



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

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Chief Executive Officer

Council Leader

Name:

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Date:

Date:

Signed:

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>The local authority has worked in partnership with ABMU health board to reorganise its care management teams so that citizens can receive more effective services, including multi-disciplinary care.</p> <p>This has involved creating three combined health and social work teams, each of which is responsible for meeting the eligible health and social care needs of adult citizens within a designated part of Swansea (North, West and Central).</p> <p>This revised model is referred to as an integrated community network hub and this model of service delivery is fundamentally about providing locally based multidisciplinary support to citizens. The specialist teams of staff based in each of the three hubs can support those who live in their own homes or in a care home setting.</p> <p>Referrals can be made into the team from care homes, from the GP or from family members. The primary function of these teams is to provide short term outcome focussed interventions to support service users in regaining maximum independence. This will involve providing specialist multi-disciplinary care which is designed support rehab in care homes where required.</p> <p>These multi-disciplinary teams are able to offer various specialist services, including therapeutic interventions and community continence advice and support, and also help to guide and advise those who may wish to leave a care home setting and return to their own home with social work support.</p> <p>The local authority has also introduced specialist reablement models of care at two local authority owned homes. These services are aimed at assisting people to regain independence following a change in circumstance, such as a period of ill health or following an accident.</p> <p>Both services are supported by a range of additional resources including:</p>

	<ul style="list-style-type: none"> • A dedicated full time social worker to support the assessment process and facilitate availability of beds. • Nursing input provided by ABMU HB to provide clinical support and to train and advise residential and community care staff on health care tasks. • An Occupational Therapist, Physiotherapist and Community Psychiatric Nurse support to provide a fully integrated model. <p>A service Level agreement has been established with a local surgery to create 2 hrs GP support per day between Monday and Friday for residents for one of these homes.</p>
<p>On what evidence has this assessment been made? (850 words)</p>	<p>Evidence is based on actual referrals received into each of the Integrated Community Hubs for residents of care homes. Interventions requested include Physiotherapy assessment and treatment , OT assessment and intervention, Speech and Language Therapy assessment and treatment . All therapeutic interventions aim to promote positive patient outcomes and maximise independence. Examples of interventions include –</p> <ul style="list-style-type: none"> • 24 hour posture management • Splinting • Manual handling advice • Dysphagia assessment and advice • Equipment solutions <p>Referrals are received and actioned by the community continence service for residents of care homes requiring support to promote and regain continence.</p> <p>Social work staff who assess people in care homes to ensure that care needs are met will consider the need for specialist services as part of their statutory care management reviews. These staff report that reviews are demonstrating access to specialist services when required. Examples provided by Social work staff include –</p> <ul style="list-style-type: none"> • Manual handling assessment services • Physiotherapy • Speech and language therapy • Sensory impairment services • Tissue viability and PUPIS services • End of Life advice

- Falls management advice
- Memory clinics for residents with dementia
- Support to access housing advice for people who may be able to return to independent living.
- Chronic Disease Management Services
- Access to GPs and Dentists

Evidence is also based on referrals received for reablement services.

Reablement services will identify if the service can meet the general care needs of individuals and assess the extent for reablement potential so that people can recover and return to independence, where possible, with the minimum support.

Typically services will support people to avoid hospital admission, recover from illness and return home rather than remain in long term care.

In many cases the service will support individuals who are stepping-down from hospital settings who are medically fit but require some support to regain skills and confidence to be able to return to live independently at home.

The range of specialist interventions provided via our reablement services include:

- Dedicated GP service
- Assessment Nurse
- Occupational Therapist
- Physiotherapist
- Social Worker
- Social care staff
- Falls Management service

The specialist skills and services that are available from within the reablement team are used to help residents to gain lost abilities or learn new ways of doing things.

These reablement services will extend to assessing and supporting people within an independent living environment where possible. This may involve receiving help from an occupational therapist who will assess the person's ability to manage their environment and the need for specialist equipment or services.

