

# Report

Report to:	<b>Executive Committee</b>
Date of Meeting:	<b>29 January 2020</b>
Report by:	<b>Director, Health and Social Care</b>

Subject:	<b>Hamilton and Rutherglen Care at Home Services</b>
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## 1. Purpose of Report

1.1. The purpose of the report is to: -

- ♦ advise the Executive Committee of the outcomes of two recent Inspections of Care at Home Services in Hamilton and Rutherglen. The report goes on to address the actions being taken to address the issues arising

## 2. Recommendation(s)

2.1. The Executive Committee is asked to approve the following recommendation(s): -

- (1) that the content of this report be noted.

## 3. Background

- 3.1. There are four registered Care at Home services, one in each Locality. South Lanarkshire Council services provide approximately fifty per cent of the service delivery in house with the other half being delivered through framework providers. The Council has more than fifty registered Social Care services which achieve high Care Inspectorate grades and positive endorsement through the Customer Service Excellence programme including a number where the service is rated as excellent.
- 3.2. Two of the local authorities registered Care at Home services in Hamilton and Rutherglen have received poor inspection outcomes. They are graded at the bottom of the 6-point scale namely Weak and Unsatisfactory with improvement requirements linked to the areas of weak performance. The Hamilton Service has also been served with an Improvement Notice. Urgent and substantial action is being taken to address the issues the Care Inspectorate has highlighted. The current position with the Hamilton and Rutherglen service is an exception but nevertheless is deeply concerning.
- 3.3. The current service model pre-dates more recent legislative and regulatory changes including the Self-Directed Support Act, Carers Acts, New National Care Standards, and Registration of the Care at Home workforce. Both the Hamilton and Rutherglen Services have experienced deteriorating Inspection grades in recent years and despite the efforts of the Registered Managers and their teams to work within the current model it has become evident that a more fundamental remodelling is required. The equivalent services in Clydesdale and East Kilbride have to date

continued to achieve positive gradings although the underlying structural issues with the current service model have been evident.

- 3.4. The Care at Home service has been subject to an internal corporate review over recent years; however, this has focused on matters of efficiency and capacity within the service with a background to increasing budget challenges. At the same time growth in demand and complexity of the care required and support for hospital discharge have seen increased pressure on this service and subsequent resources.
- 3.5. The Care Inspectorate undertook an inspection of the Hamilton Care at Home Service in March 2019. At that time, they identified several concerns and requirements to be undertaken by the service. The concerns/actions can be summarised as follows:
- ◆ A review of all staffing roles, levels and structure within the service to ascertain how this can be developed to ensure staffing levels are appropriate to the size and nature of the service
  - ◆ Appropriately and safely recruit to all vacancies
  - ◆ Ensure those responsible for co-ordination, supervision, leadership and management have the knowledge skill time and resource to do so effectively
  - ◆ Ensure service is person centred and the service user is at the centre
  - ◆ Ensure staff have the appropriate training to undertake their job. Role specific i.e. mental health, moving and handling, health conditions
  - ◆ Personal support plans must be compiled and in place within 28 days of commencement of service
  - ◆ All reviews and personal support plans must be reviewed and up to date. Only 40% of active support plans up to date
  - ◆ Clear medication training for staff and clear direction in care plans in administering medication
  - ◆ Ensure all staff and supervisors are equipped to undertake the role including evidence of supervision, audit of learning and development of the whole team, service user specific training
  - ◆ Improve communication between office-based staff and front liner carers. Review the waiting times to receive and respond to calls
  - ◆ Provide more consistency of carers to respond to individual service users and reduce the changes to cares for service users
  - ◆ Ensure all service users have personal care plans up to date and in the family home
  - ◆ Respond to complaints within timescales

- 3.6. As a result of the list of requirements in summary form referenced above the Care Inspectorate reduced the grades. In March 2019 the grades were:

Quality of care and Support	1 Unsatisfactory
Quality of staffing	2 Weak
Quality of management and leadership	1 Unsatisfactory

The core concern of the inspectors related to the management of risk. They formed the view that the shortcomings in the service's support planning arrangements and the associated deficits in the business processes and quality assurance systems meant that risks were not being identified and mitigated effectively. Whilst they did not identify that harm had occurred, they were highlighting that the unsatisfactory performance left both service users and care staff in a potentially vulnerable position.

