



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	20 March 2019
Agenda Item	8
Title	Care at Home Improvement Activity
Summary	
<p>This report provides the Integration Joint Board with information on activity to improve our in-house care at home service. As requested at the last meeting of the IJB, the report provides details of the impact on quality of care; service vacancy information; an analysis and update of the position in relation to delayed discharge; and further details of the consultation and joint working in relation to the rollout of reablement.</p>	
Presented by	Candy Millard, Head of Adult Health and Social Care Localities
Action Required	
<p>Integration Joint Board members are asked to note and comment on the report and are requested to approve the additional investment in care at home services.</p>	
Implications checklist – check box if applicable and include detail in report	
<input checked="" type="checkbox"/> Financial <input type="checkbox"/> Policy <input type="checkbox"/> Legal <input type="checkbox"/> Equalities <input type="checkbox"/> Efficient Government <input checked="" type="checkbox"/> Staffing <input type="checkbox"/> Property <input type="checkbox"/> IT	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

20 March 2019

Report by Julie Murray, Chief Officer

CARE AT HOME IMPROVEMENT ACTIVITY

PURPOSE OF REPORT

1. The purpose of this report is to provide the Integration Joint Board with information on activity to improve our in-house care at home service. As requested at the last meeting of the IJB, this report provides details of the impact on quality of care; service vacancy information; an analysis and update of the position in relation to delayed discharge; and further details of the consultation and joint working in relation to the rollout of reablement.

RECOMMENDATIONS

2. Integration Joint Board members are asked to note and comment on the report and are requested to approve the additional investment in care at home services.

BACKGROUND

3. In March 2017 the IJB received a report that described the programme of work to extend the in-house reablement service to every individual identified as needing support to enable them to remain safely in their own home.
4. The reablement approach in care at home offers support and encouragement to individuals to help themselves and so increase their independence. It supports individuals 'to do' rather than 'doing to' or 'doing for'.
5. In June 2018 Clinical and Care Governance Committee received a report on the Inspection of our in-house care at home service undertaken by the Care Inspectorate. At the time the service was awarded grades of 3 (adequate) for care and support: staffing and management and leadership. The inspection made 6 requirements in the following areas
 - Quality of Care And Support (3 requirements)
 - Quality of Staffing (2 requirements)
 - Quality of Management And Leadership (1 requirement)
6. A brief update report was presented to the IJB at its last meeting of 30 January 2019. The report contained information about the development of the reablement approach and recent significant pressures experienced by our in-house care at home service.
7. Members requested a further more detailed report on the impact on quality of care; service vacancy information; an analysis and update of the position in relation to delayed discharge; and further details of the consultation and joint working in relation to the rollout of reablement.

Wider Context

8. Board members will recall that the responsibility for the in-house care at home services changed in the Spring of 2018. The Head of Health and Community Care left the HSCP in March 2018 and the new Head of Adult Health and Social Care Localities took up post on 1 April 2018.
9. The Directorate Management team became aware that there were issues with the progress of the redesign of our in-house care at home service. The delay in moving to a wholesale model of reablement was impacting the service's ability to manage demand. It also became clear that the budget savings achieved by care at home were not in line with the original efficiency proposals, but had been taken from staffing vacancies and from changes to the way providers were paid as part of the new care at home contract.
10. In August a new Intensive Services Manager with responsibility for managing the in-house HSCP registered services of Bonnyton House (care home) and care at home (reablement and telecare responder service) took up post. This post was created to lead a programme of significant redesign including the development of out of hours services for Adult Health & Social Care Localities; rollout of reablement services and integration with locality rehabilitation teams; along with the changes to Bonnyton House.
11. The care at home programme was put in place to redevelop our in-house service to be targeted on reablement and responsive care and be fully integrated into our two localities. Through integration in localities care at home staff work closely with rehabilitation and community nursing teams with easy access to community social work and review supports.
12. One aspect of the programme had been to move longer term support packages to our partner providers. We had been working to increase the stability of the external market by allowing providers to develop in particular communities, and had agreed a series of tests of change in partnership with them to try different models.
13. Locally and nationally there have been issues with recruitment and retention of care at home staff that have impacted on our ability to implement this approach.

