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Appendix 6

Sarah Rochira
Older People's Commissioner for Wales
Cambrian Buildings
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Cardiff
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Dear Sarah,

Thank you for your letter regarding our response to our progress following your Care Home Review.

Your response was shared with our Corporate Management Team on 14th February and the Council's response to this was discussed at the same meeting held 14th March, 2018.

In addition, we will prepare a report for members of our Health, Social Care and Leisure Scrutiny Committee which will be presented at our next scheduled Scrutiny meeting on 16th April, 2018. We also will present our response to the Regional Safeguarding Board at the next Board meeting planned for 15th May, 2018.

Attached is a copy of our responses to you in line with the comments you have made in regard to areas that you have raised as 'insufficient'. I hope that you can see that we have been able to evidence further progress in these areas, and identified where we have challenges.

Attached as appendices to our response are a series of examples referenced in our response which further evidence practice within the Vale of Glamorgan's Council Owned Care Homes and our knowledge of Independent provision within our area.

Given there is a lot of focus on care homes in relation to the development of pooled budgets for residential care for older people, we would plan to consider our responses alongside our partners: Cardiff Council and Cardiff and Vale UHB and will propose to the Regional Safeguarding Adults Board that an Action plan is regionally developed in line with our Safeguarding priorities. This will also be the mechanism for monitoring progress.

Considerable work has happened as a consequence of the planned establishment of pooled budgets under part 9 of the Social Services and Wellbeing (Wales) Act, 2014 and in preparation for the implementation of the Regulation and Inspection of Social Care (Wales) Act, 2016. This includes consideration of joint care home forums, joint escalating concerns

mechanisms and policies and joint commissioning, including developing new contracts.

I hope that you find the response informative and reassuring, and that our commitment to discuss this further politically, regionally and operationally will further add to the confidence that the Vale of Glamorgan Council wishes to achieve positive outcomes for older people in care homes.

Yours sincerely,

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Appendix 6

Care Home Review Follow Up: Commentary on Response from Vale of Glamorgan Council

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.

Borderline

A range of reablement and rehabilitation support services and initiatives are described in the submission. It is stated that care home residents have full access to a range of therapists, nutritionists, dementia support and general medical inputs. Intermediate care and reablement support is available through the Tŷ Dyfan Reablement Unit. The jointly provided multi-disciplinary Vale Community Resource Service (VCRS) provides support to people in the community and within care homes seven days a week, offering a direct referrals system. However, it is acknowledged that one of the core aims of this service relates to outcomes for people being discharged from hospital and the response states that care home residents are less likely to be referred to the VCRS. The reasons for this needed to be explored and evaluated as part of the response to this Requirement for Action.

RESPONSE: *We acknowledge that every individual has an opportunity to be re-abled and to maximise their independence, what is not clear is the level to which an individual can do this and what is their maximum independence level – this will all be subject to an individual assessment and the desired outcomes identified by the individual at that time. Our VCRS team work very closely with all of our independent residential homes, offering them the opportunity to access the service. However, we note that this is often a referral after the individual has been resident in a care home for a period, and is referred for a very specific need – for example, falls prevention. We endeavour to prevent individual accessing residential care homes without exhausting other*

options – in line with the Care and Support at Home Strategy and wherever possible trying to concentrate our resources to support people to stay in their own homes where it is safe for them to do so. Therefore, this correlates with a lower referral rate from residential care homes as the preventative work has been completed at the appropriate stage.

VCRS team leads have been involved in a LIPS project ('Just Ask') which aims to provide timely, effective and quality health support to residential home care staff and upskilling in order to understand the services that can be provided. Through proactive management it is hoped that transfer to nursing, hospital admission can be avoided. Referrals are accepted from GP's, Residential home staff and LA to VCRS for access to multidisciplinary assessment and intervention e.g. physiotherapy, nursing, SALT and Dietetic input.

VCRS nurses visit residential homes regularly every month for advice and support to the residential homes and complete assessment to facilitate transfer to nursing. Nursing team recently involved in assessing all residents of a failing residential home to assess suitability of placement, linking in with social services and Safeguarding teams and attending Provider Performance meetings. VCRS have offered training to all Residential homes.

