

Health and Social Care Committee
Inquiry into residential care for older people

RC33 – Grŵp Gwalia



Inquiry into Residential Care
for Older People

December 2011

Table of Contents

1. Organisation background information	3
2. Why Grŵp Gwalia has chosen to respond to this consultation	4
3. Responses and recommendations:	
3.1 Terms of Reference 1	4
3.2 Terms of Reference 2	7
3.3 Terms of Reference 3	8
3.4 Terms of Reference 4	10
3.5 Terms of Reference 5	11
3.6 Terms of Reference 6	12
4. Contact details for further information	14
5. References	14

1. Organisation background information

Grŵp Gwalia is a leading provider of social housing and care services in south and mid Wales. We currently employ over 900 staff across the various areas of our business, deliver over 130 support and care services and manage over 10,000 units of accommodation.

We are a collection of five Registered Social Landlords:

Gwalia Care & Support provides care and support services, housing and a range of additional services for clients including older people and people with dementia.

Gwalia Neighbourhood manages over 5,000 properties, providing housing for all sectors of the community.

Gwalia Student Homes manages our portfolio of high-quality accommodation for students.

Gwalia Housing Trust supports housing and tenant-related charitable causes.

We also work in partnership with private developers to build affordable homes for sale in south Wales. These are available through our **Gwyr Homes** brand with a range of purchase or rental options including shared ownership, retained equity and try before you buy.

We are at the forefront of innovation in the design and delivery of services and accommodation that produce improved outcomes for people and communities. Very recently we have been awarded (subject to contract signing) a contract to deliver residential care services in Neath Port Talbot through a ground breaking 25 year contract which will see us take over the existing 8 care homes, staff and clients initially and re-

provide these homes into 4 new developments over the next 5 years. In addition we are developing our services and accommodation for older people and people with dementia in order to meet the significant current and future demand. To achieve this we work in partnership with statutory, third sector and academia to deliver on our objectives.

2. Why Grŵp Gwalia has chosen to respond to this consultation

As an organisation with considerable expertise and knowledge in older persons services, Grŵp Gwalia is ideally placed to respond to this consultation. We provide a range of community services to over 450 older people across Carmarthenshire, the City and County of Swansea and Blaenau Gwent; including floating support, homecare, sheltered housing, extra care, residential care, respite and day centre services. At present, we deliver a residential care service to only a small number of clients; however on the commencement of the contract for residential and respite care provision for Neath Port Talbot this will increase by 249 clients.

Grŵp Gwalia is proactive in the seeking and application of good practice so as to deliver a high quality service, and thus wishes to play an active role in raising the standards of residential care service provision across Wales.

3. Responses and recommendations

Grŵp Gwalia welcomes the opportunity to respond to this consultation. A number of recommendations have been suggested, which can be found in bold.

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:

3.1 *Terms of Reference 1: 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.*

An as organisation we feel there are inconsistencies in the availability of residential care services, which are dependent on the eligibility criteria that governs a particular social services department.

Greater consistency in the application of eligibility criteria and access to residential care, irrespective of geographical location.

In addition, admissions into residential care tend to be crisis led; older people are prevented from returning home owing to the adaptations required to meet their changing needs. Residential care can be the preferred option of some professionals and family members who are risk averse and see it as the safe option. We feel there is an absence of crisis planning that prevents people from making a positive informed choice regarding residential care. As such, people tend to be 'allocated on arrival'.

More forward planning in residential care home choice based on individual preference. Preferences should be clearly indicated in the person's care plan if they exist. Exploration into how this information can be capture from older people not currently in receipt of services.

Our current experience is that there is not enough focus on reablement within residential care services. If the principles underpinning older persons services are to sustain the person living at home, then reablement should be a core function of these services. Entry into residential care should not be seen as the 'final step'

A greater focus on reablement within residential care services to be delivered via short term intervention, providing an opportunity for people to return home. This would help minimise the occurrence of hospital 'bed blocking' well-documented within the NHS. This will require person-centred

In term of accessibility or alternative services, we find that community based domiciliary care (homecare) is not truly focussed on delivering a person centred approach. These services are task focussed, which can result in deskilling. There is a lack of continuity in services which prevents the formation of meaningful relationships and staffs ability to assist in dealing with loneliness and isolation. In addition, there is a gap in night time care in the community as many domiciliary care services do not operate throughout the night. We also find that the way in which services are commissioned makes it difficult to take risks.

