

Caerphilly County Borough Council

Requirement for Action 1.6

Initial Conclusion - Acceptable

1.6 Older people are offered independent advocacy in the following circumstances:

- when an older person is at risk of, or experiencing, physical, emotional, financial or sexual abuse.
- when a care home is closing or an older person is moving because their care needs have changed.
- when an older person needs support to help them leave hospital.

For those with fluctuating capacity or communication difficulties, this should be non-instructed advocacy.

When a care home is in escalating concerns, residents must have access to non-instructed advocacy.

The Local Authority's response to this requirement appears to demonstrate an awareness of the role of advocates and briefly refers to the range of services and providers in the area. This includes reference to spot purchasing arrangements to secure specialist Independent Advocacy provision and access to IMCA's and IMHA's.

Although there is a statement regarding current provision, there is little information regarding its uptake. The Local Authority does state, however, that it strives to increase public and officer awareness of the need for effective Independent Advocacy. It goes on to state that it will discuss further with providers at the provider forum meeting and audit the current Independent Advocacy provision in the homes that are not commissioned by Caerphilly County Borough Council.

The Local Authority states that consideration will need to be given as to where additional advocates will come from and also the impact on other areas of the social care workforce who may also advocate on behalf of residents. There are also concerns raised regarding cost implications and the potential impact on future provision.

Overall, however, the Local Authority demonstrates a good understanding of the need for and range of available Independent Advocacy, indicating this in its current provision.

Requirement for Action 2.2

Initial Conclusion - Partial

2.2 Older people in care homes have access to specialist services and, where appropriate, multidisciplinary care that is designed to support rehabilitation after a period of ill health.

The Local Authority could have made more explicit their link to the Local Health board when responding to this requirement; however, the response does state that action is required by Health Boards and that the Local Authority will contribute where appropriate. The Local Authority also refers to the Gwent Frailty programme which has the Local Authority (along with other regional authorities) work in partnership with the Health Board in order to achieve a range of outcomes around health and social care.

It is welcome that there are 16 assessment beds in the Caerphilly Borough that are used to support this approach. However, ideally, reablement should take place in the care home (in the older person's home) and the service should come to resident. Clarification as to whether these beds are in care homes would be welcomed here.

CCBC's response – 11/5/15

The 16 beds that are available to assess a person's ability to care for themselves sufficiently to be able to return home are located in local authority residential homes. There are 7 beds in Ty Clyd Residential Home, Bargoed and 3 EMI in Ty Iscoed Residential Home, Newbridge. In addition, there are 6 nurse led beds used for assessment purposes in the Integrated North Resource Centre in Rhymney. CCBC would totally agree with the need to undertake reablement in a person's own home for those people for whom a safe discharge from hospital is appropriate, and this does happen for many people. However, the beds that are available in the residential homes and the Integrated North Resource

Centre help with the assessment of people who are not quite ready to go home, yet are well enough to leave hospital and acute services – access to assessment and intervention in a more supported environment has had a good deal of success in CCBC with helping people regain the confidence and motivation they have lost during a hospital stay and importantly, has contributed to avoiding hospital readmission for them.

The Intermediate Care Funding that has been made available from Welsh Government has supported the further development of opportunities to appropriately assess people as they leave hospital but before they go home in order to ensure that they have adequate support for rehabilitation. It is pleasing to note that despite a sizeable reduction in the amount of ICF monies available for 2015/16 all Partners in the greater Gwent area have continued to view assessments beds as a fundamental requirement moving forward.

The point made with regard to reablement should come to the resident is absolutely right but our view should be part of a bigger “offer” from Health Boards to residents in care homes, particularly from a primary care perspective. Consequently delivery of the primary care strategy will be key in improvements in this area. The Corporate Director for Social Services sits on the Care Homes steering group and the visioning task group for care homes. An all Wales solution with regard to this issue is required and the Care Homes Steering Group is looking to conclude its work by October 2015.

Work with health locally is being undertaken in relation to action needed to ensure that other specialist services such as SALT, dentistry etc...are accessible for older people in care homes. In order to progress this, the following action is planned, working closely with ABuHB who have the responsibility for the provision of specialist services -

- Work with ABuHB to understand the priority need in relation to specialist services and access to care homes in the borough. Lead Officer – Service Manager Commissioning. Timescale September 2015
- Scope current specialist support available to care homes within the borough and identify any deficits and immediate concerns. Lead

Officer – Service Manager Commissioning. Timescale September 2015.

