
Report To:	Health & Social Care Committee	Date:	1 March 2018
Report By:	Louise Long Corporate Director, (Chief Officer) Inverclyde HSCP	Report No:	SW/22/2018/RT
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Subject:	Unison's Ethical Care Charter (ECC) Update Report		

1.0 PURPOSE

- 1.1 The purpose of this report is to provide an update of the previous 6 months of implementation of Unison's Ethical Care Charter (ECC) within Inverclyde HSCP. The report has been prepared by Inverclyde HSCP Care and Support at Home staff with support from UNISON.
- 1.2 The scope of this report is to; analyse Inverclyde HSCP's compliance with the ECC considering internal and externally commissioned homecare services, highlight areas of good practice and suggest areas for improvement. This report will only look at outstanding monitoring requested from Phase 1 of the ECC and all aspects of phase 2. The following report in October 2018 will consider phase 3.

2.0 SUMMARY

- 2.1 This report advises the committee in respect of the progress of the implementation of UNISON's Ethical Care Charter.
- 2.2 The report identifies evidence to support the effectiveness of the key parts of phases one and two namely:
 - The time allocated will match the needs of clients. In general 15 minute visits will not be used as they undermine the dignity of clients.
 - Homecare workers will be paid for their travel time, their travel costs and other necessary expenses such as mobile 'phones.
 - Clients will be allocated the same homecare worker wherever possible.
 - Zero hour contracts will not be used in place of permanent contracts.
 - Providers will have a clear and accountable procedure for following up staff concerns about their clients' wellbeing.
 - All homecare workers will be regularly trained to the necessary standard to provide a good service. (At no cost to themselves and in work time)

3.0 RECOMMENDATIONS

- 3.1 That the Committee notes the evidence provided about the effectiveness and positive impact of UNISON's Ethical Care Charter.
- 3.2 That a further update be considered, as agreed, in April 2018.

**Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP**

4.0 PHASE 1

THE TIME ALLOCATED WILL MATCH THE NEEDS OF CLIENTS. IN GENERAL 15-MINUTE VISITS WILL NOT BE USED AS THEY UNDERMINE THE DIGNITY OF CLIENTS.

- 4.1 All new requests for home care services are assessed through the reablement team.
- 4.2 '15 minute visits are only used where it has been agreed with the service user and worker that this is sufficient to meet the identified need e.g. medication prompt only .During the assessment period weekly staff meetings enable staff to give their views on the service users progress.'
- 4.3 Supporting evidence submitted June 2017: In March 0% of externally commissioned services are below 15 minutes, in line with the commissioning agreement providers are paid a minimum of 15 minutes per visit. There is a concern about the level of actual time provided by contracted providers although they are paid a minimum of 15 minutes, again this is often due to service user choice however this issue is being addressed within the home care specification currently being tendered.
- 4.4 In June 2017, 12.4% of visits which were internally delivered were below 15 minutes, this has now reduced to 11.9%. There are also a number of visits which are below 15 minutes however are attended by two staff members due to being late at night, therefore more than 15 minutes of service is provided, this has reduced from 6.1% to 6% currently. Evening visits are in the main part of a larger care package, often service users do not wish longer visits at night as day time staff would spend more time talking and picking up on any concerns with the service users.
- 4.5 While UNISON recognises there may be appropriate instances where a short visit to prompt a single medication or welfare check, this number still seems high. Routinely all 15 minute visits are reviewed to ensure time is sufficient to meet individual need. There have been no complaints or concerns raised by service users or carers in the last 6 months regarding length of visits. The service has agreed to consider further evidence from staff about their view of cases where below 15 minutes have been agreed with the service user, this is currently being collated by UNISON. The service will also identify the number of visits below 15 minutes carried out in sheltered housing as this environment facilitates more frequent contact with staff and other residents.
- 4.6 It should be noted the reason UNISON believes 15 minute visits undermine the dignity of clients is because they do not allow for valuable discussions between service users and staff which may pick up on other difficulties the service user is facing and enable appropriate feedback to senior staff. Senior home support workers also visit service users regularly to discuss how their support package is working. We should also be mindful of the changes to medication policy and potential recording changes which is likely to impact on a requirement to increase visit lengths to support this development. As the new procedures are implemented visit lengths will be monitored.
- 4.7 Inverclyde Council are planning to invest a further £72k towards reducing the number of visits which are less than 15 minutes. This will form part of their budget for 2018/20 and this investment comes at a time when there are significant budget challenges and constraints faced by the Council.
- 4.8 The figures for Aug 2017 are that internally 11.9% of planned visits are less than 15 minutes, there are also 6% which are attended by 2 staff, this is a decrease of 0.5% from the 12.4% in March.

