

## Denbighshire County Council

### Requirement for Action 1.6

#### Initial Conclusion - Partial

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 understanding of the importance of advocacy. With regard to training, the response refers to Age Connects who proactively go into care homes in the county and carry out awareness training with staff to encourage understanding of advocacy. The response could be improved if the Local Authority could clarify if this refers to all care homes in the county or only those run by the Local Authority.

**We wish to clarify that this refers to both Local Authority and Independent Sector Care Homes, where the management agree to the organisation coming in. The service, as well as raising awareness with Care Home staff, mainly focuses on residents and giving them the confidence to 'Speak Up'**

The response states that IMCAs/advocates are always involved in care home closure meetings from the start. The Local Authority also states

that its care homes have arranged advocacy for residents through Age Connects.

However, the response does not address a number of key points of the Commissioner's requirements, for example, to POVA or directly moving from hospital to a care home.

**In accordance with the Wales Interim Policy and Procedure for the Protection of Vulnerable Adults from Abuse, the Designated Lead Managers ensure that, if the individual concerned, such as a vulnerable adult who may have been abused, has no one else to support them, an advocate is appointed specifically to support them. This support is often focused on helping the individual to understand and cope with the investigation process, and also to ensure the procedures focus on the victim and their needs.**

**We have a joint contract in place with Conwy for the provision of an advocacy service by Age Connect for older people aged 65 and over .There is a detailed service specification in place and the following are extracts:**

***“ The service will be accessible to adults aged 65 years and over and their carers who are ordinarily resident within the counties of Conwy and Denbighshire who are in receipt of, or eligible for, social care support (including Service Users who are placed in out of county residential homes where social work services are maintained and those placed in a residential/nursing home setting within the counties of Conwy and Denbighshire by other Local Authorities/Health where safeguarding concerns require the involvement of the relevant Local Authorities POVA teams) in accordance with clause 4.2 below with the exception of:***

- People who lack capacity under the Mental Capacity Act 2005 (signposted to the IMCA Service)***
- People in acute mental health inpatient services (signposted to Independent Mental Health Advocacy, IMHA Service)***

***The service will meet the needs of older people aged 65 years and over and their carer provided in a form of instructed or non-instructed advocacy, depending on the individual's capacity. (The service is available to residents in homes where there are 'escalating concerns')***

***The service will be one to one, time limited, issue based advocacy. (Issues can be wide ranging but can certainly include those such as the closure of a residential home or moving from a care home into hospital) The range and level of support will vary dependent on individual circumstances and choice of advocacy involvement (face to face, phone, correspondence etc). The Service Provider's involvement may be short or long term, pending the nature of issue(s) and diversity of needs of Service Users/Carers***

***The service will be provided by trained, supported and supervised staff with clear policies and procedures in place. The Service Provider shall maintain a healthy diplomatic relationship between themselves and other parties, allowing an efficient, purposeful and functional working relationship at all times***

***Service Users/Carers who access the service will have their voice and wishes heard and acted upon through support, interpretation and representation. The support that Service Users/Carers will receive from an Advocate will enable them to be as fully involved as possible in the processes and decisions taken which affect them. Service Users/Carers will be listened to, respected and supported to be in control of their lives and services that they receive. The provision of the service will contribute to the following expected outcomes for Service Users and Carers:***

- Improved health and well being***
- Increased independence***
- Making a positive contribution***
- Increased choice and control***
- Freedom from discrimination and harassment***
- Economic well being***
- Maintaining personal dignity and respect"***

**We are not aware of any circumstances where we do not try to appropriately involve advocacy services. However, there can be difficulties in accessing the service when there is a need to facilitate an early hospital discharge. We are working with colleagues in BCU through our partnership arrangements to ensure discharge arrangements facilitate adequate advocacy arrangements.**

The response also indicates that currently, Welcome Packs and home brochures do not include information on advocacy. Whilst the Local Authority acknowledges this shortfall and indicates that it will be addressed, no timeline is provided.

**We will ensure that information regarding the new Age Connect Advocacy Service is provided within Welcome Packs and home brochures by 31<sup>st</sup> July.**

## **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.
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The Local Authority's response to this requirement appears to demonstrate a willingness to comply with the Commissioner's Requirement. The response states that the Local Authority will work with health colleagues to ensure that specialist and rehabilitation work is accessible in care homes; however, the response could be improved through a timeline and named accountable individual.

