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Colwyn Bay  
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13/12/11

Committee Clerk  
Health and Social Care Committee  
National Assembly for Wales  
Cardiff Bay  
CF99 1NA

Dear Sir or Madam

Re: Inquiry into residential care for older people

I write to submit evidence to the above enquiry and wish to make the following points.

1. Admission to residential care

Both my parents, now aged 91 and 90 years old, have been in residential care for the last 4 years. Their admission followed a period of hospitalisation for my father at which time I discovered my mother could not cope alone at all. I was in full time employment and at the same time my husband was diagnosed with cancer which required him to have surgery, treatment and chemotherapy for the next two years. My parents lived about three miles away, having moved to live near me four years before. They had no other support network and my siblings both live several hours drive away. I cite this history to illustrate that admission to residential care may, as in their case, take place in the context of other family events which exacerbate the difficulties. They did not choose to enter residential care or wish to but had to accept that the family could do nothing else at the time. My parents are self funding. My brother spent time visiting homes but few were able to accommodate a couple together. Other than a list from the local authority we had no assistance or support. At the time we just had to get on with it but with hindsight I realise it would have been very useful to be able to discuss the decision, arrangements and ramifications with a knowledgeable independent person.

2. The experience of residential care

I have two principal impressions from my observation of the care my parents have received over the last 4 years.

Firstly, their days are extremely boring. I visit at least every other day and the cramped accommodation is full of people dozing in front of televisions. I appreciate that my parents may choose not to engage in organised activities (though I have rarely observed any) but I had hoped that my mother in particular would have been encouraged to continue with normal daily activities such as dusting, setting the table, arranging flowers, helping with meals or in the garden;

working along side staff and other residents. My mother would also enjoy physical activity or exercises but there is insufficient space for anything and her mobility is now deteriorating. My father's mobility declined rapidly when there was no longer any need to do anything. Homes need the motivation together with staff time and physical space to enable and encourage mental and physical activities to take place.

Secondly, my parents rapidly became institutionalised and whilst I can understand that a routine is reassuring and helpful for many residents it can take away all choice and decision making which increases dependence. Homes need a better understanding of each individual, their likes, dislikes and personal requirements and the determination to act on these; not to fit the person to the home but the home to the person, providing personalised care.

The staff seem kind and well meaning but never seem to have time to talk or reminisce with residents, of which an increasing number have degrees of dementia.

I hope this letter adds something to your inquiry despite representing only my experience. Length of life is increasing but the quality of that life is not, for many. I would ask that if the committee is visiting homes in the course of their inquiry, please will they ask themselves 'Would I want to live here?'

I would be happy to assist the inquiry with oral evidence in North Wales if invited.

Yours Faithfully

Lesley Gleave