



Item No. 15

Meeting Date Wednesday 7th February 2024

**Glasgow City
Integration Joint Board
Finance, Audit and Scrutiny Committee**

Report By: Frances McMeeking, Assistant Chief Officer for Operational Care Services

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**Care at Home and Housing Support Service
- Care Inspectorate Activity**

Purpose of Report:

To advise of the outcome of the inspection of care services provided by Glasgow City HSCP, which was undertaken by the Care Inspectorate in June 2023 for the 6 registered services, covering Housing Support Services and Care at Home Services. (Housing Support is defined as an integrated package of care which can include budgeting, housework and shopping tasks.)

Background/Engagement:

The introduction of the Regulation of Care (Scotland) Act 2001 has established a system of care regulation covering the registration and inspection of care services by the Care Inspectorate against a set of national care standards.

Every care service in the country is clearly rated under a grading system which was introduced by Scotland's national care regulator, the Care Inspectorate. This is designed to make it easier for members of the public to check the quality and performance of a care service and make a better-informed choice about whether to use it – or not.

Following each inspection, a service is awarded a grade for measured outcomes based on the principles of the Health and Social Care Standards.

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Governance Route:	<p>The matters contained within this paper have been previously considered by the following group(s) as part of its development.</p> <p>HSCP Senior Management Team <input checked="" type="checkbox"/></p> <p>Council Corporate Management Team <input type="checkbox"/></p> <p>Health Board Corporate Management Team <input type="checkbox"/></p> <p>Council Committee <input type="checkbox"/></p> <p>Update requested by IJB <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>Not Applicable <input type="checkbox"/></p>
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Recommendations:	<p>The IJB Finance, Audit and Scrutiny Committee is asked to:</p> <ul style="list-style-type: none">a) Note the content of the report and the care inspectorate findings in respect of the six registered services inspected and improving trends in relation to grades awarded;b) Note the introduction of a new quality framework and revised methodology following the introduction of new Health and Social care Standards 2022: andc) Note the action plan at Appendix 1.
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Relevance to Integration Joint Board Strategic Plan:
Care Services support a range of vulnerable citizens to live independently as long as possible in their own home.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	<p>Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer.</p> <p>Outcome 2: People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.</p> <p>Outcome 3: People who use health and social care services have positive experiences of those services, and have their dignity respected.</p> <p>Outcome 4: Health and social care services are centered on helping to maintain or improve the quality of life of people who use those services.</p> <p>Outcome 5: Health and social care services contribute to reducing health inequalities.</p> <p>Outcome 6: People using health and social care services are safe from harm.</p>
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Personnel:	There are no direct personnel implications as a result of the content of this paper.
Carers:	There are no implications for Carers as a result of the content of this paper.
Provider Organisations:	N/A
Equalities:	N/A
Fairer Scotland Compliance:	N/A
Financial:	N/A
Legal:	N/A
Economic Impact:	N/A
Sustainability:	N/A
Sustainable Procurement and Article 19:	N/A
Risk Implications:	N/A
Implications for Glasgow City Council:	N/A
Implications for NHS Greater Glasgow & Clyde:	N/A

1. Purpose

- 1.1 To advise of the outcome of the inspection of care services provided by Glasgow City HSCP, which was undertaken by the Care Inspectorate in June 2023 for the 6 registered services, covering Housing Support Services and Care at Home Services. (Housing Support is defined as an integrated package of care which can include budgeting, housework and shopping tasks.)

2. Background

- 2.1 The themes covered in the June 2023 inspection under the new quality framework and methodologies from the Health and Social Care Standards (March 2022) were:

- 1.1 How well do we support people's wellbeing?
- 2.2 How good is our leadership?