If an individual is able to return to their own home, the reablement service will undertake a further assessment to determine ongoing care needs and provide continued care and support. This may continue for a number of weeks until the reablement team is satisfied that it has an accurate understanding of the persons longer term care needs. At this point arrangements are made for domiciliary care to maintain longer term independence.

<p>What impact has this had on residents' quality of life and care? (850 words)</p>	<p>Residents are given treatment to promote maximum physical independence and to maintain individuals at their optimum level of functional ability.</p> <p>Where residents require it they are provided with compensatory equipment solutions to support them in achieving their potential .</p> <p>The therapy staff provide training and education to the residential home staff to promote the reablement approach to achieving good patient outcomes.</p> <p>Care Management reviews will assess residents to ensure that services provided are as effective as possible and that interventions are being provided to maximise independence and quality of life. Reviews will assess the impact of the services received from the point of view of the resident as much as possible, but will also evaluate other information and evidence to ensure that services are promoting recovery and reablement and meeting residents' needs more generally. There is currently no statistical data that enables reporting on the impacts that this had on quality of life. There is however an assumption that where can plan objectives relating to specialist services are achieved this will have a beneficial impact.</p> <p>Reablement services are designed to put the person at the centre of decision making. This enables residents to directly influence outcomes achieved and quality of life impacts.</p> <p>The service has recently introduced a satisfaction survey for each resident to complete. This explores the extent to which each resident feels that their needs have been met and whether there are ways that services could be improved. Results to date indicate a high level of satisfaction with services received.</p> <p>In all cases residents who have received the service have achieved some level of improved wellbeing and independence. In many cases residents have been supported to return to independent living.</p>
<p>If further actions are needed to be compliant, please evidence what these will be and</p>	<p>Whilst CCOS is compliant, ongoing evaluation of resident satisfaction with reablement services will be undertaken during 2017.</p> <p>Further consideration will be given to how data regarding satisfaction with access to specialist services and impact on quality of life can be captured at care management reviews and used for QA reporting.</p> <p>Redesign of CRT satisfaction surveys is also occurring across Western Bay. This will lead to improved understanding of satisfaction with specialist services and impacts on quality of life. This is expected to conclude by end of 2017.</p>

provide a timeline for compliance? (500 words)	
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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.

Outcome

All staff working in care homes understand the physical and emotional needs of older people living with dementia and assumptions about capacity are no longer made.

Action Required (Requirement for Action 3.2):

All care home employees undertake basic dementia training as part of their induction and all care staff and Care Home Managers undertake further dementia training on an on-going basis as part of their skills and competency development, with this a specific element of supervision and performance assessment.

The 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.

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

New local authority residential care staff attend a comprehensive induction programme, part of which provides guidance for staff on ensuring respect for residents' dignity and examines how personal values can impact on quality of care for residents. These elements have a dementia focus.

Requirements arising under the Mental Capacity Act are incorporated into all training provided directly by social services training department and appropriate ways of addressing capacity considerations are addressed where appropriate.

All staff working in local authority owned older persons care homes in Swansea attend Positive Behavioural Management training which is both theory and practical based. This training is a strengths based model which promotes positive values and attitudes, and challenges stereotypes and perceptions of dementia and related behaviour.

All staff working in local authority owned homes are able to attend social services dementia awareness training and social services also offers specialist experiential training to those staff who work more closely with individuals living with dementia with higher support needs.

Social services department has trained two service and staff development officers to become Intensive Interaction Coordinators who use a coaching and mentoring approach to train care staff in techniques for more effective interaction and communication with people who have dementia.

