



Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	27 March 2024
Agenda Item	10
Title	Care at Home Inspection Report
<p>Summary</p> <p>This paper provides an overview of the report from our recent inspection of our Care at Home service, which was undertaken by the Care Inspectorate in January 2024.</p>	
Presented by	Lee McLaughlin, Head of Adult Services: Communities & Wellbeing
<p>Action Required</p> <p>Performance and Audit Committee members are asked to note and comment on the report.</p>	

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

PERFORMANCE AND AUDIT COMMITTEE

27 March 2024

Report by Chief Officer

Care at Home Inspection Report

PURPOSE OF REPORT

1. To provide Performance and Audit Committee members with an overview of the findings from our recent inspection of our Care at Home service which was undertaken by the Care Inspectorate in January 2024, and their report published on 12 March 2024.

RECOMMENDATION

2. Members of the Performance and Audit Committee are asked to note the report.

BACKGROUND

3. The Care Inspectorate is the scrutiny body which supports improvement and ensures the quality of care in Scotland meets high standards. In evaluating quality, they use a six point scale where 1 is unsatisfactory and 6 is excellent.
4. The Care Inspectorate undertook an unannounced inspection of our care at home service between 15th - 30th January 2024. At the time of the inspection, the service was providing homecare to 499 people with approximately 3000 people being supported by telecare. Whilst the report is predominately around care at home, for the first time, our Telecare service has also been included as part of the inspection process.
5. In preparation for the inspection the Care Inspectorate reviewed previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

REPORT

6. During the inspection, Inspectors visited 40 people using the service along with some of their friends and family as well observing practice and daily life, reviewing documents, and speaking to staff and management.
7. Highlights from the report include:
 - People valued the caring and friendly nature of staff, support to remain independent at home, and the ongoing social contact from regular visits. One person told us "I don't know what we'd do without the carers. Nothing is too much for them and they've become like an extension of the family".

- Compliments about the service from people and their family members reflected our own positive observations of staff interactions with people. We observed staff treating people with kindness, warmth, and humour. We were impressed by staff's ability to complete care tasks efficiently whilst establishing rapport and positive communication with people. A person explained, "I look forward to my visits. The social contact is just as important as the care for me".
 - People were supported to achieve positive outcomes at times. A person spoke passionately about how home care had empowered them to live independently in the community. Staff had supported another person to complete daily physiotherapy exercises that improved their mobility, allowing them to be as active as possible
 - Telecare was well-resourced and organised, received many compliments from people using the service, and provided vital reassurance and interventions for people when needed.
 - The management team had introduced meaningful changes in recent months, and needed time to fully embed these initiatives and evidence sustained improvements in practice and outcomes for people.
 - Leaders had introduced a range of new policies and procedures for the service to follow. This included areas such as communication, managing complaints, and responding to a variety of challenges.
 - Staff with supervisory duties told us they felt better supported with clearer direction, which promoted consistency
 - Leaders have improved the support and management of frontline staff to promote staff retention, morale, and consistency
 - The induction programme for new workers was thorough with a blend of face-to-face training, shadowing opportunities, and input from professionals such as district nurses and pharmacy professionals. This comprehensive induction helped prepare staff well to understand their role and meet people's needs.
 - The wellbeing of staff was a priority for the service, and there was investment in community resources for staff to use in recognition of their hard work. Workers accessed various health and wellbeing services across the council area. One staff member told us 'This is something I would have struggled to arrange by myself so accessing through work is a big boost'. These creative initiatives helped enhance staff morale as well as promoting staff recruitment and retention.
8. The service was awarded 3s (adequate) across all the 4 inspection themes evaluated under the quality inspection framework. These include:-
- How well do we support people's wellbeing?
 - How good is our leadership?
 - How good is our staff team?
 - How well is our care and support planned?
9. We also received a grade of 4 (good) for one area: People experience compassion, dignity and respect. This falls within the main inspection theme of 'How well do we support people's wellbeing'.
10. No requirements have been placed on the service by the Care Inspectorate, however there were 4 areas for improvement identified. A meeting has been scheduled for 19th March 2024 to develop an action plan for submission to the Care Inspectorate by 2nd April to address the following areas for improvement:-

