

## **Cyngor Sir CEREDIGION County Council**

**REPORT TO:** Healthier Communities Scrutiny Committee

**DATE:** 24<sup>th</sup> May 2023

**LOCATION:** Penmorfa

**TITLE:** Domiciliary Care – an overview

**PURPOSE OF REPORT:** For Information

**REASON SCRUTINY HAVE REQUESTED THE INFORMATION:** To consider the Councils position and approach on Domiciliary care

### **BACKGROUND:**

Ceredigion County Council commissions Domiciliary Care for Service Users, who by reason of vulnerability or other circumstances have been assessed as requiring such care in line with the Social Services and Well Being (Wales) Act 2014. The principles underpinning the provision of Domiciliary Care are identical to the fundamental principles of the Social Services and Well Being (Wales) Act 2014, namely:

- Voice and control – putting the individual and their needs, at the centre of their care, and giving them a voice in, and control overreaching the outcomes that help them achieve well-being.
- Prevention and early intervention – increasing preventative services within the community to minimise the escalation of critical need.
- Well-being – supporting people to achieve their own well-being and measuring the success of care and support.
- Co-production – ensuring service users are equal partners and able to share power in the design and delivery of services.

### **The Social Services and Well-being Act**

Seeks the transformation of social care in Wales so that it achieves two principal objectives:

1. Services that achieve the well-being of citizens: “what matters” to them as they define it.
2. Services that are sustainable despite demographic trends.

To achieve these two objectives, the Act promoted four headline principles, and one corollary principle. This means providers will be expected to demonstrate these in submissions to join the DPS and service delivery. Providers will be expected to collaborate with Ceredigion County Council throughout the duration of the contract to embrace and embed the ethos outlined by the National Commissioning Board and Cwmpass in their Transforming Social Care Guidance funded by Welsh Government.

## **Added Value**

All care services provide social value simply by providing social care. But providers can do more, particularly by engaging with the local community for reciprocal benefit and to support community resilience and resourcefulness. Providers can add environmental value by reducing waste, minimising their carbon footprint, and initiating or participating in local environmental projects. Providers add economic value through their approach to the remuneration of staff, their deployment of offices and higher paid roles within a locality, and their procurement decisions.

**Collaboration:** Providers must demonstrate that they are not inward-looking but connect and work with others to give people access to more resources, opportunities and supports. This should involve collaborating with other professional organisations allied to care and support, but it should go beyond this. We are looking for providers with a clear understanding of the value of working with others both inside and outside the care sector, and with relevant skills and experience in doing this.

**Co-production/Voice and Control:** The provider must demonstrate that they mobilise people's opinions and assets – including community and relational assets – and involve people who access services (users) and carers in the design, delivery and evaluation of their care and support. The provider must respect people's right to take ordinary risks and make their own choices. The provider should also welcome the involvement of advocates to support people who have difficulty representing their own interests.

**Prevention:** The provider must demonstrate that they think long-term and act to reduce or avoid dependency. Prevention is all about helping people to reduce risks to well-being and / or maintain their well-being before things get so difficult that they need lots of paid-for care. Prevention activities are good for people because most people prefer being as independent as possible. This is good for public services because it helps to keep down the pressure and unnecessary demand on limited finances.

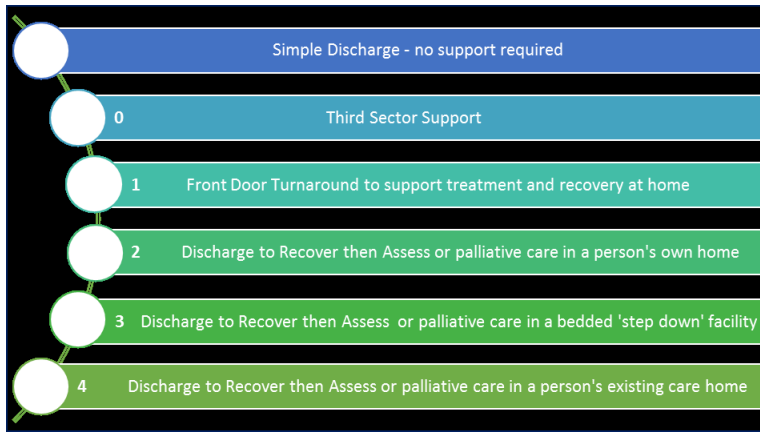
**Well-Being Outcomes:** The provider must demonstrate that they do what matters to people. These are the things that make up the basics of a good life. They are all about having a life, not just having a service.

In the context of social care, Social Value Models of Delivery deliver two things.

1. Great social care for individuals is itself a source of social value. Conversely, poor social care for individuals is not a source of social value.
2. Added value comes from models of care and support which deliver social, economic, and environmental value, above and beyond the delivery of great care for individuals. This added value benefits the community and the wider world - and benefits future generations.

## **WG Discharge to Recover and Assess**

Hospital Discharge Services Requirements for health, social care, third and independent sector partners in Wales came into force from April 2020.



## Rebalancing Agenda

In January 2021 the Welsh Government published a White Paper setting out an ambition to rebalance care and support. 'Rebalancing' includes an explicit commitment to a mixed economy of provision 'so that there is neither an over reliance on the private sector (including the voluntary and charity sector), nor a monopoly in the other direction', but is defined more broadly as a set of descriptors of the system change sought:

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### Rebalancing means...

