

**Adult Services Scrutiny Committee**  
**April 24, 2012**

**Close to Home - National Report on the Quality of Home Care**

**Purpose**

1. This note is provided in response to the executive summary circulated of the Equality and Human Rights Commission report on home care for older people 'Close to Home' (agenda item 7) and specifically addresses questions raised by a member of the Adult Services Scrutiny Committee.
2. The Council welcomes the report and acknowledges that the quality of care across the board needs to improve and to be delivered in a way which enhances people's dignity. Many of the issues raised in the report, such as ensuring older people know how to complain and improving the quality of information have been raised locally in Oxfordshire through consultation events such as HEARSAY, run by the Local Involvement Network. The council is working to address these.

**Questions to be addressed**

3. The use of 15 minute visits, which many believe to be poor practice, particularly in circumstances where enablement is an objective. What proportion of funded home care visits in Oxfordshire are 15 minutes visits?
  - We agree that the use of 15 min visits is generally not desirable and we have worked to reduce them in recent years. However there may be times when a short visit as part of a larger care package is entirely appropriate e.g. to administer medication once personal care needs have been met.
  - In Oxfordshire 2000 older people are currently receiving home care funded by the council, or are receiving a direct payment to arrange their own care. Only 24 people (1%) have a care package that is made up exclusively of visits of 15 minute duration. Overall just under a quarter of all visits are of 15 minutes duration but they are usually part of a larger care package.
  - It is self-evident that increasing the length of the visits will increase costs both to the local authority and to the individual.
  - It remains however important that we monitor the impact of 15 minutes visits overall as part of our quality monitoring.
4. The poor pay and conditions (some below the minimum wage), and training and support of home care workers and contracts which make it impossible for agencies to pay a decent wage. What requirements are placed on firms to provide proper wages and conditions, support and development in Oxfordshire?
  - In 2005 the Council introduced a requirement for providers to declare their typical price component breakdown as part of their tender response. This was to ensure that prices submitted were robust and supported a viable service proposition, and to ensure that hourly rates were at a level that would attract and retain staff.
  - Salary costs per hour (including on-costs) that have been quoted in tender documents from January 2012 have averaged £9.42 per hour.
  - The Council do not routinely monitor compliance with the national minimum wage. It is for the employer to ensure that it meets this requirement and for Revenue and Customs to enforce the national

minimum wage. If HMRC finds that an organisation has underpaid the national minimum wage it will issue a notice of underpayment. If such a deficiency was brought to the Council's attention then it would address this with the provider.

5. Reduction in the frequency and length of home visits. Is there any information about whether this has happened in Oxfordshire and what the impact has been?
  - In Oxfordshire there has been no reduction in frequency or length of visits and support at home remains a key plank of our strategy in maintaining independence and choice for older people. 20% more home care for older people is being purchased this year compared to last year,
  - The average time for a home care visit in Oxfordshire is 28 minutes. This has remained constant over the last year. The average package size has increased from just over 8 hours to just under 10 hours, with the average number of visits increasing from 17 to 19 per week
6. What scrutiny is there of the quality and adequacy of home care services funded by Oxfordshire? Do Oxfordshire's commissioners receive any independent evaluation of adequacy and quality?
  - All home care providers are registered by the Care Quality Commission (CQC). The Council has strong links with CQC including an Information Sharing Protocol for Safeguarding. We regularly liaise with CQC on matters of complaints and poor provider performance.
  - Contracts are reviewed annually by the Council, with staff visiting the providers. The monitoring includes feedback from service users.
  - Providers use an Electronic Time Monitoring System (ETMS) whereby they phone in and out when they visit clients. This data is available to the council and we monitor provider performance on areas such as cancelled visits and late visits
  - In the last year we have introduced volunteer monitoring of services. This has involved training service users, their family and friends to monitor services as 'experts by experience' and to include this in our contract monitoring. We have worked with people in receipt of self directed support to carry out qualitative monitoring of their care through face to face interviews with service users. We would also expect to pick up issues through our regular user survey.

### **Conclusion and Next Steps**

7. We accept that the quality of care provided to people in their own homes is of crucial importance locally and nationally. Robust measures are in place to monitor and improve quality. The council has taken the opportunity to review its approach to quality assurance in social care as part of its reorganisation of the Joint Commissioning Service. A member officer working group is currently developing a plan to improve quality assurance (see paper to Adult Services Scrutiny March 6 paper 9 'Quality Assurance and Monitoring'). We intend to further strengthen our approach to contract monitoring through this process.
8. Furthermore the council is working in partnership with the NHS and Age UK to put dignity and respect at the heart of care services in Oxfordshire. A Dignity in

Care sub group of the adult safeguarding board has been set up with objectives to

- Establish a programme of training and awareness raising for staff working in health and social care settings including managers
- Reward good practice through 'Dignity in Care' awards selected by service users
- Support the established Dignity Champions Network
- Develop measures that tell us how well we are performing at respecting people's dignity.
- Support the improvement in practice raised by service users and carers, for example, improving gowns in hospital and improving the way patients admitted under section are greeted on arrival at hospital.

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