- Contribute to any review of referral routes to specialist MDT services to support care homes and review pathways if necessary to improve access. Lead Officer – Service Manager Commissioning. Timescale – September 2015
- Contribute to any service redesign – develop service specification/business case to improve access to specialist health service provision for people living in care homes. Lead Officer – Service Manager Commissioning. Timescale – November 2015

Requirement for Action 3.2

Initial Conclusion - Acceptable

3.2 All care home employees undertake basic dementia training as part of their induction and all care staff and care home managers undertake further dementia training on an on-going basis as part of their skills and competency development, with this a specific element of supervision and performance assessment.

The Local Authority's response to this requirement appears to demonstrate an in-depth awareness and understanding of the importance of dementia training and states that it currently works with Dementia Care Matters to address the issue of changing culture in the care home workforce both in Caerphilly County Borough Council residential care homes and for commissioning officers and leads.

The response goes further and indicates that the Local Authority has organised training with Dementia Care Matters for commissioned providers to access. Crucially, the focus of this training is on understanding dementia, recognising good quality care and support, being able to change practice that is inappropriate and creating an enjoyable environment for residents.

It is also encouraging that staff learning is shared with Assessment Care Management staff, providers and health colleagues.

The Local Authority demonstrates a good understanding of the need for and range of dementia training, clearly indicated in its summary of current provision and is utilising this in its commissioning practices.

Requirement for Action 3.3

Initial Conclusion – Partial

3.3 Active steps should be taken to encourage the use of befriending schemes within care homes, including intergenerational projects, and support residents to retain existing friendships. This must include ensuring continued access to faith based support and to specific cultural communities.

The Local Authority's response to this requirement appears to demonstrate an understanding of the importance of befriending, stating that it is working with partners to undertake a range of initiatives; however, brief analysis of these initiatives is not included which makes assessment of the delivery of outcomes for older people inconclusive..

The response refers to involvement with South Wales literature working with care home providers and a number of intergenerational projects working with residential homes across the borough, as well as collaboration with the Royal Voluntary Service on the Care to Listen Listen to Care – Voice of the Valleys project.

There is clear activity to promote friendships across a number of initiatives, but without evidence of current and/or future outcomes for older people it is difficult to reach a conclusion with regard to the impact and reach of this work.

CCBC's response – 11/5/15

In relation to the 'Care to Listen, Listen to Care' initiative with the RVS, this work is still relatively new, and there is currently involvement with 3 homes within the borough. In terms of the outcomes to date, we are

aware from speaking to residential home managers that the initial contact with the RVS and the residents in the home has so far proven to have had positive outcomes for people – for example, in Churchview Residential Home, the involvement and introduction of the RVS at the home was celebrated with a traditional tea party – every single resident living at the home was supported to take part in an afternoon tea party at some point, and this included relatives as well as people who choose to go to Churchview for periods of respite. The event evidenced truly inspiring engagement from every single member of staff at the home and this was experienced by the CCBC officers that joined in the afternoon. There was a ukulele band that provided the entertainment, and this was the catalyst for conversations that began amongst the residents and their families as well as the RVS volunteers, with recollections of wartime memories, past missions from a former RAF pilot, holidays from years ago, trips to the beach as children and many more – the aim of the RVS volunteers is to continue to facilitate this opportunity for residents so that they can continue to build relationships, reminisce, and be encouraged to chat and engage in conversation that means something to them. The RVS have also been able to report back to the Manager of one home the dissatisfaction of some residents that relates to the crockery in use at the home, and this has resulted in changes being made. Residents have also voiced an opinion as to the use of staff uniforms at the home, they feel they want staff to continue to wear a uniform rather than ordinary clothes which would be the approach advocated by Dementia Care Matters – residents feel they are being listened to and therefore valued.

The RVS are currently in the process of speaking to family and friends of residents at one home to get feedback on what benefit they feel the residents are experiencing because of the involvement of the volunteers at the home – the feedback will be available to CCBC once the RVS have completed it.

