

Care at Home Re-Tender Consultation Findings

A 6-week public consultation ran from Monday 04 November to Sunday 15 December 2024.

Commissioners wrote to 841 people who receive Care at Home asking them, along with family and friends, to complete a survey and offered the opportunity to attend consultation sessions, both online and face-to-face.

The same survey was open to Providers, Social Workers, Health Colleagues, Bury VCFA, Healthwatch, and other partner agencies. They too were offered the opportunity to attend online and face-to-face consultation sessions.

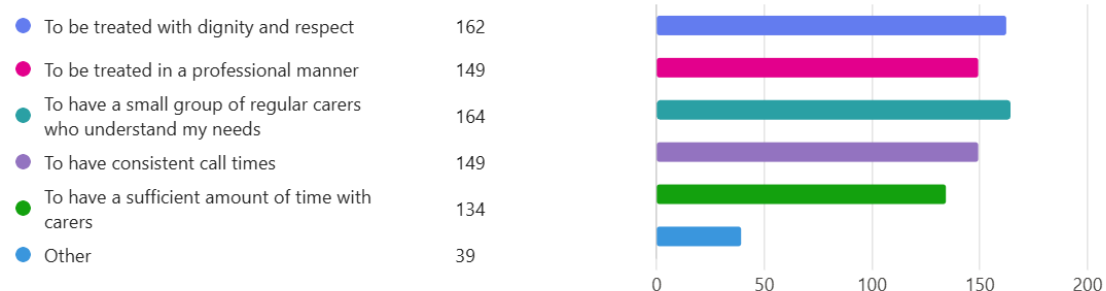
Survey Feedback

176 responses were received in total with the majority of respondents (53%) being a family member or friend. Please see the chart below for a further breakdown:



When thinking about Care at Home, the top two most important things for people included being treated with dignity and respect and having a small group of regular carers who understand the person's needs.

Please see the chart below for a further breakdown:



Under 'other', respondents believe it is important to:

- Keep the same Care at Home provider, for continuity of care, particularly if the person has a mental health condition and/or confusion.
- Have a service that is well led with good customer service, particularly when concerns are raised.
- Have open lines of communication.
- Have consistent Care Workers so they understand the needs of people they care for.
- Have Care Workers with clear spoken and written English language skills.
- Have well-trained Care Workers who understand the importance of good hygiene.
- Have Care Workers who are helpful, friendly, kind, understanding, and patient.
- Have Care Workers who are professional, responsible, trustworthy, and reliable.
- Have Care Workers who respect people's homes.
- Have Care Workers who are proactive and liaise with other professionals when needed.
- Have Care Workers who wear the correct uniform, ID badge, and PPE.
- Have Care Workers who provide some social engagement and emotional support.
- Have medication administered correctly.
- Have food cooked properly.
- Recognise and respect the role of unpaid carers.
- Have accessible online notes for people who receive Care at Home and families.
- Have flexible care as and when needed.
- Improve the understanding of how minute billing works.
- Improve the understanding of why carers use their phones during care calls.

Please note these bullet points are a summary of key messages only.

One family member wrote:

“Above ALL to have a friendly and kind carer who will show an interest in mum as a person, not simply a 'patient'. Some friendly chat and a smile is SO important.”

When asked how the Care at Home service could be improved, respondents suggested:

- Improved hospital discharge processes.
- Improved communication when visits are delayed or changed.
- Introduce a cap on how many individual Care Workers a person can expect to see in a week.
- Improved quality assessments.
- Ensure Care Workers are not rushed and have plenty of time on each visit.

- Local Authority to base their pay rate on The Homecare Association's calculation for the Minimum Price for Homecare in England of £28.53 per hour.
- Framework agreement to allow new suppliers to join at regular intervals.
- More Dementia training and better understanding of various disabilities and health conditions.
- Better understanding of the local area.
- Diverse staff to meet the needs of different people.
- Some suggestions included adding shopping, cleaning, hairdressing, getting out and about, and other services into Care at Home.
- A suggestion to include a night-time emergency response service.
- A suggestion for the service to be ad hoc and only pay for visits when needed.

Please note these bullet points are a summary of key messages only.

One person wrote:

“To have regular getting up times. Lying in bed wondering what time someone is coming to you can be distressing if they come too late.”

