

Health and Social Care Committee

HSC(4)-15-12 paper 9

Inquiry into Residential Care for older people – Feedback of engagement work to date – Note of reference group meeting 17 April 2012

HEALTH AND SOCIAL CARE COMMITTEE – INQUIRY INTO RESIDENTIAL CARE FOR OLDER PEOPLE

REFERENCE GROUP MEETING (17 APRIL 2012)

Background

1. The Health and Social Care Committee established a reference group for its inquiry into residential care for older people in spring 2012. The group comprises those who have recently – or who are currently – supporting friends and family in residential care settings, or who are facing the prospect of doing so in the future.
2. The role of the external reference group is to provide a view to the Committee on the key issues raised during the course of the inquiry. This includes their views on the extent to which they feel that the information being provided in evidence reflects their own personal experiences and the extent to which they agree with the current policy direction for residential care for older people.
3. The reference group will meet on a monthly basis during the course of the oral evidence gathering, considering evidence already received and proposing lines of inquiry for future evidence sessions. All notes of reference group meetings will be agreed by the group prior to publication.

Summary

4. The group met on 17 April 2012 to discuss the key themes emerging from the Health and Social Care Committee's evidence sessions on 23 February (Scene Setting), 29 February (Service Users, their families and carers), 14 March (Local Health Boards) and 22 March (Local Authorities).
5. The group felt that much of the evidence put forward to date displays common sense, and wondered why many of the suggested approaches to improving care for older people have yet to be implemented in full. The group was also keen to emphasise that many positive examples of residential care exist, and hope that the Committee's inquiry and report does not focus on the negative aspects of residential care alone.

Key themes

6. The reference group agreed that the key themes emerging from the formal evidence sessions listed in paragraph 4 are as follows:

- The poor **public perception** of care homes and the need to improve this amongst prospective residents and the general public more widely;
- The need for better support and **information** for those on the journey to residential care;
- The need to improve assessment processes, in terms of timing and to take account of changing need;
- The need to address **dignity** issues within residential care homes.
- The need for a **continuum of care** whereby the evolving needs of residents can be accommodated in one location, as opposed to requiring residents to move premises as their needs change;
- The importance of supporting **early intervention** and availability of preventative services, alongside better timing of assessments and options on discharge from hospital;
- Training and recruitment of **staff**, (and an increased recognition of social care as a career);
- Better **integrated working** between those involved in delivering residential care (including work between health and social care);
- The importance of **activities** and stimulation within the care setting;
- The challenges of delivering care for older people in rural areas.

7. A number of other issues emerged which the group agreed to consider at a future meeting. These were **regulation and inspection**, and the **funding** of care.

8. In exploring the key themes and the evidence heard the group made the following points:

- Something needed to be done to address the **poor public perception of life within care homes and of the staff working within them**. The group was very concerned that people entering homes had low expectations, and wanted to make sure that people entering homes continued to lead fulfilling lives. Group members felt that there was a place in society for residential care, alongside

other models of care provision, as living alone at home could be a very lonely existence.

- **The lack of support and information available to people and their families on the journey into residential care** rang true for many group members and their experiences of choosing care homes. Group members spoke of how there was a lack of information available about homes, and how they had not been clear about what to look for in a good care home when navigating the process. The group raised the question of what good care looked like, especially in terms of dementia. It was suggested that people who had been through the system would be a good source of support and information for those families on the residential care journey – this could be helpful as the group felt that they were expected to become experts on residential care very quickly which was more difficult given the crisis situations with which they were often faced. They felt that if information about types of care etc. was available it was very difficult to locate and was not actively shown to those who may need it.
- Particular concern was expressed in relation to the lack of information and **support available to self-funders**, who may not be encouraged to access help from local authorities. Problems were also highlighted with the process for seeking NHS continuing health care funding, especially for people with dementia.
- The need for a **continuum of care** was a key concept for the group. Some group members had experienced the difficulties of relatives being transferred from residential care home to nursing homes and the upheaval and distress this caused. In particular, the difficulty of having to make new relationships with staff and residents and the limited choice of care homes were discussed. The group emphasised however that, should care homes evolve to provide the continuum of care under one roof, safeguards would be needed to ensure the maintenance of adequate staff levels for all types of care within that setting.
- The group discussed the **assessment process for entering residential care** and the best time to carry out an assessment. The group agreed that conducting assessment whilst an individual is hospitalised is not optimal, particularly given that improvements in an individual's health can occur once discharged from hospital. It was suggested that improved assessments undertaken at a later, more appropriate time, could increase the number of options available to older people, including a return to their own home.
- The group provided a number of examples involving their

