

**TITLE OF REPORT: Quality of Commissioned Services in Gateshead****REPORT OF: Caroline O'Neill, Strategic Director, Care Wellbeing & Learning**

---

**Summary**

To update the Health and Social Care Overview and Scrutiny Committee about the quality of care provided by independent sector care organisations in Gateshead and to describe how commissioning activity within Commissioning and Quality Assurance helps to oversee, maintain, support and improve quality within the Gateshead Market. For the purpose of this report the focus will be on services commissioned through Adult Social Care focusing on Care Homes and Home Care

---

**Proposals**

- 2.1 Ever since the Care Act took effect, Councils have been working to implement their new duty to foster sustainable local markets for adult care services. The duty arrived at a challenging time. Local authority finances are under unprecedented pressure, demand for services is rising and the risk of market failure has been evident through high-profile collapse of several care providers.
- 2.2 Sustainability of the social care market is a topic that is regularly featured in the press, particularly highlighting financial constraints, the quality challenges and the quality expectations of a range of stakeholders about what they want from social care.
- 2.3 Under the Care Act 2014, local authorities are required to help develop a market that delivers a wide range of sustainable high-quality care and support services that will be available to citizens. The act also imposes legal responsibilities on local authorities where a care provider fails for a business reason, involving the financial failure of the organisation.
- 2.4 The quality of care across Gateshead is variable. It is the Council's aspiration to ensure commissioned care services are good quality and meet the needs of the individuals who require those services.
- 2.5 The Care Act 2014 placed a duty on Local Authorities to ensure quality in social care services whether or not they are commissioned by the Local Authority. Residential Care Homes and Domiciliary Care Agencies are registered with the Care Quality Commission (CQC), the statutory body

charged with regulation of registered residential and nursing care services. However, it is the responsibility of the Commissioning and Quality Assurance team to commission local services and a significant part of that role is the quality assurance of services delivered within our Authority.

- 2.6 The act makes it clear that local authorities have a temporary duty to ensure that the needs of people continue to be met if their care provider becomes unable to carry on providing care because of business failure, no matter what type of care they are receiving. Local authorities will have a responsibility towards all people receiving care. This is regardless of whether they pay for their care themselves, the local authority pays for it, or whether it is funded in any other way. In these circumstances, the local authority must take steps to ensure that the person does not experience a gap in the care they need as a result of the provider failing.
- 2.7 This duty applies temporarily, until the local authority is satisfied that the person's needs will be met by the new provider. Although this duty does not apply where a business ceases to operate because of its failure to meet the CQC's standards, The Act does confer a discretionary power upon the local authority in the case of a failure due to quality.
- 2.8 The Oxford dictionary defines quality as 'the standard of something as measured against other things of a similar kind; the degree of excellence of something'. In order for quality to be defined, measured and applied within a social care setting to ensure a good quality service for individuals, a number of steps are taken:
- Individuals identify the personal outcomes that matter to them in service delivery.
  - Overarching outcomes which affect service delivery to a group of individuals is identified and a system to measure these outcomes is in place.
  - CQC have an inspection and regulation framework which prescribes standards and how these are measured.
  - Commissioners draw up contracts and specifications that clearly define the expectations the provider must meet when delivering the service.
  - Services are monitored in a number of ways including feedback from all stakeholders.
  - An audit trail of systems and service delivery is in place to gain evidence of how the service is delivered.
- 2.9 A variety of different services are available in Gateshead to support vulnerable adults and these are used by self-funding individuals, the Clinical Commissioning Group (CCG) and other local authorities as well as being

commissioned by Commissioning and Quality Assurance Service on behalf of Adult Social Care (ASC).

2.10 Services consist of those registered with the Care Quality Commission (CQC) and those which do not require registration which include services such as day care, advocacy and equipment.

2.11 The 2 main services commissioned by ASC in Gateshead are residential, domiciliary care and ISL both of these types of service are regulated by the CQC. There are 31 care homes and 3 domiciliary services on block contracts with 11 providers on spot contracts (with 4 currently active) in Gateshead and all of these hold a contract with Gateshead Council. Care homes can register with the CQC to provide care in one or more of the following categories.

- Care Homes - older people 65+
- Care Homes – nursing only
- Dementia
- Learning Disability
- Physical Disability
- Mental Health
- Sensory Impairment
- Younger Adults 18 – 64

Domiciliary care can register with the CQC for:

- Personal Care and Support Services
- Re-ablement services (currently in house PRIME service)

2.12 There have been difficulties in sourcing sufficient good quality care in the domiciliary care market historically with the difficulties the domiciliary care industry is experiencing being recognised locally and nationally (e.g. recruitment and retention of staff, low paid staff, travel time)).

### **3. Role of the Quality Assurance Framework**

3.1 Gateshead's quality assurance framework monitors the quality of local services against local outcomes based on our own local contractual terms and conditions, DOH, Adult Social Care outcomes framework and CQC fundamental standards. At an organisational level services are quality assured through an accreditation process. This is information collected at an organisational level on a 3 yearly basis to ensure that the Council is contracting with legitimate and financially viable organisations.

