

DUNDEE CITY COUNCIL

REPORT TO: SOCIAL WORK AND HEALTH COMMITTEE – 23 SEPTEMBER 2013

**REPORT ON: OUTCOME OF IMPROVEMENTS MADE TO THE HOME CARE –
ENABLEMENT (EAST) AND SOCIAL CARE RESPONSE SERVICE,
FOLLOWING CARE INSPECTORATE INSPECTION DATED NOVEMBER
2012**

REPORT BY: DIRECTOR OF SOCIAL WORK

REPORT NO: 371 - 2013

1.0 PURPOSE OF REPORT

The purpose of this report is to advise the Committee of the actions taken and improvements made to the service provided by the Home Care Enablement (East) and Social Care Response Service. This was requested at the Social Work and Health Committee meeting on 25 March 2013.

2.0 RECOMMENDATIONS

It is recommended that the Social Work and Health Committee notes the contents of this report.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

4.1 Background Information

The inspection by the Care Inspectorate of the Dundee City Council Enablement (East) Team and Social Care Response Service took place between 28 November 2013 and 30 November 2013, and the report of their findings was published on 4 December 2012. A number of recommendations and requirements were made.

Reference is made to Article IV of the minute of meeting of Social Work and Health Committee held on 25 March 2013 wherein report number 145-2013 was submitted in relation to Care Inspectorate Inspection – Home Care Enablement (East) and Social Care Response Team. Reference is also made to Article II of the minute of the meeting of Social Work and Health Committee held on 22 April 2013 wherein report number 188 - 2013 was submitted in relation to Care Inspectorate Inspection – Home Care Enablement (East) and Social Care Response Team – Additional Information Requested.

It was requested by the Committee that a further report be submitted to advise of the improvements which have been made to the service following a time period of approximately six months.

It was expected that the Care Inspectorate would carry out a further inspection of the service within a six month period of the last inspection, and that this report would update the Committee as to the outcome of the inspection. However to date that inspection has not taken place.

4.2 **Actions Taken By the Service**

All the actions described in the Care Inspectorate Action plan have been implemented. The main areas of change are detailed below.

4.2.1 **Registration of Service**

The Enablement Team (East) and Social Care Response Team were previously registered with the Care Inspectorate as one service. However, the Inspectorate pointed out that as the aims and objectives of the services differed greatly we should consider how the services were registered. We have now registered the two services separately allowing the managers to focus on the aims and objectives of the individual services.

The Social Care Response Service is registered as one service, and the Enablement (East) Service has been amalgamated with the Enablement (West) Service to become one registered Enablement and Support Service. The Enablement Service in the West of the city had previously received grades of 4's (Good) across the quality themes. It is expected that by amalgamating the two Enablement teams into one registered service with one manager who can focus on the good practice of the team, the whole Enablement and Support Service will be awarded a grade at level 4 or higher at the next inspection.

4.2.2 **Response times of the Social Care Response Team**

The primary reason for the low grading of the Social Care Response Team at the last inspection was in relation to the length of time that some service users waited for a visit from the staff, following their call to the control room.

As detailed in the Committee report of 25 March 2013, the length of time for a response had increased due to the increase in the number of calls to the service, and the increase in the complexity of need of the service users, resulting in an increase in the time spent with each service user who calls for assistance.

Improving response times has been a main objective in the changes that have been made to the service. A number of immediate changes have been made which are listed below, and a review of the service is currently being carried out, which may highlight other required changes to the service.

4.2.3 **Staffing Levels**

At the time of the last inspection the Social Care response team had 5 vacant 30 hour posts. These posts have all been filled and there are no vacant posts at present. In addition 7 sessional staff members who are available to cover for annual leave and sickness absence, have been recruited.

4.2.4 **Staff Support/Supervision/Training**

The report highlighted the need for direct observations of staff practice, and an increase in the frequency of staff supervision. Staff are now receiving a minimum of an annual individual supervision session, twice yearly direct observations, and regular team meetings. All mandatory and refresher training has been updated.

4.2.5 **Deployment of Mainstream Home Care Staff**

We have created a method of highlighting to the Social Care Response Service where mainstream home care staff have availability of time. These staff are being used to assist the Social Care Response Service during busy periods to respond to calls which are for personal care tasks, thus reducing the waiting times for personal care tasks.

