

Report

Report to:	Social Work Resources Committee
Date of Meeting:	22 August 2007
Report by:	Executive Director (Social Work Resources)

Subject:	Quality and Performance Report for In-House Services
----------	---

1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ Report on performance achieved against the indicators outlined for residential, supported accommodation and day services in line with previous annual reports
- ◆ Report on initial Care Commission Inspection of Home Care Services and advise of measures being introduced to monitor quality outcomes for Service Users

2. Recommendation(s)

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

- (1) that the contents of the report in relation to the number of achievements against targets set be noted.
- (2) that the development of Home Care Quality and Performance monitoring proposals be noted.

3. Background

3.1. This is the fourth annual report to Social Work Committee detailing the performance of in-house services as evaluated through external regulatory bodies and internal audits. The Care Commission inspect all these services against National Care Standards. The Commission work in partnership with Strathclyde Fire and Rescue in inspecting premises and the robust measures applied are reflected in this year's inspection reports.

3.2. This report looks at progress on the performance indicators undernoted:

- Meeting service users and carers needs
- Staffing
- Physical standards
- Health and Safety
- Commendations and complaints

These areas are broadly consistent with the National Care Standards in relation to

- Using the service or leading your life
- Management and staffing
- Environment
- Informing and deciding

- 3.3. Over the period from April 2006 to March 2007, these indicators have been measured across the Council's service provision for Adults, Older People and Children and Families. The extent of service provision offered by the Council is outlined in Appendix 1.
- 3.4. A summary of performance from inspection by the Care Commission is included in Appendix 1. Any requirements have been addressed through improvement plans at service level.
- 3.5. The first annual inspection of the Home Care services took place during 2006/2007. The six service areas were each subject to a two week inspection.

The Standards inspected were:

- The Written Agreement
- Management and Staffing
- Eating Well
- Choice and Communication

4. Performance Indicators

- 4.1. Overall performance has increased/decreased in the following areas:

Quality indicator	Measurement	Impact on Service User Outcomes	Care Group	2004/5 figure	2005/6 figure	2006/7 figure	Increase/ Decrease from previous year
Meeting Service user and carers needs	Care plans in place – Target 100% complete	Appropriate services at the right time	Children	100%	100%	100 %	n/c
			Adults	100%	100%	100 %	n/c
			Older	100%	100%	100 %	n/c
Staffing*	No of qualified staff – Target 50% by 2005	Quality of care provided	Children	23%	37.6%	54 %	+
			Adults	29%	40%	42 %	+
			Older	53.5%	40.2%	39.9 %	-
Physical Standards	SLC standards -achievement	Environments which support wellbeing	Children	85%	93.8%	89%	-
			Adults	72%	86%	72%	-
			Older	96%	90%	88.5%	-
Health and Safety	Completed risk Assessments – Target 100%	People feel safe but empowered	Children	100%	100%	100 %	n/c
			Adults	100%	100%	100 %	n/c
			Older	100%	100%	100 %	n/c
Complaints and compliments	Formal complaints/ compliments	Overall service user satisfaction and robustness of complaints system	Children	21	2	2	-
			Compliments	0	1	0	-
			Adults	5	6	7	+
			Compliments	15	20	20	n/c
			Older	27	21	51	+
			Compliments	206	262	178	-

- 4.2. The information has been produced from Care Commission Inspection Reports, the audits carried out by external managers, from training records and the Social Work Resources Complaints Database. It is presented at an aggregate level for each service although detailed information at individual care home or service level is available. Comments on these figures are undernoted.
- 4.3. **Meeting Service Users and Carers Needs** – The number of personal plans developed and maintained was selected as a key requirement in terms of communicating needs and planning service delivery for individuals. The targets were 100% completion across 100% of services. For the next report a new indicator is

being developed to focus on the quality of care plans. To support this policy on record keeping within services is being developed across the Resource.

A policy for record and file keeping in in-house services is now complete and an audit of Service User records will take place in 2007/2008. This will be reported upon in the next annual report.

▪ **Adult Services**

Once again Adult Services has met the 100% target for numbers of care plans in place.