3.2 However, the core work of the Commissioning and Quality Assurance Team involves Market / Contract Management officers having direct contact with local services. By carrying out scheduled monitoring visits and unannounced spot checks on all registered services. One purpose of the visits is to evaluate the quality of the service by auditing, for example, the adherence to and application of:

- Safeguarding practices and procedures
- Safer recruitment practices
- Practices to promote dignity
- Practices to promote independence
- Financial management policies and procedures
- Health and Safety policies and procedures

3.3 Another purpose of the visits is to observe practice within the services and to observe staff interaction with service users. This supports an evaluation of the quality of a service in respect to the level of dignity afforded to people using our services. In addition to observations made whilst walking around services.

3.4 Contract Management officers will spend time talking to service users, family members and staff in order to establish a more robust view on the quality of care being delivered. In addition collating intelligence on the quality of local services from a range of sources such as:

- feedback from service users, family and carers,
- feedback from front line social care teams,
- formal complaints
- safeguarding referrals
- CQC reports
- Performance reports
- Whistleblowing concerns
- Professional concerns (including CQC and Health)
- Commissioning concerns

(Please see appendix 5 as an example of the data/intelligence collected about Care Home Providers to help identify Quality Assurance issues).

3.5 The team has a Contracts system that records basic information but is currently unable to record or pull together key information from other systems. The team relies on a range of electronic records including spreadsheets to be updated with various reports being updated monthly to look at trends. This is a timely exercise and doesn't capture the full range of information available and is widely open for human error to occur.

3.6 A new risk based Contract Management Procedure was implemented from April 2017. This new procedure provides a structured and standardised approach for gathering qualitative and quantitative data from service providers. This information is used to inform any decisions on contract management actions related to contract compliance including any 'Serious Provider Concerns'.

3.7 The new risk based contract management procedure has been developed based on Department of Health Adult Social Care Outcomes Framework, CQC fundamental standards and contractual requirements. In addition to this there is also existing monitoring frameworks including; the Quality Excellence Framework (QEF) for older persons residential and nursing homes and the

former 'Supporting People' Quality Assessment Framework (QAF). The new Contract Management Procedure consists of:

- Quality Assessment Framework (QAF) Visit (self-assessment & validation)
- Performance Information Workbook or Submission
- Contract Management Meetings
- Serious Provider Concerns Process

3.8 The current approach is heavily based on a reactive approach with the team spending more time with providers who are delivering poor quality. Whilst some proactive work is completed, the current systems don't allow for early signs to be highlighted in a suitable and easy format so that quality concerns can be raised and prevented from escalating at an earlier stage.

3.9 The Commissioning and Quality Assurance Team have identified the PAMMS system as a tool which will help the council be more proactive in terms of addressing and intervening earlier around quality issues with providers. The PAMMS system brings together up to date intelligence from a variety of sources in order to give clear effective market oversight. Examples of information collected include: contract monitoring information, safeguarding alerts, complaints, CQC, and financial information.

3.10 At present we have sources of valuable information stored in various systems and in different formats however we have no way to bring this information together to analyses and give us a current picture of the market. Information is often collected manually and stored on various different spreadsheets and word documents.

3.11 Provider Assessment & Market Manager Solution system (PAMMS) supports an approach and engagement with Providers that can demonstrate improvement in Provider quality. It allows services to be monitored more effectively and promotes better commissioning and market oversight.

3.12 The system is an interactive Provider Portal, where public can access via a website (certain elements if we wish) showing quality ratings as well as a wide range of market management, quality and risk dashboards. Gateshead will become one of the Pilot areas in the region and take advantage of both the cheaper cost and the improvements the PAMMS system will give especially in improving the quality of provision and becoming more proactive than reactive.

#### 4. **Joint working with Clinical Commissioning Groups the Care Quality Commission and Healthwatch Gateshead**

4.1 The above quality assurance is undertaken on a local basis. However, all registered Residential and Domiciliary Care services are also monitored by CQC. The Commissioning and Quality Assurance team also track the CQC compliance reports and inform the Safeguarding Team of any concerns.

- 4.2 Contract monitoring officers visit the Gateshead providers, who hold a contract with the Council, annually and more frequently where there are concerns about quality. The CCG are responsible for ensuring the Clinical Governance of Care Homes with Nursing. Joint monitoring visits to Care Homes with Nursing are undertaken. The CCG findings are included in monitoring reports and action plans.
- 4.3 The Commissioning and Quality Assurance team do not usually monitor service providers who are outside of Gateshead. The monitoring of these services is carried out by the host authority who will share any concerns with placing authorities. The team will monitor out of area provision if the host authority does not have any individuals placed in the Care Home for example.
- 4.4 Bi-monthly meetings take place with the CQC, CCG and Safeguarding to share information about services across Gateshead. It has been recognised that different information is held by each organisation, if brought together, could flag concerns. The role and approach taken by the Care Quality Commission is different to that undertaken by the Local Authority and is carried out in accordance with two pieces of legislation:
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010
  - The Care Quality Commission (Registration) Regulations 2009.
- 4.5 For each regulation, there is an associated outcome related to the experiences that are expected individuals will have as a result of the care they receive. When CQC check providers' compliance with the essential standards, they focus on the 5 outcomes that most directly relate to the quality and safety of care and care providers must have evidence that they meet the outcomes.
- 4.6 Healthwatch Gateshead has enter and view powers in relation to care homes and any premises where health and social care is funded from the public purse under s.186 of the Health and Care Act 2012. Healthwatch share information and work with commissioners should they have any cause for concern.