...Away from complexity. Towards simplification.  
 Away from price. Towards quality and social value.  
 Away from reactive commissioning. Towards managing the market.  
 Away from task-based practice. Towards an outcome-based practice.  
 Away from an organisational focus. Towards more effective partnership...

... to co-produce better outcomes with people<sup>1</sup>.

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## A National [Domiciliary] Care Service: Creating a franchise model

*The Strategic Case for Change: Sustainable Balanced Care and Support at Home in Wales*  
 Most local authority areas in Wales are now reporting waiting lists for care provision due to a shortage of care staff. Work has begun to address terms and conditions for care staff, but unless we fundamentally consider a whole employment package and levels of support afforded to domiciliary care, we will continue to see challenges and workers opting for alternative roles outside the sector, such retail, hospitality, healthcare, etc.

The Rebalancing Care & Support in Wales consultation responses suggested variation across Wales in how domiciliary care and support is delivered and how direct payments are used, with direct payments often being used as a last resort for people, when registered domiciliary care provision is unable to be secured. The June 2021 summary paper suggested that new commissioning arrangements must include provisions to help older people, including carers and people living with dementia, benefit from flexible services without being overwhelmed with unfamiliar and onerous responsibilities on top of the issues with which they are already facing in their daily lives. The 2016 National review of domiciliary care in Wales 'Above and Beyond' suggested that the Welsh Government could explore setting up an independent domiciliary care franchise for Wales, "Gofal Cartref Cymru", possibly as a social

interest enterprise. Investing in the development a Welsh-branded domiciliary care franchise could support smaller and new domiciliary care businesses and for example provide business development support to enable micro-providers to grow into SME's, increasing capacity of care and support at home. 6 years on this is yet to be considered Nationally. CIW data (Jan 2021-March 2022), for domiciliary support services, show 39 services closed and 28 were providing under 1000 hours of care and that recruitment and retention of staff was a major contributing factor. Social care delivery in Wales is much dispersed, and multi-agency, domiciliary care is directly delivered by LA's and is also commissioned from agencies and hence has variety of job descriptions and terms and conditions and lacks a sense of shared identity. People's experience of receiving and/or working in the services is extremely varied with no overarching brand / identity.

Comparatively the NHS has a known brand, also for the NHS there is a national agreement for grading and terms and conditions and across Wales, a national procurement service, a national shared services for recruitment etc and has a public identity, staff and the public largely know what to expect from the services regardless of where they are in Wales. Increasing complexity of need associated with advancements in medical care/ treatment, people living longer with complex medical conditions is a good news story in many ways. However, social care as a system was not necessarily designed to meet the needs of people with complex needs. Generationally there has been a strong emphasis on community-based care and move out of long stay institutions and community hospitals so the expectations of the current generation is very different from previous. Nationally there has been a strong drive to move acute medicine and rehabilitation out of hospital sites into communities. Social care delivery is still often performed by staff who are paid, on or around the national living wage, which has not changed for this generation. Yet the work they deliver is now unrecognisable from the care delivered to the previous generation and is far more complex. Therefore, we need to reconsider the workforce needed across Wales, to deliver within this new paradigm, the skills required and the remuneration and identity / brand of this staff group.

The work to develop the concept is currently a nationally led programme with Welsh Government, Association of Directors Social Services, and the Wales care sector.

### **Domiciliary care services**

Regulated domiciliary care services are an important part of the social care "fabric" that supports local people to maintain their independence in their own homes. These services support resilience and well-being and offer alternatives to residential provision, as well as reablement support to facilitate expedient and safe transfers from hospitals and contribute to reducing emergency hospital admissions.

### **Invest in Technology**

Innovation and wider use of digital technology has been identified as an option to support individuals remain independent in their own homes for longer, whilst also supporting improved community cohesion and resilience. These elements are vital in addressing rising complexity of demand upon local care markets. Technology Enabled Care is a new area of development for Ceredigion offering evolving potential for new solutions to support the sector.

## **Ceredigion Population**

People are living longer with increasingly complex issues, whilst wanting to remain in their own homes and live as independently as possible for as long as possible. COVID 19 has had a significant impact on the physical and mental wellbeing of older people against the background of the worst pandemic for over a century impacting profoundly on people who need care and those caring for them - whether unpaid or paid. Providers of services have also been severely affected and existing workforce pressure have worsened considerably. The challenges of the pandemic have introduced a great deal of uncertainty into care markets. The sector has also been dealing with historic systematic challenges which are now being magnified because of the pandemic. Over the last decade demand pressures on social care services have been compounded by fiscal austerity across public services.

To this context, the “Through Age Wellbeing Strategy 2021-2027”, sets out our plans to design and deliver services based upon the life course of individuals as opposed to being determined by age categorisations. This approach can offer greater continuity in supporting people to being resilient and maintaining their independence in their own homes.

The market for domiciliary care for older people is currently presenting the greatest risk of market instability as workforce pressures continue to mount and complexity of need increases, whilst prices paid for care across Wales and the UK struggle to compete for staff with other sectors such as retail and tourism and more competitive rates of pay.

