

Gareth Chapman CSTJ., DL., LL.M., MBA., CMgr., DipLG., CCMI., Solicitor  
Chief Executive/Prif Weithredwr



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Croesawn ohebu yn Gymraeg a fydd gohebu yn y Gymraeg ddim yn arwain at oedi.

Rhowch wybod inni beth yw'ch dewis iaith e.e Cymraeg neu'n ddwyieithog

We welcome correspondence in Welsh and corresponding with us in Welsh will not lead to a delay.

Let us know your language choice if Welsh or bilingual.

Croesawn alwadau yn y Gymraeg  
We welcome calls in Welsh

Sarah Rochira  
Older People's Commissioner for Wales  
Cambrian Buildings  
Mount Stuart Square  
Cardiff  
CF10 5FL

Dyddiad/Date: 29<sup>th</sup> March 2017

Ein Cyf./Our Ref.: CE/GC/SRT/02  
Eich Cyf./Your Ref.:

Gofynnwch am/Please ask for:  
Llinell Uniongyrchol/Direct Line:  
e-bost/email:

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Dear Ms Rochira,

**RE: CARE HOME REVIEW FOLLOW-UP WORK**

Further to your letter dated 31 January 2017 requesting an update on progress in relation to a number of specific areas relating to your Care Home Review. Please find attached the completed pro forma from Merthyr Tydfil County Borough Council.

You will be aware that in Cwm Taf, in order to address the requirements of your Review collaboratively and maximise the impact of our work, we established the Cwm Taf Care Home Review Steering Group, with representatives from the Health Board, Local Authorities, Care Home providers and the Third Sector. Together we have been implementing a Joint Action Plan.

We have adopted the same coordinated and consistent approach to the completion of the pro formas required for each organisation. Whilst each organisation has agreed and submitted their individual pro forma, these have also been reviewed collectively by the Care Home Steering Group and considered by the Cwm Taf Transformation Leadership Group (which is the officer led group which reports to our Cwm Taf Social Services and Well-being Partnership Board.)

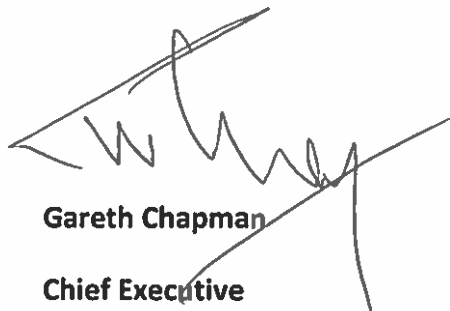
Merthyr Tydfil  
... a place to be proud of

Merthyr Tudful  
... lle i fod yn falch ohono


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Chief Executive/Prif Weithredwr

Should you have any queries or require any further information regarding the Merthyr Tydfil County Borough Council submission, please do not hesitate to contact Lisa Curtis-Jones on 01685 724680 or Lowri Morgan on 01685 724636.

Yours sincerely



**Gareth Chapman**  
**Chief Executive**



**Councillor Brendan Toomey**  
**Leader**



# Older People's Commissioner for Wales Comisiynydd Pobl Hŷn Cymru

Follow-up to 'A Place to Call Home' Review  
Local Authority Self-evaluation Pro Forma

APPENDIX 1

Organisation	MTCBC
Accountable officer and job title	Lowri Morgan: Principal Manager Accommodation Services
E-mail	<a href="mailto:Lowri.morgan@merthyr.gov.uk">Lowri.morgan@merthyr.gov.uk</a>
Telephone	01685 724636
Date	29.3.17
Signed	PP <i>Lowri Morgan</i>

**Chief Executive Officer**

Name: G W CHAPMAN

Date: 29 March 17

Signed:

**Council Leader**

Name: *Sarah Jones*

Date: 29-3-2017

Signed:

**Deadline for responses: 31 March 2017**

**Please email responses to: [review.adolygiad@olderpeoplewales.com](mailto:review.adolygiad@olderpeoplewales.com)**

<p><b>Outcome</b></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><b>Action Required (Requirement for Action 2.2):</b></p> <p>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. (In partnership with Health Boards)</p>	
<p>To what extent do you comply with this Requirement for Action? (300 words)</p>	<p>Health services are universally available including to those who are self-funders. To ensure that staff within the residential sector have the suitable skills to support Older People to regain their confidence and function after a period of illness the UHB provide training and awareness sessions for care home staff incorporating when/how to access specialist health support.</p> <p>The UHB has continued to develop the health component of their community based @ Home Services which includes the Community Integrated Assessment Service (CIAS). The @Home Service aims to provide a service by moving more care out of hospital and into the community to improve health and wellbeing, offering an alternative to hospital admission. Care home residents are included in the referral criteria. The disciplines within the team include Consultant and middle grade medical staff, Advanced Nurse Practitioners, Registered Nurses and Health Care Support Workers, Physiotherapy, OT, SALT, Dietician, Nurse Practitioner for Dementia &amp; Administrators.</p> <p>Support is offered which is usually over and above core service enabling residents to stay home, maintaining independence and avoiding unnecessary hospital admissions. Support is offered to residents requiring IV antibiotics, Community acquired pneumonia who require enhanced interventions, dehydration requiring parenteral fluids, frequent falls or residents at risk of deteriorating mobility, complex frail elderly at risk of approaching crisis who may not need 24 hour hospital care.</p> <p>The Care Home Dementia Intervention Team (CHDIT) is in all EMI nursing homes and most EMT residential homes at present. The Care Home Dementia Intervention Team provides prompt support, advice and education to the Care Home Sector to build knowledge and skills about dementia management for those staff in the care</p>