In relation to the intergenerational work, there is currently 8 intergenerational clubs across the Caerphilly borough, with another one due to be launched on May 13th, and there are 4 care homes in the borough that make visits to the intergenerational clubs. This work and opportunity is available to people who live in care homes but also to older people living in sheltered housing. The basis of the engagement

and ultimately what provides good outcomes for older and younger people alike relates to the focus on the sharing of skills/abilities/experiences and the subsequent feeling of self worth and value – some of the activities and sharing that have taken place in CCBC are knitting, reading and reminiscing about years gone by, films and entertainment that has been shared, dry stone walling, board games and singing as well as simple conversation. Also, an older gentleman living in a care home was supported to go to, with pupils of Lewis School, Pengam to visit war graves in France.

This work is ongoing and will continue to develop further.

Unfortunately, the involvement with South Wales Literature is on hold due to a change in staff at the organisation but this will re-commence as soon as possible.

In addition, The Winding House which is a museum in CCBC has been working to ensure that it provides a friendly, welcoming environment and it is often visited by people from local residential homes for that reason. The museum is being developed to make it more accessible and relevant to these visitors and in particular, for those with dementia visiting the museum. This work is being facilitated by the Caerphilly 50+ Positive Action Partnership and the Alzheimer's Society. All of the staff will shortly be attending Dementia Friends training, following which work will be undertaken to improve the visitor experience for people from residential homes and those with dementia by developing and providing many different reminiscence opportunities to encourage discussion and interaction.

CCBC has invested in a range of reminiscence 'pods' that are in use in a variety of settings across CCBC to help engagement with people who live with dementia.

It is accepted that many of the above initiatives are relatively new and it is difficult at this point to pinpoint exact outcomes for people. It is our intention to continue with these developments and to use the latter part of the financial year to measure the outcomes. This work will be completed by the 31/3/16.

Requirement for Action 5.6

Initial Conclusion – Unacceptable

5.6 A National Improvement Service is established to improve care homes where Local Authorities, Health Boards and CSSIW have identified significant and/or on-going risk factors concerning the quality of life or care provided to residents and/or potential breaches of their human rights.

The national improvement team should utilise the skills of experienced Care Home Managers, as well as other practitioners, to provide intensive and transformational support to drive up the standards of quality of life and care for residents as well as to prevent and mitigate future safeguarding risks.

This service should also develop a range of resources and training materials to assist care homes that wish to improve in self-development and on-going improvement.

The Local Authority response does not demonstrate a willingness to comply with the requirement; rather, it indicates that introducing a National Improvement Service would mean introducing an additional and un-needed level of bureaucracy.

The Local Authority's response to this requirement requires further clarification on how a National Improvement Service would operate with the Borough, and how it would be managed and supported. Information is also required with regard to how a National Improvement Service would link to the role of the Local Authority commissioners, the Health Boards and CSSIW.

Whilst the Local Authority response raises a number of valid issues, including an expectation that the provider takes responsibility for making sure that their service promotes on-going development for the benefit of the residents, and they become less reliant on external prompting to recognise and address the poor practice that reduces the quality of life for older people, the response does not articulate the Local Authority's support for such a service. A meeting will be held to explore the reality of what a NIS in Wales could be and it is expected that many of the Local Authority questions will be answered in this forum.

CCBC's response – 11/5/15

The authorities concern around the NIS centres around a fear that the intervention from NIS could become a default position for some commissioners and providers. The authority feels strongly that the principal responsibility for ensuring quality of services rests with the Provider. In the event of any difficulties being identified then the commissioner should in the first instance work with the Provider to ensure the necessary improvements are made.

We are aware from our own experiences that Providers on occasions lack the knowledge and capacity to identify poor practice and correct it. Often these providers then turn to commissioners to provide “consultancy” on what needs to be done. The parameters of the NIS will need to specifically stipulate where it will become involved and where it won't. The authority is very mindful that some of the 106 lessons learned from Operation Jasmine talks about supporting “failing homes” and also issues around governance where a “3rd party” is involved in assisting a care provider.

It is felt that a National approach to service improvement may be a more effective mechanism. This could involve agencies with existing responsibilities working virtually as a NIS. This would appear to overcome the governance issues that may be faced by a NIS.