## **5. Risk Management**

- 5.1 Gateshead Council's Serious Provider concerns process allows there to be a robust assessment of risk and enables the Council to assess the action required. Where these risks escalate they are escalated to Senior Management to ensure the appropriate level of scrutiny and assurance that action is both timely and proportionate. Local authorities have a responsibility to ensure continuity of care of all care providers not just those with which they commission. The aims of the serious provider concerns process are to:
- Ensure the safety, dignity and care to those who use the service of the provider;

- Ensure that the customer is at the heart of the process;
- Share information appropriately in order to enable effective partnership working;
- Work together with providers to improve the quality of care;
- Take robust action in instances where a crime has been committed or to protect the wellbeing of those who use services.

5.2 Working together means recognising that no single agency can alone respond or improve the quality of care within providers. Each organisation has its own remit, focus and skills, which together, has the potential to contribute to creating the best possible outcomes within a care provision. The development of a Serious Provider Concern process for Children’s services linked to the LSCB is being proposed.

## 6. Current quality issues in the market

6.1 The serious provider concern process has highlighted areas of concerns around quality and some of the challenges the current market faces:

- Lack of understanding around the Mental Capacity Act and Best Interest assessments
- Lack of understanding around Safeguarding
- Poor leadership/continuous changes in management
- Basic or mandatory training not being maintained e.g. manual handling, safeguarding
- Recruitment and retention of nurses with relevant skills and experience
- Medication procedures and the use of electronic systems e.g. Well Pads
- Recruitment processes
- Financial viability

### Care home performance

6.2 Across England, we know that the quality of social care for older people is concerning, with more than one in four adult social care services being found to be ‘Inadequate’ or ‘Requires Improvement’ by the Care Quality Commission (CQC), please see appendix 1 and 2.

The picture of care home performance across England (as of January 2017)

| CQC rating           | Number of homes with this rating | Percentage of homes with this rating |
|----------------------|----------------------------------|--------------------------------------|
| Outstanding          | 148                              | 1.0%                                 |
| Good                 | 10616                            | 73.3%                                |
| Requires Improvement | 3399                             | 23.5%                                |
| Inadequate           | 312                              | 2.2%                                 |

Source: Care home performance across England March 2017 published by Independent Age

6.3 Currently in Gateshead of the 31 Care Homes, 5 are rated as requires improvement with 26 rated as Good. Gateshead Council had in place a 'Quality Excellence Framework' which it used to assess the overall performance of care homes. The Council used 6 domains upon which to measure the quality of service provided within residential and nursing care homes for older people (Band 1, 2 or 3). The new QAF has been rolled out from April 2017 and care homes are being reassessed under the new framework. Care Homes in currently Gateshead are based on the QEF ratings 24 are rated as Band 1, 6 rated as Band 2 and 2 rated as Band 3. The proposed joint contract with Newcastle Gateshead CCG for Care Homes will look to develop a new joint quality banding tool based on outcomes.

#### **Homecare performance**

6.4 Currently in Gateshead of the Home Care providers commissioned, 1 is rated as inadequate, 2 are rated as requires improvement and 4 rated as Good. In terms of Home Care quality issues experienced include:

- Missed call times
- Hours of care not being delivered
- Length of time the carers are staying
- Delays in packages not being picked up (although this has improved since the introduction of the new Bridging service)
- Training and experience of staff
- Recruitment and retention of staff
- The number of uncommunicated late calls
- The quality of service provided by some staff

6.5 On average the waiting time for a package of care to start in Gateshead at the moment from when we receive the referral from a social worker is just over 2 weeks. There are some rare exceptions to this though depending on different factors. The length of time a person is waiting for a package of care fluctuates during the year depending on various factors such as current demand, carer availability and the clients geographical location and times requested. (Please see appendix 6 for the current hours delivered by the Dom Generalist providers for the period 04/09/2017 to 01/10/2017. The providers highlighted in yellow are our 3 block providers and Appendix 7 highlighting full EMC reports supplied by the provider over a two year period).

6.6 Over recent months this figure has varied with the longest being on average 3 weeks. There are some rare exceptions. The Bridging Service has made an impact on the average wait in Gateshead as it has allowed clients to access a service quickly allowing them to leave hospital or respite or relieving the pressure from family members. The service can start the day after a referral is made for the bridging service e.g. if a client is referred at lunch time on a Monday for the bridging service, the service will start on a lunch time on Tuesday unless requested by the worker or family.

