A Home from Home

The strategy for quality in nursing and residential care and market position statement for Knowsley

2013-2016

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Section 1: Introduction

Supporting vulnerable adults in Knowsley is a key strategic priority for the council and its partners. It is our main aim to support people with care and support needs to remain in their own homes and active in their communities for as long as possible. We know that this is the preferred option for most of our residents and we will continue working to ensure that we develop our support to meet people's needs.

However, there are times when remaining at home is not safe and does not enable people to have a good quality of life. We want to ensure that when this happens our residents have access to a range of good quality provision that provides a home which can address all of their needs. We want to work together with our providers to develop a model of quality that meets our residents' and the council's expectations for some of the most vulnerable people in the borough.

The current economic situation and increasing demand for services creates a new challenge for the Council. Adult Social Care budgets are decreasing and the number of people who require help and support is increasing. Despite this fact the demand for residential and nursing beds has resulted in increases in expenditure in this area in recent years which provides additional pressure on other Adult Social Care budgets. The government is beginning to make changes to the way care is funded but it is not expected to be implemented for some time. It is important that we can meet the needs of our most vulnerable residents now and improve how care and support is delivered.

1.1 Vision

Our residents are supported in a way which meets their needs and aspirations and promotes their independence. They are able to choose from a range of quality accommodation and are supported with dignity and respect.

1.2 Why it is important to have a strategy?

As an organisation we purchase nursing and residential care from private providers on behalf of our residents. This strategy aims to set out clearly what our current position is and also provide a framework for future provision in the borough. We want to make clear what we expect nursing and residential homes to deliver, how we expect them to improve and set out our vision for a model of nursing and residential care that is reflective of good policy and practice and is ultimately a better fit for care provision in the 21st century. We want providers to evidence that they can meet the needs of our local people and show a commitment to improvement and delivering quality. An action plan to implement this strategy will be developed in partnership with key stakeholders.

1.3 How the strategy and market position statement was produced

In preparing this strategy we acknowledged the importance of listening to those people most affected and closest to this issue. This included visiting care homes and speaking with staff and residents. We also held a focus group with Knowsley Older People's Voice (a resident group that represents Older People in the borough) and the Knowsley Local Involvement Network. Using the Enter and View powers available to LINK, community members have undertaken a range of visits to understand the quality of the homes available in Knowsley, this activity has helped to inform the discussions.

1.4 What kinds of accommodation provide care and support?

1.4.1 Residential care home

A care home is a residential setting where a number of older people live, usually in single rooms, and have access to on-site care services. These homes provide personal and social care - help with washing, dressing and giving medication. Some care homes are registered to meet a specific care need, for example dementia or terminal illness. Nursing and medical care is provided by primary care, through GPs and district nurses.

1.4.2 Care home with nursing

These homes provide personal, social and nursing care. Qualified nurses are employed to provide nursing care and medical care is provided through GPs.

1.4.3 Extra-care housing

Extra care accommodation is housing which offers self-contained accommodation together with communal facilities and where care and support services are provided from a team based on site, ideally providing additional services and benefits to the wider surrounding community. The schemes should be aimed at people who require care needs now or who are likely to need moderate or higher levels of care in the near future. The aim is to provide a housing option for life as an alternative to admission to residential or nursing home care. [1]

1.5   The local and national policy context

1.5.1   Local policy

The Strategy for Knowsley: The Borough of choice

The Strategy for Knowsley: The Borough of choice[2] is produced by the Knowsley Partnership and sets out the long-term vision for Knowsley to become the "The

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1 Knowsley's Older and Vulnerable Person's Accommodation Strategy, 2008-2011

2 The strategy for Knowsley: The Borough of choice, 2013-2015

Borough of Choice". In this strategy the Knowsley Partnership highlights its overarching goals to:

- Improve Knowsley the place
- Narrow the Inequality gap
- Create a thriving, diverse economy

Ten strategic outcomes have been identified to help the Partnership to achieve its vision for Knowsley. Three of these priorities have relevance to this document.

- Everybody has the opportunity to have the best health and wellbeing throughout their life
- People are protected from risks that can affect their health and wellbeing
- More people look after themselves and support others to do the same

The Health and Wellbeing Strategy 2013-2016

The Health and Wellbeing Strategy sets out the vision of the newly created Health and Wellbeing Board to improve health and wellbeing in Knowsley. The vision of the strategy is to "Work together for a healthier, happier Knowsley." The strategy sets out 9 outcomes the Board wishes to achieve. There are three outcomes that have relevance to this strategy.

- Adults are able to manage their own health and wellbeing and have a good quality of life
- People are able to maintain independence for as long as possible
- People are able to die with dignity and respect

The Strategic Framework for Vulnerable Adults 2012-2015

The Vulnerable Adults Framework introduces the Council's model for making services for vulnerable people more personalised, preventative and focused on delivering the best outcomes for those who use them. Our developing approach which is reflective of current economic pressures outlines a consistent strategy for meeting needs, addressing demand and controlling the cost of services in a fair and equitable way. The main areas of consideration are:

- personalisation
- prevention and early intervention
- personal responsibility
- building community capacity
- market development.

Social value in Knowsley

We have defined what social value means in Knowsley and have committed to apply the outcomes and measures to every relevant tender exercise that goes through our procurement team. Early examples of this include: inclusive services for children and

young people framework; domiciliary care; welfare and advice; banking services; and ending gang and youth violence. This approach means some of our larger delivery organisations are now including smaller social enterprises in their supply chains. The approach also allows for the promotion of increased numbers of local suppliers, local jobs, apprenticeships and additional services and benefits for residents.

1.5.2   National Policy

Care and support Bill 2013

The government has published its proposals for the reform of care and support based on the principles of both the law commission review into social care law and the Dilnot review into the review of funding arrangements for adult social care. The proposals include:

- From 2016 there will be a cap of £72,000 on the cost of individuals' care and support needs that have been assessed as eligible by a local authority
- a lower cap for people who develop eligible care needs before retirement age (level not specified in the policy statement)
- a cap of zero for those who turn 18 with eligible care and support needs.
- Upper and lower capital limits for residential care based on assets. The lower limit (£17,500) reflects the level at which a person would be eligible for full state support and the upper (£123,000) where a person would receive no state support.
- Individuals will have to pay around £12,000 per year to cover room and board expenses in residential care. This will not count towards the cap on care costs.

Section 2: An overview of the key considerations for the future of nursing and residential care

As a result of the policy context, evidence and analysis set out in this report the following key considerations for the future of nursing and residential care are outlined below:

The ageing population will mean an increased demand for nursing and residential care in the future, particularly nursing care

The care and support bill, including the proposed funding changes will have an impact on how care and support is provided and paid for in the future

Nursing and residential homes should continuously review quality and safety and actively seek to improve culture and practice and deliver high standards of care

People who live in care homes are increasingly experiencing multiple coexisting health and care conditions. How these people are supported in a way which meets their needs will need to be explored

Developing support which meets the needs of people with dementia will require an innovative approach which puts individuals at the heart of care and support design.

