

Developing Staff Teams and Improving Training Resources

How we identify problem areas in staff development & recruitment & the issues we are facing under current framework

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Background

Eboney Home Care was established in 2005. We work with Durham County Council and are currently a preferred spot provider. Durham like a lot of other local authorities operates a tendering process for domiciliary care providers. We never wanted to be a large provider as we felt it wasn't possible to provide a quality service. We coordinate approximately 800 care hours a week delivered by 53 staff. We also operate a day service for adults with learning disabilities and older persons along with a befriending service.

Like many other domiciliary providers we found that it was becoming more and more difficult to recruit new staff. This however was not unique to Durham, it was also becoming a national issue. There were many reasons for this state of affairs.

This led me to having a conversation with my inspector at CQC to express my concerns about the current lack of care workers. One of my many concerns was that domiciliary care workers weren't valued and the role was seen largely as a job that they could fit around their lifestyles (childcare, family commitments and the benefit agency). I then had the idea to compare the role of a domiciliary care worker (DCW) to that of a health care assistant (HCA) working on a ward within the NHS and these were my findings.

The Differences We Identified

- HCA – Has only one main journey to and from work.
- DCW – Has multiple journeys every day and a much larger fuel bill and has a lot more wear and tear on their vehicles
- HCA – have 24/7 support from doctors and nurses and other health care professionals
- DCW – has to work around district nurses and GPs and other community resources which can often result in them having to stay longer than their allocated time for no extra pay
- HCA – doesn't have the responsibility of prompting and administering medications including controlled drugs to patients as this is carried out by the qualified nurses
- DCW – must be able to prompt and assist with medications, deal with the pre ordering and collecting of prescriptions

The Differences Continued

- HCA – is not required to carry out domestic tasks and meal preparation. These tasks are carried out by other staff in the department
- DCW – are responsible for making sure that the service user maintains a nutritious and balanced diet and has a clean and safe environment to live in
- HCA – on a ward care for 1 specific specialism i.e. coronary care, orthopaedics etc
- DCW – are responsible for caring for many different illness and disabilities i.e. MS, Huntington's and brain injuries and feeding people orally and through their abdomen. Often DCW carry out complex procedures to prevent hospital admissions.
- HCA – aren't required to ring 111 as they have backup available to them 24/7
- DCW – if required to ring 111 are often faced with a long delay and are not able to leave the service user if a doctor or ambulance is required. DCWs have to stay longer than their allotted time for which they will not be paid. The 111 service regard leaving people as a safeguarding issue if the service user is left before assistance arrives

Further Differences

- HCA – receives a much more comprehensive training programme which could lead to a career in nursing if they so choose
- DCW – receives the mandatory training required for the post but this is not at the same level as a HCA. If they wish to pursue a career in nursing they have to do the entry level course access to higher education before they can begin their nurse training.
- HCA – work on a shift pattern and remain on one ward for the duration of their shift
- DCW – for the duration of their shift will visit numerous homes, carry out various tasks and will sometimes be doing this all day in all weathers

The Conclusion

Taking into consideration the huge difference between their roles and the fact that DCWs have a much larger responsibility for people in the community why is it that HCA are paid at a much higher rate?

We feel that the frame work for Health & Social Care needs to be reconstructed to reflect the role of DCWs so that they receive full recognition and support for the level of work they carry out. Their role needs to be developed as a career opportunity and be recognised as a complex role in the community.

Recruitment & Retention of staff

Care Friends, what it is and how it has benefited us as a company

Looking for Help and Support

We approached the LA to discuss the major problem both during and at the end of covid of the recruitment of good staff to meet an increased demand. This included:

- Shortage of good places to advertise for staff
- Not receiving many responses or applications
- People not turning up for arranged interviews
- Shortage of people or places to go to for advice or new ideas.

How We Heard about Care Friends

Everyone has a vested interest in Social Care due to people potentially living longer with increasingly complex needs. This is why it is important to have care staff with the knowledge and abilities to provide care to an excellent standard and who look upon home care as a profession rather than just a job for them to fit around their own needs and priorities.

Upon approaching our Local Authority with the issues we were experiencing around the recruitment and retention of good staff we were approached by a representative from the Local Authority who wanted to come out to introduce us to a new scheme they were initially funding called Care Friends.