- To promote people's health and wellbeing, the provider should continue to improve the consistency of staff and timings of visits. This will ensure people who experience the service are supported by people they know and have confidence in.
 - Promote people's wellbeing, the provider must improve the quality of personal care planning. This should include, but is not limited to, ensuring plans are person-centred, fully reflective of people's holistic needs and wishes, reviewed within agreed timescales, and regularly audited to promote accuracy
 - To support people's wellbeing, the provider should ensure that staff have ongoing access to training and development relevant to their role.
 - The management should continue to look at ways to improve the consistency of staff and timings of visits to ensure people who experience the service are supported by people they know and have confidence in. ***This has been in place since the inspection in 2021***
11. This is a significant improvement from our 2019 which awarded the service 1s (unsatisfactory) and 2s (weak) and made 9 recommendations. These requirements were assessed as met in 2021 when we had an unannounced inspection which focused on our care during the Covid-19 pandemic, where we were awarded 4s (Good) in the two areas evaluated:-
- How well do we support people's wellbeing?
 - How good is our care and support during the COVID-19 pandemic?

CONCLUSIONS

12. There are several positive comments about the service, our staff and our improvement journey in the report and that the Care Inspectorate acknowledges that we have already self-identified and are working on the areas they have noted for improvement. The team spent a significant amount of time taking them through our service redesign and the strategic decisions that have been made to improve the service which are referenced and credited throughout, with an acknowledgement that the service needs time to embed these improvements and evidence better experiences for people fully.
13. Whilst we will continue to work to improve our grades, the report is fair and reflective of where the service is at, particularly in light of the current challenges across the sector at both a local and national level. The inspection has given the HSCP confidence that the redesign is focused in the right areas, and that we are working towards delivering a better service for our residents and staff.

RECOMMENDATIONS

14. Members of the Performance and Audit Committee are asked to note the report.

REPORT AUTHOR AND PERSON TO CONTACT

Gayle Smart, Intensive Services Manager
Gayle.Smart@eastrenfrewshire.gov.uk

15 March 2023

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

IJB Report: 01.05.2019 – Item 09. Care at Home Inspection Report and Improvement Plan
[https://www.eastrenfrewshire.gov.uk/media/2217/Integration-Joint-Board-Item-09-1-May-2019/pdf/Integration Joint Board Item 09 - 01 May 2019.pdf?m=637351657060770000](https://www.eastrenfrewshire.gov.uk/media/2217/Integration-Joint-Board-Item-09-1-May-2019/pdf/Integration%20Joint%20Board%20Item%2009%20-%2001%20May%202019.pdf?m=637351657060770000)

BLANK PAGE

East Renfrewshire Council Care at Home Service Support Service

Barrhead Health and Care Centre
213 Main Street
Barrhead
Glasgow
G78 1SW

Telephone: 01418 007 182

Type of inspection:
Unannounced

Completed on:
30 January 2024

Service provided by:
East Renfrewshire Council

Service provider number:
SP2003003372

Service no:
CS2005096979

About the service

East Renfrewshire Council Care at Home Service is registered to provide a care at home service to adults and older people living in their own homes. The provider is East Renfrewshire Council.

There are a range of services available, including:

A home care service that supports people to live independently in their own homes. The nature of support is dependent on people's assessed needs, and may include assistance with personal care, medication, and nutrition.

A telecare service that aims to promote people's independence and safety at home, and enables people to summon assistance in an emergency at any time.

At the time of this inspection, the service was providing home care to 499 people with approximately 3,000 people being supported by telecare.

The service is based at the Barrhead Health and Care Centre. There is a registered manager who coordinates the overall running of the service. Home care managers, organisers, and assistant organisers manage teams of home carers who provide direct support to people using the service.

