



# Scrutiny Report

People Scrutiny Panel

Home Support in North Lincolnshire

January 2012





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# FOREWORD FROM THE CHAIRMAN



**Councillor Jean Bromby**  
Chairman of the People Scrutiny Panel.

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In May 2011 The 'People' Scrutiny panel was established. The remit was to scrutinise services provided by the council, schools and health services to people of all ages, but with a particular focus on services for children and young people, and adults who may be vulnerable.

The panel chose 'Home support in North Lincolnshire' as the subject of its first review.

Scrutiny has not visited this area before and the panel agreed it would be useful for all members to understand how the care is delivered in North Lincolnshire. It proved to be a high profile subject and has been a regular topic in the national media.

This is a 'snapshot' of care as it exists now. The way that care is commissioned is changing rapidly, and the council has a huge responsibility to maintain safeguards around those residents who are vulnerable. As the report says, we are an ageing population; most people will be affected by the issues discussed in this report in some way. Care is one of the council's most important responsibilities. Visiting the receivers of care was very valuable and enjoyable.

It is fair to say it is a complex area, a service that is delivered behind closed doors, by a range of providers, care workers and increasingly, personal assistants. The panel would like to express their own thanks to the people who deliver good care, and those who manage that service. It is they who give North Lincolnshire the quality reputation it has. I thank the Vice-Chair for his interest and support and all the panel members for their thoughtful contributions and continued commitment.

# BACKGROUND TO THE REVIEW

Home Support, or domiciliary care, is a key council-funded service that allows people to live independently in their own homes, ensuring that people retain their dignity, safety and quality of life. In addition, through relatively low-level support, it can also prevent people having to enter a residential care home or nursing home. Services provided typically include helping people into or out of bed, washing and showering, preparing meals, a degree of medication management, dressing and undressing, and cleaning of the home. However, in some cases care can be much more demanding and personal, with care workers expected to provide complex or very intimate care.

When considering its work programme, the scrutiny panel was aware of a number of recent high-profile investigations and reports that highlighted poor care provided to older people across the UK. Many of these focussed on care homes, facilities that support those with learning difficulties or in a hospital setting. In addition, in June 2011, the Equality and Human Rights Commission (EHRC) published their interim findings of a major national review into older people receiving care in their own homes. These findings included some profoundly worrying examples of poor care, including people being left in soiled beds and clothes for long periods, being left in bed for 17 hours or more between care visits, and, in some cases, a lack of basic support to wash or feed people or to give them enough to drink.

As the EHRC stated in a presentation to accompany their work, “[The] nature of social care is changing rapidly with an increasing number of care transactions likely to take place at the margins of, or even outside of, regulated care.” As such, the panel was very keen to ensure that the services in North Lincolnshire provided the best possible protection against the shocking failures of care described above. In many ways, this review is an additional assurance process to enable independent overview and scrutiny of the care provided, and the systems in place to plan, deliver and monitor quality Home Support care across North Lincolnshire.

Members of the scrutiny panel spoke to all of the main providers of home care, the Cabinet Member for Adult and Children’s Services, The Director of Adult Services, commissioners, contract monitoring officers, and also conducted 16 home visits to service users’ homes.

# RECOMMENDATIONS

## **Recommendation 1**

The panel recommends that the Cabinet Member for Adult and Children's Services, in co-operation with the Director of Adult Services and appropriate officers, host a conference with current and prospective service providers and service users and their families, within three months of receipt of this report being considered by the council's cabinet.

## **Recommendation 2**

The panel further recommends that this conference consider the following issues, agreeing a clear and timetabled approach for the future; (i) staff training needs, provision and delivery, (ii) implementing reasonable rising and putting to bed times for service users, (iii) the retention and continuity of care workers, (iv) clear and concise assessment procedures, understood by each care worker, and (v) how the sector can resolve or signpost queries on equipment, benefits, etc.

## **Recommendation 3**

The panel would also wish to see the conference used as an acknowledgement of the services that are provided by companies and individual care workers. Some form of award scheme may be appropriate.

## **Recommendation 4**

The panel recommends that following launch of the e-market and personal assistant schemes in spring 2012, a clear policy is agreed by the Cabinet Member for Adult and Children's Services by June 2012 to ensure that all current and future service users and

their families and carers receive appropriate and accessible information, with a particular focus on services and care workers/assistants assessed and recommended by the council.

## **Recommendation 5**

The panel recommends that within three months of receipt of this report being considered by the council's cabinet the Director of Adult Services arrange for a free training session, e-learning module or similar to be available for all care staff to enable them to gain a fuller understanding of how to resolve or pass-on concerns about council-commissioned services.