HEMOCARE WORKERS WILL BE PAID FOR THEIR TRAVEL TIME, THEIR TRAVEL COSTS AND OTHER NECESSARY EXPENSES SUCH AS MOBILE PHONES.

- 4.9 Extract from initial report:

'Inverclyde HSCP and external Homecare workers receive payment for either mileage or public transport costs and have been supplied essential health and safety equipment such as gloves and aprons.'

- 4.10 No further monitoring required for internal services as travel time and expenses are met as well as mobile phones and all appropriate health and safety equipment.
- 4.11 External services: These areas are now being discussed at governance meetings, with a UNISON rep in attendance, including investment in training and support for staff. Inverclyde HSCP believes external workers are paid travel costs however payment for travel time varies between organisations. It is unknown if other expenses such as mobile phones are paid for. However all of these matters are covered in the 'fairer working practices' section of the tender documentation.
- 4.12 A UNISON rep is involved in the preparation of the home care spec for the new contract commencing April 2018. UNISON also met with all existing and prospective providers at an event organised by the Council in December. The tender documentation for the home care tender now includes a range of new 'fairer working practices' questions. Bidders will be required to evidence how travel time is being paid. They will also be expected to show evidence of how visits are scheduled. The working hours and working patterns of Council home care workers will be the benchmark. Home care workers should be paid for the period of time that they are expected to be available for work. There should be no gaps during this 'window' whereby they are not being paid.
- 4.13 The homecare tender will have a 60% (quality), 40% (cost) split. The 'fairer working practices' element will have a 25% weighting within the Quality category.
- 4.14 'Inverclyde HSCP and contracted homecare providers currently use the CM2000 system which is used to schedule and monitor visits to ensure there is appropriate time allocated including travel time and is used as evidence to increase visit times as needs change.'
- 4.15 Supporting evidence:

In August 2017 it can be seen from CM2000 that 92387 visits were provided by homecare services. There is an increase from 17.8% in March to 25.2% which ran over the allocated time (11.2% external and 34% of internal), this demonstrates that staff are able to stay over their allocated time if required to support a service user. There is a smaller increase from 30.5% to 31.5% of the visits which were under the allocated time (50.3% external and 25.4% internal), this appears to show a significant issue particularly with externally commissioned services not providing the requested visit length nearly half of the time, this could be short changing service users and placing staff under pressure.

Areas for improvement: 34% of internally planned visits overran compared with 11.2% of externally planned visits, this combined with half of all external commissioned services being less than the requested length suggests that Inverclyde HSCP employed home support workers feel more confident to stay and provide care over their time than externally employed staff. Work is required to ensure all staff providing homecare services feel able to stay for the time needed on each particular visit. This will be highlighted at governance meetings. Measures to ensure service users receive the full length of agreed time are being considered as part of the contract currently being tendered.

In Aug 2017 it can be seen from CM2000 that 92387 visits were provided by Homecare services. 25.2% of these visits ran over the allocated time (34.1 % of internal visits and 11.2% of external) 35.1% of visits where under that allocated time (50.3% external and 25.4% internal)

5.0 PHASE 2

CLIENTS WILL BE ALLOCATED SAME HOMECARE WORKER WHERE EVER POSSIBLE.

- 5.1 Extract from initial report: 'Service users are allocated to a schedule which is then allocated to a home support worker. The service is structured with each senior home support worker managing a team of approximately 12 workers which enables workers to feedback directly and receive support from colleagues within the team. At periods of absence for annual leave, sickness or training, CM2000 provides information regarding continuity for the previous two months, this ensures we are allocating to an appropriate worker to maintain good continuity for the service

users and staff. Continuity is monitored by seniors and managers two weekly through workload management and reported monthly to team leaders. Monthly monitoring meetings are held with external providers where continuity is reported.'

- 5.2 Continuity is difficult to measure, compliance for external providers is 64.8% of service users have met or exceeded their continuity target, for Internal services it is 65.3% of service users. Continuity targets are being reviewed as part of the home care spec as there is now a more standardised way of recording continuity.

ZERO HOUR CONTRACTS WILL NOT BE USED IN PLACE OF PERMANENT CONTRACTS.