**All individuals moving into care have a named care coordinator therefore the timeline would not be affected.**

**With regard to Denbighshire residential homes, we already ensure that joint work with Health is undertaken in addressing the needs of residents, including specialist needs and support with reablement**

or rehabilitation. This issue is addressed by inspections and the reports provide evidence of this taking place. The named accountable officer is usually the Care Home Manager.

With regard to independent sector homes we need to further explore the extent to which this takes place. We will undertake this work with Health colleagues and independent sector representatives by October 2015.

However, the response indicates that current practice for Reviewing Officers is to ensure that residents have access to physiotherapists and occupational therapists and other specialist services when carrying out reviews. Reassurances are needed about how residents will be supported to access a full and available range of specialist services.

If specialist services are required, and are identified as part of a review of the individual's care package, then Reviewing Officers will make the necessary referrals and retain the case until the specialist service providers have concluded their work. The day to day support to residents accessing specialist services would be the responsibility of the care home. However, following reviews, when key issues are identified such as the need for specialist services, they are shared with the homes and they are expected to make the necessary arrangements. With regard to DCC homes, the need for additional services is usually shared with the Care Home managers.

We intend to explore this issue with Health colleagues and the Independent sector by October 2015.

### **Requirement for Action 3.2**

#### **Initial Conclusion - Partial**

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 response acknowledges the need for this requirement and states that in the meantime, it will monitor where dementia training is already taking place.

The Local Authority states that Contracts and Reviewing teams have already undertaken dementia training to try and understand the needs of residents with dementia. It goes on to state that staff and managers in Local Authority homes have undertaken dementia training; however, the response acknowledges that more specific training is needed. There is no indication, however, how this will be addressed and there are no indications of timelines.

**During 14/15, a large number of dementia courses were delivered as part of the SCWDP Training Programme. The need for advanced training has been identified for 15/16 by the SCWDP training group whose membership includes independent and 3<sup>rd</sup> sector providers. Suitable training is currently being explored and will be available in the Training Plan for 15/16 and promoted to Denbighshire Independent residential and domiciliary care providers to attend.**

**In addition, during 15/16, training will be undertaken in partnership with Betsi Cadwaladr University Health Board and Llandrillo College. The purpose of the training will be to raise standards in the delivery of the fundamentals of care in nursing homes. The training aims to develop and deliver in partnership a credit rated fundamentals of care education package of learning that will raise the knowledge, skills and practice of nursing assistants in the nursing home environment who care for people with complex and high care needs**

### **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 some understanding of the importance of befriending, stating that it will immediately begin having Reviewing Officers encourage care homes to make better use of voluntary organisations to support the implementation of this requirement.

The response states that its single Point of Access (SPoA) includes a Voluntary Organisation coordinator. It is welcome that Reviewing Officers are using this resource to help care homes find appropriate additional support for residents. In addition, the Local Authority commissions a service called "Speak UP" from Age Connects which encourages residents to speak for themselves via regular meetings in the care home. The local Authority states this has already resulted in a number of new friendships being made. This demonstrates an outcome for older people in-line with the requirement.

The Local Authority states that its own homes encourage residents to maintain friendships and that church services are organised in care homes. Arrangements are also made for residents wishing to attend services away from the home.

Whilst this is welcome, further work is needed to ensure that befriending is addressed more widely to meet circumstances of all residents. In addition, the response could be improved through evidence of an implementation plan and a named accountable officer to ensure that the Local Authority is able to achieve the requirement in reality.

**Every attempt is made at the point of admission into care to establish an individual's interest and the service delivery plan should always reflect the individual's wishes and feelings. Community resources are accessed where appropriate and EMH Project groups in the local communities are utilised wherever possible. However, obviously those with restricted mobility are not always able to attend community groups and we recognise the need for appropriate befriending and activities within the care setting to minimise social isolation.**

**We will ensure that this issue is addressed within the Ageing Well in Denbighshire Plan, which has to be finalised by October 2015, and our named accountable officer for this work is our Older People Strategy Coordinator. The implementation plan will be**

**developed in partnership with Health and Third Sector representatives of Denbighshire's Older People Reference Group.**

**We already have befriending schemes such as Gofal in existence in Denbighshire and will explore the feasibility of making its services more available to care home residents.**

## **Requirement for Action 5.6**

### **Initial Conclusion – Acceptable**

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's response demonstrates a willingness to work with partners in order to establish a National Improvement Service. However, concerns are raised regarding funding the initial project and on-going support for this service.