	<p>home setting. Where hospital admission is deemed necessary the Care Home Dementia Intervention Team will help to facilitate early discharge by providing transitional support from hospital back to the care home.</p>
<p>On what evidence has this assessment been made? (850 words)</p>	<p>Elements of the CIAS service were funded via the Intermediate Care Fund (ICF) and the evaluation produced for October – June 2015 identified 156 referrals to the care home support team from October 2014 – June 2015. During this time 102 admissions to hospital were avoided.</p> <p>CIAS has now been incorporated into the wider Cwm Taf @home services that includes the assessment element (including medical support) the advance nurse practitioners (who deliver IV services in the community) and the nursing home support.</p> <p>The following information is based on the ICF evaluation of the @Home service provided to nursing homes:</p> <ul style="list-style-type: none"> <li>• The Care Home Support Team Project has been extended and is currently being reviewed in the context of developing integrated @Home services within health. This service is now integral to the wider health @Home services. We have been successful in appointing 4 Band 6 nurse posts within the @Home Service. Further integrated working is being proposed in line with the Stay Well @Home project which is due to commence March 2017.</li> </ul> <p>From a primary care perspective, older people residing in care homes have access to GMS (general medical services) delivered via their GP Practice and Optometry/Pharmaceutical/Dental services in the same way that other older people would. In addition to essential medical services, some GP Practices deliver enhanced services (we have an enhanced service for Care Homes and Nursing Homes).</p> <p>Similarly, older people residing in care homes would have access to both specialist nursing and generalist nursing services (District Nursing would be restricted to those residing in residential beds). For example, we have clinical nurse specialists for a range of diseases/conditions and they regularly provide advice and support to Care Home staff regarding the management of their residents.</p> <p>The SALT (speech &amp; language therapy team) will review individuals whom may have had a stroke and particularly if there is an issue regarding their ability to swallow.</p>

	<p>The (CHDIT) has adopted a model derived from the work of Dr Ian James and the Newcastle Challenging Behaviour Team (NCBT) by providing a 12-week, person-centred, and staff-focussed approach to help understand and intervene to reduce behaviours that are difficult to manage.</p> <p><b>Formulation &amp; Interventions</b></p> <p>Bio-psycho-social formulation is a way of making sense of a person's distress. <b>Formulations</b> are used to communicate a hypothesis and provide a framework for developing the most suitable intervention plan. Intensive work around the purpose and benefits of formulation has been carried out with staff.</p> <p>Development of the team's intervention toolkit has begun and a variety of sensory, reminiscence and stimulatory objects have been utilised based on individual resident's need. Specific interventions carried out with residents have included reminiscence, life story work, music therapy and doll therapy.</p> <p><b>Advice &amp; Consultation</b></p> <p>The team has offered advice and consultation to the staff within four Care Homes. The emphasis has been on exploring alternatives to medication in the form of a variety of psychosocial interventions thereby adhering to NICE guidance and a large body of evidence indicating that this will be most likely to bring about long term resolution of presenting problems and improve quality of life.</p> <p>To promote the timely use of services needed after a period of ill health, accessed appropriately, we are promoting the use of DEWIS to raise awareness and understanding for staff in care homes and UHB/LA staff re entitlements and access arrangements.</p>
<p>What impact has this had on residents' quality</p>	<p><b><u>CTUHB @ Home Service</u></b></p> <p>The following was identified as having made a positive difference as a result of the CTUHB @ Home Service:</p>

<p>of life and care? (850 words)</p>	<ul style="list-style-type: none"> <li>○ Staff Training and the impact on Quality - Most staff within the CHST have had training in various aspects of clinical practice (see above) that have increased their skills, knowledge and confidence. This training will ultimately benefit the patients and provide a more holistic and quality service.</li> <li>○ Reduction in hospital length of stay. To date the team have targeted those patients currently in Nursing Homes with the emphasis in preventing their admission and supporting their needed enhanced clinical interventions. As the team referrals are from GPs it is difficult to quantify reduction of length of stay in hospital as the team are not called on by ward staff to aid quicker safer discharge. The team have been involved in facilitating discharges since February 2016 which has resulted in patients being referred to the team.</li> </ul> <p><b><u>ICF evaluations</u></b></p> <p>ICF evaluation of the CIAS service identified that 102 admissions to hospital were avoided.</p> <p>Further evaluation of the @Home service (for nursing homes) in quarter 3 identified the following performance measures:</p> <ul style="list-style-type: none"> <li>○ 33 New referrals received between October - December 2016</li> <li>○ 91 follow ups face to face contacts between October – December 2016</li> <li>○ 27 follow ups non face to face between October- December 2016</li> <li>● Awareness sessions have been completed with the Care Home Managers Forum, Community Team/Nurse Assessors/Advanced Care Planners, WAST, Senior Nurse Forums. Further awareness sessions will be arranged as required. Referral and triage process are being monitored by @Home team.</li> <li>● During October 2016 the CHST have undertaken further training with care home staff (Ty Ross, Treherbert); this training included oral health care and subcutaneous fluid administration.</li> <li>● Dementia training has been completed</li> <li>● Formulation training has been completed</li> <li>● Subcut training has been delivered to staff in all 8 Care Homes. This is an on-going as requirement.</li> <li>● Training was delivered by the pharmacist and RGN's on effective bowel management and the prevention of constipation. This training is currently being delivered by CHST.</li> <li>● Com Care training provided to staff at triage enabling improved communications for patients referred to service.</li> </ul>
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	<ul style="list-style-type: none"> <li>• Oral health care training to care home staff.</li> <li>• Subcutaneous fluid administration and maintenance.</li> <li>• As part of the CHST the Mental Health Nurse Practitioner provided advice and support to the Care Homes and their staff. For example, this covered dementia care and more general advice interventions for challenging behaviour. As the MHNP was also part of the Mental Health Care Home Support Team the links between the two teams have been a distinct advantage for the patients and care home staff as the two teams complemented each other avoiding duplication and potential conflict of interest.</li> <li>• Formulation training and collaboration with the MHCHST</li> <li>• Psychologists – including joint visits have proved very beneficial to patients, care home staff and the care planning of the Team.</li> </ul> <p><b>CHDIT Outcome Measures</b></p> <ul style="list-style-type: none"> <li>• Waiting times from receipt of referral to first contact was five working days or less for all referrals received by the CHDIT during the last year;</li> <li>• Rates of behaviours that challenge reduced significantly after intervention for all except one individual referred to the CHDIT over the last year. Carer distress scores reduced for all residents referred;</li> <li>• Individual well-being scores greatly improved for all residents for whom outcome measures were performed. Bradford Well-Being Profile scores for the past six months describe an overall increase of 66 per cent in the positive indicators of well-being for this period. This compares with 67 per cent in the first six months. There has also been a 65 per cent decrease in the negative behavioural indicators and risk factors for the same residents. This compares to 55 per cent decrease in the first six-month period;</li> <li>• Staff Satisfaction Questionnaires indicate that, overall, care home managers and senior carers/clinical leads have been satisfied with their experiences of working with the CHDIT over the past year.</li> </ul>
If further actions	We will seek to strengthen the evaluation processes in particular in



