

The background of the slide features the coat of arms of the Government of Yukon. It consists of a shield divided into four quadrants. The top-left quadrant shows a yellow diagonal cross on a blue background. The top-right quadrant depicts a white reindeer head with large antlers on a blue background. The bottom-left quadrant shows a white sailing ship on blue wavy lines representing water. The bottom-right quadrant features a white eagle with spread wings on a blue background. Above the shield is a crown with four yellow maple leaves. A white banner at the bottom contains the motto 'A NE FOR A' in blue capital letters.

Agenda Item 6

Home Care Inspection Update

Falkirk Council

Title: Home Care Inspection Update
Meeting: Scrutiny Committee (External)
Date: 30 May 2019
Submitted By: Chief Officer Falkirk Health & Social Care Partnership

1. Purpose of Report

- 1.1. On 7 March 2019 the committee considered an update on the Homecare Inspection report of 17 May 2018. The purpose of this report is to update the committee on the work undertaken by the Home Care Service following the publication of the service's Care Inspection report in March 2019.

2. Recommendation(s)

2.1. The committee is asked to:-

- (1) Note the Improvements implemented by the service**
- (2) Note the positive Care Inspection Report dated 20 March 2019.**

3. Background

- 3.1. The Home Care Service was inspected by the Care Inspectorate in May 2018. The previous inspection on 31st July 2017 graded the service as follows:

a) Care and Support	3 Adequate
b) Staffing	4 Good
c) Management and Leadership	3 Adequate

- 3.2. The Inspector graded the service as follows:

a) Care and Support	2 Weak
b) Staffing	3 Adequate
c) Management and Leadership	2 Weak

The deterioration in the grades reflected concerns identified by the Care Inspectorate around continuity of care and around auditing systems to deliver overall oversight and monitoring of the service.

- 3.3. Two requirements were placed on the service as follows:
- a) **Requirement 1: Care and Support**
In order to ensure that people receive the care and support that meets their assessed needs and ensures their health and wellbeing, the provider must develop systems to ensure that the service will be consistent and reliable in who is giving the care. This includes notifying service users in advance of any changes to the staff member or timing of the support.
 - b) **Requirement 2: Management and Leadership**
In order to ensure people's needs are being met and support is being provided safely, the provider must develop and implement internal auditing systems that deliver effective oversight and monitoring of all aspects of the service.
- 3.4. The Health and Social Care Partnership (HSCP) had identified Home Care as a key service improvement area. The Chief Officer had established a Home Care review group with trade union representatives to work on an improvement plan during the year leading up to the 2018 inspection. Work was underway for changes to service including shift patterns and job roles.
- 3.5. Following publication of the report the Home Care review group oversaw the improvement action plan to address the concerns noted within the inspection report. Appropriate measures were put in place to ensure improvements were implemented and sustained.

4. Service Developments:

- 4.1. Following the publication of the inspection report In July 2018, the service compiled an action plan to address the areas identified for improvement. Team Managers within the service were tasked to address the areas of concern as well as ensuring that the two requirements that were placed on the service were addressed and resolved. As part of the service's action plan the following key areas were looked at to address the Inspectors concerns:
- 4.2. **Home Carer Shift Patterns**
- 4.2.1. Following extensive consultation with staff and trade union representatives a new shift pattern was introduced at the end of January 2019. The new shift pattern provided clarity for staff in relation to start and finish times as well as moving away from bands of availability which placed restrictions on the services ability to schedule care appropriately.

4.2.2. Since the introduction of the new shift model the service there have been significant improvements in relation to continuity and consistency of care for service users and staff alike with the service posting improvements in continuity of care of 20% based on benchmarking between current and previous years figures.

4.2.3. While the service has seen significant improvements with the new shift pattern model some anomalies remain and work continues to address these.