▪ **Children and Families' Services**

As in previous years, Care Plans are in place for all looked after children and young people. A small working group reviewed the recording procedures and also revised the templates to ensure that practice and standards are consistently high. The new recording processes enable clear links from planning, progress and outcomes.

▪ **Older People's Services**

All residents within Care Homes, long term and respite placements, have an initial Care Plan drawn up within first seven days of their stay. Thereafter a more detailed Personal Plan is created. Service Users within Day Care Centres have Care Plans drawn up within the first four weeks of service. All Care Plans are reviewed and amended as required.

4.4. **Staffing** – The number of qualified staff was targeted as a quality indicator of the level of service received by our service users. This is due to the known links between good quality trained staff and quality of service received. The targets differ across care groups and are indicated in the table.

▪ **Adult Services**

- 73% of day care staff and 27% of Care and Support staff now meet SSSC requirements. With all four hostels now closed, concerted effort will be made to take all new recruits for the Care and Support Service through the SVQ programme.

▪ **Children and Families' Services**

- Residential child care staff have continued to make positive progress, evidenced in the statistics. There is a distinct increase in confidence and competences as each new staff member enjoys the fruits of their labour and this is enhanced by the links to practice, impact and outcomes. Both peer and training personnel support have been of significant impact. More than 70% of residential child care staff are currently undertaking either HNC or SVQIII.
- In addition to the care SSSC qualifications, it is mandatory for all staff to undergo the CAYP training (core issues on accommodated children and their emotional wellbeing) and TCI which focuses mainly on dealing with challenging behaviour without the need for physical intervention wherever possible.

▪ **Older People's Services**

- All Care Home Managers have now achieved relevant qualifications and are registered with the Scottish Social Services Council (SSSC).
- All Day Care Managers will have similar relevant qualifications in place when the SSSC register opens them.
- As at 31 March 2007, 42 staff were working towards their SVQ.

- Staff turnover has resulted in a decrease in suitable qualified staff for the second year. This is being addressed through a rigorous staff development and training plan in order to ensure that supervisory staff are ready to register with SSSC in 2008.

4.5. **Physical Standards** – The indicator selected was the number of requirements made by the Care Commission in relation to our services. The sample size is 100% of all services. In many areas the Council has moved beyond Care Commission benchmarks.

All inspection reports in the last year carried four Requirements in relation to the safe recruitment of staff. All four Requirements were immediately actioned by Social Work Resources Personnel and these will be omitted from future reports.

▪ **Adult Services**

- 3 out of 10 adult care services met all standards and had no requirements listed.
- Across the remaining seven (one of which was Laburnum Hostel which is now closed) a total of 11 requirements were listed as unmet: -
- Three were in relation to fitness of premises. Two of these are now resolved. The one remaining is in relation to Larkhall Resource Centre which will be replaced by the end of 2008.
- Four requirements were in relation to staffing levels. Much of this is being addressed through the establishment of a sessional staff bank and through a robust recruitment procedure.
- The remaining four requirements were in relation to procedures and all have since been addressed.

▪ **Children and Families' Services**

- 1 Children's Unit received no requirements.
- 8 Units received requirements in relation to new regulations regarding fire risk assessment and action plans for emergencies where children require to be relocated. Each unit has now developed their own emergency plan.
- The provision of a maintenance programme for electrical ventilation and extractor fans is a requirement in five of the children's units and is being progressed through Housing and Technical Resources.
- The issue of being over numbers was raised with six of the units and great efforts are being made to improve on the care planning and resources to resolve this.
- The one requirement regarding property was in respect of re-decoration and this has been progressed through the property maintenance programme.

▪ **Older People's Services**

- 2 Care Homes received no requirements.
- 6 Care Homes received requirements regarding fire records and emergency action plans in case of fire or other major events. An action plan for each home has now been developed.
- 1 Care Home received a requirement regarding procedures and this was resolved immediately.
- 11 Day Care Centres received no requirements.
- 3 received requirements regarding property issues. Two have been resolved and the third related to the Community Flat which will be closed in Spring 2007.

- 1 received a requirement regarding a nutritional assessment tool and this has been put in place for all centres.

4.6. **Health and Safety** – Completed risk assessments was selected as the basis for ensuring the safety and welfare of individuals in our service. 100% completion is the target across 100% of services.