<p>are needed to be compliant, please evidence what these will be and provide a timeline for compliance?  (500 words)</p>	<p>relation to contract compliance and the regulation 27 visits. This will incorporate elements of the Dementia Care Matters model around evaluation of quality of life and interactions.</p> <p>The Care Home Dementia Intervention Team has developed over the last 3 years and there are plans to further develop the team to enhance the impact across the wider care home sector. This will allow us to have a presence in all the care and nursing homes in Cwm Taf.</p>
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N.B. The Commissioner's expectation is that specialist services are made available to all residents, where appropriate, including self-funders evidence submitted in this section should therefore reflect this.

<p><b>Outcome</b></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.</p>	
<p><b>Action Required (Requirement for Action 3.2):</b></p> <p>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.</p> <p>The Commissioner's expectation is that this will include reference to actions that the Local Authority has taken as commissioners of care to ensure that all staff working in care homes understand the physical and emotional needs of people living with dementia.</p>	
<p>To what extent do you comply with this Requirement for Action?</p> <p>(300 words)</p>	<p>All new starters in the local authority will undertake dementia training as part of the in-house induction programme. Thus the LA will achieve compliance with the RfA within these care homes from May 2017.</p> <p>However, achieving compliance with commissioned nursing and care home provision is challenging to achieve. This is due to a number of factors including poor recruitment and retention rates of qualified nurses, and a shifting demographic regarding managers and care workers. The revised Cwm Taf wide contract and service specification will seek to address this through ensuring the requirement for appropriate training is contained within the new documentation. This will be monitored through contract compliance visits and CSSIW inspection reports.</p> <p>We have made significant progress towards achieving culture change by commissioning our 'Leadership in Dementia Care' training programme with our key training partner Dementia Care Matters.</p> <p>We had two cohorts of this programme last year - 36 places allocated across Cwm Taf region – 8 places allocated for MT managers; 6 from the Local Authority and 2 from a private home.</p> <p>A further course will be commissioned this year.</p> <p>This will ensure that the CPD of managers is understood as a clear expectation for provider organisations.</p> <p>Last year 2 of the allocated places were given to senior staff in contracted nursing / care homes. We will encourage wider</p>

	<p>participation in 17/18.</p> <p>To ensure that we develop a wellbeing culture, we will also ensure that the leadership course is attended by representatives of the contract compliance team so that they are trained in the use of outcome focused tools that measure wellbeing.</p> <p>This measure will ensure that they fully appreciate the balance between safety and risk aversion, the need for a supportive and homely environment, and the obligation to challenge negative communication in all its manifestations (whether verbal, behavioural or in official documentation such as care plans or service delivery specifications)</p>
<p>On what evidence has this assessment been made? (850 words)</p>	<p>In 2016, the Cwm Taf SCWDP partnership commissioned a specialist dementia care training consultancy, Dementia Care Matters to provide us with two programmes about leadership in dementia care. These five day programmes were targeted at Managers, nurses and senior care workers in both the in house and contracted care home sector. This style of training uses a combination of university accredited dementia expertise, simple validated observation tools and Neuro Linguistic Programming change management techniques to effect change.</p> <p>The five day course provides care home leaders with opportunities to take practical, achievable, measurable steps towards achieving culture change. The course is structured in two parts. Part 1 covers leadership values, reflection about self and learning about projects. In addition to knowledge, managers are also provided with simple tools to equip them to appraise progress and inspire their staff.</p> <p>There are eight projects to choose from. These include:</p> <ol style="list-style-type: none"> <li>1. Recruitment</li> <li>2. Measuring wellbeing and ill-being</li> <li>3. Measuring communication using a validated quality of life appraisal tool (QUIS – Quality of Interactions Schedule)</li> <li>4. Creating a leadership team</li> <li>5. Training</li> </ol>

6. Matching people at a similar stage of cognitive experience
7. Creating meaningful occupation
8. Improving the mealtime experience

These topics are clearly identified in the OPC report as requiring attention.

