



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	25 September 2019
Agenda Item	6
Title	Care at Home Improvement Update – August 2019
<p>Summary</p> <p>This report gives an update on the Care at Home Improvement Plan actions and the performance measures developed to track progress. Much of the initial work outlined in the plan has concentrated on care planning documents and procedures and undertaking reviews which gives a foundation for further improvement activity. The service recognises the need to ensure care planning and delivery is fully person centred and to support staff in their day to day practice. To progress this, senior and home care managers have been engaging with staff to hear their suggestions about how we can work together improve the service we deliver.</p>	
Presented by	Candy Millard, Head of Adult Health & Social Care Localities
<p>Action Required</p> <p>The Integration Joint Board is asked to note and comment on the report.</p>	
<p>Implications checklist – check box if applicable and include detail in report</p> <p> <input checked="" type="checkbox"/> Finance <input type="checkbox"/> Policy <input type="checkbox"/> Legal <input type="checkbox"/> Equalities <input checked="" type="checkbox"/> Risk <input checked="" type="checkbox"/> Staffing <input type="checkbox"/> Directions <input type="checkbox"/> Infrastructure </p>	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

25 September 2019

Report by Chief Officer

CARE AT HOME IMPROVEMENT UPDATE - AUGUST 2019

PURPOSE OF REPORT

1. This report gives an update on the Care at Home Improvement Plan actions and the performance measures developed to track progress.

RECOMMENDATION

2. The Integration Joint Board is asked to note and comment on the report.

BACKGROUND

3. The Integration Joint Board has received a series of reports on the issues with the in-house care at home service and the improvement activity underway. Links to all previous papers are provided at the end of this report in the section background papers.

REPORT

Improvement Progress

4. The Care Inspectorate undertook a full inspection of our Care at Home service at the end of August and we await their independent report on our progress.
5. Our overview of progress on improvement actions is summarised below with a more detailed update available in appendix 1. As requested by the Integration Joint Board, the improvement plan contains information about timescales for action and whether these are being met on time.
6. Care and support personal plans – Staff have been trained on the new documentation and how to record this on CareFirst, the social work information system. Further work is required to develop our quality assurance process to ensure plans are to the required standard:
 - Accurately reflect the current health and care needs of the service user
 - Include person-centred information outlining needs, abilities and preferences
 - Demonstrate consultation with the service user/relative
 - Include the use of appropriate risk assessment documentation which provides the outcomes of these and are used to inform support planning
 - Consider issues for Adults With Incapacity
7. Medication management – Learning and Development are developing operating procedures and workbook to support the implementation of the new policy. Staff training will commence in September and will be followed by competency assessments in the field. Following our meeting with the Care Inspectorate Pharmacy Lead we will implement his suggestion that we use a PDSA (plan, do, study, act) incremental approach rather than the previously proposed patch based roll out. We have revised the timeline for the completion of this requirement due to previously reported delays.

8. Review of personal plans – The review team has continued to work through the backlog of reviews, of which 251 reviews have been undertaken to date. This is just over half of the outstanding reviews. More intensive quality assurance is required to ensure that care and support plans reflect the changes identified at review. The service also needs to develop a process for sustaining and managing regular reviews of care plans at least every six months, and also where there is significant change in service user's needs or in response to requests from service users and their representatives.
9. Complaints handling – The service is actively working to ensure that all complaints including those that can be resolved immediately at the frontline are recorded. More work is required to embed these processes. Whilst a basic overview of complaints is available, more analysis of patterns and learning is required to drive continuous improvement.
10. Service delivery times - As reported at the last meeting we have started to discuss the reasons for variance between planned and actual service times with our frontline staff. Organisers have been asked not to schedule visits under 15 minutes moving forward, but currently the percentage of visits scheduled for under 15 minutes remains high. The service is also looking at continuity of care and identifying some service users who have high numbers of different care staff scheduled to provide their care.
11. Staffing levels – Following second induction, 4 recruits commenced in post on 17 August. From our latest round of recruitment, 9 candidates have been shortlisted, with interviews scheduled for 19 September. The interview process will include realistic scenarios to ensure that candidates gain a better appreciation of the carer's role within the service. This follows feedback from staff who left during or following our last two inductions, which found that they did not fully understand the extent of the job role. The service will also be advertising for more staff to undertake care and support in the evenings. We hope that this will attract staff looking for part time hours, particularly those who are currently studying for roles in health and social care.
12. Staff training – Staff training has been on hold until the service had the capacity to release staff time for training. In August staff commenced online training in food hygiene and General Data Protection Regulation (GDPR). Our in-house training for the next quarter will focus on medication management and adult support and protection. In order to ensure staff competency, follow up in the field is required to ensure the training is reflected in practice. This has yet to commence.
13. Staff supervision – We have set a minimum standard for frontline care at home staff supervisions of 2 individual and 2 group sessions per year. This is in addition to their annual quality conversation and regular patch team meetings. Home care organisers have commenced work towards this. They have attended briefings on the Council's new quality conversation process and will attend the forthcoming full day training sessions.
14. We have appointed a temporary senior home care manager who will take on the registration of the service and support our frontline operational managers and service delivery.
15. Three staff engagement events took place in August. These events gave an opportunity to discuss some of the most significant challenges facing the service at this time. Staff contributed many helpful suggestions for the next phase of improvement.

