

Head of Service Report: Community Care Services

Author – Jack Libby

Service Capacity - All elderly care homes across the area continue to run at or around full capacity, other than TACUN, where it had been agreed to postpone any new admissions until staff had time to recover both physically and emotionally following the COVID out-break. Admissions to TACUN resumed last week. St. Brendan's also has a single vacancy. They have had to cope with the challenges of Legionella and as a result a rigorous regime of water sampling, flushing and associated works have been undertaken to eradicate the contamination. Demand remains high, with a small number of delayed discharges awaiting placement. We continue to work with social work and health to prioritize placements to those in critical need. We have one vacant bed at Ardseileach.

Care at Home currently has 33 service users awaiting a service. Care at Home managers, working alongside Social Work staff, are embarking on reviewing a number of existing care packages which have been identified as outstanding. It is expected that this process will result in additional capacity being available, as these reviews will provide an up to date assessment of need and therefore a likely reduction in hours in some packages. The Care at Home service is currently under pressure and in the longer term the criteria, assessment and delivery processes require to be revisited. The housing with extra support element within the Goathill development alongside the hospital at home provision will undoubtedly alter the provision of Care at Home, not least in terms of community expectation, and therefore a comprehensive review of the model is required.

Day Services continue to provide socially distanced support to all service users assessed as in critical need. As a result of COVID, across Scotland, there has been a move away from building based Day Services, with a move towards better use of existing and alternative community resources. In terms of rural locations such as Western Isles, not having access to a building based service for the past 9 months has been extremely challenging. Less so over the summer, although accessing toileting facilities was problematic. Since the days have shortened and the weather has deteriorated, it has been almost impossible to deliver a service on Uist or Barra other than supporting people in their own homes. Lewis and Harris service users continued to have access to Grianan, be it to a lesser extent. Consideration is being given to a partial moving away from building based services, making greater use of other community based services whilst retaining existing buildings for those service users with the most complex of needs. The aspiration to have learning disabilities service users even further integrated into the community is a central theme of the Learning Disabilities Strategy 2019 - 2022, which unfortunately has lacked any forward momentum since production.

Staffing - In terms of staffing levels, although we have seen an improvement with recruitment to vacant posts, we continue to experience disproportionately high numbers of staff on medium to long term sickness absence. The retirement and resignation of key senior staff within the Care Homes has exacerbated the pressure on the service, an indication of the age profile of our work force. This has been particularly acute on Barra and Uist, where there is less staff resilience, numerically. All three care homes moved to 12 hour shifts as an interim solution to address the issue. This had an immediate and positive impact, without incurring any additional cost. Having longer shifts brings with it fewer staff handovers increasing the amount of time on the 'floor'. There has been a request from a number of residential care staff to move to 12 hour shifts on a more permanent basis. The view is that it is more efficient, more attractive for prospective staff to enter the profession and that a number of existing staff would be supportive of 12 hour shifts. From my own research, having a more blended

approach, for example, having 12 hours shifts for most staff, with the option of shorter shifts for others will be more suitable for employees with family caring duties and limited family support. Some of the advantages and disadvantages of 12 hours shifts are detailed below:

The advantages of 12 hour shifts:

- More continuity for residents as the staff who are on shift for 3 consecutive days
- Reduction in number of handovers required during the day so more time for activities/care plan etc.
- Easier to make up the rota
- Less need to utilise relief staff
- Condensing shifts to 3 days is very appealing to some staff due to the 4 days off

The disadvantages:

- Staff can tire by day 3 due to long shifts and intensity of the work therefore a potential reduction in work productivity
- Staff who have child care/crofts find it more challenging
- Harder to cover 12 hour shift at short notice.

Further consultation and consideration is needed on these options and will be addressed in greater detail as part of the Goathill development.

A particular challenge for one of the Residential Care Homes in Uist due to staff shortage amongst kitchen staff has resulted in having to explore alternative catering provision. On a number of occasions the service has had to depend on colleagues in Education, where school catering staff produced sufficient supplies of varied and freshly cooked meals, which were then frozen and stored in the Care Home. The meals were utilized when there was insufficient cover in the Care Home kitchen. The feedback from staff and residents has been positive, with the meals reportedly being tasty, nutritious and well presented. Our thanks and appreciation to our colleagues in Education. An approach was made to Uist and Barra hospital for their support and whilst they were able to provide support with the provision of meals on two occasions they themselves have had staffing challenges; reduced footfall in the hospital has impacted on their need to order the amount of food they would have required in the past therefore they did not have sufficient supplies to support the care home and as a result more recently have been unable to support the care home. The arrangement for the delivery of meals and ensuring there are sufficient and appropriate transportation boxes needs to be factored in to the process. Education have been able to supply the containers and care home staff have made arrangements for them to be dropped off or collected at the school.

Education although able to assist report they also at times experience challenges with recruitment, retention and staff sickness. To improve efficiency and address the staffing challenges across the Comhairle and NHS WI I suggest the undertaking of a scoping exercise across the catering provision and explore an integrated approach.

The purpose of this exercise is to:

- Assess the particular nutritional needs for the different services and consider appropriate menu options
- Review current staffing provision across care home, school and hospital
- Assess staffing requirements to operate an integrated service
- Analyze the current budgetary provision across the 3 areas
- Explore procurement
- Consider food waste management

The provision of nutritious meals and snacks is fundamental in the care of older people to ensure good health and wellbeing. The Care Homes in Uist and Barra have their own Cook, Catering Assistant and Kitchen Domestic.