In recognition that people who live in care homes would benefit from reablement to prevent unnecessary transfer to hospital or nursing care, ICF funding has been applied for to create a 3 bed assessment/reablement unit that will support specifically people living in care homes, in an attempt to maintain them in their placement, or to improve wherever possible to step-down facilities/support.

I would have liked to have seen more evidence of coverage across care homes. It is acknowledged that not enough is being done to drive change within independent sector homes but there is no reference here to contract compliance systems or how they are being used to support best practice.

RESPONSE: *This is an area that we are strengthening through reporting mechanisms from staff reviewing residents. We have explored new contractual arrangements across our Region and will link this to the implementation of the Regulation and Inspection of Social Care (Wales) Act 2016, and the requirement for pooled budgets under Part 9 of the Social Services and Wellbeing (Wales) Act 2014. We hold monthly quality assurance meetings across our partner organisations to share information regarding concerns in practice, or*

compliance with care and support plans. Should an issue be reported this would be progressed through the Escalating Concerns Policy if we identified concerns regarding practise. We conduct monitoring visits via our contracts team in response to concerns. We would like to increase our frequency of monitoring visits and have put forward cost pressure bids for increased contract monitoring capacity for the past two years in acknowledgement of this. Due to the integrated nature of this Council's Adult Social Care, with Vale Primary, Community and Intermediate Care from the Cardiff and Vale UHB, we are able to share information across GP clusters and support cluster bids that have focused on recruiting dedicated staff to review care home residents.

However, I am pleased to note there have been a number of initiatives to drive change, for example:

- A falls prevention programme, including staff training, risk assessments and regular review
A second Falls Prevention Workshop across ALL Residential and Care Homes is planned (March, 2018)
- A foot care programme, in partnership with Cardiff and Vale University Health Board, Age Concern and the Society of Chiropodists and Podiatrists, which is resulting in real benefits for care home residents
- A programme of care home staff training related to nutrition and swallowing, and efforts to introduce protocols to support and embed good practice.

The response provides some good evidence of impact and outcomes through evaluation of services and pilot programmes. It was very encouraging to see the impact of the foot care programme in promoting mobility and preventing infections.

There is reference to risk assessments and care plans; these are regularly reviewed where frequent monitoring is required. However, I would have liked to have seen evidence of a comprehensive approach to care planning that helps to reinforce reablement goals through daily routines and proactive reinforcement, working together with the resident, family members and care staff.

RESPONSE: *On The Bay reablement unit, the care plans and individual goals are reviewed on a weekly basis with therapists, care staff, the service user and their family. Monitoring of level of independence continues following discharge as part of Welsh Government Performance Information monitoring.*

- *A weekly multi-disciplinary team (MDT) meeting takes place. Each person's progress and plan is discussed, and goals monitored and recorded.*
- *Discharge planning is coordinated by the MDT meeting in discussion and collaboration with the supported person. Where appropriate family / carers will be involved.*
- *Each person is encouraged to provide feedback to the MDT throughout their stay. At the end of their stay they are asked to complete a satisfaction questionnaire. The information gained from this is used to further improve the service.*

The following outcome measures are completed to establish a baseline score, these are again completed on discharge.—: the AUSTOMS, Self-reported confidence visual analogue scale (VAS); The following statistical data regarding the service delivery plan (SDP) requirements were collected at point of admission and at discharge from the Reablement Unit. On admission to the Unit the FROP-COM, the Fear of Falling and the All Wales Manual Handling assessment is completed (and updated when applicable).

The service delivery plan in the Council's care homes is in the process of being reviewed by the Residential Management team and reablement goals will be included in the new document by April 2018.

We plan to make use of our established Care Home Forums to explore this further with our independent providers.

A range of work is clearly being undertaken with partners, particularly linked to falls prevention, and this is very positive. I would have also liked to have seen some more detailed evidence of how an enabling culture shift is being driven forward. I note that there are a number of plans in place to pilot, evaluate and/or expand services and initiatives but there are no clear timelines or named individuals linked to these programmes of work.

RESPONSE: *Reablement training is planned in 18-19 which is also made available to care staff in the independent sector to ensure we deliver not only a person centred service but one where its aim is Co – production of meaningful goals with the person with a focus on wellbeing outcomes as well as functional*

outcomes.

