

## Understanding the Model of Care – Residential Care Home / Personal Care Visits

### Report of the Health & Adult Care Scrutiny Members

Please note that the following recommendations are subject to confirmation by the Committee before taking effect.

#### Recommendations:

that the Committee shares the learning from the visits to inform its future work programme.

#### Background

Following the 22 March 2018 Health & Adult Care Scrutiny Committee it was agreed that members would undertake a series of visits to health and care settings across the County. Councillors wanted to get a first-hand account from staff of where the system is working well, how supported they feel and where there may be issues of concern. The visits were about members getting a better understanding of the way in which the model of care in Devon is working operationally and the key issues affecting services from a frontline perspective.

Members began in May and June 2018 by visiting Community Health and Care teams across the County, reporting their findings to the 20 September 2018 Health & Adult Care Scrutiny Committee, before commencing their residential care home and personal care visits.

#### **The Model of Care**

The model of care in Devon is built upon the premise that people should be treated in their own homes wherever possible and that conditions that had previously required hospitalisation may no longer need it or may not need it for as long. The model enables improved use of resource by transferring resource and workforce from the provision of acute and community hospital beds to the provision of enhanced home-based care services more people can be supported.

- Comprehensive assessment to identify and support those most at risk of being admitted to hospital in an emergency
- Single point of access and rapid response service - front and back end of the pathway - admission avoidance and expedited discharge
- Building on what is already taking place; each intervention is an extension of work that is already happening in Devon
- Changing how we think and act - changes in system & process only part of the change – ‘doing the same, better’.
- Leading to changing the focus to prevention, population health & wellbeing. New focus & roles that span health, care and rehabilitation = ‘doing things differently’.
- Trust, mutual understanding of risk and ability to share information are essential for successful integration.

## **Visits**

The following councillors undertook visits to residential care homes in Seaton, Exmouth, Barnstaple and Torrington, as well as to meet a home care provider and service user:

### **31 October 2018, Netherhayes, Independent Residential Care Home, Seaton**

- Marina Asvachin
- Phil Twiss
- Carol Whitton

### **31 October 2018, Axe Valley, Home Care Provider, Seaton**

- Marina Asvachin
- Carol Whitton

### **31 October 2018, Trianon Independent Residential Care Home, Exmouth**

- Marina Asvachin
- Richard Scott
- Carol Whitton

### **9 November 2018, Greenfields, Learning Disability Care Home, Barnstaple**

- Sara Randall Johnson
- Sylvia Russell
- Andrew Saywell
- Nick Way

### **9 November 2018, Woodland Vale, Dementia Care Home, Torrington**

- Sara Randall Johnson
- Sylvia Russell
- Andrew Saywell
- Nick Way

## **Visits Overview**

### **Axe Valley Home Care**

Axe Valley Home Care Limited provides personal care and support to people living in their own homes in towns and villages in East Devon; this includes Seaton, Honiton, Exmouth, Sidmouth and Axminster. At the time of the last CQC inspection in May 2017 which received an overall [Good](#) rating there were 190 people receiving a service.

### **Greenfields, Learning Disability Care Home, Barnstaple**

Greenfields is an 18+ facility, predominantly overnight respite for people with a learning disability, open 352 days a year. The home is registered for 5 people overnight. The service is run by the County Council and gives younger people with learning and physical disabilities short breaks and day care. Breaks can be from one overnight stay to several weeks depending on people's needs and wishes. Residents are accommodated from between 28 to 136 nights per year, as it is a respite provision rather than a permanent home. There are also day services from 9.00am – 4.00pm Monday-Friday, up to a maximum of 12. At the last CQC inspection completed in September 2017 the service was rated [Good](#) in all domains.

### **Netherhayes, Residential Care Home, Seaton**

Netherhayes is one of 4 homes run by Adelaide Lodge LLP. 25 clients are currently accommodated at the home, with a capacity of 27. 80% of the residents have dementia. Only 2 of the residents are low dependency, the rest will need some degree of help. The age range is currently from 67 – 106. At the last CQC inspection published in July 2016 the service was rated [Good](#) in all domains.