## **7. Next Steps**



- 7.1 While pressured finances, market failures and rising demand suggest a hostile climate for sustaining quality adult social care market, new thinking can tackle these challenges. Working with providers more closely can help find new ways to deliver improved quality for the residents of Gateshead. Commissioning and Quality Assurance are engaging the market on the 9th November at the Baltic. “Working Together to Increase Choice and Improve Quality Conference” will be an inaugural conference with the full market including currently commissioned providers and potentially new providers.
- 7.2 The conference will give an opportunity for the market to:
- Get an overview of the key commissioning areas that Gateshead Council will focus on over the next two years.
  - Share expertise and information to develop forward thinking, innovative solutions where we might achieve better outcomes for our residents.
  - Develop a shared understanding of supply, demand and market direction in Gateshead.
  - Allow the council to better understand the issues and challenges the market face and to identify solutions to these challenges and opportunities to develop quality services
- 7.3 The conference will focus on issues like workforce development for example, making care work a more attractive vocational career option and appealing to pools of potential recruits, offer a way to deal with the workforce challenges that many providers face in the market around recruitment and retention. Working with providers for example to access Skills for Care and grant funding enables providers to receive support to address recruitment and retention issues.
- 7.4 In terms of commissioning activity and how we commission moving forward will help shape the market further and develop quality. For example considering options in Home Care around a salaried staff model rather than an hourly rate, provides more security for staff and more freedom to design care within an overall financial envelope and allows greater focus on quality outcomes. A new quality banding tool to be developed with the CCG linked to a joint contract for Care Home
- 7.5 The current Serious Provider Concerns process focuses on adult providers; the intention is to develop the process further to look at and address risk/quality issues within the children’s market.

## **Recommendations**

1. The views of the OSC are sought on the above proposals.

Overview and Scrutiny are asked to:

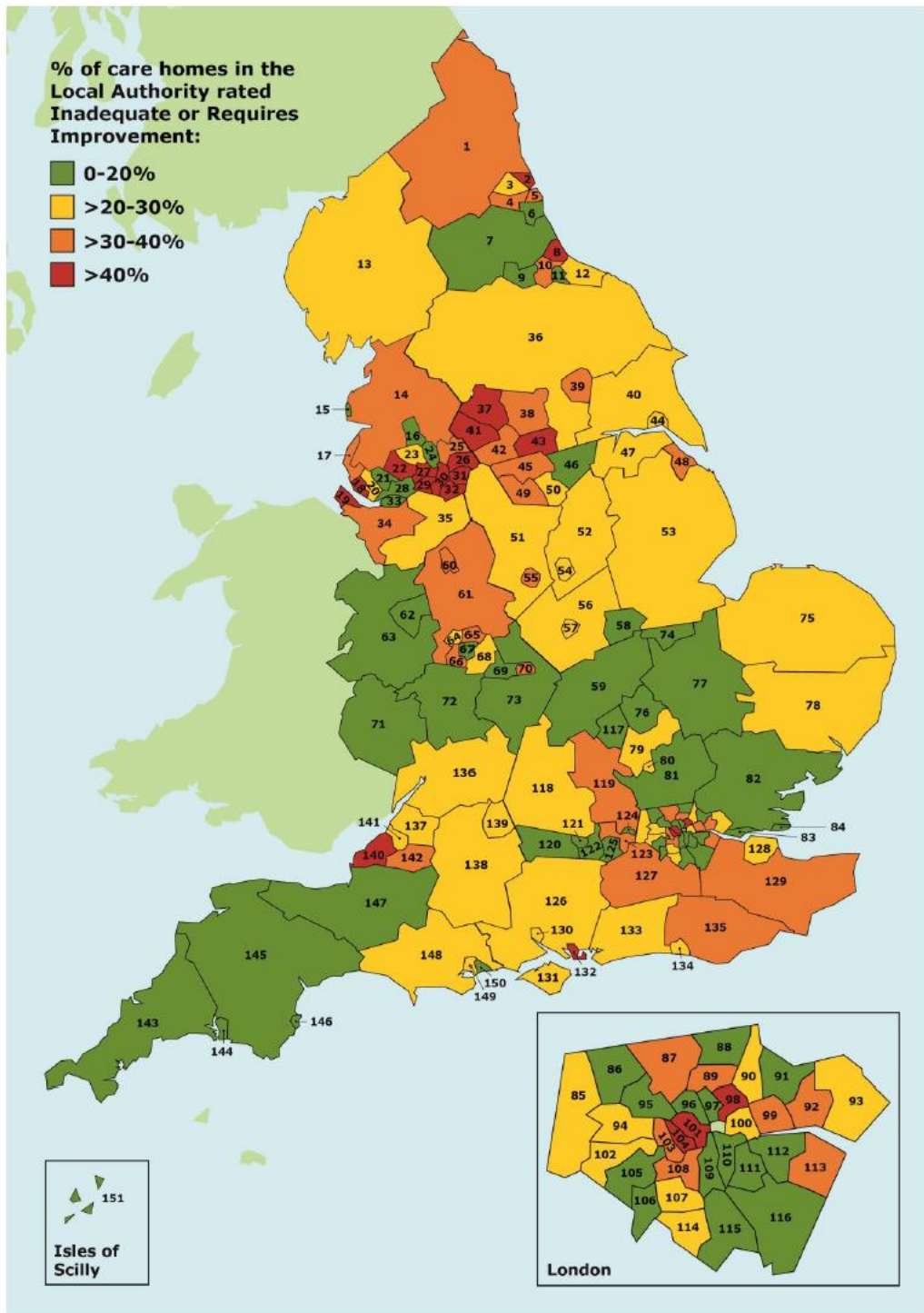
- Comment on the current challenges in the market around quality in Gateshead
- Comment on the proposal to purchase the PAMMS system to give better oversight of quality and performance
- The proposal to replicate the Serious Provider Concerns Process for Children's services
- Note the Conference on the 9th November to engage with providers in the market and start dialogue about approaching issues around quality for example linked to work force development.