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- 2.2 The inspection was unannounced and took place between 9 May and 13 June 2023 inclusive.
- 2.3 The inspection was carried out by five inspectors from the Care Inspectorate (3 Inspectors and 2 Lay Assessors).
- 2.4 The methodology for the inspection was risk based using information submitted by the service, intelligence gathered since the last inspection. The evaluation of the service included speaking to 139 service users and their family/representatives, observing staff practice during home visits during 36 home care runs, reviewing relevant documentation and speaking with 176 Home Care staff including management.
- 2.5 Glasgow City Health and Social Care Partnership Care at Home Services is the largest provider of Care at Home in Scotland.
- 2.6 A snapshot of Glasgow City HSCP Care Service can be seen in the service monitoring information below: (week commencing 7th August 2023)
- 5,174 citizens received a Care at Home service (Main Stream, Reablement, Intermediate Care, Help at Home, Supported Living)
 - 2,559 employees (includes 134 Co-ordinator and Assistant Area Operations Managers, Frontline Carers counted - Homelessness Carers, Children & Families Carers, Supported Living Carers, Mainstream Carers, Reablement Carers and Overnight Carers)
 - 90,000 visits per week took place (6,000 suspended visits per week) 4.7 million visits pa
 - 55,770 of weekly visits are delivered out of hours (evenings and weekends)
 - 198 Referrals from hospital (All services) – 13 of these were cancelled and 21 of these were postponed (165 happened)
 - 38 Referrals from community
 - 67 service users completed reablement – 33.71% required no further services following reablement
- 2.7 There are currently 6 registered branches across the city:
- Glasgow North East Housing Support (1) Care at Home (1)
 - Glasgow North West Housing Support (1) Care at Home (1)
 - Glasgow South Housing Support (1) Care at Home (1)
- 2.8 Previously the inspection for the six registered services carried out in December 2019 resulted in Grade 4 for all six services (Good – Important strengths with some areas for improvement). There was a total of 13 areas of improvement across the six services.
- 2.9 This inspection was based on compliance with selected themes from the National Care Standards for Housing Support and Care at Home Services. In June 2023 the Care Inspectorate measured outcomes against selected principles in the new Quality Framework and Health and Social Care Standards. These grades were awarded on a scale of 1 to 6 with 1 being Unsatisfactory and 6 being Excellent.

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3 Report

- 3.1 Glasgow City Care at Home Services **South** (Housing Support and Care at Home). Following inspection in June 2023 the following grades were awarded for this service.

South	2019 Grades	2023 Grades
How well do we support people's wellbeing?	4 - Good	4 - Good
People experience compassion, dignity and respect	4 - Good	4 - Good
People get the most out of life	4 - Good	4 - Good
People's health benefits from their care and support	4 - Good	4 - Good
How good is our leadership?	4 - Good	4 - Good
Requirements	0	0
Recommendations	0	0
Areas for Improvement	3	3

For South Locality Areas for Improvement

- 3.1.1 In order to ensure that people experience high quality care and support that is right for them, the manager should ensure that personal support plans and risk assessments contain relevant and sufficient detailed information which is person-centred, and outcome focused.
- 3.1.2 In order to ensure that people have confidence in the staff who provide their care and support, the manager should provide a consistent group of staff to people, who know their needs, and inform them of who is coming to support them when this is not possible.
- 3.1.3 In order to ensure that people benefit from a culture of continuous improvement within the organisation and their service provision, management should: continue to review and monitor the themes and trends of any concerns and complaints raised by people, continue the recruitment and placement of permanent staff to provide consistent care and support to all people, demonstrate the learning and improvements made to the service and the outcomes of people they support.
- 3.2 Glasgow City Care at Home Services **North East** (Housing Support and Care at Home) Following inspection in June 2023 the following grades were awarded for this service.

North East	2019 Grades	2023 Grades
How well do we support people's wellbeing?	4 - Good	5 – Very Good
People experience compassion, dignity and respect	4 - Good	5 – Very Good
People get the most out of life	4 - Good	5 – Very Good
People's health benefits from their care and support	4 - Good	5 – Very Good

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How good is our leadership?	4 - Good	4 - Good
Requirements	0	0
Recommendations	0	0
Areas for Improvement	3	1

For North East Locality Area for Improvement

- 3.2.1 The provider should identify any additional training required by staff completing risk assessment documents to ensure that the quality of information within these is of a consistently high standard to guide staff.
- 3.3 Glasgow City Care at Home Services North West (Housing Support and Care at Home) Following inspection in June 2023 the following grades were awarded for this service.