This market segment has seen Ceredigion taking on more in-house domiciliary hours and enablement and bridging support over the last 3 years. Supporting the market with a level of in-house services can help secure access to the right support locally as well as adding in-house capability to support market development. At the same time, it is widely acknowledged that the role of the independent provider sector remains critical - and the key judgement is to determine the optimal balance between in-house and independent provision.

In Ceredigion the domiciliary care provision continues to be met through the Commissioning Dynamic Purchasing System (DPS) Framework for the procurement of the services for individual service users. The care packages are advertised using an e-Tendering process. All providers in Ceredigion are registered to the DPS Framework having passed through a series of essential requirements qualification criteria and are then able to contract for services with Ceredigion County Council.

Once a social worker has identified eligible care needs following a Social Services and Wellbeing Act Assessment, a service request is made. Once confirmed the notice is placed on the e-Tender Procurement Portal, [etenderwales](http://etenderwales.com). The providers who are registered to deliver care within Ceredigion are then able to look at the packages of care that are required in the community and submit offers to deliver that care. These offers are made to the family and once accepted care will be arranged to commence. If a family refuse the offer (for example if care times do not meet their personal preference and a compromise is not possible), then the care request will remain on procurement pending an alternative offer. The care needs for a care and support package for highly complex care needs may require 2 care staff up to 4 times a day, 7 days a week, 52 weeks a year, and others care needs will also

range throughout the spectrum of needs through to lower-level interventions once or twice a week to assist with bathing/showering as an example. Care and Support at home has a focus on delivering skills to provide personal care and wellbeing needs.

## **Ceredigion Initiatives to support the Domiciliary Care Market 2022/3 onwards**

### **1. Domiciliary Care Framework – Re-Tender**

Commissioning domiciliary care in a rural and coastal county such as Ceredigion has always been challenging. The domiciliary care market position statement demonstrated the ongoing challenges and the increasing recruitment and retention issues. It was also recognised that the fees paid to care providers in Ceredigion were struggling to keep pace with neighbouring authorities and potential agencies on the borders able to choose from other authorities commissioned rates, health board commissioning and private funders. The care sector post pandemic has been significantly impacted and care staff and being enticed to work in less demanding roles for more money and better terms and conditions outside of care. Working in difficult circumstances, providing the most important role within society, but for lower salaries and poorer terms and conditions than other sectors is seen as a potential barrier for recruitment, retention, career, and succession planning.

### **Consideration of New Fee Rates**

Having adopted a Dynamic Purchasing System for the procurement of domiciliary care, different providers had agreed fee rates. Trying to avoid price over quality was challenging, as well as ensuring that care was available in rural areas as well as the more populated urban areas. The Home Care Association (HCA, formerly United Kingdom Home Care Association UKHCA) calculate a fair fee for care provision and publish this annually, historically as one rate for the UK. Ceredigion fee rates were recognised as being below the recommended rate by the HCA. Having considered this calculation, it was decided to develop the Ceredigion Pledge as part of the 2023 Domiciliary Care Tender exercise and Domiciliary Care Framework to develop a Social Value Model commitment.

### **Ceredigion County Council Agreement for 2023/4**

Ensuring fair fee rates is a cornerstone of the longer-term strategy for domiciliary care sustainability in Ceredigion. Ensuring that adopting higher fee rates would result in the care staff themselves benefiting and that employee terms and conditions were improved was a crucial component. Ceredigion County Council sees the value of the 'Ceredigion Pound' and that the Council's money should be spent, where possible, in Ceredigion for the benefit of the people of Ceredigion, with that money circulating through the Ceredigion and Welsh economy. Following a period of consideration of wider budgetary implications, the proposals for the 2023/24 Domiciliary Care rate were supported and approved.

### **2. The Ceredigion Pledge**

We have established a 15 Point Pledge as part of the new Domiciliary Care Framework 2023 (attached as background papers). We aim to pay all domiciliary care providers a rate more

aligned to the Home Care Association (HCA) recommended hourly rate. In Wales the rate has for 2023/24 included full training payments for the range of fees and training time and we acknowledge this calculation does not fully reflect the position of the current training environment across the sector. However, the principles of the HCA rate setting have been acknowledged in the rate approved for 2023/24. We will review fees annually, usually with effect from April each year. A change to the rate may or may not occur following a review and a change could either be an increase or a decrease in the rate. Where elements that make up the rate are governed by either Welsh Government policy or by factors enshrined in UK Government policy or legislation then the Council will ensure an appropriate change to the rate is implemented. Where elements of the rate relate to more general costs, then an appropriate published inflation index will be considered as part of the review for those elements, i.e. taking account of and analysing the breakdown of the HCA recommend rates across the UK and will apply a fair and reasonable decision taking account of the comparative analysis for Wales and the other nations of the UK.

For 2023/34 the fee has increased to £26.50 per hour resulting in some providers who previously bid via the Dynamic Purchasing System at low rates receiving a significant uplift in 2023. The Council has the discretion to pay an enhanced rate for packages that meet a pre-defined set of criteria. If a support package is applicable for this rate, it will be indicated at the time of the advertising for expressions of interest for packages via the eTenderWales portal.

The aim, over time, is to pragmatically achieve the HCA rate for Wales for all providers based on comparative analysis of the costs breakdown across the nations to ensure the best standards and terms and conditions to the care staff.

