

Care Home Review Follow Up: Commentary on Response from Gwynedd 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

I am pleased to note that Gwynedd has been working closely with health partners to embed Reablement and Intermediate Care support. The response includes evidence of the expanded use of the Short Term Reablement Service, and it is interesting to see that where short term reablement beds have been placed within care homes this has enhanced working relationships between care home staff, therapists and social workers. There has been progress in relation to the provision of equipment, and I was encouraged to see how Intermediate Care Funding has been used to fit kitchens so that people can prepare their own meals, which helps to promote independence.

However, many of the examples provided in this submission relate to people in transition who are enabled to return home. I recognise that this is an important priority for public services, and that care homes are being increasingly used as a transitional space, but this focus in the response from Gwynedd does not reassure me of how the wider range of residents are accessing specialist support. I would have also liked to have seen more evidence of how care planning processes help to reinforce reablement goals through daily routines and pro-active reinforcement, working together with the resident, family members and care staff. This should take place within a framework that supports a personalised and enabling approach to risk.

I was pleased to note that self-funders have full access to the short term reablement service. However, the evidence provided is somewhat focused on Local Authority care homes and those in receipt of Local Authority services. The evidence provided does not reassure me of how reablement needs across Local Authority and

independent care homes are being addressed and how this is supported through contract management processes. Data provided is expressed in terms of 'throughput' and 'destination' rather than personalised outcomes being met.

On a positive note, there is evidence of staff training focused on enablement, together with efforts to shift the culture through Ffordd Gwynedd. Together with the Health Board, Gwynedd is also looking to address the needs of people in rural areas, specifically through the development of expanded short term reablement provision and through the development of telemedicine. There are also plans to expand provision to support the needs of residents with dementia. I am also very encouraged by the Dementia Go programme mentioned in the response to Requirement for Action 3.2, which offers intervention via exercise sessions for people living with dementia and their carers. This kind of fun physical activity, which can also involve family carers, is to be welcomed.

A range of actions are outlined relating to rehabilitation and reablement, associated with the possible expansion of out of hours social work support, short term reablement support, and the introduction of generic workers. However, many of these are expressed in tentative terms. An action plan is referred to in relation to work undertaken around a 'Week in a room' but no specific details timelines or named leads are provided.

As stated above, there needs to be action to deliver more focused work within care homes to ensure personalised rehabilitative support for residents that is then reinforced through their daily activities. It is stated that much of the activity outlined was implemented in 2015 and this was overseen by the County Forum, which no longer exists. Whilst there is clearly a range of high level structural change going on, I do not get a sense that there is a comprehensive strategic approach to delivery of this action and there is a stated assumption that this Requirement for Action has been met. Whilst progress has clearly been made, the evidence provided suggests that there is still much to do.

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.

Borderline

The response states that Gwynedd is compliant with this Requirement for Action, and where there are gaps there is work in hand to address these, but the submission lacks detail in a number of areas. There are some signs of progress, and I note that levels of training are in place, including induction, and this is backed up by e-learning modules. However, I would have liked to have seen more evidence related to how skills and understanding are being embedded and sustained, for example through supervision and mentoring. Gwynedd states that it has been providing training in accordance with the Good Work Dementia Learning and Development Framework for Wales 'for some years' but this is inadequately described, and is difficult to comprehend given that the Framework was published relatively recently, in 2016.

That said, I am pleased to see that training for managers has been commissioned from Dementia Care Matters (DCM); it is stated that this has made a positive impact and is leading to greater use of person-centred tools and techniques. I have noted the work that has been undertaken in relation to the DementiaGo scheme and also the work within Bryn Seiont Newydd Care Home and will consider this in terms of my response to Requirements for Action 2.2 and 3.3. This is very positive, and provides a further opportunity for staff training and development.

There has been some analysis of the independent sector in relation to their levels of training, though I am disappointed that this had to be undertaken through a sample (number, percentage and profile not stated) as quality contract monitoring processes would have provided a better indication.

I have noted the implementation of a new care home contract, with a related range of actions associated with quality assurance and safeguarding, and it is stated that this will make clear the Authority's expectations of levels of staff training. However, I am left with questions about this. For example, it is stated that 'basic' and 'specialist' dementia care training will be expected of care staff – but if this translates to the matrix of training listed on the first page of the response to Requirement for Action 3.2, the 'basic' only equates to Dementia Friends level. I am very supportive of general dementia awareness targeted at the wider community, but this does not provide an adequate level of training for care home staff. There is no mention of any expectations within the submission in relation to auxiliary staff and it is not clear what the contract might include here. It is also critical that the new contract is backed up by effective monitoring arrangements to provide more robust information related to dementia training in future.

