

ADULT SERVICES COMMITTEE AGENDA



Monday 7 April 2014

at 10.00am

in Committee Room B, Civic Centre, Hartlepool

MEMBERS: ADULT SERVICES COMMITTEE

Councillors Fisher, Hall, A Lilley, Loynes, Richardson, Shields and Sirs

1. APOLOGIES FOR ABSENCE

2. TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS

3. MINUTES

- 3.1 To receive the Record of Decision in respect of the meeting held on 3 March 2014 (*attached for information*)

4. KEY DECISIONS

No items

5. OTHER ITEMS REQUIRING DECISION

- 5.1 Amendment to Contribution Policy Appeals Process – *Director of Child and Adult Services*



6. **ITEMS FOR INFORMATION**

- 6.1 Response to Healthwatch Investigation into Domiciliary Care in Hartlepool –
Director of Child and Adult Services

7. **ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT**

Date of next meeting – Thursday 1 May 2014 at 10.00am in Committee Room B



ADULT SERVICES COMMITTEE MINUTES AND DECISION RECORD

3 March 2014

The meeting commenced at 10.00 am in the Civic Centre, Hartlepool

Present:

Councillor: Carl Richardson (In the Chair)

Councillors: Ged Hall, Alison Lilley and Kaylee Sirs

In accordance with Council Procedure Rule 5.2 (ii) Councillor George Morris was in attendance as substitute for Councillor Brenda Loynes and Councillor Jim Ainslie was in attendance as substitute for Councillor Linda Shields

Also Present: Councillor Geoff Lilley

S Thomas, J Gray and M Metcalf - Healthwatch

Members of the Public - Evelyn Leck and Frank Harrison

Officers:

Jill Harrison, Assistant Director, Adult Services

David Ward, Head of Finance (Child, Adult Services and Public Health)

Joan Stevens, Scrutiny Manager

Denise Wimpenny, Principal Democratic Services Officer

74. Apologies for Absence

Apologies for absence were submitted on behalf of Councillors Keith Fisher, Brenda Loynes and Linda Shields.

75. Declarations of Interest

None.

76. Minutes of the meeting held on 10 February 2014

Received.

77. Six Monthly Monitoring of Agreed Scrutiny Recommendations (*Scrutiny Manager*)

Type of decision

For information

Purpose of report

To provide Members with the six monthly progress made on the delivery of scrutiny recommendations that fall within the remit of this Committee.

Issue(s) for consideration

The report provided details of progress made against the investigations undertaken by the previous Adult and Community Services Scrutiny Forum. The report included a chart which provided the overall progress made against each scrutiny recommendation since the last six monthly monitoring report was presented to the Adult Services Committee in September 2013.

It was noted that all actions had now been completed which completed the monitoring of outstanding scrutiny recommendations which fell within the remit of this Committee.

The Chair thanked the Scrutiny Team for their excellent work in the scrutiny investigation and monitoring process.

With regard to the JSNA investigation undertaken in relation to Older People, the Committee was keen to receive an update report regarding progress made by the North of Tees Dementia Collaborative and current work in relation to dementia issues generally.

Decision

- (i) That the contents of the report be noted.
- (ii) That a progress report be received in relation to the North of Tees Dementia Collaborative as well as current work in relation to dementia issues generally.

78. The 2013/14 Local Account (*Assistant Director, Adult Services*)

Type of decision

Non-key – for information and approval to publish the Local Account

Purpose of report

1. To present the 2013/14 Local Account for Hartlepool Borough Council and to seek approval for the 2013/14 Local Account to be published as a key mechanism for reporting back to citizens on performance in adult social care.
2. The Local Account will become a key accountability mechanism to the public, a means of engaging with citizens and consumers of our services around priorities and outcomes and a useful tool to inform self-improvement activity at a local level.

Issue(s) for consideration

The Assistant Director presented the report which provided background information in relation to the concept of producing a Local Account and the requirement to publish the Local Account as a mechanism for reporting back to citizens on performance in adult social care. The 2013/14 Local Account was attached at Appendix 1 which set out the context of adult services including, aims, challenges, how the budget was spent and key facts about performance.

It was noted that the focus for this year was Occupational Therapy and Macmillan Social Work.

The Chair took the opportunity to thank Healthwatch for their contribution to the document and the benefits of working in partnership with Healthwatch in the development of the document were acknowledged and welcomed.

In response to a request for clarification on the future issues that would be examined as part of the Local Account and a suggestion that hospital discharges be considered, Members were advised that Healthwatch were undertaking a piece of work in relation to hospital discharges and whilst this issue fell within the remit of Health, under the Audit and Governance statutory scrutiny function, there would be an opportunity to include this issue in a future version of the Local Account.

Following discussion in relation to the importance of ensuring adequate care plans were in place for patients upon discharge from hospital, Members requested that a report be submitted to a future meeting of this

Committee outlining current support arrangements in place for patients upon discharge, support for vulnerable adults and responsibilities of social workers/local authorities in this regard. The Assistant Director advised that a report would be submitted to Members in support of a report from Healthwatch on the Council's perspective on hospital discharges and arrangements could be made to invite Health colleagues to that meeting. The Healthwatch Representative referred to the timescales for completion of this work and commented on the importance of examining patient needs and the links between domiciliary care, dementia and hospital discharges.

With regard to satisfaction rates in terms of the quality of domiciliary care service delivery in Hartlepool, the Healthwatch Representative placed emphasis upon the importance of focusing on quality of services as opposed to cost and highlighted that these issues would continue to be monitored by Healthwatch. It was highlighted that Healthwatch representatives were keen to receive feedback from the Council in response to the recommendations contained within their Domiciliary Care report to which the Assistant Director stated that a report would be submitted as soon as possible. The Assistant Director outlined the arrangements in place to deal with any areas of concern and was pleased to report the Council's continued high levels of performance in terms of satisfaction rates emphasising that the Council had the second highest satisfaction rates nationally.

Decision

- (i) That the contents of the 2013/14 Local Account be noted.
- (ii) That publication of the Local Account be endorsed.
- (iii) That a report be submitted to a future meeting of this Committee in relation to the hospital discharge process and that NHS representatives be invited to attend to respond to queries raised by Members.

79. Strategic Financial Management Report – as at 31 December 2013 *(Director of Child and Adult Services and Chief Finance Officer)*

Type of decision

For information

Purpose of report

The report informed Members of the 2013/14 Forecast General Fund

Outturn; 2013/14 Capital Programme Monitoring, and provided details for the specific budget areas that the Committee was responsible for.

Issue(s) for consideration

The Head of Finance (Child, Adult Services and Public Health) indicated that a report had been submitted to the Finance and Policy Committee on 27 February 2014 and the report advised Members that there would be an overall underspend at the year end of between £0.729m and £1.160m. As a minimum the lower forecast 2013/14 uncommitted underspend of £0.729m should be available to support the Medium Term Financial Strategy over the period 2014/15 and 2016/17 and this had been taken into account in the final Medium Term Financial Strategy Report presented to Finance and Policy on 31 January 2014.