### **Aspirational Benefits**

It is important that the Council is enabled to manage the fiscal position appropriately and that providers can meet the Ceredigion 15 Point Pledge standards as a core and fundamental commitment under the new DPS Domiciliary Care Contract and Terms and Conditions. As of the 2023/24 framework all providers must deliver these standards, receiving the full uplift at the outset. The intention is that all care staff in Ceredigion will receive pay that seeks to reflect the value of their labour and that their working terms and conditions are enhanced. Recruitment will enable growth in the number of Welsh speakers applying for caring roles, reduce the gender pay imbalance and promote care as a long-term career path.

### **3. Retainer Scheme Payments 2022/23**

Historically when a service user was admitted to hospital or respite, the provider would receive no payment for those periods. This meant staff would be re-allocated to other clients waiting for care, be that private clients, health board commissioned requests or other social care clients. If they held the place for the person to return this had a significant financial impact on the business sustainability with the reduction in cash flow and income. The Retainer Scheme was developed initially as a pilot with specific criteria for the circumstances

of a) service user hospitalisation b) respite away from the home c) planned cancelled calls due to in home respite with family for periods up to 14 days. The intention was to ensure that the provider continued to pay the staff and ensure their availability to promptly restart the retained package of care at the first scheduled call after discharge, following return from respite, or family leaving and care recommencing. The objective was to improve hospital flow, ensure continuity of care and ensure fair and equitable support to care workers and the provide the business with improved financial continuity planning. The total value of payments made to providers in respect of this scheme is £55.8k. The feedback on this initiative has been overwhelmingly positive from service users, care staff, provider managers and health and social care professionals. It has now been embedded in the terms and conditions of the new Framework from June 2023.

#### **4. Fuel Premium Supplement & Grant Opportunities**

Welsh Government made funding available specifically to support the delivery of domiciliary care services. One of the most pressing issues raised by providers was the high cost of fuel and the Council agreed to offer an additional £2 per hour as a Fuel Premium Supplement with effect from 22/08/2022. The funding was made based on the following principles:

The additional funding was a contribution in recognition of the impact of fuel prices for Providers who incur travel costs as part of their core service provision. Providers agreed to pay their staff mileage rates which are aligned to or no lower than HMRC rate of 45p per mile. Providers had flexibility as to how this Fuel Premium Supplement was passported to their staff (e.g. Enhanced hourly rates, enhanced mileage rates, lump sum travel payment). The expectation was that the funding should be passported to their staff in full. The funding was to be variable, with the Council having the option to review the Fuel Premium Supplement at 8 weekly intervals, based on published fuel price data. Funding was time limited to c.31/03/23 and the availability of the WG funding. The total value of payments made to providers in respect of this scheme was £171.3k relating to Fuel Premiums, payments for other grant opportunities are going through the claims process.

#### **5. Personal Protective Equipment**

Throughout the pandemic and in the post pandemic recovery period, supplies of PPE have been centrally managed with supplies via the PPE Hub hosted within the Centre for Independent Living, Felinfach as part of the Integrated Joint Equipment Service have coordinated the central ordering and delivery of PPE to the Care Sector across Ceredigion. The PP Hub as a central coordination service has been a significant success, ensuring consistency, flexibility, and speed of response throughout the period and has been and continues to be a hugely valued corporate model of delivery by the Care Sector.

#### **Dom Care PPE Provision 2022-23**

<b>Sum of Gloves Box (100)</b>	<b>Sum of Aprons Roll (100)</b>	<b>Sum of masks Box (50)</b>	<b>Count of Full Face Visors</b>	<b>Count of Hand Sanitiser (500ml)</b>
11455	2239	2397	169	169



## 6. Provider Hub

Throughout the pandemic we held regular network meetings with the Dom Care providers to share information, provider support, guidance, and advice. As part of the long-term support to the sector post pandemic we have firmly embedded a programme of monthly meetings. The intention is to create a community of practice, learning and improvement alliance to embed the new framework, share emerging developments and encourage a proactive collaboration in line with the social value model objectives of the Framework. Regular speakers are invited from across Through Age Wellbeing programmes to encourage wider collaboration and closer working. Local and national information is shared and act as a conduit for engagement on a wide range of initiatives. Providers have reported to the authority and to Care Inspectorate for Wales that the partnership with Ceredigion is extremely proactive in support and guidance. Our intention is to further develop the Hub as funding opportunities allow and we are currently exploring options. Our collaborative approach between the Provider Hub in Porth Gofal, Procurement and Commissioning and Finance is a significant strength and reflects well the Team Ceredigion ethos and partnership. This ensures knowledge, skills and consistency form the foundation of our engagement with the sector.

## 7. Manual Handling Trainer/Releasing time to care

As a result of Regional Integration Funding, we have been able to work in collaboration with our corporate Health and Safety and Learning and Development to appoint a part time additional trainer who will be developing and delivering value based manual handling training with additional support and guidance to domiciliary care providers from later in 2023 in a new purpose led training room within Penmorfa. This is intended to increase the skills, knowledge, quality, and consistency of training across the sector with a local resource capability. Additional work is also under way in tandem, to examine the potential to release time to care capacity through the reduction potential for some packages requiring two care staff per call to evolve into greater deployment of single-handed care, achieved through enhanced sector training and skills for the use of appropriate equipment for safer care delivery.