### **Trianon, Residential Care Home, Exmouth**

Trianon, owned by Reliability UK, a national provider is registered to provide accommodation and personal care for up to six people with learning and physical disabilities, with 5 people currently in the home. Trianon has been operating as a care home since 1992. The service is provided in two semi-detached bungalows which have been adapted into one. A CQC inspection in December 2017 rated the home as [Requires Improvement](#).

### **Woodland Vale, Dementia Care Home, Torrington**

Woodland Vale is a County Council registered home providing care and support, which does not include nursing, for up to 20 people living with dementia (the County Council has one other specialist care home at Mapleton, Newton Abbot). The County Council worked closely with Stirling University to create the Devon Centres for Dementia concept and to develop refurbishment projects at Mapleton and Woodland Vale in Torrington. In addition to excellence in ergonomic design many innovative and cutting-edge technologies have been employed in the design of these homes to give the best outcome to the people who live there, promoting their continued wellbeing, plus offering signposting to useful independence enhancing technologies for people with early diagnosis. This design principal has also maintained a practical approach in providing an environment that is safe and efficient to work within. Best practice in the use of colour, light and space has been integral to the design. The Stirling concept advocates sub dividing accommodation into smaller suites each with its own front door and communal facilities serving a number of bedrooms – in our case ten bedrooms per suite. The home currently has 19 residents, living in pods of 10. At the last CQC inspection in June 2016 the home received an overall rating of [Good](#).

## **Issues Identified by Members**

For the purpose of this brief report, and the candid nature of the discussions that were held with staff at each of the settings, it was not felt to be helpful to attribute comments to either the individuals or the team's concerned but rather use the visits to highlight broad themes and issues.

## **Learning Disability**

### **Residential Care Provision**

- A lack of residential learning disability homes was flagged up to members in the North Devon area. This was concerning given the high number of 13 -18-year olds in the area with learning disabilities. A lot of families moved to North Devon because of Pathfield Special School, as well as Welland House (Devon Integrated Children's Services respite provision).
- Members questioned the contingency planning with the influx of young adults with increasingly complex needs moving through the system with demand only likely to grow.
- The need for increased respite provision. Respite care is significantly cheaper than having people placed 365 days a year in independent residential care.

### **Building Independence**

- The ethos across the homes members visited appears to be about putting the clients in control and at the centre of their care, moving away from a culture of their having things done to them.
- As part of a cultural shift in approach, there is now considerable focus on building each person's independence. In the past, some disability support services have created dependencies.

### **Parents / Carers**

- There are aging families, some of whom do not want to engage in conversations about future care for children with a learning disability.
- Staff are not afraid of challenging families if they felt the wrong decision is being made that is not to the benefit of the client, where there may be a financial benefit to keeping a person at home.
- Personal Independence Plans have not been brought in across all of Devon yet.

### **Referrals**

- It was reported to members that over the last year fewer referrals are being made at the point of crisis, with less time spent undoing the damage caused by failing independent placements.

### **Technology**

- It was apparent in several homes that staff are keen to utilise technology. Technology is being used in terms of communication, such as with eye blinking and utilising the cognitive function.
- Voice activated iPods to input data allows more time with the client rather than having to write everything down. Food and drink consumption can all be logged so other staff can immediately see if someone needs a drink etc.

## **Case Study**

It was described to members the success one residential home had had working on building independence with one young man with profound needs. The client had previously needed two carers but after a change of approach and work to build his independence he no longer needed that level of support. The impact of this type of work was hugely beneficial to people's self-esteem.

## Older People's Residential Care

### Diagnosis & Support

- There is a gap between dementia diagnosis, which has improved significantly, and the point at which someone starts to struggle and needs support.
- Referrals are being made into day services too late, with most people moving into full-time residential care, of these the average is after about 12 months, but some are as quickly as 12 weeks.
- Cases need to be regularly reviewed to try to ensure there is not this gap in the system between the initial contact with primary care services and the point at which they engage with care management. Families cope to a point and then the situation invariably breaks down.

