

Healthwatch Leicestershire Quarterly Meeting with Director of LCC Adult Social Care

Patient Perspective Question Submission

17 June 2015

Theme: Adult Learning Disability and Mental Health -

Question 1	How will you ensure service excellence in the development and delivery of joint health and social care provision for people with a learning disability?
Background	<p>What are your plans for meeting the health and care training needs for those individuals (families/carers) supporting people who have a learning disability to manage complex health and care needs at home? Will you be developing joint working protocols like Oxfordshire?</p> <p>https://www.oxfordshire.gov.uk/cms/content/news-and-updates-providers (Shared Care Protocols)</p>
Response	<p>Health training is provided on an individual basis as per the Health and Social Care Protocol. The revised Health and Social Care protocol is to ensure delivery of services which are responsive to need and make the best use of limited resources. Health and social care agencies throughout Leicester, Leicestershire and Rutland are committed to working together to ensure that services for all the people who need our support are:</p> <ul style="list-style-type: none"> • Effective – delivered at the correct level of intervention and in the right environment • Appropriate – able to meet people’s health needs to ensure recovery and maintenance of good health and wellbeing • Timely – available when people need them to promote independence, choice and control • Safe – provided with regard to clinical responsibilities and professional competence <p>In addition, training for families is provided through the Carers Centre who run a free training programme for carers.</p>

Theme: Support for Carers | Adult Learning Disability and Mental Health

Question 2	What is being done to address the gap in supported housing accommodation for young adults with complex needs in Leicestershire?
Background	<p>Young adults with complex health needs and life limiting conditions are living longer than ever expected due to advances in medical care. Many aspire to live away from their parents to live their life their way, or their parents may feel they just can't provide the long term care any longer. There appears to be a lack of community residential provision within Leicestershire where young people can live independently from their parents with round the clock nursing support and the facilities and skilled staff to ensure that health and wellbeing is maintained. Abuse cases in the passed have resulted in a call for vulnerable people to be placed near to their families, yet here in Leicestershire we still need to look to other counties for such a provision.</p>
Response	<p>Leicestershire's Joint Health and Social Care Transforming Care plan – developed in response to the abuses uncovered at the Winterbourne View Hospital, includes the development of housing and support.</p> <p>Leicestershire County Council (LCC) is working closely with social landlords and district councils to identify suitable community housing and with support providers to ensure there is high quality, cost effective care available within Leicestershire.</p> <p>The Better Care Together Learning Disability work stream includes the development of the local market to ensure there is a market which can respond to the needs of people with learning disabilities across Leicestershire.</p> <p>All placements commissioned out of area are reviewed regularly and we are actively monitoring the quality of out of area placements. A very small percentage of placements are made out of the LLR area.</p> <p>Working with Leicester City Council, Rutland County Council and the three LLR CCG's, provision is being developed to support people with LD /Autism who are currently inpatients in MH hospitals or alternative placements to come back to Leicestershire and begin the transition from a long term stay in hospital to supported accommodation in the local community</p>

Theme: Information & Advice| Monitoring and Evaluation of Local Services

Question 3	What proposal would the Director of adults and communities have to improve cross county services – particularly signposting and joined up thinking / support?
Background	<p>Living on the edge of Rutland many of us access services from Lincolnshire Cambridgeshire, Leicestershire or even further afield for specialist care. This particularly applies to elderly needing social care, home care and day services, respite care and supported living, carers, services for older people, physical, visual, deaf or hard of hearing, people with mental problems, people who need extra support to live independently.</p> <p>It is very hard to know where to go for each of these services especially when council may be responsible for some, GP may need to signpost to others that may be out of area, and almost all will require either a home visit or transport for patient to access all of which delay receipt of service.</p> <p>Over a period of 18 months I have had extensive experience of how hard it is to co-ordinate services or even to find out where to go for help and advice, which will bring them all together.</p>
Response	<p>The department will work in partnership with its neighbouring authorities if and where possible.</p> <p>For example ADASS Executive Council have developed a protocol for the assessment of adult carers who live in a different local authority area to that of the adult with care and support needs they care for (April 2015). Leicestershire leads the East Midlands Regional Carers Network which has led the discussion with neighbouring colleagues regarding how this is implemented.</p>