Whereas, understandably, there has to be a focus on dealing with poor practice, a major gap at the moment centres around the identification and sharing of good practice. There are too many instances where providers are reluctant to share good practice due to the misplaced view that they are in competition with each other. A fundamental part of an approach to national improvement would be the collation and sharing and possibly publication of good practice. The involvement of providers and their staff in this approach is fundamental and may help demonstrate that many of the solutions to the problems faced by providers exist within the sector itself.

You will be aware that Dave Street, Corporate Director recently represented Directors of Social Services at a meeting to discuss the NIS and it is understood that some further work is being done. The authority looks forward to continuing to work with the commissioners offices in developing this approach.

As long as the NIS does not water down the responsibilities of providers and commissioner in terms of quality and appropriate governance arrangements are in place then the authority is supportive of the principles of a national approach to service improvement.

Requirement for Action 6.2

Initial Conclusion – Partial

6.2 Care home providers, commissioners and CSSIW should develop informal and systematic ways in which to ensure they better understand the quality of life of older people, through listening to them directly (outside of formal complaints) and ensuring issues they raise are acted upon.

Annual reporting should be undertaken of how on-going feedback from older people has been used to drive continuous improvement (see action 6.10).

The Local Authority's response to this requirement appears to demonstrate an understanding of the importance of listening to the voices of older people and ensuring that the issues raised are acted upon.

The Local Authority's response highlights the fact that the council is in the process of reviewing and developing a new monitoring tool with a focus on quality of care, emotional wellbeing and engagement with and for residents. The new monitoring tool will have far more focus on engaging with residents and asking for feedback differently in order to test the quality and outcomes for residents.

The response also states that the Local Authority is exploring the prospect of holding resident meetings as part of the monitoring process as well as feedback meetings for relatives and families away from the home. It also suggests that discussion will take place with Health Board as to the feasibility of further work in partnership. Whilst these developments are most welcome, the summary nature of the response means that these initiatives appear to be separate and unconnected

rather than a plan that will deliver real and tangible outcomes for older people.

The response could be improved with a clear action plan, a timeline and nominated accountable individual to provide assurance that the local Authority will achieve the Requirement for Action in reality.

CCBC's response – 11/5/15

It is felt strongly that this piece of work needs to be developed on a regional basis to ensure consistency between six potential commissioners. Consequently, discussions have begun to identify a course of action to be taken in relation to this point in order to ensure that we better understand the quality of life for older people. This will be concluded by the 31st December 2015.

Requirement for Action 6.7

Initial Conclusion – Unacceptable

6.7 Annual Quality Statements are published by the Director of Social Services in respect of the quality of life and care of older people living in commissioned and Local Authority run care homes. This should include:

- the availability of Independent Advocacy in care homes
- quality of life and care of older people, including specific reference to older people living with dementia and/or sensory loss
- how the human rights of older people are upheld in care homes across the Local Authority
- the views of older people, advocates and lay assessors about the quality of life and care provided in care homes
- geographic location of care homes

Further details of reporting requirements should be included as part of the Regulation and Inspection Bill.

The Local Authority's response to this requirement does not commit to, or refer directly to producing Annual Quality Statements. Rather the response discusses current practice which consists of publishing monitoring reports for individual establishments on the internet so that they can be viewed by anyone trying to make a decision about a residential/nursing care home.

The Local Authority states that the format and content of the report will be reviewed in line with the monitoring tool and amendments made as necessary in order to have an improved focus on the quality of life at the home. However, while this approach appears to promote openness and transparency, it does not appear to meet the requirements as set out above and the commissioner will need further details to consider if this is a viable alternative.

CCBC's response – 11/5/15

We apologise for the misunderstanding. CCBC took the need for a report as a 'given' and is fully supportive of the requirement.

The additional information provided was to demonstrate what CCBC will be doing/is doing in addition to the need for an annual quality statement from the Director of Social Services rather than suggest that it should be replaced with something different. We feel it is important that the Annual Quality Statements are evidence based and simply sought to demonstrate our current thinking on how this could be achieved. It in no way advocating this as an alternative to the annual quality statement.

Appendix 1:

Caerphilly County Borough Council, questions raised

Requirement for Action 1.5

Question:

“CCBC has some reservations in respect of this action point – whilst CCBC is of the view that the culture in all homes promotes a person centred approach to care and ensures that all residents are treated with dignity and respect, it is felt that this is a very negative way to do it. It may have been helpful if examples had been given, and who would develop such a list?”