REPORT

Impact on quality of care

14. The ongoing pressures on the in-house service as outlined in the previous report to the IJB continue to impact on quality of care. Provision of care at home is organised in 'runs' a series of visits to service users over a period of time to be undertaken by one or two home carers dependent on need. In order to provide a service, staff are being moved to cover vacant runs and agency staff are being called on to either be the second worker or cover some of the 'runs'. Runs have been frequently changed in order to cover service pressures. This impacts on timing and continuity of care.
15. Our in-house care at home staff are provided with information about the person they are visiting and tasks to be undertaken by the CM2000 scheduling system, through their phone. There is risk that as care workers may not have a detailed knowledge of the person they are visiting, that they are less likely to pick up on changes or be familiar with a person's preferences.

16. This risk is increased by the lack of visibility of care plans in service users' homes. In response to a care inspectorate requirement, two care at home reviewers started in mid September. However one person had to be moved to support the scheduling and organising of care from mid November to December. The reviewers have visited 110 service users and completed reviews. When the reviewers visited service users in their homes, care planning documentation was found to be absent or out of date. In response to this the review team had to complete care plans rather than simply review and update them.
17. This means that many people using in-house care at home do not currently have personal plans that accurately reflect their current health and care needs or their personal abilities and preferences. In addition risk assessments may be out of date. Each service user having an up to date personal plan was a care inspectorate requirement on the service.
18. As part of the home care service redesign an in-depth qualitative analysis of the lived experiences of a number of representative service users and their families was undertaken over December 2018 and January 2019. This was in the form of four in-depth interviews with people currently in receipt of care services, along with five interviews with family members and carers. The following quotes show that despite the efforts and care from staff, there is an adverse impact on the people who are supported by our in-house care at home service.
- *They're lovely, absolutely delightful and helpful. Of course there are problems they are rushed. I hope I'm speaking for them properly. They find they don't have time to do what they really want to do*
 - *They have this thing in the mornings where they look at their phone and see there's three jobs and then ...(carer) can be in here look at her phone and there will be another two added on. No-ones' spoken to her they've just put them on. That's happened when she's here. In the middle of the day that will happen. ... I don't feel the messages are intruding on me I just feel it's upsetting*
 - *It's very relaxed, as things can be in extreme circumstances let's be honest. It's quite a hard job for them and they treat him well. There is a lot of camaraderie going on ...'*
19. Five interviews were undertaken with in-house care at home staff from different areas across East Renfrewshire. Their feedback is similar in many ways to that of service users and their families in relation to issues of timing, consistency and impact on their ability to care as they would wish.
- *Last Sunday, everyone was phoned because we were so short staffed. So I said I would do it as long as it's my own run. Then when I got my run through it was fine – then I got 2 extra. So I phoned up the girls and said – in that 8, I have showers, baths and people with dementia. But she said "you just need to fit them in".*
 - *I mean years ago it was different you didn't have so many clients of course I understand right now people are off sick, people are on their holidays you have to make allowances*

Service vacancy information

20. Over the last 2 years we have been working to change our balance of care with in house services providing more of the reablement and responsive care and external partner providers providing more 'maintenance', longer term support, packages. As part of the shifting of the balance of care. We have therefore not recruited to our in-house care at home service since August 2017 as the intention has been to transfer work to shift the balance of in-house and external provision. The service has 169 staff (126 WTE) and is currently holding 13 vacancies (c10 WTE).
21. In order to develop a stable provider market, we had worked with our providers to identify defined geographic areas or complexes, e.g. sheltered and extra care, where they could provide a significant level of care and support. Our providers had committed to increase recruitment to allow them to support transfer of significant volumes of home care packages. Unfortunately, as reported to the IJB in January, they have not been able to recruit sufficient staff in time to meet our needs. This was despite the recruitment fayre in December, which led to very few actual appointments.
22. Planned care transfer of packages of care in November did not go ahead due to the difficulties faced by partner providers in recruitment. The HSCP then contacted all care at home providers operating in the area to see if they could pick up additional hours. Agencies were contacted for additional staff to support HSCP staff in delivering care.
23. Absence levels in the service have been high. Additional business support was brought in to assist our in-house care at home organisers with managing absence administration. The team have worked to reduce long term absences and more recently to tackle the rise in short term absence.