## 8. Medication Administration Scheme

Working directly with Hywel Dda Health Board we have facilitated a pilot with one of our Dom Care providers to trial and test the emerging regional Medication Administration Scheme, based on the WG National Scheme, which will then be rolled out across the county.

### CURRENT SITUATION:

#### Targeted Care & Enablement Service Discharge to Recover and Enablement referrals 2021/22 & 2022/23

April 1st 2021- March 31 <sup>st</sup> 2022	April 1st 2022- March 31 <sup>st</sup> 2023
Discharge to Recover & Assess /Enablement <b>335</b>	Discharge to Recover & Assess /Enablement <b>325</b>
Long Term Bridging <b>165</b>	Long Term Bridging <b>220</b>
Total <b>500</b>	Total <b>545</b>

### **Targeted Care & Enablement Service Annual Hours Delivered**

- 25,732 care hours delivered in the last twelve months.

Approx 60/40% split for Long Term Care and Discharge to Recover and Assess (Travel time not included).

### **Commissioned Dom Care Agencies Annual Hours Delivered**

- 244,219 hours between 12 separate agencies  
= 20,351.65 hours a year (noting the size of each agency varies and therefore the volume of caseload capacity, staffing and geographical coverage varies).

### **Domiciliary Care Waiting List**

In addition to the e-Tender DPS advertising, for all packages of care seeking to be commissioned, the Provider Hub officers contact the providers daily providing them with the current cases per geographical area and will work with them to identify route planning and rota gaps to maximise the potential to accept and seek via e-Tender additional packages of care.

As at 25/4/2023 there were 66 individuals on the commissioned care seeking list waiting, totalling 725 hours.

However, we have seen a welcome fall in the number of those waiting for packages of care over recent months. At the start of 2023, the waiting list stood at 98 packages and 1068 hours. Whilst the figure grew from summer 2022 onwards, an upward trend seen across the region, Wales and the UK, the figures did stabilise in the latter part of 2022, and remained fairly static despite almost no uptake in packages of care in November to mid-January by the independent sector, and a heavy reliance on the in-house service support and use of short-term placements.

Care Agencies have seen a very slow and gradual improvement in some areas of recruitment, the stabilisation of the fuel crisis has seen improved retention of existing staff and the Real Living Wage have all felt to have contributed a degree of confidence in the agencies willingness to take on the risk to their delivery model and extend their delivery to more care packages. However, the sector and workforce situation remains fragile and the gains each week struggle to keep pace with continued growing demand and level of complexity of need being sought to gain any greater traction currently.

Of the current waiting list there are 14 service users currently supported in residential homes, pending sourcing appropriate levels of care required to safely return home, ie often requiring 4 calls a day for 2 care staff 7 days per week. Or needing care at home in a geographical remote area where no provider is close to or able to absorb into existing service user care provision routes. The cost of a residential placement is higher than if there were provided with a domiciliary care package at home and additionally the contribution is capped at £100 so there is also potentially lost income together with the increased cost. In complex cases a joint meeting will be held to consider all the available options for care at home, or for short term placement if care at home is not safely viable. This is a difficult decision for all

concerned, but the safety of the individual remains paramount. It remains the hope that the new Domiciliary Care Framework will alleviate some of the sector financial pressures and potentially attract new providers to the area as well as encourage expansion by some of those well established in Ceredigion.

In Summer 2022, notice of termination of packages (hand backs) by care agencies was occurring at unprecedented levels, due primarily to loss of care staff to the sector and recruitment difficulties. This has decreased significantly, and where a hand back notice is given by a provider, we have firmly established a multi-disciplinary approach with agencies to try to seek solutions to encourage retention. The new Framework extends the period of notice that must be given from 28 days to 2 calendar months to allow for time for planning for resolutions to be sought.

The new Dom Care Framework will provide for a new rate to all agencies of £26.50 for all packages with the ability to pay an additional premium of up to £1.90 for packages that meet a set of pre-determined criteria.

However, it is important to note that Pembrokeshire County Council have just announced their new commissioned provider rates for 2023/24 as £30.64 urban, £35.40 Rural and £41.99 Extra Rural. For our agencies operating from South Ceredigion and able to work across the border into Pembrokeshire, they are classed as Rural agencies this will equate to £8.90 more per hour than Ceredigion's standard rate. This may see a significant high-risk impact on the sector within Ceredigion, potentially further reducing capacity. Conversely, we are aware we may see marginal gains in North Ceredigion with one or two agencies keen to expand further to mid county as a result of the hourly rate improvement in Ceredigion.

**In the week of 25/4/2023 the in-house Targeted Care & Enablement Service held:**

- 34 Bridging packages of care, 2 being double handed care (2 care staff per call)  
= 320.75 hrs
- 31 D2RA / Enablement packages of care  
=231.0 hrs

**Combined hours**

=551.75 (25/4/23)

Throughout 2022/23 we have tracked weekly with providers their staff vacancy levels which at a high point in the winter reached more than 55 vacancies. As of 25/4/23, allowing for those joining and leaving across the sector week by week, vacancies were reported to have fallen to 42 across the sector. A small but significant change.

