

Older People's Commissioner for Wales

Local Authority requirements for action - Merthyr Tydfil CBC Current Position

Key Conclusion 1: Too many older people living in care homes quickly become institutionalised. Their personal identity and individuality rapidly diminishes and they have a lack of choice and control over their lives.

During April 2015, we will undertake a baseline audit against the required actions specified for HBs, LAs and Care home providers (CH) under key conclusion 1 (Health Boards 2 actions, LAs 1 action, Care home providers 2 actions) . This will inform future work and also the actions identified below.

Required Action	Outcome	By whom /By when	Merthyr Tydfil Position
<p>1.6 Older people are offered independent advocacy in the following circumstances:</p> <ul style="list-style-type: none"> 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. 	<p>Older people living in care homes that are closing, as well as older people that are at risk of or are experiencing physical, emotional, sexual or financial abuse, have access to independent or non-instructed advocacy.</p>	<p>Local Authorities & Care Home Providers & Health Boards April 2015</p>	<p>Use of IMCA under safeguarding arrangements where appropriate. Within the Local Authority the IMCA and the IMHA are utilised and are statutory under the Mental Capacity Act. The Local Authority also commissions Age Connects Morgannwg and Dewis CIL. These services are also utilised during hospital discharge to a care home as and when required.</p> <p>A Joint Protocol exists which states the following actions must be undertaken within the first 24 hours:</p> <p>Assess the needs of each service user (including need for advocacy and/or interpretation) in conjunction with the Registered Person(s) and staff of the Home and, where necessary, liaise with the</p>

<ul style="list-style-type: none"> • 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. 			<p>service user's GP.</p> <p>Care management assess each individual's requirements for advocacy and also undertake this when an older person is moving from a care home as their needs have changed.</p> <p>Care management advocate for clients and undertake best interest assessments are undertaken where necessary.</p> <p>In extreme circumstances where individuals are required to be admitted to a residential care setting directly from hospital a multi-agency meeting is held and a best interest assessment is undertaken when this is required.</p> <p>Service user plans are reviewed regularly where family members, friends and or advocates are encouraged to be involved where appropriate.</p>
---	--	--	---

Key Conclusion 2 : Too often, care homes are seen as places of irreversible decline and too many older people are unable to access specialist services and support that would help them to have the best quality of life.

During April 2015, we will undertake a baseline audit against the required actions specified for HBs, LAs and Care home providers under key conclusion 2 (Health Boards 1 action, LAs 1 action) . This will inform future work and also the actions identified below.

Required Action	Outcome	By whom /By when	Merthyr Tydfil Position
<p>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.</p>	<p>Older people receive full support, following a period of significant ill health, for example following a fall, or stroke, to enable them to maximise their independence and quality of life.</p>	<p>Health Boards and Local Authorities in partnership July 2015</p>	<p>The Community Integrated Assessment Service (CIAS) has recently been implemented and is visiting both Local Authority residential care homes for Older People. Service plans are being reviewed to ensure a person centred approach is undertaken within the homes. We have developed a programme of regular inspection and review to ensure that best practice is being implemented.</p> <p>Work is ongoing to further develop telecare services within the homes linked to the internal alarm systems to enable an instant and more effective response from staff.</p> <p>COT's work well within the Local Authority home setting working collaboratively with residents and staff to ensure that rehabilitation is as effective within the home as out in the community. COTS advise staff and recommend the relevant aids, adaptations and exercises to support and enhance their independence.</p>

Key Conclusion 3: The emotional frailty and emotional needs of older people living in care homes are not fully understood or recognised by the system and emotional neglect is not recognised as a form of abuse.

During April 2015, we will undertake a baseline audit against the required actions specified for HBs, LAs and Care home providers under key conclusion 3 (Health Boards 2 actions, LAs 2 actions, Care home providers 2 actions) . This will inform future work and also the actions identified below.

Required Action	Outcome	By whom /By when	Merthyr Tydfil Position
<p>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 ongoing basis as part of their skills and competency development, with this a specific element of supervision and</p>	<p>All staff working in care homes understand the physical and emotional needs of older people living with dementia and assumptions about capacity are no longer made (Action 3.1, 3.2).</p>	<p>Local Authorities & Care Home Providers Begin January 2016</p>	<p>High quality dementia training is available. This is provided at two levels – one as basic awareness and one more advanced for supervisors and managers. The full day Dementia training is available for staff and the Dementia Advanced Level 3 (two day training) is provided for supervisors and managers. This is provided by Acute training.</p> <p>Acute also offer half day training on incontinence available to all staff.</p> <p>Manual handling training is offered to all staff to support the falls agenda by upskilling staff in techniques to lessen the impact of falling (should the staff member be present) and how to support individuals to rise from a fall (where appropriate) should staff members not be present at the time of the incident.</p>