Further comments and feedback included:

- Suggestion to call paid staff 'Care Workers' and unpaid family or friends 'Carers'.
- The importance of maintaining independence.
- Inconsistency of care standards.
- The need for consistency in Care Workers and call times was emphasised throughout the feedback.

Please note these bullet points are a summary of key messages only.

One person wrote:

“I am very satisfied with the care agency which takes care of me extremely well.”

Another wrote:

“There is a huge discrepancy in the standard of care according to which carer comes. There is a huge lack of CONSISTENCY in the company's standards despite their literature stating all the carers are trained.”

One last key message that was highlighted throughout the feedback was the fact that people who receive Care at Home and family members need a better understanding of what Care Workers can and cannot do, and for expectations to be managed from an early stage.

Provider and Partner Agency Consultation Sessions

Please note that all of the information below stems from conversations during the consultation period, they are suggestions, ideas, and comments only. No decisions regarding changes have been made at this stage.

Discuss new and improved Key Performance Indicators (KPIs)

- The Council will have a legal obligation to publish x3 KPIs and performance against them for Care at Home from February 2025.
- Visits should be within tolerance of offered times (30 minutes either side).
- Punctuality and contact time are important. The first call must always be on time. We must consider that there will be genuine reasons/ emergencies that cause lateness.
- Suggestion to move away from Brokerage offering times, as these often change.
- Suggestion for providers to offer times following their assessments.
- Suggestion for KPI linked to continuity of care.
- Suggestion for random audits as part of the Quality Assurance Framework.
- Welcome letter will manage expectations.
- Quality based KPIs are important.
- Suggestion for KPI linked to medication using E-Mar.

Discuss whether there is a need for 'Lot 3' for people who have complex needs

- We need to clarify what we mean by 'complex'
- Providers who were part of these discussions feel they are often able to manage people who have complex needs if they are given the right information at the right time.
- Providers need a full picture to consider if they can meet needs, they need time to do this, they need time to look at rotas and time to discuss needs in team meetings.
- A phone call from Brokerage or the Social Worker would be better than an e-mail.
- Providers would benefit from improved relationships with Social Workers (possibly via Brokerage).
- 'Additional Information' section on the Domiciliary Care Request Form (DCR) should be better used.
- Basic information can sometimes be missing from DCR and Support Plans.
- We need a definition of 'complex'
- Previously 'complex' meant people with a specialist Physical Disability, Learning Disability or Mental Health condition and this went to Complex Care Panel.

- Care Quality Commission (CQC) registration is needed for specific areas now. Providers can no longer tick all the boxes on their CQC registration without having the correct policies and procedures in place for specialist areas.

Discuss the Trusted Assessor Model (allow providers the freedom and authority to decrease packages of care)

- Social Work Assessments can sometimes be limited and do not always reflect the needs of the person, particularly when people are being discharged from hospital and there are discharge pressures.
- People do not always know the details about their care when they are discharged from hospital.
- Screening by Integrated Discharge Team (IDT) is not always completed.
- Often care can be reduced once a person returns home from hospital.
- The right package of care is needed at the right time.
- If a Bury resident is in a different hospital, the host hospital can complete the assessment and send to Bury. This is a Greater Manchester (GM) arrangement which they call a Trusted Assessment, but it is actually a GM system-wide document, so the terminology can be confusing.
- Discharge to assess is a process and the trusted assessment is part of the process.
- Reablement is also part of the process.
- Providers pick up reablement cases when the reablement team have not got capacity.
- Could the providers be part of the discharge to assess process?
- Some of the providers would like to do their own trusted assessment.

Discuss whether 30-minutes should be the minimum call time for personal care

- Suggestion that 30-minutes should be the minimum for people with dementia.
- Suggestion that 30-minutes should be the minimum where medication is involved.
- Some people will not want 30-minutes when they are charged by the minute.
- Some people/ families request reductions due to costs.
- Some Support Plans ask for too many tasks to be completed in 15-minutes.
- Suggestion for Brokerage to complete more scrutiny of support plans.
- Suggestion for Social Workers to go out with providers as part of their induction process.
- 15-minutes become the target, and the quality of care can be lost.
- If calls take longer than planned, this has an impact on other calls throughout the day.
- Suggestion to change the % of suspended payments (Brokerage to take on).
- There needs to be a clear mission/ vision of the service.
- 80% of people in this discussion agree that 30-minutes should be the minimum call time. 20% of people think 20 to 25 minutes.