For further information please contact Behnam Khazaeli on (0191) 433 3879 or email [behnamkhazaeli@gateshead.gov.uk](mailto:behnamkhazaeli@gateshead.gov.uk)

**Jon Tomlinson - Interim Service Director, Health & Social Care Commissioning & QA, Care, Wellbeing & Learning Ext 2353**

# Appendix 1: Care Home Performance across England January 2017

## CARE HOME PERFORMANCE ACROSS ENGLAND

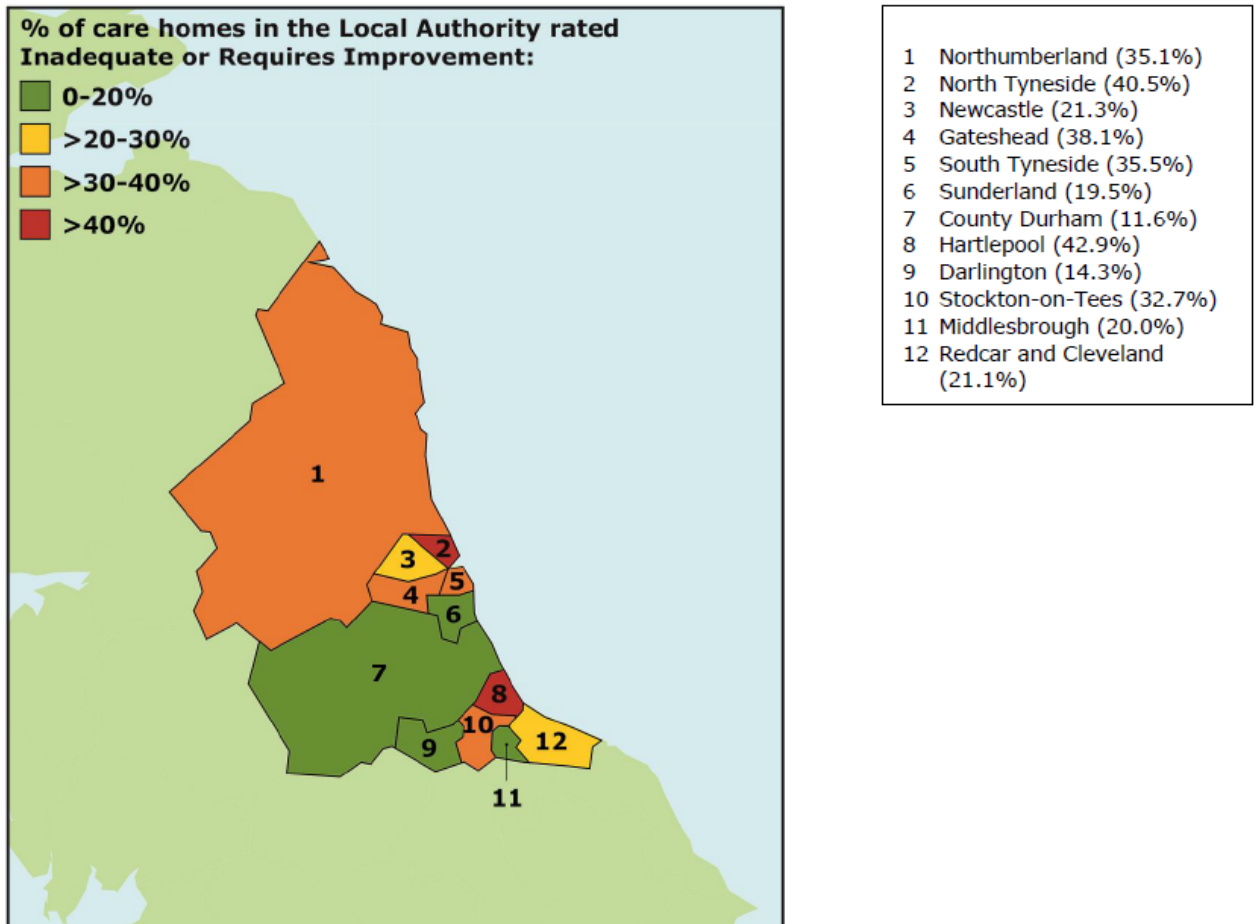


Source: Care home performance across England March 2017 published by Independent Age

