

Agenda

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Community Care Task Group

Date: Wednesday 15 June 2016

Time: 2pm - 4pm

Location: Large Committee Room, Kingston Quaker Centre, Fairfield East, Kingston upon Thames, KT1 2PT

1. **Welcome, introductions and apologies**
2. **Appointment of new chair and deputy chair**
3. **Notes of the meeting held on 17 February 2016**
To approve the notes of the last meeting
4. **Matters Arising**
Not covered on the agenda
5. **Health & Social Care Work Programme 2016-17**
Home care project plan
Progress report
6. **Any Other Business**

Appendix A
Appendix B

DATE OF NEXT MEETINGS

Wednesday 13 July 2016 2pm-4pm
Wednesday 31 August 2016 2pm-4pm
Wednesday 5 October 2016 2pm-4pm
Wednesday 16 November 2016 2pm-4pm
Wednesday 7 December 2016 2pm-4pm
Wednesday 18 January 2017 2pm-4pm
Wednesday 22 February 2017 2pm-4pm

Healthwatch Kingston upon Thames

Community Care Task Group Meeting
 Wednesday February 17th 2016 10:00am-12:00pm
 At Kingston Quaker Centre

Present:

Eleanor Levy, Chair	EL	Caroline Cunliffe, HWK Affiliate	CC
Nigel Spalding,	HWK Trustee	Anne Macfarlane, HWK Affiliate	AM
Sophie Bird, HWK Staff	SB		

ITEM		Action
1.	<p>Welcome and Apologies</p> <ul style="list-style-type: none"> • EL stated she intends to step down from position as Chair within 1/ 2months • AM said she would like to take over this position 	
2.	<p>Minutes of the last Meeting</p> <ul style="list-style-type: none"> • At the last meeting representatives from the Council were all late. This started the meeting in a negative way, also the RBK representatives had not come prepared to answer the points which the CC Task Group had raised. • The purpose of attending the meeting was to clear up communication. Explain the purpose of the group, but it was felt this did not go well. 	
3.	<p>RBK update on care agency training- Angela Parry to report back on care agency staff training & incorporating models of disability.</p> <ul style="list-style-type: none"> • Angela Parry sent her apologies she was unable to attend the meeting. 	
4.	<p>Future working - proposed homecare project group</p> <ul style="list-style-type: none"> • AM reported that she had been commissioned to provide some training to temporary Home Care staff. Lynne Hill commissioned this and told AM they could only afford funding for this allocation of training; 30.2 hours staff from the 3 RBK contracted agencies. • AM said that half of the Trainees had difficulty filling out the forms and paperwork due to a lack of written English literacy. • 80% of the trainees did not understand what the training was about (models of care) • The CC Task Group asked to what extent are RBK and organisations responsible for delivering training? • AM reported that companies provide their staff with in house training however there is often no follow up training. • It seems that training is thrown at random there is no structure or development. • AM reported that people with carers on personal budgets retain staff for much longer. Domiciliary care is not as good 	

because people don't have time to build up relationships.

- The Group raised that HomeInstead got an Outstanding CQC rating.
- The Group discussed the qualities which were picked out in the report - Empowering, connecting, sign posting clients.
- If Care Workers don't have the communication skills how can this be done?
- Attitudes and behaviour, skills and knowledge are key to good care.
- AM reported RBK has commissioned an organisation called Bridges.
- They have been here a year now, commissioned to ask clients to write a book and have made some films. AM stated no one has heard of them including the most senior professionals in the borough.

From *Bridges* website:

We enable health and social care practitioners and teams to support individuals to feel confident to self-manage and less reliant on their services, enhancing the efficiency and impact of their care and rehabilitation.

