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

Organisation	**TORFAEN COUNTY BOROUGH COUNCIL**
Accountable officer and job title	**EUNICE JONES, GROUP MANAGER, COMMISSIONING AND SERVICE TRANSFORMATION**
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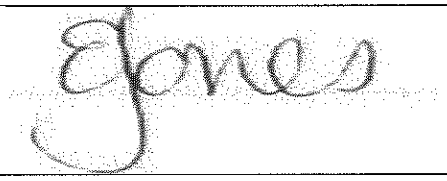
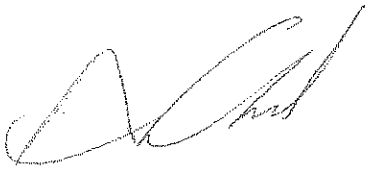
Signed	

Chief Executive Officer

Name: ALISON WARD

Date: 12th April 2017

Signed: 

Council Leader

Name: Anthony Hunt

Date: 12th April 2017

Signed: 

Deadline for responses: 31 March 2017

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

Outcome 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.	
Action Required (Requirement for Action 2.2): Older people in care homes have access to specialist services and, where appropriate, multidisciplinary care that is designed to support rehabilitation after a period of ill-health. (In partnership with Health Boards)	
To what extent do you comply with this Requirement for Action? (300 words)	The LA has achieved compliance with the RfA within local care homes. The LA is working with Health to implement a number of initiatives including Oral Health Programmes, Mangar Falls Protocol, SALT, across local care homes. This can be evidenced by the involvement of the Commissioning Manager in working groups and the number of homes that have signed up to the programmes. The involvement of care homes is driven by the Provider Forum which is chaired by the Commissioning Manager and the Team Leaders of the new redesigned patch based Well-Being teams throughout Adult Services. Reablement is a standing item on the agenda and fully discussed at every meeting with all attendees. The Adult Services redesign into patch based multidisciplinary team's aims to improve the health and wellbeing of vulnerable people who need care and support in the borough. The changes, which came into effect in January 2017 have seen the creation of five area based teams across Torfaen which will see improvements to the delivering of local services that

	encourage independence, reablement and stronger community links. These new ways of working are being imbedded following a successful pilot in the north of the borough. Reablement training and awareness raising (such as maximising independence, caring for people who have had a stroke) is provided through the Workforce Development Team and is offered to all our providers. This training has been well attended.
On what evidence has this assessment been made (850 words)	The number of care homes that are working with the LA and ABUHB to adopt new protocols has increased (100% of homes in Torfaen are now signed up to the oral health programme). Contract monitoring visits planned for this year include added validation in this area. Two homes in Torfaen – who had the largest number of people who suffered a fall last year – have signed up to the new Mangar Protocol on a pilot basis. It is hoped that the Mangar Protocol will be rolled out to the remaining 8 homes in 2017. Health are working with a number of homes to increase the manual handling skills of care workers. This is to ensure that residents with even the most complex health needs have maximum opportunity to safely come out of bed and sit and engage with other residents. One home in Torfaen is working with the patch based team to offer more flexible reablement options for people to facilitate more timely discharge from hospital - with the planned outcome for them to return to their own home. The evaluation of the North Torfaen pilot provides evidence that working on a multiagency patch basis drove service delivery and improved preventative services by making sure they were available at the right place and at the right time. The new way of working changes the way adult services supports people during hospital stays and provides

	support and advice before, during and after hospital stays rather than care being suspended temporarily and passed to a separate hospital social work team.
What impact has this had on residents' quality of life and care? (850 words)	The adoption of the oral health protocol has resulted in less dental treatment being required as evidenced by audits carried out by Health. The impact for residents is reported as being very positive for people, particularly with dementia, who as a result of better oral care are able to enjoy eating a variety of different foods again – with less reliance on food supplements which is beneficial for their all-round health and wellbeing. The Mangar Protocol aims to provide skills, specialist equipment and training for care home staff to give them the confidence to assess someone who has fallen and aid them to get up off the floor when it is safe for them to do so. This will result in less calls on paramedics and a reduction in inappropriate admissions into hospital. This pilot is in very early stages and will be evaluated 2018/19. Evidence suggests that a big percentage of older people who are admitted into hospital after a fall do not return home. The aim of this protocol is to give care home staff confidence to assess someone after falling and enable people to remain in the care home where appropriate thereby avoiding, where possible, admittance into hospital. Where research has shown that they often fall again as a result of being in unfamiliar surroundings. The patch based teams are supporting people to receive their care within their community. The changes in working practices have resulted in a fundamental shift in the culture of care homes. It has empowered care home providers to seek more innovative ways of providing care – and they no longer have to be a home for life for someone who has suffered a period of ill health.
If further actions are needed to be	Further work is needed to promote to care staff the need for independence champions in each care home in order to embed an independence culture. However it is