About the inspection

This was an unannounced inspection which took place between 15 and 30 January 2024. Two inspectors carried out the inspection.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

To inform our evaluation we:

- visited 40 people using the service and eight of their friends and family members
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- People using the service were treated with dignity and respect.
- People were supported to live safely and independently at home.
- Staff were kind, caring, and compassionate.
- Some people experienced a lack of consistency with their service.
- Care planning needed to improve to promote people's health and wellbeing.
- Leaders had developed a meaningful service improvement plan to raise standards.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

3 - Adequate

We evaluated this key question as adequate because, whilst there were some strengths and positive experiences in supporting people's wellbeing, key areas of performance needed to improve.

We visited several people who used East Renfrewshire Council Care at Home Service as part of our inspection. The feedback we received from people and their relatives was generally positive. People valued the caring and friendly nature of staff, support to remain independent at home, and the ongoing social contact from regular visits. One person told us "I don't know what we'd do without the carers. Nothing is too much for them and they've become like an extension of the family".

Compliments about the service from people and their family members reflected our own positive observations of staff interactions with people. We observed staff treating people with kindness, warmth, and humour. We were impressed by staff's ability to complete care tasks efficiently whilst establishing rapport and positive communication with people. A person explained "I look forward to my visits. The social contact is just as important as the care for me".

People were supported to achieve positive outcomes at times. A person spoke passionately about how home care had empowered them to live independently in the community. Staff had supported another person to complete daily physiotherapy exercises that improved their mobility, allowing them to be as active as possible. And there was a considered and compassionate approach to palliative care that enabled people to spend the remaining periods of their lives in their community with family. There was evidence of life enhancing experiences when home care was planned and delivered effectively. However, positive experiences were not universal, and there had been inconsistent practice since our last inspection.

Several people told us about a lack of continuity in their service. There were issues around the timing of visits, the high volume of different carers that people receive, and carers having varied understanding of people's needs and wishes. This presented risk to people's quality of care and morale. A person told us "The regular carers are fantastic, but sometimes it's like strangers who arrive and they don't know us. It has got better recently, but it's been frustrating".

The management team recognised these issues and had taken meaningful steps to improve people's experiences. For example, a new digital system was introduced to improve the scheduling of visits, staff shift patterns had been made more consistent, and there was increased support and guidance for staff involved in planning people's visits. There was evidence, both through quality assurance data and feedback from people, that continuity was improving, and we asked the service to continue to prioritise these developments (see Area for Improvement 1).

People supported by the service had personal care plans that detailed their needs and wishes. Many of these plans appropriately captured people's needs and highlighted guidance for staff to follow. However, some care plans were limited and in need of significant improvement. These care plans did not sufficiently capture what was important to people, how they wanted their needs to be met in a way that was meaningful to them, and some plans hadn't been reviewed within recommended timescales to promote accuracy.

We were reassured that the service had self-identified this issue and had taken measures to improve practice. There was clearer guidance and support for staff whose responsibility it was to update and audit

care plans. A cultural shift towards greater management presence in the community had been introduced. And a dedicated team had been given greater resources to increase the frequency of people's reviews. We asked the service to prioritise and complete these important improvements (see Area for Improvement 2).

Our review of the provider's telecare service found positive practice and outcomes for people. Telecare successfully enabled people to use digital technology to remain safe at home, and to summon telephone or physical assistance in emergency situations. Telecare was well resourced and organised, received many compliments from people using the service, and provided vital reassurance and interventions for people when needed.

Areas for improvement

1. To promote people's health and wellbeing, the provider should continue to improve the consistency of staff and timings of visits. This will ensure people who experience the service are supported by people they know and have confidence in.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

2. To promote people's wellbeing, the provider must improve the quality of personal care planning.

This should include, but is not limited to, ensuring plans are person-centred, fully reflective of people's holistic needs and wishes, reviewed within agreed timescales, and regularly audited to promote accuracy.