	<p>A comprehensive person centered thinking training programme has been rolled out to social workers and residential care staff looking at person centered ways of working and how understanding the differing needs of residents can lead to more effective outcomes for individuals, particularly those with dementia.</p> <p>These same training opportunities are offered to all older persons private sector care home operators via social services social care workforce development programme.</p> <p>All commissioned care homes are expected to provide services that meet needs of residents, including dementia care needs. This is a contractual requirement and there are a number of measures in place for assessing provider performance and taking steps to improve services where standards fall below expectations.</p> <p>Based on analyses of information available the majority of independent sector providers are meeting the requirements outlined in 3.2.</p> <p>There are however some providers which are not currently meeting all targets under 3.2. More information about this is provided below. Furthermore, where providers are accessing training which is not delivered by social services details about the content and quality of training provided are not known.</p>
<p>On what evidence has this assessment been made? (850 words)</p>	<p>The specific requirement to undertake basic dementia training as part of care workers induction and for care home managers to 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, has been incorporated into a regional quality framework which all local authorities, and the health board across the Western Bay region are committed to using to evaluate the quality of care home services for older people.</p> <p>This is a step which has been taken in direct response to action point 3.2.</p> <p>83% of independent sector providers took part in a sampling exercise to assess compliance with requirements under 3.2.</p> <p>An evaluation of independent sector performance against requirements outlined in in 3.2 indicates the following;</p> <p>94% of participants confirmed that staff received dementia training as part of induction. The type of training provided varies considerably. One organisation provides a three day induction course, other home provide access to on-line resources. Some</p>

	<p>home rely exclusively on training offered via Social Services workforce development programme.</p> <p>97% of participants confirmed that staff receive ongoing training as part of competency development. Again, the type and manner in which this is offered and competency is reviewed is varied. Some providers using e-learning resources which are reviewed at 3 monthly intervals, others purchase external courses. One Provider has enrolled staff on a five stage course accredited by Brighton University. Some have in house expertise; others rely exclusively on social services for dementia training.</p> <p>79 % of participants confirmed that competence to provide dementia care is a specific element of staff supervision and performance appraisal. Those homes that didn't include dementia as a specific element gave examples of how supervision could be used to assess competence to provide dementia care. 3 providers are changing their supervision and appraisal formats to make dementia care a specific element.</p> <p>48 separate dementia training events have been organised for care home providers over the last 3 years. These events comprise 6 different courses (repeated a number of times over the period).</p> <ul style="list-style-type: none"> • Dementia Champions- 1 Day • Dementia Training • Dementia Workshop - Behaviour that Challenges • Experiencing Dementia • Innovative Dementia Event • Understanding Dementia <p>During this 3 year period a total of 1210 care staff have received local authority provided or facilitated dementia care training completely free of charge. The range of courses provided is being expanded to reflect the growing demand for specialist skills in this area (see below).</p>
<p>What impact has this had on residents' quality of life and care? (850 words)</p>	<p>Evidence collated from participants of training provided by social services indicates that that it has helped and supported them to understand how to work with people living with dementia.</p> <p>All staff who have attended Positive Behavioural Management training have provided feedback suggesting that enhanced knowledge and understanding will lead to improved skills which will have beneficial impacts for residents with dementia.</p>

	<p>Feedback from care homes staff who have used Intensive Interaction technique have commented on how it has enabled them to communicate more effectively with residents and observational auditing undertaken by Intensive Interaction coordinators confirms that staff interaction with care home residents is more effective after training.</p> <p>Feedback from social services employees about the induction programme has been positive with staff commenting that areas covered will encourage them to think more about how they support individuals with dementia and how they can work in a more person centred way.</p> <p>Feedback from specialist experiential dementia training has been excellent with care staff commenting that it has challenged their understanding of dementia and has led to improved knowledge and skill in this area.</p> <p>Care management reviews will consider the quality of dementia care and the extent to which dementia care needs are being met. Care management staff from the authorities Care homes Quality Team have an active presence in care homes and will be evaluating the impact of dementia care, and care staff competency to provide dementia care as part of their routine day to day work. The number of instances where care management visits or statutory reviews have highlighted a failure to meet dementia related care needs is relatively low. From time to time dementia care which fails to meet a residents needs is identified and where this occurs steps are taken to achieve improvement. This may involve using contractual powers to achieve change, perhaps by requiring staff to attend or repeat dementia training where gaps in knowledge and understanding are established.</p>
<p>If further actions are needed to be compliant, please evidence what these will be and provide a</p>	<p>A requirement for providers to train staff in dementia care has been incorporated into the regional quality framework for care homes. This expectation may need to be refined so specific expectations about content, frequency and proportion of staff trained are more clearly defined. This will be reviewed following completion of a wider programme of work which CCOS is undertaking to become a dementia friendly city and which will lead to social services creating a more comprehensive and structured approach to dementia care training.</p>

