

Care and Nursing Home overall assurances

We have circulated an Assurance Certificate template to all our Care and Nursing home providers seeking their assurances with respect to the appropriate required actions. The responses we have received demonstrate that our providers either already comply or are willing to work towards compliance.

Following the Commissioner's assessment of our original submission and suggestions for improvement, further evidence gathering and assurances have been sought from our homes

Registered homes are required to submit an annual quality report to CSSIW. We will be working with our homes to ensure that these reports and their annual quality self-assessments provide the evidence that will inform the Chief Officer for Social Care and Health annual quality statement. (see comment under 6.7)

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.

April 2015

Our providers affirm that advocacy services are available to residents when safeguarding issues arise. Whilst the majority assure that details of advocacy are available in their literature and published on noticeboards in the home, there are providers that need to ensure that this availability is made clearer to residents and potential residents. Our service monitoring programme is being amended to include validation of compliance with this, and the other, required actions.

Awareness of availability of advocacy services will be included in the conversation checklist that monitoring officers use when consulting with residents. Evidence and information about advocacy services will be included in the annual quality self-assessment completed by providers.

At this time we are still clarifying the responsibilities associated with arranging advocacy, where necessary, when a resident is leaving hospital. This will be raised as a matter for clarification and resolution in our next Care Home Providers' Forum in which we will involve the Health Board – in June 2015.

Arrangements have been made so that advocacy services are available to residents in a current escalating concerns situation, and these would be available to meet all future requirements.

Whilst the required actions list specific examples where the access to advocacy is required, evidence from the homes themselves lists recent instances where advocacy has been made

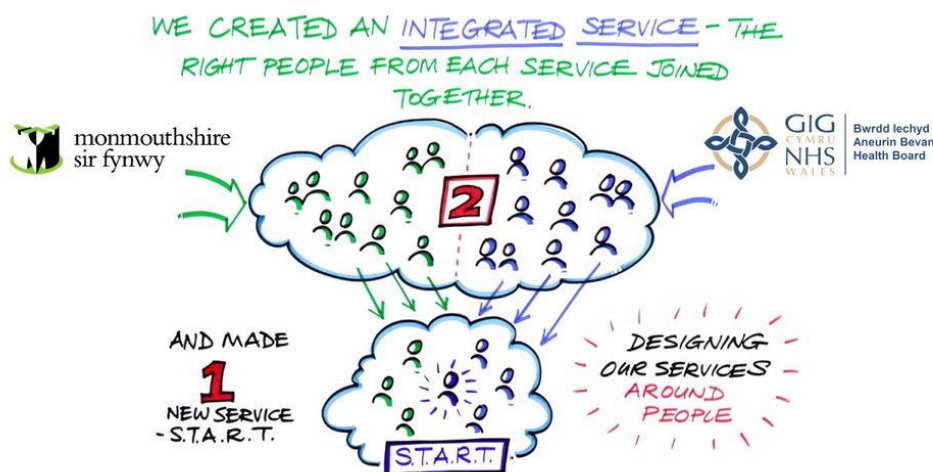
available to assist in determining appropriate care plan in cases of reduced mental capacity; assisting a resident to resolve financial issues; assisting the resolution of family disputes and in resolving complaints made on behalf of the resident by third parties.

Feedback from the monitoring/validation visits will inform our on-going appraisal of access to advocacy services.

Action: Lead Commissioner QA to ensure that:

- Home monitoring procedures are amended to validate compliance with this and other required actions.
- The new provider contracts being developed for services from 1 October 2015, reinforce compliance with the required actions.

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
July 2015



Monmouthshire has led the way in integrating health and social care. In September 2008 we began integrating front-line teams through our START teams (short term assessment and reablement). These include social worker, therapists, district nurses and care workers and mean that people are able to have a conversation with the right professional rather than having different key workers from different agencies. The teams have been successful in returning people to full independence without the need for expensive long term care that often increases dependency. The effectiveness of these integrated services is further ensured through their location in integrated hubs in Chepstow Community Hospital, Monnow Vale Hospital and Mardy Park Resource Centre.

Evidence from our care home providers confirms the effectiveness of this integrated approach, the access to ‘seamless’ services being commended as directly benefiting residents.

Action: Performance and improvements will continue to be reviewed via the Directorate Management Team

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 specific element of supervision and performance assessment

January 2016

Our providers have provided assurance that appropriate training arrangements are already in place – meeting the induction and on-going development requirements as described in the Care Council for Wales, Practice Guidance- Supporting the Social Care Workforce to deliver Person Centred Care for People with Dementia.

An in-house programme of Dementia Care Matters training has been implemented and one of our homes has recently invested heavily in a service development programme with Dementia Care Matters

Our process of seeking assurances from our providers that they are complying with the Required Actions has, through self-assessment, identified that there are some instances where the effectiveness of the training etc has not been effectively validated through the supervision or 1:2:1 procedures. Action plans are now in place to remedy these weaknesses and their effectiveness will be reviewed by our monitoring officers using the amended procedure. Further, providers will be required to assess their performance against these requirements in the annual quality self-assessment process. A new template is being developed to incorporate these criteria.