For North West Locality Area for Improvement

North West	2019 Grades	2023 Grades
How well do we support people's wellbeing?	4 - Good	5 – Very Good
People experience compassion, dignity and respect	4 - Good	5 – Very Good
People get the most out of life	4 - Good	5 – Very Good
People's health benefits from their care and support	4 - Good	5 – Very Good
How good is our leadership?	4 - Good	4 - Good
Requirements	0	0
Recommendations	0	0
Areas for Improvement	3	1

- 3.3.1 The service should ensure that information is gathered from quality assurance processes and that this is used, as part of an improvement plan, to improve practice.

4 Recommendations

- 4.1 The IJB Finance, Audit and Scrutiny Committee is asked to:
- Note the content of the report and the care inspectorate findings in respect of the six registered services inspected and improving trends in relation to grades awarded;
 - Note the introduction of a new quality framework and revised methodology following the introduction of new Health and Social care Standards 2022; and
 - Note the action plan at Appendix 1.

Care Services

Care Inspectorate – Inspection Action Plan submitted to Care Inspectorate

<p>North East – Area for improvement</p> <p>The provider should identify any additional training required by staff completing risk assessment documents to ensure that the quality of information within these is of a consistently high standard to guide staff.</p> <p><i>This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support because people have the necessary information and resource' (HSCS 4.27).</i></p>
<p>Action Plan</p> <p>The service is continually reviewing and developing, through the current quality improvement processes that are in place. The services overall aim is to ensure a high-quality service is provided and is committed to using the learning from Plan Do Study Act (PDSA) cycles to improve the service received by individuals within the service.</p> <ol style="list-style-type: none"> 1. The service is currently undertaking a Care Diary Review using a Short Life Working Group (SLWG) which is aimed at reviewing the care diary itself, including the Personal Support Plan (PSP), 24-hour mobility assessment, risk assessment, care diary notes, medication logs and how our other services such as Reablement and Community alarms utilise the care diary so that all staff would have a full overview of the service user, their needs, their abilities and input from other teams. This review is taking into consideration the new Health and Care (Staffing) (Scotland) Act 2019 guidance. 2. Once the SLWG has completed this review of the documentation, The Service will look at the training plan for relevant staff on the new care diary paperwork and the expectation and standard of quality that is needed for each document including the completion of risk assessments. 3. The Service will develop an audit process to monitor the quality of the documentation being completed and added to care diaries, to ensure that learning can be captured and shared with the wider team. 4. The Service will develop a "hint & tips" guide to support the staff team with the completion of each document. 5. The Service will continue to use "3 minute" & "7 minute" briefs to update home carers on the changes that are taking place within the service. 6. The Service have launched an open access email address "askgordon" to encourage the staff team at all grades, to submit questions/suggestions to the senior management team on service improvements. 7. The Service will continue to use our self-assessment document to benchmark the service against the Quality Assurance Framework (QAF).
<p>Timescale: 12 months</p>
<p>Person/s responsible: RSM/Service Manager/Quality Assurance Group</p>

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North West & South – Area for improvement

In order to ensure that people benefit from a culture of continuous improvement within the organisation and their service provision, management should: continue to review and monitor the themes and trends of any concerns and complaints raised by people, continue the recruitment and placement of permanent staff to provide consistent care and support to all people demonstrate the learning and improvements made to the service and the outcomes of people they support.

This ensures care and support is consistent with the Health and Social Care Standards, which state that, 'I experience stability in my care and support from people, who know my needs, choices and wishes, even if there are changes in the service or organisation' (HSCS 4.15); 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

Action Plan

1. The service benefits from having a Data Governance and Quality Assurance Governance groups, who regularly use learning and feedback to support the outcomes of service users through short life working groups (SLWG) using a PDSA cycle to evaluate the benefit of the changes made to the service.
2. The service will continue to analyse themes and trends from complaints to identify actions to be included in the service improvement plan.
3. The Service will continue to use our internal governance structures to gather information about the service The Service are providing including learning from.
 - a. Staff Work Place Observations
 - b. Staff Surveys (iMatters/Service specific survey)
 - c. Service User Surveys
 - d. Service User Reviews
 - e. Compliments
 - f. Team Meetings including Staff briefings and Microsoft Teams sessions on updated information and guidance
 - g. Recruitment events
 - h. Succession Planning
4. The Service will use the feedback/learning from the above routes to support our Quality Assurance processes and feed into our self-assessment.
5. The Service will continue to use "3 minute" & "7 minute" briefs to update home carers and the wider team on the changes/improvements that are taking place within the service.
6. The Service have launched an open access email address "askgordon" to encourage the staff team at all grades, to submit questions/suggestions to the senior management team on service improvements.
7. The Service will continue to use our self-assessment document to benchmark the service against the Quality Assurance Framework (QAF) to capture best practice within the service and evidence service improvement

