

Health and Social Care Committee

HSC(4)-11-12 paper 10

Inquiry into residential care for older people – Conwy County Borough Council

RESIDENTIAL CARE FOR OLDER PEOPLE

The process and availability of other services.

Any older person who approaches Conwy SSD as regards admission into residential is subject to a comprehensive assessment of their care needs. Through the Unified Assessment process information is gathered regarding the person's care needs and the eligibility criteria is applied. We currently provide services for clients who have needs that are deemed to be critical or substantial.

This process applies whether the older person requires assistance to fund the placement or whether they are self-financing.

Any older person considering admission into residential care is encouraged to visit care homes before they make a decision. The Care Providers also routinely visit the older person in their own home prior to any admission. Older people are informed of the availability of advocacy services to support them through the process.

Admission into residential care however is seen very much as a last resort and every effort is made initially to support the older person to maintain their place in the community. To this end, we have a range of community –based services available in the County.

For example:

1. Conwy has developed 2 new Extra Care Housing schemes and has another 2 in the pipeline. (They have replaced Part 3 care facilities). The focus within the schemes is on maintaining and promoting independence.
2. Conwy's Provider Unit has modernised its Home Care Teams and changed the focus to providing a re-ablement service which is available free of charge for a period of up to 6 weeks for any older person with an identified re-ablement potential.
3. Traditional long term/maintenance care packages are still required and are commissioned via the Independent Sector.
4. The one remaining Part 3 care home has been developed as an EMI specialist facility providing specialist Day Care, Respite care and Residential care for older people with dementia and their carers.
5. TRIO day care has been commissioned via CHC monies, again for people with dementia and their carers – providing an alternative to the more traditional methods of care provision. This service is provided free of charge.
6. A specialist Dementia Team has also been developed internally to provide longer term care and support for older people with dementia in their own homes.

7. Two apartments in one of the ECH Schemes have been funded via CHC monies and are managed jointly with BCUHB to provide short term care and respite for older people (over 55 years) and their carers, the focus again being on re-ablement and maintaining independence.
8. Direct Payments are actively promoted with all older people in Conwy as an alternative to the more traditional methods of care provision.
9. Older People whenever possible are encouraged to access facilities that are already available within their communities i.e. luncheon clubs, social activities and other services provided via the 3rd Sector.
10. Conwy SSD and BCUHB through CHC monies have also recently developed a project relating to “End of Life” care to enable people to remain in their own homes.

The capacity of the sector to meet demand

The increased care needs of older people being admitted into residential care is recognised and consequently the potential increase in staffing levels and the skills required within the care facilities. This inevitably impacts on the rationale for calculating a fair price for care. Conwy has recently undertaken a massive piece of work in consultation with the Independent Sector in relation to reviewing the current fee levels and in adopting a rationale for a fair fee setting process within the County and across the region.

Conwy is actively involved in looking towards a more regional approach to commissioning and working in collaboration with neighbouring authorities. SSD Training is open and accessible to all our external care providers, and as part of the conditions of the contract the Providers are required to complete statistical figures informing us of what training staff have attended. Managing market activity is something we have not been able to progress in Conwy due to resourcing issues but this is recognised as a very important role.

Generally in Conwy there is a good provision of the full range of residential places including EMI residential. EMI Nursing Care places are however very scarce across the whole of North Wales.

The Quality of residential care services

User feedback forms are sent out to a random selection of our service users on a regular basis. These are not specifically in relation to residential care however and are more general. Every older person whom we fund in a residential care home is formally reviewed/reassessed 4-6 weeks post admission and then at least annually to determine whether the placement continues to meet their needs.

This review does not necessarily focus on the experience of the service user and their families and the focus is very much more on needs and whether they are being met. In Conwy we recognise that this is a current gap in our monitoring provision, and to this end we have recently developed a new role of Monitoring Officer. The role is currently being piloted for a 3 month period with a view to making this a permanent role.

Conwy in collaboration with neighbouring LA's and the BCUHB have developed Regional Contracts for Residential /Nursing care. It is envisaged that this contract will strengthen the

monitoring element and also ensure a more consistent approach to monitoring is applied across the region.

In terms of meeting the diverse need of older people the CSSIW process involved when a residential home wants to apply for a variance in their registration is seen as complex and cumbersome.

We have very recently in Conwy experienced and had involvement in the management of care home closures following the recent closure of a local EMI establishment. We have a policy and procedures in place and as a result of this recent incident we are currently in the process of reviewing how those are applied. We also have very positive experience of a well planned closure in terms of the modernisation of the Provider Unit and the recent closure of two large residential homes.

Regulation and Inspection arrangements

We are aware of the recent change in the inspection format to be more reliant on Self-Assessment and this is a cause for some concern as it is reliant on the honesty of the Provider in terms of the information provided. The current inspection regime doesn't involve themselves in the financial viability of care providers and we feel this should not be within their remit. This is an important feature of the work already undertaken and which is still on-going in relation to the work around setting the fees levels which is led by our Contracts Team.

New and emerging models of care

As discussed in the first part there are a great deal of new models of care already established in Conwy e.g. ECH, DP's. Other models of care such as Personalised Budgets are emerging but are not yet available in Conwy.

The balance of public and IS and alternative models

There is a distinct change in Conwy and an obvious increase towards more IS provision. The Independent Sector now provides most of the residential care in the County. We are also being much more creative in terms of our commissioning arrangements and we are working in partnership with 3rd sector and Health to commission a range of services for our clients. Adult Placement schemes are also available for older people as are Approved Landlord Schemes. The balance is certainly shifting on economic grounds as we are able to purchase cheaper than we can provide.

Other general issues discussed.

Concern regarding large conglomerates who own large numbers of care facilities in the county and the risk involved when there are concerns re their financial viability.

The under resourcing of the Health element for Nursing care and CHC – the Independent Sector acknowledge that the set rate applied by Health for FNC is not sufficient which means LA's are subsidising care costs for those residents. There have been representations from the LA's and the Independent Sector that the CHC rates are lower than LA/BCUHB rates (in some Authorities) which are currently being challenged.