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

'Above and Beyond'

National review of domiciliary care in Wales

Executive summary

October 2016

Mae’r ddogfen yma hefyd ar gael yn Gymraeg.
This document is also available in Welsh.

The full report is available on our website – www.cssiw.org.uk

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Introduction

Our full report – which is separate to this executive summary – sets out the findings of the national review of care provided to people in their homes (domiciliary care) carried out by Care and Social Services Inspectorate Wales (CSSIW) between August 2015 and March 2016.

Our review aimed to:

- assess the type and scale of domiciliary care provided in Wales; and
- identify what is working and what is not.

Our review aimed to understand the relationships between the following people and organisations and how they depend on and affect each other:

- people who are receiving care in their homes;
- care workers providing care to people in their homes. (In this report, 'care workers' means carers who are paid to provide care, not unpaid family members who provide care.)
- care providers arranging care; and
- local authorities commissioning domiciliary care.

We considered the different approaches to commission and procure care in Wales and the benefits and challenges of these approaches.

The report makes suggestions to improve practice and shape the regulations and guidance that are being developed to support the new Regulation and Inspection of Social Care (Wales) Act 2016[1].

Our review asked the following main questions.

- How do local councils and health boards commission domiciliary care services?
- What is working well and where could arrangements be improved?
- How do domiciliary care agencies organise the care they provide?
- What quality of care do people receive?
- What are care workers' pay and conditions like and what challenges do they face?
- What quality-assurance systems are in place?

We explored domiciliary care from the perspective of four main groups:

- people and their families;
- care workers;
- care providers; and
- care commissioners.

[1] Welsh Government (2016a) Regulation and Inspection of Social Care (Wales) Act. Wales: Welsh Government.

Executive summary

The national review set out to test a simple hypothesis: that the way domiciliary care services are commissioned and procured has a direct impact on the experiences of people who receive care. The reasoning is that commissioning influences the way domiciliary care agencies respond when arranging the delivery of care which affects the way care workers are engaged in the work and how they are expected to provide care.

To a large extent, the hypothesis is proven. There are obvious connections.

Care and support that is arranged for a set length of time with fixed tasks (a 'time and task' basis) is more likely to result in inflexible, rushed care, especially when call times (visits) are short. From inspecting councils and holding focus groups, we found that care purchased at low prices tends to lead to more problems with recruiting and keeping care workers. This is because care providers are not able to offer attractive pay and conditions. This in turn reduces capacity, which means with fewer care workers to provide the care, there is more pressure to squeeze calls in. This makes the difficulties worse, because care workers who are placed under stress are more likely to leave. Providers are then more likely to hand back contracts and care packages because they don't have enough care workers to meet demand.

On the other hand, when there is good cooperation and mutual understanding between commissioners and providers the arrangements

for providing care are more secure. Care is more likely to be reliable and person-centred when it is arranged on a more flexible basis, when it is fairly paid for and when people receiving it have a high level of control.

We also found that the level of skill in running individual domiciliary care agencies affects the quality of care people receive, regardless of what rates are being paid. We saw this in our inspections, in feedback from care workers who had moved between agencies and in feedback from people who had received care and support from more than one agency. No matter how care is commissioned, a small proportion of domiciliary care agencies are poorly managed and organised. This leads to unreliable care, poor continuity of care (people not seeing the same care workers) and poor communication.

However, the analysis in this review goes much further.

The review underlines how important relationships are to people who receive care and to their care workers. At its best, domiciliary care is centred on relationships. People told us it is not just about tasks or times – social and emotional well-being are as important as physical well-being. People with care and support needs can be lonely, isolated or extremely vulnerable. They need to have trust and confidence in their care workers. So do their families, who are often crucial to the overall support arrangements that people depend on.

The review found that most people, most of the time, are happy with and appreciate the care they receive. This is remarkable considering how systems around traditional domiciliary care are designed. This finding is replicated in other studies and surveys elsewhere. It reflects the commitment of frontline care workers and those back at the office who, in the face of rapidly changing hour by hour requirements are busy trying to make sure people get the visits they need.

However, this review also found that a small proportion of people experience poor care. In particular, this is about poor care worker continuity and unreliable visits.

Our review found that despite poor pay and working conditions, most care workers are very motivated. They are naturally caring and concerned for the people they support. They often go 'above and beyond', doing things that are 'not on the list' or staying on and giving care in their own time.

The review found that domiciliary care is an extremely complex operation. The scale is huge: some 14 million hours of care are being commissioned each year in Wales at a cost approaching quarter of a billion pounds. These figures do not include the large amount of care that is paid for privately, provided directly by councils or care purchased using direct payments. There are many different types of care providers, from very small micro-businesses[2] to large international companies, and from charities to local councils.