- The Group discussed the factor of salary and pay difference as a determinant of quality of care.
- The RBK commissioned companies pay Care Workers £12.84 per hour. HomeInstead pays £20.00
- Leadership is now part of CQC grading. What influence do Team leaders have and what is their level of education?
- The RBK Survey which was carried out had a positive result.
- We could compare the RBK performance with other London averages
- RBK Co-ordinated care should be an important consideration for any project work.
- We need to identify patient care experiences, clarify gaps in care

Health & Social Care Work Programme 2016-17

Appendix A

Domain: Social Care Services

Priority 1 - Home Care (To contribute to an understanding about how well home care services perform and use this information to make recommendations to commissioners of the service)

Aim (what do we want to achieve)	Tasks (that will achieve the aims)	Person / People responsible (who will undertake each of the tasks)	Timescale (by when the tasks should be completed)	Progress as at 15/6/16 (what's been achieved so far)
<p>A. To learn about current service provision and what quality assurance processes are in place</p>	<p>1. Undertake a desktop review of existing service provision to determine:</p> <p>1.1 Who currently provides home care for Kingston residents</p> <p>1.2 What quality assurance processes do they have in place</p> <p>1.3 When was their last CQC inspection and what was the outcome</p> <p>1.4 What information is available from RBK about home care services</p> <p>1.5 What was the outcome of last RBK home care service user satisfaction survey</p> <p>1.6 What does the last adult social care user survey say about home care</p> <p>1.7 What regional/national information is available about home care that can be used for benchmarking purposes</p>	<p>Diva Shah</p>	<p>June 2016</p>	<p>Completed (information shared with community care task group)</p>
<p>B. To develop proactive relationship with key stakeholders to support the delivering of the project</p>	<p>1. Contact stakeholders to:</p> <p>1.1 Notify home care providers of our project and request information about their services and how they are performing</p> <p>1.2 Share project plan with stakeholders such as Staywell and Kingston Centre for Independent Living to obtain feedback and request participation at task group meetings</p> <p>1.3 Share project plan with CQC to request latest</p>	<p>Steve Hardisty</p>	<p>June 2016</p>	<p>To be confirmed by community care task group</p>

	<p>intelligence about home care provision</p> <p>1.4 Request RBK input to help develop the project and support evidence gathering processes</p> <p>1.5 Request input from Kingston Carers Network to find out the views of informal carers</p>			
C. To gather evidence to support better understanding of home care provision	<p>1. Identify and implement processes to understand how well home care services are performing such as:</p> <p>1.1 Survey/questionnaire</p> <p>1.2 Focus group</p> <p>1.3 Social media/local press publicity</p> <p>1.3 Enter &View visits to care homes</p> <p>1.4 Outreach to day care services and sheltered accommodation schemes</p> <p>1.5 Role of Kingston Coordinated Care Programme</p>	CCTG	July-October 2016	To be confirmed by community care task group
D. To produce a report detailing project findings and recommendations for commissioners	<p>1. Use the report to:</p> <p>1.1 Explain why the project was carried out</p> <p>1.2 How feedback was gathered</p> <p>1.3 Identify key themes</p> <p>1.4 Provide a conclusion and recommendations</p> <p>1.5 Include responses from providers and commissioners</p>	Diva Shah	December 2016	To be confirmed by community care task group

<p>Health & Social Care Work Programme 2016-17 Domain: Social Care Services Priority 1 - Home Care Project Plan Aim - A (To learn about current service provision and what quality assurance processes are in place)</p>	
<p>1.1 Who currently provides home care for Kingston residents</p>	<p>As from September 2013 the following companies were awarded contracts to provide home care for Kingston residents:</p> <ul style="list-style-type: none"> a) Alpenbest Care b) Eleanor Nursing and Social Care c) Supreme Care services
<p>1.2 What quality assurance processes do they have in place</p>	<p>The quality assurance processes provided by the three contracts are:</p> <ul style="list-style-type: none"> a) Alpenbest Care: <ul style="list-style-type: none"> i. Regularly updating the training skills of staff, ii. Systematically monitoring performance and identifying areas they can improve through audits, spot checks and surveys, iii. Ask for regular feedback from service users to respond to any areas of concerns, iv. Employees adhere to “Ten point Dignity Challenge” guidelines to provide high standard of quality in care that respects service user’s care needs and dignity. b) Eleanor Nursing and Social Care: <ul style="list-style-type: none"> i. Regularly check and monitor the service, ii. Regularly monitor the performance of staff by carrying out telephone surveys, customer satisfaction questionnaires and random assessments. c) Supreme Care Services: <ul style="list-style-type: none"> i. Staff are thoroughly screened, trained, DBS checked and in-depth references are also obtained, ii. Provide training for staff.