Targeted Care & Enablement have 2 Care and Support Worker vacancies remaining for the in-house frontline staff, thereby achieving maximum staffing within current budget capacity. Currently the service has 35 staff, 32 staff work a rolling rota of 35 hours per week, 4 days on 4 days off across a 7-day week, 52 weeks per year, with 1 member of staff providing 23 hours and 2 staff providing 21 hours per week respectively.

## Care Inspectorate Wales

Ceredigion County Council Targeted Care & Enablement Service was subject to Inspection by Care Inspectorate Wales in October 2022 and received an exemplary report published in November 2022, with the inspectors offering the highest praise for the service model and delivery.

We are delighted the report recognised the exceptional work of the Registered Manager, her small management team, and their dedicated frontline staff. The CIW report is testament to the exceptional commitment, the quality of care and the overall leadership of the service, supported by the Corporate Manager and the Responsible Individual. We commend the CIW Inspection Report (and attach as background papers) in acknowledgement of this highly achievement, embedding the hybrid patch-based model of care delivery and in rising to the many care sector challenges, as evidenced within this Domiciliary Care report.

**Has an Integrated Impact Assessment been completed? If not, please state why**

**WELLBEING OF FUTURE GENERATIONS:**

**Summary:**

**Long term:**

**Integration:**

**Collaboration:**

**Involvement:**

**Prevention:**

**RECOMMENDATION (S):** For information

**REASON FOR RECOMMENDATION (S):**

**Contact Name: Donna Pritchard**

**Designation: Corporate lead Officer Porth Gofal**

**Date of Report: 3<sup>rd</sup> May**

**2023**

**Acronyms:**



# Inspection Report on

**Targeted Care and Enablement**

**Ceredigion County Council  
Unit 1 Aeron Valley Enterprise Park  
Lampeter  
SA48 8AG**

**Mae'r adroddiad hwn hefyd ar gael yn Gymraeg**

**This report is also available in Welsh**

**Date Inspection Completed**

20/10/2022

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## About Targeted Care and Enablement

Type of care provided	Domiciliary Support Service
Registered Provider	Ceredigion County Council Adults and Children's Services
Registered places	0
Language of the service	Both
Previous Care Inspectorate Wales inspection	<a href="#">18 February 2020</a>
Does this service provide the Welsh Language active offer?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

### Summary

The service offers people a short and targeted period of support (usually up to six weeks) to enable them to regain as much of their independence as possible. People are very satisfied with the service and we were told *"It's a fantastic service, I'm as happy as Larry and they've helped me to build my strength up"*. Representatives value the support and encouragement from the staff and a family member told us *"It's a great service, the carers encourage him to do his exercises"*.

Experienced support workers are guided by detailed plans that are created with the individual and focus on the goals they want to achieve while in the service. One told us *"Working for the service is fulfilling, no two calls are the same, its varied and makes a difference to peoples' lives which makes it very rewarding"*. The managers of the service are accessible and well respected by all involved. A support worker said *"I feel that I am part of a very good team and the support is from the top down"*.



## Well-being

People receive person centered support and are involved in all decisions about the service they receive. Detailed information about individual goals people have while using the service is recorded in personal plans. Senior staff work closely with health and social care professionals to help people remain as independent and as healthy as possible. A support worker told us *“We have a good network of people we can contact if needed; from, GP, district nurses, occupational therapists and physiotherapists”*. People and/or their representatives regularly contribute to decisions that affect them. Senior workers maintain detailed personal plans that focus on setting and achieving goals and communicate effectively with all involved.

The service lasts for up to six weeks and supports people to regain as much of their independence as possible. People’s health and well-being are constantly being promoted by the service because support workers focus on what people can do and support only where needed. A support worker told us *“I enjoy helping people when they need it and improving their wellbeing and health”*. People feel valued because the service provides an 'Active Offer' of the Welsh language. Many of the staff are Welsh speakers, which means people are able to communicate in Welsh or English as they choose. People are empowered to remain in control of their support by staff who enable them to regain skills effectively and safely.

Recruitment and training ensures people get the right care and support, from skilled and knowledgeable workers. Care workers protect people from abuse and neglect and are fully aware of their responsibilities to raise concerns. People and/or their representatives know how to make a complaint if needed and have full confidence in the managers.

People have a voice and input into the running of the service because the RI involves them in quality assurance. Governance processes are comprehensive and focus on developing the service by using information from surveys and audits. The Quality of Care Review identifies areas to improve following consultation with people who use the service. The provider is also looking into creative ways of working to meet peoples needs, including the use of innovative assistive technology.

## Care and Support

People are very happy with the care and support they receive, an individual told us *“The staff are brilliant, friendly courteous and they have a laugh with us”*. Staff support people in their own homes to regain their independence, this can be after a hospital admission or period of illness. A family member told us *“The girls (care workers) are good, they have got to know us well”*. The provider has personalised and accurate goal orientated plans for how it delivers support to individuals.

The manager considers a range of information from the person, their representatives, workers and external professionals. Risk assessments help to maintain people’s safety, while promoting and encouraging their independence. Senior workers regularly review plans with individuals, their representatives and professionals so they remain focused on achieving their outcomes. Daily notes are detailed and show the support people receive and include important feedback from the individual. Support workers follow an enablement ethos and assist people in-line with their specific individual goals. We saw very good evidence of health and social care professionals being involved throughout the planning and reviewing process.