Absence (across In-house Care at Home & Telecare)	
As at 31/12/18	31 long term & 13 short term absences
As at 18/01/19	27 long term & 12 short term absences
As at 11/02/19	21 long term & 10 short term
As at 18/02/19	18 long term & 5 short term
As at 25/02/19	18 long term & 7short term
As at 4/03/19	16 long term & 5 short term

24. Vacancies, sickness levels and the resulting service pressures have impacted on the ability to hold training and development events with staff.
25. We are currently recruiting additional care at home staff to our in-house service. We would like to recruit up to 36 WTE in order to fill vacancies and projected retirements, backfill for staff training and posts covered by agency staff. There is also a contingency for external market pressures, to mitigate the risk if external providers hand back packages of care.

Hospital Discharge

26. There is a steady stream of referrals to care at home from hospital. The average number per week is approximately 15 but there can be significant peaks within this, as demonstrated in the following table.

Week	No. of hospital team referrals
03/12/2018	12
10/12/2018	11
17/12/2018	21
24/12/2018	15
01/01/2019	11
07/01/2019	13
14/01/2019	19
21/01/2019	12
28/01/2019	17
04/02/2019	9
11/02/2019	19
18/02/2019	17
25/02/2019	16
04/03/2019	10

27. The service has managed to facilitate hospital discharge throughout the winter period however the pressures on the hospital discharge team has been significant. In order to maintain discharges and free up capacity in the team the 'patch' based teams have been asked to take on more service users resulting in the high pressure on the rest of the service. This means that there is limited focus on reablement of individuals and timings of visit are short, with many 5 minute and 15 minute visits.
28. Current pressures on the service may impact on our ability to respond to the demand for discharges from hospital, in order to manage the levels of risk to staff and users.

Progress on Care Inspectorate Requirements

29. The action plan in response to the Care Inspectorate report was developed at a period of change for the organisation. The Head of Health and Community Care left the HSCP in March 2018 and the Acting Manager of Community Resources, who managed the in-house care at home service, left in July 2018.
30. The pressure under which the service has been operating, has meant that there has not been sufficient focus on the Care Inspectorate requirements. Planned actions to meet care inspectorate requirements are incomplete or behind timescales as detailed below:

Requirement	Status
1. The service provider must ensure that service users' personal plans set out how the health, welfare and safety needs of individuals are to be met	Incomplete Review activity has found that plans are not in the majority of service use homes.
2. Medication must be managed in a manner that protects the health and wellbeing of service users.	Incomplete Medication management policy drafted but not finalised. Just under a third of staff (48) have completed medication training this year.

3. The provider must ensure that personal plans are reviewed in line with legislation:	Incomplete Approximately less than a quarter of service users plans have been reviewed since the last inspection.
4. The provider must ensure that persons employed in the provision of the care service receive training appropriate to the work they are to perform.	Incomplete Training records were previously in multiple places across the organisation. All staff training records are now on CM2000. This will inform our training need analysis and workforce development plan. During 2018 <ul style="list-style-type: none"> ▪ 95 home care staff completed moving and handling training ▪ 26 home care staff completed dementia training ▪ 20 home care staff completed codes of conduct training ▪ 11 staff completed other core refresher training ▪ 6 completed SVQ level 2 and 10 are in progression (61 staff have completed SVQ level 2)
5. Management must provide staff supervision and appraisals in line with the provider's policies and procedures.	Incomplete Supervisions and PRDs have been undertaken for all home care organisers but supervision and PRD of frontline staff has not progressed as per the action plan.
6. The provider must ensure the service follows the guidance on notification reporting to the Care Inspectorate.	Inspectorate guidance on notification requirements has been shared with the in-house care at home team and has been an agenda item for the team meeting to ensure requirement to meet notification timelines are clear to staff New CI user accounts for Home Care Manager and Responders Service Manager have been set up.