### Care Management Reviews and Reassessments

- Concerns were raised as to delays in care management reviews and reassessments requested from Adult Social Care. There appear to be capacity issues faced by the operational care management teams. Homes reported being stretched in terms of resources with gaps in their funding due to the delay in assessments.
- Reviews are supposed to take place annually, to ensure the provider is funded to the right level of care for each client. The concern is that the assessment delays seem to be getting worse. Where someone in a care home appears to be in crisis this is being prioritised.

### Deprivation of Liberty Safeguards

- The Deprivation of Liberty Safeguards<sup>1</sup> backlog is significant with delay in assessments.

### Deficit of Care Beds

- It was reported to members that there is a deficit of care beds in North Devon. More needs to be done to stimulate the market in terms of independent providers.
- There are significant questions for future care planning. It is expected that by 2025 there will be one million people with cognitive conditions.

### Staff Recruitment / Retention

- Across all the homes that members visited, managers felt fortunate to have excellent staff, some of whom have been in post for many years.
- The limited pool for staff recruitment was however cited as a major issue both in Devon and nationally, particularly in terms of personal care, where there continues to be significant unmet need within the system.

### Complex Needs

- The level of need at which clients enter residential care continues to escalate year on year, with residents described as being much more advanced in their journey.

### Case Study

Members met a lady whose husband had previously been a resident at one of the care homes who reported that the home had been wonderful with him. Staff had been extremely attentive in their care and had also offered an array of activities for residents.

---

<sup>1</sup> Following the Supreme Court ruling in *P v Cheshire West and Chester & P&Q v Surrey County Council* [2014], the County Council alongside all local authorities experienced a rapid increase in applications for assessments under the Deprivation of Liberty Safeguards legal framework. Devon, along with other local authorities, continues to receive high levels of applications. This has led to local authorities holding waiting lists and the need to prioritise assessments.

## Buildings

- Many of Devon's residential homes are in older buildings that were not purpose built for care. It tends to be more difficult for buildings converted into care homes to deliver to the same extent the occupancy requirements of present day residents.

## Activities

- All the homes that members visited appeared to offer a wide range of activities for their residents from pets' therapy, singing, aromatherapy for instance as well as a variety of day trips. On the day of the visit to one of the homes there was a Halloween disco.
- As part of an asset-based approach that builds on residents' skills and strengths, clients are also encouraged to undertake household chores.

## Volunteers

- It is difficult to hold onto volunteers, so care homes would benefit from more consistent volunteer and community engagement.
- Cross generational work was described to members as being extremely positive, linking in with local primary schools and theatre groups who show performances in homes.

## Conclusion

Members agreed that the site visits were highly illuminating and provided valuable insight into the way in which a range of residential homes and care providers are working from an operational perspective and furthering their awareness of some of the challenges they face.

The Committee should seek to undertake further visits in line with their work programme to broaden members understanding on complex topics.

### Personal Care - Case Study

Mr & Mrs X have been with Axe Valley for 4 years since Mrs X, who was Mr X's main carer, broke her leg and was admitted to hospital for 7 weeks. Mr Smith has 3 visits a day from carers, while Mrs X has the one lunchtime visit. Mr & Mrs X like being cared for at home and want to stay there.

Mrs X's hygiene package is only for half an hour a day, which does not allow enough time for her to have a bath. Members agreed that they would raise this issue with senior officers within the County Council to try to ensure this issue was sorted to allow Mrs X a regular bath (this issue has now been satisfactorily resolved).

The carers change regularly as do the times that they attend, although they tend to be there for the 7.00am visit to get Mr X up. It is problematic for Mr & Mrs X that there are carers with limited English, which can make communication difficult.

## **Councillor Sara Randall Johnson, Chair Health & Adult Care Scrutiny Committee**

Electoral Divisions: All

Local Government Act 1972

List of Background Papers

Contact for Enquiries: Dan Looker

Tel No: (01392) 382232

<u>Background Paper</u>	<u>Date</u>	<u>File Ref</u>
-------------------------	-------------	-----------------

Nil

There are no equality issues associated with this report