One of the innovations that we have taken in the Cwm Taf region is to provide managers with additional support to achieve their project goals. We have done this by offering the opportunity to have support from the training and development team specifically in relation to the project that they are leading. This means that staff are gathered together and have a clear idea about direction of travel, the 'vision' and the values that accompany the training, and also the outcomes that need to be achieved and measured to gauge success. This training focuses on team development and it is arranged in collaboration with the manager, who is also required to attend all sessions.

Success is measured and tracked by the manager using the 70 point butterfly action checklist. Using this resource, we have seen some good progress towards culture change with the managers who have recently completed the course. This success has been very motivating for other managers who have yet to get off the ground with their project.

Ongoing support about use of the Quality of Interactions schedule (QUIS tool is available via the Cwm Taf SCWDP.

We have also purchased books and DVD resources about the butterfly household model from DCM to act as an ongoing resource.

**Milestone achievements to date include:**

Plans are in place regarding incorporating dementia training on induction. From May 2017 all new starters in the local authority will receive basic dementia training as part of the induction process. This opportunity will be opened out for the first time to maintenance, catering and, admin staff, as well as those providing direct care.

The focus of all SCWDP dementia training courses is specialist communication techniques as developed by Naomi Feil and David

Sheard, developing emotional growth in staff and the creation of a stimulating environment.

The need to come away from risk aversion was picked out as a specific problem in the OPC report.

To respond to this issue, a new course was developed in 2016 about the context of positive risk taking. This course balances rights as provided for under the HRA and MCA with protective requirements of Health and Safety and Food hygiene guidance. There are plans to run 2 more sessions this year for managers and 3 sessions for care staff.

We will plan to share information about a rights based approach with key partners who provide us with expert advice – e.g. officers with responsibility for H&S and environmental health.

We will research the pro's and con's of developing a voucher reward scheme to encourage our independent sector colleagues to access training.

The Service Accommodation manager has led by example by attending the Leadership and culture change course hosted by Dementia Care Matters. She has also ensured that both her LA care home managers have completed. (100%, 2/2). Additionally, 4 senior care workers have also attended.

42 % of commissioned independent nursing and care homes have sent managers on a DCM culture change course. (3 out of 7)

The leadership course focuses on the development of managers as positive enablers and leaders of good practice in dementia care through shifting from a task orientated culture to a culture where relationships are built, activities are regarded as essential for resident wellbeing and the human rights of residents are upheld.

Specialist courses developed have included creating life history work and communicating with people using music.

Our contract monitoring team will develop skills in relation to appraisal of quality of life.

Both Local Authority home managers and five of the senior care workers are undertaking a City & Guilds Level 3 Award in Awareness of Dementia. It is hoped that this can then be rolled out to other staff within the team.

<p>What impact has this had on residents' quality of life and care? (850 words)</p>	<p>Merthyr is committed to a programme of driving culture change, and understands that this takes focus, drive and commitment.</p> <p>MT recognises that change is driven from the top and senior managers must lead by example to create the necessary culture. The accommodation service manager now has skills in appraising quality of life using the QUIS tool.</p> <p>LA Care Home Managers are being supported to deliver a positive care culture through ongoing supervision and participation in a culture change leadership programme.</p> <p>We have yet to formally evaluate and measure the outcomes of this training. However the accommodation manager will use the 70 point action checklist developed by DCM to appraise and support in-house managers with the commitments that they have made. It is our intention to implement this across the Local Authority homes by Autumn 2017. Early anecdotal responses from managers indicate some very positive outcomes.</p> <p><u>Specific leadership projects</u></p> <p>There is evidence of the following progress:</p> <p><u>Measuring interactions using the QUIS tool</u> – 2 MT care homes have committed to undertake communication projects. (1 LA home, Ty Gurnos &amp; 1 private home, Plasnewydd).</p> <p>Both care homes have had targeted training in relation to their project from the Cwm Taf SCWDP which has helped set out vision and values. One organisation has started the QUIS observations, another has yet to commence. The staff who have accessed training have learned about the 'the language of dementia' i.e. they know that words such as 'mother', 'home', 'work' and 'children' aren't literal, but are about asking for an emotional need to be met. They also now understand the notion of negative, controlling care.</p> <p><u>Measuring wellbeing and ill-being</u> – One care home has started to use pro-formas developed by the Bradford Dementia Group to appraise a person's happiness. All people living at Ty Bargoed were appraised. These have proved to be very useful and the staff team have been very motivated to use them to improve the lives of people in their care.</p>
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### Creation of a sensory room

Some senior care workers at Ty Bargoed have created a sensory environment to stimulate people who are a repetitive stage of experience.

### Activities

Spirituality - Two other care workers in Ty Bargoed had targeted training in respect of spirituality. They now have the confidence to host their own structured multi-sensory session which connects some older people with dearly loved church and chapel activities. This also incorporates use of the Welsh language, reconnecting people with familiar prayers (Ein Tad)

Baking – baking activities have been introduced in one of the homes. There are plans to incorporate this into the volunteering activity of the young lady with learning disabilities who attends the home.

Improving the meal time experience – one contracted nursing home (Greenhill Manor) has focused on the mealtime experience. They trained specific members of staff to take responsibility for hosting the meal session.

Greenhill Manor is part of the Hallmark Care Group. Hallmark have invested in having specific activity development sessions for their care home leaders with Sylvie Silver, National Association of Providers of Activities.

The activity forum continues to thrive.

Local authority and contracted care homes have been offered the opportunity to have a subscription to NAPA via Cwm Taf SCWDP. NAPA is an organisation that focuses on the provision of meaningful activity.