compliant, please evidence what these will be and provide a timeline for compliance? (500 words)	recognised that this will take time. The patch based teams are strengthening links with homes in their area and will help to facilitate this. December 2017. Self-evaluation to be signed off by the Chief Officer for Social Care and Housing.

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)	The LA is fully compliant with this RfA. It is a contractual condition that all care home staff who work with people with dementia must undertake dementia awareness training. This is included in the Social Care Induction Framework as an overview and more detailed dedicated dementia training and awareness is delivered by the LA workforce development team. The LA also has a service contract in place with the Alzheimer's Society to provider specialist advocacy services for people living in care homes who have Alzheimer's/Dementia.
On what evidence has this assessment been made? (850 words)	The training and skill levels of all staff employed within care homes in Torfaen is assessed and validated during contract compliance visits. Any staff who are identified as not having undergone the appropriate training will be reported back to the home Manager and also the Commissioning Manager. The home will then be issued with an action plan which will not be signed off until all staff have completed the training.

What impact has this had on residents' quality of life and care? (850 words)	Many homes in Torfaen have adopted the Butterfly approach to dementia care. This has been proven over many years, to enrich the quality of life for people with this condition. Care home staff are trained to engage more meaningfully with residents and residents respond in many more cases. The quality of life for residents in care homes is assessed not only by individual care managers but also by contract support officers who have been trained in observation skills. Mealtime experiences have improved in homes as staff sit and eat with residents and chat over a meal. Domestic staff and cooks are also expected to undergo dementia awareness training.
If further actions are needed to be compliant, please evidence what these will be and provide a timeline for compliance? (500 words)	Dementia is becoming more commonplace and care workers should all be aware of the condition and how best to engage with service users. The LA has made this a compulsory contractual obligation and will continue to monitor training records of all care home staff to ensure that homes continue to support upskilling in this area. On-going throughout 2017/18. Dementia care is a standing item on the Provider Forum agenda and good practice sessions will continue to be held throughout the year where providers can share ideas on innovative approaches to providing care for this condition.

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 LA is fully compliant with this RfA. It is a contractual obligation that the provider enables residents to continue to access their faith based support and specific cultural communities. This is validated as part of contract compliance visits and observations.
On what evidence has this assessment been made? (850 words)	In addition to the observations and validations made by the contract support officers the LA makes a financial contribution to the Care Home Ask and Talk service (C.H.A.a.T). The service is made up of retired health professionals who give up their time to visit care homes and chat to the residents about their care experience. They talk about cultural and spiritual support, friendship groups and visits into the care home by the local community. The feedback received is fed back to the

	Commissioning Manager on a monthly basis and any areas of concern are picked up immediately. The feedback is fed into the contract monitoring process and adds value to the LA contractual checks. The C.H.A.a.T volunteers are attached to specific homes and this enables them to build relationships with residents and staff. The visits happen regularly and the volunteers are often invited to social gatherings at the home i.e. fetes, carol services, coffee mornings etc. Torfaen also has a contract in place with the Alzheimer's Society to provide specialist advocacy services for people with Dementia/Alzheimer's.
What impact has this had on residents' quality of life and care? (850 words)	The C.H.A.a.T service has fed the views of residents to the Commissioning Unit which has enabled the team to work with the care home to seek improvements in services and greater choice for individuals. Examples of this include residents not liking to complain to the home about their food choices but by mentioning it to a volunteer who fed back to commissioning we were able to encourage the home to provide more choice at meal times and also change the main meal from lunchtime to early evening instead for those who wanted it that way.
If further actions are needed to be compliant, please evidence what these will be and provide a timeline for compliance? (500 words)	We will continue to monitor homes as part of contract compliance and C.H.A.a.T feedback to ensure that residents can access all the services, support and friendship groups that they want to. We are looking at setting up an activity co-ordinators network across all the homes in the area to enable them to share resources and where possible take residents on outings with other homes residents in order to widen friendships. We will be aiming to do this during 2017.