performance assessment.			
<p>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.</p> <p>This must include ensuring continued access to faith based support and to specific cultural communities.</p>	<p>Older people are supported to retain their existing friendships and have meaningful social contact, both within and outside the care home. Care homes are more open to interactions with the wider community.</p> <p>Older people are able to continue to practice their faith and maintain important cultural links and practices.</p>	<p>Care Home Providers & Local Authorities November 2015</p>	<p>The Red Cross attends the home as a befriending service to support individuals to access the community. Referrals can be made directly to the Red Cross by the care homes. Communities First are also developing befriending services within the home.</p> <p>Faith is encouraged within the local authority homes by linking to local churches. The service user guide commits to supporting residents to participate in outside religious services if they wish, and should this not be possible for any reason, staff at the home will arrange an in house religious service if this is required.</p> <p>Should other faiths be accommodated within the homes then effort would be made to ensure that the residents were able to maintain their faith base.</p> <p>Staff at the homes encourage residents to participate in local community life through making use of local services, facilities and activities in the community and ensure that suitable transport is available to access these facilities, based on assessed needs.</p> <p>Leisure activities are determined both by individuals and as a group and may include meals out, daytrips, cinema and social entertainment.</p> <p>The homes have a policy on equality and diversity and this clearly sets out the standards of care received in respect of this.</p> <p>Residents have the opportunity for personal development through the maintenance and development of social, emotional, communication and independent living skills.</p>

Key Conclusion 5: The vital importance of the role and contribution of the care home workforce is not sufficiently recognised. There is insufficient investment in the sector and a lack of support for the care home workforce.

During April 2015, we will undertake a baseline audit against the required actions specified for HBs, LAs and Care home providers under key conclusion 5 (Health Boards 1 action, LAs 1 action, Care home providers 3 actions) . This will inform future work and also the actions identified below.

Required Action	Outcome	By whom /By when	Merthyr Tydfil Position
<p>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</p>	<p>Care homes that want and need to improve the quality of life and care of older people have access to specialist advice, resources and support that leads to improved care and reduced risk.</p>	<p>Welsh Government Lead in partnership with Local Authorities, Health Boards, Care Home Providers September 2016</p>	<p>Where dealing with contractual breaches, issues of professional responsibility and liability the commissioners will manage and support homes to make the required improvements through current escalating concerns procedures</p> <p>An independent review was conducted of the two Local Authority Homes by another experienced Care Home provider in order to identify the steps needed to reconfigure the service to 32 bedded EMI residential homes.</p> <p>The review assessed:</p> <ul style="list-style-type: none"> • Staff and management processes • Quality of care • Meaningful day activities • Person centred care • Service User involvement

<p>drive up the standards of quality of life and care for residents as well as to prevent and mitigate future safeguarding risks.</p> <p>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.</p>			<ul style="list-style-type: none">• Training programme <p>A quality audit tool has been developed and has been implemented within the Local Authority care homes. There is an intention to develop the audit tool for use across the whole of Cwm Taf.</p> <p>The Local Authority is committed to supporting a National Improvement service.</p>
---	--	--	--

DRAFT

Key Conclusion 6: Commissioning, inspection and regulation systems are inconsistent, lack integration, openness and transparency and do not formally recognise the importance of quality of life.

During April 2015, we will undertake a baseline audit against the required actions specified for HBs, LAs and Care home providers under key conclusion 6 (Health Boards 2 actions, LAs 2 actions, Care home providers 2 actions) . This will inform future work and also the actions identified below.

Required Action	Outcome	By whom /By when	Merthyr Tydfil Position
<p>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.</p> <p>Annual reporting should be undertaken of how on-going feedback from older people has been used to drive continuous improvement (see action 6.10).</p>	<p>Commissioners, providers and inspectors have a thorough understanding of the day-to-day quality of life of older people living in care homes (Action 6.2, 6.3).</p> <p>Older people’s views about their care and quality of life are captured and shared on a regular basis and used to drive continuous improvement (Action 6.2, 6.3).</p>	<p>Care Home Providers & Local Authorities & Health Boards & CSSIW April 2015</p>	<p>The provider forum has been re-established in order to drive improvements.</p> <p>Stronger links have been established with contract and commissioning</p> <p>Annual service user questionnaires are completed within the home which are analysed and any issues are addressed.</p> <p>Families are also contacted with regards to their satisfaction levels.</p> <p>A new quality audit tool has been implemented which reference service user input.</p> <p>Regulation 27 visits are regularly undertaken where identified issues are reported to care home providers and acted upon. Service user input is to be</p>

<p>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:</p> <ul style="list-style-type: none"> • 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 	<p>Older people have access to relevant and meaningful information about the quality of life and care provided by or within individual care homes and there is greater openness and transparency in respect of the quality of care homes across Wales and the care they provide (Action 6.7, 6.8, 6.9, 6.10).</p>	<p>Local Authorities - Outline AQS September 2015</p>	<p>incorporated into all further Regulation 27 visits.</p> <p>Annual quality statements are produced by the Director of Social Services and actively seeks feedback from all stakeholders.</p> <p>Commitment has been made by the Director of Social Services within Merthyr Tydfil to produce this information on an annual basis.</p>
--	---	---	---

<p>the quality of life and care provided in care homes geographic location of care homes</p> <p>Further details of reporting requirements should be included as part of the Regulation and Inspection Bill.</p>			
---	--	--	--

DRAFT