▪ **Adult Services**

- Risk Assessments continue to be in place for all Service Users. A policy and procedure on restraint is currently being developed along with Older Peoples Services.

▪ **Children and Families' Services**

- 100% of risk assessments were completed as part of the care planning for all vulnerable children and young people.
- The TCI group are looking at an alternative to TCI (Therapeutic Crisis Intervention) as the use of physical restraint is much more rare.

▪ **Older People's Services**

- Risk Assessments continue to be in place for all Service Users and are regularly reviewed and updated

4.7. **Compliments and Complaints** – As an indicator of overall satisfaction with services the numbers of compliments and complaints was selected.

▪ **Adult Services**

- A very small number of complaints were received by both the Care and Support and Day Services and all were quickly resolved. An increase in compliments reflected the modernisation of day activities and opportunities now available for service users.

▪ **Children and Families' Services**

- This year again there were 2 complaints, both of which were not of a serious nature and one was dealt with in an informal way.
- The new houses have a kitchen/dining area where all children and staff make a point of having a much more social, interactive meal together in the early evening, with a good exchange of information, views, planning and discussion. This helps to maintain good inter-relationships and helps to build the mutual trust and respect which is central to good, nurturing where children and young people can develop lifelong social skills.

▪ **Older People**

- Formal complaints lodged through the Complaints Procedure remains the same as last year but there was a significant rise in recorded complaints at unit level. This resulted from more vigorous consultation with service users and active progress of issues which is viewed as very positive action in improving quality of services.
- Large numbers of compliments continue to be received through all care homes and day care centres. There is clear evidence that the new respite wings of the two East Kilbride homes are providing quality experiences for many older people and their families.
- The landscape work carried out in homes and centres gardens has had particular positive comments.

4.8. Home Care Services

- Whilst the Care Commission inspection of Home Care Services resulted in no requirements, five recommendations were made:
 - explore ways of making Inspection Reports accessible to service users
 - speed up recruitment process to retain recommended staff numbers
 - maintain regular patch meetings with staff
 - ensure service delivered at appropriate and consistent times
 - all Home Care staff to be trained in Nutrition in Later Life

All recommendations are addressed in Action Plans and will be subject to Care Commission inspection in 2007/2008.

- Service monitoring visits are being introduced within the Home Care Service to ensure that service quality is being consistently reviewed. Each individual service user will be visited twice a year in order to seek their views on quality and satisfaction.

5. Employee Implications

5.1. None

6. Financial Implications

6.1. None

7. Other Implications

7.1. None

8. Consultation

8.1. Consultation opportunities with service users, carers, staff and a range of other stakeholders now feature in all services and the views from these will be used to develop and improve service quality.

Harry Stevenson
Executive Director (Social Work Resources)

18 July 2007

Link(s) to Council Objectives

- Modernising and Improving Services

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:-

Caroline Deerin, Adult Services Manager - Disability

Ext: 3918 (Tel: 01698 453918)

E-mail: caroline.deerin@southlanarkshire.gov.uk

Volume of Service

Appendix 1

Care Group and Service Category	Service provision	Number of Care commission inspections			Number of requirements			Number of Audits Completed			Comments
		2004/5	2005/6	2006/7	2004/5	2005/6	2006/7	2004/5	2005/6	2006/7	
Adults											
Residential Accommodation	1 home/22 places	2	2	2	1	2	2	2	2	1	Laburnum Hostel closed March 2007
Supported Services - Day Care	369	12	12	12	14	6	7	10	6	6+6	1 Full audit on each plus in depth audit of supervision
Supported Services - Community	45	0	2	4	0	1	2	2	4	2+2	1 Full audit on each plus in depth audit of supervision
Children and Families											
Residential Accommodation	8 homes/64 places	12	15	15	16	1	20	8	16	11	Full bi-annual audits
Older People											
Care Homes	8 homes/264 places	15	16	16	15	3	7	8	8	7	Monthly reports and annual development audit.
Support Services – Day Care	18 services/298 places	24	29	15	27	11	4	18	32	17	Monthly reports and annual audit
Home Care Services	6 area services	n/a	n/a	6	n/a	n/a	0	n/a	n/a	n/a	