To move forward we need to challenge current commissioning attitudes that are service led, short term and financially driven. Services need to be coordinated in a way that allows more flexible support packages to meet the changing needs of the individual. There should be more focus on personal choice and outcomes. It is felt that these proposals can be achieved within current resources, and if achieved will enable people to remain at home for longer if this is their preference.

3.2 Terms of Reference 2: 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.

Our experience is that staff recruitment is increasingly difficult. One reason attributed to this is the poor pay levels frontline workers receive in older persons services in comparison to equivalent positions in adult services. Current pay levels are not attracting and retaining ambitious candidates. In addition, opportunities for progression are limited. Paid caring has a poor reputation and it is not perceived as a skilled job and does not have the same profile as other caring professions, such as

nursing. There is no clear career pathway for training and qualifications. As discussed in Terms of Reference 1, we find that the current skill mix of staff focuses on delivering a task focussed rather than an outcome focussed service. This results in staff doing things for, rather than with, the client. In addition we feel there is a lack of understanding across the care sector to enable the production of dementia supportive communities.

Our experience is that good quality training can be difficult to access. Additionally, trainers can be expensive, which can impede service providers from procuring additional training to that required by minimum standards. Releasing staff for training whilst continuing the delivery of a service can also be problematic.

Further work in professionalising careers and qualifications in paid caring positions. This should be achieved through greater partnership working and resource sharing between the third sector, statutory sector and academia. As a sector we feel that the training agenda should be founded on outcome focussed principles. More specific training and awareness raising on dementia care and related conditions for all staff, and not just frontline carers.

meet the minimum standards specified by the Care and Social Services Inspectorate for Wales (CSSIW), and are unequipped to meet the changing needs of older people. This includes services provided by local authorities, private providers, and third sector organisations. The capital investment available and the cost associated with building facilities to a high standard do not equate to the level of fees specified by local authority charging policies. As such, financial investment is not always available.

Residential care environments need to be flexible to accommodate the changing needs of older people. Further consideration is needed for how these environments can be financed in innovative ways such as partnership working with RSLs and finance institutions and/ or developing accommodation as part of mixed tenure schemes where build costs are off-set by ownership models, promoting a range of independent living solutions.

Experiences reported from families and clients regarding residential care services tend to be positive. A gratitude for the service is demonstrated irrespective of service quality. It is felt that this could be due to the dearth of information available that allows families and clients to make an informed decision. During instances of dissatisfaction, families and clients will not challenge in fear of repercussion. It is felt that the current CSSIW reporting method is not user friendly as it does not allow families and clients to easily identify good quality residential care services.

Improved information on the definition of a good quality residential care service, and the introduction of a more user-friendly method that assists families and clients in identifying good quality services.

We are not convinced at present that services are meeting the diversity of need amongst older people. Such needs include gender specific care; Welsh care for Welsh speaking clients; lesbian, gay, bisexual and transsexual; dementia; ethnic minorities; and the disparities between age groups. In the case of dementia care packages, the way of commissioning is not fit for purpose; services are time fixed and do not fit the needs of these clientele. People also want to receive a local service, although for residential care homes to be financially viable they are having to be developed on a large scale.

There is a need to up skill the workforce to have a better understanding of the diversity of need amongst older people, and embed these requirements into regulations and inspections. There should be an option for residential care

We find that clients are expected to move in line with the residential care home closures. During service transfers it has become apparent that clients have been inappropriately placed and would have clearly benefited from receiving a different type of service.

We must consider how a person's home remains static, irrespective of the change in service, service provider or need.

There is a lack of assurance from the statutory sector during large scale TUPE transfers to service providers taking on substantial risks. Following residential care home closures, a distinction should be made during TUPE transfers against workers protecting their own jobs at the expense of clients. It is felt that there is a clear conflict of interest.

The procurement process should be made easier for such TUPE transfers to take place, and a realisation by the statutory sector for the need for shared risks.

3.4 Terms of Reference 4: the effectiveness of the regulation and inspection arrangements for residential care, including the scope for increased scrutiny of service providers' financial viability.

In our experience, current regulation and inspection regimes are not always ineffective, in that they do not measure quality effectively. It is felt that there is not enough scrutiny on the quality of the service provided, such as care planning and whether clients are treated with respect and dignity. There is no method that accurately captures the

viewpoints that families and clients hold towards the service. There is a fear around inspections, which are viewed as a potential way of closing down the service, instead of a method that informs service improvement. There can be great discrepancies between the quality of service that is actually being delivered and that described in a CSSIW inspection reports. It is recognised that inspectors are working towards current legislation. The issue lies within current legislation, in that it is inappropriate and does not adequately reflect what is deemed as a quality service.

