

Inspection of Midlothian Council Care at Home service

Report by Allister Short, Joint Director, Health and Social Care

1 Purpose of Report

This report provides an overview of the planning in place to meet required actions following a repeat inspection in April 2018 from the Care Inspectorate regarding Midlothian Council's Care at Home service. This subsumes the remaining actions due to be updated for Care at Home quarterly review. At the meeting of Cabinet on 4 September 2018 the content of this report and the progress made was noted and referred to this Committee

2 Background

2.1 Midlothian Council Care at Home service was inspected in August 2017, and an additional inspection was undertaken in April 2018, over a period of two weeks by the Care Inspectorate. The recent report was published on 10th August 2018 by the Care inspectorate and was distributed to all Elected Members of the Cabinet for their information. The inspection covered three key areas of the National Care Standards attributed to care at home services. These include:

- Quality of Care and Support
- Quality of Staffing, and
- Quality of Management and Leadership

2.2 Following the recent inspection a report was published that details the areas of its findings and outlines areas for recommendation and/or requirements. A revised action plan with specific timescales for completion, has been developed to address all areas for improvement. This action plan is regularly updated, to track and monitor improvements.

2.3.1 The inspection report grades the areas of inspection from 1 (Unsatisfactory) to 6 (Excellent). This inspection report graded the three areas as follows:

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| 2.3.2 | Quality of care and support | 3 | Adequate |
| | Quality of staffing | 3 | Adequate |
| | Quality of Management and Leadership | 2 | Weak. |

The Care Inspectorate noted that there had been progress made since the last inspection in August 2017, including the service meeting two pre-existing requirements. However, they did not feel it was sufficient to achieve the levels required for next grade. These grades remain the same as the last inspection.

3 Conclusion

The Care Inspectorate reported in their findings from visiting clients and speaking to family members that people said:

"I am very happy with the service that I receive, excellent staff, always friendly and efficient".

"Excellent service, girls are brilliant".

However, some people commented on the inconsistencies of the care quality, arrival times of staff, visit times not being long enough and too many different carers.

The report also states:

"that people had a personal plan in their home. This is important as it lays out what the person needs help with, what the person's preferences are and how this person wishes to be supported. Having a copy of this to refer to is important to maximise good outcomes for people. However, people's preferences were not always recorded and sometimes enough detail of people's backgrounds was not recorded".

Additionally the care Inspectorate reported *"there had been a lot of focus improving care planning and, because of this, the service had not managed to keep up with its reviews of people's care. Regular reviews are important to be sure that people have been heard and to ensure best outcomes. We have repeated the requirement about reviews in order to give the service more time to complete this".*

4 Report Implications

4.1 Resource

There has been a focus on achieving improved quality in relation to Care Inspectorate requirements, including the appointment of a new Care at Home manager (secondment) and project management support to ensure planning is in place and outcomes delivered on time. The Planning Officer for Older People is liaising closely with the Care at Home team to ensure adherence to the action plan.

4.2 Risk

The Care Inspectorate inspect all registered services on a regular basis with announced and unannounced inspections. A report is published which informs all stakeholders about the key strengths of the service, areas for improvement and sets out the main points for action.

Following the publication of the report it is accessible to the public via the Care Inspectorate website, and by requesting a hard copy. It will also be on display in the Care at Home base for staff and visitors to access and review progress. There are risks with the current service

around inconsistency of carers and the requirement to have all care plans updated every 6 months or when there is a significant change to the clients care and support needs. Risk is also around poor care could be delivered to people. We have not had a quality assurance officer in post since February 2018 due to staff changes – however we now have this post filled again and this quality assurance officer will play a key role in carrying out spot checks, audits and coordinating the reviews of all support plans.

4.3 Policy

Strategy

The Care at Home service has responded to the inspection with a revised action plan responding to all the requirements and recommendations, with clear timescales and outputs to deliver to the plan.

The plan of actions is informed also by the rebalancing care agenda ensuring people can live as well as possible in their own homes in their communities. This includes working together with other key partners such as primary care services, allied health professionals, private and voluntary sector services within health and social care and our acute partners to deliver alternatives to acute care avoiding inappropriate hospital admissions.

There are now a total of six requirements and two recommendations from the recent inspection, there are no new requirements but there is 1 new recommendation which is around safe staffing. This recommendation has been challenged with the Care Inspectorate and Midlothian Council HR department. The service has followed safe recruitment practice however there seems to be lack of clarity on Midlothian Council HR policy around internal candidates and references. The Care Inspectorate expect 2 references for internal candidates where 1 is sufficient for HR however this is not explicit in Midlothian Council HR policy.

There were 9 requirements from the previous inspection and 1 recommendation. The current requirements are for the following issues:-

1. Complaints and concerns – improvement needed on how these are followed through.
2. Management overview – improvement required to ensure staff are regularly supervised, and all practice issues dealt with appropriately and timeously.
3. Incidents and accidents are reported and responded to appropriately.
4. Incidents reported to the Care Inspectorate through the eforms system.
5. Care plans and risk assessments reviewed according to the requirements (every 6 months).
6. Auditing framework in place with regular audits carried out on a number of areas such as training matrix, sickness, medication issues, staffing and care plan reviews.

Further improvement is required to meet all of the requirements and recommendations and we are hopeful there will be significant improvement in these areas to improve the grades at the next inspection which could be due within the next three months. The Care Inspectorate have advised these need to be met by 10th September 2018.

Work streams are in place to ensure relevant timescales are met by 10th September 2018. This includes ensuring all care plans/reviews, including risk assessments for all clients (approximately 350), are current and reflect the client's choices and wishes.

The requirement to have a live training matrix that reports on all mandatory training completed for all care staff (approximately 180) has presented challenges. Learnpro is being developed by Midlothian Council Business services to produce the required reports in time for re-inspection.

There has been a lack of consistency in leadership over the past 18 months. A new manager took up post in June 2018, and has already demonstrated a conscientious commitment to drive change within the service, to improve the quality of care and support, as well as improving management information systems.

There is additional dedicated project management expertise assigned to the team to ensure all the information systems have effective and accurate reporting functions to provide up to date data on the service.

The core management team meet on a regular basis to review progress made against tasks to ensure timescales are met. All outstanding actions from previous action plan are incorporated in the revised plan, and a further update will be provided in next quarter.

Progress is also discussed at one to one supervision sessions between the Service Manager and the Registered Manager, then communicated to Care Team Supervisors and staff which includes regular staff newsletters and large team meetings. There are regular team meetings with the action plan as a standing agenda item to monitor and review the progress against actions.

Consultation

Copies of the Inspection report will be made available to Elected Members, and staff members, and notified to families/carers and other interested parties when finalised.

Equalities

There are no evident equalities issues.

Sustainability

There is an ongoing review of Care at Home services within Midlothian to establish opportunities to develop “outcome focussed” effective and efficient Care at Home services. This supports the Midlothian Older People strategy 2016 – 2019 which focusses on improving access to services and exploring opportunities to keep people safe and well in their own home and community.

The planning officer for older people has set up a focus group for individuals in receipt of the care at home service and family members to discuss concerns and complaints. We have received feedback about the service and this group will assist to inform where improvements need to take place and highlight areas of good practice as well. We feel this particular area of work demonstrates our commitment to improve the quality of the service to ensure Midlothian citizens receives the best possible service.

5 Technology issues

There are no Technology issues arising from this report.

6 Recommendations

Performance Review & Scrutiny Committee is asked to note the content of the report and progress made.

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