

Appendix 4 - Quality Improvements in Home Care and Independent Living Service

The award of the Home Care and Independent Living service has coincided with H&F's new commitment to "100 perfection" in our home care and care homes. We will introduce a system of Total Quality Management in the delivery of this new service.

Our drive to deliver Total Quality Management will entail a total culture shift from how the current home care contracts are seen and managed by H&F to a culture where "perfect" home care is seen as H&F's business as usual.

We intend to make a marked shift from the current position where we have inconsistency in the quality of home care as informed by our residents to a point where the Council and our residents can be assured that we have a Home Care and Independent Living service that delivers perfect home care, with carers/independent living workers (or carers) who are consistent, punctual, well trained and knowledgeable about the residents they care for.

Regardless of their independent hourly rate, all providers will be subject to the same level of contract monitoring and quality assurance.

The Independent Living Worker is the key to the delivery of a quality service and therefore ensuring they are well trained and competent is a priority.

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 18 under CQC regulations covers the requirement for providers to deploy enough suitably qualified, competent and experienced staff to enable them to meet all other regulatory requirements described in this part of the Act. Skills for Care identified the following Core and Statutory training which provider need to incorporate into their suite of training:

Training	Requirements / recommendations
Assisting and moving people	Recommended to be refreshed at least annually and when new risk is introduced
Basic life support and first aid	Basic life support to be refreshed at least annually, and first aid every 3 years
Communication	Learning and development when identified / required or at least every 3 years
Dignity	Learning and development when identified / required or at least every 3 years
Equality and Diversity	Assess knowledge and competency annually, and Learning and development when identified / required or at least every 3 years
Fire safety	Recommended to be refreshed at least annually and when new risk is introduced
Food hygiene	Assess knowledge and competency annually, and Learning and development when identified / required or at least every 3 years
Health and safety awareness	Assess knowledge and competency annually, and Learning and development when identified / required or at least every 3 years
Infection prevention and control	Assess knowledge and competency annually, and Learning and development when identified / required or at least every 3 years

Medication management	Knowledge refreshed and tested annually
Mental capacity and liberty safeguards	Assess knowledge and competency annually, and Learning and development when identified / required or at least every 3 years
Moving and handling objects	Annual refresher training good practice
Nutrition and hydration	Assess knowledge and competency annually, and Learning and development when identified / required or at least every 3 years
Oral health	Assess knowledge and competency annually, and Learning and development when identified / required or at least every 3 years
Person centred care	Assess knowledge and competency annually, and Learning and development when identified / required or at least every 3 years
Positive behaviour support and non-restrictive practice	Recommended to be refreshed at least annually and when new risk is introduced
Recording and Reporting	Assess knowledge and competency annually, and Learning and development when identified / required or at least every 3 years
Safeguarding Adults	Assess knowledge and competency annually, and Learning and development when identified / required or at least every 3 years
Safeguarding children	Suggest annual refresher

In addition, the specification states that we require the providers to train carers specifically for person centred care, promoting independence, care planning, communication and record keeping, fall prevention and delivering care with dignity and compassion. We also require providers to train staff in complex needs, including dementia (aligning with the established core competencies from the Dementia Strategy), mental health, learning disabilities and self-neglect.

The service provider must ensure staff receive the required mandatory training as part of their induction, including but not limited to:

- Care Certificate (The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life)
- Dementia Awareness
- Equality and Diversity
- Infection Control
- Medication Awareness
- Fire Safety Awareness
- Food Safety
- Health and Safety Awareness
- Safeguarding Adults
- Moving and Handling of people
- LBHF Induction training (Independent Living)

All care workers will be encouraged to complete a Qualifications and Credit Framework (QCF) Level 2 Diploma in Health and Social Care within a year of working. We expect career pathways to be in place and that a sufficient number of staff gain QCF Level 3 Diplomas in the relevant area of expertise.

As part of ongoing contract monitoring, spot checking and random sampling of training matrices, numbers and levels of carers' qualifications will be carried out. We will ensure that we have sight of carers' supervision standing agenda items so we can influence what comprises supervision.

In addition, providers will be required to work in co-production throughout the contract and involve residents in decision-making which drives improvements to the service. We have a set of home care standards which should be shared with residents so they know what to expect and will complete surveys with residents for their feedback

To reassure residents and relatives that we are commissioning good quality home care services, we will make the following available to them:

- CQC ratings
- Annual ASCOF questionnaire outcomes and how we are responding to them
- Key Performance Indicators we use to hold the providers to account
- Suggested I / WE statements (we will work with residents to develop and agree these), it could become a resident's home care charter
- Development of mosaic for frontline staff to complete surveys at point of review/assessments/contacts - Careline staff could also use this same survey tool.
- Resident surveys & resident reviews - Platforms for voice of the residents and ensure carers understand the needs of residents.

Contract monitoring meetings will discuss the Key Performance Indicators and factors influencing them. If some of these are not meeting requirements we ask for a Performance Improvement Plan. We have more regular and enhanced monitoring. If this doesn't resolve, we can implement further contractual levers such as penalties, pausing referrals and finally we can decommission (temporary or permanent) the provider.

Ensuring that Independent Living Workers do have the right work in the UK is primarily an employer's responsibility. We randomly check that providers are observing relevant immigration and employment law.

The commissioning team has also reviewed how it manages contracts to ensure there is a greater focus on measuring outcomes for residents rather than counting widget. One of the outcomes of the review has been the development of a clearer set of proportionate and measurable standards aimed at making a real difference to the lives of residents. In line with this the council will carry out regular announced and unannounced visits to provider locations, visits to residents and random sampling (checking & testing) of quality metrics e.g. London Living Wage (LLW), travel time between visit pay at LLW, training matrices.

Feedback from relatives and residents through survey and meetings with them will also feed into the monitoring of quality improvement as will the feedback from care staff themselves at regular carers forums.