- 3.7. Following the March inspection, a steering group was established chaired by the Chief Social Work Officer and the Head of Health and Social Care. External 'critical friends' were also brought in to do a critique of the service. The initial findings concurred with the Care Inspectorate findings and raised issues with the capacity within the service to meet demand. It also questioned whether the current operational leadership were able to support change in the service and reported a 'burn out' of current staff.
- 3.8. This resulted in a change of the management structure. Two Operations Managers were moved to alternative roles and another Operations Manager identified to lead the service and become the new Registered Manager. Additional operational and project management support has been deployed both alongside the Registered Manager and at the tier above.
- 3.9. The boundaries were changed, and Clydesdale assumed the responsibility for Stonehouse Larkhall area and East Kilbride assumed responsibility for the Blantyre area. This was in response to the Care Inspectorate advising that the scale of the Hamilton area as a single registered service was too big to manage.
- 3.10. Hamilton, Clydesdale and East Kilbride services all then varied their registration requirements to accommodate the geographical changes. Clydesdale and East Kilbride were higher performing areas, and this is reflected in their Care inspectorate reviews. A relocation of Team leaders and Co-ordinators to teams where they could be mentored and coached in leadership styles that were seen to be positive was undertaken. This also then reduced the Hamilton service to a more manageable sized resource.
- 3.11. Recruitment took place to recruit to the full establishment of carers and to establish peripatetic staff to cover for leave and other absences. A new scheduling system has been purchased and is currently being configured and piloted. These measures will support more consistent and effective rostering arrangements.
- 3.12. A proposal for a service redesign and financial growth in the service is being scoped out. This will be presented as a matter of urgency to future meetings of the Integrated Joint Board and Social Work Committee. A new Service Manager post dedicated to overseeing Care at Home was proposed and subsequently appointed in October 2019.

#### **4. Current Position**

- 4.1. Following the above actions the Care Inspectorate have given feedback to the service and to senior managers that they have seen progress in areas such as the culture within the team, relationships between carers and office based staff, progress in the change in management within the service and acknowledged the benefits of establishing a Service Manager role. However, at the follow up inspection in December they have advised that they have not seen as much progress as they would have expected and have issued an Improvement Notice on the service.
- 4.2. The Improvement Notice identifies 4 main areas for immediate improvement.
  - 1. Ensure current leadership and quality of Social Work skills and experience are compliant with the National Care Standards. They also want additional leadership and management introduced into the service.

**By 31 January 2020**

2. Ensure all staff are aware of and conversant with Adult Support and Protection Policies and how to escalate concerns.

**By 31 January 2020**

3. Protect the health welfare and safety of the most vulnerable with complex needs. Ensure all cases with complex health needs are identified and care plans all updated and reviewed on a multi-disciplinary basis.

**31 January 2020**

4. Review all cases. (410 circa)

**28 February 2020**

4.3 Following the presentation of the Improvement Notice the council has taken the following actions:

- ◆ The current Service Manager has based themselves full time in the Hamilton office along with a Community Living Manager re-deployed to oversee the operational responsibilities.
- ◆ Staff from other areas primarily residential services, day care and fieldwork have been re-deployed for an initial 8-week period to be part of the office-based management team as well as reviewers of care plans.
- ◆ This will entail the additional staff doing mentoring and coaching in real time with the existing staff through shadowing then overseeing as well as undertaking reviews in support plans.
- ◆ There are approximately 10 additional staff identified who have the skills and background in care planning and support planning and reviewing.
- ◆ Learning and Development will undertake bespoke training for Adult Support and Protection for carers and office-based staff.
- ◆ Project Management support has been identified from the Performance and Planning Team from Social Work Resources to identify milestones, evidence gathering and project support.
- ◆ Additional administration support has been identified to support collation and consistency in the Care and Support Plans.
- ◆ A Social Worker has been identified to act up in a Team Leader Role who has Adult Support and Protection experience as well as Care and Support Planning to oversee reviews and complex cases.
- ◆ Overtime has been offered as well as additional hours for experienced staff to undertake reviews to offer support.
- ◆ The above actions will be reviewed daily with a daily 'huddle' to review progress and there will be a management oversight on a weekly basis to identify progress and risks.
- ◆ A weekly update of actions and progress will be sent to the Care Inspectorate.

4.4 The service has endeavoured to and will continue to maintain open communication with stakeholders. Service users and their families have been issued with a letter detailing the Improvement Notice received and to offer reassurance that the service will continue to be delivered. Trade Unions have been notified as have staff and other stakeholders. Updates will be cascaded through regular meetings and written communication. Press releases have been drafted that cover the Hamilton Improvement Notice as well as the Cambuslang/Rutherglen Care Inspectorate Report. A meeting has taken place with the five political group leaders of each party to inform them of the issues highlighted, supported by a written briefing and an information session for all elected members.

- 4.5. The Council has also secured external support to ensure we are focused on the improvement actions that will provide evidence of progress to satisfy the Care Inspectorate and the Improvement Notice.
- 4.6. The existing service model has been described as a mini older person's Social Work service which is endeavouring to bring together the core Social Work tasks of Assessment and Care Management into a service that should only be about providing the provision of care. It is now clear that the current delivery model is no longer appropriate, and change is required. Whilst there is confidence that the Rutherglen and Hamilton situations will be improved in the short term, more radical change is required to ensure this is sustainable and to avoid the other two services grading deteriorating in the future.
- 4.7. The service has maintained positive relationships with the Care Inspectorate who advise that they are supportive of the improvement activity to date. They can see progress being made but support the need for a root and branch redesign to address the structural weaknesses they are identifying. The service is maintaining a regular dialogue with them and there have been several meetings between the Care Inspectorate and operational managers as well as the Chief Officer/Director of Social Work Resources, the Chief Social Work Officer and the Heads of Health and Social Care. This is with the intention of giving assurance to the Care Inspectorate that the concerns and requirements for improvement are given the appropriate status and importance; to ensure there is clarity to the task; and to agree a rapid improvement plan. A meeting has been requested between the Chief Executives of South Lanarkshire Council, NHS Lanarkshire and the Care Inspectorate to consider the prevailing position and the lessons to be learned from all parties.
- 4.8. From these meetings we have established that there are three main phases of activity that need to be taken in order to satisfy the Care Inspectorate. These can be identified as short, medium and long-term goals and actions.

