

Health and Social Care Committee

HSC(4)-23-12 paper 6

Inquiry into Residential Care for Older People – Note of Reference Group meeting on 12 June 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 12 June 2012 to discuss the key themes emerging from the Health and Social Care Committee's evidence session, on 16 May 2012, with staff bodies and professionals.
5. The group also considered matters relating to financing residential care and a staff profile for those involved in the care profession, and potential questions which could be asked at the evidence session with independent providers on 14 June and the Deputy Minister for Children and Social Services on 20 June.

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 **use of terminology** such as *sufficient* or *further work* by the staff and professional bodies is too vague and lacks definition.

- More needs to be done to address the issues around the **recruitment and retention of staff at all levels within care**. Working in care should be considered a profession, with a clear career path and reflective pay scales.
 - The **need for appropriate and practical training for care staff**. This must be more than a tick box exercise, with the training being meaningful and relevant to those involved in delivering care.
 - There needs to be **wider planning for the future**, which accounts for future changes in the demography of Wales.
 - The need for a **minimum staffing levels** in care homes, to ensure that there are appropriate numbers of staff working at all times, in particular overnight.
7. In exploring the key themes and the evidence heard, the group made the following points:
- There appears to be a number of good intentions, and rhetoric about different bodies working together, however this does not appear to have been supported by positive action and forward movement.
 - There appears to be a **disregard for the work and potential contribution of the third sector by the professional bodies**. Although they recognise the importance of volunteers, the work of the third sector has a much greater reach and influence than this.
 - Throughout all the evidence sessions, there appears to be **little reference to the Social Services Bill** and the potential impact this could have on the landscape of residential care.
 - There is a **tendency in hospital settings when caring for the elderly to focus on the deficits** and what people cannot do, rather than the abilities that people still have. This can lead to a deterioration of patients.
 - Throughout the evidence sessions, **none of the witnesses have referred to the significant issue of bereavement**. People often need to grieve for those relatives who are not deceased but have been diagnosed with dementia, Parkinson's or similar conditions, in particular when entering into residential care. Associated with this is the development and sharing of end of life plans with families.
 - There should be **better mechanisms for sharing good practice between homes**. This could potentially be through the inspection regime, and inspectors could have a role in trying to encourage the

engagement of those homes which had been performing less well through suggesting examples of good practice.

- If the levels of pay within a care home are less than you could earn working in a supermarket, then the job will remain unappealing. This is a particular issue, given that there is no clear career path within the sector.
- Concern was expressed by the group that if working in care was not attractive to those people in higher paid professional roles such as psychiatrists, then it was even less likely to appeal to those entering lower paid jobs like care workers.
- **E-learning is not a sufficient substitute for more practical ‘hands on’ learning.** In considering the provision of training, the group asked whether consideration had been given to knowledge transfer and potentially visiting other care homes as part of a training programme.
- **People’s lives should be worth the cost of regulation and registration** of staff at all levels within the care setting.
- Effective regulation must start with good leadership.
- A lot of good work has been undertaken by the Care Council for Wales around the initial stages of registering staff. This should now be built on, and Wales should not fall behind.
- There needs to be a greater awareness from professionals providing care for older people, such as nurses and occupational therapists, of what services and other support are available in the community.
- The need to consider individual preferences about where people want to live was considered important by the group. In particular they felt that recognising why people want to stay at home and independent was important, and could be used to develop the care sector.
- The group **were concerned about the tendency for risk averse decision making amongst the professional bodies** when it comes to older people. The group would like to see greater amounts of empowerment and leadership for these groups to ensure they make the best decision for the patient and not just the least risky from their perspective.
- A longitudinal survey ought to be carried out amongst 60 year olds in order to plan for the future. It is important that the Government communicates with future users and funders of the residential care system in developing new care models.

- The group considered **training as a key element of delivering a better service for residential care**, particularly in areas like dementia where even a little bit of training can transform the care provided in a home. However, the group felt that there were often issues of quality when training was delivered internally by homes and also electronically.
 - Training within care settings can often be a tick box exercise, especially for things like health and safety and manual handling which has very little relation to what actually happens. When staff have been asked about training they cannot always relate what they have learnt to their experiences on the job.
 - Concern was expressed by the group that there was a potential for residents to suffer if staff were taken off site for training and replaced by agency staff who are unaware of the needs of residents.
 - The group thought the concept of a central point for information was a good idea, and a useful to have a way of guiding people through the process of choosing and entering residential care. However, there was concern that there would need to be buy in from everybody involved in delivering residential care and be properly resourced to ensure that people are able to access the information in a timely fashion. The group suggested that in developing any such resource consideration should be given to existing models to learn from best practice.
 - Much of the evidence received has suggested that larger homes provide a negative experience for residents, in comparison to smaller homes. However, the group emphasised that there are some benefits to larger care homes as they can provide a greater choice of activity, more opportunity to socialise and generally stay more active.
 - The Trade Unions assertion that there was a lack of training and development for staff, low wages and a lack of professionalisation within care sector was, for the group, reflective of how staff are viewed and emphasised the need to raise the level of the profession.
8. In addition to considering the issues arising in the evidence sessions, the group also considered a number of points relating to reoccurring themes of funding and the staff profile:

Funding

- A minimum level of funding is not sufficient; it will lead to money getting to be less and less. Just because somebody is funded through the local authority should not mean that they automatically only have access to a lower quality home.

- Consideration must be given to the system for top up payments.
- There needs to be more work around continuing care payments as they are currently awarded inconsistently. The group felt that there was a lottery with regards to accessing these payments and that it was down to how you answer the questions on the assessment rather than being truly evaluated on need. Patients in Wales (especially those with dementia or cognitive conditions) currently appear to be at a disadvantage to those in England because of the tool used in assessment.

Staff Profile

- The skills and requirements for staff working in residential care are much higher than acknowledged. For example, staff need to have a good awareness of, and to be able to act on signs of a number of conditions such as Alzheimers, Parkinsons and sensory impairments.
- More work needs to be undertaken to raise the profile of care staff, and improve attitudes towards staff.
- The group thought the characteristics needed by those working in residential care could be summed up as the four 'S's': ***Steady*** (to handle any challenges); ***Sensitive*** (in terms of dignity); ***Sense of humor***, and a ***Strong stomach***.
- Care work should be considered a profession, and work should be done to ensure a clear career structure within it.
- Working within the care sector and the benefits and rewards associated with it should be promoted. Although this would also need to include all aspects of what was involved in the job to help address the rates of retention.
- The group suggested it would be useful if a standard agreed person specification for a care worker was available, which could be used by the inspectorate to make sure the necessary skills were present within a home, and that agency staff are appropriately qualified.

Questions for future sessions

9. The group suggested the following areas the Committee may like to discuss with the Deputy Minister for Children and Social Care at the meeting on 20 June 2012:
 - The need for different financial models in delivering residential care to ensure the future viability of care services and that individuals have a

choice about where they end up. This should include options where individuals could invest in their care as a stakeholder.

- Paying for care and establishing what the Welsh position on the Dilnot Commission is.
- Making sure there is a transparency of information around private care homes in areas like financial viability, staffing numbers and training/qualifications, which will enable people to make informed choices.
- Government planning for future care needs –the group felt there was a need for a survey of people in their 50s/60s to see what future health/care needs profile might be.
- Ways to address the poor public perception of care homes and care work.
- The need to get away from residential/retirement ‘homes’ and broaden the horizon to retirement villages where different needs could be accommodated.

Other Business

10. The group agreed to hold a further meeting in late July / early August to consider emerging key themes and recommendations from the inquiry in order to feed into the draft report.