



Written evidence for Welsh Government – Health and Social Care Committee - Inquiry into residential care homes in Wales

16th May 2012



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1. **Introduction**

2. UNISON is Britain and Europe's biggest public sector union with more than 1.3 million members (100,000 in Wales)¹. Our members are people working in the public services, for private contractors providing public services and in the essential utilities.
3. Over 70% of our members are women and the Care Sector is the biggest area of membership within UNISON.
4. Our members deliver services throughout the public sector, but for this evidence we are concentrating on those members who work within Residential Care Homes, as well as the evidence provided by Members who have accessed the service for their families.
5. Our evidence is taken from firsthand accounts from Members as well as research undertaken by UNISON. We will respond within the headings provided by the Committee looking at the way in which the provisions of residential care in Wales can „meet the current and future needs of older people“.
6. This response is split into the terms of reference taken from the Committee Minutes.

Access to residential care, including reablement services and domiciliary care.

7. Anecdotally, access to residential care is dependent upon whether the resident has good advocates and/or supportive, knowledgeable family members. This is not a consistent access to residential care because of the differences in individual circumstances.
8. Supportive family members find accessing care (of any kind) confusing and difficult. For example, residents needing to transfer from hospital bed to residential care can be seen by hospital social workers and they would then seek accommodation suitable for the resident. It is not true to say that there is a choice for individuals, as often the professionals are limited by availability of beds.
9. Family members make many phone calls etc to contact the relevant professionals, seeking advice and guidance. Then if residential care is the option for future care, the family is dependent upon what places are

¹ UNISON 2011 membership figures



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available. Reablement care may only be provided for six weeks on leaving hospital, and it can take weeks to be seen. Time that is full of worry for the patient as well as their family.

Recommendation 1: The Welsh Government investigates access to care from the viewpoint of the families and issues guidance to Local Authorities (L A) on providing one point of enquiry, this to include targets for response times as a minimum. CSSIW reports to be provided for all homes under consideration.

10. With Residential Care Homes being provided by Local Authorities, the voluntary sector and the Private Sector, how can anyone be sure that the residential home chosen/provided provides a quality service? This is of key concern for future residents; family members and staff.
11. Care is provided from hospitals (some in England), there needs to be an urgent review of how care packages are coordinated (including reablement) to ensure vulnerable adults are not „lost“ from the system and that proper follow up care is provided.

An example is where a vulnerable adult having undergone heart surgery in England, (Broad Green Hospital) returned home (to North Wales) and health care professionals did not have a seamless protocol for referring the patient to all the different services, including reablement. There was no one taking responsibility for ensuring that all services were linked together. Whilst this is not specifically residential care, it is reablement and, this does illustrate how people can be missed, particularly when the system appears so fragmented to lay people. This is no criticism of the staff involved as they were working to full capacity, but there needs to be a review of staffing levels to ensure that patients can be properly tracked and assisted.²

Recommendation 2: There should be an inspection of patient care following major operations/incidents and how access to reablement and other professional health care is provided. This should include a review of staffing levels to ensure that patients can be properly tracked and assisted.

Recommendation 3: As this is about people moving between Health and Local Government (and the private/voluntary sector) appropriate Service Level Agreements (SLAs) should be negotiated (including with Trade unions) to ensure that staff have clear lines of management and protocols for ensuring no patient can be ‘lost’ from the system. At the same time this will assist our Members in being clear about the work required of them, with clear lines of responsibility.

² Member concern 2012



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Staffing levels and the capacity of the residential care sector to meet the demand for services from older people.

12. At our last count there are 439 residential Care homes for the Elderly in Wales.³ – 27 are voluntary sector; 106 are Local Authority and 306 are privately owned. Whilst we have not yet confirmed the number of companies operating within Wales the preponderance of different organisations has had a severe impact on our members working within homes that are outsourced from the Local Authority.
13. Even using the more limited understanding of the term “privatisation” – the outsourcing of service delivery – social care has already gone through a massive service transfer in recent years. In the 1980s, 90% of local authority-commissioned care services were provided by the public sector. Today, the bulk of these care services are provided by the private sector.

Members regularly tell us about changes to their Terms and Conditions occurring shortly after transfer from Local Authority Homes. This has seen pay cuts; different structures; lower levels of training; isolation (if moving to a smaller company) – and this is not a complete list. This leads to increased stress levels and higher turnover in staff⁴. Inevitably this does impact on quality of care.

Please note that not all companies/voluntary sector organisations are poor employers but our own caseloads, across Wales, clearly indicate that disciplinary and grievance processes are not fully understood and certainly not implemented consistently. Our caseload from the Care sector in the community (both private and voluntary) is of significant concern.

