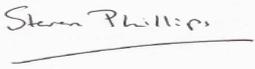




Follow-up to 'A Place to Call Home' Review
Local Authority Self-evaluation Pro Forma

Organisation	Neath Port Talbot County Borough Council
Accountable officer and job title	Arlene Harvey Commissioning Officer
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Date	22 March 2017
Signed	

Chief Executive Officer



Name: Mr Steven Phillips

Date: 22/03/2017

Signed:

Council Leader



Name: Mr Ali Thomas

Date: 22/03/2017

Signed:

Deadline for responses: 31 March 2017

Please email responses to: review.adolygiad@olderpeoplewales.com

<p>Outcome</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>Action Required (Requirement for Action 2.2):</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>Neath Port Talbot County Borough Council works in partnership with ABMUHB to provide an extensive integrated multidisciplinary Community Resource Team. This multi-disciplinary support includes The Acute Clinic Team (ACT) who provide a range of services to Residential/Nursing homes including IV anti-biotic) this service enables the individual to remain in the care home and prevents the need for hospital admissions. Referrals to these teams can be made from care homes, GP's or from family members if the person is living in the community. The main function of these teams is to provide short term outcome focussed interventions to support people to regain maximum independence. This will involve providing specialist multi-disciplinary care which is designed to support rehabilitation in care homes when required. Neath Port Talbot CBC have invested in preventive work by providing Individuals with the opportunity to explore options available to them before making life changing decisions. Plas Bryn Rhosyn Care Home provides individuals with the opportunity to have Intense Physiotherapy and Occupational Therapy intervention via the Residential Reablement unit, after a period in hospital, this is designed to assist in regaining independence prior to r e t u r n i n g h o m e . The Step Up, Step Down (assessment unit) at Plas Bryn Rhosyn ensures that people are assessed prior to making the decision of g o i n g i n t o a C a r e h o m e . Because the assessment unit is based in a care home it gives the</p>

Individual an insight as to what it is like to live in a care home. The unit also highlights what future care needs would be in the persons best interest, which may be returning to their own home with a package of care.

- **C o m m u n i t y M e n t a l H e a l t h T e a m**

A Mental Health Worker works closely with care staff to ensure that older people that are poorly and experiencing symptoms of psychotic episodes are managed to enable them to remain in the care home, so that hospital admissions are prevented.

- **S e n s o r y S u p p o r t S e r v i c e**

The **Speech and Language Therapist** provides a service to all citizens of Neath Port Talbot regardless of their place of Residence.

Speech and Language Therapy intervention for swallowing difficulties reduces the risk of malnutrition, aspiration (and therefore chest infections/pneumonia) and/or choking. Intervention for communication difficulties can improve a person's ability to communicate their needs/what matters to them and improve quality of life.

- **T e l e c a r e S e r v i c e**

Assistive technology advice is available to all homes which can assist In managing falls, identify the risk of falls and how the preventative Equipment can lower the risk. This advice is made available to care homes and aids in promoting Independence for the individual.

- **D e n t a l C a r e**

Care homes in NPT have received oral care training to enable them to carry out monthly risk assessments as part of the care planning process. Residents are also visited by a dentist. The Regional Quality Framework has an element which focuses on oral health care management and is another area that is monitored during the annual monitoring visits.

<p>On what evidence has this assessment been made? (850 words)</p>	<p>Integrating Health and Social Care is a WAG objective, the principles of the WBA 2015 are preventive, partnership and integration working. NPT have worked closely with health and have combined resources to deliver a reablement service and implement the national driver by developing:-</p> <p>The Gateway Service, is dedicated to ensuring that the correct service is identified for the individual. Emergency situations, crisis management and respite services bookings are all areas that the team manage. The team consists of</p> <ul style="list-style-type: none"> • Social workers • Nurses • Physiotherapist • Occupational therapist • Member of Safeguarding team <p>Reablement Unit, 11 beds. This service assists people to recover and restore their independence following hospital discharge or a period of ill health or an accident. This service is well used and has a high success rate. It is staffed by a dedicated clinical support team consisting of Physiotherapists Occupational Therapist Community Nurses in addition to a team of Care staff who are trained in delivering reablement care.</p> <p>Step Up, Step Down, 12 beds. This service has been successful in managing care pathways by ensuring people do not enter care homes without assessment which is carried out over a maximum 6 week period, this assessment process informs the outcome and is carried out over a period of time when the individual's health is not at a critical point but when they present at their optimum level. This service has proved successful in not admitting people into care homes to soon. There is a full time dedicated social worker based on the unit and being based in same building as the reablement unit means that individuals can also access Physio and OT teams.</p> <p>Expansion of Community services within NPT continues in order to meet needs.</p>
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<p>What impact has this had on residents' quality of life and care? (850 words)</p>	<p>All the services referred to include all residents regardless of their funding stream.</p> <p>Statistics show a decrease over the last year of people entering long term care, with most people within NPT entering long term care at a later stage in their life. Rehabilitation and step up/down beds have been a contributory factor in achieving this.</p> <p>Increased access to MDT community response and people are able to continue living at home, with the intervention of ACT and Rapid response home care, a service that is proving to be a positive way of ensuring care home beds remain available to those who require admission and are not used by people are able to be discharged with intensive support at home which is the service provided by the Rapid response team.</p> <p>The CRT ensures that support is provided to assist people to manage their symptoms, which minimises decline in health conditions. Investments in therapeutic interventions have proved to promote positive outcomes for individuals by maximising their independence and ensuring good outcomes.</p>
<p>If further actions are needed to be compliant, please evidence what these will be and provide a timeline for compliance? (500 words)</p>	<p>Continuous monitoring is taking place to ensure that the people have the right care, provided in the right place and at the right time.</p> <p>NPT also work when appropriate with people who are in a care home to return home with CRT interventions and a packages of care.</p>