Theme: Care Home and Residential

Question 4	What are you doing to address the inconsistency of care in private home care provision where the County Council fund residents?
Response	<p>The Regulated compliance team ensure that quality is met according to contractual specifications between the council and providers of home care. Regular visits are carried out by compliance officers, they will inspect records such as client records, H&S records, policies, staff training etc.</p> <p>We also have the Quality Improvement Team (QIT), responsible for working with providers to improve the quality of the service. Officers will look at the quality of care delivery and work with providers to improve systems and processes to address areas of poor practice. Once a provider has been evidenced as compliant with the core contract the QIT team will continue to visit and ensure that the</p>

	<p>improvements are sustained, this is over a period of 12 months.</p> <p>The Help to live at Home (HTLAH) programme (to be implemented during 2016) has been designed to help recipients of home care services to achieve maximum possible independence at home, by moving to a service model which is focused on reablement.</p> <p>This will be a significant shift from the traditional task and time method of procuring personal care at home (domiciliary) care. Through commissioning a new service model providers will be expected to go through our vigorous tender process including evaluation of expected quality.</p>
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Theme: Monitoring and Evaluation of Local Services

Question 5	How does LCC structure, monitor and enforce contracts with residential care providers in order to ensure a satisfactory quality level?
Response	<p>The Regulated compliance team ensure that Quality is met according to contractual specifications between the council and providers of residential care. Regular visits are carried out, whereby compliance officers will check client records, observe practice within the home, H&S records, policies, staff training etc.</p> <p>QIT officers will look at the quality of care delivery and work with the provider to improve systems and processes to address areas of poor practice. Once a provider has been evidenced as compliant with the core contract the QIT will continue to visit and ensure that the improvements are sustained, this is over a period of 12 months.</p> <p>Partnerships working with CQC, reports are shared; joint visits can be undertaken if required. CQC are also invited to conferences and strategy meetings where issues of safeguarding or poor practice are discussed with providers.</p> <p>In addition, the Dignity in Care award is awarded to care homes which prove that they recognise their residents as individuals. There are 10 dignity in care challenges that a care home must prove such as; have zero tolerance of all forms of abuse, listen and support people to express their needs and wants, ensure people feel able to complain, without fear of retribution etc.</p>

Theme: Monitoring and Evaluation of local services

Question 6	What has been the impact on social care, home care, day services, residential care and supported living since the closure of inpatient beds at Ashby de la Zouch hospital in September 2014?
Background	<p>LPT response re: Ashby closure</p> <p><u>Ashby and District Hospital</u></p>

	<p>The 16-bed in-patient ward at Ashby and District Hospital closed at the beginning of October. Out-patient services, clinics and community teams are still using the hospital building and will continue to do so until suitable alternative sites have been found.</p> <p>The decision to phase out in-patient services at Ashby and District Hospital followed an expansion of community-based nursing and therapy.</p> <p>These improvements have reduced the overall need for in-patient beds but, should a patient require hospital-based care, capacity remains at nearby West Leicestershire community hospitals in Coalville and Loughborough.</p> <p>As far as alternative uses for the ward are concerned, the trust is working closely with our partners through Better Care Together to establish the most appropriate use of our wards, however the expansion of community-based services will inevitably mean that the number of beds across LLR (including UHL) will reduce.</p>
Response	No issues have been raised, and the closure of the ward has not been associated with any increased demand for social care.