Support workers are passionate and positive about their role and the impact they have on people. A worker told us *“I enjoy making a difference to people, seeing them regain their independence and no longer needing the service, it’s nice to see them being able to stay in their own homes and continue living the life that they choose”*.

The manager and RI told us about a team approach to maintaining the service during the pandemic. We were told the staff covered each other’s shifts when they had to isolate and kept the service going. Support workers are very grateful for the support they received throughout the pandemic.

The provider has policies and procedures to manage the risk of infection. There are good hygiene practices in line with Public Health Wales guidance. The service provides accessible and effective, advice to support workers. Each individual plan has video links to current moving and handling practice relevant to that person and can be accessed whenever needed.

## Leadership and Management

The provider has good arrangements in place for monitoring, reviewing and improving the quality of the service. The Responsible Individual's (RI) statutory quarterly visits are comprehensive and involve people and/or their representatives and staff. Information from internal quality assurance systems informs the action plan that focuses on improving the service. The six monthly Quality of Care Review is detailed and highlights positive outcomes as well as areas the service intends to improve.

There is an open and supportive culture at the service. The manager is accessible and well respected by the team. People have confidence in the way the service manages complaints and feel able to raise them if needed. A person told us *"I haven't had to complain but if I had to, I have the managers number and would be straight on the phone"*. Support workers are positive about the leadership and managers; one told us *"My line manager is there to support us in any way, especially through the COVID pandemic"*. All support workers confirm they receive regular, one-to-one supervision meetings and appraisals and can talk to the manager whenever they need to, records corroborated this. A support worker told us *"my manager is always at the end of the phone for support"*. Staff members have a good understanding around safeguarding. Policies and procedures are in place to support good practice and staff have a sufficient understanding of key policies.

Pre-employment checks take place before new employees start work. These include reference checks, right to work and Disclosure and Barring Service (DBS) checks. Support workers receive mandatory, person specific and developmental training to meet people's needs and enable outcomes. The induction process is comprehensive and specific to the service. Ongoing training and development is available to workers in line with the varied and complex needs of the people they support. A support worker told us *"I am more knowledgeable after training and it helps me in supporting people back to being independent in their own home"*.

Adequate numbers of staff are available to meet people's needs. Dedicated workers ensure people get continuity of care and support to help build essential relationships. An individual told us *"I was anxious at the start of the service but they reassured me within the first couple of days and now, we feel like we have known them for years"*.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

### Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

### Area(s) for Improvement

Regulation	Summary	Status
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N/A	No non-compliance of this type was identified at this inspection	N/A
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**Date Published** 23/11/2022



## **Valuing the Domiciliary Care Workforce**

### **A Social Value Model for Ceredigion**

#### **Background**

Commissioning domiciliary care in a rural and coastal county such as Ceredigion has always been challenging. The domiciliary care market position statement demonstrated the ongoing challenges and the increasing recruitment and retention issues. It was also recognised that the fees paid to care providers in Ceredigion were struggling to keep pace with neighbouring authorities and potential agencies on the borders able to choose from other authorities commissioned rates, health board commissioning and private funders. The care sector post pandemic has been significantly impacted and care staff and being enticed to work in less demanding roles for more money and better terms and conditions outside of care. Working in difficult circumstances, providing the most important role within society, but for lower salaries and poorer terms and conditions than other sectors is seen as a potential barrier for recruitment, retention, career, and succession planning.

#### **Consideration of New Fee Rates**

Having adopted a Dynamic Purchasing System for the procurement of domiciliary care, different providers had agreed fee rates. Trying to avoid price over quality was challenging, as well as ensuring that care was available in rural areas as well as the more populated urban areas.

The Home Care Association (HCA, formerly United Kingdom Home Care Association UKHCA) calculate a fair fee for care provision and publish this annually, historically as one rate for the UK. Ceredigion fee rates were recognised as being below the recommended rate by the HCA. Having considered this calculation, it was decided to develop the Ceredigion Pledge as part of the 2023 Domiciliary Care Tender exercise and Domiciliary Care Framework to develop a Social Value Model commitment.

#### **Ceredigion County Council Agreement**

Ensuring fair fee rates is a cornerstone of the longer-term strategy for domiciliary care sustainability in Ceredigion. Ensuring that adopting higher fee rates would result in the care staff themselves benefiting and that employee terms and conditions were improved was a crucial component. Ceredigion County Council sees the value of the 'Ceredigion Pound' and that the Council's money should be spent, where possible, in Ceredigion for the benefit of the people of Ceredigion, with that money circulating through the Ceredigion and Welsh economy.

Following a period of consideration of wider budgetary implications, the proposals for the 2023/24 Domiciliary Care rate was supported and approved.