relatives losing crucial possessions, including dentures, hearing aids and glasses whilst in residential care (and hospitals), and subsequent difficulties in accessing opticians/dentists and other professionals to arrange replacements. The group agreed that access to services and implements of this kind are fundamental to achieving a **basic and acceptable level of dignity**. The group felt this was, in part, linked to the quality of assessments of residents' health when entering the care setting, and the need for a better understanding amongst staff of the importance of taking steps to ensure individuals' sensory and dental needs are monitored as a matter of course. This was an area which the group thought could be improved.

- The group discussed whether residential care homes could become more like **local resource centres** where carers could go and meet up, with day centres integrated into the home, and better links with the community could be established. There was some concern expressed about the feasibility of this given the existing structures and the current climate of limited resources. It was felt however that this approach could help increase **community involvement** and help to reduce the stigma attached to care homes.
- The group felt strongly that care should be seen as a vocation akin to medicine or teaching and expressed its view that there is an ongoing **need for training and recruitment** of staff who are suited to the profession. The group felt that training appeared to miss matters relating to basic dignity and areas they considered as common sense and argued that there is a need for work experience to be included within the training. The group discussed how working in the care profession could be very rewarding, and that this needs to be understood if the perception of working in this area is to improve. A suggestion was made that staff in residential care need the '3 Ts': training, time and temperament.
- In addition to better training for staff, the group discussed the **need for support and training for carers**. It was felt that, often, people did not identify themselves as carers and, as such, did not get the support they needed.
- The need for the services delivering residential care e.g. health, local authorities, and third sector to **work together** was important to the group. Group members thought that there should be a mix of people providing care alongside professionals, such as volunteers within the community. The need for clarity of roles was also discussed such as the different roles of care workers and social workers. It was felt that better joint working may also yield savings.

- The group emphasised the importance of the provision of **appropriate activities and stimulation** within care settings. The group agreed that appropriate activities and stimulation are fundamental to ensuring quality of life for residents, and that there is a need to raise awareness of what appropriate activities and stimulation within homes means for the different types of people in the various care settings. The group did not feel that organised group events alone were sufficient; residents may prefer to pursue their own personal interests, or to sit with a member of staff for five minutes over a cup of tea.
- The provision of independent advocates was considered very important by the group. The advice and support they could offer to those within the care system was considered very valuable. Group members expressed concern about advocates not being able to enter some homes, and wondered if something could be incorporated in the CSSIW reports about this.
- The importance of early intervention and reablement was discussed by the group. It was suggested that the variety and quantity of this could help prevent unnecessary admissions into care homes and allow people more freedom to decide on their future care. However, the group stressed that more needed to be done to make sure people were aware of these options and able to access them.

Questions for future sessions

9. The group also briefly discussed key questions to ask future witness, and suggested:
 - Asking the third sector what they think the scope of wider joint-working with health/local authorities and communities is;
 - Discussing with the staff bodies about how to address the risk-averse nature of some care homes in terms of inviting people into homes [the group agreed that this does not help with enhancing the understanding and perception of care homes].
 - Ensuring that the Committee has an opportunity to speak directly with care home workers, particularly given the lack of a dedicated representative body for them.

