

Domiciliary Care Service User Engagement

1 Background

The scope for the procurement of domiciliary care has recently been extended to include all care groups. Some consultation has already been conducted with people with learning disabilities and their carers. It is now appropriate to consult with other care groups and at the same time update our information from people with learning disabilities.

2 Purpose

To ensure that the Domiciliary Care Service Specifications reflect how service users say they would like the service delivered in practice.

3 Care Groups

It is proposed that the following care groups are consulted:

- older people
- continuing health care
- extra care
- learning disabilities
- continuing health care
- mental health
- dementia
- acquired brain injury
- physical disabilities
- sensory impairment
- children & young people
- reablement
- carers: particularly those that care for people who do not have mental capacity for decision making or are particularly affected by the way domiciliary care is delivered.

4 Methodology

Two main consultation methods will be / have been employed:

- (a) Individual interviews
- (b) focus groups

4.1 Individual interviews

The Contracting and Commissioning Quality Assurance Officer has lead on regular domiciliary care service user satisfaction surveys and has written a report covering 2011 – 2012.

Both commissioned and spot providers were surveyed with approximately 10% of service users being interviewed per provider. Where improvements were needed the provider was requested to forward the commissioning team an improvement plan which was then monitored to ensure it was implemented.

The following are the main findings from the report.

4.1.1 Key requirements

The survey quite clearly identified the key features that ensure a good quality service. The two most important to service users was:

- Consistent, reliable care workers.

If Service Users have regular carers who they come to trust, the quality of the care they receive is good. Quality deficits very often occur because of organisational failings, for example when service users receive care from a large number of carers, and their service is not consistently programmed, the quality of the care received is much more likely to be poor. It is therefore vital that providers have:

- adequate office resources to ensure good communication and programming and an ability to thoroughly audit and update paperwork;
 - sufficient supervisory staff to support and monitor field workers; and
 - robust absence monitoring.
- Good communication by the provider to the service user, through the care worker where appropriate.

4.1.2 Other requirements

- Well trained staff, both during induction and throughout a carer's employment;
- Flexibility;
- Good recruitment and retention – deficits impact on the ability of providers to meet the demand for care;
- Positive working relationship with commissioning, where deficits are identified, a common positive approach to improving service delivery is vital;
- Service users feel they have choice and control over the service provided; and
- Service users are treated with dignity and respect.

4.1.3 Supply and availability of care

Supply of care from the framework providers can be poor, particularly at weekends. Almost all have had major organisational problems which have impacted on the ability to increase output. Despite this there is an overall 85 – 90% satisfaction rate amongst those interviewed.

The spot providers frequently deliver smaller volumes in more concentrated areas. They can be eager to support demand but realistic to the challenges when faced with covering a wider area. They appear to be more successful in recruiting and retaining staff. Smaller size probably enables a provider to know its staff and service users better. They are often more successful in meeting the needs of the more complex service user.

4.2 Focus groups

A Commissioning Manager will lead on the focus groups and is currently planning consultation events to take place between January 2014 and early February 2014. It is anticipated that some existing groups will be visited and that some one off focus groups will be formed. The latter will preferably take place within an environment that service users are familiar with e.g. a day centre that they attend.

The following services / organisations have been contacted and asked for assistance:

Choices Advocacy	SVS
Solent MIND	Spectrum
Southampton Sight	Carers Together
60+ Service (SCC housing)	Extra care (SCC housing)
Age Concern	Sensory impairment Team (SCC)
Continuing Health Care (CCG)	Children's services (SCC)

It is recognised that some care groups may not have many people who use domiciliary care services e.g. initial investigations for people with acquired brain injury indicates there is one person receiving domiciliary care. Where this position exists the service user will be asked if they would like to join another focus group or have an individual discussion.

4.2.1 Questions

Each focus group will be asked three main questions:

- What do you like about the domiciliary care you receive?
- What do you not like about the domiciliary care you receive?
- What would you change about the domiciliary care you receive?

Each group will be encouraged to discuss their opinions and, consensually, prioritise the outcomes from each question.

5 Commissioning Services

The findings from the individual interviews and focus groups will feed into the commissioning of services in three ways: questions in the pre-qualification and method statement stage and performance indicators specified in the service specification. This ensures the council:

- knows how organisations have developed their services to meet the key requirements of our service users;
- knows how they intend to develop them specifically for Southampton residents; and
- has specified required outcomes and monitoring details.

5.1 Pre-qualification questionnaires (PQQ)

There will be a specific question in the PQQ that covers identified key requirements. To date a question will require potential providers to describe:

- how they programme work schedules to ensure their care workers are consistent; and
- their communication procedures to both service users and care workers, and how they overcome barriers in implementing these procedures.

5.2 Method statement questions (MSQ)

There will also be a specific question in the MSQ covering key requirements and other findings will be covered within e.g. the organisational structure question or service delivery question. To date there will be a question regarding programming care workers and communications. The answers will then form part of the contract.

5.3 Service specifications

Key performance indicators (KPI's) will be specified that support delivery of identified key requirements, with monitoring details.

6 Timetable

The following is the proposed timetable:

Action	Date
Individual interviews	Continuous
Organise focus groups	November & December 2013
Attend focus groups	January & February 2014
Interim findings of interviews and focus groups	3 rd February 2014
Develop PQQ question	February 2014
Focus group report	February 24 th 2014
Individual interview report update	February 24 th 2014
Finalise PQQ question	29 th February 2014
Issue PQQ	3 rd March 2014
Develop Method Statement Questions for service user key requirements and incorporate other service user requirements into other Method Statement Question's as appropriate e.g. organisational structure or service delivery.	March & April 2014
Develop KPI's and monitoring requirements	March & April 2014
Issue ITT	23 rd April 2014