	Source: Provider website
<p>1.3 When was their last CQC inspection and what was the outcome</p>	<p>a) Alpenbest Care: Last CQC inspection 19 September 2014. Report published 25 October 2014.</p> <p>Outcomes:</p> <ul style="list-style-type: none"> - Met CQC's standards. - Appropriate measures in place to manage medicines and protect people against the risks associated with medicine (including administration) - Measures included training of staff, auditing of records, spot checks and employing medicine administrative assistant <p>b) Eleanor Nursing and Social Care: Last CQC inspection 4 June 2015.</p> <p>Outcomes:</p> <ul style="list-style-type: none"> - Requires improvements: Quality assurance systems in place were not always effective because provider had not identified safety issues CQC inspectors found. - Safety concerns regarding medicines management. No adequate measures in place to ensure that people received their medicines safely or that medicines were appropriately recorded. - Some risks were not appropriately assessed and managed robustly. - People were not protected from the risks of being cared for by unsuitable staff because some staff had not been thoroughly vetted before they started work - The service had procedures in place to safeguard people from abuse and these were used appropriately to identify and report potential abuse - There were systems to protect people from risks associated with poor hygiene and infection control. - Staff were caring, took the time to get to know users well including their preferences and cultural needs. People received information they needed in a format appropriate to their needs to enable them to be involved in making decisions about their care. <p>c) Supreme Care Services: Last inspection (at Morden branch) - 6 November 2014</p> <p>Outcomes:</p> <ul style="list-style-type: none"> - Met CQC's standards - People said service was caring, they were treated with respect and dignity. Their independence was respected. Their views

	<p>and experiences were taken into account in the way the service was provided and delivered in relation to their care.</p> <ul style="list-style-type: none"> - People using the service were able to ask for changes in their care and support as their needs changed. Care plans were reviewed regularly and people felt supported. - Appropriate complaints procedure in place - all service users knew how to make a complaint. This was provided in a format that met their needs. Previous complaints had been resolved satisfactorily. - Safeguarding procedures were robust and care workers understood how to safeguard people being supported - Recruitment practice safe and thorough - Care workers received regular and appropriate training and supervision to ensure they were able to meet the specific needs of people using the service, - Manager and care co-ordinators carried out regular checks to assess and monitor the quality of services provided and took appropriate action to address any issues or concerns raised about service quality. <p>Source: CQC website</p>
<p>1.4 What information is available from RBK about home care services</p>	<p>Information obtained from RBK on how many people receive home care and what proportion receives service through a personal budget:</p> <ul style="list-style-type: none"> - As at February 2016, there are 658 people on a managed service, - Another 25 percent approximately have a personal budget <p>Source: Angela Parry, RBK</p>
<p>1.5 What was the outcome of last RBK home care service user satisfaction survey</p>	<p>The findings below are a brief summary of the findings of the RBK home care user satisfaction survey. The full list of findings can be found on the survey</p> <ul style="list-style-type: none"> a) Survey last carried out in 2013 involving home care service users from a number of home care agencies b) Number of survey respondents: 116 c) Age range: <ul style="list-style-type: none"> • Under 65: 9% • 65-69: 7% • 70-74: 6% • 75-79: 9% • 80-84: 14% • 85-89: 23% • Over 90: 32% <div data-bbox="1021 1023 2087 1134" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Question: Is this a representative sample? 18% (116 out of 658) of total home care service users.</p> </div> <div data-bbox="797 1193 1588 1283" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Question: what are the reasons why people need home care?</p> </div>

d) Ethnicity:

- White British: 85%
- White Irish: 4%
- White Other: 5%
- Mixed White and Black Caribbean: 1%
- Asian / Asian British / Indian: 2%
- Other Asian: 3%
- "Other": 1%

Questions:

Does this reflect Kingston's ethnic diversity?

