Governance, Risk & Best Value Committee

2.00 pm, Monday, 24 October 2016

Home Care and Re-ablement Service Contact Time

Item number	7.4
Report number	
Executive/routine	
Wards	All

Executive Summary

This report responds to a request made following the presentation of a report on Contact Time within the Home Care and Re-ablement Service at the Governance, Risk and Best Value Committee on Tuesday 15 December 2015. It was requested that an update was provided subsequently, and that this should include contact time by area and feedback from clients and the Care Inspectorate.

This report provides an overview of the system and methodology of managing rotas in home care, alongside a description of some of the factors which influence the contact time in the service and a break-down of contact time by area.

The report provides feedback from clients and the Care Inspectorate on the management of service quality themes.

It also describes the changes which have been made to the shift patterns of workers to reflect better the times that people need support, therefore maximising the use of staff time.

The report provides an update on further work to adjust some residual shift patterns in order to further increase the efficiency of the service and also, in the longer term, to consider how channel shift and greater use of technology with such a dispersed workforce could benefit the service overall.

Links

Report

Home Care Contact Time

1. Recommendations

1.1 It is recommended that the Governance, Risk and Best Value Committee note:

    1.1.1 that comprehensive monitoring and adjusting of rotas in Home Care and Re-ablement is undertaken regularly;

    1.1.2 that work is being continued to consider how channel shift and greater use of technology with such a dispersed workforce could benefit the service overall;

    1.1.3 that travel time remains a significant factor in contact time in the City of Edinburgh Council Home Care and Re-ablement, comprising up to 24% of each shift; and

    1.1.4 Care Inspectorate and client feedback is received regularly by the service, and service improvements are subsequently made where required.

2. Background

2.1 The management of the Home Care and Re-ablement Service is sub-divided into patches which report through patch front line managers to home care sector managers. There are 25 geographical home care patches in the city. The rationale for the patch based approach is to promote neighbourhood working and to reduce travel time where possible.

2.2 The electronic system used to roster Home Care and Re-ablement staff time is called Webroster. This system is used to maximise the efficiency of the service in real time, and regular management reports are produced to track performance.

3. Main report

Current Situation

3.1 The Home Care and Re-ablement Service employs around 1,000 full and part time front-line care staff, working seven days per week over 24 hours. Therefore, the scheduling of workers' time is a significant logistical operation. Home Care Organisers who are office based have responsibility for scheduling and re-scheduling where necessary an average of 3,540 visits per day, each day of the week. On average, each whole time equivalent (WTE) care worker within the service visits 11.5 service users per day. Care worker schedules are reviewed

constantly, and all changes must be recorded immediately in detail on the Webroster system. This continues to be a very complex and time consuming task due to the enormous pressure to free up time to discharge people from hospital, as well as to respond to emergencies in the community and to prevent hospital admission. This sits alongside the competing pressures of covering for absence, minimising travel time and, very importantly, ensuring very little disruption to the service for extremely frail elderly people who, in the main, live alone in the community and are completely reliant on their worker visiting them at the time which meets their needs.

3.2 The Health and Social Care Partnership has recently re-tendered the Council's contract for the provision of Care at Home in Edinburgh. A number of companies on the previous contract were not successful within the recent tendering process, and two new companies who have not previously provided Care at Home in Edinburgh have entered into the market within the framework of the new contract.

3.3 The volume of care packages taken on by the exiting Care at Home providers has reduced significantly during recent months, whilst pick up of care packages by companies who will be coming onto the new contract in early October 2016 has also been low in volume.

3.4 These factors have created a situation whereby the Council's Home Care and Re-ablement Service has had to step in to take on service users' care packages which do not necessarily fit neatly into established schedules, and which may result in inefficiencies such as longer distance between care visits and increased travel time.

3.5 Further challenges have been posed by independent providers of care withdrawing from care packages at short notice for a number of reasons, again meaning that the Council's Home Care and Re-ablement Service needs to step in to ensure that service users do not need to go into either hospital or a care home. Moving forward into the new Care at Home contract, it will be the responsibility of the nominated Care at Home provider within each Neighbourhood Partnership to take on clients' packages of care within their area in situations such as these.