IMPLICATIONS OF THE PROPOSALS

Finance

16. The Care at Home service is currently projected to overspend by £457k based on the current cost commitments against a recurring budget of £7.4 million (5.97%). This is a prudent estimate and costs are continually being revised to reflect the ongoing impact of the action plan, including recruitment, reducing agency use, the interim framework contract and review of care packages. The cost projection will be refined as the year progresses and we are working hard to bring costs closer in line with budget.
17. The additional £750k recurring budget (included in the position above) agreed for 2019/20 is meeting the costs of 12 responders, 10 care at home FTE (full time equivalents) and additional contract management capacity.
18. The £250k non-recurring resource has been fully committed and is funding a number of development posts, training and recruitment, this is fully committed and the working assumption is any in year slippage will carry forward to fund a full 12 months of activity.

Risk

19. The risk associated with the care at home service remains high but the improvement plan mitigations should see the risk reduce over the course of 2019.

CONCLUSIONS

20. We continue to implement our improvement plan. Much of the initial work has concentrated on care planning documents and procedures and undertaking reviews which gives a foundation for further improvement activity. The service recognises the need to ensure care planning and delivery is fully person centred and to support staff in their day to day practice. To progress this, senior and home care managers have been engaging with staff to hear their suggestions about how we can work together improve the service we deliver.
21. The care inspectorate undertook a full inspection of our Care at Home service at the end of August and we await their independent report on our progress. Their findings along with suggestions from our frontline staff will inform the next phase of our improvement plan.

RECOMMENDATIONS

22. The Integration Joint Board is asked to note and comment on the report.

REPORT AUTHOR AND PERSON TO CONTACT

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September 2019

BACKGROUND PAPERS

IJB PAPER: August 2019 – Care at Home Improvement Update
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=24912&p=0>

IJB PAPER: 26 June 2019 – Care at Home Improvement Update
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=24640&p=0>

IJB PAPER: 1 May 2019 – Care at Home Inspection Report and Improvement Plan
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=24316&p=0>

IJB PAPER: 20 March 2019 – Care at Home Improvement Activity
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=24127&p=0>