Are BME communities aware of the availability of home care?

Do these figures indicate health inequalities between BME groups?

e) Amount of care received per week:

- Under 2 hours: 21%
- 2-5 hours: 24%
- 5-10 hours: 27%
- Over 10 hours: 27%

Question: Do respondents feel this enough time to meet their needs?

f) Satisfaction: overall 91% were satisfied with the help they received

g) 92% thought care workers always/usually came at times that suited them

h) 97% said they always/nearly always saw the same care workers

i) 70% said someone always told them about changes to their home Care service. 15% said they were hardly ever told. And 15% were never told.

Question: How does this relate to person centred care planning processes?

j) 85% thought care workers have the right skills to help them

k) 21% had experienced a service breakdown in the past three months

l) 67% thought alternative care workers knew what tasks should be Completed

- m) 29% of respondents felt in control of their life
- n) 56% thought that services helped them feel in control of their daily life

Question: What is required to improve the proportion of people feeling in control of their lives?

Further comments received:

- People wanted help with cleaning, dusting, washing, ironing
- Carers keeping in contact with family members
- Carers to speak better English
- Make a sandwich at lunch time
- Relief carers to know what to do
- More time on tasks
- To go out for a walk
- Give medication
- To make own decisions about lunch menu

Summary of comments received about improvements:

- To be informed if a carer was going to be late or was not coming
- For their family to be kept informed about changes or urgent needs
- Wanted more time or more flexible times
- Wanted to see the same carers
- Wanted to have regular times
- Wanted the carers to speak and understand English better
- Wanted to be informed if a different carer was coming

Summary of comments received from individuals:

- Closing the front door when leaving
- If two carers are needed they arrive at the same time
- Weekend carers to know tasks
- Be more tidy
- Deal with medication correctly
- To know what tasks are supposed to be undertaken
- Make evening call later
- Put on clean (not dirty) clothes

Question: What actions have been taken to address these serious concerns?

	<ul style="list-style-type: none">- Review of individual needs with service user- Office staff to ensure carers are given correct information e.g. entry codes.
1.6 What does the last adult social care user survey say about home care	<p>Findings below are a brief summary of survey results carried out in 2014/2015.</p> <p>Number of respondents: unknown</p> <ul style="list-style-type: none">- 62% of respondents were extremely/very satisfied with the care and support services they received- 67% thought their quality of life was good overall- 92% thought care and support services helped to have a better quality of life- 75% had control over their daily life- 89% thought care and support services helped in having control over daily life- 68% felt as safe as they wanted- 87% thought care and support services helped in feeling safe- 35% of respondents thought they could get to all places in their local area that they wanted

1.7
What regional/national information is available about home care that can be used for benchmarking purposes

Two national survey findings (from Guardian Social Care Network and CQC), and guidance from NICE are summarised below with their website links provided. The purpose of these surveys in the desktop review is to give a greater understanding of the type of concerns raised by service users.

- 1) **National home care survey carried out in 2013 by Guardian Social Care Network on behalf of Department of Health.**
Link: <https://jonrouse.blog.gov.uk/2013/10/31/homecare-innovation/>

Number of Respondents: 1443

FINDINGS:

Over 1000 people said the most important factor was either:

- Friendly, respectful, capable care workers
- Sufficient time for care or
- Choice about services e.g. when visits happen, who visits and what care workers do.