Timescale: 12 months

Responsible Person/s: RSMs/Service Manager/Quality Assurance Group

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South – Area for improvement

In order to ensure that people experience high quality care and support that is right for them, the manager should ensure that personal support plans and risk assessments contain relevant and sufficient detailed information which is person-centered, and outcome focused.

This ensures care and support is consistent with the Health and Social Care Standards, which state 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 The Service as my wishes and choices' (HSCS 1.15); 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23).

Action Plan

The service is continually reviewing and developing, through the current quality improvement processes that are in place. The services overall aim is to ensure a high-quality service is provided and is committed to using the learning from PDSA cycles to improve the service received by individuals within the service

1. The service is currently undertaking a Care Diary review using a short life working group (SLWG), which has been tasked to explore best practice, guidance, learning and feedback from previous care diary documentation that will better support service users in a person-centered way.
2. The group includes participants from the Reablement Team who are providing vital information on the outcomes/goals which they use for service users and how this can be applied to the mainstream homecare service user's Personal Support Plans (PSP).

The documents being reviewed:

- Care diary
 - Care diary notes
 - The Service welcome guide
 - PSP
 - 24 mobility assessment
 - Risk assessment
 - One page profile
 - Supporting documentation
3. Once the SLWG has completed this review of the documentation, The Service will look at the training plan for relevant staff on the new care diary paperwork and the expectation and standard of quality that is needed for each document including the completion of risk assessments.
 4. The Service will look at developing an audit process to monitor the quality of the documentation being completed and added to care diaries, so that any learning can be captured and shared with the wider team.
 5. The Service will develop a "hint & tips" guide to support the staff team with the completion of each document.

Timescale: 12 months/ongoing monitoring and review

Person/s Responsible: RSMs/Service Manager/Care Diary SLWG/Quality Assurance Group

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South – Area for improvement

In order to ensure that people have confidence in the staff who provide their care and support, the manager should provide a consistent group of staff to people, who know their needs, and inform them of who is coming to support them when this is not possible.

This ensures care and support is consistent with the Health and Social Care Standards, which state that, 'I know who provides my care and support on a day-to-day basis and what they are expected to do. If possible, I can have a say on who provides my care and support' (HSCS 3.11); 'I am supported and cared for by people I know so that I experience consistency and continuity' (HSCS 4.16).

Action Plan

1. The service will continue to recruit staff on a “7 on 7” off pattern, which supports the continuity of care to service users.
2. The Service are moving to smaller scale, local recruitment which will enable the sector team to respond quickly to any identified recruitment requirements, supported by our HR colleagues.
3. The Service have a fortnightly Work Force Planning meeting to discuss any areas of improvement/concern around recruitment and agree a plan to support the sector/service.
4. The Service are aware of the need to develop our Care Coordinators to utilise the full functionality available to them within our scheduling system (CareSafe) which will better support a consistent staffing group for service users.
5. The Service have secured funding for Grade 5 posts to join the Data Governance team to support this work.
6. The Service plan to review how The Service communication with service users to establish a more effective protocol for advising service users of changes to planned care arrangements. This will include a review of our current processes and asking service users about their preferences in relation to contact about staffing changes.
7. The Service recognise that where agency staff and/or a replacement home carer is carrying out a visit for the first time The Service need to ensure that they have the relevant information to support the service user – this will be captured as part of the work being undertaken by the Care Diary SLWG.

Timescale: 6 months/ongoing recruitment

Person/s Responsible: RSMs/AOMs/Data Governance Team/Quality Assurance Group