This also leads to a poor level of industrial relations, making partnership working impossible in some organisations.⁵

14. With the continuing fragmentation of service provision (largely done without the knowledge of the Electorate) this has led to a wide variety of terms and conditions across the organisations. Quite apart from the costs associated of

³ March 2011, UNISON research – see appendix for full list and breakdown

⁴ Care Council for Wales report 2011 summary of investigations etc

⁵ Experience of casework within UNISON – the Welsh Government also promotes Partnership Working and has done since its inception in 1999. The level of poor employment relations in smaller companies (and some of the larger private companies too) makes this impossible, and leads to extra costs to the taxpayer as skilled staff are lost to the organisation(s). Members do not feel valued (generally).



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negotiating separately with each organisation (where recognition is in place), For Members this is unfair and leads to a lowering of morale. This can be especially marked where temporary staff are brought in on Agency rates or even where staff work for the LA in one Home and for the private/voluntary sector – depending on their contracts they could be on many different rates of pay. Whilst we accept that harmonisation of terms and conditions is a big piece of work that should not stop the Welsh Government from doing what is right.

In one LA, we were advised that different rates of pay are being paid and the LA employees were on a lower hourly rate of pay. This is not usual as it is almost always the other way round. This, together with changes to hours of work without full consultation has led to a high level of dissatisfaction and the need for UNISON to get involved. The costs of the management time involved; Union time; disruption caused due to staff feeling undervalued are not collated – costs only seem to be looked at in accounts presented to councillors. The true costs are not transparent – costs to the council tax payer (our members too) are increased.

Recommendation 4: Research is commissioned into the true cost of the fragmentation of residential care provision so that council tax payers; elected officials; members of staff and service users can make informed decisions about which way of providing the service is genuinely the most cost effective way to provide quality care.

Recommendation 5: All employers are asked to confirm their pay structures and rates of pay and terms and conditions and this information to be published by the Welsh Government.

Diversity of Care and Management of Care Home Closures

Recommendation 6: Equality Impact Assessments should be provided by all organisations providing care, for both their residents and the staff. The people of Wales need to be assured that all care is provided to the same consistent standard, and without prejudice.

A few years ago, staff who were working for a Care Provider in North Wales were discriminated against because of their religion – UNISON took a case to Employment Tribunal and won. Quite apart from the impact on staff, there is the issue of the LA placing adults in care where religion (and this is a Christian religion) was given a higher priority for training and promotion than skill in providing care.



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The LA would not have done this, and someone will have had to cover the financial costs for the employer – ultimately that would be reflected in the charges to the service user and the money available for pay.⁶

15. Anecdotally we are aware that residents have an increased mortality rate when moved from one home to another. We are aware that others have commented on this, and we wish to record our support for them and for the fact that closures should be as a last resort only and with full consultation of all stakeholders.
16. Of course we are aware of the financial pressures that we are all currently experiencing, but this has led to the closure of some care homes throughout Wales. We have also seen companies that operate on a UK level (Southern Cross) and the danger of residents and staff alike being treated as commodities rather than as residents and carers. It must be acknowledged that both residents and care home staff experience high levels of stress when faced with either the closure of the place they have come to think of as home or their job. We must consider the long term implications of home care closures – with an ageing population who are likely to increasingly rely upon homecare in the long term, how can we afford to close homes? Also, the long term consequences of joblessness need to be taken into consideration. In addition, there is a lack of guidance/procedure indicating where residents could/should be moved geographically when they are forced to move home.

Recommendation 7: that guidance is developed by the CSSIW, with oversight by the Health and Social Care Committee relating to the process of moving residents in Care Homes.

17. We are also concerned that rates of pay in residential care homes will be driven down (staffing being the highest cost for employers as it is labour intensive) in the effort to ensure there are profits for the shareholder.
18. That “marketisation” has created a multi-billion pound “industry”, generating massive profits for a narrow group of giant companies. Previous public service “marketisations” have led now to a service crisis, in particular with the risk of the collapse of the residential care sector. .⁷

Recommendation 8: Nobody should have to experience workplace poverty (which is a growing problem). We firmly believe that all residential care homes should pay workers at least a living wage.

⁶ Tribunal case taken by UNISON on behalf of a member who did not share the same Christian faith as her employer and consequently suffered a detriment.

⁷ UNISON 2011 updated report on the privatisation of public services



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19. The elderly population of Wales is set to increase steadily. Improvements in health care and technology mean that the demand on services will only increase. Whilst we are dealing with this at the moment by outsourcing (LA residential care homes have decreased significantly over the last few years, some LA's in Wales have none already)⁸ with the aforementioned problems caused by private companies (who currently provide residential care for approximately 70% of residents in Wales), we need to plan for the times when other companies no longer provide the service.

The effectiveness of the regulation and inspection arrangements for residential care. Including the scope for increased scrutiny of service providers financial viability.