The review found that arrangements for purchasing care in councils and health boards are extremely varied. This comes at a very high cost in terms of potential care and support capacity, duplication and inefficient administration. The review also found that care workers employed by councils are on more favourable terms. It is accepted that council-run services are significantly more expensive than those run by the independent sector.

The review found that there is a serious lack of care and support capacity and the market is very fragile. This lack of capacity comes at a high cost for individuals, their families and public authorities with increasing pressure on delayed transfers of care from hospitals in some local authority areas. The current approaches are not sustainable.

The review shines light on two factors that are driving some of the behaviours in the system.

- General workforce shortages. This results in calls being 'crammed in', especially at peak times of the day. In turn, call times are shortened or 'clipped'.
- Overzealous application of procurement and finance rules. This can result in a tendency to drive down prices in the short term, punitive contract terms and a need to account for every penny spent.

[2] In areas of the UK where the idea of micro-businesses is being developed, this refers to care providers employing less than 8 people, commonly one person or a sole trader.

The review also shows that what is essentially a simple ask, 'Can I have some help at home?', becomes very complex when more and more people are involved in the chain of making decisions and providing care. The transactional costs of this very busy, high-volume, dynamic market must be very high for public authorities purchasing care and those who are providing it. Commissioners make the whole business and cost of arranging domiciliary care more complicated and opaque by using a very wide range of contracts, fee arrangements, payment systems and monitoring systems. This is unhelpful and cannot continue. However, feedback we have received suggests that there is pessimism about achieving consistency and resistance to rationalisation or standardisation. It will take strong, decisive leadership to bring order to this turmoil.

The review also highlights that the Welsh, United Kingdom (UK) and European Union (EU) governments all have a very influential role in setting the context in which domiciliary care is provided through:

- more direct policy and legislative changes (e.g. Health and Social Care regulation, direct payments); and
- through indirect changes (such as the national living wage, funding for training, and EU procurement and employment rules).

Some of the recent decisions are having a huge impact on the sector. For example, the decision to stop funding for vocational (work-based) training in 2014 for people over 25 in Wales was mentioned repeatedly by people we talked to because the care sector depends on attracting middle-aged workers.

It is therefore important that the consequences of any changes are fully thought through in relation to the social care sector and the connections are made by all involved.

As we take forward the Social Services and Well-being (Wales) Act 2014[3] there are opportunities to move towards a more person centred outcomes based approach. However, the question is whether the application of current procurement and financial rules will allow new approaches to flourish. It is not possible to have new thinking in only one part of a system.

Everyone involved in the provision of domiciliary care has a part to play. We found that when people, especially commissioners and providers, work together to find solutions based on mutual interest and understanding, the outcomes are more likely to be realistic and achievable. This has to be the starting point. That said, we propose the following areas for consideration.

The task before Welsh Government is to create the conditions where:

- a high-quality health and social domiciliary care workforce can grow and be sustained; and
- the business of domiciliary care can flourish.

The Government can do this in the following ways.

- By supporting the National Commissioning Board in driving forward alignment between regional partnership boards and commissioning bodies with the use of standardised and simplified tendering and contract arrangements and the development of a standardised approach to contract monitoring and assurance arrangements. These arrangements should include ethical commissioning principles for the workforce and supporting the development of outcome-based contracting systems that give incentives for encouraging self-reliance and providing continuity of care.
- By supporting Social Care Wales in delivering an integrated health and social care workforce strategy that focuses on strategic recruitment, training and development. This must include a review of funding for training for this sector and opportunities for creating apprenticeships in health and social care. Without a clear strategy there is a significant risk that the future requirements

[3] Welsh Government (2014a) Social Services and Well-being (Wales) Act. Wales: Welsh Government.

for registration of care workers will reduce the number of people working in the sector and compound the current problems

- By using the Regulation and Inspection of Social Care Wales (Wales) Act 2016 to underpin providers' responsibilities for their staff.
- By reviewing the cap on charges to make funding available to pay for care at reasonable rates.
- By supporting the development of efficient and compatible information and communications technology systems in Wales and
- By encouraging the development a Welsh-branded domiciliary care franchise to support smaller and new domiciliary care businesses.

This will be a challenge in the current period of austerity. However, there is a real danger that if we don't invest time and resources in bringing order to the system now, costs across the health and social care system will rise significantly in the future. We are already seeing this. Simplifying and standardising processes will make some parts of the system more efficient and may save some money, but it will not be enough on its own. More money needs to be made available in the system so that in years to come there is a resilient, competent workforce.