I note there is evidence of impact in relation to staff undertaking QCF levels 2 and 3 – though it is not clear whether or how these responses are used to inform continuous improvement/promote best practice. It is also encouraging that the response states Gwynedd is seeing the benefits of the DCM approach. This submission would have been strengthened, however, if examples had been included of staff putting their learning into practice, along with evidence of impact through contract monitoring and other opportunities for observation.

I am pleased that there is development work underway with Bangor University, but it is not clear whether or how Gwynedd is supporting managers to capture and disseminate their learning or promoting this approach across the independent sector. The care home Bryn Seiont Newydd (part of Pendine Park group) is ground breaking and it is good that Gwynedd's submission recognises the strides that they have taken here. A key consideration for commissioners, however, is how they can ensure that others are inspired by such good practice.

There are actions listed that relate to the development of Cartref Llys Cadfan and the evaluation/expansion of the Dementia Go scheme, but these are only tangentially related to staff training. It is important that Gwynedd reviews its actions in light of the Good Work Learning and Development Framework for Wales, and the submission does not suggest to me that this has been fully considered and absorbed.

In my response to Gwynedd 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. I also attached a set of suggested questions and a checklist and I highly recommend that these are returned to as part of Gwynedd's approach to Requirement for Action 3.2

Terminology: I must highlight an issue relating to the use of language. Terms like 'suffer from' and 'challenging behaviour' are not person centered and do not conform with the social model of disability. It is crucial that this is addressed as this kind of language reinforces negative perceptions and undermines culture change.

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

I am very concerned to see the limited progress related to this Requirement for Action in the years that have elapsed since the publication of my Care Home Review report; there is no reference to the action plan submitted by Gwynedd in response to this. I note the barriers stated in terms of fiscal pressures, though this will not be particular to Gwynedd. Whilst I fully realise the challenges posed within the current climate, many of the changes that my Care Home Review highlighted can be achieved at low or no cost, and through service redesign.

Much of the information provided in the submission is of a generic nature (pertaining to older people generally) and it is difficult to see how it relates to older people living in care homes. Where information is provided more specifically about care homes, many of the examples are activity based (e.g. art therapy) and do not necessarily relate to the enhancement of social networks.

There are a couple of examples of intergenerational activities, and I was impressed by the textile project 'Perthyn', where the children of the area have been working with residents of Bryn Seiont Newydd and a textile artist to celebrate the links between Caernarfon and Patagonia. There is also an example where two generations were brought with children from Plant Parciau nursery visiting Plas Maesincla care home for a week to mix and socialise with the residents. Whilst these are very positive, there is no information about how related learning has been captured and sustained. There is also no sense of the extent and spread of such activities across the sector or how Gwynedd is driving change and promoting best practice.

There is mention of faith-based support, but this is not expressed in personalised terms, just that homes 'encourage' weekly contact with faith leaders. Where examples of digital connectivity are provided, there is no evidence of residents being trained or supported to take advantage of this.

I am pleased to note the ground breaking work related to Bryn Seiont Newydd (where more than 80 per cent of staff are Welsh speakers) and that Welsh is being actively promoted in all care homes, including a new service led agreement with providers. I also note from the response to other Requirements for Action that there are some examples of good practice in relation to befriending and creating links with the local community - especially related to dementia (Requirement for Action 3.2). I am encouraged that the Speak Up project is enabling communication between staff and residents and I hope that Gwynedd will build and capitalise on this work. However, there needs to be further evidence that this Requirement for Action is being promoted comprehensively, including people who are confined to bed or those who are affected by sensory loss. These individuals are particularly at risk of becoming lonely and isolated in care home settings.

