



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	26 June 2019
Agenda Item	9
Title	Care at Home Improvement Update
<p>Summary</p> <p>This report gives an update on the Care at Home Improvement Plan actions and outlines the performance measures developed to track progress. It provides information about the decision taken by Allied Health Care to withdraw from the care at home contract, the action taken in response to this and the issues for care at home service delivery and improvement activity.</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

26 JUNE 2019

Report by Chief Officer

CARE AT HOME IMPROVEMENT UPDATE

PURPOSE OF REPORT

1. This report gives an update on the Care at Home Improvement Plan actions and outlines the performance measures developed to track progress. It provides information about the decision taken by Allied Health Care to withdraw from the care at home contract, the action taken in response to this and the issues for care at home service delivery and improvement activity.

RECOMMENDATION

2. The Integration Joint Board is asked to:
 - Note and comment on the improvement activity undertaken to date
 - Note and comment on the performance measures
 - Note and comment on the impact of the decision taken by Allied Health Care to withdraw from the care at home contract

BACKGROUND

3. The Integration Joint Board has received a series of reports on care at home. At its last meeting the IJB considered the improvement plan for the service and asked that it be provided with regular updates including further information about the performance measures under development.
4. At the Integration Joint Board meeting in May the Chair asked that information brought to future meetings should contain timescales for action. This would enable the Board to confirm that targets were being met on time and to consider corrective action in cases where they were not being met.

REPORT

Improvement Measures

5. In order to monitor the effect of the improvement actions on the requirements a series of performance indicators have been identified and are set out in Appendix 1 of the report. These are designed to measure the difference to the people receiving service in terms of their care, plans and support and to front line staff in terms of training, registration and supervision.

Improvement Progress

6. An overview of progress on improvement actions is summarised below :

7. Care and Support Personal Plans – Minor changes as recommended by lead Care Inspector have been made and new documentation has been created on Carefirst, the social work information system. In the interim paper based tools are being used. Quality Review Team members have been trained to use the new process and documentation. A quality Assurance Officer has commenced sampling of the process and has suggested some improvements to the process once the planning/review has taken place.
8. Medication Management –The HSCP draft policy, training module and assessment tool are being updated. The proposed changes to the policy may have implications for GP and pharmacy colleagues. This will be discussed at the next Prescribing Group meeting and feedback will inform the final policy and implementation.
9. Review of Personal Plans – The initial multidisciplinary nursing, social work, OT and home care staff review members who contributed to the development of the planning and review process have been replaced with home care review staff members. This makes best use of staff skills. There are currently 4.5 wte reviewing team members with a further 1wte appointed. Eighty reviews have been undertaken to date. The team commenced the most complex reviews first and it is anticipated that the less complex reviews will take a shorter time.
10. Complaints Handling – The complaints handling process and flow chart has been circulated to all frontline care at home managers and discussed at team meetings. A more detailed training session for Care at Home First line managers has been completed. The Quality Assurance Officer is reviewing service complaints to check process compliance and extract learning & recommendations from complaint analysis.
11. Service Delivery Times – discussions are taking place with service users about preferred service delivery times at review but staffing capacity is impacting on ability to deliver these and to move away from short duration visits. A series of reports from the CM2000 scheduling system now provide information about the difference between planned and actual visit times. To give an accurate picture staffs need to comply with the electronic logging in and out system. This has increased to 80% since the end of April.
12. Staffing levels – Induction for the first cohort of 7 care at home staff is planned for 17 June. It is hoped that the candidates can commence work thereafter subject to HR recruitment processes being completed. The fast-track recruitment event which took place in May, attracted lower numbers of applications than expected. A further round of advertising has been undertaken through My Job Scotland.
13. Staff training and supervision – Regular patch meetings are now taking place and planning for group supervision and 1-1 quality conversations are in development. Fortnightly development sessions for home support organisers have commenced.