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>Outcome</p> <p>All staff working in care homes to understand the physical and emotional needs of older people living with dementia and assumptions about capacity are no longer made.</p>	
<p>Action Required (Requirement for Action 3.2):</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? (300 words)</p>	<p>Our ‘Introduction to Dementia’ training sessions promote the Mental Capacity Act (2005) in regards to assumptions about capacity. This interactive training session prompts learners to reflect on how they can promote best practice in regards to the physical, intellectual, emotional, social and spiritual needs of individuals living with Dementia. Further to this, this training also promotes dignity, respect and privacy in regards to personal care, assisted eating, during activities, appropriate approaches in communication and life history work.</p> <p>It is evident during these sessions, through feedback from the learners, that there is already a good understanding of the physical and emotional needs of individuals living with dementia. This training has been beneficial for learners to build on their good practice and refresh the skills they already possess. Therefore, our ‘Introduction to Dementia’ training sessions are compliant with the Requirement for Action 3.2.</p> <p>All care homes commissioned by NPTCBC are expected to ensure training is undertaken to meet the resident’s needs, this is evidenced during monitoring visits. This includes Dementia training which is also reflected in the Regional Quality Framework. NPT provide a comprehensive training programme on a wide range of subjects which private care home providers are able to access. In addition to the training courses NPT have</p>

	<p>invested in delivering dementia modules of care endorsed by David Sheard recognised for his work in Dementia Care Matters. All NPT care homes have either completed this training or are part of the rolling training programme. This training is holistic and includes ancillary staff at the home. NPT councillors have also undertaken Dementia training as part of their induction to carrying out lay assessor visits to care homes.</p>
<p>On what evidence has this assessment been made? (850 words)</p>	<p>Evidence of staffs understanding of the importance of the physical and emotional needs of individuals who have developed Dementia becomes evident during the 'Introduction to Dementia' training sessions. Learners have the opportunity to participate in thought provoking activities and share ideas and dilemmas with learners from other residential to problem solve. The Training Officer visits the residential settings periodically to observe care delivery, liaise and advise on best practice where appropriate, and at times will work alongside staff to achieve positive outcomes for individuals having difficulties during their Dementia Journey. Evaluation forms are completed at the end of each training session from which the feedback from learners has been extremely positive and all learners are enthusiastic throughout the training and during the Training Officers visits to the home. Further to this, the residential managers and staff have the opportunity to contact the Training Officer, who has the relevant qualifications and previous residential dementia care experience, for further advice and assistance.</p>
<p>What impact has this had on residents' quality of life and care? (850 words)</p>	<p>It is evident, when visiting residential settings and when staff are on training that positivity and enthusiasm are at the forefront. This positivity and enthusiasm appears to cascade in to their work environments as is witnessed during my visits. Care staff enquire often about new training or extra training events to build on the knowledge and skills in regards to dementia. This is something the Training Officer will be working on throughout this year.</p> <p>Residents appear to be happy, relaxed, comfortably included in their environment, with other residents and with the staff also. When the Training Officer communicates with residents the feedback is usually positive, however, if comments are negative then the Training officer will liaise with staff to overcome any issues.</p> <p>The Western Bay Regional Quality Framework. Incorporate levels of dementia training for staff and managers through the</p>

	<p>quality standards which link dementia training to quality monitoring arrangements.</p>
<p>If further actions are needed to be compliant, please evidence what these will be and provide a timeline for compliance? (500 words)</p>	<p>Apart from the 'Introduction to Dementia Training', the training department are also working towards making Neath Port Talbot County Borough Council/Social Services a Dementia Friendly Authority. To achieve this, we have Dementia Friends Sessions (Alzheimer's Society) delivered by our Dementia Champions. Attendees at these sessions will also contribute to a Dementia friendly community in the Neath Port Talbot area. This will enable employees within the authority to gain a better understanding of the complexities, in regards to the physical and emotional needs, of older people living with Dementia when dealing with members of the public. Staff who attend the 'Introduction to Demetria' training sessions also have the opportunity to become a dementia friend.</p> <p>Briefing session have been arranged during February 2017 NPT are developing an Advocacy Policy.</p>

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Outcome

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.