There is likely to be an increase in demand for short term placements in nursing and residential care

Meeting the needs of people with learning disabilities and younger adults will require person centred approaches to care and support

The care and support needs of people living in nursing and residential homes should be regularly reviewed to ensure that people are in the most appropriate place to meet their needs

Dignity and respect is rooted in the way care and support is delivered in nursing and residential homes, including end of life care

Effective relationships between hospital trusts and nursing and residential homes need to be developed

Nursing and residential care homes should develop effective links with the local community and support and encourage people to maintain old or develop new social links

People should be treated as individuals and they should be supported in a way which maintains their identity

All those involved with care and support in nursing and residential care should be trained to deliver good quality care that is person centred and promotes dignity and respect
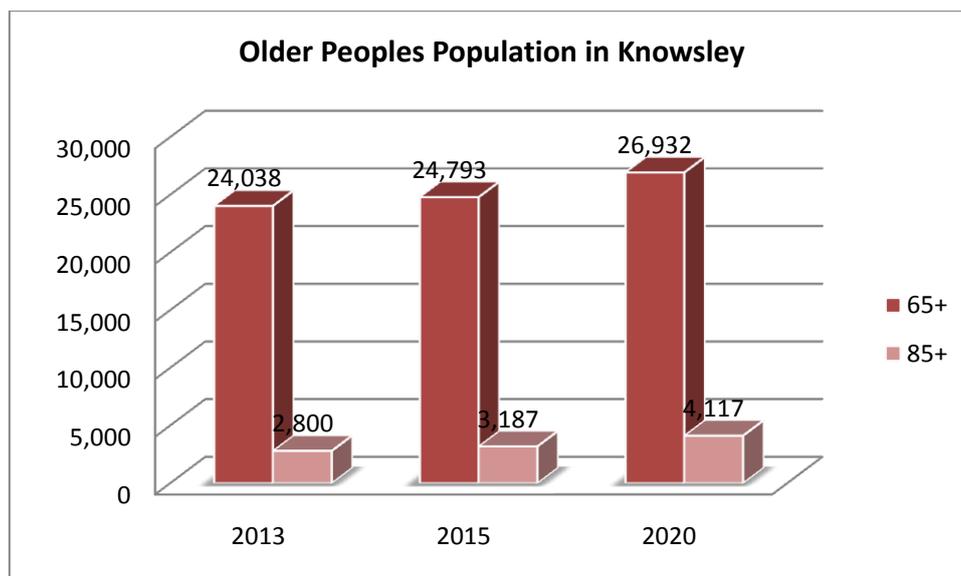
The role of nursing and residential care homes in reablement care and preventing admissions and readmissions to hospital will need to be developed

Section 3: The local picture

3.1 The population in Knowsley

This strategy is written as Britain experiences a rapid rise in the numbers of older people, particularly those living into their 80s and 90s. This in itself is to be celebrated but adapting to this trend poses social, economic and political challenges that will need to be addressed. There are also increasing numbers of people with long-term conditions and physical and learning disabilities. This will increase the demand for health and social care services including nursing and residential care.

The graph below shows that currently in Knowsley there are 24,038 people aged over 65 and this equates to 16% of our population, however by 2020 this is expected to increase to 26,932 or 18%. The greatest percentage increase is projected to be in the 85 and over group. An additional 1,317 people are expected to be residing in the borough by 2020, a 47% increase. [3] [4]

Older Peoples Population in Knowsley

|	65+	85+
2013	24,038	2,800
2015	24,793	3,187
2020	26,932	4,117

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[3] Office of National statistics 2013

4 The statistics contained in this statement are trend-based projections that provide estimates of the size of the future population, and are based on assumptions about births, deaths and migration.
The assumptions are generally based on past trends. Projections done in this way do not make allowances for the effects of local or central government policies on future population levels, distribution and change.

3.2 Profile of current residents in nursing and residential care

Currently there are 794 people supported by the Council in nursing and residential homes. The majority (66%) are women and are between ages 75-84 (37%). There is also a significant number who are over 85 (35%). The majority have physical disabilities (60.96%), and a significant percentage have either mental health needs (17%) or dementia (14%).[5] It is important to note that the numbers in the following sections reflect people who live in nursing and residential care homes outside of Knowsley.

Chart 1: Residents profile by gender, age and need[6]
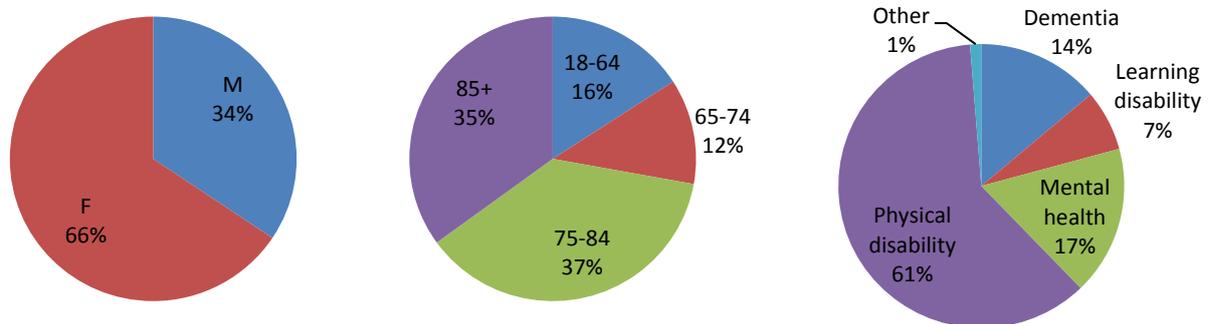
There are 3 areas in the borough where placements to nursing and residential care are high. They are North Huyton, South Huyton and Prescot, Whiston, Cronton and Knowsley Village (PWCKV).

North Huyton

North Huyton has the highest percentage admission rate to nursing and residential care at 22%. The number of over 65s is in line with the borough average. This suggests that there are other factors impacting on why people are admitted to nursing and residential care.

North Huyton is the most deprived area in Knowsley. The Public Health Annual Report (2013)[7] shows that there is a high prevalence of smoking and alcohol related admissions to hospital in the area. There are also high levels of fuel poverty, disability and mental health issues. The burden of disease in the area is also high with significant number of deaths as a result of cardiovascular disease, cancer and respiratory disease.

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[5] It is likely that a number of people recorded as having a physical disability will have dementia
[6] Knowsley Council, Social Care Records, 2013
[7] Knowsley Public Health Annual Report, 2013

South Huyton

South Huyton has the highest percentage number of people over 65 living in the area which may explain the high admissions to nursing and residential care. There are also higher levels of fuel poverty than the borough and national averages. The burden of disease is also significant for cardiovascular disease and respiratory disease.

PWCKV

PWCKV has a high number of people who are over 65. It also has a high number of alcohol related hospital admissions and people who smoke in the area. There is a significant number who are disabled. There is also a significant prevalence of cancer related deaths in the area.

### 3.3 Permanent admissions to nursing and residential care

From 2009/10 to 2011/12 the number of people supported in long term nursing and residential care has been decreasing. However, there has been an increase from 2011/12 to 2012/13. This increase is due to an increasing number of people aged over 65 living in nursing and residential homes, the 18-64 age group has continued to decrease as younger people with care and support needs are supported to live independently in the community.
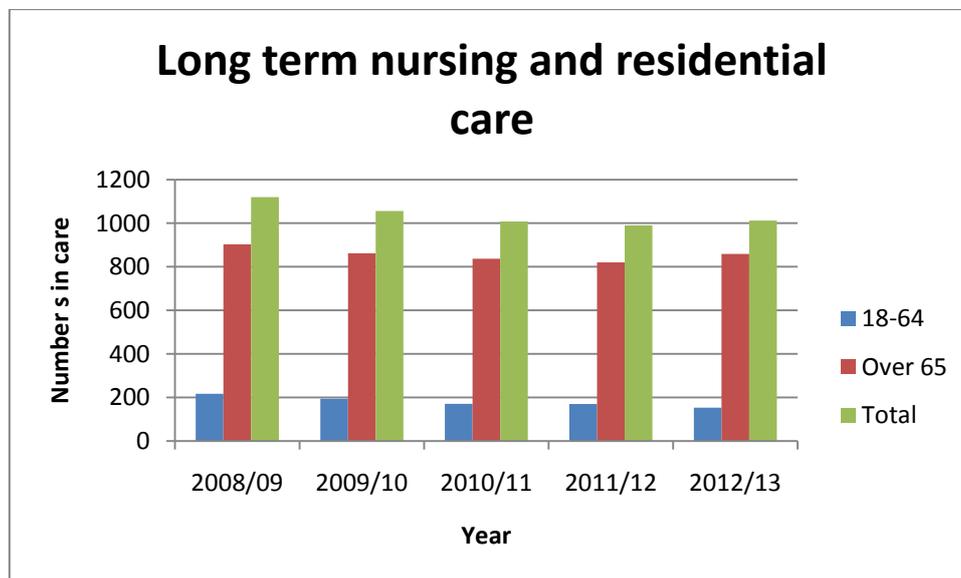
### 3.4 The split between nursing and residential care