3.6 In recent years the frequency of home care visits has increased, while the length of each visit has reduced to an average of 30 minutes.

3.7 Direct time spent in service users' homes over a week is influenced by the following factors:

3.7.1 The duration of the visit which has been assessed as sufficient to meet service user needs. This can be anything from 15 minutes to 90 minutes per visit, with an average in the sample of 30 minutes. Service users have up to seven separate visits in a 24 hour period depending on their needs. In order to promote independence, home care staff do not spend more than the time allocated in service users' homes, even if they have a gap in their schedule, unless there is a clear, identified need.

3.7.2   Ongoing reduction in service due to re-ablement – there is not always a need which can be immediately filled in the short gap which might become available.

3.7.3   The high turnover of care packages within re-ablement - service users' care packages are either closed or transferred to a Care at Home provider following a period in re-ablement, and there is sometimes a time-lag as Home Care Co-ordinators and Home Care Organisers work hard to identify as quickly as possible a care package which can subsequently be taken on by the service.

3.7.4   Time travelling between service users' homes.

3.7.5   The Re-ablement Service is targeted at those service users where it is assessed that maximum benefit can be achieved. This means that the Re-ablement Service takes on packages of care regardless of their geographical location, which in turn may mean that there are sometimes long distances between care visits for care staff.

3.7.6   Staff supervision, team meetings, training and appraisal meetings.

3.7.7   Telephone contact time with manager.

3.7.8   Telephone contact with other professionals involved in a service user's care (GP, district nurse, social worker, occupational therapist) in order to ensure any unexpected situations are responded to safely and in a timely manner, for example where there are concerns about the right medication not being available for the service user.

3.7.9   Telephone contact with family members and informal carers to address any issues which have arisen within the service user's situation.

3.7.10 Unallocated time due to the service user being admitted to hospital and immediate substitute work being unavailable.

3.7.11 Less 'popular' times for service, e.g. mid morning and mid afternoon.

3.7.12 The need to retain some non allocated time to cover sickness absence.

3.8   Working with this volume of care visits (on average 3,540 a day) is a complex process, and the constantly changing nature of the wide range of inter-dependent factors involved (e.g. changing needs of service users, volume of new referrals, geographical location of where new service users live) means that there is likely always to be a proportion of 'non-contact time' as worker schedules are re-set to take account of the changes and care worker time is optimised.

3.9   The duration of care visits is decided at the point when the service user's assessment and support plan is completed. Visits of 15 minutes duration are only used for interventions when medication administration or other support which does not involve personal care is required. "In-house" the Council home care staff undertake proportionately double the number of 15 minute visits than contracted private sector providers. This is because the providers are reluctant to take on

short visits due to the increased transaction costs. This means that there is more likely to be non contact time due to travel and difficulty in 'fitting in' another client than if visits were of longer duration. This adds to the non contact time.

3.10   Published figures from other Local Authorities in Scotland which make reference to the areas covered within this report are not available. Discussions with managers of Home Care & Re-ablement Services across Scotland indicate that in both urban and rural areas, there are common, significant challenges relating to minimising the volume of travel time in home care workers' schedules.

Measurement of Contact Time

3.10   Contact time reports are prepared regularly and show an average of 65% per week (September 2015 – August 2016). This figure does not include time spent at meetings and supervision sessions, telephone contact time with the office, or travel time between service users, nor time taken by workers to deal with service user emergencies. Broken down into four localities, contact time for this period is: SE - 68%; SW - 63%; NW - 63%; and NE - 65%.

3.11   Travel time between service users is not recorded on the Webroster system.

3.12   A study on travel time during one week was undertaken late in 2015. In the week surveyed travel time over the sample equated to 24% of available time. If this is added to the annual contact time of 65%, productive time rises to 89%. This means that non–productive time in home care remains around 11%.

Plans to increase contact time

3.13   Shift patterns in home care and re-ablement were changed in 2011/2012 to provide a more flexible workforce and to reduce non contact time. This involved over 90% of staff moving to a 'four days on/four days off' split shift. Until six months ago, 100 care staff remained who were not willing or able to move to this shift pattern. Management action has been taken, and, through a process of consultation and collaborative working, these workers' shift patterns have now been changed to match the needs of the service and to reduce inefficiencies.