This question has been interpreted as relating to the development of ‘never events’ and querying who would develop such a list.

It is the Commissioner’s expectation that Care and Social Services Inspectorate Wales will lead on the development of an explicit list of never events, in conjunction with relevant partners where appropriate. It is the Commissioner’s view that this is not a negative approach to improving the quality of life and care of older people in care homes in Wales, when set alongside a focus on good care and continued improvement. As clearly laid out within the Review Report, the Requirement for Action is designed to ensure that older people are treated with dignity and respect, and language that dehumanises them is not used and is recognised as a form of abuse. Without developing and implementing such a list, there is a significant risk that unacceptable practice continues and goes unchallenged.

Requirement for Action 4.5

Question:

“CCBC seeks clarification in relation to this action and queries the appropriateness and how the role of community health councils will fit with the role of CSSIW and the local authorities and health boards. This is another layer of scrutiny that is proposed for introduction in addition to what already exists – is this necessary?”

This question has been interpreted as relating to the role of Community Health Councils, and the potential for an additional layer of scrutiny.

The use of Community Health Councils to implement a rolling programme of spot checks is intended to bring a much needed lay perspective to the quality of life and care of older people in care homes in Wales – particularly in relation to healthcare entitlements. This is not intended to be an additional layer, but rather, complement and fit within the existing programme of regulation and inspection.

Furthermore, as clearly laid out within the Review Report, the impact of not doing so is that older people living in care homes are denied access to an independent health watchdog, and there is no independent challenge to failures to meet healthcare entitlements.

Requirement for Action 5.2

Question:

“CCBC would request clarification on who would use such a tool – would it be for the provider, for CSSIW and/or the commissioner?”

This question has been interpreted as relating to the development and implementation of a national standard acuity tool for staffing levels and skills.

It is the Commissioner's expectation that Welsh Government will take the lead on the development and implementation of such a tool. This is to be a standard tool that will be available to ALL bodies to drive the necessary improvements needed in the quality of life and care of older people in care homes in Wales in a consistent manner.

Requirement for Action 5.6

Question:

“CCBC requires further clarification on the role of such an improvement service, how it would operate, be managed and supported. Also, how it would link to the role of the LA commissioners, the Health Boards and CSSIW, as the contractual arrangements lie very clearly with the LA and HB commissioners, and responsibility for compliance with CSSIW. How would such a service be funded?

“Is it possible that such a service could be a virtual network drawing together intelligence from established bodies in essence ensuring that information is shared in a timely manner?”

This question has been interpreted as relating to the development of a National Improvement Service.

In order to take this Requirement for Action forward, an initial meeting was held on Monday 30th March to gain information and feedback from sector representatives about how a National Improvement Service could be most effectively deployed and utilised by all stakeholders. Directors of Social Services were represented in the meeting by Dave Street.

It is the Commissioner's expectation that Welsh Government leads on the development of the National Improvement Service, in partnership with Local Authorities, Health Boards and care home providers. The

funding arrangements of such a service, and use of a virtual network is something that needs to be considered as these discussions continue to develop. The Commissioner has not stipulated the required structure for the National Improvement Service.

Requirement for Action 5.8

Question:

“CCBC is of the view that such an exercise would simply reinforce the common view that care staff are amongst the lowest paid workers, that care work is the only option available to some workers and that the role is undervalued in general terms. However, it should be noted that there is no correlation between the amount of money care staff are paid and the quality of the care and support they deliver. In reality, what would be the benefit of the exercise?”

This question has been interpreted as relating to the benefit of a cost-benefit analysis of the terms and conditions of care home staff.

It is the Commissioner’s expectations that Welsh Government takes the lead in the completion of this Requirement for Action. The Review Report clearly identifies that undertaking such an exercise, including understanding the impact of introducing the Living Wage, will ensure that the true value of delivering care is recognised and understood. It is the Commissioner’s view that the impact of not doing so, will result in a restricted recruitment pool due to continued difficulties in recruiting people with the right skills, values and competencies.

Whilst the Commissioner recognises that the link between pay and quality of care is not direct, it is her view that Wales must strategically consider the issue of pay and terms and conditions on the recruitment and retention of staff, and its impact on the overall quality of life, and care of older people.