Members were referred to the overall budget position for Adult Services, the reasons for the forecast outturn, projected grant income which, if received late in the financial year would be earmarked to fund 2014/15 expenditure together with details of the capital programme, as detailed in the report.

Decision

That the contents of the report be noted.

80. Date and Time of Next Meeting

It was reported that the next meeting would be held on 7 April 2014 at 10.00 am.

The meeting concluded at 10.25 am.

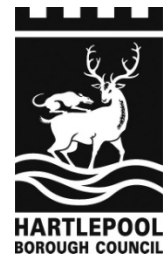
P J DEVLIN

CHIEF SOLICITOR

PUBLICATION DATE: 6 MARCH 2014

ADULT SERVICES COMMITTEE

7th April 2014



Report of: Director of Child & Adult Services

Subject: AMENDMENT TO CONTRIBUTION POLICY
APPEALS PROCESS

1. TYPE OF DECISION/APPLICABLE CATEGORY

Non key decision.

2. PURPOSE OF REPORT

2.1 The purpose of this report is to advise the Adult Services Committee of an amendment required to the appeals process within the Contribution Policy, to bring the policy in line with updated corporate complaints procedures, and to seek approval for this amendment.

3. BACKGROUND

3.1 Section 17 of the Health and Social Services Security Adjudications Act 1983 gives Councils discretionary powers to require adult recipients of non-residential support services to contribute to the cost of their provision.

3.2 Within that provision individuals are able to appeal against their financial assessment and the resulting contribution.

3.3 The Contribution Policy approved by Adult Services Committee on 6 January 2014 (attached as **Appendix One**) states the following in the appeals section:

13.1 Under Section 17(3) of the Health and Social Services and Social Security Adjudications Act 1983 all people using services, or someone acting on their behalf, have the right to ask the council for a review of the charge for which they have been assessed if they consider that they cannot pay it or they believe that:

- *information given may have been misrepresented;*
- *some information may have been missed;*

- *there has been a change in the person's circumstances;*
- *a mistake may have occurred in applying the charging policy; or calculation is inaccurate or unfair.*

13.2 *The Council will consider appeals within 3 months of the date of charge notification or, at its discretion, those appeals received outside this timescale. The appeals panel will consist of an independent chair person and 2 other people.*

13.3 *The appeals process aims to protect the rights of people using services within a fair and open process to resolve the issues.*

4. PROPOSAL

4.1 The proposal is to replace the existing clauses 13.1-13.3 with the following, to bring the policy in line with corporate procedures;

13. Appeal

13.1 *Under Section 17(3) of the Health and Social Services and Social Security Adjudications Act 1983 all people using services, or someone acting on their behalf, have the right to ask the council for a review of the contribution for which they have been assessed if they believe that an error has been made or information has been missed resulting in an incorrect calculation of a contribution.*

13.2 *The Council will consider appeals for review within 3 months of the date of contribution notification.*

13.3 *The request for an appeal can be made by letter, email, phone, or face to face. There are three stages to the appeal.*

13.4. Stage One

A review by the User Property and Finance Team Manager that will take place within 28 days of the receipt of the appeal. The review will:

- *Check the accuracy of the information provided.*
- *Check calculations.*
- *Take into account any additional relevant financial information.*
- *Check that welfare benefits are maximised.*

If not satisfied with the response from Stage One, an appeal can progress to Stage Two.

13.5. Stage Two

A review to be undertaken by the Head of Strategic Commissioning that will take place within 28 days of the receipt of the appeal.

The review will examine the review carried out by the User Property and Finance Team manager and decide if the appeal should be upheld.

If not satisfied with the response from Stage Two, an appeal can progress to Stage Three.

13.6. Stage Three

Once the department is informed of a request for a review to proceed to Stage Three of the policy, then a review meeting will be arranged to take place as soon as possible. The review will be undertaken by a Chief Officer from Child and Adult Services. The Head of Strategic Commissioning and User Property and Finance Team Manager will be included in the review. The Chief Officer will review the documentation and determine whether or not a charge has been assessed properly and fairly.

The Chief Officer will decide whether:

- *The assessment for the contribution has been fully and properly dealt with and therefore there is no action to be taken by the Council; or,*
- *The request for an appeal should be upheld as they feel that:*
 - *information given has been misrepresented;*
 - *some information has been missed;*
 - *there has been a change in the person's circumstances;*
 - *a mistake occurred in applying the charging policy; or*
 - *the calculation was inaccurate or unfair.*

Following the review by a Chief Officer, the department will write to (or use the preferred method of contact) to the person requesting the review within 10 working days to inform them of the outcome of the review meeting.

13.7 The appeals process aims to protect the rights of people using services within a fair and open process to resolve the issues.

13.7. More information on the appeals procedure is available in A Guide to Financial Appeals; www.hartlepool.gov.uk/factsheets.

5. RECOMMENDATIONS

- 5.1 It is recommended that the Adult Services Committee approve the proposed amendment to the Contribution Policy.

6. REASONS FOR RECOMMENDATIONS

- 6.1 The corporate complaints process has been updated since the Contribution Policy was approved.
- 6.2 The proposed amendment ensures equity for members of the public when dealing with appeals and complaints across the Council.

7. CONTACT OFFICER

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**HARTLEPOOL
BOROUGH COUNCIL**

**CONTRIBUTION
POLICY FOR
NON-RESIDENTIAL
SUPPORT**

April 2014

Review date: March 2015

1. Background

- 1.1 Section 17 of the Health and Social Services and Social Security Adjudications Act 1983 gives the local authority discretionary powers to charge adult recipients of non-residential service provided under S.29 National Assistance Act (NAA) 1948, s.45 (1) NHS Act 2006, S.2 Carer and Disabled Childrens Act 2000 and S.74 (14) of the Social Security Contributions of Benefits Act 1992.
- 1.2 S17 of Health and Social Services and Social Security Adjudications Act 1983 provides that a local authority may recover such charges as they consider reasonable in respect of relevant services.
- 1.3 This policy complies with the requirements set out in 'fairer charging' for home care and other non-residential Social Services Guidance and the subsequent Fairer Contribution Guidance issued October 2012.

2. Guiding Principles

- 2.1 The following principles support the policy to ensure the council:
- Recovers contributions from service users for non-residential services based on the person's ability to pay
 - Has a clear and transparent contribution policy which is easy to understand and consistently applied to all people using services, taking into account individual circumstances and needs.
 - Provides an early notification to service users of their contribution to non-residential care costs.
 - Ensures that people have an opportunity to maximise welfare benefits and their ability to contribute to their non-residential care costs.
 - Ensures efficiency and convenience for people using services.