'The government increasing the minimum wage/living wage but not increasing funding for domiciliary care is presenting a challenge. I fear that this will cause a lot of problems in the industry and I do worry that there will be a big problem in health and social care as a whole. Many care packages are being offered to agencies at the moment but no one is able to take on these packages due to the same issues. Care brokers are ringing over and over again to try and place these packages but to no avail.' (Provider)

The tasks for regional partnership boards, local government and local health boards are to:

- put the principles of the Social Services and Well-being (Wales) Act 2014 into practice, especially for well-being outcomes and integrated (joined up) care;
- ensure a reliable, high-quality local workforce supply and
- develop more consistent and efficient approaches to commissioning, procurement and assurance across councils and health boards.

This can be done in the following ways.

- By promoting the use of flexible, outcome-based services and moving away from 'time and task' systems. The internal tensions between tendering and invoicing requirements and the provision of flexible, person-centred care and support must be resolved. Each commissioning authority should identify an officer who is responsible for commissioning care and support and has the authority to have overall responsibility across social services, procurement and finance departments.
- By embracing standardised and more efficient ways of working, in line with guidance from the National Commissioning Board.
- By encouraging more people to use direct payments by paying a realistic rate, providing effective support and negotiating favourable terms from the sector for people using direct payments.
- By greatly simplifying the decision making and delivery chain to engage potential providers at the earliest stage in shaping care packages, in line with people's wishes and in any reviews. In particular, they should pay attention to handovers after six weeks' reablement provided by councils' own in-house services.
- By ensuring care and support packages are reviewed in a timely way, are person centred, and care and support packages are increased or reduced promptly when necessary.
- By ensuring services are commissioned based on the long-term sustainability of the service, not price.
- By making local arrangements to link domiciliary care agencies to local health and social care services and community networks.

The National Commissioning Board is already taking forward some initiatives to introduce better ways of commissioning across Wales. Domiciliary care is big business and involves high levels of public spending. Putting in place more simplified, standardised, efficient and sustainable ways of providing care will need strong leadership and support from chief officers, elected members and health board members.

The tasks for independent domiciliary care providers are to:

- make sure care is based on high-quality relationships;
- follow the principles of the Social Services and Well-being (Wales) Act 2014, especially to support people to become more self-reliant;
- find ways to build relationships of confidence and trust with people who use services and, importantly, those who commission them; and
- make their internal processes as efficient as possible.

This can be done by in the following ways.

- By focusing relentlessly on making arrangements and structuring teams to provide continuity of care workers and making sure adequate travel time is included in schedules.
- By making sure that when visits are delayed there is good communication, especially with people who are likely to be anxious.
- By making the best use of information and communications technology systems.
- By developing reliable and meaningful assurance systems that people using and commissioning services can be confident in.

- By developing innovative new arrangements to follow the principles of the Social Services and Well-being (Wales) Act 2014, encouraging self-reliance and the involvement of local community services.
- By providing ethical working conditions and effective support for staff.

These areas for consideration are broad and at a high level. They should be considered alongside some of the more detailed suggestions set out in the review.

Looking to the future

This review considers how arrangements were working in 2015–16. However, the world is constantly changing and the provision of health and social care is destined to change significantly in the coming years. When developing any strategy, we should expect to factor in the following changes.

- There will be significant changes in the demand for care. This includes changes in the complexity and amount of care needed and to people's expectations of the care they receive.
- There will be significant changes in the workforce available. This includes changes in the demography of the workforce, their expectations and the influence of the wider economy. Leaving the EU could be very significant, particularly especially in relation to personal assistants and private carers – the 'hidden' domiciliary care workforce. This could increase demand on the traditional sector.
- The Social Services and Well-being (Wales) Act 2014 will change the culture of care and support in Wales and alter people's expectations and provide potential for increased integration between health and social care.
- There will be increased levels of 'medical' intervention being undertaken by domiciliary care workers and the emergence of contracted community-based nursing services.
- There will be more opportunities to use telecare, telehealth and telecommunication. These could reduce the need for 'monitoring' visits by care workers and support providers in their work.
- More digital technology will be used, not only to reduce back-office costs but also to enable people to source care. There are now Apps being used in the UK for people to source carers directly and their use is likely to grow exponentially as has happened in other areas (e.g. taxis).
- The development regional commissioning arrangements.
- Arrangements for social care and NHS funding are likely to change. Pooled budgets for residential care (from 2018) may be considered for other forms of care.

These factors need to be carefully examined and understood. The strategy for domiciliary care should make the most of the opportunities and identify any threats. Indeed, it should influence change by helping to shape the future and create the conditions in which high-quality domiciliary care and support can flourish.