## **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 some understanding of the importance of listening to the voices of older people and ensuring that the issues raised are acted upon.

The response indicates that the Local Authority has already established a process of collecting residents' feedback with their Customer Connections Team. However, there is no explanation of how this works.

**The Customer Connections Team recently started to send 'Have your Say' questionnaires to people in residential care and participant selection is based on the contract monitoring programme. When a residential setting is due for monitoring, the questionnaire is sent to all residents who are supported by the Local Authority. Responses are collated and analysed quarterly and the information gathered is shared with senior managers via our Quality Assurance Framework; and shared with the Contact Monitoring Team. They will then address issues/concerns raised in the feedback as part of the contract monitoring process. Whenever there are safeguarding issues, they are addressed immediately. Participants are given an opportunity to receive feedback on the findings by indicating on the questionnaire if they wish to receive a copy of the annual summary of 'Have your Say' findings.**

The Local Authority also states that it commissions Age Connects to provide the "Speak Up" project which collects residents' views on services received. However, the response does not state how this information is used to improve services.

**Giving residents the confidence to 'Speak Up' means that they feel comfortable in raising any issues of concern with the care home. On occasions when the residents do not feel able to do so directly, the 'Speak Up' volunteers will do so with the residents' permission.**

**Should the issue not be addressed by the Care Home there is an expectation that Age Connect will inform the Local Authority as would be the case with any other issues of concern.**

**The key aims and outcomes expected of this project include the following:**

- To support people aged 50 and over living in Care Homes in Denbighshire to 'Speak Up' about their wishes and concerns**
- Encourage 'self -empowerment'**
- Promote Independence and well being**
- To provide relevant information and advice**
- To maintain the dignity and respect of the individual in all situations**
- To ensure that older people living in Care Homes in Denbighshire receive support to enable them to feel confident about informing of their wishes and any concerns they may have.**
- To enable older people to receive support which is delivered flexibly to reflect their circumstances, needs and choices.**
- To enable people to engage with and benefit from the services they need as independently as possible**
- To ensure people will be able to communicate effectively and access information from a variety of sources**
- To ensure People will be better able to avoid or cope with crises and other situations which cause stress or anxiety.**

**Age Connect sends regular reports on its 'Speak Up' engagement activities to the local authority and relevant managers are expected to address any recommendations for improving services.**

The response states that Reviewing Officers collect the views of residents during care home reviews; however, there is no clear indication as to how this information is used to improve services.

**Following each individual review carried out by the reviewing officers, information regarding the care quality and environment is recorded using prompts from the Hull early indicators of concerns document. This is passed to the Contract officers to address any urgent issues, or is used for monitoring purposes for the annual contract visit**

The response explains that Local Authority run homes carry out quality assurance reviews with residents and their families on an annual basis which feeds into continuous and on-going improvements to services. A practical example would further clarify this response.

**The following is an example of how we ascertain the views of residents regarding key aspects of their day to day lives:**

### **Meetings with Residents March 2014**

***Breakfast meetings in individual groups over 5 mornings in March 2014 carried out by manager.***

***Meals were discussed***

***All those I met with said they were quite happy with breakfasts i.e. grapefruit or prunes, cereals, porridge, toast, marmalade, yoghurts***

***Not all residents take the cooked breakfast which is provided every 2 weeks, but those who do say they enjoy it i.e. bacon, tomato, scramble egg, sausage, black pudding***

***All I met with said they were happy with choices at lunch and no one had any suggestions for anything different. All said the lunches were very good and well cooked.***

***The communal dining room where lunch is served was discussed. Some I met with felt it could be a little hot and noisy at times. I explained that some residents and tenants of Llys Awelon preferred to eat a little later when it was less busy and less noisy and suggested that as residents have the choice of when they wish to eat between 12.15 and 1.30, maybe some would also prefer to eat a little later.***