The focus on regulation and inspection needs to be revisited with consideration for a process that is qualitative in nature. The workforce should also be open to scrutiny and subject to regulation in addition to the components currently covered by inspection regimes.

In addition, the quality of inspection reporting can be poor and not be of a high enough standard. The same inspector may visit a service on several occasions and build up personal relationships with staff, which can impact on the outcome of the inspection report and produce in inconsistencies.

A consideration towards alternative methods of inspection and regulation, such as mystery shopping, which should help alleviative inconsistencies in reporting.

Our view is that inspections do not consider whether services are applying their resources flexibly. There is no way of knowing whether service providers are experiencing financial difficulty.

Inspections should include the financial viability of homes to look for early warning signs of financial difficulty. All homes to have a very clear financial contingency plan, which should be a requirement and part of the regulation regime.

There are several types of provision delivered within older persons services that are governed by different legislation, which makes it difficult to obtain coherency and quality between services.

A vision for there to be combined regulations where workforce requirements would be the same, allowing staff to move between service types.

3.5 Terms of Reference 5: new and emerging models of care provision.

It is felt that residential care is not going to exist in its current form in the near future. As time passes there will be greater move towards community provision that is flexible, including a mix of domiciliary care, extra care, residential care or nursing care.

We fully advocate the flexible care service provision discussed by the National Housing Federation (2011) and Housing our Ageing Population: Panel for Innovation (HAPPI) (2009). More information to be readily available for commissioners, providers and clients on good practice and the provision of care. There should be a way of working towards publicising and sharing information of high profile environments in the community providing care and support.

As discussed within Terms of Reference 1, we feel traditional models of care provision do not allow for services that are flexible and creative.

There needs to be a move towards different arrangements. An approach adopted by Grŵp Gwalia is the creation of 'community hubs', which are designed to allow for far more creativity. The skill mix is based on a core group of qualified care staff.

3.6 Terms of Reference 6: 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.

We feel there are not enough options and the sector is dominated by public provision and private providers resulting in lack of choice for clients. In addition, the independent sector is dominated by small care home providers that are financially motivated. As an organisation we feel the statutory sector is not realising the potential of the third sector in providing an alternative model of residential care and to meet the future demands for services. Third sector provision may be a preferred option for commissioners and clients as organisations are led by values and driven by social objectives. At the same time they are appropriately governed (usually by volunteers who are local and experts in their fields) and regulated, in our case by the Financial Services Authority, Welsh Assembly and care related bodies such as the CSSIW. Third sector organisations offer value for money to the sector by reinvesting in services to improve quality and in some cases by being able to access capital finance. The third sector is also able to work together more effectively and flexibly to deliver joined up services, provide extensive infrastructure and provide quality services across the continuum of care. Organisations' services are normally rooted in the communities in which they serve, providing local holistic and outcome focussed services for people.

In addition, Registered Social Landlords (RSLs) are able to demonstrate alternative, innovative property ownership and management models that balance public and third sector provision. As a real example of this we are in the early stages of taking on responsibility for the residential care services provided across Neath Port Talbot CBC.

Work should take place within and between sectors to provide more choice to commissioners and clients. Organisations within the third sector should promote their role more widely at a local and national level to influence current and future commissioning plans. There is a clear role for third sector bodies such as the WCVA to facilitate joint working/ collaboration to produce models of service delivery which meet people's needs and preferences and provide value for money for commissioners. Such models will include consortia and 'community hub' development which would allow area contracts, providing more flexibility of provision across a geographic area. One such contracting model would be a consortium of organisations working under an agency brokerage arrangement. Another model could involve building owned by RSLs being managed by other third sectors providers. The ethos in all such arrangements would be around allowing the client to choose the most appropriate service which will enable them to achieve the outcomes they desire.

4. Contact details for further information

If you require anything further from Grŵp Gwalia to help support the inquiry, please contact Mark Lewis or Richard Davies on 01792 460609.

If invited, Grŵp Gwalia would be happy to provide oral evidence as required per the sessions scheduled for the spring term 2012. There is an Involvement and Inclusion Strategy within the organisation and we and would be willing to support or facilitate future sessions with clients to further contribute to the inquiry.

5. References

Housing our Ageing Population: Panel for Innovation (HAPPI) (2009). *Report about Meeting the Needs of Older People*. London: HAPPI

National Housing Federation (2011). *Breaking the Mould: Re-visioning Older People's Housing*. London: National Housing Federation