<p>timeline for compliance? (500 words)</p>	<p>This will involve developing a dementia training strategy for delivering different types and levels of training to match the needs of staff working across a variety of settings.</p> <p>The new dementia training strategy will include a revised staff induction which will build on the aspects relating to dementia, and revised supervision training so that skills and competencies relating to dementia care are assessed in a more formal way as part of routine performance management arrangements.</p> <p>It is intended that these arrangements will be implemented over the next 6 months and will be based on the “Good Work – dementia learning and development framework”</p> <p>The majority of this training will be designed and provided by social services Staff Development and Training Unit with some more specialist aspects being commissioned externally.</p> <p>Private sector care homes will be invited to access both in house and externally commissioned dementia training offered via the SCWDP arrangements however SCWDP resources are not sufficient to meet the volume of training needed across the sector.</p> <p>Creating clear expectations regarding the content, standard and frequency of training required would help Providers to ensure that training courses or materials purchased from the private sector are compatible with commissioners’ expectations. These details will be shared with Providers following completion of the dementia training framework which is due for completion toward the end of 2017.</p> <p>Further work to validate providers’ self assessed evaluation of performance of requirements arising under 3.2 is required. This will be undertaken as part of revised quality assurance processes to be implemented during 2017.</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)

The formal assessment of needs undertaken by care managers prior to admission to a care home will assess service users' needs in these areas. Where needs are identified, a care plan will be created to ensure they are met. Care home providers are required to address the needs outlined in each resident's care plan. Social Work staff will work with providers, residents and their relatives to assess the extent to which these needs are being met at care plan reviews, and where necessary agree any actions needed to improve quality of care.

Social work staff will also provide support to help residents access befriending services, and to receive faith based and cultural support. This has been achieved via referrals to voluntary sector services such as SCVS and Age Cymru.

CCOS has also undertaken a considerable amount of work to encourage volunteering and befriending at care homes. This has involved hosting promotional events to talk to members of the public about opportunities and benefits of befriending people in care homes, liaising with local church groups to encourage and promote volunteering, developing and running training workshops for prospective volunteers, introducing prospective volunteers to care homes providers, and helping with completion

	<p>of enhanced CRB checks where this has been needed to satisfy CSSIW expectations. Although a lot of time, energy and resources have been invested in this area of work, disappointingly few people have committed to volunteering / befriending at care homes.</p> <p>There are a number of homes that have of their own volition established relationships with local community groups. This includes organised visits from local schoolchildren as an example.</p> <p>The health board and each of the three local authorities covering the Western Bay area have created a joint regional quality assurance framework for promoting the continuous improvement of care home services for older people.</p> <p>This framework has addressed this action by incorporating these requirements into the standards that care homes are measured against.</p> <p>The framework has been developed in concert with Providers who are fully aware of the need to achieve these outcomes. In Swansea the process for assessing Providers against these standards will commence in 2017.</p> <p>Some initial sampling of Provider performance in these areas has been undertaken and findings are summarised below.</p>
<p>On what evidence has this assessment been made? (850 words)</p>	<p>An evaluation of independent sector provider performance against requirements outlined in in 3.3 indicates the following; 83% of independent sector providers took part in a sampling exercise to assess compliance with requirements under 3.3.</p> <p>76% of participants confirmed that they use befriending schemes or involve residents in intergenerational projects / opportunities.</p> <p>The majority of care homes in swansea have developed links with a local school and use these connections to involve residents in intergenerational opportunities. Visits to care home from school children are the most common example. Some care homes accommodate Duke of Edinburgh candidates who wish to volunteer as part of D of E arrangements. Some accommodate college students wanting work experience. One home takes residents to visit a café set up by schoolchildren to cater for older people and which offers arts and crafts and pamper sessions.</p> <p>Several care homes attend seasonal events at schools such as summer fetes, pantomimes or Christmas concerts. Some homes</p>