## Appendix 2: Care Home Performance across North East January 2017

### REGION BY REGION

#### 1. NORTH EAST



Source: Care home performance across England March 2017 published by Independent Age

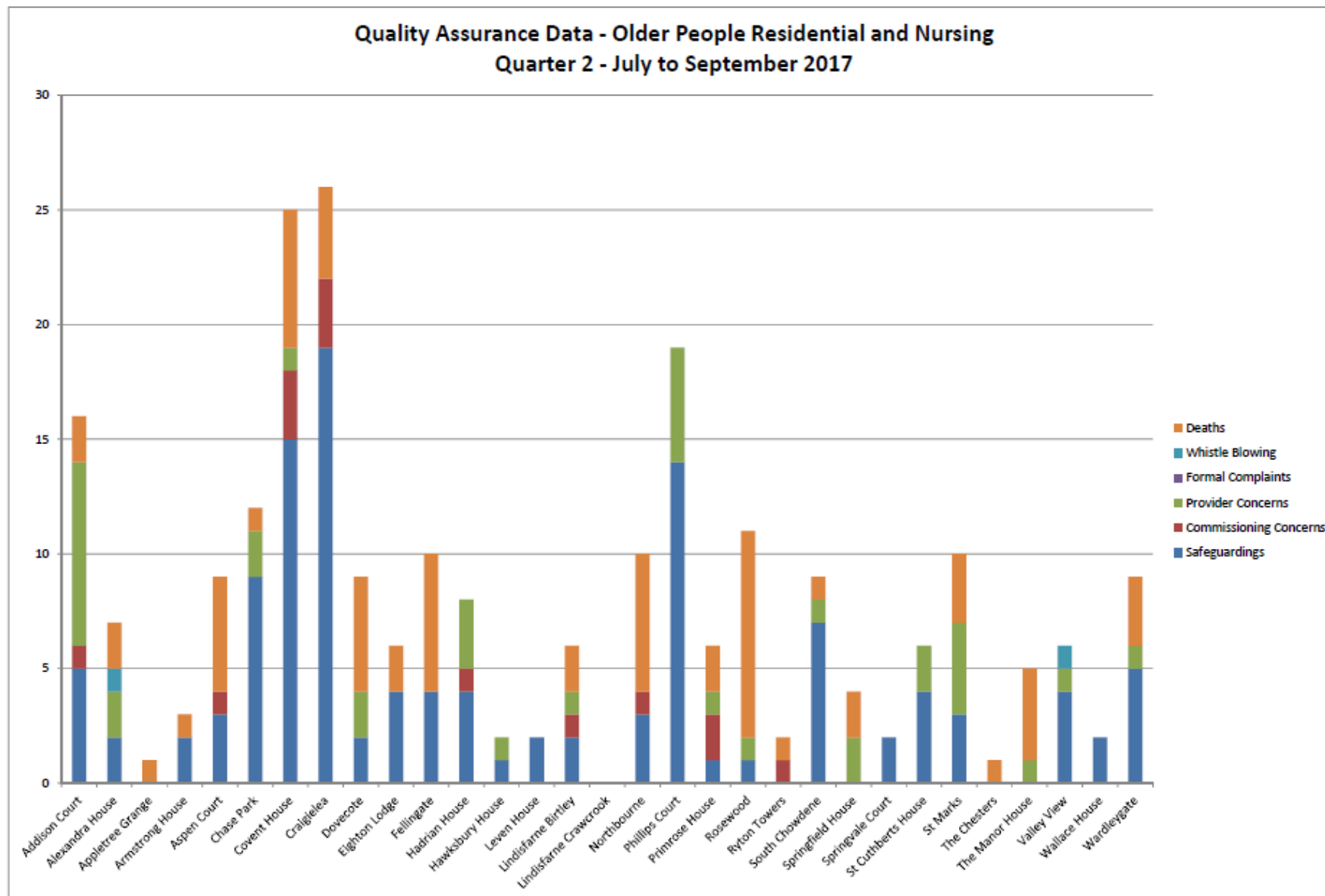
### Appendix 3: CQC Ratings for Care Homes in Gateshead and Banding Rate for the Council based on the old QEF framework