Older people are able to continue to practice their faith and maintain important cultural links and practices.

Action Required (Requirement for Action 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 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.

To what extent do you comply with this Requirement for Action?
(300 words)

NPT Adult Social Care has a service level agreement with NPT CVS who provide a befriending scheme on an individual and group basis.

Seventeen volunteers are currently supporting older people on a one to one basis (as at December 2016).

Volunteers are recruited and trained by CVS and then matched to clients.

The RQF also monitors befriending schemes provided by the care homes.

Social work staff are also involved with assisting residents to access befriending schemes via the third sector.

Care homes have also been instrumental in supporting social contact within the care home involving local schools, churches and local shop owners.

Age Cymru's Advocacy Newsletter - September 2016 - a link to newsletters is circulated to all partner providers to keep them informed of latest practice.

	<p>A link to UK/learning-resources for advocacy training materials has been circulated to all providers;</p> <p>Presentation on Advocacy Awareness was given to partner providers on 30 Nov 2016 at the provider forum.</p> <p>Consideration is given to advocacy at care management reviews when assessing people's needs.</p>
<p>On what evidence has this assessment been made? (850 words)</p>	<p>Questionnaires received from families and residents have indicated that links are being maintained with both friends and communities.</p> <p>One example was a resident who for years had been part of a group called the Friday group, they took it in turns to meet socially every Friday in each members house. This gentleman was upset that this could no longer continue once he was living in a care home. However the home fully embraced this and has supported him to continue with this social evening including providing a curry for the resident and his friends.</p> <p>The community scheme is monitored and evaluated on a regular basis. Monthly diary records are held evidencing the types of activities carried out, e.g. clinic, spent with client, training undertaken and the total time spent doing each. The most common request for support is social interaction.</p> <p>In September 2016 providers were given a presentation by Golden Thread Advocacy programme by Age Cymru.</p> <p>Tros Gynnal Plant delivered "Train the Trainer Advocacy" in Neath Civic Centre on 24th October 2016, this session was aimed at Training Officers, Managers, Social Work Consultants or anyone that will deliver Advocacy training.</p>
<p>What impact has this had on residents' quality of life and care? (850 words)</p>	<p>Advocacy services have given residents a voice. There has been input from advocates who provided support and advice for residents in NPT during a home closure. Advocates attended the weekly planning meeting to speak on behalf of residents and liaised with a variety of agencies to achieve the outcome wanted by the individual.</p>
<p>If further actions are needed to be compliant,</p>	<p>NPTCBC are developing an Advocacy Policy which should be completed by August 2017. Work continues to ensure future services are developed in consultation with residents.</p>

<p>please evidence what these will be and provide a timeline for compliance? (500 words)</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)

Following the publication of 'A Place to Call Home? A review of the quality of life and care of Older people living in Care Homes in Wales.' The safeguarding and reviewing team developed a new operational model following consultation with contracting and commissioning, health and CSSIW.

As part of this new model guidance was provided to reviewing officers outlining a quality of life checklist of questions to ask and record during reviews. These were based on those contained in the OPC review.

A number of sessions were held with care homes and other partners such as the Older Persons Council to share our vision and project and what we aimed to capture in reviews and the quality of life changes we hoped to promote.

We also promoted an improved sharing of information and intelligence process. As a result of this there are now much closer working practices in place between contracting commissioning and social work.

Reviewing officers now take on a much greater monitoring role and feedback valuable information to safeguarding and commissioning in relation to quality of life and quality issues in care homes.

The closer relationship between the two services is evident in recent work completed in relation to escalating concerns processes.

We are also planning a forum between all partners (health, police, social services, CSSIW) to further improve cooperation and joint working practices.

The Regional Quality Framework (RQF) was implemented in January 2016 for all Neath Port Talbot older persons residential homes.

The RQF sets clear high level outcomes for residents and describe the measures and indicators to help the sector improve in a planned way.

During the first year all homes were benchmarked against Bronze, In February 2017 a panel comprising of representatives from contract monitoring, safeguarding, social work review teams and health discussed each home on a number of elements.