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)	The LA is fully compliant with this RfA. The Commissioning Unit takes an active role in developing good working relationships with care home providers, CSSIW and other commissioning colleagues across the Aneurin Bevan University Health Board. The Commissioning Unit Manager chairs the Torfaen Provider Forum which meets 4 times a year. She is also part of the CSSIW Reference Group Ein Llais and a member of the RISCA Consultation Group. The LA and ABUHB commissioning officers meet regularly to discuss care homes in the region and to share intelligence and concerns where appropriate to do so. The LA commission a specialist advocacy service through the Alzheimer's Society to help gather the views of people with Dementia and Alzheimer's in order to help us improve services otherwise their views may not be heard.
On what evidence has	As part of contract monitoring the contract support officers spend time in the residential setting talking to

this assessment been made? (850 words)	residents and staff about the care being delivered. The officers sit in the lounge informally and listen to people. Their feedback forms part of the contract monitoring report which is shared with the care home. It also helps us to understand what makes a good day for someone and how we can help to instigate service improvements. As mentioned above the C.H.A.a.T volunteers also spend a lot of time talking to residents and ask them what the care they receive is like for them. This is also fed back to commissioning. All care managers who complete a review with the resident fill out an SSD180 which is a provider feedback form. This form will also include any good practice at the home and any concerns, plus the resident's views. This form goes back to Commissioning. Overall the commissioning unit has a very good, comprehensive knowledge of each individual care home. The commissioning unit manager will also attend residents and relatives meetings in care homes and gains a lot of feedback from these. CSSIW and ABUHB work closely with the LA to discuss feedback so that the most appropriate agency can pick it up and take it forward.
What impact has this had on residents' quality of life and care? (850 words)	The feedback from residents is a valuable indicator of what living in a care home is like on a day to day basis. Even comments like someone wanting sandwiches at dinner time instead of tea time -but not liking to say to the home staff - is fed back constructively to the home and will be checked when a contract support officer next visits. This makes a big difference to the quality of life and care for individuals as it evidences that their views are being listened to and are taken seriously. When LA contract support officers visit we talk to residents as opposed to filling out tick box questionnaires with them as we appreciate that everyone is an individual and everyone's views are different. The C.H.A.a.T service has enhanced

	resident's lives – the volunteers spend hours talking to people who might not otherwise have a visitor come to see them. The care homes have been very receptive to the service and have welcomed the volunteers.
If further actions are needed to be compliant, please evidence what these will be and provide a timeline for compliance? (500 words)	The LA will always continue to monitor the quality of life for people living in residential settings. We are piloting new contract monitoring processes for care homes in 2017. We are increasing the amount of time we spend observing the day to day life of people living in a care home. We are working with the provider forum to establish an activity co-ordinator network during 2017 to increase the number of social activities available for people living in residential settings. The new patch based working means that care managers will become more familiar with individual care homes, staff, residents and families and will be better placed to hear their views and suggestions.

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.

Torfaen Council's adult services has been restructured. Multiagency teams will now be patch based and will be working in the heart of the communities. This shift in working practices will enable care managers to get to know the providers in their region - particularly care homes, GP practices and community health teams. The aim of this change is to deliver care for older people within their own community thereby preventing an unnecessary hospital admission or facilitating a more

timely discharge from hospital. This will mean a huge change in the way traditional care homes have been operating. People will no longer go into homes and expect to stay there for the rest of their life. Homes should be able to provide a whole range of preventative services to help an older person overcome a period of illness or incapacity and where possible return to their own home after a period of rehabilitation. The pilot project for this whole system shift took place in the north of the borough and achieved excellent results. The cascading of the rest of the teams will be evaluated at the end of 2017.