This is to ensure that care and support is consistent with the Health and Social Care standards (HSCS) which states that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate because, whilst there were some strengths under leadership and quality assurance, key areas needed to improve.

East Renfrewshire Council Care at Home Service was undergoing a period of transition after experiencing significant increase in service demand and staff turnover since our last inspection. This had impacted some people's outcomes, for example, by experiencing a lack of continuity of staff. Some management tasks, such as specific audits, had not been fully completed during this time. The management team had introduced meaningful changes in recent months, and needed time to fully embed these initiatives and evidence sustained improvements in practice and outcomes for people.

Leaders had introduced a range of new policies and procedures for the service to follow. This included areas such as communication, managing complaints, and responding to a variety of challenges. Staff with supervisory duties told us they felt better supported with clearer direction, which promoted consistency.

A new digital system had been introduced which allowed for more efficient planning and greater management oversight of people's visits. Office staff could plan visits in a more considered way, and track people's visits as they happened, measuring punctuality and consistency. This was a new approach and work was needed to fully enhance staff understanding of the system, however, it was a positive development which should improve people's experiences, with some initial progress noted.

Leaders had improved the support and management of frontline staff to promote staff retention, morale, and consistency. Successful recruitment campaigns had improved staffing numbers, a wellbeing programme had prioritised staff morale, and a more robust absent management system had helped some staff return to work. These fresh and important changes should reduce staff turnover and ensure people have more consistent workers to meet their needs and wishes.

All members of the management team had frequent and good quality supervision meetings, as well as workload management reviews to measure their performance. This promoted greater clarity of their role and expectations. There was clear insight into what the management team were doing well and what could be better. The service had identified, mirroring our own findings, that some leaders needed management training and development in specific tasks such as auditing to improve standards.

We found there was limited auditing of care plans which resulted in inconsistent practice. For example, some people's care plans were person-centred, holistic and meaningful whilst others were basic and out of date. We asked the service to prioritise this area, and were pleased to see both practical and cultural changes had been made. There had been a recent emphasis on leaders being more present in the community and spending time with people and staff. This will improve their understanding of people and staff's experiences, offer greater support and more meaningful interventions, and increase the frequency and quality of audits to promote better outcomes for all.

We were reassured by the management team's service improvement plan which was insightful and realistic. Senior managers had good oversight of people's visits, staff performance, accidents and incidents, and complaints. There was strong analysis of these areas which informed the improvement strategies of the service. Leaders had self-identified the service's key priorities in improving the continuity of people's visits, developing all of the management team, and supporting the workforce through better planning, supervision, and training. Significant changes had recently been made, with some progress noted, and the service now needed time to fully embed these improvements and evidence better experiences for people.

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate because, whilst there were some strengths and positive experiences in staff knowledge and competence, key areas of performance needed to improve.

East Renfrewshire Council Care at Home Service recruited staff safely and in line with national guidance. We spent time with human resources and observed that staff were recruited with relevant checks, references, and professional registrations. People using the service could therefore be assured that staff were recruited well, and this promoted suitability for their role.

The service had improved their approach to recruitment in recognition of staffing pressures which have been present throughout the care sector. By attending recruitment drives at local colleges, using digital technology, and having people who use the service at the heart of advertising, the service had been able to increase its staffing levels to better meet people's needs. East Renfrewshire Council Care at Home Service

were exploring other creative initiatives, such as modern apprenticeships, to promote social care as a career path, engage and inspire younger generations, and offer development opportunities. This should further improve staffing arrangements.

The induction programme for new workers was thorough with a blend of face-to-face training, shadowing opportunities, and input from professionals such as district nurses and pharmacy professionals. This comprehensive induction helped prepare staff well to understand their role and meet people's needs.