Theme: Support for Carers | Funding and Service Provision

Question 7	The Government said social care and health care have to work together. So why isn't social doing a 24 x 7 service the same as health?
Background	<p>Particularly Homecare, the money health would save in hospital admissions if Homecare could do waking nights and attend to needs of service users in the community during the night. If there was no medical need why they need to be in hospital. Also discharges from hospital Homecare could provide a vital service to bridge the gap that's needed. Promoting independence instead of being dependent on staff in a hospital environment.</p> <p>People get well quicker if they are at home with support. Let's recognise the vital work these carers do on a low wage. We need to improve standards by rewarding these low paid workers, if it wasn't for them, care in the community would come to a stand still.</p>
Response	All homecare providers are able to provide waking and sleeping nights. These packages of care will be put in place if an individual's assessment highlights that this level of care is required.

Theme: Staff Wellbeing and Training

Question 8	I would like to know when and if you will be providing training for all home care staff, who have dementia clients, with professional dementia training? How does A&C address this requirement in awarding contracts?
Background	<p>Professional dementia training should consist of a teacher (real life NOT e-learning) lead workshops followed by regular meetings with work-based assignments over 'at least' a 6 month period. A senior trained dementia specialist, who can provide support to the 'lone worker', then monitors permanently.</p> <p>If this country does not provide professionally trained dementia support workers for families then we are going to have utter 'BEDLAM' within our communities: behind closed doors. The direct and indirect ABUSE of our elderly is going to be horrendous; it's a legacy I do not want for my children's future world.</p> <p>Families are ill equipped to deal with the psychological trauma of dementia, families need professional training themselves, within a home setting. The majority of health workers do not understand dementia particularly how to live well. So how can we expect our self-centered, emotionally driven society to 'move over' for someone with dementia? It is beyond my comprehension.</p>
Response	<p>The Dementia training programme run by the Association of Dementia Studies at Worcester University, has been commissioned by the Leicestershire Social Care Development Group for the last 3 years and is available to all staff, including home care staff, across the Social Care Sector in Leicester, Leicestershire and Rutland.</p> <p>The Dementia Training programme delivered by the Association of Dementia Studies consists of 3 tiers of training;</p> <ul style="list-style-type: none"> • Tier A-e-learning • Tier B- Classroom training for 1 day • Tier C-Specialist 2 day course (classroom based) where delegates have to complete a project in the workplace and implement it prior to attendance on the second day. <p>This work project has to evidence a positive impact on the wellbeing of those living with dementia in the care setting. This is then shared with the group on the second day of training, as part of sharing best practice.</p>

Theme: Monitoring and Evaluation of Local Services

Question 9	Who monitors the private companies that provide care packages to the elderly trying to live independently in their own homes?
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Response	As per question 4, regulated compliance team monitor providers on a regular basis. In addition, CQC have overarching responsibility of all regulated services.
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Theme: Staff Wellbeing and Training

Question 10	<p>a) Who checks that care workers are paid for the journey time from client to client?</p> <p>b) Who ensures that they are paid a 'living wage'?</p>
Response	<p>We work with providers to ensure that they are meeting all legislative requirements including that for the National Minimum Wage. In addition LCC would check that care workers are allowed time between calls for travel.</p> <p>The Help to Live at Home Procurement exercise, which will commence early in 2016, will include the contractual requirement for providers to ensure that payments to carers are in line with the compulsory living wage legislation. This will form part of the contract monitoring requirements for the provider.</p>

Theme: Staff Wellbeing and Training

Question 11	<p>a) Who stipulates how long a care worker can spend with each client?</p> <p>b) Who checks that the care workers receive adequate training for their important role in the community?</p>
Response	<p>This is the role of the commissioner. The service user is assessed and the commissioning worker will allocate an amount of time to allow the care worker to undertake all required tasks.</p> <p>LCC will check that staff have received all required training at monitoring visits and that the induction ensures that staff receive training before they begin to work alone. In addition CQC will ensure that the provider is meeting the regulations associated with the delivery of a safe and effective domiciliary care service.</p> <p>As mentioned within question 4, The Help to live at Home (HTLAH) program will shift from the traditional task and time method of procuring personal care at home (domiciliary) care.</p>