4.3. **Extended Personal Carers**

4.3.1. It was agreed in consultation with staff and trade unions to move from two different job roles, (from traditional home help and personal carer) to one job role; extended personal carer. This has enhanced the ability to deploy staff to meet individual needs and to provide continuity of care. Staff have been supported with training and development to move into the role.

4.4. **Service User notifications**

4.4.1. Following the previous inspection report, the service now records service user notifications within CM2000 and these statistics are now reported on a monthly basis. This clearly evidences that the service is notifying service users of changes to there scheduled support.

4.5. **Service Audits**

4.5.1. One of the key themes from the Care Inspection report dated July 2018 was around the lack of audits within the service. Team Managers have developed a range of auditing and continuous improvement tools within the service to ensure effective systems are in place.

4.5.2. The following audits have taken place

- Complaints and Compliments
- Accident and Incidents
- Training and staff development
- Carer Absence
- Telephone service user satisfaction surveys
- Service User Personal Outcome Plans
- Service User Reviews
- Staff supervisions
- Direct Observations
- Medication and visit errors
- SSSC registration

The above audit exercises will be repeated on a regular basis into the future to provide a basis for continuous improvement.

- 4.6. In addition to these audits the service has introduced service user newsletters, staff engagement sessions as well as setting up service user and staff forums to look at how we make improvements within the service.
- 4.7. The service is in the process of devising a 12 month action plan incorporating elements of the work undertaken over the last few months as well as prioritising work streams that the service needs to address moving forward.

5. Care Inspection March 2019

- 5.1. The service was subject to a further Inspection by the Care Inspectorate between 18 - 20 March 2019. The focus of the Inspection followed the two requirements which were placed on the service in 2018. The Care Inspectors found that the work undertaken by the service since the previous inspection had fully met the previously imposed requirements.
- 5.2. The Inspectorate issued a questionnaire to 100 service users and received 40 written responses. The responses provided evidence of a high score for people reporting that they were very happy or happy with their service. Twenty respondents commented that the consistency of staff had improved. Five respondents reported that they were happy with the service but were still not receiving support from a consistent team. Although the responses showed that there remains further room for improvement, the Care Inspectorate noted that people using the service have improved outcomes, and feel safe, secure and able to build trusting relationships with staff.
- 5.3. The Care Inspectorate noted that “they found the quality assurance systems introduced provided a comprehensive oversight of the service and the management of the service felt well organised”. They were confident that areas for improvement could be identified and rectified quickly. They found that members of the management team had a clear understanding of their roles and responsibilities, resulting from the service having been divided into three localities.
- 5.4. As a result of the work undertaken, the service has seen its grades for Quality of Care and Support and Quality of Management and Leadership regraded to 4 Good as opposed to 2 Weak based on the previous inspection. These were the only two themes inspected.

6. Implications

Financial

- 6.1 There are no financial implications as a consequence of the Inspection.

Resources

- 6.2 There has been a significant staff resource put into the improvement work.

Legal

- 6.3 There are no legal implications.

Risk

- 6.4 The improvement work has mitigated risk to wellbeing of service users.

Equalities

- 6.5 No equality and poverty impact assessment was required.

Sustainability/Environmental Impact

- 6.6 A sustainability assessment is not required.

7. Conclusions

- 7.1 Overall, strong progress has been made on the roll out of the new shift pattern model as well as the auditing systems and processes introduced, which will continue to be developed and enhanced to ensure the changes are sustainable.
- 7.2 The service over the next twelve months is looking to substantially increase the number of reablement carers who work within the service. This will hopefully ensure all potential service users receive positive enabling support from the outset which will maximise service user independence and reduce the reliance on longer term services where these supports are not required.
- 7.3 This will allow the in-house service to focus on supporting those service users with more complex care needs and hopefully reduce the number of delays from both the acute and community setting.
- 7.4 As the new Integrated Locality teams are established, each locality will have its own registered Home Care service, with Home Care Team Managers being responsible for the registration of Home Care within specific localities. Team Managers will continue to work in collaboration to ensure recent improvements are sustained longer term across the service.