Action: Lead Commissioner QA to ensure that:

- Compliance with the Required Actions is validated in monitoring visits. Ensuring that there is evident positive impact for the residents.

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.

November 2015

Almost universally our providers assess themselves as being compliant with supporting residents retain existing friendships and ensuring access to faith based support and cultural communities where appropriate. As with all the Required Actions, our contract monitoring processes will be including validation of these self-assessments.

However, whilst some services are actively involved with encouraging befriending or ‘friends of...’ Schemes, others have identified the need to progress these and intergenerational projects. The Authority will encourage these initiatives and the best practice within them, via the Care Home Forum meetings Further, as our Community Connections initiative progresses, the opportunities for linkages to be created between residents in homes and ‘friends’ within the community will be developed.

Further, our Supporting People Programme Grant funded services is conducting an option appraisal into supporting befriending services across the County. The intention is to have a project proposal available as and when any SPPG under-spending or new funding becomes available.

As part of our planned/routine contract monitoring, we will review providers’ progress in respect

<p>of this requirement.</p>
<p>Action: Lead commissioner QA & Supporting People to ensure that Supporting People prevention of social exclusion initiatives involve local care homes.</p>
<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 the residents and/or potential breaches of their human rights.</p> <p>The national improvement team should utilise skills of experienced Care Home Managers as well as other practitioners, to provide intensive and transformational support to drive up 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 material to assist homes that wish to improve in self-development and on-going improvement</p> <p>September 2016</p>
<p>The creation of the National Framework Service will build on much of the collaborative working that is already being undertaken between the Authority, the Health Board and CSSIW – as evidenced in our recent joint management of an escalating concerns situation in which we have worked very effectively together, recognising the role, powers and strengths of each agency.</p> <p>The Authority would support the creation of this service and looks forward to being involved, much as it has done in the development of a common provider quality self-assessment procedure with the Health Board and CSSIW – which will hopefully be piloted in Monmouthshire in 2015/16.</p>
<p>Action: Lead Commissioner QA to continue involvement with CSSIW’s core group developing the inspection framework.</p>
<p>6.2 Care home providers, Commissioners and CSSIW should develop informal and systematic ways in which to ensure that 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.</p> <p>April 2015</p>
<p>The Authority’s approach to all the processes involved with providing care is based on ‘what matters to the person’. This approach involves discussions and listening to older people and converting their needs and aspirations into meaningful outcomes.</p> <p>At the same time, a new quality assurance framework is being developed which is also based on assessing the impact of the services on the service user. Again, fundamental to this approach is talking with older service users to understand the quality of the service from their perspective.</p> <p>In conjunction with CSSIW, the Authority has been encouraging care home providers to include descriptions of how their service will achieve person-centred outcomes in their Statements of purpose and other literature that is available to potential residents.</p> <p>Central to our new approach to quality assurance is the need to collate, analyse and act upon information that social workers report when they have met with a resident and reviewed their services. A Professional Feedback App has been developed to collate this feedback which is then used to focus monitoring visits. As the use of the App has developed, our ability to act more</p>

proactively in services where quality is deteriorating has improved and this quality intelligence will enable us to create a more effective linkage with CSSIW. Ensuring that the residents’ feedback is fully utilised to improve services is an on-going commitment of the Authority and methodologies for collating their feedback more effectively are being developed.

An example where a provider has significantly improved their understanding of the factors affecting their residents’ quality of life is demonstrated in an escalating concerns situation in which the provider, with the support of Dementia Care Matters, has involved advocacy and befriending services to ensure that meetings with residents and their families highlight the real issues of concern and that appropriate remedial actions are planned and actioned.

Overall, our providers assure us that they are compliant with this requirement. However, some have identified the need to increase their efforts in this area and the Authority will be using the annual self-assessment of services to collate evidence that discussions with residents, their families and/or advocates do actually lead to service improvements.

Action: Lead Commissioner QA to ensure that compliance with and improvements in this Required action are validated in monitoring visits.

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 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.**

September 2015

We support this in principle but believe that this requirement needs further discussion and clarification; especially in considering CSSIW’s responsibility to regulate and assure the quality of care within care homes and avoid duplication or the potential for conflicting assessments. We would welcome the Commissioner’s view in this regard.

The range and scope of the human rights considerations also requires some clarification. Presumably the two most relevant issues are Deprivation of Liberty and the implications of Article 14 on those with assets above the threshold limit. It may be that the Commissioner has in mind a wider assessment, and it is this that needs to be clarified.

Our comments on this requirement suggest that across the whole range of required actions, it would be helpful under each action for the agency with responsibility to take action, monitor progress and reporting be clearly and separately identified.

We are also concerned that this is proportionate and of genuine value to older people; this requires further consideration to identify a level of detail which is useful, does not duplicate other processes and does not divert staff from their focus on the improvement agenda in homes.

Action: The Director of Social Services will pursue these via the Association of Directors of Social Services.