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>

Last Updated- 30/08/19



Care at Home Service – Improvement Plan April 2019							
Requirement Related Improvements							
Category	Requirement	Ref	Actions	Original Completion Date	Revised Completion Date	August Progress Update	Status
Care and Support	Ensure that service users' personal plans set out how the health, welfare and safety needs of individuals are to be met	1	Develop outcome focussed templates/documentation	26/04/19	-		COMPLETED
		2	Develop process for documentation completion	26/04/19	-		COMPLETED
		3	Upskill staff to undertake the personal planning to address agreed outcomes	30/08/19	-	23/08- Arrangements in hand to have all staff trained and utilising revised plan documentation by 01/09. 27/08 – Development session undertaken to support use of revised documentation on Carefirst.	PROGRESSING – DELAYED -MORE WORK REQUIRED
		4	Develop a quality assurance process to ensure plans are to required standard/in correct places	30/04/19	30/08/19	23/08- quality process for checking documentation in place.	PROGRESSING- MORE WORK REQUIRED
Care and Support	Medication must be managed in a manner that protects the health and wellbeing of service users	5	Agree medication policy with key stakeholders	05/06/19	30/08/19		COMPLETED
		6	Develop key documentation (including assessment tool and recording) and roll out to staff in pilot area	30/08/19	30/09/19	29/08 – L&D resource developing operating procedures to support medication roll out	PROGRESSING DATE REVISED
		7	Deliver staff training (all care at home staff)	30/09/19	-	23/08- New resource in place and actively working on plan and scheduling- commencing September.	PROGRESSING
		8	Implement a staff competency based assessment approach	31/05/19	30/09/19	23/08- New resource in place and has reviewed and is amending current workbook to support medication training.	PROGRESSING DATE REVISED
Care and Support	Ensure that personal plans are reviewed in line with legislation	9	Appoint a dedicated team to undertake review (QRT)	31/05/19	-		COMPLETED
		10	Develop and implement a clear process and documentation for reviews	30/04/19	10/05/19		COMPLETED
		11	Develop a tracking mechanism to ensure that the progress of plan provision/reviews is being completed to the required timeline	30/04/19	-		COMPLETED
Care and Support	Ensure handling of complaints is in accordance with our procedures and good practice guidelines. IMMEDIATELY	12	Deliver relevant training across all home care and key business support staff	30/08/19	-	23/08- All Home Support Organisers online training to be completed by 30/08.	PROGRESSING Further work required
		13	Provide accurate and up to date info to service users on how to complain	31/05/19	-	23/08- Final batch of folders now being delivered.	COMPLETED
		14	Reinforce current quality assurance mechanisms to ensure complaints are being handled correctly and they inform practice	31/05/19	30/08/19	23/08- Meeting held with new Service Manager and Quality Assurance Officer to focus on in house complaints and lessons learned from these- analysis of 2019 complaint data underway to support this.	PROGRESSING – Further quality assurance work required
Care and Support	Ensure that planned and actual service delivery times are agreed with those receiving the service and appropriate to meet the assessed care needs. BY 31/07/19	15	Undertake further CM2000 analysis on planned v actual and refine these, in advance of communication to service users	30/06/19	TBA	23/08- Compliance now consistently over 80%- we have data on planned v actual, on time/ late/early visits and this has been shared with staff at engagement events.	PROGRESSING – DELAYED Revised date to be agreed
		16	Review current scheduling arrangements (to include consideration of factoring in travel time)	30/06/19	30/09/19	23/08- Scheduling of visits includes travel time and agreement reached that no further visits to be scheduled for under 15 mins	PROGRESSING
		17	Reinforce the communication process re instances where service timing parameters are significantly exceeded	30/06/19	TBA	30/08 - Use of real time alerts to monitor timing of visits in place	PROGRESSING – DELAYED Revised date to be agreed
Staffing	Ensure that we employ and deploy support staff in sufficient numbers to adequately meet the needs of service users. BY 28/09/19	18	Review staff deployment/shift patterns to ensure that visit capacity and efficiency is being maximised	30/06/19	30/09/19	23/08- Hospital discharge team dispersal remains on hold due to further discussions required with trade unions.	PROGRESSING – DELAYED
		19	Recruit sufficient levels of additional staff	31/07/19	-	23/08- Induction numbers were as planned but we have had a handful of leavers (various individual reasons). Further advert was delayed but is now live	PROGRESSING - DELAYED
		20	Address sickness absence levels by consistently	31/05/19	-		COMPLETED