- ◆ **Short Term:** we need to ensure we act on and evidence the improvements identified in the improvement notice for the deadlines of the end of January and the end of February. The Care Inspectorate have been advised of the actions to date and those proposed identified at section 4.3 and will be satisfied if we can evidence positive outcomes in these areas as highlighted in the notice.
- ◆ **Medium Term:** The Care Inspectorate require assurance that there is an effective and sustainable infrastructure to manage service delivery and to maintain progress in the medium term following the initial intense input from the resources identified. In the medium, term the key issue of a need for a fundamental restructuring of the service will be taken forward. Two significant workstreams have already been considered and approved in principle by both the Integrated Joint Board and Social Work Committee. The core elements of this will be to separate Assessment and Care Management functions from the provisions of a Care at Home service. The model supported by the Integrated Joint Board and the Social Work Committee also involves a strengthening of the Supporting Your Independence (SYI) approach to limit dependency levels and promote the Self-Directed Support Act principles. This will involve:
  - ◆ investment in the fieldwork teams so that both the correct skills mix, and the necessary capacity are in place.
  - ◆ This will be backed up by a remodelling of the Registered service provision to improve its support systems and responsiveness including in the out of office hours period. This remodelling will take account of the introduction of a new

IT system for scheduling. The previous “Critical Friend” report recommended the introduction of a Senior Carer role to work between the carers and office staff to provide improved support and capacity as well as a stronger career structure. This model is being piloted by the East Kilbride team. It is likely that a significant redesign of the structure and job roles will be required.

Such a model would better meet the Council’s statutory duties and deliver cost effective and targeted approaches to service delivery. Proposals for an initial investment programme to support this improvement work will be presented to the Council’s Social Work Committee for approval at its first meeting of 2020.

- ◆ **Long Term:** provide assurance that the redesigned service is resilient and can meet demand, achieve positive outcomes and achieve standards. There will be a stronger process for evaluating the service drawing from the methodology used by the Care Inspectorate. The use of quantitative data will be developed to more effectively balance demand and efficiency information with indicators of care quality linked to care management activity. This will be triangulated with qualitative data arising from more in-depth engagement processes with both service users and front-line staff along with a system of case sampling and audit. The role of the Council’s internal audit team is also being considered. A more regular process of reporting to the Integrated Joint Board and elected members on the inspections of registered services will also be developed.

## **5. Employee Implications**

- 5.1. It is evident that these inspection outcomes have been challenging for staff across the Social Work service. Senior Managers have met with the supervisory and management staff as well as the trade unions to discuss the reports, how these impact on the teams and involve them in the improvement planning. The teams have responded positively to the call to embrace the improvement programme and there has been considerable support to this from across Social Work and colleagues throughout the Council. There are no employee implications associated with this report however on completion of a redesign of the service employee implications will be presented and considered in a future report.

## **6. Financial Implications**

- 6.1. The immediate financial implications associated with this report relate to staff redeployment and acting up responsibilities for staff as well as an oversight of overtime being monitored in order to meet the requirements of the Improvement Notice. The associated financial pressures will be calculated and presented as part of any future report. Completion of a redesign proposal will include financial implications that will be presented for a future committee to consider.

## **7. Climate Change, Sustainability and Environmental Implications**

- 7.1. There are no implications for climate change, sustainability or the environment in terms of the information contained in this report.

## **8. Other Implications**

- 8.1. The Care at Home service is pivotal to supporting people to remain at home safely and is a key component of the unscheduled care system. Any disruption to the service presents a business continuity risk which has broad implications. The current position is a risk to the reputation of the Council. All of the actions outlined in this report are designed to discharge the Improvement Notice in full and avoid any escalation in measures by the Care Inspectorate. The risk will be mitigated through

the immediate actions referred to in this report along with investment and service redesign in the short to medium term.

8.2. There are no other issues associated with this report.

**9. Equality Impact Assessment and Consultation Arrangements**

9.1. This report does not introduce a new policy, function or strategy, or recommend a change to an existing policy, function or strategy and therefore no impact assessment is required.

9.2. The Trade Unions Have been briefed on the current position and actions being taken. Senior Officers understand that the Trade Unions are supportive in principle of the intention to invest and redesign.

**Val de Souza**

**Director, Health and Social Care**

10 January 2020

**Link(s) to Council Values/Ambitions/Objectives**

♦ Deliver better health and social care outcomes for all

**Previous References**

♦ None

**List of Background Papers**

♦ None

**Contact for Further Information**

If you would like to inspect the background papers or want further information, please contact: -

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