There is clearly some positive work to support residents but I am concerned about the level of access to reablement services, particularly within the independent sector. The need to address consistency issues within the independent sector is recognised but there are no concrete plans related to this.

There is also little indication of how the actions underway that relate to this Requirement for Action are being monitored for progress, which is essential to ensure that improvements are being delivered and that any gaps in delivery are identified.

See responses embedded in the text above.

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 ongoing basis as part of their skills and competency development, with this a specific element of supervision and performance assessment.

Sufficient

The response states that the Vale of Glamorgan is partially compliant in relation to this Requirement for Action. I had some difficulty judging this submission as the information is limited in parts and much of it relates to Local Authority provision only. I am left with little sense of what is going on in the independent sector. However, I can see that there are actions to review the contract and service specification and to ensure that any commissioned services are in line with the Good Work Dementia Learning and Development Framework for Wales should providers wish to be considered for dementia placements. I am concerned about the consequences for care home residents who develop dementia once placed, and whether this means they will be moved (which is highly undesirable). I would have liked to have seen how the dementia competencies of care home staff are to be addressed more broadly.

I appreciate that staff turnover is a challenge, as highlighted in the response, but this underlines the importance of ensuring robust /regular induction training is in place, and the submission is not clear on this.

RESPONSE: All staff working in the Council's residential homes attend dementia awareness training and is a key part of induction and refresher training. We offer Dementia courses via our training team to all our independent providers and the uptake of this training is high.

I can see that the Vale of Glamorgan has introduced a number of initiatives that relate to this Requirement for Action, including training that is targeted at managers, Dementia Care Matters training and the establishment of Dementia Champions. There is also reference to team meetings, supervision and performance reviews, which are an important part of embedding learning but I would have liked to have seen some examples of this in

practice.

RESPONSE: *There are many examples of good dementia care practice in the Council homes, and evidence of improved practice of staff members who have taken on responsibility of dementia champion. The Dementia Champions have made connections with the local community / local primary school, and children now regularly visit the home and are 'pen pals' with residents. In Cowbridge residents attend the weekly 'memory jar event that is organised for local people with dementia. Dementia champions across the 4 homes have created an annual activities programme which is shared across the homes and residents from each of the homes can attend (sample attached).*

The Dementia Champions have attended 'creativity in dementia' training and the skills learned are applied on a weekly basis during arts and craft sessions.

Some staff training data is provided as an attachment. This is very welcome but requires more supporting information. For example, the total number of individuals attending courses is not clear as many people may have attended more than one course. The data does state that 'external staff' have attended some training sessions but this still does not provide much of a picture of what training is taking place within the independent sector. However, I am pleased to see evidence of training for auxiliary staff, such as cooks and handypersons, as it is important that all staff in contact with people with dementia are appropriately trained. I would have liked to have seen more focus on the impact of the training that is described, for example, how it is changing practice and improving the lives of residents. I appreciate that there is a Policy and Quality Assurance Officer to support this work but I would have liked to have learned more about the nature and impact of their work.

RESPONSE: *As above, but the impact of dementia training to all groups of staff, including auxiliary staff has had a significant impact. It has given those staff the confidence to involve themselves in activities and interact more effectively. In Ty Dewi Sant for instance the handyman / gardener arranges a gardening club each week, which is well attended and enjoyed by people with dementia. It is acknowledged that we don't have the detail about these areas within the independent sector to provide evidence and we can seek to address this by liaising with Care home providers at a future forum. Anecdotally we hear of innovative practice within the independent sector*

but it is acknowledged that we need to improve our ability to capture this information.

I welcome the description of the wider development work that is in progress, such as Dementia Friendly Communities, leadership development, the changes being introduced associated with DCM inputs and the reminiscence work. Initiatives like this are vital to motivate staff and drive the required culture shift to ensure that the quality of life for people living with dementia is improved and promoted. However, once again it is difficult for me to form a view of this within the independent sector, as there is no mention of what is being done with these providers to help transform the culture.

RESPONSE: *Some shared activity with the private sector is taking place. Residents from the Council homes have attended activities organised by the private sector homes and residents from the private sector will be invited to activities arranged by the Council homes. In Southway, work is underway to offer weekly 'space and activity' to local people who live with dementia.*

I note that the response to Requirement for Action 3.3 highlights the barriers to progress in the independent sector over the past year, which has been affected by work on 'fee setting' and interim management arrangements.