Care planning training is being redesigned to incorporate use of the Pool Activity Level that focuses on providing activity. Part of this is creating pictorial life history books that can be used to gather information and can act as a talking point. This training is at the design stage. Plans to monitor progress will need to be developed to ensure that it takes root.

A new risk assessment methodology has been developed which highlights the need to appraise benefits as well as risk. Training has been developed to accompany it. A managers' forum has also been established to ensure that safer handling is always delivered

	<p>in the context of human rights, maximising autonomy, enablement and dignity. A particular focus of this will be about practicalities and the issues that create fear in managers. There are plans to completely overhaul the training in relation to health and safety which reflects these requirements. Arrangements are yet to be made to monitor effective application and use, but are planned.</p> <p><u>Promotion of human rights</u></p> <p>At present, there is still a poor understanding about how human rights interact with the need to provide a safe environment and what steps need to be taken in practice. Although there are some areas of good practice it is recognised that this area needs further attention. Further training, modelling, monitoring, supervision, appraisal and reassurance are required to ensure that managers are confident that they will not be penalised for encouraging people to take measured risk.</p> <p><u>Diversity</u></p> <p>Welsh courses have been developed to assist beginners and improvers interact with Welsh speakers. In Ty Bargoed, there is regular use of Welsh hymns (in phonetic Welsh for non Welsh speakers) and Welsh prayers to connect people with their Welsh language heritage.</p> <p>We will implement a sharing good practice forum in preparation for the new dementia care placement contracts to be commissioned in Winter 2017/18 led by the accommodation managers in RCT and Merthyr.</p>
<p>If further actions are needed to be compliant, please evidence what these will be and provide a timeline for compliance?</p> <p>(500 words)</p>	<p>Within Merthyr Tydfil all care home staff will have received training around the QUIS and/or Dementia Care Matters philosophy / methodology by May 2017.</p> <p>QUIS observations will be carried out across LA homes following the roll out of the training which will result in an action plan for improvement being implemented.</p> <p>It is our vision that we will eliminate the use of Negative protective/controlling care and Negative Restrictive Care / Subtle abuse from our local authority care homes and increase our positive care and positive social interactions to enable the neutral care ratios to reduce to 50% or less in line with level 3 of the Butterfly model of care homes.</p>



The Principal Manager will receive assessment of current programme deliverables against the Good Work National Dementia Learning and Development Framework, plus the relevant actions and principles in the Social Services and Wellbeing Act 2014 and '*A Place to Call Home?*'.

The Cwm Taf Social Care Workforce Development Partnership will highlight the OPC requirements for action at their bi-monthly steering group meetings. They will use existing workforce data to plan and prioritise offers in relation to the leadership programme. The training team will liaise with the contracting and commissioning team to highlight where offers of leadership training have been made, accepted or declined. The Contracts team will create expectations with independent sector providers about the need to attend leadership training.

Recommendations for Action to be signed off by Lisa Curtis Jones, Director of Social Services.

(February / March 2017)

The future commissioning of dementia care: consultation with providers (3 months) will begin in March 2017

Analyses of feedback from providers and any mitigating actions needed – refer to Cabinet (September 2017)

We will review Quality Monitoring Report process to ensure it reflects the Good Work National Dementia L&D Framework

Redraft to coincide with launch of new commissioning contract

(Autumn 2017)

Launch of new commissioning contract

(Autumn 2017)

	<p>Ongoing contract monitoring to monitor progress and achievements for older people using a range of validated wellbeing tools.</p>
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<p><b>Outcome</b></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><b>Action Required (Requirement for Action 3.3):</b></p> <p>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.</p> <p>The Commissioner's expectation is that this will include reference to actions that the Local Authority has taken as commissioners of care to ensure that older people are supported to retain their existing friendships and have meaningful social contact, both within and outside the care home.</p>	
<p>To what extent do you comply with this Requirement for Action?</p> <p>(300 words)</p>	<p>We reviewed the current contract arrangements to include a requirement for all care homes to explore opportunities for intergenerational projects, befriending schemes and faith based support and specific cultural communities as part of their annual service improvement planning.</p> <p>This requirement will be reflected within the Cwm Taf wide joint contract and service specification for all private providers which is currently being consulted on. This joint initiative will be in place in 2017.</p> <p>Compliance will be monitored through the contract compliance visits. There will be an increased focus on quality of life within the regulation 27 visits and the contract compliance visits in order to support this agenda.</p> <p>We will implement relevant actions from the Cwm Taf Joint Commissioning Statement for Older People e.g. Building Community capacity, Health and Wellbeing and support Third Sector providers to develop bids to access funding not available to statutory sector – (meaningful social contact and activities)</p>
<p>On what evidence has this assessment been</p>	<p>Faith based support is recognised as important across the local authority homes. Each is working to link with local churches / chapels and have arranged for services to be regularly conducted</p>