4.2.6 **Response Vehicles**

During the day time hours the service has two response vehicles, one which operates in the East of the city and one which operates in the West of the city. As an addition to this one electric vehicle, which can be used by the mainstream home care staff during busy periods to respond to calls which are for personal care tasks is available. During the late evening/overnight period the service has the use of five vehicles.

4.2.7 **Use of Key Safes**

Keys to property were previously stored at the control room. To prevent the staff from having to return to the control room to collect a key, and thus reduce travel times, we are installing key safes at the service user's homes, and for those service users who live in sheltered accommodation, the key is stored in a key safe at the Sheltered Housing Complex.

4.2.8 **Opportunities for Service Users to give Feedback**

The Care Inspectorate highlighted the need for service users to have more opportunity to give feedback about the service. A recent service user survey has been carried out.

80 of the 200 surveys distributed were returned completed. The service was rated as excellent or very good by 60% of the service users. Less than 3% rated the service as Adequate or below. A number of service user and carer focus groups are being arranged between now and the end of December 2013 in order to give service user and carers further opportunity to give feedback about the service. Improvement actions will be identified and addressed as part of this process.

4.2.9 **Auditing of the Service/Use of Technology**

The recording of accurate data has been difficult in the past due to the necessity to collect data manually. New ways of using technology are being tested in order to reduce manual recording of data to ensure data is accurate and readily available for analysis.

The manager has improved systems for auditing the service to ensure that the quality of the service can be monitored, and any changes in performance can be identified.

4.3 **Improvements Demonstrated**

It is not possible to demonstrate that the Care Inspectorate grades have improved as a result of the changes made to the service, as the Care Inspectorate has not yet carried out another inspection of the service.

However we can evidence an improvement to response times by comparing the activity on two dates, and by comparing average response times over the period of a week.

Activity on two selected dates:

29 November 2012 – 81 calls were received by the control room which then required a visit from the staff. Of these 12 took longer than an hour for the staff to visit.

18 August 2013 – 78 calls were received by the control room which required a visit from the staff. Of these none took longer than an hour for the staff to visit, and the longest length of wait was 40 minutes.

Average response times over a weekly period: (this is based on the approx. 560 calls which are received each week which require a visit from staff).

29/11/2012 - 5/12/2012: The average response times over the period of that week was 31 minutes.

17/8/13 - 23/8/13: The average response times over the period of that week was 25 minutes.

4.4 Conclusion

By implementing the actions detailed there has been a significant improvement to the Social Care Response Service, and this has been demonstrated by the improvements to the response times for service users, and a high level of satisfaction with the service by the service users. It is expected that this will result in an improvement to the Care Inspectorate grades at the time of the next Care Inspectorate Inspection.

In addition to the changes which have already been made, a review of the service, which may identify other required changes to the services in order to further improve the quality of the service, is being carried out.

5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Sustainability, Strategic Environmental Assessment, Anti-Poverty, Equality Impact Assessment and Risk Management.

5.2 An Equality Impact Assessment is attached to this Report.

6.0 CONSULTATIONS

The Chief Executive, Director of Corporate Services and Head of Democratic and Legal Services have been consulted in preparation of this report.

7.0 BACKGROUND PAPERS

None.

**JENNIFER G TOCHER
DIRECTOR OF SOCIAL WORK**

DATE: 29 AUGUST 2013

EQUALITY IMPACT ASSESSMENT TOOL

Part 1 Description/Consultation

Is this a Rapid Equality Impact Assessment (RIAT) ?	YES
Is this a Full Equality Impact Assessment (EQIA)?	NO
Date of assessment 26/08/2013	Title of document being assessed Update to Care Inspectorate Inspection of Home Care – Enablement (East) and Social Care Response Team
Committee report number 371-2003	
1) This is a new policy, procedure, strategy or practice being assessed - Care Inspection Report	This is an existing service (If yes please tick box) <input type="checkbox"/>
2) Please give a brief description of the policy, procedure, strategy or practice being assessed.	The committee report advises the Committee of the improvements made to the Home Care Enablement (east) and Social Care Response Team following a Care Inspectorate Inspection in November 2012.
3) What is the intended outcome of this policy, procedure, strategy or practice?	The intended outcome of the improvements made was to improve the quality of the service.
4) Please list any existing documents which have been used to inform this Equality and Diversity Impact Assessment.	None
5) Has any consultation, involvement or research with protected characteristic communities informed this assessment? If yes please give details.	Yes, see para 4.2.8 of report.
6) Please give details of council officer involvement in this assessment. (E.g. names of officers consulted, dates of meetings etc)	Denise Morton, Service Manager Lindsey Gibson, Home Care Team Manager Dates of meeting to be arranged.
7) Is there a need to collect further evidence or to involve or consult protected characteristics communities on the impact of the proposed policy? (Example: if the impact on a community is not known what will you do to gather the information needed and when will you do this?)	Feedback on the service will sought from service users by the service and will also be collected by the Care inspectorate at the time of the next Care inspectorate inspection.