3. What Support is covered?

- 3.1 This policy applies to the following:
- a. Home and domiciliary care services (including extra care) provided under S29 NAA 1948, S5 Chronically Sick and Disabled Persons Act (CSDPA) 1970, Section 45 (1) NHS Act 2006 and S.2 Carer and Disabled Children's Act 2000.
 - b. Day Services including transport if provided.
 - c. Any community based care packages through personal budgets and direct payments.
- 3.2 This policy does not apply to people who meet the following criteria, who will not be asked to contribute towards their care or support costs:

- People in receipt of after care services under S117 Mental Health Act 1983
- People with Creutzfeldt Jacob Disease
- People whose support is fully funded by NHS (i.e. continuing health care)
- People accessing Reablement Services for up to six weeks
- People requiring basic aids and adaptations equipment

3.3 Examples (not an exhaustive list) of exempt support are:

- a. Provision of information, advice and guidance
- b. Provision of assessment including assessment of community care needs.

4. Application of this Policy

4.1 This policy applies to all people accessing the support listed in 3.1 above.

4.2 Representatives. Where the person using services lacks capacity to manage their financial and / or property affairs, as assessed by an officer of the council or somebody duly appointed by them, the local authority will consult with their agent (i.e. a person lawfully authorised to act on their behalf) under the following:

- Enduring Power of Attorney (EPA)
- Lasting Power of Attorney (LPA)
- Deputyship.

4.3 Where the person's only income is from the Department of Work and Pensions (DWP) and the person has no other financial assets, then the local authority will work with an appointee authorised by the DWP.

4.4 If there is nobody willing to undertake the role of representative, as a last resort, the council will appoint an officer to undertake the role of appointee, as described above, to support the person using services.

4.5 The local authority will, in the first instance, pursue this person using services for any unpaid liabilities owed to the council. It also reserves the right to pursue the agent either as litigation friend for the person using services or where it appears the agent may have acted in breach of their duties.

5. Financial Assessment

5.1 The council will complete a financial assessment for all people using services as soon as possible unless they:

- a. are exempt as described under section 3 of this policy
 - b. Chose not to be financially assessed. ***Please note that people who decline a financial assessment will be required to pay the full costs of any support provided to them.***
- 5.2 The financial assessment team will offer a face-to-face meeting to complete the financial assessment forms and undertake a comprehensive benefits check, offer advice and provide practical support to apply for any benefits they might be entitled to claim.
- 5.3 At the point of the needs assessment, the practitioner will advise that there may be a contribution to the costs of support and explain how this will be calculated.
- 5.4 Any contribution will not exceed the full cost of support or reduce the person's income below the basic living allowance calculated as set out at 6.1 below.

6. How the contribution is calculated

- 6.1 When the council assesses a person's ability to pay a contribution towards the cost of their support, it ensures that each individual maintains a portion of their income that is at least the level of basic living allowance.

This allowance is equal to the basic level of Income Support (IS) or Pension Guarantee Credit (PGC) plus an additional 25% of this amount, as a buffer.

The calculation of basic living allowance (Income Support Threshold) is as follows:

<p>BASIC LIVING ALLOWANCE = IS <u>or</u> PGC & 25%</p>

- 6.2 The capital thresholds and the basic living allowance are updated annually and accord with the levels set within Charging for Residential Accommodation Guidance (CRAG) and by the DWP respectively.
- 6.3 The maximum contribution per week is calculated using financial information received from the person using services and other information available to the council. The calculation will take account of relevant income and capital.
- 6.4 The income that will be taken into account includes all the benefits received by the person (except those listed at 6.5 and 6.6 below), state

pension, occupational pensions, any other income and capital including notional income and capital as defined by CRAG.

- 6.5 Savings between the lower threshold (as set out in CRAG) and the upper threshold will attract a surcharge of £1 a week for each £250 (or part thereof). For example if a person has savings of £17,000 the notional income would be £15 a week being £17,000 less £14,250 (= £750) divided by £250 (= £15). The lower and upper thresholds are currently:

Lower: £14,250

Upper: £23,250

- 6.6 Capital including any savings in bank or building society accounts; PEP; ISA or TESSA accounts, SAYE (Save as You Earn) schemes; cash; Premium Bonds or National Savings Certificates; stocks, shares; trust funds and investments in property, building and land (rental income will be included); and which someone else is holding on behalf of the person using services is taken into account.
- 6.7 If there are joint savings with a spouse or partner, 50% of the total amount will be taken into account.
- 6.8 In calculating the maximum contribution, the value of the main residence occupied by the person using services will be ignored (if the property is subsequently sold, such liquid capital that results for the person will then be subject to financial assessment). However, if the person using services owns a second property, 100% of the value will be taken into account. The maximum contribution, subject to 6.10, will be the full cost of care services.
- 6.9 People using services will be assessed in their own right and the income of any carer, parent, partner or spouse will not be taken into account.
- 6.10 There are some types of income which are partly or wholly disregarded in the calculation of the maximum charge. These include:
- The mobility part of DLA;
 - £10 of a war pension or war widow's pension;
 - All Guaranteed Income Payments (GIPs) made under the Armed Forces Compensation Scheme;
 - Payments from the Independent Living Fund (ILF). The Department of Health issued guidance in 2000 which stated that people receiving financial support from the ILF should have their ILF considered as a disability related expense within the assessed charge for non-residential services;
 - Child Benefit and Child Tax Credit;
 - The part of Attendance Allowance (AA), Disability Living Allowance (DLA), Constant Attendance Allowance (CAA) and Exceptional

Severe Disability Allowance (ESDA) that covers care at night where the council purchases no element of higher care;

- Working Tax Credit;
- The savings part of pension credit;
- Ex-gratia payments made to Eastern prisoners of war;
- Payments made under Vaccine Damage Payment;
- Compensation from personal injuries award is disregarded for assessment purposes for a period of 52 weeks, with the exception of any part of the award provided to meet care costs. Where people using services are in receipt of compensation for personal injuries, their compensation will be considered on a 'case by case' basis. Where a person is unwilling to disclose the terms of any compensation payment(s) then they will be assessed as full cost.

6.11 Housing costs, mortgage, rent or council tax (net of related benefits) will be deducted from the relevant income as 6.4 above before calculating the maximum contribution.

6.12 Disability Related Expenses (DRE) will be considered when the extra cost is needed to meet the person's specific needs due to a long-term condition or disability, with the overall aim of maintaining independence or quality of life. The council will disregard these costs from any income where it is satisfied that the cost has been incurred by the person using services as a result of their disability and it is not reasonable for a lower cost alternative item or service to be used. Receipts may be requested. DRE will be assessed on an individual case by case basis.

6.13 Non-disability related expenses. Calculation of the maximum contribution will take into account such expenses as referred to in the Department of Health guidance. Some expenses i.e. household contents insurance, water rates etc, are deemed to be afforded by the person using services from their prescribed protected income. The council will seek to allow additional costs, together with other essential expenses, such as service charges and ground rent that owner occupiers may incur if they are not receiving related benefits to cover these costs. Essential expenses will include payments under court orders (i.e. child maintenance).