#### **The Ceredigion Pledge**

1. We aim to pay all domiciliary care providers a rate more aligned to the HCA recommended hourly rate. In Wales the rate has for 2023/24 included full training payments for the range of fees and training time and we acknowledge this calculation does not fully reflect the position of the current training environment across the sector. However, the principles of the HCA rate setting

have been acknowledged in the rate approved for 2023/24. We will review fees annually, usually with effect from April each year. A change to the rate may or may not occur following a review and a change could either be an increase or a decrease in the rate. Where elements that make up the rate are governed by either Welsh Government policy or by factors enshrined in UK Government policy or legislation then the Council will ensure an appropriate change to the rate is implemented. Where elements of the rate relate to more general costs, then an appropriate published inflation index will be considered as part of the review for those elements, i.e. taking account of and analysing the breakdown of the HCA recommend rates across the UK and will apply a fair and reasonable decision taking account of the comparative analysis for Wales and the other nations of the UK.

2. For 2023/34 the fee has increased to £26.50 per hour resulting in some providers who previously bid via the Dynamic Purchasing System at low rates receiving a significant uplift in 2023. The Council has the discretion to pay an enhanced rate for packages that meet a pre-defined set of criteria. If a support package is applicable for this rate, it will be indicated at the time of the advertising for expressions of interest for packages via the eTenderWales portal.

3. The aim, over time, is to pragmatically achieve the HCA rate for Wales for all providers based on comparative analysis of the costs breakdown across the nations to ensure the best standards and terms and conditions to the care staff.

### **Aspirational Benefits**

It is important that the Council is enabled to manage the fiscal position appropriately and that providers can meet the Ceredigion 15 Point Pledge standards as a core and fundamental commitment under the new DPS Domiciliary Care Contract and Terms and Conditions. As of the 2023/24 framework all providers must deliver these standards, receiving the full uplift at the outset.

The intention is that all care staff in Ceredigion will receive pay that seeks to reflect the value of their labour and that their working terms and conditions are enhanced. Recruitment will enable growth in the number of Welsh speakers applying for caring roles, reduce the gender pay imbalance and promote care as a long-term career path.

For the Ceredigion population, the Ceredigion economy, Ceredigion social care service users, Ceredigion care staff, Ceredigion care agencies, and Ceredigion County Council, the **Social Value Model** benefits will provide:

1. **Great social care for individuals** - itself a source of social value. Conversely, poor social care for individuals is not a source of social value.
2. **Added value** - comes from models of care and support which deliver social, economic and environmental value, above and beyond the delivery of great care for individuals. This added value benefits the community and the wider world - and benefit future generations.

**This underpins the Ceredigion Pledge.** It means providers will be expected to demonstrate this in submissions to join the DPS and in their service delivery. Providers will be expected to collaborate with Ceredigion County Council throughout the duration of the contract to embrace and embed the ethos outlined by the National Commissioning Board and Cwmpass in their *Transforming Social Care* Guidance funded by Welsh Government.



**The Ceredigion Pledge**  
**Improved Terms and Conditions for Domiciliary Care Workers in Ceredigion**  
**15 Point Plan 2023/24**

1. All Service Provider Personnel (SPP) directly involved in delivering care regardless of age are to be paid the Real Living Wage (RLW).
2. The employer will pay the cost of the enhanced Disclosure & Barring Service DBS check.
3. The employer may wish to consider covering the cost of the Social Care Wales annual registration fee for the SPP directly involved in delivering care.
4. Staff uniform will be provided without charge by the employer.
5. Paid travel time at the RLW to be scheduled between all calls. Contact calls cannot be back-to-back. Travel time to the first call and from the last call may be excluded from travel time claims, where shifts are a minimum of 6 hours each.
6. When commissioned hours have been paid for i.e. a cancelled call without sufficient notice, SPP directly involved in delivering care must be paid for this time.
7. When commissioned hours have been paid for under the Retainer Scheme, i.e. for approved hospital and respite periods of absence, SPP directly involved in delivering care must continue to be paid for this time.
8. SPP to be paid the HMRC current mileage rate per mile when using their own car for work duties.
9. The employer covers the cost of a work mobile or contributes to the cost of private mobile phones when used.
10. SPP to be paid for any reasonable amount of time spent training i.e. All Wales Induction Framework (AWIF) and other mandatory training i.e. All Wales Passport and mandatory updates.
11. All breaks except for one 30 minutes break per day, to be paid at the RLW as a minimum, including breaks over 30 minutes.
12. SPP directly involved in delivering care to have adequate rest between shifts i.e. if a SPP worker is rostered to work late they are not scheduled for an early start the next day.
13. SPP have access to emotional support and counselling and wellbeing through proactive support by the employer and by actively promoting access to the programmes of support through SCW and care sector support. <https://socialcare.wales/resources-guidance/health-and-well-being-resources>
14. Work will be organised to ensure that SPP are rostered in accordance with The Working Time Regulations (1998) unless they voluntarily opt out.

**Aspirational benefits to be achieved by 2025/26 that will be considered as part of budget setting and planning under Social Value Models to attract additional premium/grant support and aligned with the potential HCA Wales rate for 2025/6.**

1. The employer will have annual Award Schemes and Bonus Incentive schemes to recognise excellence and reward innovative and proactive engagement.
2. The employer will ensure staff are paid for unsocial hours, weekends, and bank holidays at enhanced rates above the RLW.
3. The employer will ensure staff have access to an employer sickness absence scheme, above statutory sickness pay.
4. The employer will pay for the DBS Update Service annual fee.
5. The employer will pay for Welsh Language training to support the increased availability of Welsh Language speakers within their workforce.

Name	
Designation	
Signature	
Company	
Date	