Despite falling numbers of admissions over the four year period between 2008/09 and 2011/12 in both nursing and residential care, in 2012/13 there was an increase. This increase was largely in the numbers of people in nursing care where there was a 7% increase between 2011/12 and 2012/13 compared to only a 0.2% increase in

residential care. This increase also represents a number of people who moved from residential to nursing care in the year.

Nursing and Residential Care Split
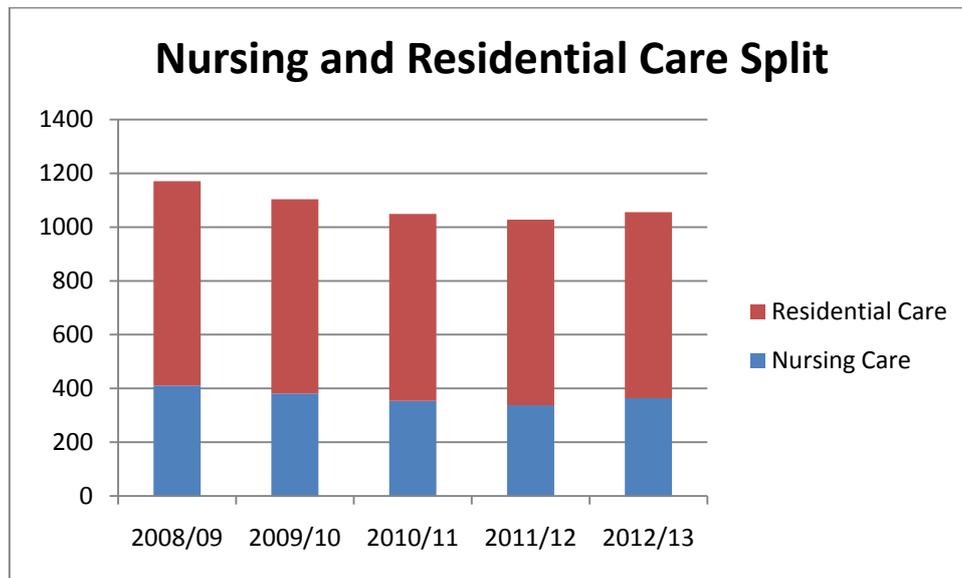
3.5 Short term placements in nursing and residential care

Despite a reduction in 2010/11 and 2011/12, there has been an increase in demand for short term placements since 2008/09. In 2012/13 564 people required a short period of care in nursing and residential. This represents an 8% increase in a five year period. The largest increase was in the over 65 population where an additional 30 people required short term support in 2012/13, the majority of these people had a physical disability. The majority of people who required short term care aged between 18-64 had a learning disability. The increase in short term places is largely due to an increase in people needing intermediary care to prevent them being admitted or readmitted to hospital. Re-ablement approaches to short term care is something that we wish to continue to develop to ensure people are able to maintain their independence and remain active in their communities for as long as possible.

Short term nursing and residential care
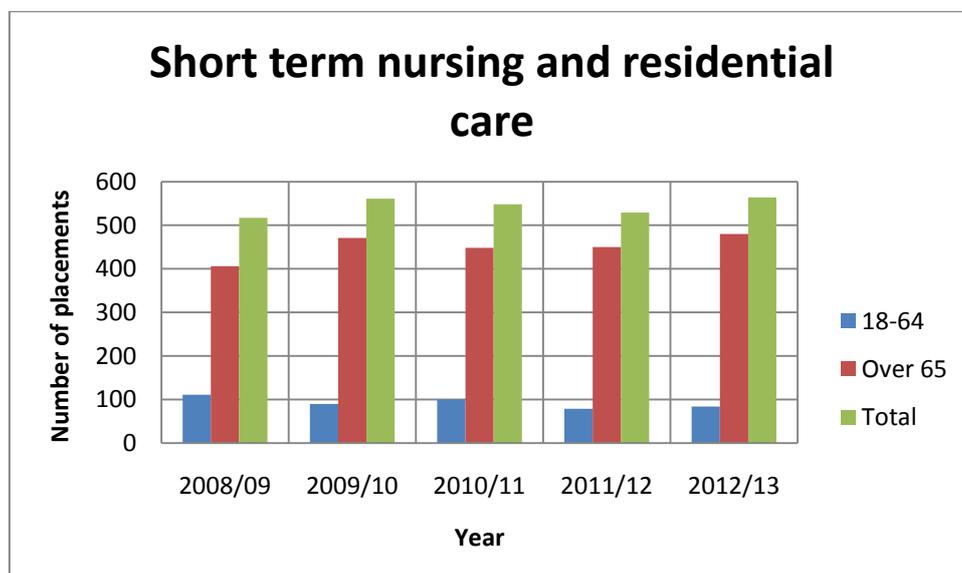
3.6 CQC quality standards

CQC regularly inspect homes to assess whether they have met some essential quality standards. The quality standards that care homes are required to meet fall under 5 categories. They are:

- Standards of treating people with respect and involving them in their care
- Standards of providing care, treatment & support which meets people's needs
- Standards of caring for people safely & protecting them from harm
- Standards of staffing
- Standards of management

On publication of this strategy of the 24 residential and nursing care homes in the borough 20 meet all the standards and 4 failed to meet these standards on their last inspection. The standard failed in 2 homes was standards of management, in one home it was standards of caring for people safely and protecting them from harm and in one home it was standards of management, standards of staffing and standards of treating people with respect and involving them in their care.
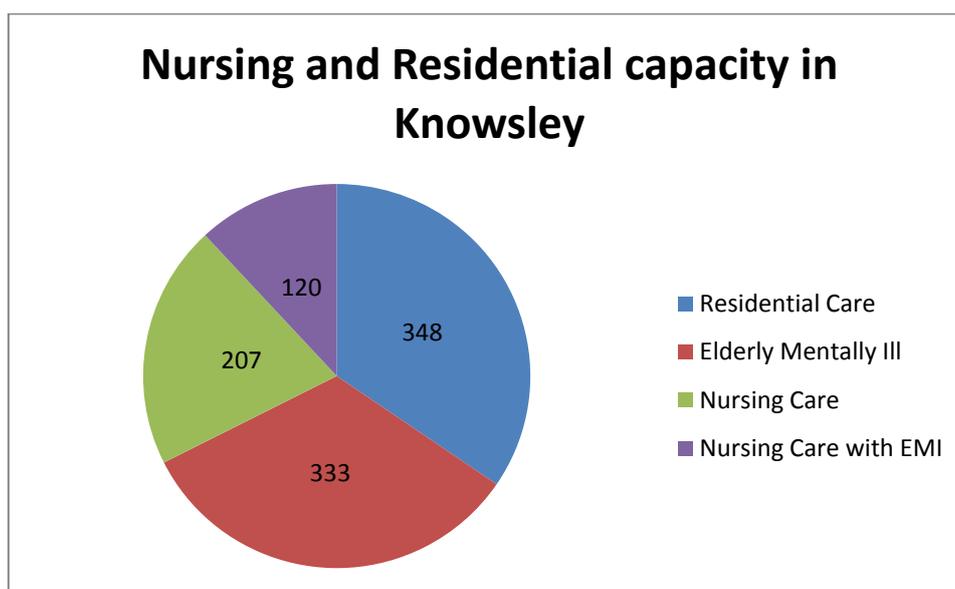
3.7 Results from the adult social care user survey

The annual adult social care user survey asks a range of question about care and support services and the quality of life of people living in nursing and residential homes. The 2011/12 survey indicated that the majority of the people living in nursing and residential homes are very happy with the services and support they receive in particular adults with a learning disability in nursing and residential had some of the highest positive responses in the survey. However, there is room for improvement.

