertise in Powys remains reliant on the use of external consultants and interim managers. This is partly due to the volume of work to be done in a short space of time, but also reflects the scarcity of this expertise in Powys.

5.1 Governance and management arrangements

5.1.1 Powys County Council has a vision which is summarised as "Stronger Communities for the Green Heart of Wales". The One Powys Plan 2014 – 2017 is the strategic level driver for achieving this vision and directs the work of the Local Service Board. One of the key priorities of the One Powys Plan is the "integration of health and adult social care" and this is driven forward through the Health and Adult Social Care Integrated Leadership Board.

5.1.2 The newly convened Domiciliary Care Project Board reports to the Integrated Care Pathways Older People's Project Board (ICPOPP) which indicates that it will make commissioning decisions on the future of domiciliary care services and associated revenue costs. Powys is required to reduce its overall budget by £20m in 2014/15 and £40m over three years. It has previously badged significant savings against the reablement and domiciliary care work streams, but it is not clear that these have been realised and what savings it will need to make in the future.

5.1.3 The People Directorate has an accountability framework which sets out a list of projects across the directorate and a series of Service Improvement Plans. There is also a corporate wide Commissioning and Procurement Board in place, but it is not clear whether the decisions on future domiciliary care commissioning will be channelled through this. Members reported that they are kept fully informed via cabinet and scrutiny reports of the changes taking place across adult social services and they demonstrated a detailed knowledge of some of the challenges; however, further clarity is required on how these decisions are signed corporately by the Council and members, as we saw examples of an unrealistic approach to the evaluation of risks associated with a number of service developments.

5.1.4 The Quarter 1 report for adult safeguarding 2014/15 had shown an increase in referrals but the impact of the new domiciliary care arrangements was not discussed at the meetings in July 2014. In November the Adult Safeguarding Committee did discuss this and considered carrying out an Adult Practice Review, but it was agreed that the Independent Review undertaken by IPC had fulfilled the functions of an adult practice review. Unfortunately it did not have the data on the number of adult protection referrals available to help it make this decision, and so it missed an opportunity to conduct its own analysis of the impact of the domiciliary care situation and consider the wider impact.

5.2 Partnership arrangements

5.2.1 Powys County Council and Powys Teaching Health Board are coterminous and anticipate that they will be working in ever closer relationship with each other over the coming years. The approach the Council plans to take includes establishing a Virtual Ward model across the county, which it describes as similar to a hospital ward but in someone's home. This is a laudable ambition but the evidence is that it is a very labour intensive approach which relies on responsive community based services to provide diagnostics, nursing care and support wherever people live. This will be a very challenging strategy to deliver in some parts of the county and the Council will need to robustly test and quantify the practicalities and the cost in order to avoid another delivery failure.

5.2.2 The impact of the approach taken to domiciliary care commissioning has had a very significant impact on NHS services in Powys and the acute hospitals on its boundaries. In particular NHS managers highlighted the significant increase in Delayed Transfers of Care and the reduced availability within the reablement service which is a jointly funded service. The commitment to closer working and integration remains, but there is now a heightened level of awareness about the potential risks of joint ventures which may impact on the willingness of these organisations to fully integrate rather than to continue to work alongside as partners.

5.3 Commissioning, availability, range and quality of services and support

5.3.1 The arrangements for commissioning and contracting for adult social services within Powys County Council were highlighted as an area requiring development in the CSSIW report of March 2013. There have been some changes made, such as the establishment of the Commercial Services Team and development of improved contract monitoring arrangements. However the Council did not appoint a permanent Strategic Commissioning Manager until March 2014 and did not have a Commissioning Strategy or Market Position statement in place prior to undertaking the tendering exercise for domiciliary care.