## **Recommendation 6**

The panel recommends that, through the council's usual budget procedures, the importance of protecting the 2012/13 budget for vulnerable adults and those receiving care and support from Adult Services is acknowledged, as far as possible and in line with local people's priorities.

## **Recommendation 7**

Building upon this, the panel recommends that the council continues to lobby for a national solution to the current model of social care, which the panel considers to be ultimately unsustainable, in line with the conclusions in the Dilnot Report.

## **Recommendation 8**

The panel recommends that the panel's work be utilised as an additional assurance process by Adult Services, for example, during external inspections etc.

# FINDINGS

Across North Lincolnshire, around 800 people at any one time receive Home Support paid for wholly or partly by the council. This service enables people to live independently, supports people and their carers, and also prevents expensive and inappropriate access to hospital, residential or nursing homes. Around 12,000 visits are made to people's homes each week, providing 6,400 hours of support. The work is mostly delivered by external companies commissioned by the council, and the council spends around £4.5 million every year on providing this service.

## Context

Adult Social Care is currently experiencing significant changes. At a national level, the Coalition Agreement recognised the "urgency of reforming the system of social care" and several key publications have been published in the interim, including the Dilnot Commission on the future funding of long term care, a Law Commission report on adult care legislation and a forthcoming White Paper, expected in the spring.

The coalition government has repeatedly signalled its intentions to break down traditional barriers between health and social care, and to roll out direct payments and personal budgets through the personalisation agenda. Despite this, the situation remains challenging. A recent Audit Commission report highlighted that, across the country, the majority of councils are coping with the financial situation and are protecting adult social care spending, through focussing budget reductions on services not considered

a priority by local people. However, the report warns that "services protected this year may need to make bigger contributions to future savings."

Despite these future challenges, the council still has a statutory, ethical and moral responsibility to provide care to those in need.

## Provision and Assessment

Around 80% of Home Support is delivered through contracts with 11 external companies. A small number of other companies provide care for those with specialist or particularly profound or complex needs, and some people are supported by council or NHS provided services. The larger companies are roughly arranged into 'patches' to ensure coverage across the local area, although steps are underway to increase the potential for choice (see page 11-12). Each company is registered with the Care Quality Commission (the CQC), who are the statutory regulator and have recently announced plans to carry out inspections of 250 home care providers to ensure respect and involvement, care and welfare, and support for workers.

The first time people need care or support is in times of personal change or crisis. The council's internal services act as a first responder to ensure safety and wellbeing. This leads to a period of rehabilitation where the person is supported to regain as much of their independence as possible. When a person is identified as needing longer term care, an assessment of their social needs and

financial situation is completed by the council, and agreed by the person (and their families/carers) and the provider company. A company to provide these longer term needs is identified and the care package commences. Procedures are in place to ensure that care can be put in place at very short notice.

### Satisfaction with services

The majority of service users that the panel members spoke to were generally happy with the services that they received. 'Regular' staff were highly thought of, and users often reported that any concerns were dealt with

quickly and efficiently when 'the office' was contacted.

The panel's work also ran alongside the Adult Social Care Survey in England 2010-11; a nationally organised survey commissioned by the Department of Health. Questions are asked about the seven outcomes that Adult Services aims to provide for people. The local results that were reported to the council's cabinet on 8 November 2011 were very encouraging across all seven outcomes, and North Lincolnshire Council was rated overall as the second best council in the country. A summary of these scores is listed below:

Outcome	North Lincolnshire	England Average
Experience of Social Care (high score better)	19.6	18.7
Is satisfied with services	91.2%	89.7%
Has adequate social contact	85.6%	77.5%
Has adequate control over daily life	83.4%	75.0%
Gets no help from family and friends (low score better)	14.6%	20.4%
Does not feel safe enough (low score better)	4.5%	7.2%
Quality of life good or better	63.0%	53.4%

703 Participants, 49.1% return rate.

**'I cannot speak highly enough about my carers, who attend seven days a week. I get to make my own mind up about what I want to do.'** Mr G, Scunthorpe



# FINDINGS

Clearly, scoring so highly is very encouraging, and members would wish to congratulate all those involved in providing such excellent services. Whilst the panel acknowledges that the local results are better than the national average on each of the indicators, members are still concerned that *any* service user feels unsafe or has inadequate control or social contact.

## In The Pink Data

The panel received the detailed 'In The Pink' performance data that is compiled and used by the council's officers to plan and deliver services. Again, the local results are largely encouraging, although they highlighted that improvements could be made through increasing the involvement of service users in their care arrangements.