Part 2 Protected Characteristics

Which protected characteristics communities will be positively or negatively affected by this policy, procedure or strategy?

NB Please place an X in the box which best describes the "overall" impact. It is possible for an assessment to identify that a positive policy can have some negative impacts and visa versa. When this is the case please identify both positive and negative impacts in Part 3 of this form.

If the impact on a protected characteristic communities are not known please state how you will gather evidence of any potential negative impacts in box Part 1 section 7 above.

	Positively	Negatively	No Impact	Not Known
Ethnic Minority Communities including Gypsies and Travellers	<input type="checkbox"/>	<input type="checkbox"/>	x	<input type="checkbox"/>
Gender	<input type="checkbox"/>	<input type="checkbox"/>	x	<input type="checkbox"/>
Gender Reassignment	<input type="checkbox"/>	<input type="checkbox"/>	x	<input type="checkbox"/>
Religion or Belief	<input type="checkbox"/>	<input type="checkbox"/>	x	<input type="checkbox"/>
People with a disability	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lesbian, Gay and Bisexual	<input type="checkbox"/>	<input type="checkbox"/>	x	<input type="checkbox"/>
Socio-economic	<input type="checkbox"/>	<input type="checkbox"/>	x	<input type="checkbox"/>
Pregnancy & Maternity	<input type="checkbox"/>	<input type="checkbox"/>	x	<input type="checkbox"/>
Other (please state)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3 Impacts/Monitoring

<p>1) Have any positive impacts been identified? (We must ensure at this stage that we are not achieving equality for one strand of equality at the expense of another)</p>	<p>The Care Inspectorate had identified good practice within the service as well as areas for improvement.</p> <p>As a result of the improvements made to the service it is expected that these will have a positive impact on service users at next inspection.</p>
<p>2) Have any negative impacts been identified? (Based on direct knowledge, published research, community involvement, customer feedback etc. If unsure seek advice from your departmental Equality Champion.)</p>	<p>No</p>
<p>3) What action is proposed to overcome any negative impacts? E.g. involving community groups in the development or delivery of the policy or practice, providing information in community languages etc. see Good Practice on DCC equalities web page</p>	<p>N/A</p>
<p>4) Is there a justification for continuing with this policy even if it cannot be amended or changed to end or reduce inequality without compromising its intended outcome? (If the policy that shows actual or potential unlawful discrimination you must stop and seek legal advice)</p>	<p>N/A</p>
<p>5) Has a 'Full' Equality Impact Assessment been recommended? (If the policy is a major one or is likely to have a major impact on protected characteristics communities a Full Equality Impact Assessment may be required) Seek advice from your departmental Equality lead.</p>	<p>N/A</p>
<p>6) How will the policy be monitored? (How will you know it is doing what it is intended to do? e.g. data collection, customer survey etc.</p>	<p>Care Inspectorate Inspections take place on an annual basis.</p>

Part 4 Contact information

Name of Department or Partnership: Social Work

Type of Document

Human Resource Policy	<input type="checkbox"/>
General Policy	<input type="checkbox"/>
Strategy/Service	<input type="checkbox"/>
Change Papers/Local Procedure	<input type="checkbox"/>
Guidelines and Protocols	<input type="checkbox"/>
Other	x

Contact Information

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Signature of author of the policy:	Denise Morton	Date: 03/09/13
Signature of Director/Head of Service:	Diane McCulloch	Date: 03/09/13
Name of Director/Head of Service:	Diane McCulloch	
Date of Next Policy Review:		