The answers to further questions are also revealing:

- i. 66 percent of the respondents said it was quite difficult or very difficult to choose how homecare services are delivered:
 - Time of visits - sufficient time for care,
 - Who visits,
 - What care workers do to do this
 - Too few fully trained care workers
 - Making information about services more accessible and more available
 - 44 percent of respondents said they didn't think councils worked well with others to arrange good quality homecare.
- ii. When asked how easy it was to change care provider or care worker if someone was not happy with their care, 56 percent of respondents reported this was quite or very difficult
- iii. When asked how easy it was to make a complaint, different groups thoroughly disagreed on this point:
 - Councils, care workers and homecare providers ranged from 48 - 61 percent of respondents stating it was very or quite easy to make a complaint.
 - 24 percent of friends and family and 17 percent of people receiving homecare stated it was very or quite easy to make a complaint

Analysis from survey:

- i. Why do we have the above results?

- ii. What can we do to change this?
- iii. Specifically, the things that people value most are really basic - respect, time, choice. Should commissioners build their specifications from the perspective of what people value most, spending limited resources on making sure those perspectives are protected first?
- iv. The survey results possibly indicate a drive for further personalisation.

2) CQC Home care inspection review February 2013. Link:

<https://www.nao.org.uk/wp-content/uploads/2015/03/Adult-social-care-in-England-overview.pdf>

CQC inspected 250 home care agencies, consisting of 208 privately owned agency services, 22 council owned and 20 owned by voluntary organizations. Gathered views of more than 4600 people.

Findings:

- i. Many providers were delivering a very good service - overall 74 percent (184 out of 250) services met all the five standards CQC inspected.
- ii. Concerns relating to respecting and involving people who use services included:
 - lack of continuity of care workers
 - limited information to people about the choices available to them
 - failures to keep people informed about changes to their visits
- iii. With respect to the care and welfare of people who use services, concerns included:
 - Missed or late calls and inconsistent weekend services
 - Lack of staff knowledge and skill, particularly with regard to dementia
 - Inadequate assessments of needs including reviews and updates
 - Lack of detailed care plans including choices and preferences and complex care needs
 - Lack of coordination of visits requiring two care workers
 - Lack of involvement of family or carers
- iv. Main concerns relating to safeguarding people who user services from abuse:
 - Failures to report safeguarding concerns in line with local policy,
 - Out of date procedures,
 - Staff not understanding safeguarding or whistle-blowing procedures.

- v. Concerns of how providers support their staff:
 - Staff meeting unsupported their management teams and not always being able to deliver care in the right way because they are too rushed, with no travel time and unscheduled visits added to their day,
 - A lack of planned supervision and performance monitoring for staff,
 - Training needs not being indentified, or if they are identified, they are not met,
 - Staff not being confident in using equipment,
 - Induction not always being completed or not following recognised standards and not monitored
- vi. Concerns relating to how providers asses and monitor the quality of the services they deliver:
 - Lack of formal, documented quality monitoring processes. People were not asked for their views about the services they received, or if they were, no action was taken.
 - Key areas of service provision were not monitored such as missed or late calls and there were no clear processes for managing incidents and complaints.

Summary: the report highlighted and made recommendations for the following:

- i. Late and missed calls
- ii. Lack of consistency of care workers
- iii. Lack of support for staff to carry out their work, failure to address the ongoing issues around travel time
- iv. Poor care planning and a lack of regular review
- v. Staff understanding of their safeguarding and whistle-blowing responsibilities.
- vi. Gaps in some agencies' quality monitoring processes, including not actively seeking the views of people using services and their carers and relatives

Gaps in quality monitoring processes is particularly important in an environment where people may be reluctant to complain for a number of reasons; some people are worried about getting their regular care workers into trouble, or are worried about reprisals if they complain about the service they receive. This has to be kept in mind.