- Over 30% of residents in care homes reported having little or no control over their daily life. However, over 80% did say that services helped them feel in control.
- 25% of residents in nursing and residential care said that they either had some social contact with people but not enough or that they had little social contact with people and felt socially isolated.
- Over 50% of service users in nursing and residential homes reported not doing enough or not doing anything with their time of the things they valued and enjoyed.
- 9% of residents in care homes reported that having help completely undermines the way they think and feel about themselves.
- 13% of residents in care homes felt extremely anxious or depressed.

3.8 The current market position in Knowsley

In Knowsley there are currently 24 residential and nursing care homes which primarily provide support for older people and people with disabilities. These care homes provide a total of 1008 beds (see graph below): 348 residential care beds, 333 Elderly Mentally Ill (EMI) residential care beds, 207 nursing care beds and 120 EMI nursing care beds and form the major part of the Residential and Nursing market in Knowsley. Some of these care homes also provide temporary support to give carers a break or to prevent people going into hospital or enable them to return home from hospital. [8]

Nursing and Residential capacity in Knowsley

- Residential Care — 348
- Elderly Mentally Ill — 333
- Nursing Care — 207
- Nursing Care with EMI — 120

13 of these homes are specifically designed to support dementia sufferers which means we currently have the capacity to deliver this type of specialist care to 679 people. At present, 93% of these places are occupied and as we have acknowledged above, it is expected that in future years demand for these places is likely to increase and further capacity will be required.

Knowsley has signed up to the 'Dementia Care & Support Compact[9]' in response to the Prime Minister's challenge on dementia. As part of our commitment we have worked with 3 of the local residential providers to propose environmental improvements to their homes which will improve care for people with dementia and expand capacity, but there may be a need for further re-development within our existing market

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[8] Cabinet Report, Review of residential and nursing care fees for 2012/13, 2012
[9] If you want to find out more about the Prime Minister's Challenge on Dementia, then please click on the following link: http://dementiachallenge.dh.gov.uk/about-the-challenge/

Knowsley Council currently purchases 558 of these beds, equivalent to 55% of the available provision. Vacancy rates average approximately 7% and the remaining beds are purchased by other local authorities, Clinical Commissioning Groups (CCGs) and private funders.

There are also a number of other nursing and residential homes in Knowsley that support a number of younger people with care and support needs and people with learning disabilities. Placements and support within these homes tend to be designed on an individual basis.

Knowsley residents are also able to choose to attend nursing and residential homes outside of the Knowsley area. This gives people greater choice and control over where they live. While this strategy focuses on nursing and residential homes in Knowsley, it is important to ensure that those choosing out of borough placements are supported in the same way. The Council currently purchases 386 beds outside of the borough, as a result of resident choice, of which 271 are in Merseyside and 115 beyond.

The market for care home beds is stable. In the past twelve months a new care home operator has established itself in the Borough indicating that there are opportunities to operate a sustainable care home operation. It is also important to note that only one care home operator has gone out of business within the Borough in the last five years and this was not for financial reasons.

We revised the fees and charges paid to nursing and residential care homes in 2012/13. A report which has more information on our model for fees and charges can be found here together with recommendations for future reviews.

Section 4: Projections for Nursing and Residential Care

4.1 Impacting factors

4.1.1 Demographic Analysis

Analysis of the population projections for the borough suggests that by 2020 there will be 949 people living in care homes in the borough. This contrasts to an existing occupancy of 794 people. Therefore over the next 8 years it is projected that an additional 155 Knowsley people will require permanent residential or nursing care. [10] [11]

4.1.2 Policies to support people to remain independent

It is our priority to support as many people as possible to remain living independently and active in their communities for as long as possible. This commitment to independent living will impact on how we support people in the future. For example, we are currently extending the availability of extra care housing in the borough as it becomes the preferred option for many of our residents. Facilitating the shift to allow people to live more independently makes projections of nursing and residential requirements in future more difficult. The Wanless report suggests that 20% less residential care homes places will be required in future as a result of the increase in availability of primary and community based support.

However whilst this shift in provision type is a positive trend, it is likely to have a limited impact on demand. Whilst a smaller proportion of our older people may require nursing and residential care placements in the future, the rising number of older people in the borough will mean that overall the demand for nursing and residential care is likely to increase and the major proportion of this demand will be for dementia provision.

4.1.3 The increase in demand for short-term placements and intermediate care

As shown in 2.5, Knowsley has seen an increase in demand for short-term stays in nursing and residential care. This has in part been due to the pressure placed on Hospital Trusts to reduce the numbers of people who are relatively fit occupying acute hospital beds and also to ensure that people who are able can be discharged from hospital as soon as possible. This trend is likely to continue and it is expected that there will need to be increasing numbers of short-stay placements available to meet this demand in Knowsley. The links between this type of placement and re-ablement approaches to care and support will also need to be explored.

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[10] POPPI, 2013

[11] **The statistics contained in this statement are trend-based projections that provide estimates of the size of the future population, and are based on assumptions about births, deaths and migration. The assumptions are generally based on past trends. Projections done in this way do not make allowances for the effects of local or central government policies on future population levels, distribution and change.**

4.1.4 The increase in demand for nursing care placements

A recent analysis by Bupa[12] of its care homes showed that nearly three quarters of residents are receiving nursing care. However, they suggest that there is a great deal of overlap between nursing care and residential care. They have found that that the decline in the number of hospital beds for older people and the associated transfer to nursing care has led to the increased medicalisation of care home care and greater levels of dependency among care home residents. The report shows that between 1985 and 2005 there has been a 360% increase in the number of nursing care places, over four times as many places as before this time. While the number of people going into residential and nursing care has fallen, the people who are placed are more likely to be more dependent and their needs met with more intensive nursing care.

4.2 Year on year projections

We will continue to work with providers to ensure there is the correct types, quality, choice and sufficient capacity for nursing and residential care in the borough that meets the needs of our residents and their families.

When the market needs to adapt and create additional capacity and choice, it will be the role of commissioners and the local authority to work with potential new and existing providers to develop the market to sufficiently meet this demand. This is something that will need to be continuously monitored as the impact of government policy and local circumstance impact on the projections for nursing and residential care. At present we will operate under the understanding that an additional 155 people will require permanent nursing or residential care by 2020 and there will also be an increased demand for short-stay periods of care. This demand is likely to be met from placements within and outside the Borough based on existing information.