6.14 Dependants. The calculation of the maximum contribution will take into account the financial implications for people using services who have dependent children up to 18 years of age or for whom they provide maintenance payments (and dependant adults in exceptional circumstances).

6.15 The accessible income is calculated by adding together all the identified weekly income and then subtracting:

- any costs for housing
- any income that must be disregarded under the policy;
- any DRE;
- the Basic Living Allowance.

- 6.16 The result is the assessable income. The maximum that a person could be asked to contribute each week will be the lower of:
- a. the assessable income, and
 - b. the full cost of support received.

A breakdown of how the contribution has been calculated will be provided to the person using services. Examples of how contribution is calculated (using 2013 thresholds) are:

1. No financial information declared
= FULL COST
2. Customer savings of over £23,250
= FULL COST
3. Customer savings under £23,250
= customer income (including tariff income on savings)

LESS

Basic income level
(Basic IS/PGC + 25% extra
and
Customer expenses
(Housing and disability)

LEAVES

Accessible income
Chargeable income =

Charge lower of
a) accessible income
b) cost of service

7. Financial Assessment of Couples

- 7.1 The financial assessment will seek to identify shared capital, benefits or other income and apportion these between the relevant parties. The council will use the lower amount of contribution from a joint assessment process for couples (50% of a couple's joint income).
- 7.2 It is the responsibility of the person using services (or the person acting on their behalf) to notify the council of any joint financial arrangements.

A couple is defined as two people who are married, in a civil partnership or are living together as if in a marriage or civil partnership.

8. Earned Income

- 8.1 Earned income is, in all cases, disregarded for the purposes of assessing a person's financial contribution towards any support services.

9. Decline to provide financial details

- 9.1 People have the right to decline to provide their financial details to the council. In such cases the council will be unable to complete a financial assessment and the person using services will be charged for the full cost of the support they receive.

10. Completing the Financial Assessment

- 10.1 The council aims to complete a financial assessment within 14 days of a request for assessment. Where further information is required it is expected that the person being assessed will provide this within two weeks.

11. Effective Point of Charging

- 11.1 People will be informed of their assessed maximum contribution within five working days of being financially assessed and people using services will be expected to contribute towards the cost of the services that they are receiving from the date that their services commence. Where this is done verbally a confirmation will be followed up in writing.
- 11.2 No contribution will be payable prior to support being provided and no contribution payment will begin prior to the person agreeing to accept services, on the understanding that they will contribute to the assessed cost.
- 11.3 It is the responsibility of the person using services or their representative to inform the council of any change in their financial circumstances as this may trigger a review of their contribution.
- 11.4 Any increase in contribution due to an award or increase in benefits entitlement will take effect from the date of the award.
- 11.5 Any increase in contribution due to an increase in other income or amount of capital held will take effect from the date of the change in circumstances.

- 11.6 In the event of any reduction of income or benefit received, any amendment to the assessed contribution will take effect from the date of the change in circumstances, provided the council is advised of the change in circumstances within four weeks.
- 11.7 Payment for assessed contribution will cover a four-week period by Direct Debit or alternatively a Social Care Payment Card with the frequency of regular payments to be agreed with the person using services.

12. Deprivation of Capital

- 12.1 Where the council believes that a service user has deprived himself or herself of a capital asset in order to reduce their contribution, the council will treat the person using services as still possessing the asset.
- 12.2 It is up to the service user to prove that they no longer have the resource and if they cannot do this then the council will treat the person as if they still possessed the actual capital. Examples of acceptable evidence of the disposal of capital would include: a trust deed, deed of gift, receipts for expenditure or proof that debts had been repaid.
- 12.3 The timing of the disposal will be taken into account when considering the purpose of the disposal.
- 12.4 Where, for the purposes of avoiding or reducing contribution, capital which would not have been disregarded has been used to acquire personal possessions, the current market value of those possessions should be taken into account as an actual resource.
- 12.5 If the person using services, in depriving himself / herself of an actual resource, converted that resource into another actual resource of a lesser value, s/he should be treated as notionally possessing the difference between the value of the new resource and the one which it replaced e.g. if the value of personal possessions acquired is less than the sum spent on them, the difference should be treated as a notional resource.
- 12.6 If the person using services is found to have disposed of capital in order to avoid paying or reduce their payable contribution, the council will decide whether to treat the person as having the (notional) capital and assess the payable contribution taking this capital into account.
- 12.7 If the council decides that the person has disposed of capital inappropriately, the council will then decide whether to:
- recover the assessed contribution from the person in full, or
 - recover the assessed contribution by instalment, or
 - defer payment to a later date, or

- place a charge on any property owned by the person either with agreement or subsequent court action, or
- take other appropriate action as agreed with management.

13. Appeal

13.1 Under Section 17(3) of the Health and Social Services and Social Security Adjudications Act 1983 all people using services, or someone acting on their behalf, have the right to ask the council for a review of the charge for which they have been assessed if they consider that they cannot pay it or they believe that:

- information given may have been misrepresented;
- some information may have been missed;
- there has been a change in the person's circumstances;
- a mistake may have occurred in applying the charging policy; or
- calculation is inaccurate or unfair.

13.2 The council will consider appeals within 3 months of the date of charge notification or, at its discretion, those appeals received outside this timescale. The appeals panel will consist of an independent Chair person and 2 other people.

13.3 The appeals process aims to protect the rights of people using services within a fair and open process to resolve the issues.

14. Review of Financial Circumstances

14.1 The person using services must advise the council of any change in their financial circumstances because this may affect their assessed contribution. Changes which should be notified include:

- a. receipt of a new benefit or any changes to benefits;
- b. change to income or allowable expenditure;
- c. if the person's capital or savings crosses one of the capital thresholds; or
- d. changes to living arrangements.

14.2 Once the council is informed of any changes in the person's financial circumstances then a new financial assessment will be completed using the updated information that has been provided. If the revised assessment results in a change to the person's contribution then the person will be notified of this in writing. The revised contribution will be backdated to the date of the changed circumstances.

15. People using services that are in arrears/non-payment of charges

- 15.1 If a person refuses to pay their assessed contribution the matter will be referred for legal action in accordance with the debt collection protocol. A review of the person's community care needs will always be undertaken at this time.
- 15.2 The council will seek to recover any funds owing – including the cost of legal action. The council may recover arrears from contributions through Debt Collection Agencies and / or the courts where people have the means to contribute towards the cost of their support but refuse to do so.
- 15.3 The council appreciates that sometimes people who use services may experience difficulties or exceptional circumstances and the council will consider these on an individual basis and, where appropriate, through the appeals process.

