

Lesley Griffiths AC / AM
Y Gweinidog Llywodraeth Leol a Busnes y Llywodraeth
Minister for Local Government and Government Business



Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref: MB/LG/2173/14

Kirsty Williams AM
National Assembly for Wales
Cardiff Bay
Cardiff
CF991NA

16 June 2014

Dear Kirsty

During Oral Question on 14 May, you asked about the transfer of domiciliary care services in Powys.

Care and Social Services Inspectorate Wales (CSSIW) have the primary responsibility for inspecting and reviewing the social services provided by Powys County Council and to provide assurances on the quality of those services and their performance. Where CSSIW find weaknesses in service delivery, in leadership at any level, or in governance, strategy or scrutiny of social services they will make recommendations to Powys County Council to make the necessary improvements. Where they do believe that the Authority seems unable, or unwilling, to make the necessary improvements they may recommend that Welsh Ministers intervene.

Further, the Wales Audit Office produces an Annual Improvement Report on every Local Authority. In producing these reports the Auditor General for Wales is under a legal duty to draw upon the findings of the other inspection and regulatory bodies in Wales, including CSSIW. These Annual Improvement Reports may also contain statutory recommendations to the Local Authority or, in exceptional circumstances, to Welsh Ministers. You can be assured I take great interest in these Annual Improvement Reports and I always act on any recommendations made to the Welsh Ministers.

Your specific concerns have been raised with Powys County Council and I understand from the Authority, their officials have kept you informed of progress. Any concerns about safeguarding should, of course, be shared with the Local Authority directly as a matter of urgency.

By way of context, the Authority reports prior to this Domiciliary Care tendering exercise, Powys County Council commissioned home care from 17 organisations (all on spot contracts).

The Authority reports this arrangement resulted in it experiencing significant difficulties in meeting the needs of some customers in areas of rural Powys and resulted in a situation where providers refused to accept or would hand back rural, complex or challenging packages with 10 days' notice, in favour of more accessible packages. In addition, the Authority had growing concerns about the quality of care provided by some providers and the consistency and quality of the training provided to the workforce.

Powys County Council believed the situation had become unsustainable. This resulted in the Authority tendering and awarding a framework contact to four providers across the County. The contracts included a clause to compel providers to accept all packages requiring domiciliary care support in their zone, as well as the ability to sub-contract to local providers who can demonstrate their ability to meet the Authority's quality threshold and rewarded this in the scoring of bids.

The Authority reports the first transfer has achieved almost 80% continuity of care, as providers were either commissioned to continue to deliver care or their staff were transferred to the new providers under TUPE.

Over the last month, the Authority has transferred around 500 clients, with approximately 450 clients due to transfer at the end of the month. To date, the Authority has received 13 individual complaints concerning the transfer process and the quality of care delivered. The Authority is continuing to monitor the quality of provision closely and respond to clients complaints and compliments.

The Authority has responded to the specific issues you raised as follows:

'We have vulnerable people who have not had their care plans handed over to the new agencies'

As part of the preparations for the domiciliary care transfer process, all agencies were provided with Service User Care Plans. During the transfer process some of our exiting providers were not fully cooperative and there was a delay in some cases in ensuring the service delivery plans were in place. As the transfer of packages have proceeded, this has been addressed and services delivery plans completed, specific to the needs of each service user.

'We have vulnerable female care recipients now being visited by male domiciliary care workers'.

We are not aware of any female service users who are receiving domiciliary care from male workers.

We have had correspondence from one female service user who requested a specific time which the care agency was unable to provide – this customer was offered the option of either a later call or to receive a call from a male worker at the time of her choice, she chose the later time. Capacity has since been created at her favoured call time and she receives support from a female worker.

'We have domiciliary care workers who are going to the wrong address and do not know what they should be doing'

We are aware this has occurred on one occasion where the wrong address was entered on the care plan. This has now been rectified and the details on the Care Plans thoroughly checked.

'We have medicines not being delivered to people on time'

There have been some occasions where customers have requested a specific call time which the provider has been unable to fulfil (and has offered customers alternative care times). In the early days of the transfer, there have been a small number of late calls. Where this has arisen the Domiciliary Care agency has contacted the customer to offer their apologies and to ensure as far as possible call times are delivered at a consistent time.

This will continue to be closely monitored by the Council and later this year it will be rolling out an electronic call monitoring system which allows the Council to monitor call times and their duration in real time and, therefore, alerting both the provider and Council immediately to any late or missed calls.

Regards



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