
Report To: Health & Social Care Committee **Date:** 22 October 2009

Report By: Robert Murphy
Acting Corporate Director, Social Care **Report No:** SW/51/09/MG/AM

Contact Officer: Barbara Billings
Head of Community Care and Strategy **Contact No:** 01475 714015

Subject: "Remember I'm still me", Inverclyde Perspective

1.0 PURPOSE

- 1.1 To inform committee of the issues arising in the Care Homes in Inverclyde in the context of the findings and recommendation of the Care Commission and Mental Welfare Commission joint report on the quality of care for people with dementia living in care homes in Scotland, "Remember I'm still me" published 28th May 2009. The committee received an initial report on this in August 2009.
- 1.2 To update Committee on the local plans currently underway in partnership with the NHS and the Care Home Sector to deliver the key recommendations of the Care Commission and Mental Welfare joint report.

2.0 SUMMARY

- 2.1 Inverclyde Social Work Services in partnership with the NHS; Care Commission and the local care home sector have developed a co-ordinated approach to identify the key actions required by a range of agencies to improve dementia care in care homes for older people in Inverclyde. Currently there are 16 registered care homes in Inverclyde.
- 2.2 The partnership approach delivered by Inverclyde Joint Information Quality Assurance and Advice Group; current joint commissioning and procurement plans and the strategy for the Modernisation of Mental Health Services within Inverclyde are profiled as instrumental in taking forward the recommendations of the national joint report.

3.0 RECOMMENDATION

- 3.1 That Committee notes the progress achieved in meeting the requirements of the Joint Report in Inverclyde.
- 3.2 That Committee notes the future planning arrangements to improve the quality of services for older people with dementia in care homes.

4.0 BACKGROUND

- 4.1 Following previous inspections of care homes by the Care Commission and information gathered from visits to individuals by the Mental Welfare Commission, both organisations had concerns about the care of people with dementia. There was an identified need to get a better understanding of the quality of care for people with dementia in care homes. A joint approach was taken to visit a sample of care homes across Scotland. The report details the Care Commission and the Mental Welfare Commission for Scotland's findings from joint visits to care homes caring for people with dementia. A report on this provided to the August 2009 committee noting that a further report relating the findings to the Inverclyde Care Homes would be submitted.
- 4.2 From the findings the joint report outlines 10 key messages for care home providers and others involved with the care of people with dementia through which the quality of care for people with dementia should be improved. The messages are:
1. "It is important to know the person as an individual, understand their life history, their likes and dislikes and how they like to live their life in order to provide the right care to meet their needs. People should be involved in their care planning and reviews as much as possible.
 2. Activities and getting out must be an integral part of a person's life in a care home and not an optional extra.
 3. Care homes must strive to provide the right environment to ensure that people can enjoy safe, comfortable, dementia friendly surroundings.
 4. Care homes should manage people's money properly and use it creatively to improve people's quality of life.
 5. A person's healthcare needs should be assessed when they first come into a care home and should then be reviewed at least once a year, by their GP. This is to ensure all their healthcare needs are being met and that they have access to the full range of healthcare services they require.
 6. Care homes should regularly review, together with GPs and pharmacists, how they manage medication. This would help to make sure medication is being used more appropriately, efficiently and safely.
 7. Medication to manage challenging behaviour should be a last, not a first resort. Personal plans should address the causes and outline a range of interventions to be used to manage challenging behaviour.
 8. People's freedom should be respected as far as possible. Care homes must look at environments, practices and cultures that could be overly restrictive. Care homes also need to understand the rights of people with dementia and the laws and safeguards that exist to protect them.
 9. People should receive medical treatment that is in line with the law. Where people don't have capacity to consent to their own treatment, the law should be used properly to safeguard them.
 10. People with dementia should be cared for by staff who have the skills, knowledge and training to provide effective care."

- 4.3 The report provides a wide range of recommendations across agencies that have a role in providing, regulating and supporting the care of people with dementia.

This includes Care Homes, the Scottish Government, Care Commission, Mental Welfare Commission, NHS Quality Improvement Scotland, people who live in care homes and their families and carers.

- 4.4 There are specific recommendations for the Scottish Government, which encourage local authorities, NHS boards and the private sector to work together to provide the best services to meet the needs of people with dementia in care homes.

Specific recommendations for the NHS and Local Authorities include:

Doctors and Pharmacists should:

- Review all prescriptions for antipsychotic drugs for people with dementia with a view, wherever possible, to stopping the drug, or trying a suitable alternative.
- Work with care homes to ensure legal documentation is completed and to give appropriate advice on disguising medicines.

Local Authorities should:

- Ensure that information that they have about an individual's life follows that person and is made available to care home staff.
- Work with care homes to make sure they understand the laws that protect people.
- Review current supervisory arrangements for private guardians to make sure they meet their own legal responsibilities as guardians.

Health Boards should:

- Make sure that prescribing and recording of medication is in line with guidance on best practice and with most recent warnings on their safe use.
- Consider introducing regular visits and support from pharmacists to improve knowledge of medication management in care homes.
- Make specialist education and training available to doctors who prescribe to care home residents.
- Make sure there is easy access for care homes to specialist advice from the local community mental health team.

People Who Live in Care Homes, Their Families and Carers should:

- Read this report and expect the kind of care we have recommended.
- Get involved in care planning and help care staff to get to know the needs of the person they are looking after.

5.0 CURRENT POSITION

5.1 Collated information from contacts made by the Social Work Contract Monitoring and Complaints Team combined with findings from Care Commission Inspections within the care home sector over this past year indicates that some care homes had fallen short of best practice and people with dementia were not always receiving the best possible care to meet their needs.