16. Complaints

- 16.1 The council welcomes feedback from people who use services. If people using services are dissatisfied with the way they have been treated through the financial assessment process, or the services they receive, then they have the right to lodge a complaint to the Complaints Officer. The council has a statutory complaints process to ensure that people's views and concerns are considered and dealt with appropriately and that the council holds itself accountable to the highest possible standards.

17. Use of financial information and privacy

- 17.1 The council keeps information about people who use their services confidential and it is only seen by authorised staff. The information will only be shared with other relevant people and agencies in accordance with the Data Protection Act (DPA) 1998 or with the written consent of the person using services or their legally appointed representative. The DPA also gives people the right to see information that the council keeps about them.

18. Equality Impact

- 18.1 The council has assessed that this policy does not discriminate against groups of people using services or present adverse impacts due to any characteristics protected under the Equality Act 2010.
- 18.2 This policy will be reviewed annually prior to the start of each financial year. Annual review will ensure all rates are consistent with inflation or other relevant changes which may occur.

ADULT SERVICES COMMITTEE

7th April 2014



Report of: Director of Child & Adult Services

Subject: RESPONSE TO HEALTHWATCH INVESTIGATION INTO DOMICILIARY CARE IN HARTLEPOOL

1. TYPE OF DECISION/APPLICABLE CATEGORY

No decision required; for information.

2. PURPOSE OF REPORT

2.1 The Healthwatch Hartlepool investigation into domiciliary care made several recommendations and this report provides a response regarding how these will be addressed

3. BACKGROUND

3.1 In May 2013 Healthwatch Hartlepool commenced an examination of the provision of domiciliary care. The investigation arose from issues raised with Hartlepool LINK and later Hartlepool Healthwatch by users of domiciliary care services and their family members.

3.2 The investigation looked at the three main providers of domiciliary care in the town; Careline and Carewatch, who provide general support in the south and north part of the town respectively, and the HBC in-house team who provide more specialised support in areas such as Intermediate Care, Re-ablement, Telecare and Carers Emergency Respite Care.

3.3 The Healthwatch report was completed in December 2013 and presented a favourable overall impression of the quality of domiciliary care services delivered by the three agencies investigated, namely:

- Hartlepool Borough Council's in house provider offering town-wide specialised support
- Careline providing care on behalf of the Council to residents with social care needs in the south of the town

- Carewatch providing care on behalf of the Council to residents with social care needs in the north of the town
- 3.4 However, Healthwatch did identify some areas of concern which correlate closely with concerns raised at a national level by the Care Quality Commission (CQC), namely:
- The impact of travel time on care service delivery.
 - Continuity of care provision during periods when regular care providers are absent.
 - Communication and information flows between care providers organisations and service users.
- 3.5 The full Healthwatch report is attached as **Appendix 1** and makes a number of key recommendations that are addressed in the following section.
- 3.6 It should be noted that the report and subsequent discussions also raised issues regarding differences between the service provided by the contracted independent sector and those provided by the in-house team of the Council. Members should be aware that the HBC service is of a specialist nature and, as such staff are expected to support those with the most complex and critical needs. The independent sector currently pick up cases where individuals are in need of ongoing support and in many cases have been supported through the intermediate care / reablement process by HBC staff.

4. HEALTHWATCH'S RECOMMENDATIONS & PROPOSED ACTIONS

- 4.1 Healthwatch's recommendations for improvement to domiciliary care services in Hartlepool are addressed in sequence.
- 4.2 **Recommendation 1**
- 4.2.1 Care time allocations should be regularly checked to ensure that the allocated time is spent fully with service users in order to ensure that individual care plan specifications are properly delivered.
- 4.2.2 Adequate travelling time must be provided to ensure that care workers can get from job to job without eating in to allocated care time.

Response

- 4.2.3 Within the HBC contract arrangements there is an expectation that the allocated amount of time will be used to support the service user.
- 4.2.4 Case files, which are left in each service user's home. have an entry for each care visit made by the care worker and include arrival and departure times. Those clients who are able to are also asked to sign the workers timesheets. This means that a record of the time spent is available for checking but this would need to be a manual process. Service users, family members and carers have access to this information.

4.2.5 The annual care review structure provides the opportunity for service users and carers to raise these sorts of matters. Alternatively service users have access to a care manager at any time if they have concerns or wish to discuss their care plan

4.2.6 Actions:

- Review officers to be asked to check timeliness and length of visit during reviews.
- Care providers to be asked to monitor time sheets and provide quarterly audit reports based on a sample of users.
- HBC has successfully implemented its new system for care planning, called Caretime. This system is linked to the department's Carefirst system. Currently the system maps planned time and further development is being undertaken to record actual time using mobile telephone technology. An update will be provided when the system is fully implemented.
- In the future it is the intention to discuss with current providers the use of the same (or similar) system and it may be possible to build this requirement into future contractual arrangements.

4.3 **Recommendation 2**

4.3.1 Mandatory training programmes across all three service providers should include Dementia Awareness, Disability Awareness and Equality and Diversity.

4.3.2 Key modules such as Adult Safeguarding and Manual Handling should be the subject of mandatory refresher programmes across all three service providers to ensure skills and understanding are up to date

Response

4.3.5 All three providers have dementia awareness and equality and diversity training as mandatory training. Manual handling and safeguarding training is also updated annually for all staff.

4.3.7 Disability awareness training is not identified as specific training provided by Careline or HBC's workforce development programmes as this form of awareness is an underpinning principle of the personalisation approach taken in the delivery of care and is involved in other training material.

Action:

- 4.3.8 Care providers to keep training programmes under review to ensure that these goals are met

4.4 **Recommendation 3**

- 4.4.1 Every effort should be made to ensure continuity of care provision should occur as far as is practicably possible and that robust communication systems are in place to ensure that service users are always informed when changes to care workers and routines take place.

Response

- 4.4.2 There is no standard measure of what is an appropriate number of carers to be involved in an individual's care. Numbers are dependent on the quantity of calls per day / week and the number of carers needed for each visit.

- 4.4.3 Section 13.7 of the HBC contract specification states that:
“Service users, their relatives and / or representatives should be kept fully informed on issues relating to their care, at all times. Service users should be provided with a weekly timetable identifying which care and support workers will be providing care and support to the service user and the times the care and support will take place.”

All care providers state that they give the service user or their representative a copy of the rota in advance for each week, stating who should be calling and when. However in-week changes will occur due to illness etc.

All care agencies state that they make every effort to inform the service user of carers of any changes in the rota.

Actions:

- 4.4.4 Each provider to be requested to develop a range of appropriate standards about the number of carers who would be visiting each service user and monitor performance against that standard on a quarterly basis based on a sample of service users.
- 4.4.5 Each provider to be requested to monitor ‘in-week’ changes to the rota and their success in notifying the service user or their representatives in advance of any changes prior to the care being provided on a quarterly basis, also based on a sample of service users.
- 4.4.6 Both the above issues to be considered during social care reviews and contract monitoring visits.