How does it work

- Staff are sent an initial email inviting them to download the Care Friends app
- When a new job becomes available I download the relevant job description onto the portal which is then automatically sent to the staffs app
- Staff can then forward these details onto their friends and family or people they know that would be suitable for the post anyone who may be looking for work or even a change in career.
- Staff are awarded points for every application, if a person attends an interview, if they begin employment and then receive extra points if that person is with company after 3 months. Any points that are accumulated are then converted into a cash amount. You do have the scope to alter the amounts of cash awarded should you wish to do so.

The history around our Introduction to Care Friends

Our initial thoughts about Care Friends was it was going to be difficult to set up and monitor. It looked to be quite time consuming which would significantly add to my already busy workload. Due to this we put off the set up until I had the necessary time to be able to concentrate fully on getting the system ready to go.

Over the next few months we received some gentle persuasion from the LA encouraging us to start using the forum, so after giving it a lot of thought I freed up some time to have a meeting with the LA so I could see exactly how easy it would be to set up and implement the system.

The Impact of Care Friends

- That it was actually really easy to set up and implement
- That after the initial set up we were receiving enquiries after only a few days.
- That we have been more successful in attracting new care staff
- Our advertising costs were significantly financially reduced. It has opened up new avenues of recruitment that we hadn't considered.
- That the system is very user friendly, time saving and beneficial to the company
- The quality of the staff applying and the level of retention of staff has significantly increased.
- The level of support that we received from our LA to enable us to launch the system successfully was second to none.

Tips we would give to other Councils/providers who may be thinking of implementing the Care Friends app

Providers

- Consider whether or not your current systems for recruitment and retention of staff are working well for you.
- Do you have two members of staff who could successfully run the system for you and would keep it up to date.
- You will only get out of care friends the work that you put into it.

Local Authorities

- We worked closely with a key member from Durham County Council. His help and support was important to us and enabled us to maximise the success we had.
- We can support other providers around tips and ideas via meetings/forums.
- We regularly undertake reviews of our live spreadsheets to see what is working and where help can be given to other providers.

A Best Practice Framework that Supports Frontline Carers

How we engage our frontline care workers to ensure they receive the support whilst ensuring best practice

Staff Development and Care

Our staff development and support consists of a range of tools including:

- Unannounced spot checks on staff.
- 1:1 Supervision meetings with staff and their line manager
- Annual Appraisals
- Annual mandatory staff training
- Additional staff training to meet the needs of individual people.
- Staff development team meetings and individual meetings which incorporates revising care plans and discussing how to implement any changes that may be required
- Responding to safeguarding issues as they arise, recording and staff debriefs.
- Open door for staff to call or visit at any time
- Out of hours rota for emergency calls
- External counselling service
- Weekly calls to staff to check on well-being

Outcomes

- Staff retention was high
- Staff worked closely together to be on standby
- Incentives including additional days off meant staff were loyal to Ebony Home Care
- Staff were honest about their well-being and accessed support as required
- The culture of closer working ties has been sustained

Case study – Christmas lunch in 45 minutes.

During Covid Christmas 2020 the Government announced family would be able to get together in small bubbles for the 4 main days of Christmas.

The family member of person A and their husband called to ask if we could prepare and serve a Christmas lunch in 45 minutes to her parents. She wanted to visit her daughter and new grandson that she was yet to meet. She also wanted her parents to be able to have a Christmas lunch. We explained that it would be impossible to make an entire Christmas lunch in 45 minutes but we would look at possibilities to see what we would be able to do.

At the staff development meeting the following week I discussed the dilemma with the staff and asked for ideas and suggestions as how we would be able to do this

The Solution

Staff came together and worked out the following plan:

- Using the allocated time we used 10 minutes of each of the four visits on Christmas Eve to prepare the vegetables.
- The turkey was put in the oven on the first visit at 8am.
- During the next visit we made the gravy, set the table and prepared the started.
- At the next visit we were able to serve the meal and complete all the necessary tasks.

Producing successful outcomes

- Staff were engaged and agreed to their allotted tasks whilst working on their own in the community.
- The DCWs provided the care required and met the additional needs within the commissioned time.
- No other person was disadvantaged by meeting the family's request.
- We continued to meet everyone's needs in the community.