

Health and Social Care Committee

Inquiry into residential care for older people

RC15 – Sian Gardner

Contribution to inquiry into residential care for older people

Introduction to Severn View and Services we provide

Severn View caters for 32 service users at any one time. The range of needs that can be met within Severn View are personal care needs, continence needs, assistance with all tasks of daily living, physical and emotional needs, as well as special dietary needs. Medical needs are supported by visits from community nurses and GP's. Medication can be administered and monitored by staff at Severn View. There is no nursing care provided at Severn View.

The building is separated into 4 self contained 'wings'. Each wing has a name; Larkfield, Kingmark, Dell, and St Anne's. All wings have lounge, dining area, small kitchenette, bathrooms and separate toilets.

The Dell provides residential care, to male and females over the age of 65 years. The Dell is situated on the ground floor, and has 3 bedrooms for residential care, and 3 for respite care. This is staffed with 1 member of care staff day and night, with support from duty managers and auxiliary staff when required.

St Anne's, Larkfield and Kingsmark wings provide EMI residential care for people with varying levels of mental health needs as well as other physical and emotional needs mentioned above. St Anne's wing is situated on the ground floor and has 9 beds for permanent residents, and 1 respite bed. Larkfield is situated on the first floor and has 8 beds for permanent residents. Kingsmark has 7 beds for permanent residents and 1 respite bed.

Admission/referral to Services at Severn View

Most admissions to Severn View for permanent care come from hospital. It is often the case that the Service User has been admitted to hospital and from there has been assessed as unsafe to return home.

Personally I don't think that admission directly from hospital is always ideal, as they have often not had time to come to terms with the thought of never returning "home." Often Hospitals are under pressure to discharge people as they are "medically fit," however medically fit doesn't always mean that they are fit to return home. Although someone may be medically fit for discharge and not fit enough to return home with support, with encouragement and time they may after a period of further rest and recovery be able to return home. More focus should be put on creating short term rehab/step up/down beds

available to give people the opportunity to recover after an hospital admission and to regain the ability to return to living in the community, if they wish.

Severn View has day centre and respite facilities and in my experience day centre and respite is often a good introduction to the home for people who may later come to need permanent care. Permanent Service Users who have been previously used daycentre and respite services usually settle more easily and are happier as they have come to know the environment, staff and other service users gradually over a period of time.

Views of CSSIW inspection processes

CSSIW have changed the way they inspect care homes. All homes are required to complete and return self assessment documentation, following receipt of the self assessment information they make a decision on when to carry out inspections. CSSIW may therefore not inspect all homes every within a year. Prior to this, previous arrangements where that all care homes would have at least 1 inspection per year. I personally feel that inspections should be at least yearly and that all inspections should be unannounced so that inspectors get a true picture. I also feel that quite often inspectors spend the majority of their time looking through files and policies and actually very little time with residents, families, and front line staff.

Recent development and future development plans

Severn view has recently developed the provision of EMI residential beds as the demand for EMI residential provision became much higher than the demand for generic residential beds.

We have become aware through social work teams that there is an unmet need for provision for younger people with dementia and have considered possible further development to meet this demand. However the current building and environment is not suitable to meet the needs and a lack of funding has put these plans on hold at the moment. however as a local authority provider we are keen to work with commissioners and partners to ensure services are targeted where there is perceived to be gaps in the market.

Key Area's that we want to focus developing further are:

Training and development of staff

CSSIW and CCW recommend that staff be trained to NVQ/QCF level 2/3, in my experience although this provides recognition for care staff it does not provide much of a learning and development opportunity, particularly for staff who have been in the care profession for a long period of time. For these staff NVQ/QCF is confirming their knowledge and observing their current practices. There are much more beneficial courses available that ensure staff reflect and evaluate their own practices, values and beliefs as well as teach them new

ways of developing a more person centred approach to life in care homes e.g. Dementia Care Matters Diploma course.

MCC have a good training pathway, particularly for new staff, however for staff who have been in the job for a long period of time the training courses remain unchanged and we resend staff on the same courses every few years, this can become boring and uninteresting for long term staff. CSSIW require all staff to have a minimum of 5 paid training days per year, however with MCC now providing training to private sector, and their funding being reduced it is not possible to provide enough training places to meet the requirement.

To meet the requirements we are developing new ways of training staff which include on the job training, E-learning, and in-house training provided by the homes senior team. We need to develop training further to identify and develop training pathways that are tailored to the individual learning needs of staff members and that meets the specific needs of Service Users.

Third Party inspections

We judge our service on the CSSIW, and EHO inspections received, however to get a true reflection of the services strengths and weaknesses we would like to develop more independent forums for critically analysing the service. E.g. set up a Critical friend, mystery shopper, quality assurance forum led by residents and their representatives would be of great value for the service and enable us to know that we were focusing on developments in the areas where they were most needed and wanted by people who live at and use services at Severn View

Information

We would like to develop the use technology to enable better monitoring and recording systems. Currently all care plans and the majority of paperwork is hard copy and hand written, if care plans and information was kept on IT systems it would enable us to have better monitoring systems, save time when reviewing and updating documentation and enable service users and families to have easy access to information.

We need to be encouraging and enabling services users to stay in touch with family, friends and the community through use of internet, SKYPE, and other forms of media.

Person centred care

We are currently working with colleagues across all service sectors to develop more person centred care plans, and other care documentations. As stated above we want to develop this using different types of media. We are looking at ways of making delivery plan documentation generic across the whole care sector. Often Service Users use a number of services and each service completes their own delivery plan, often working very differently with the same individual, and information is not shared across the services. We want to be

able to develop a system where we all use the same unified documentation and that outcomes and actions are shared by all who provide the individual with a service, with a view to a more person centred approach for our Service Users

We are aware that the current environment is not as good as it could be to meet the needs of the Service User group i.e. limited access to outside areas. Research shows that people with Dementia have better well being if they have regular access to outside areas, and are able to walk around unrestricted. The current lay out of the building doesn't make this possible. It could be made possible however financial restraints prevent us from being able to make improvements in this area.