4.5 **Recommendation 4**

- 4.5.1 Consideration should be given to ensuring that care staff service conditions such as payment of DBS fees are unified in line with HBC provisions.

Response

- 4.5.2 There are currently marked differences between the terms and conditions offered to staff by the three providers. These differences include:

- Paying for uniforms
- Payment of mileage
- Payment for travel
- Payment for DBS checks
- Use of zero hour contracts

Action:

- 4.5.3 The Council will work with providers to understand the terms and conditions they employ. There may be issues such as turnover of staff relating to DBS and uniforms. With regard to mileage, an understanding of the areas covered by staff would be necessary to fully appreciate the impact. Both independent sector agencies work on a geographical basis whereas the Council provides a town wide service.
- 4.5.4 With regard to zero hours contracts, what domiciliary care workers are paid is being investigated by H.M Revenue and Customs. Nationally, some domiciliary care workers, particularly those on “zero-hour” guaranteed contracts are, in some circumstances effectively being paid below the national minimum wage when travelling is not taken into account. The department would want to understand fully if this was occurring before formulating a plan of action with providers.
- 4.5.5 Once investigation had been undertaken to understand the terms and conditions, the department can take a view on how best to address any issues that might be raised. This work can be undertaken during routine contract monitoring processes.

4.6 **Recommendation 5**

- 4.6.1 Consideration should be given as to how opportunities can be maximised for carers and family members to input into ongoing monitoring and future service user survey processes

Response

- 4.6.2 The current social care review process has user and carer involvement at its core. This allows for individual issues / concerns to be raised and dealt with and where necessary fed into the care management, contracting and commissioning processes. However, aggregation of this information relies on analysing individual records.

4.6.3 There are a number of ways individuals and their carers can give their views about our services as set out below:

- The Annual Social Care Survey. This is a statutory survey that is sent to a randomly selected sample of people who use our services and asks questions about their quality of life and how the services we deliver and / or commission help them remain independent. The survey is now in its third year and allows us to track the results to ensure our services are improving.
- The bi-annual Social Services Survey of Adult Carers in England was developed by the Department of Health and is used to find out whether or not services received by carers are helping them in their caring role and their life outside of caring, and also their perception of services provided to the cared for person.

The results from both surveys are used to influence service design and delivery.

- The department holds a quarterly service user focus group with service users and carers. The group meets to discuss issues raised by the members and has also been involved in a number of consultations as well as acting as a 'reading group' for public information. The group was instrumental in introducing factsheets that explain the roles and responsibilities of different workers in the department.
- The department consults with a number of groups such as the Carers Strategy Group, Mental Health Forum, Voice for You, 50+ Forum and Learning Disability Partnership Board. In addition, the department arranges ad-hoc consultations as required. For example, a range of consultation events were held in 2013 to discuss proposed changes to the Fairer Charging Policy.
- The department has held a number of Family Leadership Courses with In-Control. This has led to a group of service users and carers becoming members of the national organisation Partners in Policymaking. This group are now involved in a number of initiatives including the development of training materials for staff. In addition, members of the group have taken part in interview panels for the commissioning of services and we are exploring with the group opportunities for some members to become involved with monitoring contracts.

4.7 **Recommendation 6**

4.7.1 Minimum supervision and support provision for care workers should be no less than four formal supervisions and one appraisal meeting each year across all three service providers. In addition to this staff meetings and briefings should be held regularly in order to keep workers briefed and up to

date with developments, changes etc. Direct observations should also be carried out regularly as part of ongoing service quality assurance.

Response

- 4.7.2 All three providers state that they comply with the recommendation regarding staff meetings and briefings. There is variation across the three providers about how, when and if direct observation of practice occurs.

Actions

- 4.7.3 The compliance of providers with the requirement to regularly supervise and appraise staff forms part of the routine contract monitoring process and the department will ensure compliance.

4.8 **General Feedback**

- 4.8.1 When the Healthwatch report was presented to the Committee in February 2014, questions were raised regarding the assessment process relating to price and quality. It is confirmed that when evaluated the tender was evaluated based on 60% for quality and 40% for cost / price. This is a reflection on the importance of the quality of service delivered and demonstrates that the department does not operate a policy of awarding contracts to support vulnerable individuals based merely on which provider is the cheapest.
- 4.8.2 Questions were also raised regarding the financial spread within contracted services and the level of perceived overhead and profit. A detailed breakdown would be commercially sensitive, however the table below shows broadly how the costs for each hour would be used.

<u>Hourly Cost</u>	£11.68	
Minimum Wage	6.31	54%
On cost (National Insurance)	0.82	7%
Direct Supervision / Co-ordinator costs	1.75	15%
<u>Overheads - which could include</u>		
Training		
CQC Fees		
Administration		
Accountancy & other professional fees		
Contribution to fixed overheads i.e. premises, utilities	2.80	24%

- 4.8. This breakdown demonstrates that the majority of the contract sums paid by the department are for the provision of care for individuals. The element of the remaining sum will be partially profit but this will be based on the individual business model of each of the providers.

5. RECOMMENDATIONS

- 5.1 It is recommended that the Adult Services Committee note the action points and receive further progress reports as appropriate.

6. REASONS FOR RECOMMENDATIONS

- 6.1 To make members aware of work that is being undertaken to address the recommendations in the Healthwatch Hartlepool Domiciliary Care report.

7. CONTACT OFFICER

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Domiciliary Care Investigation

December 2013

MISSION STATEMENT

“Healthwatch Hartlepool has been established in a way that is inclusive and enables involvement from all areas of the local community. We wish to involve those who are seldom heard.”

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6.1 Appendix 1

1. Introduction

- 1.1 In May 2013 Healthwatch Hartlepool approved an examination of the provision of domiciliary care services as part of its outline work plan for the coming year.
- 1.2 This arose as a result of several issues being raised by service users and their family members with Hartlepool LINK and subsequently Healthwatch Hartlepool.
- 1.3 Domiciliary care, also known as homecare, is the delivery of a range of personal care and support services to individuals in their own homes. “Domiciliary is derived from the Latin “domus” which means home. The care delivered can range from 15 minute checks to ensure a person has taken prescribed medication through to longer and more intensive personal care provision.
- 1.4 Domiciliary care can be self funded, part self funded or fully funded through the Local authority. Local Authorities now largely provide services by either paying a domiciliary care provider directly or by providing Direct Payments to the service user thus enabling them to pay for the care of their choice. Care can be provided to children, young people, adults and older people with a wide variety of care and support needs. Many care providers specialize in providing services to specific age groups or to individuals with particular care needs as a result of a specific disability or illness such as a learning disability or mental health diagnosis. Care is usually non-medical although some care workers may be trained to administer medication and undertake tasks such as peg feeding. Domiciliary care providers work in partnership with other Health and Social Care providers and consequently an individual may receive both personal and medical care at home through a group of coordinated services.