			implementing the Council's 'Maximising Attendance' policy				
		21	Review partnership working approach with private providers to obtain maximum additional capacity	31/07/19	-	23/08- 2 providers still to confirm acceptance of interim contractual arrangement	PROGRESSING - DELAYED
Staffing	Ensure that persons employed in the provision of the care service receive training appropriate to the work they are to perform	22	Complete the gap analysis of training/skills in current staff group	17/05/19	-		COMPLETED
		23	Develop and deliver training and upskilling plan to address the gaps	31/03/20	-	23/08- New training resource commenced 30/08 – Training Plan signed off	PROGRESSING
		24	Develop a comprehensive induction plan for new recruits	31/05/19			COMPLETED
		25	Deliver induction training to all new staff in advance of service commencement	15/07/19		23/08- Now completed and staff are in patches.	COMPLETED
Staffing	Ensure provision of staff supervision and appraisals	26	Upskill home care organisers and managers to effectively deliver high quality supervisions and appraisals	30/06/19	30/08	23/08- Mangers/organisers will attend corporate training course roll out from September	PROGRESSING – DELAYED
		27	Develop a process and timeline to ensure timely delivery of the supervision and appraisals	31/07/19	30/08	23/08 – Temporary Service manager now in situ and will support process implementation by end September	PROGRESSING – DELAYED Due for completion end Sep
		28	Develop a tracking solution to ensure appraisal and supervisions have been undertaken in line with plan	31/07/19	30/08	Tracking tool now in place and population with year to date 2019 info is now underway.	COMPLETED
Management & Leadership	Ensure the service follows the guidance on notification reporting to the Care Inspectorate	29	Upskill staff in understanding CI notifiable events	31/05/19	-		COMPLETED
		30	Reinforce internal processes and responsibilities in carrying out notifications in a timely manner	17/05/19	-		COMPLETED
Staffing	The service should the review the results of the training in dementia awareness for staff and ensure proposals are in place to increase the access of this training for staff	31	Include dementia training in both induction plan and for existing staff yet to undertake it (as noted in Requirements above)	17/05/19	-		COMPLETED
		32	Develop an evaluation mechanism to ensure that after training staff can put learning into practice	31/05/19	-	23/08- Resource in place and dementia training & evaluation is being included in the plan.	PROGRESSING
		33	Ensure relevant dementia information is included in key documents including care plans	31/07/19	-	Sampling of CareFirst has shown evidence of dementia information in care plans	PROGRESING
Care and Support		34	Develop and implement a mechanism to obtain regular qualitative and quantitative feedback from service users and their families/carers	17/05/19	30/08/19	23/08- Quantitative feedback is now being gathered via reviews and initial results are positive. Further feedback routes are included in communication plan	COMPLETE
Staffing		35	Develop and implement a procedure to cover earlier alerting of changes in the field (carers to office) which will impact planned care times during a run	30/06/19	-		COMPLETE
Staffing		36	Implement the revised documentation covering risk assessments for staff dealing with particular service users/settings	30/04/19	-		COMPLETE
Staffing		37	Develop and implement a standing agenda for patch team meetings to include standard operating procedures including Health and Safety, Lone Working and use of PPE	10/05/19	-		COMPLETE
Staffing		38	Develop and implement a workforce development programme for 1 st line managers	31/08/19	-	23/08- Quarterly planning approach now in place and topics agreed until end Q3.	COMPLETED
Management & Leadership		39	Develop and implement a care at home staff ongoing communication plan	30/06/19	30/08/19	23/08- Awaiting final sign off from senior leadership team	PROGRESSING – DELAYED
Management & Leadership		40	Develop a process to ensure PVG checks are refreshed on a 3 yearly basis, in conjunction with HR	30/06/19	TBA	23/08- Care Inspectorate will respond to us on this in due course regarding potential revision of refresher timeline to 5 yearly basis	PROGRESSING – DELAYED

						Revised date to be agreed
Management & Leadership	41	Develop a programme plan to ensure SSSC registration & relevant qualifications are met with required timelines	31/05/19	30/08/19	23/08 - New December 2019 timescale requirement noted and our plans been revised to reflect this - awaiting sign off with L&D	PROGRESSING TO IMPLEMENTATION
Management & Leadership	42	Create required service level risk assessments	31/05/19	-		COMPLETED
Management & Leadership	43	Review phone system and call handling to improve communications for service users, families and frontline staff	30/06/19	30/08/19	23/08 - Meeting date still to be confirmed 30/08 – NHS Comms attended to review phoneline capacity – confirmed space on comms board. Next step to review set up of phone system across both health centres – awaiting confirmation of NHS comms to attend workshop	PROGRESSING – DELAYED
Management & Leadership	44	Develop and implement a culture where key operational and performance data is readily available and is actively used to identify remedial management actions required	30/08/19	30/08/19	23/08 - ISD analyst now assigned to task, framework developed and weekly meetings in place to track progress on building the dashboard solution required.	PROGRESSING - DELAYED
Management & Leadership	45	Review and extend out of hours contact arrangements	30/08/19	30/08/19	23/08 - Draft rota developed by staff team now reviewed and revisions have been requested in advance of next meeting date on 11/09 with Unison	PROGRESSING - DELAYED

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