Recommendation 9: An audit should be undertaken by the Welsh Audit Office on the viability of all Residential Care Home providers to ensure risks to the public purse (as well as individual care) can be properly assessed.

20. Training is not consistent across all providers – we have worked in partnership with some (utilising the Wales Union Learning Fund), particularly around Basic and Essential Skills as well as supporting access to further learning. Many smaller providers do not believe they can afford the time for staff to train, and limit to compulsory training only. This does not assist their own organisations and certainly does not help up skill Wales.⁹ Training is central to good quality care. Care work is a profession and this is starting to be acknowledged in the development of the CPEL within the Care Council for Wales, and whilst this is aimed mostly at Social Workers, this professionalisation of the sector should continue. The increase in the standard of a minimum level of NVQ2 for all staff (included within the Welsh Governments policy) was a positive move and should be maintained.

21. Inspection needs to be more frequent and therefore properly resourced (see recommendations).

The quality of residential care services and the experiences of Care Users and their families

22. This has been covered within this document, as it cuts across all strands or our evidence.

⁸ See Appendix 1 for list of residential care homes in Wales

⁹ Upskilling Wales is a key part of the first legislation undertaken by the (then) Welsh Assembly Government.



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New and emerging models of care provision

23. Care professionals should be consulted on any changes to care provision. Also Trade Unions, as we are able to consult our members who work in the sector. As important, is that any comparison of provision should be honest and transparent. Like for Like. Whilst there are figures quoted for the cost of a LA care worker as opposed to outsourced, these are not properly calculated taking all costs into account (see above comment on costs).
24. We should value the experience and dedication of existing Care Workers and ensure that their voice is heard (through their Trade Union as well as by being included within any review process).

The balance of public and independent sector provision, and alternative funding, management and ownership models such as those offered by the Co-operative and mutual sector etc

25. UNISON firmly believes that the public sector is the best way of providing quality care services to the people of Wales. This is on the grounds of best value financially as well as quality of care. The responsibility for caring for our relatives is too important to leave to the profit sector – we need to be sure that providers are all equally accountable and that staff are treated with respect and dignity as well as the Service Users.
26. We are aware that there has been an increase in complaints to the Care Council Wales about care workers in elderly care in particular. It is important that the reasons behind this increase are fully investigated and any wide reaching issues are addressed. For example, is there appropriate training and development in place throughout the whole of Wales that meet the required standard.

Recommendation 10: The Care Council for Wales to be asked to investigate the increased level of complaints and report back to the committee.

27. We should also note the lack of trade union recognition within the residential care sector. We know that trade unions can be a positive influence and trade union recognition is a benefit to the worker, the employer and the workplace. We would like to see more trade union recognition within this sector throughout Wales. We believe that trade union recognition will help to address many of the issues identified above.



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Summary

28. Staff have faced and are continuing to face a very uncertain future, whilst expected to take on added responsibilities. It is right that Social Care should be regulated but it is unfair to do this without properly resourcing the sector.
29. Everyone recognises that Social Care is in crisis and faces a risky future. We must never lose sight of the fact that the service users are people, people who cannot wait for us to get this right. They are living through the changes and the effects of the lack of resources.
30. The Staff (our members), are equally distressed if they cannot provide the quality of service they would like to do because staffing has been cut to 1 at night, for instance or because the time allowed for them to perform their duties has been reduced.
31. We all say we want to provide good quality services, we have to get this right and take difficult decisions (about funding for instance) if we are going to do right by the people of Wales.
32. The recommendations from our evidence are::

Recommendation 1: The Welsh Government investigates access to care from the viewpoint of the families and issues guidance to Local Authorities on providing one point of enquiry, this to include targets for response times as a minimum. CSSIW reports to be provided for all homes under consideration.

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**Donna Hutton
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UNISON Wales
16.5.12**



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Appendix 1 – Residential Homes in Wales by Local Authority

Local Authority	Elderly Residential Care Breakdown
Blaenau Gwent	<u>6 x residential care homes</u> 1 x local authority owned 5 x privately owned
Bridgend	<u>17 x residential care homes</u> 1 x voluntary 5 x local authority owned 11 x privately owned
Caerphilly	<u>19 x residential care homes</u> 7 x local authority owned 12 x privately owned
Cardiff	<u>26 x residential care homes</u> 6 x voluntary 1 x local authority 19 x privately owned
Carmarthenshire	<u>39 x residential care homes</u> 2 x voluntary 13 x local authority 24 x private
Ceredigion	<u>14 x residential care homes</u> 7 x local authority 7 x private
Conwy	<u>33 x residential care homes</u> 1 x voluntary 1 x local authority 31 x private
Denbighshire	<u>37 x residential care homes</u> 1 x voluntary 3 x local authority 33 x private
Flintshire	<u>16 x residential care homes</u> 3 x local authority 13 x private
Gwynedd	<u>29 x residential care homes</u> 14 x local authority 15 x private
Isle of Anglesey	<u>20 x residential care homes</u> 6 x local authority 14 x private
Merthyr Tydfil	<u>8 x residential care homes</u> 1 x voluntary 3 x local authority 4 x private