invite school children to sing with residents. One home is visited by a local ballet school for children under 10 who dance for residents. One home engaged a local school to undertake an art project which involved primary school children creating scenes from Swansea's industrial past, and which were presented to the home by the school children for display. One home supports residents to attend a local primary school and assist year 1 children with learning and reading.

Specific befriending opportunities are more difficult for homes to evidence. A number of homes have participated in the pilots organised by CCOS to promote befriending and volunteering opportunities and some homes will offer training and payment of expenses for volunteers but this has attracted few people willing to befriend or volunteer.

A small number of homes do have volunteers. Some use volunteer befrienders via the job centre who spend time doing activities with residents such as table top gardening, or cake decorating for one day per week over an 8 week period. One home has regular visits from someone who brings their dogs to offer residents what the home describes as pet therapy. One home has developed links with a local community youth project where residents and young people are partnered as a way of sharing experiences. This project has been supported by swansea Museum and has resulted in some short films.

Access to faith based support and specific cultural communities

All participants confirmed that their care home is offering access to faith based support and / or cultural based support. Every home participating was able to provide an appropriate example. Most homes have links with their local church and most are hosting services for residents at their home. Bible readings are common at most homes and one home has made arrangements for one resident to have a copy of the bible in Latin.

Examples of support for minority groups are more limited. One home was able to provide an example of contact with a local mosque. One home was able to provide examples of support to maintain dietary and cultural needs for Jewish and Sikh residents.

Opportunities to participate outside of the home

	<p>All participants confirmed that their care home has arrangements in place for people to socialize or attend activities outside of the care home. A wide range of opportunities are provided. Some examples include:</p> <ul style="list-style-type: none"> • Sing along groups with family and friends • Visiting local places of interest eg the local 1940 museum • Shopping trips • Watching the Swans at the Liberty Stadium • Trips to the beach • Visits to the Grand Theatre • Pub lunches • Visits to cafes and ice cream parlours • Support to visit friends • One resident was receiving swimming lessons at a local pool <p>Visiting to maintain existing friendships and relationships.</p> <p>All participants encourage visits from friends and relatives at any reasonable time. Some home allow 24 hr visiting, some have dedicated facilities for visiting friends and relatives, some homes encourage friends and family to participate in events at the home and outings with residents.</p>
<p>What impact has this had on residents' quality of life and care? (850 words)</p>	<p>Care management reviews</p> <p>Care Management reviews will assess care received by residents to ensure that services provided are as effective as possible and where appropriate, that needs relating to befriending, contact with family and friends and meaningful occupation are met. There is little recorded data to evidence the actual impact that this has had on residents' quality of life at a sector wide level. The extent to which objectives are achieved are captured on an individual basis and there is a general assumption that where needs in this area are identified and recorded as care plan objectives, that care given to achieve residents' outcomes will have a beneficial impact.</p> <p>Questionnaire responses</p> <p>Formal consultation with residents and relatives occurs to assess quality of services received (see below at response to 6.2).</p>