## Service users' concerns

The main concern that service users had tended to centre around when non-regular care workers visited. Understandably, users value regular staff who get to know them, their needs, values and routines, and to become familiar with each other. Whilst users appreciate their care, they have reservations about people in their homes that they may not know well, particularly when their care involves personal services like washing and dressing. There was also a perception that some 'new' staff weren't trained as highly. Also, whilst the panel received an assurance that each service user has a detailed care plan, given the pressures that frontline staff are under, it is possible that care workers who are unfamiliar with the person may not have

the opportunity to read the document in depth.

**“Some of the new staff can be a problem; the regulars are much better. The regular staff don't seem to be getting the hours and the new ones seem to get all the work”**

**Mrs B, Burton**

**“I have two regular carers. I did have some visits from a new one who wasn't as good. I rang the company and she didn't come again. The girls in the office are very good at sorting out problems like that”**

**Mrs H, Barton**

Some users reported frustrations that problems with equipment and adaptations couldn't always be resolved by their care workers or the provider company.

## Providers' concerns

The provider companies had a range of concerns that they raised with the panel. Many of these were day-to-day frustrations, but the main message was that services were increasingly being 'squeezed'. The providers informed members that they had received

either a very small uplift in budgets in recent years, or none at all. As such, their view was that shorter visits were becoming more common, that there was no genuine 'quality of time' to spend with service users, and that 'the care had gone out of it'. However, the companies were clear that there were no users who weren't receiving the necessary physical care, and it was highlighted that North Lincolnshire Council was better than many other authorities that they deal with.

It is arguable that these concerns go against the discussions that panel members had with service users, who regularly reported sufficient support. It also seems to conflict with the findings of the Social Care Survey described previously.

Related to this, providers reported a rise in the number of complex cases, as services were increasingly provided in people's homes and as the population ages (see page 10-11 for further discussion). 'Two care worker' support, the use of hoists and complex dementia support were increasingly common. The providers were clear that this should be seen as a positive result as people live longer, although there are clearly potential resource implications.

Providers highlighted that the paperwork requirements could be taxing. Each company is required to maintain their own client records and review assessments and care plans and some felt that this constituted a wasteful duplication of effort. However, others thought that, whilst duplication did occur, this could act as another informal

check to ensure that nothing has been missed and that risk was mitigated even further.

Providers acknowledged that staff turnover was an issue and they always endeavoured to retain good care workers if possible because service users rated continuity so highly. However, low wages in the sector can inevitably lead to high turnover levels.

### **Training**

Training was discussed at some length with providers and commissioners, after it became clear that there were significant variations in the levels of training that different companies provided. Some companies provided only a few hours, whereas others ran four-day courses. Training is provided in a variety of ways; some companies use 'in-house' staff, some access the free training provided by North Lincolnshire Council, and others use colleges or private training companies. The council is also leading on developing a 'Care Passport' to record training and provide a portable resource for staff to move to other companies.

Work is currently underway through a cross-sector workforce group to agree minimum training requirements, training topics and delivery methods, including access to existing council resources. Increasingly, the council will offer relevant training to providers as part of its commissioning and contract management work. This will help providers understand the council's requirements around trained staff and aid their recruitment plans.

### Knowledge of services and safety

Generally, service users were satisfied that they knew where to go to for information. Family and friends tended to help and support people, and the care workers and provider companies helped to 'signpost' people where they could.

**"I've been given a list of telephone numbers and they're all accessible when required."**  
Mr R, Winterton

**"I did have a social worker but they've moved on and I'm not sure who my new one is. I'd just ring the council though if I needed to."**  
Mrs C, Crosby

Some people seemed to access information on an ad-hoc basis, or from voluntary sector organisations in the area. A minority still didn't know where to go to or had outdated information.

### Extreme weather and adverse circumstances

Due to the extreme weather that the UK experienced in late 2010/early 2011, members asked about service users' and providers' experiences of care during this time. Inevitably, it was a particularly challenging

time for care providers but, thankfully, all service users reported an admirable determination to continue to visit and support them, including care workers travelling lengthy distances on foot to ensure people received a visit. The panel would wish to acknowledge and praise this work.

**"There were no real problems. When my regular carer couldn't get, others did. Some even walked through the snow and ice."**  
Mrs K, Scunthorpe

### Demography and future demand

It has been well-documented that the make-up of society is changing. Due to an ageing population and medical advances, people can expect to live for around 6 years longer than they used to thirty years ago. The recent Dilnot Report states that the number of over-65s is projected to grow by 50% by 2030, and that "the number of people over 90 [is] expected to nearly treble over the next 20 years". The number of working-age adults with a learning disability will also rise by 30% in the same timescale.