A decision was then made as to whether the care home qualified for the concessionary payment. The majority of care homes in NPT qualified and those that were unsuccessful were notified and supported in the areas identified. To achieve a Bronze award.

The Local Authority monitoring visits encompass conversations with residents to obtain their feedback and to understand what factors they consider to affect their quality of life.

Family questionnaires are also issued to capture their feedback. Any issues are fed back to the care provider and are monitored for completion.

Neath Port Talbot use questionnaires they have developed and a resident's questionnaire is currently being developed across Western Bay and will be implemented in 2017 to capture the views of residents who are unable to participate in face to face conversations during the monitoring visit.

A pilot scheme was introduced in 2016 for Councillors to carry out Lay Assessor visits. Training was provided to the Councillors along with accompanied visits as part of their induction. Councillors proceeded to carry out visits to care homes.

Feedback from residents and care home managers was positive and the general consensus was that the visits were beneficial to residents and something they look forward to. It was agreed by

	<p>Cabinet that as the pilot proved to be so successful a permanent plan was agreed and visits by Local Authority Councillors will continue during 2017.</p> <p>During the visits residents are asked for their feedback and their views. Any issues will be fed back to the care provider and monitoring teams will monitor for completion.</p> <p>LA annual reviews are conducted with the involvement of the resident and their representatives whenever possible.</p> <p>LA safeguarding team issue quality of life questionnaires to individual's reported experience outcomes are captured, measured and acted on, with appropriate feedback.</p> <p>In partnership with Western Bay further improvements to the document are planned for 2017.</p>
<p>On what evidence has this assessment been made? (850 words)</p>	<p>The Framework is designed to capture residents and their representatives' feedback (i.e. families/ friends) which is given a heavy weighting in identifying areas of good practice and improvement.</p> <p>Care Home Providers in NPT have all been committed to the RQF and have found it beneficial in identifying areas needed to raise standards, this is because of the support and guidance provided during the first year of bronze.</p> <p>The implementation of the Western Bay Regional Quality Framework, which provided a standardised process for capturing resident's experiences and outcomes.</p> <p>All care homes in NPT have been Benchmarking against the bronze. Some have achieved a higher level in a number of areas.</p> <p>There are ongoing meetings attended by health and the 3 LA which looks at shared learning and issues raised across Western Bay.</p> <p>The Western Bay Regional Quality Framework (RQF) was designed based on good practice and a variety of sources of research and evidence.</p>

<p>What impact has this had on residents' quality of life and care? (850 words)</p>	<p>Since the introduction of the Western Bay Regional Quality Framework, LA monitoring is now heavily focused on monitoring the quality of life and care of residents across 5 quality outcomes i.e. there is now a higher focus on monitoring how residents exercise their voice, choice and control. Residents and families views are now sought and fed back to providers, providing care homes with an additional source of resident feedback.</p> <p>Examples of how this has directly improved the quality of life and care of residents:</p> <ul style="list-style-type: none"> • Increased resident-led decisions affecting the home i.e. daily living/ recruitment/ home decoration/ garden design etc. • Increased suggestion boxes for residents/ families/ staff to provide improvement suggestions • Increased understanding of advocacy among care home providers <p>Western Bay are looking at developing a unified format for publishing Quality Statements about care homes performance to enable Older people and families to have access to annual report information. The report will reflect the levels of quality of life and care for older people living in each care home.</p>
<p>If further actions are needed to be compliant, please evidence what these will be and provide a timeline for compliance? (500 words)</p>	<p>Introduction of a Western Bay resident questionnaire (July 2017)</p> <p>Re-Introduction of Lay Assessor visits to care home across Neath Port Talbot from June 2017.</p>

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.

NPTCBC continues to look at innovative ways to deliver care by collaborating with Health colleagues and colleagues from other Local Authorities.

Work has been carried out to develop additional support for care home providers to gain underpinning knowledge of the Regional Quality Framework. As part of the ongoing support a workshop was arranged to establish what support could be offered through provider forums. In addition to providing specific support for the RQF required outcomes, It was very clear the element most people appreciated was the opportunity to meet with their peers to discuss issues and seek solutions and share best practice as part of a group.

This has been addressed by engaging providers in The Community of Practice.

Information and workshops were developed, and an event to promote the event was attended by Professor Andree Le May who has written, researched and taught widely on Communities of Practice.

The ethos of the group is for providers to share common interests and collaborate by sharing ideas and strategies, while finding solutions and developing innovative ideas.

This has had a positive impact by providing information and support to assist care providers to drive up standards.

The renewed Provider forums have been instrumental in supporting discussions, the forum is divided into two parts the first is attended by the Local Authority and Health representatives this part of the meeting provide updates, information and presentations from guest speakers whilst the second part of the forum is provider lead and is intended to provide peer support share good practice and exchange ideas.