	<p>Consultation asks respondents to comment on the frequency with which they have experienced particular types of positive event.</p> <p>Questions put to residents which relate most closely to action 3.3 are:</p> <ul style="list-style-type: none"> • Can you contact your relatives when you want to? • Can you pursue your interests? <p>Questions put to relatives which relate most closely to action 3.3 are:</p> <ul style="list-style-type: none"> • Can you take part in activities with your relative when you wanted? • Are you given sufficient information about forthcoming events at the home? <p>Respondents are asked to confirm whether these positive events occurred always (scoring 4) usually (scoring 3) sometimes (scoring 2) or never (scoring 1).</p> <p>Average scores recorded for residents at the last analyses were 3.2 and averages recorded for relatives were 3.4 indicating that residents and relatives experienced positive examples of care at intervals which occurred usually to always. A total of 473 responses were received. This analysis occurred in December 2015 and has not been repeated to date because of an intention to revise questionnaire formats at a Western Bay level to reflect Regional Quality Framework requirements.</p> <p>Currently there are no arrangements for assessing the actual positive impact that positive events have had. Rather there is an assumption that were positive events are experienced this will have a positive impact for residents and families.</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>CCOC is compliant with 3.3. Work is underway to redesign quality assurance questionnaires so that these are consistent across the Western Bay area. This will provide an opportunity to consider how satisfaction with these aspects of care and impact on quality of life can be evaluated more effectively. This work will conclude by September 2017.</p> <p>Further work to validate providers' self assessed evaluation of performance under 3.3 is required. This will be undertaken as part of revised quality assurance processes to be implemented during 2017.</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)

CCOS and ABMU HB already have measures in place which inform our understanding of the quality of life experienced by residents of care homes. These range from information gathered at formal review, to an understanding based on informal discussions with residents and their families, and observations of care provided during routine visits to care homes undertaken by relevant professionals. Each of these situations provides an opportunity to capture information about the lived experience of residents, and to work with providers to achieve changes needed to improve quality of life.

A quality assurance questionnaire has also been introduced to capture information about residents’ and relatives day to day experience of care home services. This has been created using a well known model for achieving relationship centred care known as the “senses framework.” This was introduced to capture information about levels of satisfaction, and enable an evaluation about quality of life which could be shared with providers and stakeholders, and used to effect changes and improvements to services.

To date use of this questionnaire has had a limited impact. This is partly due to respondents indicating a high degree of satisfaction, and partly due to a relatively low number of responses.

The development of the Western Bay Regional Quality Framework will enable a more effective evaluation of the quality

	<p>of care provided to, and experienced by residents. It is intended that the framework will encourage providers to think beyond task based care, by employing relationship centred principles to achieve the best possible quality of life for residents. The framework will encourage providers to attain standards which will promote residents' quality of life. It will provide measures for evaluating each provider's performance against these standards and will arrive at conclusions which can be used to achieve continuous improvement of services.</p> <p>An evaluation of independent sector care home performance against action 6.2 indicates that all providers are actively taking steps to gather information from residents and relatives and attempting to use this information to achieve change or improvement.</p>
<p>On what evidence has this assessment been made? (850 words)</p>	<p>Assessment of performance is based on current care management practice. Since January 2015 approximately 1200 care management reviews for people in older persons care homes have been completed by social work staff from our care homes quality team. People receiving nursing care will have received a separate care management review undertaken by a qualified nurse assessor. Each of these reviews will have assessed aspects of care impacting on the quality of life for residents. Each review will have considered care from the point of view of the resident ensuring that, where possible, their opinions about care received are at the centre of commissioners' evaluation of quality. The opinions of relatives and family members are also routinely captured as part of these review processes. Where improvements are desired discussion will occur with the provider to ensure changes and improvements are made. Where services are below standards required by contract, more formal contractual steps may be taken.</p> <p>The CCOS care homes quality team comprises nineteen professionally trained staff who maintain an active presence in care homes assessing the quality of services, talking to residents and relatives about services, monitoring the impact of services received and advising care homes on best practice. These functions are performed on a day to day basis as part of their key role. Much of this will occur informally.</p> <p>The most recent care home sector wide analysis of formal consultation with residents and relatives occurred in December 2015. More information is set out below.</p>