Patricia Cassidy, Chief Officer

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Date: 8 May 2019

Appendices

Appendix 1 Home Care Inspection Report dated 20 March 2019

List of Background Papers:

The following papers were relied on in the preparation of this report in terms of the Local Government (Scotland) Act 1973:

None

Falkirk Council - Home Care Service Housing Support Service

Falkirk Council
Social Work Services - Headquarters
Denny Town House
23 Glasgow Road
Denny
FK6 5DL

Telephone: 01324 506400

Type of inspection:
Announced (short notice)

Completed on:
20 March 2019

Service provided by:
Falkirk Council

Service provider number:
SP2004006884

Service no:
CS2004068173

About the service we inspected

Falkirk Council - Home Care service registered with the Care Inspectorate on 1 April 2011.

Falkirk Council - Home Care Service is provided for people living in their own homes in the Falkirk Council area. The service is provided for people with a wide range of care and support needs including older people, adults with physical disabilities, people with enduring mental health problems and people living with dementia. Services are provided on both a short term and long term basis.

During the inspection the service had recently split into three localities, east, west and central. The 24/7 service remains centralised currently but will be divided into the appropriate locality in due course.

How we inspected the service

We wrote this report following a short notice inspection which was carried out between 18 and 20 March 2019. We provided feedback to the management team on an on-going basis.

This was the second short notice inspection carried out during this inspection year and focused on the progress made by the service since the inspection concluded on 17 May 2018. This report should be read in conjunction with the report of the same date.

During the inspection we gathered evidence from various sources. We spoke with service users and relatives to find out if the consistency and continuity of their service had improved and if communication between the service and the people using the service had improved. We looked how the service engaged with people using the service to gather their views about their service and how it could be improved. We also examined how the service identified and rectified areas for improvement.

Taking the views of people using the service into account

We distributed 100 care service questionnaires to people using the service in order that we could gather feedback about the service people were receiving. We received 40 completed questionnaires.

The majority of completed questionnaires reported an improvement in the consistency of staff providing their service. People said they were very happy or happy with their service. People told us staff were "top class" and their service "could not be improved".

We spoke with a further 17 service users during the inspection. People told us communication between them and the service had greatly improved since the previous inspection. Service users said they usually received a telephone call if staff were running late or if their regular staff member was to be changed. People told us they were contacted by telephone to ask for feedback about their service.

Taking carers' views into account

Relatives that we spoke with told us the service had improved since the previous inspection. Their family members were receiving support from regular staff and were being informed of any changes to the service.

What the service has done to meet any requirements we made at or since the last inspection

Previous requirements

Requirement 1

In order to ensure that people receive care and support that meets their assessed needs and ensures their health and well-being, the provider must by 31 October 2018 develop systems to ensure that the service will be consistent and reliable in who is giving the care. This includes notifying service users in advance of any changes to the staff member or timing of the support.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 3.11 which states "I know who provides my care and support on a day to day basis and what they are expected to do. If possible I can have a say on who provides my care and support" and to comply with Regulation 4 (1)(a) Health and Welfare of Service Users, of the Social Care and Social Work Improvement Scotland Regulations 2011/210.

This requirement was made on 31 July 2018.

Action taken on previous requirement

A follow up inspection carried out between 18 March and 20 March.

We distributed 100 care standard questionnaires to people using the service. We received 40 completed questionnaires.

Twenty respondents were very happy or happy with their service and commented that the consistency of staff had improved since the full inspection took place, 15 respondents were very happy or happy with their service but provided no additional comments and five respondents were happy with their service but were not receiving support from a consistent staff team.

We spoke with a further 17 people using the service or their relatives. Seventeen people told us they were very happy or happy with their service. Sixteen people told us they had regular carers. This had improved the quality of their care and support.