- 3) **NICE GUIDELINE - Home care: delivering personal care and practical support to older people living in their own homes.** Published 17 September 2015. Link: <https://www.nice.org.uk/guidance/ng21/resources/home-care-delivering-personal-care-and-practical-support-to-older-people-living-in-their-own-homes-1837326858181>

The NICE Guideline is an extensive and holistic guideline on delivering home care. Given the findings of the above CQC and Guardian Social Network surveys/reports, the NICE guidelines address the findings and main areas of concerns. The guidelines thus offer a level of benchmarking to assess home care. Full details for benchmarking can be found on the link provided.

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| | <ul style="list-style-type: none">i. Ensure people using home care services and their carers are treated with empathy, courtesy, respect and in a dignified way by:<ul style="list-style-type: none">• Involving people and their carers in discussions and decisions about their care and support• Agreeing mutual expectations• Always respecting confidentiality and privacy• Providing a reliable service that people and their carers can trust• Regularly seeking feedback (both positive and negative) about the quality and suitability of care from people using the service, including those who do not have a carer or advocateii. Prioritise continuity of care by ensuring the person is supported by the same home care worker(s) so they can become familiar with themiii. Ensure there is a transparent process for ‘matching’ care workers to people, taking into account:<ul style="list-style-type: none">• The person’s care and support needs, and• The care workers’ skills, and• If possible and appropriate, both parties’ interests and preferencesiv. Ensure the person using the service, and their carers (if the person has involved them in their care), can direct the way home care is delivered. This is so that the person’s safety, comfort, independence and sense of security are always promoted.v. Tailor all information for different audiences to ensure it is accessible and understandable. Ensure information is:<ul style="list-style-type: none">• Be aware that the circumstances that lead people to need home care can be traumatic and people may find it difficult to take in a lot of information,vi. Ensure home care packages address social care-related quality of life and the person’s wider wellbeing (for example home cleanliness and comfort) in addition to practical support. Recognise that people who use home care services often need support that goes beyond their personal care needs.vii. Ensure integrated care and support is delivered to the person through a coordinated group of workers (where care involves more than one practitioner). The composition of this group should reflect the person’s needs and circumstances, and should recognise the expertise, knowledge and commitment of all members.viii. When assessing risk, balance the risk of a particular behaviour or activity with how it is likely to benefit the person’s |
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wellbeing and help improve their quality of life. The named coordinator, or other practitioners planning home care, should:

- Complete a risk plan with the person as part of the home care planning process and include this in the home care plan
- Ensure the risk plan includes strategies to minimise risk, for example specialist equipment, use of verbal prompts, use of support from others
- Ensure the risk plan includes the implications of taking the risk for the person and the care worker
- Carry out risk assessments as part of home care planning and at relevant intervals, such as when significant factors change

ix. Social care practitioners should liaise with healthcare practitioners and other people involved in the person's care and support to ensure the home care plane promotes wellbeing, particularly in relation to:

- Medicine management
- Pain management
- Overall skin integrity and preventative care

x. Write any medicines management requirements into the home care plane including:

- The purpose of, and information on, medicines,
- The importance of dosage and timing, and implications of non-adherence
- Details of who to contact in the case of any concerns

xi. Healthcare practitioners and home care workers should liaise regularly about the person's medication

xii. Healthcare practitioners should write information and guidance for home care workers about medicines in the home care plan.

xiii. Ensure health and social care practitioners working in primary and secondary care liaise with home care workers to provide integrated, person-centred support.

xiv. Build a culture in which reporting of safety and abuse concerns is understood as a marker of good care, not just as a negative outcome of poor care.

xv. Ensure home care workers are able to recognize and respond to:

- Common conditions such as dementia, diabetes, mental health and neurological conditions, physical and learning disabilities and sensory loss
- Common care needs, such as nutrition, hydration and issues related to overall skin integrity,

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| | <ul style="list-style-type: none">• Common support needs such as dealing with bereavement and end-of-life• Deterioration in someone's health or circumstances. |
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