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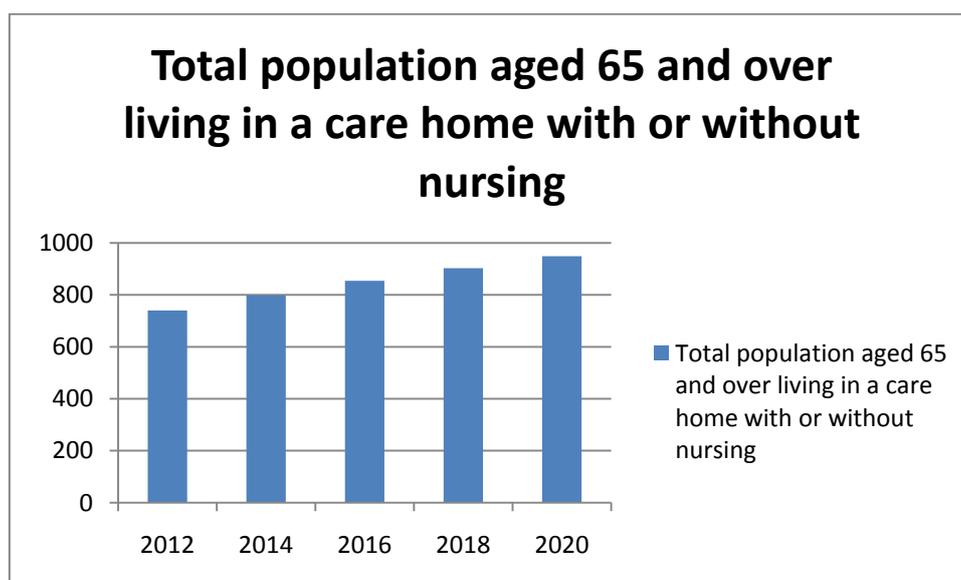
[12] Bupa, The changing role of care homes, 2011

Section 5: Key considerations for future nursing and residential care commissioning

5.1 Commissioning for quality and outcomes – not all care is good

There are some excellent examples of quality of care in nursing and residential homes which have been highlighted in the next section of the strategy. However, this is not always the case and not all care is of a high quality.

Recently, there have been some high profile cases where the quality of care has been poor. In particular, the publication of the serious case review findings for Winterbourne View Hospital[13] highlighted systematic failures in the provision of care.

These are often isolated cases which highlight extreme failures but they illustrate the variance in quality that can exist. It is important that this is addressed and we can promise a good standard of care and safety to all our residents and the potential residents of the future.

It will be important that quality is systematically and continuously reviewed to ensure consistency but also to ensure that nursing and residential homes adapt and evolve to reflect the changing attitudes, preferences and needs of the people who live, work and visit them and also to the changing values in society. We will expect nursing and residential homes to continuously review quality and actively seek to improve culture and practice and deliver high standards of care.

From a Council perspective, the Safeguarding Adults and Quality Assurance Unit will continue to monitor quality standards within residential and nursing care homes in the Borough. The key aim of this process is to support providers to deliver appropriate, dignified and respectful care which fully meets the needs of residents. The Unit works with commissioners and health and social care professionals to collate information about care standards, take action if concerns are identified and support providers to implement agreed service improvement plans. Information is gathered in a number of ways, including independent visits such as those that were recently provided by LINK enter and view volunteers.

Commissioners and the Safeguarding Adults and Quality Assurance Unit have funded a Quality Improvement Programme recently and the pilot programme is just being completed with 8 homes. The programme will assist homes in raising standards and inform the Council of any concerns or further areas for improvement. All providers in Knowsley will be expected to participate. It will offer training, tools and support to managers and staff in evidencing how they meet the CQC minimum standards and will assist with the dialogue in how we can help homes to promote quality in the future.

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[13] Department of Health, Winterbourne View, Summary of the Government Response, 2012

5.2 Supporting people with multiple care needs

The recently published My Home Life report "Promoting Quality of Life in Care Homes"[14] suggests that care homes are supporting older people who are increasingly frail. There has been a rapid average increase in the age and levels of dependency of older people living in care homes. The report suggests that care homes are now more likely to be supporting individuals who, five or ten years ago, would have been living in a nursing home and nursing homes are now supporting people who previously have been cared for in acute settings. People who live in care homes are increasingly experiencing multiple coexisting health and care conditions. Bupa estimates that 90% of care home residents in the UK have high support needs, just under 70% experience some form of incontinence and nearly one half have severe mobility problems. (Bupa 2011) This trend is set to continue and poses a significant challenge to delivering care and support in residential and nursing settings in the future.

5.3 Rising rates of dementia

A particular issue for Knowsley is dealing with rising rates of dementia. In the over 65 age group it is expected that by 2020 the number of people diagnosed with dementia will have increased from 1,593 currently to 1,923.[15] During the latter stages of ageing the effects of dementia are felt rapidly and this condition can prove devastating for both sufferers and their carers. This often leads to permanent care needs for severe cases. Approximately half of people who are placed permanently in nursing and residential placements have dementia. A key consideration for commissioning and market development will be meeting the needs of increasing numbers of people with dementia. Developing support which meets the needs of people with dementia will require an innovative approach which puts individuals at the heart of care and support design.

The Council is signed up to the Dementia Care and Support Compact and will encourage all providers to do the same and take advantage of the online training and guidance from organisations such as the King's Fund.

5.4 Neurological and mental conditions

An analysis by Bupa[16] reported that in 2009 75% of residents in its care homes in the UK were experiencing some form of neurological or mental condition. The study found that the older the residents were the less likely it was that they would be suffering from one or more neurological or mental disorder. The percentage of residents under 65 who had one or more neurological or mental conditions was 87.7% compared with 52.5% of residents over 95. The most commonly occurring disorders were dementia (43.6%), stroke (20.2%), depression (11.0%), epilepsy

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[14] My Home Life, promoting quality of life in care homes, 2012
[15] Knowsley JSNA, 2011
[16] Bupa, The changing role of care homes, 2011

(5.6%) and Parkinson's disease (4.9%). Bupa concludes that the reason for this may be that people aged over 95 are more likely to be admitted for frailty, housing or family reasons rather than for specific health conditions. The high percentage of residents in nursing and residential homes with neurological condition will be an important consideration for commissioning and the design of services and support.

5.5 Nursing and Residential Care Homes relationship with Hospital Trusts

As previously highlighted it is expected that the people who live in care homes will increasingly be frail and experiencing multiple care needs. It is also likely that there will be increasing numbers of people who are discharged from hospital into nursing or residential homes on either a short term or long term basis and it may often be the case that people living in care homes spend periods of time in hospital. There is already good practice in ensuring that hospital and social care teams are operating in an integrated way to ensure seamless pathways of care. This work will need to continue and evolve to ensure that there are effective relationships between hospital trusts and nursing and residential homes. This is to ensure that during this transition people are in the best possible physical, mental and emotional condition. The role of nursing and residential care homes in reablement care and supporting hospital trusts to reduce hospital admissions and readmissions will also need to be developed.

5.6 People with learning disabilities & younger adults

We have a number of nursing and residential homes in the borough who specialise in providing care and support to people with learning disabilities or younger people. At present support is negotiated entirely on an individual basis. We want to move to a modelled, agreed rate with the option to negotiate for higher rates where the assessment details what additional needs there are above and beyond standard. It is important that we continue to support people with learning disabilities and younger adults to remain as independent as possible.

Section 6: What makes a good home?