- 5.3 Extract from initial report: 'All external providers are required to offer staff contracted hours however, some staff choose to remain on zero hour contracts.'
- 5.4 There is 33 staff currently on the internal sessional register working on zero hours contracts. It is discussed quarterly at staff supervisions regarding the hours worked for the last period and staff are advised of any temporary or permanent contracts should they wish to apply.

PROVIDERS WILL HAVE A CLEAR AND ACCOUNTABLE PROCEDURE FOR FOLLOWING UP STAFF CONCERNS ABOUT THEIR CLIENTS' WELLBEING.

- 5.5 Extract from initial report: 'Any concern reported by staff is logged on CM2000/SWIFT and assigned to the appropriate person to action. There is agreement in place with external providers that if staff require to stay longer with a service user the provider would be paid on an ad hoc basis.'

716 Quality Assurance visits have been carried out

ALL HOMECARE WORKERS WILL BE REGULARLY TRAINED TO THE NECESSARY STANDARD TO PROVIDE A GOOD SERVICE (AT NO COST TO THEMSELVES AND IN WORK TIME).

- 5.6 Extract from initial report: 'Training courses are delivered within the working day at no cost to staff, any worker who chooses to attend on a rota day off will receive additional hours for attending. Training is a standing agenda item on quarterly supervision to identify any additional training needs as well as ensuring that mandatory training has been completed. When complex cases are transferring from reablement to either mainstream or commissioned services we will work jointly until the new team is familiar with the service user and skilled in how to approach or use moving and handling techniques. If required a member of the OT team within reablement will also jointly visit with the new care team. District nurses provide on the job training and work alongside home care especially in palliative cases. The 5 day induction course includes training from district nurses and AHPS's. External providers are able to access our moving and handling training. Training needs are identified through quarterly supervision and annual appraisal.
- 5.7 It is built into the contract monitoring process that providers must provide all mandatory training within the timescales agreed. This is monitored through regular governance and monitoring visits.'
- 5.8 Total of 315 Appraisals have been completed which can include a PDP.

Year to date Training	
Training Qualification	Total
Adult Protection- Multi Agency	46
Alcohol Training Session	104
ASIST	1
Carers Training	2
Child & Adult Protection	1
CM2000	1
Complaints Procedure Briefing	12
Core Training	224
Dementia care training	122
Dementia Training Skilled Level	63
Diabetic Training	220
Dietetics Training	1
Driving Assessment	8
Drugs & Alcohol	6
Financial Harm Awareness	11
Fire Awareness	87
Fire Evacuation Training	1
Generic Risk Assessment	21
HNC Health & Social Care	5
Induction Training	42
Managing Attendance	1
Med Policies & procedures	67
Medication	189
Medication Management	80
Moving & Handling 2 day	125
Moving & Handling refresher	311
Moving & Handling Stand Aid	99
PDA Supervision	30
Reablement Training	1
Recording & Reporting Skills	1
Recruitment & Selection	19
Registration	2
Risk Assessment Training	6
Shadowing	4
Supervision Policy	2
SVQ	267
SVQ 2 Completed	20
SVQ 3 Completed	3
Swift Training	23
Total	2228

6.0 FUTURE UPDATE

- 6.1 A further update of the ECC should include the above areas highlighted for additional monitoring and all aspects of phase 3. The next report should be submitted to Louise Long, Diana McCrone and Robyn Garcha (or SPF co-chair replacement) in October 2018 for inclusion at an

appropriate SPF meeting.

HEMOCARE WORKERS WILL BE GIVEN THE OPPORTUNITY TO REGULARLY MEET CO-WORKERS TO SHARE BEST PRACTICE AND LIMIT THEIR ISOLATION.

- 6.2 Extract from initial report: 'Home support workers have the opportunity to attend team meetings every 8 weeks with their home support manager, there is also drop in facilities across Inverclyde which provides staff the opportunity to discuss any concerns with a home care senior or collect any PPE on a weekly basis.
- 6.3 Providers hold regularly team meeting and staff meetings which is monitored during the contract monitoring process.
- 6.4 It is felt a workers panel across services would be very beneficial in enabling us to share practice and provide support. We will make a commitment to discuss with external partners to look at setting up the panel within a timescale of 6 months. '

7.0 IMPLICATIONS

Finance

7.1 Financial Implications:

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments
N/A					

Legal

7.2 No implications

Human Resources

7.3 No implications

Equalities

7.4 Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
√	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

Repopulation

7.5 No implications

8.0 CONSULTATIONS

8.1 None

9.0 LIST OF BACKGROUND PAPERS

9.1 None