- All the details need to be considered, getting out of the car, getting the key out of the key safe/ wait for the person to answer the door, saying hello before the care starts.
- It is important for provider managers and social workers to go out and see what tasks can be achieved in 15-minutes.
- 15-minute visits can be very rushed and takes away from person-centred care.
- We need to balance quality and cost.
- In Bury we have a lot of 15-minute visits, we are an outlier.
- Tasks are at the discretion of the social worker, there is nothing formal about what can be completed in 15-minutes. Guidance for social workers would be helpful.
- Historically 15-minutes was more of a welfare check, but it has become the norm for personal care/meals etc.
- A suggestion that meals cannot be prepared within 15-minutes.
- A suggestion that medication cannot be administered safely within 15-minutes, especially if there is an issue and contact is needed with the pharmacy etc.
- Suggestion that the Medication Policy needs to be reviewed.
- A change of circumstances form can be completed if an increase is needed.
- Social Worker Managers need evidence for increases and decreases and there is a difference between a need and a wish.
- A lot of reviews are still being completed without the provider.
- A suggestion that prevention should be part of the visits and if there is extra time when practical tasks are completed, this could be used for social interaction.
- The other side of the coin to this is that some people do not want the extra social interaction, especially when they are paying, and there are alternative options for social support provision.
- It is often family members who scrutinise invoices.
- More complaints re care workers staying over time since minute billing was introduced.
- Increasing visits can sometimes be difficult to fit into rotas. If the visit goes over the threshold, the provider does not get paid. Admin issues for provider.
- It is easier to decrease a visit than increase.
- Suggestion that providers should be trusted to decrease visits.

Consider running pilots related to:

Technology Enabled Care (TEC)

- It would be useful to have TEC in place sooner to tailor care packages (dementia front runner model).
- TEC cannot replace care, and more work is needed around the understanding of this (providers and social workers).
- TEC sessions would be useful.
- Some providers are keen to trial new TEC.

- Expand use of AI and virtual care calls.
- My Home Helper is one option.
- Suggestion about whether we could pilot 'virtual care calls' potentially if someone doesn't need physical support, possibly for welfare type calls and a reminder to wear care link pendants etc.
- There are monitoring pieces of TEC that we could also potentially pilot (canary system is one).
- We must be mindful of digital inclusion and exclusion. Beginning with a telephone is sometimes a good starting point.
- A comment that the criterion for care is high in Bury and there might not be many people suitable for virtual care calls.

Blended roles

- Barriers to upskilling the workforce when there is minute billing.
- District Nurses raised capacity issues around shadowing previously.
- It would need to take a phased approach with the correct resources.
- Some 'complex' providers already do blended roles.
- Blended roles pilots did run a couple of years ago in Bury, but there was a false start due to District Nurses feeling they did not have capacity to train care staff. Plus, issues around COVID.
- Blended roles has been successful in Tameside, and we are expecting a re-launch in GM.
- Blended roles is in the current service specification, and we are likely to leave this in so that we can participate in the potential re-launch.
- One issue is that people do not pay for District Nurses, but they do pay for care.

Reablement

- The Trusted Assessor role would need to support a pilot related to reablement.
- Improving and maintaining independence takes time, particularly those recently discharged from hospital.

Public Consultation Sessions

Despite 841 people who receive Care at Home being invited to online and face-to-face consultation sessions along with their families, friends, and other interested parties, the attendance was extremely low. However, the Chair of the Bury Older People's Network did attend, and the following discussions took place:

General Discussion

- Most older people want repetition, familiarity, and continuity.
- People should automatically go back to their previous provider after a hospital stay.
- 15-minute visits are a potential health and safety risk due to not having enough time to cook food properly.
- Good quality care and good staff retention go hand-in-hand.
- Identifying unpaid carers is essential.

Welcome Letter

- Include useful contact numbers.
- What to expect.
- What not to expect.
- People who receive Care at Home should receive a copy of their support plan, and the tasks should be followed.
- Tolerance times should be explained.
- People should be aware that Care Workers use their mobile phones for ECM and care notes (there is not always a hard copy file).
- Ring doorbells are not considered when querying clock in/out times.
- Zero tolerance of abuse towards Care Workers.
- People cannot choose their favourite Care Workers, and they must understand the need for a rota system.