6.1 Research, Policy and Practice

6.1.1 The principles of voice, choice and control

My Home Life: promoting quality of life in care homes is a report which concludes a three year study of care homes to identify best practice based on the principles of voice, choice and control. The report mirrors much of what we have found locally and states that relationship-centred care is key to improving care and support in nursing and residential homes. The report suggest that the three main components of maintaining identity, shared decision-making and creating community are key actions that are needed to improve quality in care homes. [17]

6.1.2 Dignity and respect

The Delivering Dignity report, published by the Commission for dignity in care for older people stresses the importance of respecting the rights, individuality and humanity of each individual. The report makes a number of recommendations for staff, managers, commissioners and other people involved with delivering dignity in nursing and residential homes. These recommendations have been incorporated into Section 6 of this strategy. [18]

6.1.3 Quality of life

The My Home Life study into quality of life in care homes suggests that to achieve quality of life outcomes for people in nursing and residential care it is key that each individual person is able to define what quality of life means to them as individuals. Integral to quality of life is what makes life meaningful, enjoyable and worth living. Any process seeking to enhance it therefore begins with the discussion of individual ideas about quality of life, what contributes to this, ways in which it can be supported and the individuals priorities within these. This may mean suspending personal assumptions and stereotypes about what older people want, and paying attention to what they are saying. The My Home Life study also suggests that quality of care is intrinsically linked to quality of life. The everyday ways of working must be capable of encompassing a person-by-person acknowledgement of the priorities of individual service users. [19]

6.1.4 Transition into a care home

Moving into a care home can be a particularly difficult time for both the person and their families or carers. The My Home Care study highlighted how important it is to ensure there is good communication and support and that everyone is involved in

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[17] My Home Life, promoting quality of life in care homes, 2012
[18] Delivering dignity, securing dignity in care for older people in hospitals and care homes, 2012
[19] My Home Life, Quality of life in care homes, a review of the literature, 2007, p. 157

the decision making process. It is particularly important that there are good processes in place when people enter care homes following a crisis.

6.1.5 Appropriate care in appropriate settings

The serious case review into the abuse of patients at Winterbourne View Hospital[20] found that too many people were being placed inappropriately and staying for too long. It is important that commissioner and providers work together to assess and regularly review the appropriateness of care in meeting people's needs in nursing and residential settings. Knowsley Council has an action plan in place to respond to the concerns raised at Winterbourne View. We will continue to monitor the actions and ensure that the most appropriate care is given to our residents.

6.1.6 End of life care

Care homes are complex systems where people are both living and dying. My Home Life research shows that a culture of relationship centred care based on personal need and dignity needs to be developed that equally values both life and death. Practices and interventions rooted in palliative care and support from specialist services need to be embedded in the care home environment and an open dialogue with patients should be encouraged.

6.2 What our residents say

In preparing this strategy we acknowledged the importance of listening to those people most affected and closest to this issue. This included visiting Care Homes and speaking with staff and residents. We also held a focus group with Knowsley Older People's Voice (a resident group that represents Older People in the borough) and the Knowsley Local Involvement Network. Using the Enter and View powers available to LINK, community members have undertaken a range of visits to understand the quality of the homes available in Knowsley, this activity has helped to inform the discussions. The good practice outlined below will feed into the action plan that will be developed to accompany this strategy. The key themes emerging from these discussions are outlined below:

6.2.1 Promoting and maintaining identity

Treating people as individuals and enabling them to maintain their sense of identity is a consistent message that came across in both our local research and in the literature around best practice.

For the people who reside in care homes, they are just that, homes, and therefore they should be personal to them. Our local research shows that residents want to have familiar colours, ornaments and decoration within their rooms. Therefore

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[20] Department of Health, Winterbourne View, Summary of the Government Response, 2012

homes should allow residents to arrange their rooms as they wish, bring in their pictures, plants and belongings and where possible allow for redecoration.

Good Practice – Green Fingers

Many homes across the UK have gardens and where possible staff should encourage green-fingered residents to attend to plants through the use of raised beds at different heights that are accessible for people in wheelchairs or using supports. This provides activity for residents at a relatively low cost.

Another issue that arose with stakeholders was the food service that is available. In good homes it was suggested residents can choose what meals they would like to eat from multiple options. Residents should also be given the option of eating their meals with other people in the dining hall or within the comfort of their rooms. Understandably often homes will encourage people to eat in the dining hall to socialise and engage with others particularly if residents tend to be isolated. Simple steps to providing a quality dining service can also make a real impact on quality care, from helping residents with their food to serving courses one after another.

Another individual aspect of a good home is that residents are encouraged to keep their own interests up. The clichéd care home activity of Bingo whilst suitable for some is a not a one size fits all approach. Individual interests vary massively from gardening to shopping, horseracing to crochet. An indication of a good home is one where activities are clearly prioritised and where possible a full-time events co-ordinator facilitates individual or grouped activities that appeal to all tastes.

Good Practice – Healthy Food

In one of Knowsley's homes staff share basic health information and food preferences with the on-site chef so that he can tailor an individual's meals. This enables each resident to have the calorie and nutritional content of their meals tailored so they are appropriate for their health needs and are enjoyable to eat.

The My Home Life research also identifies that enabling people to talk about their past and share memories can reinforce their sense of identity and enable them to establish themselves as an individual at what can be a particular disruptive time in their lives. This allows staff to get a sense of who they are as a person and tailor care accordingly but also can be very therapeutic for the person and their family. Methods for this include completing a scrap book, reminiscing, sharing of stories with other residents or by allowing residents to compete autobiographies.

6.2.2 Creating Community and social links

Good Practice – Community Links

The Otto Schiff Care Home in North London is forging links with its community and currently has over 30 volunteers that come into the Care Home for groups, discussions, exercise, sing-alongs, befriending and other things. This care home is located next to the community centre and residents and community members alike are encouraged to share the facilities. This creates a real community feel to the home and helps de-stigmatise and address people's preconceptions about living in a care home as well as preventing isolation.

A consistent message from our research was the importance of ensuring that the home had a community feel both within the home itself but also through links with the local area. Communities are created through having relationships between residents as well as family, friends, staff and the wider community. In these tough economic times engaging local schools, community groups, churches and volunteers helps keep these links in place and opens up the care homes to resources that they may not otherwise have.

Traditionally churches would often be involved in providing a number of services to the elderly from luncheon clubs, to care home sermons for those that are keen to continue their faith. Care Homes should look to engage with faith groups and encourage their support where there is an appetite amongst residents.

Community groups and volunteers can also play an important role in engaging with homes whether through befriending residents or offering their time to participate in and organise activities. This helps people to engage with care homes and show that they are an important part of local communities. Engaging with local community centres to share resources and engage with people is one way of adding energy and vitality and maximising the potential to use local resources.

Good Practice – Afternoon Tea

A home in Weston Super Mare has teamed up with a community group that help support people living alone. The home hosts afternoon tea and coffee mornings for both home residents and isolated individuals to socialise, make friends and engage with each other.

Commonly public agencies have resources that can be of great use to care homes if they build relationships with people in these agencies then both sides can benefit. An example could include the use of transport owned by the local authority to take residents on activities outside of the home. It is not uncommon for public agencies to have resources like this available as they are often only utilised at certain times during the week. If the relationships are in place then this type of resource sharing can take place.

There is also the possibility of sharing resources between homes in the local area. For example, activities could be organised and arranged between a number of

different homes in the area allowing cost to be reduced and also encouraging links and social contact with people who have similar experiences and interests.

6.2.3 Caring staff

The staff in any care home or supported living facility are fundamental to delivering quality care. It is the staff that enable the homes to have a unique feel and allow the residents to engage with the community. It is the staff that deliver quality in house services, host activities and are responsible for cleanliness. Simply, their role cannot be underestimated.