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Monmouthshire	<u>10 x residential care homes</u> 2 x local authority 8 x public sector
Neath Port Talbot	<u>16 x residential care homes</u> 8 x local authority 8 x private
Newport	<u>14 x residential care homes</u> 1 x voluntary 4 x local authority 9 x private
Pembrokeshire	<u>25 x residential care homes</u> 1 x voluntary 3 x local authority 21 x private
Powys	<u>24 x residential care homes</u> 2 x voluntary 22 x private
RCT	<u>24 x residential care homes</u> 14 x local authority 10 x private
Swansea	<u>19 x residential care homes</u> 1 x voluntary 8 x local authority 10 x private
Torfaen	<u>9 x residential care homes</u> 4 x voluntary 5 x private
Vale of Glamorgan	<u>14 x residential care homes</u> 4 x voluntary 2 x local authority 8 x private
Wrexham	<u>20 x residential care homes</u> 2 x voluntary 1 x local authority 17 x private

All Wales – 349 elderly residential care homes
27 voluntary
106 local authority
306 private

Private ownership includes both private companies such as Four Seasons and BUPA, as well as including individual proprietors.



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Appendix 2 – UNISON report on the Marketisation of Social Care and Public Services 2011 (UK)

3. Social care: the “marketisation” experiment that went badly wrong

- Social care is in turmoil through central government underfunding and the privatisation of services to companies.
- Private sector providers – including many operated by private equity houses focused on short-term financial returns – now dominate much of the social care ‘market place’.
- The two largest providers of residential care services are Southern Cross and Four Seasons: Southern Cross is at serious risk of business failure and Four Seasons is also in severe financial difficulty.
- Southern Cross accommodates 31,000 residents and Four Seasons accommodates 17,500 residents. If these companies collapse, local authorities may have to make emergency arrangements to keep the homes operating and their residents protected. The councils have no funding for such emergency interventions.
- The Care Quality Commission, which regulates the sector for the Government, has found that care services provided by the public sector are consistently of higher quality than those provided by the private sector.
- There have been serious problems with the quality of services provided by some of Southern Cross’s homes: one has been closed down and others prevented from receiving new residents because of service problems.
- Councils have responded to cuts in grant from central government by tightening the criteria for the elderly and disabled to receive support in their entitlement for residential care and other social care services.
- Part of the reason for the financial crisis of private sector providers of care services is because of the funding cuts introduced by local authorities, resulting from central government austerity measures.
- Thousands of vulnerable people dependent on care services are unsure of their future care arrangements.

4. The private equity “merry-go-round”

- Private equity investors have had a core role in transferring public sector assets into commercial activities.
- Public sector assets have been bought by private equity investors, amalgamated with other public sector assets and then resold at often vast profits.



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- Finance has been obtained for short-term deals, leaving the operators vulnerable in the credit crunch and recession, unable to refinance.
- Downturns in demand, along with the Government's austerity programme, have brought some privatised providers of key public services to the edge of collapse.
- Private equity tends to be a short-term holder of assets, seeking fast returns on investments. This encourages sometimes repeated transfers of ownership, undermining service continuity.

5. An expanding – and highly profitable – “industry”

- The market is dominated by a few highly profitable companies.
- Some of these operate across many different market segments.
- Leading companies operate internationally, learning from their initial experience in the UK.

6. The Icarus factor: companies that fell to earth

- While some companies have been very successful, others have been failures.
- Even some of the largest public sector contractors have gone bust.
- The reality is that the public sector must step in to protect key services.
- Public bodies then have to pick up the pieces and meet the additional costs.

8. A very imperfect market

- Public service delivery markets are undergoing a process of **consolidation**, creating risks of market dominance and manipulation.
- While “marketisation” is promoted as a means of achieving lower costs and higher quality through competition, the reality is often that in sectors such as care home provision there is little or no actual competition – leaving public sector commissioners and service users **vulnerable to exploitation**.
- Although promoted as a means of avoiding capital expenditure, private investment in public infrastructure generates additional costs through higher ongoing **fees and charges** for services.
- **Transaction costs** generated by the complicated process of tendering, bidding, contracting and monitoring are substantial.



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- Public service delivery contracts are **inflexible** and costly to alter, making it harder for services to respond to changing needs or revised policy priorities.
- Public bodies can be poor clients, which do not properly monitor contracts – undermining public service **accountability**.

Some privatised public services have been subject to repeated **transfers of ownership**, leading to uncertainty for services users about the continuity of provision.