The wellbeing of staff was a priority for the service, and there was investment in community resources for staff to use in recognition of their hard work. Workers accessed various health and wellbeing services across the council area. One staff member told us 'This is something I would have struggled to arrange by myself so accessing through work is a big boost'. These creative initiatives helped enhance staff morale as well as promoting staff recruitment and retention.

Staff also identified areas of their role that could be better, and these mirrored our own findings of what the service could do to improve the development of the workforce and outcomes for people.

Whilst staff had completed appropriate mandatory training through their comprehensive induction programme, ongoing refresher training was not being completed as regularly as it should. There was also limited evidence of observations of staff, which meant it was not possible for the service to measure how successful the learning from training was being implemented in practice.

Staff had access to ongoing team meetings to discuss important issues. However, there was not yet a robust system of one-to-one supervision meetings for all frontline staff. These are important forums for management and staff to discuss any professional and personal matters, and measure performance. Where supervisions were happening, staff advised they would like to see a more positive approach and supportive language being used.

We asked the service to prioritise staff development, focus on improving the frequency of refresher training and observations of staff practice, and enhancing the frequency and quality of supervision for all staff. These areas should be clearly recorded and tracked through a monitoring system (see Area for Improvement 1). These measures should improve staff morale and practice and enhance the outcomes for people who use the service.

The service had self-identified these areas, and there was evidence that plans were in place to address the issues. For example, a working group had established a new training plan, a monitoring system had recently been introduced to track all staff training and development, and there was additional guidance for supervisors to support staff. The service now needed time to fully introduce these changes into practice and evidence improved outcomes, and we will evaluate this area for improvement at the next service inspection.

Areas for improvement

1. To support people's wellbeing, the providers should ensure that staff have ongoing access to training and development relevant to their role.

This should include, but is not limited to, implementation of regular training, direct observation of practice of all staff, and regular support and supervision to be carried out with a sufficient monitoring system in place.

This is to ensure that care and support is consistent with the Health and Social Care standards (HSCS) which states that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate because, whilst there were some strengths in personal care planning, key areas needed to improve.

Every person supported by East Renfrewshire Council Care at Home Service had a personal plan, known as a care plan. However, the quality of planning was inconsistent which could lead to unreliable care and support.

For example, some plans were comprehensive and holistic. They contained insightful information about people's life histories, likes and dislikes, their needs and specific ways people would like their needs to be met. This was good practice which promoted consistency.

Other plans, however, were basic and contained limited information. There was an absence of person-centred information and specific detail about how people like to be supported. Instead, these plans consisted of generic tasks for staff to complete. Whilst this ensured that people's essential needs were being met, they were insufficient to fully promote people's rights and interests.

There were similar inconsistencies in the review of people's care and support. People should have six-monthly reviews of their service to ensure their needs and wishes were accurately reflected, outcomes were being met, and people's satisfaction was measured. Whilst some people had regular and meaningful reviews, others had not had them for some time. This meant that some people did not have the opportunity to formally provide feedback on their experiences and voice their opinion on their service.

We made a formal area for improvement under key question one to improve care planning. There was reassurance that the service had recruited more workers to undertake reviews, and had increased the frequency and quality of review meetings in recent months. There was a cultural shift in the service which emphasised more community presence of some of the management team. They have started to audit care plans more regularly and thoroughly to improve standards. A new digital system had been introduced to improve planning. These changes, which need time to fully embed into practice, should improve people's care plans, quality of care and support, and personal outcomes.

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

The management should continue to look at ways to improve the consistency of staff and timings of visits to ensure people who experience the service are supported by people they know and have confidence in.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: "My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event." (HSCS 4.14)

This area for improvement was made on 25 June 2021.

Action taken since then

The service had introduced new strategies to improve people's experiences. We could see from quality assurance data and feedback from people that continuity had improved in recent months. However, more time was needed to evidence sustained improvements for all. Therefore, this area for improvement was not fully met and has been repeated.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate

How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarttas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿੱਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.

BLANK PAGE