*Teas: all I met with said they were happy with the teas provided, one lady suggested 'prawn cocktail'. Prawn Cocktail was offered as a choice for tea on Mother's Day and those who had this choice enjoyed and so will be offered again.*

*One lady requested Lurpak rather than the butter we provided. Lurpak spreadable is now purchased for this lady.*

*Activities were discussed*

*Some of the residents I met with said they enjoy Bingo and Quizzes and most enjoy the exercises on Tuesday mornings which are beneficial and some tenants of Llys Awelon also attend and sometimes one tenant takes the class, so we will also offer this on Thursday mornings as well.*

*Some suggestions were, knitting and crochet, carpet bowls*

*All said they had enjoyed the Valentines Tea Dance (arranged by Fran) in February which tenants also joined – Fran will arrange more in the future 'themed tea dances'*

*Most I met with said they enjoy trips out either for shopping or lunch or coffee etc., we will continue to provide.*

*A new music course has been purchased from the amenities fund. ”*

The response could be improved through a clear statement about outcomes for older people's quality of life through listening and acting. Without this evidence and analysis and without a timeline and accountable named officer, it is unclear how the local Authority will achieve this Requirement in reality.

**Active listening and responding appropriately is always encouraged by our operational teams. Issues such as ; quality of life , reducing the risk of social isolation, engagement with staff and others is regularly reviewed as part of the service delivery plan**

**We agree that a clear statement would provide a focus for ensuring that older people's quality of life was improved or maintained. The development of this will be taken forward by our Older People Strategy Coordinator and will form part of the Ageing Well Plan for Denbighshire. The Ageing Well Plan has to be finalised by October 2015. This will also link up with our implementation of Outcome Focused Care Planning.**

From a training perspective, over the past few years, the Older People's Strategy Officer has delivered a one day, 'Age Awareness Training' for frontline staff. More recently this has been delivered in partnership with BCUHB for Health staff who deal with older people in their day to day work. The training includes information from Age Cymru 'Growing Older in Wales' and our Older People Dignity Champions give their own perspectives on Dignity in Care. The aim of the course is to ensure staff listen to older people and can signpost them to groups/services and therefore improve quality of life. The courses will be delivered again during 2015/16.

## **Requirement for Action 6.7**

### **Initial Conclusion – Partial**

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.

Whilst the Local Authority's response appears to agree with the Commissioner's requirement for action, it raises concerns about how Quality of Life will be measured. The response also asks questions about how Human Rights will be upheld and, more importantly, how this will be measured.

The response argues that any new process will need to be clear and not based on subjective analysis, and that all Local Authorities report accordingly. These are important issues, which should be clarified in the Regulations and Inspection of Social Care (Wales) Bill.

While it is acknowledged that the Local Authority have articulated reservations, a clearer indication of a willingness to comply with the Requirement for Action and a clear action plan and timeline for developing and producing Annual Quality statements would strengthen this response. Any questions about this should be raised directly with the Commissioner's Office.

**As stated, the LA are willing to comply but concerns remain that additional burdens on LAs potentially have cost implications that require consideration by Welsh Government in their funding arrangements. If this was included as part of the Director's Annual Report this would be simpler.**

## **Appendix 1:**

### **Denbighshire County Council, questions raised**

#### **Requirement for Action 2.4**

Question:

“Whilst we agree entirely with the requirement, we are concerned about the potential cost impact. Whilst it is aimed at new homes only, there would doubtless be impact across whole sector. Unless existing homes were to implement to similar standard, there would be a two tier effect. So ultimately, one would hope to see this standard in all care homes. Either way, there is a cost impact to the homes and therefore to the Local Authority and Health Authorities who buy the services.”

This question has been interpreted as relating to the cost impact, and implementation of national best practice guidance about the care home environment and aids to daily living.

It is the Commissioner’s expectation that Welsh Government will lead on the development of such best practice guidance, in conjunction with relevant partners where appropriate. The intention behind this Requirement for Action is to ensure that the environment of care homes, internally and externally, is accessible and dementia and sensory loss supportive.