Good Practice – Key Workers

A number of Knowsley care homes utilise the key worker system whereby a care assistant is responsible for the care needs of a number of residents. This gives the resident a single point of contact for any issues they have and also enables them to build a relationship of mutual trust and respect with their key worker. This aims to break down any barriers that residents may have to raising pressing issues. It also gives the key worker an opportunity to gain insight into the social, physical, intellectual, cultural, emotional and spiritual aspects of the resident's development and well-being, and respond appropriately.

Staffing attitudes are essential to quality care that treats older people with dignity and respect. Small actions by staff can have big effects on vulnerable people and particularly those suffering with dementia that often have trouble expressing their feelings and views clearly.

There is considerable pressure on front line staff in what are very labour intensive caring roles with various diverse tasks to undertake simultaneously. Having the appropriate number of staff working with residents is essential to avoid common problems of a lack of cleanliness or isolation. Previously there have been staffing ratios suggested by the CQC however these no longer apply and we in Knowsley are looking to develop our own

best practice to ensure appropriate numbers of carers are always available in homes.

A common theme within our research was that residents and families need to be able to approach staff or have appropriate channels through which they can make suggestions, alterations to services, or complaints. This needs to be guilt free as elderly residents can be wary of upsetting staff upon whom they are so reliant. Good practice includes staff and care home managers having meetings with residents and family members on a regular stipulated basis to discuss these issues in an informal non-

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Good Practice – Resident Experience Training

Four Seasons Health Care is an independent provider of social care that has undertaken resident experience training with staff to enlighten them as to how apparently small oversights can affect people's quality of life. The training is simple giving staff an insight into how it feels to live in a wet continence pad or have smudged glasses affecting sight. Similarly it shows staff how frustrating it can be to not be addressed by their own name or to be isolated in their own room without visitors. Some staff became upset as they may have done similar things unknowingly but the training really made staff rethink just how they act around residents.

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confrontational manner. Staff and managers then need to be open to change and flexible enough to implement these changes.

6.2.4 Access to services and support

Our research has shown that the services that care home residents access can be key to their quality of life and maintaining their dignity in care. Different care homes offer a range of services often brought into the home by specialists or delivered in house. Services coming into the home can include medical staff such as doctors, physiotherapists, dentists and opticians as well as hairdressers or people to undertake specific activities.

Closer collaboration between care homes and external medical staff is important to ensure the health and wellbeing of residents is appropriately considered. This is particularly important to reduce crisis hospital admissions and ensure that residents approaching the end of life can do so peacefully at home.

Good Practice – Coloured Buttons

A Knowsley home currently has a system where each item of clothing is marked for each resident with a coloured button to indicate who it belongs to. This is less invasive than labelling with names all of a resident's clothes but ensures that staff know to whom the clothes belong.

Many opticians are now mobile and will come to a care home to undertake eye tests with residents. This is to ensure that residents get the best possible care and are fitted with appropriate glasses for their sight. This type of arrangement can easily be organised by staff and management.

Hairdressers are often invited into the newer homes in the borough where specific rooms will be set up. In our research we found that often people want to continue to utilise the hairdresser that they have used before they have come into the home so either a visit to that hairdresser or an invitation to come into the home should be encouraged. This type of service can have a real benefit to residents' self esteem and how they feel about themselves.

A common complaint from those people closest to this issue is the importance of having in place appropriate systems to ensure that when laundry is washed correct garments return to their rightful owners. Too often family and friends complain their loved ones are wearing other people's clothes or vice versa.

There are a number of systems for doing this (as the best practice example outlines) however this can be as simple as sewing names into residents clothes to ensure they receive their own in return.

Section 7: Improving care in nursing and residential care homes

An action plan will be developed which sets out the specific actions needed to implement the strategy and who is responsible for delivering them. It will be a live document which is updated to reflect changes in priorities and emerging practices as well as reflect the most up-to-date picture. However, there are a number of principles which will guide how the strategy is to be delivered over time.

7.1 Delivering high quality care

The previous section defines what makes a good home and what high quality care looks like. This section details the principles for delivering high quality care and what we expect from all those involved in delivering care and support in nursing, residential and extra care housing facilities.

The requirements for good quality care can be summarised in three core components: Effectiveness, Experience and Safety. These three components form the basis of what we expect from any care and support service and all three must be achieved to deliver high quality care.

7.1.1 Safeguarding

Why is this important?

A high quality service must be one that keeps people safe from harm. Services must safeguard people whose circumstances make them vulnerable and protect them from avoidable harm.

What does this mean in practice?

- CQC standards of quality and safety are met
- All Staff receive regular training which is recognised by the Safeguarding Adults Board

- The principals of "Safer Recruitment" are always adhered to.
- There is a comprehensive induction programme for all new staff and all staff receive regular supervision
- Safeguarding arrangements identify abuse quickly and staff take action as outlined by the local Safeguarding Adults Board
- Providers and commissioners are responsible for the quality and safety of services
- Agencies work together to prevent abuse
- Safeguarding enquires and reviews are carried out effectively
- Everyone (staff, family, visitors, residents) feel empowered and able to make complaints about services and these complaints are dealt with appropriately
- There is a Whistle Blowing Procedure and all staff are fully aware of this
- All staff understand and work within the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards
- Health and healthcare services are easily accessible
- People in care homes feel safe (ASC survey)
- People in care homes feel that the care they receive helps them to feel safe (ASC survey)

7.1.2 Personalisation

Why is this important?

Personalisation is the model of care and support which puts the person at the very heart of their own care. This means starting with the person as an individual with strengths, preferences and aspirations and putting them at the centre of the process of identifying their needs and making choices about how and when they are supported to live their lives. The quality of care needs to be considered in the context of what it means for people to have a good quality of life. Much has been done to move towards this model and it continues to be an important principle for delivering high quality care.

What does this mean in practice?

- Tailoring support to individual needs and preferences taking into account peoples hopes, aspirations, strengths, talents and fears
- The individual outcomes from care and support that people wish to achieve are recorded, monitored and reviewed regularly
- The home environment is suited to the needs of older people and those with dementia or disability
- People are able to maintain their identity
- Residents have a good quality of life (ASC survey)
- Ensuring cultural and religious values are respected and people have the opportunity to participate in activities that celebrate their beliefs

- Allowing residents to participate in activities that are of interest to them
- Staff are trained in delivering person-centred care including culturally competent care
- New and innovative ways are developed and promoted that enable people to improve the quality of care and allow residents to enjoy active and independent lives such as the use of technology

7.1.3 Dignity and Respect

Why this is important

We expect dignity and respect to be the primary principle underpinning good quality care. This means that as well as providing the physical elements of care staff should also talk and listen to those receiving care and meet the emotional needs of each individual. It is important that care is not shaped just by illness and frailty but also by the wider context of people's lives and relationships. People should be treated with respect and supported to maintain their dignity and their identity should not be lost when they enter the care system.

What this means in practice

- CQC standards of quality and safety are met in all nursing and residential homes
- Staff delivering care are clear on what is expected of them in caring for people with dignity and respect
- Poor practice is challenged and procedures are in place to report it and deal with it quickly
- All staff including mangers and nurses are trained and regularly appraised in treating people with dignity and respect and are motivated to do so
- Staff are encouraged and supported to become Dignity Champions
- There are effective procedures for good end-of-life care and a coordinated approach between health and social care services
- Residents in care homes feel they are treated with dignity and respect
- People in care homes feel that the care they receive does not undermine their dignity and respect
- There is an effective and integrated way of working between hospital trusts and nursing and residential homes
- In the event of a care home closure, agencies work together to ensure there is continuity of care and people are disrupted as little as possible

7.1.4 Voice, Choice and Control

Why is this important?