The summary of findings in relation to the sector in Inverclyde correlates with the majority of the findings identified in the national joint report these include:

- There was a failure to develop personalised plans of care that reflected the person's preferences, dislikes and specific needs or risks.
- Limited evidence of either the person themselves or their carer/family member being asked to express an opinion or state a preference in any aspect of the home and service provision.
- Planned activity outside the care home is minimal. In the homes, activity was frequently not tailored to individual interest.
- Care home environments were generally good but more needs to be done to make homes dementia friendly.
- Care staff often had a poor understanding of a person's physical and/or mental health care need.
- A failure to develop care plans (or evidence frequent review) for managing behaviour that was challenging, including the use of restraints whether physical or medication.
- Concerns in some homes that "as required" medication is being prescribed without regular review and sometimes without due reference to cautions on prescribing.
- Significant number of the homes demonstrated very poor standards in relation to the safe handling of medicines.
- Care home staff did not understand/ were not aware of the legal safeguards in place for people with dementia and there was often no indication that formal discussion had taken place with a person's welfare guardian about their powers. Equally, poor awareness of Adult Protection.
- Significant numbers of care staff lacked adequate knowledge and understanding in relation to dementia and the care of those with dementia.
- Evidence in some homes of a failure to assess effectively i.e. using evidence based assessment tools e.g. MUST, a person's nutritional status. Also, to provide (and put in a care plan) adequate support with food and fluid intake.
- There was a clear need in some of the homes for supervision of staff and an increase in staff numbers.
- Limited evidence of the use of "advanced statements/ directives" or involvement of service users and their carers in the development of plans of care relating to dying and death.

5.2 Inverclyde Joint Information and Quality Advice and Assurance Group (JIQAAG) is an established partnership forum involving key professionals from the NHS and Social Work Services with the authority to improve and develop services for Older People in Inverclyde.

The focus of this joint approach is to develop and improve services as informed by current legislation and policy.

The Group was initially established to support the care home sector from a quality assurance perspective, in particular to address the findings detailed at 5.1.

As a result of the input from the JIQAAG some of the key findings of the national joint report have already been progressed in Inverclyde, these include:

Recommendation 1; Care Planning and Review

Inverclyde Social Work Services Contract Monitoring and Complaints Team have provided the sector with advice and assistance in the standards required to deliver a person centred approach in care planning. This input is complemented by Social Work Services Care Managers who have case management responsibilities for care planning and review for more complex cases in the sector.

These standards have been shared and agreed with the Care Commission in order to promote a consistent approach when monitoring care plans.

Recommendation 4; Management of Residents Finances

All Care Homes in Inverclyde have been issued with the recent policy “Money Matters”- A Mental Welfare Commission guide to managing the finances of an adult with incapacity.

Recommendation 6; Medication Management

A ‘No Interruptions Policy’, for the safer administration of medication within a care setting has been implemented in the care home sector in Inverclyde. Support and Guidance in the management of medication has been provided by the Community Pharmacist.

Recommendation 8; Care Home Environments/ Rights of People with Dementia

Current Joint Commissioning plans (the Re-provisioning Programme for Ravenscraig Hospital) require a high specification of dementia friendly environments to be procured.

Commissioners and Contracts Officer are currently engaging with the existing care homes to promote and encourage the introduction of improved dementia friendly environments for residents.

- 5.3 A recent initiative has commenced involving Consultant psycho-geriatricians conducting a profile of dependency and needs within a sample of care homes that accommodate a high number of people with dementia.

This information will be analysed and used to inform how the sector should develop locally to meet the needs of people with dementia.

5.4 Local Authority Responsibilities (detailed at 4.4)

Inverclyde Care Home Providers Forum is convened by Social Work Services. The Forum involves key partners such as the Care Commission and the NHS who provide care home managers with information sessions relating to:

- Adult Protection Policy
- Adult with Incapacity Act
- Guardianship – Legal responsibilities
- Assessment and Care Management Procedures in Inverclyde.

The aforementioned directly addresses the key requirements of the joint report in terms of Local Authority responsibilities.

6.0 PROPOSALS

- 6.1 That the current strategy for the modernisation of Mental Health Services within Inverclyde continue to develop services (which includes services for people diagnosed with a dementia) to more effectively meet the needs of the local population. This includes taking forward the local Action Plan for Dementia, and the application of the Dementia Care Pathway.
- 6.2 That the Joint Information and Quality Assurance and Advice Group consider the recommendations in relation to current inputs and specific activity which supports the care of people with dementia in local care homes, and identify any further actions which may be required.
- 6.3 That the Joint Social Work and Health Reprovisioning Programme for Older People with Mental Health commissions and procures services taking into account the recommendations of the joint report and the findings of the analyses outlined at 5.3 of this report.

7.0 IMPLICATIONS

7.1 Legal:

No legal implications

7.2 Finance:

No financial implications.

7.3 Personnel:

No personnel implications.

7.4 Equalities:

To be identified and impact assessed.

8.0 CONSULTATION

- 8.1 A national, wide ranging consultation exercise to take place over the summer will gather the views of people with dementia and all those involved in their care about what should be included in Scotland's first dementia strategy. Recommendations from a specialist Dementia Forum - including the Mental Welfare Commission, Alzheimer Scotland, the Care Commission and Age Concern & Help the Aged - will also help shape the strategy, which will be published before the end of the year (2009).

9.0 LIST OF BACKGROUND PAPERS

- 9.1 "Remember I'm still me" published 28th May 2009.

www.mwscot.org.uk/nmsruntime/saveasdialog.asp

- 9.2 Social Work Services Contract Monitoring and Complaints Team Report on Current Issues within Residential / Nursing Homes for Older People in Inverclyde 2009.

9.3 Social Work Services Contract Monitoring and Complaints Team Contract Monitoring Programme.