3.14   Within the context of the channel shift initiative, work is underway to "pilot" within the Partnership the use of an electronic scheduling and call monitoring tool, called Community Care 360, which CGI, the Council's IT partner, has introduced into the market. This will involve optimisation of workers' care visit schedules, which it is anticipated will reduce travel time and drive out inefficiencies from the current systems.

3.15   A recent change in the way in which contact time is reported to managers on a weekly basis has meant that workers with low contact time can now be identified immediately. Managers can therefore target areas where urgent action is required to increase the efficiency of workers' care schedules.

Feedback from Care Inspectorate and Clients

3.16   Each of the seven teams within Council's Home Care and Re-ablement Service is inspected by the Care Inspectorate annually, and a range of quality areas are

assessed. Within recent months a number of inspections have been completed, with strong outcomes for each team in relation to service quality and client satisfaction. The challenges presented by travel time between service users is reflected within some of this feedback, which is noted below.

3.17   NW1 Home Care and Re-ablement Service

"The service provides good, individualised and flexible support to people who use the service. A dedicated staff team supports people living in their own homes who require a care and support service, and this service was very much appreciated by the service users and their families. Through the questionnaires and one-to-one discussions, service users who took part in the inspection expressed appreciation and satisfaction with many aspects of the service. The service deputy manager is responsive to changing needs of service users and suggestions made at the inspection".

"All 54 people who completed or were supported to complete and return a Care Inspectorate questionnaire strongly agreed or agreed that overall they were happy with the quality of care and support this service gave them. Service users and relatives we spoke to were happy with the care they received and with the way in which support workers went about their job".

3.18   Overnight Home Care Service (May 2016)

"The service has devised a quality assurance action plan since the previous inspection, which was updated when actions were completed. The action plan was organised under the care inspectorate quality themes and covered areas such as service user and carer feedback, medication, complaints, policies and procedures and staff engagement. We could see that this was being used to keep track of actions which the organisation had agreed to take to continue to monitor and improve the quality of the overnight service.

The service had introduced new audit systems for personal plans, risk assessments and other aspects of the service".

3.19   NE Home Care and Re-ablement Service (June 2016)

"Allocated time is always an issue, e.g. if someone needs help/assistance to wash and dress in the morning/or evening and breakfast/supper preparation, then half an hour does not seem long enough".

"Staff are very good but are always struggling for time as they often have to travel a fair distance between clients".

3.20   SW Home Care and Re-ablement Service (August 2016)

"People being supported spoke highly of the service and the staff that supported them. It is to the service's credit that 100% of the questionnaires returned to us prior to and during the inspection reflected people were overall happy with the care and support the service provided.

We found that the service had good audit systems in place and carried out announced and unannounced direct observations on the staff teams whilst supporting people on a planned basis."

4.   Measures of success

4.1   Consistent achievement of high levels of contact time throughout the city.

5.   Financial impact

5.1   Maximising contact time within the constraints listed above represents the effective use of staffing resources, as well as supporting people to remain living in their own homes rather than move into care homes or hospital.

6.   Risk, policy, compliance and governance impact

6.1   The monitoring and resource management activities which are described in this report aim to ensure that staffing resources are used efficiently and to support strategic objectives.

7.   Equalities impact

7.1   There is no specific impact on equalities arising from the activities described above which are intended to benefit all people who are supported by the service through maximising the use of staffing resources, recognising the need for staff training and building in some flexibility with staff scheduling to mitigate against the impact on individuals of staff sickness absence.

8.   Sustainability impact

8.1   There are no sustainability implications arising from this report, however ensuring staff are redeployed effectively is crucial to achieving the best use of resources.

9.   Consultation and engagement

9.1   A range of consultation and engagement activities are carried out in local areas including focus groups across a range of topics with the objective of identifying areas for improvement and good practice.

9.2   Routine postal surveys are also carried out and the results considered and acted upon.

10. Background reading/external references

10.1 None.

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11. Links

Coalition Pledges	
Council Priorities	**CP2 -** Improved health and wellbeing: reduced inequalities
Single Outcome Agreement	**SO2 -** Edinburgh's citizens experience improved health and wellbeing, with reduced inequalities in health
Appendices	