



Health and Social Care Committee

Inquiry into residential care for older people

RC17 – Age Concern Cardiff and the Vale of Glamorgan

The following is a summary of comments on the consultation made from a selection of Age Concern Cardiff and the Vale of Glamorgan staff. These are staff that have a considerable breadth of experience over many years of working with older people in residential care homes. Those that took part in preparing the comments were:

***Advocacy Service Manager
Advocacy Workers
Ageing Well Co-ordinator
Hospital Discharge Service Manager
Operational Manager
Placement Advisors
Regional Safeguarding manager***

*** All are willing to take part in providing verbal evidence at a later date if required.**

Response

To examine the provision of residential care in Wales and the ways in which it can meet the current and future needs of older people, including:

Some general comments and priorities

- *In relation to good quality experiences of residential care It is essential to maintain third sector services such as independent advocacy and Placement Advisors (who support the transition from hospital into care settings)*
- *There is a clear need for cultural change to ensure the homes are involving and enabling;*
- *There is a clear need for activities to be part of management and embedded into the culture of homes;*
- *Residential care homes for older people should not be run for profit;*
- *both the savings threshold level and pocket money allowance need to be increased*

The process by which older people enter residential care and the availability and accessibility of alternative community-based services, including reablement services and domiciliary care.

Age Concern Cardiff and the Vale has run a Placement Advisor service (Placement Advisors support the transition from hospital into care settings) for the last seven years and this has proved invaluable to older people and their families when faced with finding a care home

Sometimes older people are pushed into residential care without a real consideration of the alternatives. This may be partly due to real pressures to discharge people from hospital. At present, in some cases there may be no realistic alternatives.

The Cardiff East Locality Team (CELT) is a good model for rehabilitation and should be replicated elsewhere.

If home care is to be a real alternative then the quality must be consistently high

More access is needed to Direct Payments as an alternative

More Extra Care housing is needed

A real choice is needed (at present the funding system in Cardiff and the Vale of Glamorgan does not allow for real choice of a care home and this is dictated by price) . Very often in practice the “Directions of Choice” policy does not equate to an actual choice

More initiatives are needed on preventative services

Need to look at ALL housing options e.g. Shared Lives

the capacity of the residential care sector to meet the demand for services from older people in terms of staffing resources, including the skills mix of staff and their access to training, and the number of places and facilities, and resource levels.

Locally there appears to be enough capacity but not if couples want to share a room. There seems to be a lack of provision in the city centre of Cardiff.

Providers need to listen to individual needs

There needs to be a cultural change driven by government that would result in more control for residents etc Culture needs to be more involving and enabling for residents and for families as well.

Activities in homes need to be a part of the management structure and at a management level responsibility - should also be the responsibility of all staff and not just one person who may have the title of activities co ordinator.

Age Concern Cardiff and the Vale's Ageing Well project provides training which is not simply about "providing good activities" (which instantly suggests a choice of bingo, exercise and film sessions), it is all about involving residents in their own hobbies, interests and their home. A few group events can be suggested and Age Concern can train people in delivering these activities, but the training ethos is about "Creating an atmosphere of fun and opportunity"

The most important activities are the ones people do for themselves which give them a feeling of self worth.... they are the ones that are seen the least by outsiders, and are the easiest to remove by disempowering residents

Lack of support for Activity Co ordinator - *There is evidence that the role of Activity Co ordinator receives no guidance, support or administration support. An average Activities Co ordinator will put in 6 hours unpaid a week...do planning and preparation out of work time, and bring in materials and resources from home, purchase out of their own pocket as they don't have the time to fundraise, or they are not able to fundraise enough to buy the resources needed for the activities to take place.*

Their colleagues in the home are as supportive as they can be, but can isolate the Activity Co ordinator's role not because they don't care, but because they do not recognize that it is their part of their role. Care Staff are the ones who provide most prizes for raffles, and are the ones who purchase most raffle tickets. I witness appeals time and again in staff rooms for wool and craft material donations as the Activities Co ordinatoer has discovered these are the group who do donate, where as residents and families reply is often "we pay enough already"

Poor working culture of care staff - *This is a culture that allows carers to work 12 hour shifts, pay is docked for a 15minute break every 6hrs,*

There is little or no allowance for the fact they are dealing with people. Pay is barely above minimum wage and there is a constant expectation from the public due to media criticism they must treat their clients with "dignity".

The way care staff are treated must have an impact on the quality of care provided

the quality of residential care services and the experiences of service users and their families; the effectiveness of services at meeting the diversity of need amongst older people; and the management of care home closures.

It is important to note that in our considerable experience, the quality of care provided by not for profit homes far exceeds that where homes are run for profit. This issue has already been raised through correspondence with the Older People's Commissioner for Wales

Homes that are too big (often over 100 beds) are not "homely"

Age Concern Cardiff and the Vale provides independent advocacy in many local care homes and has done so for many years. This is absolutely vital to the voice of residents being heard.

Service users and families are concerned about high turnover of staff

Service users and families are often afraid to complain

A link is needed for families to contact the CSSIW (to some degree, independent advocates can fill this role and are able to feed back general issues in those homes that have residents' meetings etc.) However, some managers are defensive about issues and about concerns raised by residents.

Good managers will take time to get to know the residents well and to chat to them on a regular basis

Some managers work for large companies that run many care homes and are so their role may be dictated to by senior management

There is often resistance to cultural change from managers and care staff

the effectiveness of the regulation and inspection arrangements for residential care, including the scope for increased scrutiny of service providers' financial viability.

CSSIW do not have enough power

Poor care homes should be "named and shamed"

Local Authority embargoes on contracting beds (often as a result of repetitive POVA reports) are kept quiet. Why? If Care homes are failing to improve after several warnings there should be real financial penalties, reductions in bed numbers or closure

new and emerging models of care provision.

the balance of public and independent sector provision, and alternative funding, management, and ownership models, such as those offered by the cooperative, mutual sector and third sector, and Registered Social Landlords.

Prices for care home beds must be transparent. At present self funders can be paying higher prices for the same room than other residents

Homes should be run by not for profit organizations

Local authority homes have higher relative costs but the quality of care is not better

The social enterprise model needs to be adopted more widely

The savings threshold level of £22,000 needs uplifting

The pocket money allowance needs uplifting

Contract prices are not on a parity with private homes