This increasing demand means that requests for social care rose by around 4% last year; a trend that's likely to continue across the country in coming years. As people are increasingly cared for in their own homes,

private companies increasingly have ‘filled the gap’. The number of domiciliary care agencies has increased by around a third in the last twelve months in the UK.

As demand rises with associated budget pressures, the Audit Commission document referred to on page 6 suggests ways that councils across the country are considering ensuring the future sustainability of services such as Home Support. Some options include reducing the level or time of care that some service users receive, increasing fees and charges, and tightening eligibility restrictions. Other approaches suggest greater use of council reserves, or prioritisation of adult social care above other council services.

Within North Lincolnshire, there is already an older than average population base. The overall population is likely to increase by around 8% between 2010 and 2015 which, again, is higher than the national expectation, with most of this growth amongst those aged 55 and over. It is likely that this will coincide with a local increase in vascular disease, such as diabetes, heart disease and stroke, and also more people suffering from age-related conditions like dementia, sensory impairments and physical disability. It is likely that demand will continue to rise at, or above, the annual 4% increase as described above. Given the current economic climate, this is an issue of concern to the panel and it is subsequently addressed in the conclusions and recommendations.

Like all other councils, North Lincolnshire Council operates eligibility criteria, ranging

from ‘Critical’ to ‘Low’ to ensure service levels match the levels of need. North Lincolnshire Council is one of only a handful of authorities that still provide for people requiring moderate levels of need.

### **Personalisation**

Personalisation refers to enabling people to exercise their own choice about their own care. This self-directed support is increasingly common, and aims to help people to plan and arrange their own care and support instead of having it delivered in a traditional fashion. Whilst this is appropriate for some people, witnesses acknowledged that personalisation ‘isn’t for everyone’. It is likely that there will always be a number of people who, for a host of reasons, may not be willing or able to plan their own care, even with support or advocacy. In these cases, they will continue to receive all necessary support from the council.

Adult Services in North Lincolnshire is currently developing its teams to prepare for increased use of the personalisation agenda. The intention is that, as choice of provider and care worker increases, many people will wish to organise their own care to suit themselves. It is hoped that this, in turn, will drive up quality as people will no longer put up with sub-standard care. Key to this is a better, more evidence-based choice on the performance of care providers, and users’ views of the care they receive. The panel is encouraged that this is being developed and looks forward to it being rolled out to all service users and their families and carers across North Lincolnshire as soon as possible.

Despite this, market capacity remains underdeveloped in North Lincolnshire. The panel is aware that there is a great deal of work ongoing to stimulate the local market, culminating in a report to the Cabinet Member for Adult and Children's Services on September 6 2011. This sought to enable North Lincolnshire to participate in a regional eMarketplace from spring 2012, enabling care workers, providers and service users to advertise what they're looking for and to provide a 'matching' facility.

# CONCLUSION

Overall, the panel is content that Home Support across North Lincolnshire is a good, sometimes excellent, service, with appropriate steps being taken to strengthen it further through increased choice and marketisation. The panel is satisfied with the level of care provided by the care workers, although members acknowledge the provider companies' firm view that services cannot be 'squeezed' more.

The panel does have some concerns around ensuring staff receive an appropriate level of training, and would wish to see the council work with service users and providers to address the two other main concerns that were raised; namely, staff turnover and inappropriate times to be put to bed or helped out of bed. Whilst the panel acknowledges that care workers have rounds and very busy workloads, the key issue for members is a test of reasonableness; if any member of the public wouldn't wish to go to bed at 8.30pm when they were wide awake, then this shouldn't happen to a person receiving care. Similarly, the panel doesn't consider it reasonable for a service user to have up to 12 care workers, unless in exceptional circumstances.

Looking forward, the panel believes that there are two key issues which will increasingly be of concern in the coming years. Firstly, while the panel supports the personalisation agenda as far as possible, and also wishes to see people trusted and given autonomy to understand and plan for their own needs, members have significant concerns that it

could increasingly lead to unregulated care workers being effectively employed by service users. The marketisation and other schemes described previously should help this to some extent, although care needs to be taken to present the protections involved in a register of approved care workers in a way that is accessible (i.e. non-web-based) and easily understood.

Secondly, the panel has real concerns that rising demand and long-term financial pressures will mean that current service levels are unsustainable without radical change. This was emphasised by the Dilnot Report and remains a key policy debate at national level. Whilst there is a need for this issue to be agreed at a national level, in the meantime the panel would wish everything to be done to protect budgets for vulnerable adults. Many other councils have shielded Adult and Children's Services budgets in the past year, and the panel feels strongly that these are the priority areas for services provided by the council when agreeing to its budget.