We continue to work alongside our Human Resources colleagues, in addressing long term sickness absences. Managers across residential and care at home services report that each winter staffing services are extremely challenging. This year has already proved more challenging than previous years and there is little to suggest that this problem will not continue into next year also. There may be a COVID effect in that, for example staff who were shielding or who tested positive were immediately removed from the service, also similar to the general public, a percentage of the workforce will be more anxious about contracting COVID or absent from work with COVID-like symptoms when in normal, non-COVID, circumstances they would have continued working.

We continue to offer apprentices care home placements and more recently have been working with the UHI student nurse facilitator and look forward to student nurses coming into our care homes for placement experience supported by mentors within the care home.

Care at Home staff are working increasingly long hours to cover gaps and the service is having to depend on 2 agency staff. The average age of the workforce continues to increase. Whilst this has a positive side in recruiting workers with previous and a longer work experience it also creates the potential for increased absences with age related health issues. The appointment of a further 6 modern apprentices in the past four weeks will go some way of achieving our goal of attracting a younger workforce, which will be a benefit in the longer term. In keeping with this aspiration, we are in discussions with SG/COSLA as they are interested in the possibility of using the DWP Kick Start programme to offer a joint health and social care placement where a young person could gain experience in both a health and social care worker role as well as a social care role. This would mean having one lead employer. It is anticipated this would be a pilot which could run in a couple of Board/ Local Authority areas to effectively test the concept and understand the possibility for wider role out across Scotland in areas such as apprenticeships and DWP skills academy placements. We have expressed an interest and have been asked by the SG to meet with the programme coordinators.

Disappointingly, we were unable to attract any suitable applicants to the soon to be vacant residential manager post at Dun Eisdan. The current focus on Care Homes nationally, some of which has been negative, and the emphasis that has been placed, during the COVID 19 pandemic, on managerial responsibility, may have been a factor. The post has been re-advertised, this time making specific reference to the exciting and innovative Goathill development.

The consultation process has concluded on the peripatetic residential manager post covering the two Uist care homes. An updated report following the consultation has been forwarded to CWP and HR Sub.

Although across social care services, throughout the pandemic, we have experienced an uptake in interest in vacant posts, when the local economy fully recovers, we may return to a situation where we are back to competing with other sectors for what is a very limited potential workforce.

Inspections - There have been an additional two Key Question 7 Inspections (these are COVID specific inspections) over recent weeks at Dun Eisean and at St Brendans. Both inspections were graded overall as Good. These are excellent outcomes for both care homes, particularly given that the majority of care homes across Scotland experiencing such inspections are not achieving such positive results. TACUN, St Brendans and Dun Eisean all have improved on their previous inspection results, which at a time of intense pressure, increased audit and scrutiny is to be commended.

Testing – The reliability of staff testing has improved over recent weeks with fewer examples of false positive or inconclusive test results. The uptake continues to be high. In terms of testing nominated visitors to care homes, it is anticipated that testing kits will be with care homes by the 14th December. We await further guidance from the SG surrounding this, including the type of testing kit, who will support visitors with testing and who will administer the process. The SG have advised that additional funding will be issued to Care Homes to support this and other COVID related processes and impacts.

COVID Vaccine – The SG have now announced that care home residents will be amongst the first group to be offered the vaccine. Vaccinations for care home staff will commence on the 10th and 11th December, beginning with Dun Eisean and Dun Berisay. Ardseileach care home has had 90% of staff registering an interest in the vaccine. We anticipate this will be replicated across all services.

Personal Protective Equipment (PPE)

Supply of PPE from the National Hib continues to be good. There is an increasing quantity of PPE now manufactured in the UK making supply chains increasingly more reliable. There remains some dependency on global supplies and the impact of BREXIT on PPE is currently under review. Locally the process of delivery has improved with less anxiety around ordering and delivery of supplies. The donning and doffing of PPE is now embedded into every day practice within our social care service.

Barra Integrated Social Care Model (BISC)

We are four months into the BISC proof of concept. The recent inspection of St Brendans Care Home has confirmed that integrating the three services has not affected the quality of care received by care home residents. The vast majority of staff are actively supportive of the integrated model whilst a small group of staff have questioned and ‘challenged’ the new model. The small number of doubters of the concept are slowly coming on board with the vision, accepting that certain practices had to be adapted and modified in order to keep pace with the increasing audit, scrutiny and quality assurance expectations. An example of the model working effectively, both for the organization and service users is the ease in which the manager was able to interchange staff between Day Services and Residential Services when the demands on St.Brendan’s, due to factors linked to legionella and COVID, resulted in increased demands for infection prevention and control measures. Early 2021, with the opening of the ‘Garradh’, the aspiration is that there will be a weekly activity day at the Garradh for the more mobile of the St Brendans residents. Even if only extending to the residents getting out and enjoying the café facility.

Purpose: For Information

The new Barra and Vatersay development affords opportunity to offer a new model of care delivery within the Housing with Extra Care and we look forward to further consultation and involvement in future months.

Care Home Visiting – In order to manage the anticipated increase in requests to visit loved ones in care homes over the festive period, we are communicating with families on how best to plan for these visits, ensuring equity and safety. Visitors from Tier 4 areas continue to be prohibited from visiting care homes. Care at Home staff have raised concerns about going to service users homes when there could be visitors from Tier 3 and Tier 4 areas within the household. We plan to communicate with families asking them not to visit their loved ones in their own homes when Care at Home staff are scheduled to visit.

Digitisation – Dun Berisay and Harris House are involved in a pilot to test Whzan – the remote monitoring and recording of vital signs to improve health, wellbeing and safety of residents.

COVID has resulted in the use of technical advances within the care homes. Care home residents have benefited from community support in the form of the COVID ceilidhs where local singers have given of their time to record songs to entertain residents and staff. The donations of ipads has enabled residents to access Near Me, health appointments and connectivity with family.

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