<p>made? (850 words)</p>	<p>to meet the resident's spiritual needs.</p> <p>The homes also conduct their own spiritual sessions. They offer the opportunity to do some bible readings, prayers and hymn singing which residents chose to participate in or not. There is Social Care Workforce Development Plan (SCDWP) run training available to assist in this area which the homes will be looking to explore further.</p> <p>One local authority home has had extensive training on spirituality projects which is being taken forward by care staff. This has included multi-sensory activity with support from SCDWP through the provision of training and resources.</p> <p>We are seeking to improve volunteering opportunities across the homes by implementing the dementia care matters recruitment principles to our recruitment of volunteers. To this end a volunteer strategy based on the dementia care matters recruitment principles has been identified and agreed. Volunteering opportunities will be advertised through Voluntary Action Merthyr Tydfil and direct contact has been made with the college for their health social care and wellbeing students to access volunteering opportunities (including befriending and meaningful activities) within the Local Authority homes.</p> <p>In some homes we have regular volunteers including one whom has a learning disability visiting every week for a two hour session. She does activities such as bingo and card games. She spends time chatting to residents and will do hand massages and paint nails. Another volunteer whom also has a learning disability is going through the clearance process and will also be running activities.</p> <p>Arm chair aerobics are also provided through Age Cymru and this is being pursued for roll out in the other homes as the sessions are very popular with residents.</p> <p>The local community is very supportive of the homes providing, for example, local choirs, church groups, dance sessions however we accept that this is often mostly geared towards Christmas.</p> <p>CVC's continue to lead on the allocation of community capacity</p>
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	<p>grants through the ICF fund.</p> <p>Both Merthyr Tydfil LA care homes are engaged in the Dementia Care Matters agenda with project running in each to improve social interactions and quality of life for residents.</p> <p>ICF Community Capacity Fund for 2015/16 includes projects that will benefit care home residents. Across Cwm Taf a third sector growing spaces project was commissioned. This project resulted in the successful implementation of a horticultural project in two homes including a seaside garden which is being utilised with residents who have Dementia for reminiscence and outside activity.</p> <p>Merthyr Tydfil Leisure Trust had supported a number of projects across the Local Authority homes. This has included the use of memory boxes for reminiscence activities with residents, various musical productions and dance and exercise project.</p> <p>Merthyr Tydfil College also engaged with one local authority homes to create a play/ performance from the memories of the residents which was delivered in December 2016. We hope to continue to work to implement more of these examples across the region.</p> <p>It was noted in one private home that residents have the opportunity to attend the Kingdom Hall (place of worship) or alternatively this is available throughout the home for those who chose not to attend worship.</p> <p>The Cwm Taf wide contract and service specification will seek to address issues identified within the OPC Report in relation to the above action by ensuring that the requirements are reflected within each. Compliance will be monitored by the contract monitoring team. The contract and service spec are nearing completion and should be rolled out in 2017.</p>
<p>What impact has this had on residents' quality of life and care?  (850 words)</p>	<p><b><u>ICF evaluation of the Growing Spaces Project</u></b></p> <p>At Ty Bargoed Newydd it was identified that the residents often reminisced about holidays especially when they were children. The agreed design for Ty Bargoed Newydd was a beach scene to include sand, pebbles, boat planters and a seaside hut this will be colour co-ordinated to ensure that it stimulates the residents and allows them to have a place to gather and discuss their memories.</p> <p>Residents and staff were consulted as part of the process and the</p>

following feedback was received from the care home manager:

“The garden project is progressing really well and it is lovely to see how it is developing. The residents in our EMI unit and their families have enjoyed watching it taking shape and it has generated a lot of interest within the unit. This is very positive for people living with dementia and we hope that once it is completely finished, that the beach theme will generate lots of happy childhood memories for residents. At present, it is encouraging some residents to remain more mobile as they are walking to the windows to look out at how it is developing. We are anticipating a summer of afternoon tea in the garden and can only thank Growing Space for providing us with this opportunity”.

### **Local Authority Homes**

A recent CSSIW inspection report identified that the wellbeing of residents was being met within Ty Gurnos Newydd (local authority home). The inspector recognised that the provision of recreational activities has improved for residents and concluded they were able to enjoy social and emotional fulfilment.

The care home manager has attended the Dementia Care Matters Leadership training and is working towards implementing its methodology across the home. This has included making improvements to the environment within the home including an activity area in the dementia section lounge and a care home newsletter where residents are encouraged to share information and submit their own work such as poems etc.

Residents across both homes have actively engaged in spirituality activities. This has included Bible readings and hymn singing. Contact has been made with local churches to provide a regular service for residents.

We recognise that this is an ongoing piece of work and that there is a need to strengthen meaningful social contact within the homes.

Family participation within the homes is actively encouraged. A recent Regulation 27 inspection has identified positive feedback from residents and family members in relation to maintaining these connections through easy access arrangements. One family member commented

*“(The) grandchildren love to visit their Great Nan and wander around the communal lounge talking with residents.”*

### **Quality Assurance reports**

Quality Assurance reports are monitored for all private homes during contract compliance visits. Where robust quality assurance does not exist this is recommended and reviewed by the compliance officer.

### **Contract Compliance visits (Private Sector Homes)**

Each residential care home within the borough receives an arranged in-depth visit annually, along with two announced visits, if a home requires further monitoring for a specific issue which is normally safeguarding visits are conducted more regularly.

Activities documented across the private sector homes included:

- Arts and crafts, singing, scrabble and jig saws.
- Card and letter writing as many residents have family and friends not living locally.
- A newsletter has been introduced
- Some residents are attending a local theatre to see "Strictly Come Dancing"
- A "Wii" has been purchased for residents to enjoy gentle exercise, iPads have also been purchased, and technology workshops are planned.
- Coffee mornings
- Animal Experience sessions

Cultural activities documented included:

- Plans to introduce around the world evenings to enable residents to enjoy meals from different cultures.
- Plans for a Bollywood Dance
- Chinese new year celebrations
- Events for Burns night, Valentine's Day and Pancake Day
- A planned Easter bonnet parade

One of the private sector homes nominated two staff members to attend the Dementia Care Matters Leadership course. This home in particular is seeking to implement the Butterfly project model. Further contract compliance visits will monitor the success of this initiative.

There was evidence that one of the private home was making efforts to sustain contact with families by arranging an afternoon tea for residents and family to enjoy together.