<p>What impact has this had on residents' quality of life and care? (850 words)</p>	<p>Formal consultation with residents and relatives has occurred using questions and a methodology designed to assess the frequency with which residents and relatives have experienced particular types of positive event. The questions asked of residents are:</p> <ol style="list-style-type: none"> 1. Do you feel safe moving around the home? 2. Do staff respond to you quickly when asked for help? 3. Do staff maintain your privacy when you are performing a task? 4. Can you contact your relatives when you want to? 5. Are mealtimes enjoyable? 6. Are food and drink available when required and are different choices offered? 7. Do staff ask your opinion on things that affect you? 8. Can you pursue your interests? 9. Are you able to maintain your appearance as you like? 10. Do staff have time to talk to you? 11. Does your room offer peace and quiet when you want it? 12. Do staff appear to enjoy spending time with you? 13. Are staff sensitive to how you are feeling? <p>Questions put to relatives are as follows:</p> <ol style="list-style-type: none"> 1. Does the home smell pleasant? 2. Is the room clean? 3. Is the home a comfortable temperature? 4. Are staff approachable? 5. Do staff help your relative to maintain their appearance? 6. Are you kept up to date with changes affecting your relative? 7. Do staff use language you can understand e.g no jargon 8. Are residents treated with respect? 9. Do staff knock and wait before entering resident's room during your visits? 10. Are staff welcoming when you arrive to visit? 11. Can you take part in activities with your relative when you want? 12. Can you discuss things with staff in confidence?
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	<p>13. Is your relative happy in the home?</p> <p>14. Are you given sufficient information about forthcoming events at the home?</p> <p>15. Are you involved in decisions about your relatives care?</p> <p>Average scores recorded for residents at the last analyses were 3.2 and averages recorded for relatives were 3.4 indicating that residents and relatives experienced positive examples of care at intervals which occurred usually to always. A total of 473 responses were received. This analysis occurred in December 2015 and has not been repeated to date because of an intention to revise questionnaire formats at a Western Bay level to reflect Regional Quality Framework requirements.</p> <p>Currently there are no arrangements for assessing the actual positive impact that positive events have had. Rather there is an assumption that were positive events are experienced this will have a positive impact for residents and families.</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>CCOS is compliant with these requirements but to fully meet duties arising under the Social Services and Wellbeing Act CCOS is undertaking work in a number of areas which will help to achieve a better understanding of the quality of life experienced by residents.</p> <p>Work to create Co-production arrangements is an example. This will involve implementing processes for fully engaging residents and families in the design and delivery of commissioned services. We hope that this will lead to a more effective understanding of the elements of care which are important to people who use care homes, and which will have the greatest impact on quality of life. This will enable commissioners to think differently about what we commission and how we contract for and monitor against service provision.</p> <p>Co-production will also help to shift emphasis towards commissioning for outcomes but additional work is needed to ensure practices are compatible with an outcomes agenda. This will involve changing the nature of needs assessment and care planning arrangements so that care can be provided and performance of services can be assessed against proposed outcomes for individuals. Changes to contractual arrangements and monitoring regimes may also be needed so that performance against outcomes targets can be understood at both individual care home and sector wide level. This level of evaluation will provide a more strategic understanding of quality of life and lead to more outcomes focused commissioning based on residents' experiences and priorities.</p> <p>Achieving some of these objectives may require a certain level of cultural change. Care managers will need to adopt new</p>

approaches to assessing need and care planning. Some care homes will need to think differently about how they provide services. Front line care staff will need to be supported and encouraged to think less in terms of task based care in favour of quality of life outcomes. Contract monitoring and other performance management arrangements will need to evolve so that a more effective understanding of quality of life can be achieved and each of these elements will need to be congruent. This may take some time to fully achieve and whilst plans are underway to effect change there is currently no planned timeline for completion.

There are areas where smaller scale tasks are underway to achieve improvements. An example of this is in relation to revision of consultation questions used by local authorities to gauge resident and relative satisfaction at care homes (referred to above). These are being evaluated across Western Bay with a view to producing a standardised template for all commissioners which can be used to more effectively capture opinions about quality of life at care homes for older people. This will be completed by September 2017.

Standardisation of “lay inspector” quality assurance tools is also underway. This will lead to a common format for enabling lay inspectors to assess care homes against standards in the regional quality framework. This work will be completed by September 2017.

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.