The submission has only just been judged 'Sufficient', on the basis of the specified actions, which address a number of the concerns that I have raised, including a requirement that all commissioned care homes comply with the Good Work Framework. However, not all of these actions include deadlines, milestones or named leads against them, and they need to be considered more comprehensively.

In my response to the Vale of Glamorgan in relation to my 'Dementia: more than just memory loss' report, I asked that Partnership Boards have a strong focus on the issues identified within my report and ask themselves challenging questions about the outcomes being delivered for people living with dementia.

RESPONSE: *Noted – to be addressed via the Regional Partnership Board.*

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.

Insufficient

The response states that the Vale of Glamorgan is not fully compliant across provision and compliance is dependent on individual care homes.

There is evidence of a number of activities available within some homes, such as dances and sing-alongs via contact with the Vale of Glamorgan's 50+ Forum. I am pleased to note the use of technology such as tablets and the way in which apps are used to support residents living with dementia. It is encouraging to see the ways in which both residents and their families are benefiting from this.

Brief reference is made to access to faith-based support where this is identified in individual care plans. However, there is no evidence of intergenerational opportunities being available, which is disappointing as this was an area of weakness identified following the response to my Care Home Review.

RESPONSE: *There are many examples of good dementia care practice in the Council homes, and evidence of improved practice of staff members who have taken on responsibility of dementia champion. In Cartref Porthceri for instance, the Dementia champion has made connections with the local community and local primary school, and children now regularly visit the home and are 'pen pals' with residents. 'Living history lessons' is an area that is being explored in another home. Residential Homes within the Vale are generally well embedded within their communities with many examples of intergenerational support and activities. We did not refer to these in our previous submission as these were general observations during visits to homes and noted in CSSIW reports rather than the LA asking providers for evidence and reassurance that this was standard practice in homes.*

I am concerned that opportunities appear to be generally activity based and there needs to be more personalised responses, with a greater focus on use of individuals' life stories to develop positive attachments with residents.

RESPONSE: *Life story work is evident on all resident's file. The document "My life story" is completed with residents and relatives in all of our council owned homes and encouraged within the independent sector. In addition, each individual bedroom is identified with a personal life story which consists of a montage of photos that reflects the person's interests and life history within our own four homes. There is evidence on visits to other homes that this is standard practice in many of the independent homes within the Vale of Glamorgan.*

Whilst there is reference to care plans, it is unclear whether these reflect residents' cultural, social and faith identities. There is reference to changes in assessment and review formats, linked to the introduction of the Social Services and Well-being (Wales) Act 2014 but given the time that has elapsed since the publication of my Care Home Review, I expected to see a more proactive approach to personalised and outcome-focused care plans for individuals within care homes.

RESPONSE: *All service delivery plans within our Council run Care Homes are written in the 'first person' with clearly described wishes (anonymised sample attached).*

Inspirational Conversations (having What Matters conversations) was a mandatory course for internal staff 2016-17. We attempted to engage the private sector in 2017-18 but had very little response. We are going to promote this further in 2018-19.

The response states that the Local Authority works to disseminate good practice through all homes via the Care Home Provider Forum. However, there is limited evidence provided to demonstrate how progress against this Requirement for Action is being monitored through contract compliance mechanisms. There is little evidence in relation to evaluation of the impact of befriending opportunities outside of a commitment to continuing to ask questions when a resident moves into a home and through routine reviews and consultations.

There is a reference to independent advocacy but there is little evidence to demonstrate how residents with

diverse needs are being enabled to access befriending opportunities, for example people living with dementia, those who are confined to bed and/or those with sensory loss. These individuals are at particular risk of loneliness and isolation in care home settings.

RESPONSE: *Noted – we have engaged Age Connects for many years to provide Advocacy across every residential care home within the Vale of Glamorgan. This has worked exceptionally well and when we have had cause to enter into provider performance we have requested additional support to ensure that residents (and their families) are given an opportunity to raise their concerns and to be listened to by an independent advocate. We are currently liaising with Age Connects to request they visit every resident in one home that is in Escalating concerns at present, and in response to issues raised through inspection, quality monitoring and staff engagement. We also have thematic audits undertaken by our Policy and Quality Assurance Officer who can explore the opportunities for be-friending and people’s experiences.*

Where people have dementia, assistance of CoP deputy is sought where appropriate and efforts have been made to attract and involve volunteers. In Southway, this has been particularly successful where volunteers come to provide hair care each week, and assist during the weekly memory walk (weather permitting).