5.3.2 It was apparent that a number of key building blocks which would underpin the re-provisioning of domiciliary care were not in place, even though the board overseeing this work originally convened in 2010 and the Council had been discussing this objective over a number of years. These include:–

- In 2014 the Cabinet agreed to go out to public consultation in preparation for the Social Services and Well-Being (Wales) Act which would put in place national criteria instead of each local authority setting its own. It was estimated in Powys that 151 people in receipt of care and support had moderate needs at an estimated cost of £186,000 per annum. It subsequently agreed to change its eligibility threshold from April 2015.

- It is not clear how the above figure was estimated as many of the people using services had not had a review. Reviews were not up to date and consequently the care and support plans for individuals were inaccurate and the volume of hours had to be estimated.
- The Meals on Wheels review had not been concluded. The service was subsequently decommissioned from March 2015 with the exception of Newtown and Welshpool until new arrangements are put in place.
- Electronic Call Monitoring (ECM) was not yet in place, even though the service specification relied on this being available.
- The Reablement Strategy to put in place a full intake model across the County was not fully implemented and there were significant geographical variations in availability and approach.
- A number of longer term packages of care were still being delivered by the in-house/reablement teams.

5.3.3 Home care is a service that touches 1,200 people in Powys with revenue spend of circa £10 million and so should be categorised as a corporate level commissioning/change management project. However, it appeared to have been largely left in the hands of an interim manager and chaired by an operational manager within the service area, who would not necessarily have been in a position to influence decision making at a corporate level, or challenge the design and methodology proposed by the interim commissioning manager.

5.3.4 In the past the Council's approach and attitude towards its external providers was somewhat distant and mistrustful and it is not clear that this attitude has substantially changed. The responsibility for developing the market sits between corporate commercial services and the social services commissioning functions, and there remains a different attitude and approach between the two. The commissioning capacity is still bolstered by the use of external consultants and interim managers. This partly reflects the volume of work to be done in a relatively short timeframe, in order to reshape the services and achieve savings. It also suggests a paucity of this expertise locally which leads to an approach to social care commissioning that is procurement driven, rather than a relationship building based on partnership, facilitation and trust.

5.3.5 The domiciliary care agencies' views of Powys County Council as a commissioner were polarised. One agency said that they had an extremely good relationship with the council, others were mixed and felt unsupported and two agencies were disaffected and did not trust the council.

5.3.6 The senior managers and members have acknowledged that mistakes were made in the commissioning of domiciliary care and are taking a number of steps, both corporately and within social services, to address this. A Commissioning Strategy for Older People is now in development and there is also an accommodation strategy for older people planned, which will aim to address the shortfall in housing based solutions. However both these strategies will need to be supported by a rigorous needs and demand analysis, service user engagement and market development.

5.3.7 One of the missed opportunities noted by inspectors was that the information and soft market intelligence held by the brokerage team was not recognised or utilised. The Council is setting up a corporate business intelligence unit which will produce management and performance data, but it must also ensure that the Council proactively gathers the information and intelligence it requires from a wide range of sources, before it makes any future decisions on any procurement exercise or service remodelling rather than process data it already has.

5.3.8 A future options paper for the domiciliary care service is planned for the late summer of 2015 and a Domiciliary Care Project Board has been established chaired by the Head of Adult Services. The responsibility for delivery falls to a position currently held by an interim consultant. The design will need to consider exceptions and outliers, for example the options for service provision in some very rural locations are very limited and people need to understand this so that they can make informed decisions and choices about their care and support arrangements. The expectations of some of the stakeholder groups we spoke to about what the Council could or should provide, were unrealistically high. The involvement of users and carers in the commissioning and procurement processes will be critical to their ownership of the solutions which may look very different from what they currently receive.

5.3.9 Furthermore we found that Powys has in place a range of grants and service level agreement arrangements with a number of organisations, many of which have not been reviewed for a number of years. Therefore they do not necessarily align with the Powys One Plan or the Integrated Pathway for Older People or provide the best value for money. We were told by a number of third sector stakeholder organisations that they are uncertain about the future as there is no long term plan in place and their agreements are rolled forward year on year. There was some recognition in the Council that this work needed to be done but there was no plan in place to progress this work.