31. The Care Inspectorate carried out an unannounced inspection of our care at home service in February 2019, in order to assess whether the service had made the required improvements and was meeting the Health and Care Standards. Their report is yet to be published.

Immediate Improvement Activity

32. In response to these issues a senior management improvement task force has been established under the leadership of the Chief Officer. An experienced programme manager has been realigned to support the development and monitoring of the improvement programme. An external mentor who has supported other areas with care at home and quality improvement activity has been asked to provide critical friend support to the improvement team.

33. As the HSCP care at home service is under a Council registration, HSCP senior officers, including the Chief Social Work Officer in her role as professional advisor to the Council, are meeting regularly with the Council's Chief Executive to report progress on quality improvement activity. The Council's Corporate Management Team has agreed support with recruitment, IT improvement and communications.
34. In-house care at home management capacity is being strengthened by combining the technology enabled care and telecare responder management team with care at home.

Management Resources - Current	Management Resources - Interim
1x Intensive Services Manager	1x Intensive Services Manager
1x Care at Home Senior Manager	1x Care at Home Senior Manager
1x Care at Home Manager	2x Care at Home Manager
	1x Improvement Implementation Manager
	1x Programme Manager
	1x Quality Assurance Officer

35. Additional care planning and reviewing resource is being put in place, drawing from across the HSCP. Sample care documentation, processes and procedures have been sourced from other areas as the basis for updated and improved care plans, risk assessments and medication management.

Review Resources - Current	Planning and Review Resources - Interim
2x Review Officers	2x Review Officers
	1 x Social Worker
	2x Social Work Assistants
	1x Occupational Therapist
	1x Community Nurse
	1x Pharmacy Technician

36. The HSCP is moving to recruit additional care at home staff. In-house staff who are not already on full time contracts are being offered the opportunity to increase their hours up to full time. Fast track recruitment events and further social media publicity to support recruitment has been planned with HR and Communications teams. A revised induction programme is being developed and resources identified for its delivery.
37. Drop in sessions have been arranged for staff to discuss concerns and issues face to face with management and our staff partnership and union colleagues have been asked to feedback all concerns raised with them for discussion at regular meetings.
38. A full improvement plan is being developed, with actions across the following improvement areas:
- Service User Health, Safety and Wellbeing
 - Governance, Quality Assurance and Control
 - Capacity to Change
 - Service Capacity
 - Communication
 - Workforce Development
 - Care Quality
 - Processes & Procedures
 - Documentation

CONSULTATION AND PARTNERSHIP WORKING

39. A number of service users and family members have indicated their willingness to be involved in service improvement and redesign. This could potentially be through a reference group, where key elements of the improvement plan and impact on service users can be discussed.

IMPLICATIONS OF THE PROPOSALS

Finance

40. The proposed investment of £0.750 million in care at home will allow increased capacity within the service to support sustainability and allow management of new demand. This will be enhanced by using £0.250 million from reserves to meet one off costs such as recruitment, development, training and temporary resources.

Staffing

41. The service is looking to recruit up to 36 WTE additional care at home staff. This number is intended to fill the 10 vacancies along with projected retirements, replace 11 agency staff, and provide backfill for staff training. There is also a contingency for external market pressures. In-house staff have been asked if they wish to increase their contractual hours and this will be taken into account in determining the final number of staff to be recruited.

CONCLUSION

42. There are a number of significant concerns with the current operational delivery of the in-house care at home service. A task force led by the Chief Officer and an immediate improvement plan has been put in place to reduce the risk to service users and staff.

RECOMMENDATIONS

43. Integration Joint Board members are asked to note and comment on the report and are requested to approve the additional investment in care at home services.

REPORT AUTHOR

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March 2019

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

IJB PAPER: 30 January 2019 – Care at Home Update
<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=23706&p=0>

IJB PAPER: 29 March 2017 – Care at Home Programme Update
<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=19790&p=0>

CCGC PAPER: 20 June 2018 – Homecare Service Inspection
<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=22587&p=0>