Impact of withdrawal of provider from Care at Home framework

14. Members will recall that partner providers are also experiencing pressures and issues with recruitment.
15. One of our partner providers Allied Health Care wrote to us on 24 May stating that they can no longer continue to deliver the Care at Home Framework contract. This is predominantly due to difficulties recruiting and retaining staff for the service.
16. Allied currently provides over 350 hours per week to approximately 50 care at home clients. In addition the provider also supports 7 clients under the separate care and support contract (learning disability and complex physical disability). Allied have stated that they have no wish at present to withdraw from this support provision.

17. In conjunction with the East Renfrewshire Council's HR team the HSCP is arranging to TUPE the current Allied Health Care staff to the in house service this month. Ten front line care staff and two office based staff member will be eligible for transfer under TUPE.
18. There is a significant shortfall between the staffing hours available from those care staff who may transfer and hours of support required to deliver the contracted hours currently being provided by Allied. Allied are at present relying on the use of agency staff to fulfil their contractual obligations. The HSCP is working to source additional care at home capacity from external providers to meet the shortfall.
19. Two of the care at Home review staff visit all Allied clients, along with two colleagues from within the service. The team the transfer from Allied care plans to HSCP care plans. This will impact on the number of in-house reviews that can be undertaken over the next month.

CONSULTATION AND PARTNERSHIP WORKING

20. Service users and their Powers of Attorney were written to about the issues in the service and given a dedicated number to phone with any concerns, issues and complaints. In total 43 calls were received. The nature of the calls was as follows:
 - Amendments to POA information and records – 14
 - Care Management/ assessment waiting times - 8
 - Requests for changes to current services (call time change/reduction in provision) - 7
 - Compliments - 5
 - Other general enquiries not directly related to care at home - 4
 - Complaints – 5

IMPLICATIONS OF THE PROPOSALS

Finance

21. At its last meeting the Integration Joint Board agreed an additional investment of £0.750 million in care at home to allow increased capacity within the service to support sustainability and allow management of new demand. An additional £0.250 million from reserves will be used to meet one off costs such as recruitment, development, training and temporary resources.

Staffing

22. Recruitment of additional staff as agreed is underway.

Risk

23. 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. However, the withdrawal of Allied Health Care from the current contract, and the current recruitment challenges for the social care sector within East Renfrewshire and nationally will see continued pressures in delivery of care services. This is likely to require the HSCP to prioritise those who can receive a service based on risk to wellbeing.

CONCLUSIONS

24. Improvement activity has progressed over the last month, with progress on care planning and reviews. The decision of Allied Health Care to withdraw from the care at home contract has implications for the pace of improvement and local market capacity.

RECOMMENDATIONS

25. The Integration Joint Board is asked to:
- Note and comment on the inspection report
 - Note the improvement plan
 - Note and comment on the impact of the decision taken by Allied Health Care to withdraw from the care at home contract

REPORT AUTHOR AND PERSON TO CONTACT

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June 2019

BACKGROUND PAPERS

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>

Improvement Plan – Proposed Measures

Key	Data confirmed as available from CM2000
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Category	Requirement	Ref	Actions	Measure
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 (inc risk mgt)	% care plans in place Calculated as: number of care plans in clients homes/total client numbers (less those joining service in last 28 days)
		2	Develop process for documentation completion	% care plans audited
		3	Upskill staff to undertake the personal planning to address agreed outcomes	Calculated as: number of care plans checked in last 4 weeks/total client numbers (less those joining service in last 28 days) at period close
		4	Develop a quality assurance process to ensure plans are to required standard/in correct places	% of personal plans audited which meet required standard Calculated as: Number of personal plans meeting required standard/total number of personal plans audited (in a period)
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	% people who require support with medication assessed using new medication tool
		6	Develop key documentation (including assessment tool and recording) and roll out to staff in pilot area	Calculated as: number of clients with a medication support need/total client numbers (less those joining service in last 28 days)
		7	Deliver staff training (all care at home staff)	% staff completed training
		8	Implement a staff competency based assessment approach	Calculated as: number of staff trained /total staff numbers (as at given date) % competency assessed undertaken Calculated as: number of assessments completed/total number of staff trained in medication management
Care and Support	Ensure that personal plans are reviewed in line with legislation	9	Appoint a dedicated team to undertake review (QRT)	% reviews completed
		10	Develop and implement a clear process and documentation for reviews	Calculated as: number of 6 monthly reviews completed (in a period)/ total client numbers at period end % reviews complete inside and outwith 6 month timescale
		11	Develop a tracking mechanism to ensure that the progress of plan provision/reviews is being completed to the required timeline	Calculated as: For reviews completed, the %age split of those done within 6 months of previous review and those done outwith this time period
Care and Support	Ensure handling of complaints is in	12	Deliver relevant training across all home care and key business support staff	% of complaints driving improvement Calculated as:

	accordance with our procedures and good practice guidelines. IMMEDIATELY	13	Provide accurate and up to date info to service users on how to complain	Number of complaints resulting in a service change/improvement/Total number of complaints (in a period)
		14	Reinforce current quality assurance mechanisms to ensure complaints are being handled correctly and they inform practice	
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	% visits late Calculated as: Number of visits 15 or more minutes later than planned/ total number of planned visits (in a period) % visits missed Calculated as: Number of visits not undertaken / total number of planned visits (in a period)
		16	Review current scheduling arrangements (to include consideration of factoring in travel time)	
		17	Reinforce the communication process re instances where service timing parameters are significantly exceeded	
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	% of care hours to contracted hours Calculated as: Number of planned care hours/ number of contracted hours (in a period)
		19	Recruit sufficient levels of additional staff (up to 36 wte)	
		20	Address sickness absence levels by consistently implementing the Council's 'Maximising Attendance' policy	% actual care hours to contracted hours Calculated as: Number of actual care hours delivered/number of contracted hours (in a period)
		21	Review partnership working approach with private providers to obtain maximum additional capacity	
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	% of training to contracted hours Calculated as: Number of staff training hours attended/contracted hours (in a period)
		23	Develop and deliver training and upskilling plan to address the gaps	No of training opportunities undertaken Calculated as: Number of learning events held (in a period)
		24	Develop a comprehensive induction plan for new recruits	No staff attended Calculated as: Number of staff who attended a learning event (in a period)

		25	Deliver induction training to all new staff in advance of service commencement	
Staffing	Ensure provision of staff supervision and appraisals	26	Upskill home care organisers and managers to effectively deliver high quality supervisions and appraisals	% of PRDs undertaken Calculated as: Number of staff who had a PRD completed/total staff number (in a period)
		27	Develop a process and timeline to ensure timely delivery of the supervision and appraisals	% of team meetings undertaken Calculated as: Number of staff meetings held / total staff meetings required (YTD)
		28	Develop a tracking solution to ensure appraisal and supervisions have been undertaken in line with plan	% of No of 1:1s undertaken Calculated as: Number of staff 1:1s held / total staff 1:1s required (YTD)
Management & Leadership	Ensure the service follows the guidance on notification reporting to the Care Inspectorate	29	Upskill staff in understanding CI notifiable events	% of CI notifications to Datix reports Calculated as: Number of CI notifications made/ Datix reports made (in a period)
		30	Reinforce internal processes and responsibilities in carrying out notifications in a timely manner	CI notifications timeliness Calculated as: For CI notifications made, the %age split of those done within 24 hours and those done outwith this time period
Staffing	The service should 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)	
		32	Develop an evaluation mechanism to ensure that after training staff can put learning into practice	
		33	Ensure relevant dementia information is included in key documents including care plans	
Management & Leadership	Supplementary Actions	41	Develop a programme plan to ensure SSSC registration & relevant qualifications are met with required timelines	% of in house care staff by SSSC registration status: Calculated as the number of those with full registration, registered with conditions and those not registered/total number of in house care staff

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