6.1 Appendix 1

- 1.5 Care may also be delivered by individuals' families and friends on an unpaid and informal basis, and the range of care delivered and time involved can be very extensive and demanding.
- 1.6 Domiciliary care usually refers to care which is delivered in the home but care workers also undertake duties which take them outside of the home. These duties may include acting as an escort for a service user attending a hospital appointment, social event or shopping on behalf of or with a service user.
- 1.7 This report has focused on the provision of domiciliary care services which are both commissioned and provided directly by Hartlepool Borough Council to meet the needs of adults whose care requirements are predominantly a result of disability and/or their age.

2. Domiciliary Care Service Provision in Hartlepool

- 2.1 The domiciliary care services which are the focus of this report were tendered and commissioned by Hartlepool Borough Council in 2010 and a retendering process is due to take place in 2015.
- 2.2 The contract for domiciliary care service provision in the North of the town was awarded to Care Watch with the contract for services in the south of the town provided by Care Line. An in-house team provides a range of more specialised support in the following areas –
- Intermediate Care
 - Re-ablement
 - Telecare
 - Carers emergency respite services
 - Longer term care (limited)
- 2.3 Both Care Watch and Care line provide care services to over 300 people, and have offices in Church Street and Cornwall Street respectively. Both employ over 100 staff, the majority of whom are care workers who are supported by supervisory/management structures. The Hartlepool Borough Council team which operates from the Centre for independent Living (CIL) which is located on Havelock Street consists of 43 care workers the majority of whom are employed on 20 hour flexible contracts.
- 2.4 Care Watch were formed over 20 years ago in Brighton and are now a national care providing organisation. Care Line were formed in 1988 and are also a national care provider and have offices in Newcastle, Northumberland, South Tyneside and Middlesbrough as well as in Hartlepool.

3 Methodology

- 3.1 The project was undertaken by Healthwatch Hartlepool volunteers who received ongoing support from the Healthwatch Development Officer and was conducted through the summer and autumn months of 2013.
- 3.2 The first phase of the project was conducted by means of a questionnaire which was sent out to around 500 service users in Hartlepool and focused on their experiences of receiving care services. Those who received the questionnaire were also invited to contact Healthwatch Hartlepool if they wished to provide additional information or needed help with completing the form. The form was also available via Survey Monkey but no one chose to use this medium as a means of completing the questionnaire.
- 3.3 158 questionnaires were returned which is around 32% of those sent out. Statistically this figure represents a reliable sample size. Key findings from the survey are highlighted in Section 4 of this report and a full summary of the responses received is contained in appendix 1.
- 3.4 The second phase of the project was conducted in two parts. Firstly a questionnaire was developed and forwarded to the three care provider organisations (Care Watch, Care Line and Hartlepool Borough Council). The questionnaire focused on issues such as operational practices, staffing levels, staff training and development and key service delivery issues. This was then followed up through separate meetings with the managers of all three organisations. These meetings focused on the responses received in the care provider questionnaire and the key themes which emerged on analysis of the responses contained within the service user questionnaire.
- 3.5 Information was also provided by Hartlepool Borough Council regarding the general operation and management of domiciliary care services and the requirements of the contracts over the course of the project.

6.1 Appendix 1

4. Findings – Care Service Users

- 4.1 Overall the responses received from care service users were positive. Questionnaires were received from 158 people of which 96 (61%) were aged over 80.
- 4.2 115 (73%) of those responding were female and 43 (27%) male.
- 4.3 70 (44%) of those who responded received their services from Care Line, 66 (42%) from Care Watch and 22 (14%) from Hartlepool Borough Council.
- 4.4 Respondents identified a range of services which were provided by their care workers with 90 (57%) receiving assistance with showering or bathing, 73 (46%) receiving assistance with dressing, 65 (41%) receiving assistance with washing and 42 (27%) receiving assistance with getting up and going to bed.
- 4.5 Other services received included taking medicines, sitting service, shopping, and cleaning and pad changes. Full details can be found in appendix 1
- 4.6 Almost everyone who responded received care services at least once a day with the most frequent period of care per visit being 15 -30 minutes which was reported by 76 people (48%)
- 4.7 111 (70%) of those who responded reported that their care worker was usually someone who they had met before. The main problem reported with regard to this issue related to holiday and sickness periods and the comments below reflects a widely held desire from those receiving care for continuity of carer –
“All carers I have had have been nice, but it would be good to have the same carers so I know who is calling” and
“A few less different carers would suit mum’s needs better”
- 4.8 When asked whether they were always kept informed of any changes to their care routine 84 (53%) said yes and 58 (37%) answered no. The figure of 37% answering no is surprisingly high and typical comments included –

6.1 Appendix 1

“Carers have been very late on occasions and we have not been told” and

“My only complaint is they are always changing the carers and you don’t always get a list of who is coming”

- 4.9 When asked whether they felt they were always treated with dignity and respect the vast majority (141) responded “yes” and nobody responded “no”.
- 4.10 When asked whether they felt care workers are allocated enough time in order to complete care tasks 138 (87%) responded “yes” with only 13 (8%) responding “no”. However a number of people did say that they felt that care workers were not allocated enough time to travel between jobs and typical comments included –
“Carers are not given enough time to travel between patients resulting in patient time being reduced and care being rushed” and
“Mum does not get full 30 minutes as care worker does not get travelling time between clients. Therefore client does not get full time they have paid for”
- 4.11 When asked whether they felt listened to when raising issues or concerns with their care provider organisation 131 (83%) responded yes, with those who responded no making comments such as –
“Nothing gets followed up”
and
“Issues reported several times, supposedly passed to manager, but never any change or feedback”
- 4.12 When asked whether they were satisfied with the overall standard of care, 130 (82%) answered yes, with problems raised tending to focus around changes to regular carers and routines during holidays and sickness and pressures on time allocations.
- 4.13 Overall, responses were very positive from the majority of those who responded with comments such as –

6.1 Appendix 1

“Excellent service” and “Very satisfactory care”

The majority of respondents were very appreciative of both the standard of care and of the hard work and dedication of the care workers who provided their care services.

- 4.14 However three main areas of concern did figure quite frequently and these were often raised in the final “any other comments” section of the questionnaire even though positive responses had been given elsewhere in the questionnaire. These were –
- Problems with continuity of care provision when a regular carer was on leave or sick
 - Travel time between jobs impacting upon the time carer workers spent delivering care services
 - Communication issues and in particular response times when issues have been raised with Care
- 4.15 Finally, it was also, noted that when questionnaires were completed by a family member or carer there was a greater tendency that problems or issues would be reported.