5.3.10 However, there are some examples of innovative service models beginning to emerge, such as moving day services provision away from a building based model towards day opportunities and involving town councils in providing some services.

5.4 Quality assurance and performance monitoring

5.4.1 Powys County Council has a quality assurance team which is responsible for the oversight of services commissioned by the Council, including those provided internally. The approach they take to domiciliary care includes desktop reviews of surveys, telephone calls to people using the services and visits to the service providers.

5.4.2 At the time of the inspection there was no arrangement in place for the Council to meet regularly with the subcontractors and there was no quality assurance mechanism, other than that put in place by the main provider. All communication took place via the main contractors and the providers reported that they were not at all clear who their main point of contact at the Council should be and how they could raise some of their concerns, including the non-payment of invoices. This created a situation where there was no line of sight between the Council and the organisation providing critical and substantial care and support for their residents.

5.4.3 This situation had begun to change but the relationships with these organisations are still fragile and in need of nurturing and development in order to secure high quality services for the future. A number of issues to do with the outstanding payment for services delivered still remain unresolved even though the framework has now been suspended in the south of the county.

5.4.4 From the perspective of the domiciliary care agencies they were found to be generally compliant with regulations, although inspectors noted that quality assurance in some services could be strengthened. Only one service was issued with a non-compliance notice in relation to administration of medication. Recommendations in relation to medication administration were also made in respect of another agency. This is an issue Powys might wish to discuss with all the agencies in order to promote consistent practice and expectations.

5.5 Systems, policy and procedures

5.5.1 The approach to the procurement of domiciliary care and the subcontracting model used by Powys County Council required the four main contractors to run a mini brokerage system, quality manage and contract with other providers. The tendering process and evaluation did not sufficiently test whether the bidders had these capabilities or how they would implement the service specification and manage the transition.

5.5.2 The finance business processes, including invoicing systems, are very labour intensive as the providers are required to produce an invoice for each individual rather than an aggregated invoice system, and this function happens in three different offices in Powys who all take a different approach. We were told that there has been a significant error rate in this system which has led to long delays in the processing of invoices and payments which has caused significant concern amongst providers, but there have been recent efforts to improve this and a suggested commitment to move to a more streamlined system.

A. Methodology

Fieldwork

This consisted of eight working days across two weeks in March and May 2015. The second week was postponed by a month to enable the local authority to focus on the transition of home care services in the south of the county to the in-house service.

Desktop Case Review

CSSIW carried out a desk top review of circa 40 older people who have complex needs selected from a case file selection spreadsheet provided by the local authority. This involved looking at all relevant documents and information contained in their electronic case file including assessments, reviews, care and support plans, carers assessments, adult safeguarding, and financial assessments and agreements.

Case Tracking

CSSIW inspectors then selected cases for tracking as part of the regulatory inspection of all the care providers operating in Powys County Council and spoke to care staff, the service user and their carers. In addition to considering the domiciliary care agencies' documentation including service's own quality of care reviews and complaints records, inspectors sent questionnaires to users, relatives and staff. Inspectors also met with six people using the service (and their relatives when available) for each agency.

Interviews

CSSIW inspectors conducted a number of group and individual interviews with elected members, key managers both operational and those with responsibility for commissioning and contracts, quality assurance, finance, strategic partners, service providers and stakeholder groups.

Inspectors also interviewed senior managers from the local authority including those responsible for the commissioning of services and from key strategic partners organisations including the Local Health Board and neighbouring NHS organisations.

Observation

Inspectors attended the weekly resource panels and visited the single point of contact Powys People Direct and the internal domiciliary care project team.

B. Acknowledgements

CSSIW would like to thank the service users and carers, staff and managers of Powys County Council, the service providers and partner organisations including the third sector for their time, cooperation and contributions to this inspection.