| Service/Provider  | Quality Band | CQC             |                 |   |
|---|--------------|-----------------|-----------------|---|
|   |              | Insp Date       | Rating          | Concerns  |
| <b>Addison Court</b><br>(Malhotra Care Homes Ltd)         | 1            | Jan-17          | Good            | Safe  |
| <b>Alexandra House</b> (Akari)                            | 1            | Dec-15          | Good            |   |
| <b>Appletree Grange</b><br>(Barchester Healthcare Ltd)    | 1            | Mar-17          | Good            |   |
| <b>Armstrong House</b> (Care UK)                          | 1            | Dec-16          | Good            |   |
| <b>Aspen Court</b> (Atlas)                                | 2            | May-17          | Good            |   |
| <b>Chase Park</b> (Renal Healthcare Ltd)                  | 1            | Jul-17          | Good            | Well led - requires improvement   |
| <b>Covent House</b><br>(Malhotra Care Homes Ltd)          | 1            | Jun-15          | Good            |   |
| <b>Craigielea</b> (SOLEHAWK)                              | 2            | Nov-16 & Dec-16 | Req Improvement | Safe/ Well led  |
| <b>Dovecote</b> (Embrace UK Ltd)                          | 1            | Jan-17          | Good            |   |
| <b>Eighton Lodge</b><br>(Wellburn Care Homes Ltd)         | 1            | Oct-16          | Req Improvement | Safe/Well led   |
| <b>Fellingate</b> (Enhanced Elderly Care Ltd)             | 1            | Dec-16          | Good            |   |
| <b>Hadrian House</b> (Care UK)                            | 1            | Dec-16          | Good            |   |
| <b>Hawksbury House Residential Care Home</b>              | 1            | Jan-17          | Good            |   |
| <b>Leven House</b> (Active Horizons)                      | 2            | Mar-17          | Good            |   |
| <b>Lindisfarne Birtley</b><br>(Gainford Care Homes Ltd)   | 2            | Jun-15          | Good            | Responsive req improve  |
| <b>Lindisfarne Crawcrook</b><br>(Gainford Care Homes Ltd) | 1            | Sep-16          | Good            |   |
| <b>Northbourne</b> (Anchor)                               | 1            | Apr-16          | Good            |   |
| <b>Philips Court</b> (Akari)                              | 1            | Feb-17          | Good            |   |
| <b>Primrose House</b><br>(Primrose House Ltd)             | 1            | Jan-16          | Good            |   |
| <b>Rosewood House</b><br>(ATLAS)                          | 1            | Apr-15          | Good            |   |
| <b>Ryton Tower</b> (Wellburn Care Homes Ltd)              | 1            | Nov-16          | Good            | Well led req improve  |
| <b>South Chowdene</b><br>(Barchester Healthcare Ltd)      | 3            | Feb-17          | Good            | Well led  |
| <b>Springfield House</b> (HC-One)                         | 1            | Aug-15          | Good            |   |
| <b>Springvale Court</b><br>(Barchester Healthcare Ltd)    | 2            | May-17          | Good            |   |
| <b>St Cuthberts House</b>                                 | 1            | Oct-15          | Good            |   |
| <b>St Marks Court</b> (Akari)                             | 1            | May-15          | Good            |   |
| <b>The Chesters</b> (Parkside Care)                       | 1            | Jun-16          | Good            |   |
| <b>The Manor House</b><br>(Hadrian Healthcare)            | 1            | Nov-16          | Good            |   |
| <b>Valley View</b>  | 3            | Jul-17          | Req Improvement | Well led - Inadequate Safe/Effective/ Caring/ Responsive - requires improvement |
| <b>Wallace House</b> (Akari)                              | 2            | Jan-17          | Req Improvement | Effective/ Responsive/Well led  |
| <b>Wardleygate</b> (Enhanced Elderly Care Ltd)            | 1            | Aug-17          | Req Improvement | Safe/ Effective/ Caring/ Responsive/Well led                                    |

Appendix 4: CQC Ratings for Home Care Providers in Gateshead

| Home Care Generalist                                 |           |                   |   |
|--|-----------|-------------------|---|
| Service/Provider                                     | CQC       |                   |   |
|  | Insp Date | Rating            | Concerns  |
| Clece Care - <b>Zone 1</b>                           | Apr-16    | Inadequate        | Safe/ Effective/ Caring (req improve)/ Responsive/Well led                  |
| CCNE - <b>Zone 1 Spot</b>                            | Apr-16    | Req improvement   | Safe/ Effective/ Well led (inadequate)                                      |
| Castlerock - <b>Zone 1 Spot &amp; Zone 3 Spot</b>    | May-16    | Good              | Well led (req improve)  |
| DH Homecare - <b>Zone 1 Spot &amp; Zone 3 Spot</b>   | Jan-16    | Good              | Safe (req improve)  |
| Homecare Plus - <b>Zone 1 Spot</b>                   | Apr-17    | Req improvement   | Safe (inadequate)<br>Effective; Responsive; Well-led (requires improvement) |
| Nurtured Care - <b>Zone 1 Spot &amp; Zone 3 Spot</b> |           | Not yet inspected |   |
| Comfort Call - <b>Zone 2</b>                         | Mar-16    | Good              |   |
| Dale Care - <b>Zone 3</b>                            | Jun-17    | Good              | Safe/ Effective/ Well led   |