<p>If further actions are needed to be compliant, please evidence what these will be and provide a timeline for compliance?</p> <p>(500 words)</p>	<p>We are seeking to improve volunteering opportunities within the homes through the implementation of the volunteer strategy based on the DCM principles. We accept however that in order to be successful in this endeavour we need to ensure that staff across the homes are modelling good examples of person centred approaches in particular in relation to positive social interactions for volunteers to emulate. It is our intention to continue to review the strategy to ensure and take up of volunteering opportunities to ensure that it remains relevant. (December 2017)</p> <p>We are also seeking to improve relationships with the local colleges to provide volunteering opportunities for students currently studying health and social care in order that we can continue to encourage intergenerational activity and support the growth of the care sector. Opportunities have already been offered to college students and this will be actively pursued in April 2017 and reviewed within 12 months to assess suitability and take up.</p>
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**Outcome**

Commissioners, providers and inspectors have a thorough understanding of the day to day quality of life of older people living in care homes.

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 Required (Requirement for Action 6.2 & 6.7):**

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 the issue 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.

To what extent do you comply with this Requirement for Action?

(300 words)

We reviewed contract monitoring and joint inspection arrangements to ensure emphasis on quality of life (e.g. Care home's Statement of Purpose reflects quality of life issues) and consider implications of any national outcomes framework if issued by WG and future Regulation and Inspection Act

Across the region the regulation 27 regime and contract monitoring arrangements have been reviewed and improved to focus on quality of life for residents.

The safeguarding board has built into its programme of work a quality assurance sub group.

An annual survey is undertaken as part of our quality assurance process. This asks the views & opinions of our residents, their representatives and other professionals i.e. social workers.

Within the Local Authority Homes we have a suggestion box in the foyer and suggestion forms in which people can leave suggestions or ideas for improvement.

Regular residents meetings are held quarterly and opinions are sought as to what changes they would like and their suggestions for improvement. This along with regulation 27 reports, CSSIW reports and annual surveys all form part of the annual quality assurance process.

	<p>We have developed a resident's involvement framework which we are hoping to pilot across the local authority homes. A newsletter has also been piloted in one home which, if successful will be rolled out across the other homes.</p> <p>The new joint Cwm Taf contract and service specification will reference the requirements for action. Compliance against these will be monitored during contract compliance visits. The new contract is currently being consulted on across the sector and the service specification is nearing completion. It is envisaged this will be in place in 2017.</p>
<p>On what evidence has this assessment been made? (850 words)</p>	<p>The DCM 70 point checklist is being completed with staff for the LA homes within Merthyr Tydfil. Completion of the checklist is the first step towards real cultural change across the Local Authority Homes. Its use has already led to some positive improvements being made such as the removal of uniforms in one LA home. One home is piloting a newsletter which can also be used for this function and one home has established regular residents meetings to feed into continuous improvement processes.</p> <p>A number of the private sector homes are actively engaged with the Dementia Care Matters process and we will seek to strengthen this approach through the use of best practice forums and networks of seniors and care home managers across Cwm Taf.</p> <p><b><u>Regulation 27 inspections reports</u></b></p> <p>The regulation 27 visits now incorporate the following into their visits of the Local Authority Care Homes:</p> <ol style="list-style-type: none"> <li>1. Number of residents interviewed and a summary of their views on the quality of care provided in the home.</li> <li>2. Number of relatives/visitors interviewed and summary of their views on the quality of care provided in the home.</li> <li>3. Number of staff interviewed and summary of their comments on the standard of care provided in the home.</li> <li>4. The number and nature of accidents/incidents, Regulation 38 notifications, complaints and Safeguarding issues which occurred during the last quarter.</li> <li>5. Key findings from looking at a sample of the home's care records</li> </ol>

	<ol style="list-style-type: none"> <li>6. Aspects of the quality improvement plan looked at during visit.</li> <li>7. Commentary on progress made against planned improvements.</li> <li>8. Summary of the condition of the environment and detail any action to be taken.</li> <li>9. List other improvements planned as a result of this visit.</li> <li>10. Actions agreed as a result of this visit - by whom and timescale for completion.</li> </ol> <p>Local Authority care homes are visited every 3 months to ensure quality is being sustained.</p> <p>The same template is utilised across the private sector homes to ensure there is consistency in approach. We are strengthening our contract monitoring processes to ensure that we are fully compliant with the requirements of the OPC report and that we are building appropriate measurable monitoring of quality of life indicators into our observations by exploring the use of the recognised tools within Dementia Care Matters (including the QUIS observations).</p> <p><b><u>Quality Assurance reports</u></b></p> <p>Quality Assurance reports are monitored for all private homes during contract compliance visits. Where robust quality assurance does not exist this is recommended and reviewed by the compliance officer.</p> <p>Across the Local Authority homes the Annual Quality Assurance Reports identified a number of issues. These were incorporated into an action plan to be addressed by the care home managers.</p>
<p>What impact has this had on residents' quality of life and care? (850 words)</p>	<p>Continuous Quality Assurance improvements are imbedded within practice across the local authority homes through utilisation of the regulation 27 inspection visits and the annual quality monitoring process. Both local authority homes have also implemented an informal comments box process in order that residents, family and advocates can report compliments or complaints in an informal manner.</p> <p>Across the private sector homes we have enhanced the contract</p>

compliance process to assess quality assurance mechanisms and plans which will form part of the continuous development across these services. We are also embedding the need to appropriately monitor and improve quality of life into the joint contract and service specification which will be in place in 2017.