The Commissioner notes your comments in relation to cost impact, and concerns in relation to ‘a two tier effect’. It is the Commissioner’s view that if this Requirement for Action is not implemented, then older people may be unable to move around the care home safely and independently, increasing personal safety risks, such as falls, and struggle to communicate with each other and staff, leading to isolation and withdrawal. The long term cost impact of this, both in terms of individual outcomes and the ability of the health and social care services to deliver

positive outcomes are likely to be far higher than investing in the proposed early interventions.

It is the Commissioner's view that building this in to the design of new care homes should be cost effective, and would drive forward the necessary improvement across the sector. Existing care homes are not prohibited from implementing this Requirement for Action, thus avoiding a two tier approach.

The Commissioner would encourage your Authority to open a dialogue with Welsh Government, other Authorities, and Health Boards across Wales to discuss the options regarding implementation once the national best practice guidance has been developed.

### **Requirement for Action 5.3**

Question:

“Whilst we agree entirely with the proposal, we are concerned about the immediate impact this would have. It is already very difficult to recruit sufficient staff. Increasing the demands at recruitment may improve perception of job in longer term but is likely to cause a short/medium term recruitment problem.”

This question has been interpreted as relating to the development and implementation of a standard set of mandatory skills and value based competencies for care home staff.

It is the Commissioner's expectation that the Care Council for Wales will lead on the development of this Requirement, in conjunction with relevant partners where appropriate. Without taking such action, the Review identifies that older people may be cared for by people who do not understand, and are not able to meet their needs.

The Commissioner notes your comments in relation to short to medium term recruitment difficulties. The development of a standard set of skills and value based competencies will clearly identify what is required from the workforce so that older people receive compassionate and dignified care, that responds to them as an individual. It is the Commissioner's view that Local Authorities, Health Boards and care home providers should demonstrate an intent to work towards hiring in line with these standards. To this end, the Commissioner would encourage your Authority to open an early dialogue with other Authorities, and Health Boards across Wales to discuss the options regarding implementation once the standard set has been developed.

### **Requirement for Action 6.7**

Question:

“Whilst we agree with this requirement, we are concerned about how Quality of life is measured and how we measure that human rights are upheld. Process for this needs to be clear as it would otherwise be subjective and all LAs will be reporting on this. Need to agree process in advance of reporting deadline.”

This question has been interpreted as relating to the publication of an Annual Quality Statement by the Director of Social Services.

The Commissioner has clear expectations about the information published by Directors of Social Services in the public domain about how they discharge their duties. Older people need to have access to relevant and meaningful information about the quality of life and care provided by or within individual care homes. It is the Commissioner's view that there is a need for greater openness and transparency in respect of the quality of care homes across Wales.

The Commissioner recognises that some data may not be readily available; however, this should not inhibit robust and transparent reporting on the quality of life and care of older people living in commissioned and Local Authority run care homes. A lack of transparency undermines older people's ability to make appropriate decisions, wider public confidence and acts as a barrier to systematic change.

The Authority states the need for agreed reporting processes, and a desire to clarify how quality of life, and human rights are measured. It is the Commissioner's expectation that Local Authorities will lead on the development and implementation of this Requirement. Therefore, the Commissioner would encourage your Authority to liaise with all Authorities regarding the reporting process and also specific issues in terms of measurement. Your Authority may wish to raise this with the Association of Directors of Social Services to facilitate action.

### **Requirement for Action 6.10**

Question:

"We have concerns that the number of POVA referrals and complaints are viewed as a negative. In fact, in our experience, it is often the case that the care home providers who report these issues more frequently provide high quality care and these referrals are evidence of the care they take."

This question has been interpreted as relating to the use of POVA referral data.

The Commissioner agrees that a higher number of POVA referrals or complaints are often viewed as negative, when that may not be the case. However, it is the Commissioner's view that the open publication

of such data promotes openness and transparency in respect of the delivery of quality of care across Wales.

It is the Commissioner's expectation that care home providers lead on the implementation of this Requirement. In doing so, care home providers would have the opportunity to provide further information on the nuances of POVA referrals and complaints numbers in the body of their report – such as more frequent referrals acting as evidence of the care that a provider takes.