There is a recognition that more needs to be done to ensure consistency across provision and to ensure that all care homes are compliant with this Requirement for Action. Whilst I appreciate this honest evaluation, the lack of progress is somewhat disappointing given the stated commitment to reviewing all of its befriending provision following the publication of my Care Home Review in 2014. A number of actions to improve compliance are listed, related to collation of evidence, advocacy, co-production, staff awareness and digital champions but I do not feel they are sufficiently comprehensive or robustly stated to address the concerns I have raised.

RESPONSE: *There have been several events over the past 12 months where residents and staff across all care homes in the Vale have come together – this has included the Tea Dance which can be viewed here <https://www.youtube.com/watch?v=IkXBI5bRriY> filmed by College fields nursing home staff and shared with officers. This Tea dance also included service users of our Day Services across both Older person’s and Physical disability services. There was also a Christmas event and an event that celebrated the links within the*

community at our Extra Care facility – Golau Caredig, that launched our ‘Your Choice’ pilot with outcomes focused care planning in domiciliary care, but included representatives from care homes and residents to enjoy the event.

Requirement for Action 6.2

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 issues 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.

Sufficient

It is stated that monitoring questionnaires are distributed annually. I note that quality of life criteria has been developed and the questionnaires have been reviewed to ensure they are in line with the Social Services and Well-being (Wales) Act 2014.

I was pleased to see a detailed description of the way in which the resident survey is undertaken. This reflects good practice, for example:

- Consulting with each care home and with residents about the best methodology
- Including a mix of structured interviews, with a minimum of five in each home
- Responding to access needs (e.g. providing questionnaires in large print)

There appear to be robust quality assurance mechanisms around the survey and clear evidence that this feeds into continuous improvement processes. Questionnaires are also made available to residents' carers and families. Whilst it is mentioned that commissioning officers and the Policy and Quality Assurance Officer have a good relationship with residents, and it is understood by residents that they are 'separate' and distinct from the staff in the home, this is no substitute for independent inputs. I do note, however, that Age Connects is commissioned to provide advocacy across all care homes and contributes to regular provider performance quality assurance meetings.

The engagement mechanisms that the Vale of Glamorgan describes are largely of a formal nature. I would have liked to have seen more evidence of informal methods for residents and families to share their views. Care planning processes could also be used as a further vehicle to enable care homes to harness this information but the submission lacks detail here.

RESPONSE: *Resident meetings are convened on a quarterly basis (minutes attached) in each of our own care homes. Relatives are routinely invited to review meeting (attached invite letter). Yes, we do ensure that residents are involved in the Care Planning and review processes and this would be our normal practice, but we did not view this as consultation and engagement in the way we interpreted the Requirement for Action.*

I note that the survey of residents is used to provide annual reports and that this information, along with contract monitoring information, is used to provide feedback to care homes, something that is essential to identify issues and drive up quality. Whilst an example of the issues raised by residents is provided from the 2015/16 report, I would have liked to have seen specific examples of what is done with this information and what difference it made to the lives of residents. It is also stated that many residents and families are satisfied in a number of areas but I am left wondering what is being done for those who are not satisfied, as no information on this is provided within the response.

RESPONSE : *Responses are reviewed and actioned but all questionnaires are anonymous. To enable people to raise issues of concern the complaints procedure is available in each of the resident's rooms and, all complaints are responded to and logged with the Council's complaint's officer. People are invited to contact the*

person in control (PIC) during her quarterly visit (notification attached).

Some progress has clearly been made to support the engagement of residents and to incorporate quality of life standards. However, this response has only just been judged Sufficient. I would have liked to have seen more independent inputs available to support residents. It is stated that work is planned in partnership with Cardiff Council to address joint commissioning and the regional forum for providers is to be reinstated. I would have liked to have seen more robust actions to address what is being done with the independent sector to promote quality of life and to ensure that residents are engaged as fully as possible.