The following details a snap shot of monitoring that has occurred throughout the Local Authority area:

### **Regulation 27 reports**

Recent regulation 27 reports across the Local Authority homes have identified through interviews with residents that they are very happy living within these settings. Comments made were:

*"The staff are friendly and caring"*

*"My family are also welcome and made to feel at home."*

*"I love it here my family have peace of mind that I am happy and well looked after"*

*"Staff are smashing"*

*"Nothing is ever too much trouble"*

Residents were also reporting a very high level of satisfaction in relation to the food provision.

### **Contract Compliance Inspections**

Many of the private homes were noted as employing activities coordinators to improve the quality of interactions of the residents. A range of other quality assurance mechanisms are employed including:

- Annual meetings
- Yearly surveys
- Residents Meetings
- Electronic processes (online surveys that are also available in hard copy)
- Quality Assurance reports

These are monitored as part of the ongoing contract compliance process. Suggestions for improvements are also made and acted upon by the private sector homes.

### **Annual Quality Reports**

Annual Quality assurance work is undertaken across all the homes. Compliance is monitored through the contract compliance visits and referenced in the report documentation.

Recommendations are made for improvements through the contract compliance inspections which are followed up on subsequent visits.

Within the Local Authority Homes an Annual Quality Assurance exercise is undertaken which provides residents, family members and professionals with the opportunity to feed into ongoing quality assurance and developments within the homes.

When asked what difference living in the home had made to residents in one home they responded:

- Seeing other people
- Seeing more people to talk to
- I am happier and I have company
- More people to see and talk to, Have chats with staff and other residents
- Greater security and gives the sort of care I know I need.

The following changes have been actioned across one local authority homes as a result of the feedback received:

- The results of the quality assurance responses will be shared with all staff in detail and emphasis placed on areas that have not met a minimum of 'always'.
- Temperatures in all bedrooms will be measured over a 24 hour period for one week to ensure consistency of temperature and identify potential areas where temperatures do not show this. Where there is inconsistency of temperature remedial works will be undertaken to ensure the room is warm and meets the individual's needs.
- Although the responses from the majority of residents identifies a satisfaction with the level of activities provided at the home we are conscious that the home does not have an activities coordinator specifically for this purpose. Activities are undertaken on an ad hoc basis when the physical and emotional needs of residents have been met. The home is currently looking to arrange for volunteers to undertake activities on a regular proscribed basis for all residents to participate in and enjoy.

	<ul style="list-style-type: none"> <li>The majority of respondents indicated that they would not wish to participate in a residents committee. Residents have been consulted regarding this opportunity previously but identified that they did not wish to actively participate in a regular residents committee but were happy only to be consulted regarding any issues or potential changes as and when they arose. However, we will be mindful of this opportunity and again consult with the residents on this in six months' time i.e. May 2017.</li> </ul> <p>Within a different Local Authority home Residents meetings are now scheduled to be held approximately every three months following consultation with residents</p> <p>Suggestions and comments were incorporated into an action plan where residents issues were addressed. The home has also actioned the following to ensure continuous quality improvements:</p> <ul style="list-style-type: none"> <li>Regulation 27 visits will continue on a quarterly basis</li> <li>Residents meetings will continue on a quarterly basis</li> <li>Questionnaires will be issued to residents and staff this year as part of the formal quality assurance process according to the following schedule <ul style="list-style-type: none"> <li>Residents questionnaire – to be issued in October 2016. If the resident is unable to fill in a questionnaire, their representative will be asked if they would wish to complete one instead.</li> <li>Staff questionnaire – to be issued in November 2016.</li> </ul> </li> <li>A report will be completed on an annual basis to compile quality assurance findings for the previous year and the actions taken based on the concerns / suggestions put forward.</li> </ul>
<p>If further actions are needed to be compliant, please evidence what these will be and provide a timeline for compliance?</p> <p>(500 words)</p>	<p>We will seek to improve opportunities for residents to be more involved through the implementation of the framework. We are also exploring opportunities to improve the quality of life of residents across the LA homes through the implementation of the DCM methodology including enhancing opportunities for staff to undertake QUIS observations and exploring the use of the DCM contracting and commissioning quality of life tools.</p> <p>We will improve our contract monitoring of the Care Homes by implementing more measurable methods of assessing quality of life. This could include the use of the 70 point action checklist across the private sector and incorporation of the QUIS</p>

	observation tools into the work of the senior monitoring officer. (to be implemented by the end of 2017)
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**Sharing good practice and organisational achievements that have made an impactful difference to the quality of life and care of older people in care homes in Wales.**

Please use this space to describe any new, different and innovative approaches that the Local Authority has invested in to improve the quality of life and care of older people in care homes in Wales, and the impact that this has achieved for older people.

References to good practice may reflect any area relevant to the Commissioner's original Care Home Review.

Free text statement: 1,000 word limit.

The Local Authority has heavily invested in the Dementia Care Matters methodology across both local authority homes. Each registered Manager has attending the Leadership in Dementia Care Matters training alongside the Principal Manager for Supported Accommodation. Senior carers and care staff have also had the opportunity to attend training and it is intended that the senior monitoring officer also attends in order to support a holistic approach to implementation and monitoring of good practice. We are seeking to learn from the good practice of other organisation in particular those that are further along the journey in relation to implementation of the butterfly model of care homes.

Some achievements to date have included:

- The completion of the 70 point action check list in one home and a planned approach to its implementation in the other
- Removal of uniforms in one home working towards eliminating the feeling of 'us and them'
- The creation of a sensory room for all residents to enjoy in a little used lounge area
- The creation of murals in both homes following consultation with residents relevant to the area (e.g. a coal mine, Cyfarthfa Castle and park scene)
- Faith based support sessions held within both homes
- The completion of a volunteering strategy for both homes imbedded with the dementia care recruitment principals