Some information is provided in this response about positive experiences for residents, but, as set out above, many of these examples are not specifically related to delivery of this Requirement for Action. There is little evidence of personalised, systematic ways to capture the impact on residents through contract monitoring or through formal evaluation of initiatives. Whilst it is stated that care plans are person centred, evidence of personalisation is generally absent from this response. However, I note from the response to Requirement for

Action 6.2 that there is development work here linked to Ffordd Gwynedd, including training on 'Collaborative Conversations' and the development of more outcomes-focused tools. Other actions that have been provided are drawn from the Ageing Well programme. Whilst I do not wish to detract from the Ageing Well action plan that is in place, it does not address the work required to deliver Requirement for Action 3.3

I recognise that Gwynedd is looking at ways in which the wider population can take more responsibility and an active role in relation to supporting vulnerable people (through the Care Challenge) and hopefully in time this can translate to a more integrated and inclusive community. I note the new Safeguarding and Quality Unit will have a key role to play in future to ensure full compliance and monitoring and measuring quality in the future. This will be an important component in driving change.

I am pleased that Gwynedd recognises it has a key role to play in encouraging effective collaboration between organisations and sectors to achieve common aims. However, the delivery of this Requirement for Action needs effective leadership and a proper understanding of the level and type of change required, which is not fully apparent in this submission.

<p>Requirement for Action 6.2</p> <p>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.</p> <p>Annual reporting should be undertaken of how on-going feedback from older people has been used to drive continuous improvement.</p>	
6.2	<p>Sufficient</p> <p>The response states that Gwynedd complies in part with this Requirement for Action. Some progress at a general level is described. I can see that there has been structural change through the establishment of the Safeguarding and Quality Assurance Unit, and there are stated efforts to ensure that quality of life is central. Ffordd Gwynedd provides underlying principles, and it is stated that this is outcomes focused and supporting new ways of working (set out in the additional information provided). It is mentioned in Requirement for Action 3.2 that training for managers has been commissioned from DCM and this will be an important component in culture change. Training on</p>

‘Collaborative Conversations’ is being introduced for Social Work teams, and this should provide an important foundation in hearing people’s voices and making quality of life more central.

I note a Regional Commissioning Board has been established, including Health and neighbouring Local Authority partners. I am very pleased to see that there has been exploration of what quality means and recognition that this can be a subjective matter. It is encouraging that a shared approach is being developed and that the findings of my Care Home Review are being used as a basis for implementing change. The response states that this will be used to inform the new contracts with providers, and providers will be made aware of the importance of ensuring residents have a voice. However, I would have liked to have seen more information about what ‘standard feedback inputs’ will mean in practice.

I note that Gwynedd is taking steps to promote culture change through its Ffordd Gwynedd programme, and the submission makes reference to Ffordd Gwynedd leading to changes on the ground, but some specific examples of this in practice would have strengthened this submission. There are also efforts to improve quality monitoring and reporting to individual care homes, and ‘quality wheels’ are one of the methods to support this. It is stated that section 27 visits are robust, and include opportunities for talking to residents and for direct observation. However, within the list of elements that are regularly inspected, I would have liked to have seen more emphasis on the methods employed within homes to ensure that all residents have a voice. That said, I was very pleased to note that outcomes focused tools are being introduced. For example, baseline information is now being captured about individuals during assessments and is then followed up in order to promote change and provide evidence of impact.

Whilst some positive work has been described in this response, much of it is focused on processes and lacks the specifics of exactly how residents are engaged across all care homes. There is a brief reference to some care homes having residents’ meetings, and of surveys and questionnaires, but it

is hard to judge Gwynedd's response to this Requirement for Action based on the level of detail provided. There need to be multiple opportunities for residents to have a genuine opportunity to express any concerns and talk about what quality of life means for them. This should include both formal and informal routes, supported by advocacy for those who require this.

Independent inputs to enable residents to provide feedback are also vital to enable meaningful responses, in particular people who may have difficulties expressing themselves, such as people with dementia or sensory loss. The example used by Gwynedd about residents being consulted on their environment and decoration to the home underlines the importance of involving all perspectives - if not managed sensitively and inclusively, such well-meaning consultation could result in the home being furnished in disabling ways for residents with dementia (for example, using 'busy' patterns on walls or carpets).

I welcome the development work that is going on within Gwynedd, both within the Local Authority and with regional partners, and there is evidence of progress in promoting quality of life for care home residents. However, this Requirement for Action has only just merited a rating of 'Sufficient'. I would have liked to have had more reassurance of a commitment to the detail - ensuring a range of mechanisms are being developed to ensure residents' voices are heard. It would be of value for Gwynedd to consider this and also to go back to the stated actions in their response to my 2014 Care Home Review, in order to ensure that this is wrapped into their higher level action plans.