5 Findings – Care Service Providers

- 5.1 During the course of the project, questionnaires were sent to the managers of the three care provider organisations which asked for details about staffing levels, training provision, supervision and management and several other key operational issues. These were then followed up by means of a meeting with each of the service provider organisations at which a small team of Healthwatch members discussed in detail the responses contained within the questionnaires. Full details of the responses contained within the questionnaires can be found in Appendix 2.
- 5.2 Staffing levels were found to vary across the three care delivery organisations with Care Watch employing 86 Care Workers, Care Line 123 and Hartlepool Borough Council 43. Hours worked by Care Workers vary considerably and can change from week to week as a result of holidays, sickness and work pressures.
- 5.3 Supervisory arrangements and probationary periods differ across the three organisations but all have team meetings, individual supervision sessions and “on the job” observations. All three service providers said they had “open door” policies and staff were encouraged to talk to managers if they had issues or concerns about any aspect of their work.
- 5.4 All three organisations operate structured induction programmes which new starters are required to complete before starting work. Some areas of training such as manual handling, food hygiene, first aid and adult safeguarding are mandatory across all three organisations. However dementia awareness and equality and diversity are optional modules at Care line and disability awareness is optional at all three organisations. Care staff are not required to have any specific qualifications when they are recruited but must possess a Level 3 qualification in order to administer medication. Hartlepool Borough Council also ensures that staff attend periodic refresher training in areas such as adult safeguarding and moving and handling.

6.1 Appendix 1

- 5.5 All of the provider organisations insist that staff complete a Data and Barring Service check, before they are appointed. Care workers at Care Watch and Care Line are required to pay personally for the check (approximately £50) but Hartlepool Borough Council covers the cost of DBS checks for care workers which it employs.
- 5.6 Rates of pay of care workers were around minimum wage at Care watch and Care Line but at Hartlepool Borough Council rate hourly rate paid to care workers is around £8.65 an hour. Care workers at Care Watch and Care Line are generally required to reclaim mileage and other expenses against their tax allowance, although mileage is paid by Care watch if care workers are required to travel to outlying villages. Staff at Hartlepool Borough Council submit monthly mileage claims which are paid by the local authority.
- 5.7 Rotas are set weekly and as far as possible all of the care providers try to ensure that there is continuity with regard to service delivery. However, all providers reported that it can be difficult ensuring that the same care workers/s always visit but every effort is made to ensure that as far as possible people receiving care know the individuals who will be visiting them but it was acknowledged that this is not always possible.
- 5.8 Good working relationships were reported between care providers and social workers and O.T's with regard to ongoing planning and delivery of care. However all organisations have experienced problems around hospital discharge and all three reported that there have been occasions when they have not been informed that a person who they provide care for has returned home after a stay in hospital.
- 5.9 All three care providers said that they have their own internal arrangements for cover and do not use external bank staff. In such circumstances persons providing cover would have been appropriately trained and have been the subject of a DBS check.

6.1 Appendix 1

- 5.10 Information about how to make complaints and give compliments is given out in the body of documentation that individuals receive when they start to receive their care package. All three care providers also said that complaints and issues are treated very seriously and followed up.

6. Conclusions

- 6.1 Overall, a favourable impression was gained of the quality of domiciliary care service delivery in Hartlepool. On the whole those who returned the service user questionnaire responded positively about the services they received and the way in which they are delivered and all three service providers appear to provide a good general standard of care.
- 6.2 However some concerns were identified and these predominantly related to three key areas –
- The impact of travel time on care service delivery.
 - Continuity of care provision during periods when regular care providers are absent.
 - Communication and information flows between care providers organisations and service users.
- 6.3 These areas of concern correlate closely with findings made at a national level by the CQC and all can have a significant impact on the effectiveness and quality of day to day delivery of care to service users.
- 6.4 Healthwatch Hartlepool feels strongly that service users should receive their full care time allocations and that as far as possible there should be continuity of service delivery. We appreciate that services operate within financial constraints but this should not in any way detract from the needs of those receiving services being fully and properly met in line with care plan requirements.
- 6.5 Healthwatch members also feel strongly that as far as practicably possible care service users should always know the care workers who visit their homes and that when changes to routines occur replacement care workers should be properly introduced to service users whenever possible.
- 6.6 Healthwatch members also believe that the ongoing training, support and development of care workers are fundamental to the provision of good quality care by enthusiastic well motivated staff. All staff should receive a full induction which includes issues such as Disability Awareness, Dementia Awareness and

6.1 Appendix 1

Equality and Diversity as core elements along with areas such as Adult Safeguarding and Manual Handling. Members were particularly impressed with the Induction Programme operated by Hartlepool Borough Council and their commitment to providing key issue periodic refresher training.

- 6.7 Communication is also of fundamental importance if care service users are to be kept informed of changes to routine and are to have confidence that when they raise issues or concerns that they will be treated seriously and dealt with quickly. Healthwatch welcomes the recruitment of additional care supervisors which took place over the course of our investigation and feel that this will help to ensure that communication processes function effectively at all times.
- 6.8 Healthwatch members noted with concern the disparity that exists in the pay and service conditions of care staff at the two external provider agencies and Hartlepool Borough Council. HBC pay and service conditions are noticeably superior to those enjoyed by care workers at Care Line and Care Watch and this must have a positive effect on the recruitment and retention of care staff at HBC.
- 6.9 Finally, Healthwatch members noted the greater willingness of relatives and carers to express concerns about the quality and standard of care received by care users which emerged during analysis of the service user questionnaires and believe that they represent an important source of valuable information regarding ongoing service delivery issues.

7 Recommendations

- 7.1 Regular checks should be made to ensure that care time allocations are spent fully with service users in order to ensure that individual care plan specifications are properly delivered. Adequate travelling time must be provided to ensure that care workers can get from job to job without eating in to allocated care time.
- 7.2 Mandatory training programmes across all three service providers should include Dementia Awareness, Disability Awareness and Equality and Diversity. Key modules such as Adult Safeguarding and Manual Handling should be the subject of mandatory refresher programmes across all three service providers to ensure skills and understanding are up to date.
- 7.3 Every effort should be made to ensure that as far as is practicably possible there is continuity of care provision and that robust communications systems are in place to ensure that service users are always informed when changes to care workers and routines take place.
- 7.4 Consideration should be given to ensuring that care staff service conditions such as payment of DBS fees are unified in line with HBC provisions.
- 7.5 Consideration should be given as to how opportunities can be maximised for carers and family members to input into ongoing monitoring and future service user survey processes.
- 7.6 Minimum supervision and support provision for care workers should be no less than four formal supervisions and one appraisal meeting each year across all three of the service provider organisations. In addition to this staff meetings and briefings should be held regularly in order to keep workers briefed and up to date with developments, changes etc. Direct observations should also be carried out regularly as part of ongoing service quality assurance.

8 Acknowledgements

- 8.1 Healthwatch Hartlepool would like to place on record its appreciation of the efforts of the vast majority of care workers who provide vitally important care services in a kind, dedicated and professional manner.

- 8.2 We also wish to thank staff of Hartlepool Borough Council, Care Watch and Care Line for the co-operation and assistance they have given and all those who completed and returned the service user questionnaire, without which this report would not have been possible.

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