The majority of people we spoke with told us communication had greatly improved. People were being informed if staff were running late or if their care and support was to be provided by a different staff member. In these circumstances people generally knew the replacement staff.

People using the service were overwhelmingly positive about the care and support they received from staff. People felt they were treated with respect, supported to maintain their skills and abilities and independence and "cared about".

These improvements had led to improved outcomes for people using the service. People felt safe and secure and able to build trusting relationships with staff.

Managers told us they were working with their community care team colleagues to identify how the assessment and planning of home care services can be improved.

Met - within timescales

Requirement 2

In order to ensure people's needs are being met and support is being provided safely, the provider must by 31 October 2018 develop and implement internal auditing systems that deliver effective oversight and monitoring of all aspects of the service.

This is to ensure that care and support is consistent with the Health and Social Care Standard 4.19 which states "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" and to comply with Regulation 4 (1)(a) Health and Welfare of Service Users, of the Social Care and Social Work Scotland Regulations 2011/210.

This requirement was made on 31 July 2018.

Action taken on previous requirement

We found the service had developed and implemented a good range of quality assurance systems and processes that gave us confidence that areas for improvement could be identified and rectified quickly. A wide range of audits were being carried out and information gathered was being analysed to identify trends and "lessons learned" were recorded to reduce the risk of similar issues reoccurring. These systems enabled managers to ensure key processes such as reviews and staff supervisions were taking place. We found the quality assurance

systems in place provided a comprehensive oversight of the service. The management of the service felt well organised.

The service had split into three localities and this had led to members of the management team having a clear understanding of their roles and responsibilities.

A much improved training plan identified key priorities for training with clear timescales. The need for falls prevention training had been identified as a priority as well as additional, more advanced, dementia training and we agreed these were key priorities to improve outcomes for people and increase their health and safety and well being.

The service had introduced systems to engage with people using the service. Regular telephone reviews were taking place with service users and we could see the service was acting on feedback received. The service was distributing regular news letters to service users. These were a good source of information about the service and also wider community and safety issues. The annual quality assurance questionnaire is currently being reviewed.

The service told us about their plans to introduce service user forums to further involve people in improving the service. Managers had plans to engage with people who cannot attend forums and were keen to ensure all service users have the opportunity to participate.

We found the service was engaging with staff about the changes to the service and had involved staff in the development of new shift patterns and rotas. Frontline staff were also involved in reviewing personal outcomes plans. This had a positive impact on staff morale.

Met - within timescales

What the service has done to meet any recommendations we made at or since the last inspection

Previous recommendations

There are no outstanding recommendations.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings	
28 Mar 2019	Re-grade	Care and support Environment Staffing Management and leadership	4 - Good Not assessed Not assessed 4 - Good
17 May 2018	Announced (short notice)	Care and support Environment Staffing Management and leadership	2 - Weak Not assessed 3 - Adequate 2 - Weak
31 Jul 2017	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate Not assessed 4 - Good 3 - Adequate
1 Aug 2016	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good 4 - Good
5 Sep 2015	Announced (short notice)	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good 4 - Good
26 Sep 2014	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate Not assessed 4 - Good 4 - Good
5 Sep 2013	Announced (short notice)	Care and support Environment	3 - Adequate Not assessed

Date	Type	Gradings	
		Staffing Management and leadership	4 - Good 3 - Adequate
17 Aug 2012	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate Not assessed 3 - Adequate 3 - Adequate
19 May 2011	Announced	Care and support Environment Staffing Management and leadership	3 - Adequate Not assessed 3 - Adequate 3 - Adequate
3 Sep 2010	Announced	Care and support Environment Staffing Management and leadership	3 - Adequate Not assessed 3 - Adequate 3 - Adequate
22 Jan 2010	Announced	Care and support Environment Staffing Management and leadership	3 - Adequate Not assessed 4 - Good 2 - Weak
27 Mar 2009		Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good 4 - Good

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