## Appendix 5: Quality Assurance Data for Older Peoples Residential & Nursing Care (CONFIDENTIAL)



**Appendix 6: Current hours delivered by the Dom Generalist providers for the period 04/09/2017 to 01/10/2017**

| <b>Provider</b> | <b>Total Hours every 4 weeks</b> | <b>Total Weekly Hours</b> |
|-----------------|----------------------------------|---------------------------|
| Clece Care      | 7797.00                          | 1949.25                   |
| Carevisions     | 16.00                            | 4.00                      |
| CCNE            | 437.50                           | 109.38                    |
| Comfort Call    | 11136.00                         | 2784.00                   |
| Dale Care       | 10127.89                         | 2531.97                   |
| DH Homecare     | 976.88                           | 244.22                    |
| Kelly Park      | 386.00                           | 96.50                     |
| Nurtured Care   | 358.34                           | 89.59                     |
| <b>Totals</b>   | <b>31235.61</b>                  | <b>7808.90</b>            |



Appendix 7:

| <b>Data for Sample of 2017 for 3 Block Home Care Providers</b> |                             |                               |                             |
|--|-----------------------------|-------------------------------|-----------------------------|
|  | <b>04/07/17 to 10/07/17</b> | <b>07/08/2017 to 13/08/17</b> | <b>04/09/17 to 10/09/17</b> |
| <b>Number of Service Users</b>                                 | 617                         | 600                           | 605                         |
| Number Visits with no clock in and outs                        | 2186                        | 2092                          | 2042                        |
| Total Visits Applicable to Summary (anomalies removed)         | 8423                        | 8492                          | 8729                        |
| Acceptable Visit Duration (5 mins acceptance)                  | 3038                        | 3022                          | 3031                        |
| Unacceptable Visit Duration (5 mins acceptance)                | 5385                        | 5470                          | 5698                        |
| <b>Short Visit Duration</b>                                    |                             |                               |                             |
| Under 5 minutes or less  | 1446                        | 1436                          | 1415                        |
| Between 6-10 minutes   | 1772                        | 1776                          | 1870                        |
| Between 11-20 minutes less                                     | 2718                        | 2878                          | 2944                        |
| Between 21-30 minutes less                                     | 821                         | 898                           | 964                         |
| Between 31-60 minutes less                                     | 182                         | 204                           | 179                         |
| Over 60 minutes less   | 77                          | 22                            | 16                          |
| <b>Visit Band - Arrival Time Breakdown</b>                     |                             |                               |                             |
| Within 15 minutes of planned                                   | 5488                        | 5251                          | 5365                        |
| Prior-between 16-30 minutes                                    | 1068                        | 1091                          | 1167                        |
| Prior-between 31-60 minutes                                    | 858                         | 890                           | 878                         |
| Prior-over 60 minutes  | 352                         | 354                           | 367                         |
| Later- between 16-30 minutes                                   | 1055                        | 990                           | 985                         |
| Later- between 31-60 minutes                                   | 494                         | 494                           | 463                         |
| Later-over 60 minutes  | 90                          | 87                            | 58                          |
|  |                             |                               |                             |
|  |                             |                               |                             |
|  |                             |                               |                             |
| <b>Data for Sample of 2016 for 3 Block Home Care Providers</b> |                             |                               |                             |
|  | <b>04/07/16 to 10/07/16</b> | <b>09/08/2016 to 15/08/16</b> | <b>05/09/16 to 11/09/16</b> |
| <b>Number of Service Users</b>                                 | 597                         | 568                           | 572                         |
| Number Visits with no clock in and outs                        | 1973                        | 1499                          | 1827                        |
| Total Visits Applicable to Summary (anomalies removed)         | 7057                        | 7143                          | 7099                        |
| Acceptable Visit Duration (5 mins acceptance)                  | 2779                        | 2860                          | 2309                        |
| Unacceptable Visit Duration (5 mins acceptance)                | 4278                        | 4283                          | 3589                        |
| <b>Short Visit Duration</b>                                    |                             |                               |                             |
| Under 5 minutes or less  | 1319                        | 1167                          | 1061                        |
| Between 6-10 minutes   | 1120                        | 1260                          | 1208                        |
| Between 11-20 minutes less                                     | 1970                        | 1704                          | 1779                        |
| Between 21-30 minutes less                                     | 735                         | 532                           | 605                         |
| Between 31-60 minutes less                                     | 175                         | 143                           | 143                         |
| Over 60 minutes less   | 17                          | 9                             | 6                           |
| <b>Visit Band - Arrival Time Breakdown</b>                     |                             |                               |                             |
| Within 15 minutes of planned                                   | 4921                        | 5072                          | 4224                        |
| Prior-between 16-30 minutes                                    | 1000                        | 988                           | 782                         |
| Prior-between 31-60 minutes                                    | 716                         | 748                           | 534                         |
| Prior-over 60 minutes  | 496                         | 398                           | 299                         |
| Later- between 16-30 minutes                                   | 867                         | 869                           | 742                         |
| Later- between 31-60 minutes                                   | 425                         | 371                           | 390                         |
| Later-over 60 minutes  | 89                          | 95                            | 128                         |