

## **SE6. Home Care Inspection Update**

The committee considered an update report by the Chief Officer, Falkirk Health & Social Care Partnership on the Homecare Inspection report of 17 May 2018.

The committee had considered on 7 March 2019, a report on the Falkirk Health and Social Care Partnership (ref SE28). As part of the consideration of a homecare inspection report by the Care Inspectorate following an Inspection in May 2018 the committee had requested a follow up report on the Inspectorates follow up visit in March 2019.

The Inspection of May 2018 had graded the service as:-

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

The grades had reflected concerns around the continuity of care and around auditing systems. Two requirements had been placed on the service, these were:-

- 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.

A follow up inspection had taken place in March 2019.

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 remained 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.

As a result of the work undertaken, the service had 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.

The Head of Social Work Adult Services gave a detailed summary of the work undertaken by the service following the May 2018 inspection and highlighted that the move from 2 - Weak to 4 – Good (for management and leadership and care and support) was unusual and an indicator of the good progress made thus far.

Members praised the outcome of the follow up report and the work undertaken by the service. Following a question in regard to the comment by the Inspectorate that 'some anomalies remain' in regard to Homecare shift patterns. Mr McElhom explained the extensive engagement which had been undertaken with staff in regard to introducing what were new terms and conditions. The change had been necessary to ensure that demand could be met and this had required changes to contracts to enable new shift patterns to be introduced. These had largely been completed with the majority of shift patterns changed, but some remained to be agreed. He cited a zero delay in patients leaving hospital due to home care as a sign of improvement.

Patricia Cassidy added that there had been extensive dialogue with staff ahead of the follow up inspection and that a number of innovations – such as mobile phone provision and the introduction of pool cars – had been introduced. She stated that morale had improved and that staff were now better able to do their jobs.

Following a question on the audit framework, and in particular whether the audit outputs were formally considered, Ms Cassidy explained that there were mechanisms for the report to be considered and fed back to the staff. She stated that it was important that complimentary feedback was fed back and staff praised. Both the IJB and its Clinical and Care Governance committee would consider audit reports.

Members asked if the introduction of new shift patterns had seen a reduction in staff absence. Mr McElhom stated that early introductions were positive, with a 5% reduction recorded for the start of the year but it was too early to simply attribute this to the change in shift patterns. There had been intensive and targeted work by managers. He stated that the move to a locality based delivery model would bring benefits with responsibility resting at the local level.

The committee then sought clarification on the arrangements for weekend work and whether the previous model of post workers remained in place. Mr McElhom stated that whole weekend work was a challenge the change in shift pattern would see an improvement. He stated that the management and co-ordination of weekend work remained to be addressed. Traditionally staff had worked Monday to Friday. There was a need to co-ordinate discharges with the NHS and the key was the integration of services.

Patricia Cassidy concurred stating that once integrated the whole system approach would allow better co-ordination of service.

### **Decision**

**The committee noted:-**

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