Moving into a care home or extra care facility gives rise to experiences of change, feelings of loss and assumptions about the future. It is important that people and

their families feel that they have choice and control both in choosing what kind of place they live and once they are there feeling like they can influence decisions and are not just passive recipients of care.

What does this mean in practice?

- People have a choice of where they want to live
- People have a choice as to the extent of support they need/receive
- People are in control of their lives as much as possible i.e. choose when they have meals, when they get up and go to bed etc
- People and their families have access to comprehensive information about the choices available, what to expect and the quality of care in every facility including those who fund their own care
- Residents views and the views of their families are actively sought and fed into a change process
- Shared decision making is an ongoing process between residents, staff and relatives
- There is a standardised and consistent method for raising, recording and dealing with complaints and concerns

7.1.5 Open Care Homes

Why is this important?

Developing open care is an important principle for delivering good quality care now and in the future. Care homes and extra care facilities should be an integral part of the community and people should be able to maintain existing relationships and develop new ones. Communities are created through relationships between residents, family, friends, staff and the wider community. This involves understanding and respecting the significance of relationships within the home, recognising roles, rights and responsibilities and creating opportunities for giving and receiving and also for meaningful activity.[21]

What does it mean in practice?

- There are visible links with local organisations and communities
- There are opportunities for maintaining and developing relationships in the care home environment and in the wider community. Example internet, phones, newspapers etc
- There are good transport links to and from nursing and residential homes. This may be private, public or community transport.
- Community services such as GPs, dentistry, paediatrics should have clear links to care homes and extra care facilities

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[21] My Home Life – Quality of life in care homes, Help the Aged

- Encouraging the private, voluntary and community sectors to support care homes
- Nursing and residential care home providers contribute to workforce development in the sector and facilitate and promote the development of increasing the capacity of the community through volunteering and other initiatives
- Services such as befriending are extended to nursing and residential settings

7.1.6 Workforce Development

Why is this important?

A skilled workforce that is well trained and fit for purpose is essential in delivering high quality care and support and improving standards overall. It is also important that staff are treated well and feel valued in their employment – be this paid or voluntary. This is particularly important to ensure continuity of staff.

What does this mean in practice?

- There is accredited comprehensive training for all care staff and a minimum training standard
- Leadership development
- Staff feel empowered and proud of their jobs which results in staff continuity

Staff are well informed about best practice and policy updates in relation to care and nursing and residential homes

7.1.7 Learning Care Homes

Why is this important?

It is important that nursing and residential homes are able to evolve to ensure they remain fit for purpose and responsive to the changing environment around them. These changes will include changes to the needs and aspirations of residents and their families, developments in policy and practice, changes in culture to improve quality of care and the quality of life for residents.

What does this mean in practice?

- New learning on dementia
- Regular staff education and training
- Strong leadership and management
- Nursing and residential homes are well informed by recent policy and practice
- Support from Commissioners to access training and education
- Complaints, compliments and the opinions of residents, staff and their families feed into a change process that is effectively managed and is welcomed and encouraged

Section 8: Role and responsibilities of partners

Delivering on these principles is the responsibility of a number of different organisations. We want to ensure that everyone is aware of their roles and responsibilities at a local level and can be sure that the services provided meet the needs of our local community.

8.1 Role of providers

- Providers are responsible for all aspects of the quality and safety of care and support and for improving care and support as highlighted in this strategy
- Providers are responsible for ensuring that care is person centred and people are treated with dignity and respect
- Providers must work with partners to adapt and improve the care environment to meet the changing needs and preferences of residents as highlighted in this strategy, this is particularly important in the provision of dementia care
- Providers must ensure there are effective links with local community support services
- Providers must ensure that there is clear and transparent information available about what their care home offers, how they ensure quality care is delivered and the experience of people who live in the home
- Providers are responsible for supporting commissioners to ensure continuity of care for residents in the event of a care home closure

8.2 Role of commissioners

- Commissioners are responsible for ensuring that mechanisms are in place to disseminate local and national best practice to the local market
- Commissioners are responsible for ensuring that the care and support they commission is safe, of high quality and can meet the needs and preferences of the people who use them – outcome based commissioning
- Commissioners are responsible for ensuring there is sufficient, appropriate care in appropriate setting and that there is the best possible use of resources
- Commissioners are responsible for ensuring the market develops to meet the demand for nursing and residential care and there is a range of nursing and residential care that offers choice to people and their families
- Commissioners must support nursing and residential care homes in the borough to improve quality and develop innovative care and support
- Commissioners must ensure there is effective market monitoring of nursing and residential care in the borough to ensure they are aware of any providers who may be failing financially.
- Commissioners are responsible for ensuring continuity of care for residents in the event of a care home closure.

8.3 Role of local authority

Must:

- Ensure there are effective safeguarding procedures in place that cover nursing and residential homes
- Support CQC in its regulatory capacity
- Consider the demand for nursing and residential care and ensure that there are effective plans in place to meet this demand
- Be the guardian of quality and safety for nursing and residential care. It must have effective procedures in place to ensure that where quality or safety is a concern, it can be dealt with quickly and effectively
- Ensure that people have access to information about nursing and residential care in the borough to enable them to have choice and control over the services they use
- Promote Mental Wellbeing
- Provide lifestyle interventions and health promotion
- Provide local initiatives, such as falls prevention
- Address seasonal mortality through local initiatives to reduce excess deaths
- Provide assessment and care management services

8.4 Role of Healthwatch

- Healthwatch should work with the local authority, commissioners and providers to ensure that quality care and support is being delivered and that the voice of residents, their families and the public is well represented.
- Healthwatch Knowsley will also undertake the role of signposting community members to services that are available to support informed choices around their own health and wellbeing.
- Healthwatch should use its enter and view powers to observe and assess the nature and quality of services, obtain views of the people using these services
- to consider the standard and provision of care services and how they may be improved.

8.5 Role of Health and Wellbeing Boards

- The Health and Wellbeing Board provide the strategic overview of health and wellbeing in Knowsley and therefore have a role in monitoring the quality of nursing and residential care homes in the borough

8.9 Role of Clinical Commissioning Groups

Via effective commissioning and partnerships, ensure access to community nursing and services such as:

- Continence services
- Tissue viability
- Stoma care
- Diabetic care
- Palliative care
- Enteral feed
- Nurse practitioner
- Physiotherapy
- Rehabilitation and re-ablement
- Speech and language therapy
- Assessment for Funded Nursing Care, complex Care and Continuing Healthcare
- Mental Health services
- Medicines management and support
- Emergency and acute care
- Clinical Governance

8.10 Role of NHS England

Via effective commissioning and partnerships, ensure access to primary care services such as:

- Dentistry
- Chiropody
- GP services
- Ophthalmic
- Pharmacy

Section 9: Conclusion

This strategy and market position statement sets out what we expect from nursing and residential care now and in the future. It considers how we wish to improve the quality of care and ultimately develop a better model for nursing and residential care in the 21st century. By setting out what we know about nursing and residential care in Knowsley, what we expect from the market and what we see as the major future commissioning intentions we are confident that we can ensure that there is a choice of good quality care in the borough.

It is the responsibility of a number of stakeholders to implement and develop this strategy and to make the changes that will enable the market to develop to meet the changing needs and demands that we have highlighted. There will be an action plan developed in consultation with key stakeholders including providers and commissioners and we will monitor the implementation of these actions. We will continue to work in partnership with and support our providers to achieve our vision for nursing and residential care as outlined in this strategy.