

**Domiciliary Care provider working group 8<sup>th</sup> December 2009.  
Civic Hall 9.30 – 12noon**

**Attendees:**

Farina Tayub	Caremark (Leeds)
Lucy Towers	Vive UK Ltd
Jackie Lavellee	Victoria House
Vicky Kirkbright	HFT
Helen Caukwell (carer)	Expert by Experience
Gill Copeland Ltd	Angels Housekeeping CIC
Helen Gee	Adult Social Care
Iola Shaw	Adult Social Care
Trevor Stephenson	Social Worker on Early Implementer project
Pepe Ruzuidzo	1 <sup>st</sup> resource

Gladys Wright	reed social care and community care
Florence Doku	Jays Homecare

**Apologies**

Tony Callaghan	Adult Social Care
Samina Sheikh	Carewatch
Badar Usmani	Caremark (Leeds)
Amanda Wardman	ASC – White Rose House
Sara Fox	MHS care group
Zoe Bawn	United Response
Paul Phillips Group	Springfield Healthcare

This month's discussion focused on the hopes and concerns individuals and organisations had regarding the delivery and support for SDS from a provider's perspective. Current experiences working with direct payments users were used to show good practise and demonstrate experience to date.

**Initial Concerns Raised:**

- Addressing the customers of agencies who are not paid for services received, more specifically from those in receipt of direct payments.
- Where individuals employ their own PAs who is responsible for ensuring they are fully police checked and monitor them with respect to safeguarding: ie who will look after ASC users who become employers?
- Where an individual receives support from several providers (eg an agency and ASC or different agencies) how to minimise the number of assessments and share information between providers whilst meeting the need to have office copies for inspection purposes.
- Concerns regarding how individuals chose their provider and ensuring payment.
- Where someone with a support package wants to move from one area to another to improve their life not all authorities seem to work together effectively to facilitate this.
- Standardised processes within provider credit/finance teams tend to be geared towards organisations paying bills. There is a need for these teams to deal differently with individuals who are now contracting directly and this new approach will take time to embed.
- Enquiry handling – where people make direct enquiries determining what information they require is often more difficult than when dealing with social care or health professionals enquiring for specific services.
- Who to liaise with in ASC if an individual's condition alters and a change in service is required.
- General information supply
- Enhancing safeguarding to accommodate the changes in the way services are experienced.
- The impact of different organisation's bureaucracy on the ability of people to do what they would wish to do with a personal budget. Specifically the impact payments to individuals providing support and services may have on any means tested benefits such as pension credit they receive.
- Where staff "leave" but it transpires they are now working either directly for the person they were supporting or another agency resulting in a loss of business and a member of staff at the original agency.

These were grouped into 3 main areas for concern for discussion: each topic was explored in more depth, and some suggestions were made by group members regarding what they as organisations can consider:

## **Payments**

A request for a named contact at social services for discussion regarding non-payment by direct payment users was made. However the contract is between the individual and the provider. There is no agreement in this case between the Authority and the provider. The Authority's responsibility lies in ensuring that safeguarding is not an issue and that the individual is getting the support that they require. If there are concerns regarding someone's safety or well-being then a referral to ASC should be made on 0113 2224401.

Adult social care users generally have their services reviewed annually when concerns regarding any elements of care should be picked-up. This might leave a long period of time where agreed care and expenditure are not appropriate if issues arise shortly after the care has been agreed. It would be helpful if the provider has contact with a named social worker involved with the customer they use this as a point of contact. Many people however will not have an active social worker once they have put their support in place. If that is the case and the provider thinks that Social Care intervention is required they should make a referral via the Central contact number of 0113 2224401.

What to do in the case of default on payments was discussed. Suggestions such as requesting a deposit, credit checking individuals prior to contract agreement and reference checking with previous providers were suggested. All have pros and cons. Determining when pursuing debt was worthwhile and what level of non-payment service could be accepted are also issues.

Transfer of employees between providers or to direct employment is something that agencies can make straightforward or a challenge and this is something that's down to each organisation to address as part of their business strategy. The loss of business compared to the reputation and good will must be balanced.

Under self directed support there are different ways in which people can choose to manage their budget – no one should have to manage it as a direct payment unless this is the option they prefer. Eg they can use direct payments or a local authority managed budget or an individual service fund (where a provider manages the budget for them for an agreed fee, coordinating the plan). As part of support planning this must be discussed and documented.

## **Quality assurance and safeguarding.**

Exploring the reasons for non-payment is vital – if it is due to dissatisfaction with the provision this is a quality assurance issue. The impact for other users of that organisations services should be assessed.

Concerns were raised regarding the support people can get to become employers. Currently ASIST based at CIL offer support to direct payment users. There is information available through Skills For Care and an employers handbook is under development for Leeds Personal Budget users in addition to the information that is available to all people who are employers from organisations such as Business Link.

Quality monitoring can be a challenge. With contracts that are more direct between the provider and user the scope for abuse is still there, but there is limited input by the Authority. As people are aided to make decisions regarding their care as part of the SDS approach there is increased emphasis on the customer awareness of what constitutes abuse. Risk

management forms part of the support plan agreement. Where a worker or customer identifies potential for risk a support plan must clarify what is in place to address this. This is an area that would benefit from more input from others.

Employment and satisfaction criteria were discussed. Much of the PA-customer relationship revolves around personal feelings which can be very challenging. Helping people draw up appropriate contracts may improve this. If a service user needs encouragement to do tasks they don't like but they are aware they prefer not to do this must be clear in any agreement to ensure evaluation is not distorted.

Individual Service Funds may be a means of addressing some quality issues. Currently there is a significant gap in providers offering these in Leeds but hopefully as the number of people taking control of their care increases there will be providers interested in pursuing this approach.

### **Information flows**

Much of this is linked to each organisations marketing strategy: How does the organisation ensure people understand what they do? An online market place may be useful. From a social workers perspective having a framework agreement in place making it possible for them to recommend certain organisations will be helpful, people with a managed personal budget will have to buy their support off the framework arrangement but those with a direct payment can use organisations which are not on the list.

For people organising their own care without the necessary tools to access the internet their information sources are more limited than those with access to it. There is however, no universal directory with ratings for all potential support. Knowing where to seek extra information is a challenge most of us face. The Keeping House directory previously had an older peoples focus but is being widened to cover all sorts of domestic services people may require. It is available on line or one can call and receive a list by phone on 0113 3918333. Currently the listing is small but growing fast. There are also other networks such as Infostore, Information for mental health, Through the Maze, Carers Leeds, the Leeds Carers Association and, for people looking specifically at meeting care needs, the CQC website.

Providers are encouraged to share individual assessments (with the individual's consent) by Inspectors however validating these and being sure they meet your organisations needs is frequently a challenge. The main way suggested to address this was building relationships between the individuals and organisations involved. The benefit of the Easycare contact assessment as a referral currency and the follow up work around this was mentioned.

To enable an appropriate representative to attend, the next meeting has been rescheduled and will now be on 19<sup>th</sup> January 2009 at 9.30am at Technorth on Harrogate Road. This session will look at Risk management and Safeguarding.