

Barnsley Residential Homes

Services Report 2012



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Executive Summary

Barnsley LINk collates community views on Health and Social Care Services and look for areas of concern. Locally we have received general concerns from the community about residential care homes. Barnsley LINk sub group members (Taking up Issue and Going to look at Services) agreed that due to the level of concerns received from the community a piece of work needed to be carried out around residential homes; however it has been difficult to collate anything but anecdotal evidence from the public. The problem arises from service users not wanting to go on record with complaints or issues in case it can be traced back to their loved ones and affect their care.

There has also been concern expressed about cuts to funding for health and social care services and the impact of the non – increase of fees for residential homes over the last few years. Barnsley LINk staff are co-optee members of 2 BMBC Overview and Scrutiny Commissions and through this we were made aware that one commission were setting up an investigation into this area and the effects it might have on vulnerable people. Our Taking up Issues and Going to look at Services members were keen to explore joint working opportunities.

Following this, in December 2011 BMBC Joint Commissioning Unit for Adult Social Services requested that Barnsley LINk work in partnership with them as an independent network, to undertake the Enter & View visits to Residential homes in Barnsley. It was agreed that the visits could be undertaken using our legal powers to Enter & View, working in line with our Link Enter & View Policy and Procedures.

In order to explore community concerns and plan the visits the LINk Enter & View representatives:

- Contacted the Care Quality Commission, BMBC Joint Commissioning Manager and BMBC Overview and Scrutiny Commission to explore the use of any statistics already collated.
- Met with BMBC Senior Contracts Manager, Joint Commissioning Unit for Adult Social Care to discuss and plan this partnership piece of work
- Conducted 10 'Enter and View' visits to Residential Homes during January 2012.

Areas covered: Dignity and Respect



Choices that affect their daily lives
Exercising control in the decisions that they make
Feeling safe in their environment
Staffing levels
Training of staff
Nutrition
Effect of not raising residential home fees and the impacts it may/may not have had on residents

Review Team: Joint Sub Group members, Authorised LINk Enter & View

Representatives with support from LINk officers

What we Did

A meeting was held between Barnsley LINk development officers and BMBC Senior Contracts Manager during December 2011 to discuss the potential for partnership work on Enter & View of residential homes in Barnsley.

Following this meeting Link Enter & View representatives were contacted and they agreed to hold a meeting to look at the data provided by BMBC and the main areas they wished to be covered.

Members agreed questions to be asked of staff, residents and relatives/carers during the visit, and observational activity, and it was established that this line of questioning matched what the LINk sub group members had discussed in a Joint sub group meeting in September 2011; the main point of concern for members being around dignity and respect. It was decided that this line of questioning was correct for the type of visits to be carried out.

Members were advised that 10 homes had been selected by BMBC over 5 different localities and we were advised that the process for selecting these particular homes had been based on 2 homes in each of the locality being identified. In each locality one home will be currently performing "poorly" based on safeguarding and their quality standard with CQC, the other one is a home which has been assessed by the CQC as performing "well". All residential care homes in Barnsley are now privately run and the 10 homes selected by BMBC receive fees from BMBC for some of their residents.

The CQC website was accessed by LINk officers to research their current standing with CQC and this information was discussed with members. The 10 homes selected were agreed with LINk members and discussions were also held with the CQC Regional representative to ensure they were aware of the visits taking place



and to agree a process for feeding back to them and also to ascertain how the CQC would carry out a visit which would get the most amount of feedback in the most unobtrusive manner, bearing in mind our visits would entail engaging with vulnerable people with complex needs.

During January 2012 a further planning meeting was held in to look at the short observational framework used by CQC – a guide to the methodology we could use during our Enter & View visits. The principle being to observe patients and how they behave in their environment and how they interact with other residents, professionals and any organised activities that might be happening.

Members also took on board the advice from CQC, that in order to get a holistic approach of the impact had as a result of the non increase of fees conversations and observations of residents **only** would not be enough, and that discussions must be had with providers and carers/family members and relatives.

The group discussed this point in depth and agreed that they did need to speak with providers and residents and discussed how they might get the opportunity to talk with family members/relatives. The group agreed that we could ascertain whether there were any residents meetings that would be taking place to try to coincide the enter and view visits. In any event it was agreed that the homes would be asked to promote and publicise the visits in order to invite family members/relatives to take part as this would be crucial to our collation of information.

BMBC Joint Commissioning manager agreed to contact the homes, prior to LINk making contact, to give them advance notice of the LINk's right to carry out Enter & View visits services commissioned by them, and to outline the aims and objectives of the visit.

It was agreed to treat this as a priority piece of work to be carried out before end January 2012, with reports and key findings/recommendations to be published and made available if possible by end March 2012, and to be carried out in line with LINks Enter & View Policies and Procedures.

The 10 residential homes that LINk entered and viewed were:

- Royal Court, Rock Mount, Hoyland, Barnsley, S74 9RD
- Water Royd House, Locke Road, Dodworth, Barnsley, S75 3QH
- Kexborough House, 113 Churchfield Lane, Kexborough, Barnsley S75 5DN
- The Maples, 66 Bence Lane, Darton, Barnsley, S75 5LD
- Hunningley Grange, 327 Doncaster Road, Stairfoot, Barnsley, S70 3PJ
- Rockley Dene Nursing Home, Park Road, Stairfoot, Barnsley, S70 5AD



- Belle Green Court, Belle Green Lane, Cudworth, Barnsley, S72 8LU
- Bollingbroke, Common Road, Brierley, Barnsley, S72 9EA
- Dearne Hall, St Andrews Square, Bolton on Dearne, Rotherham, S36 8BA
- Valley Park Nursing Home, Park Street, Wombwell, Barnsley, S36 0HW

The LINk was well received at each of the visits which enabled us to get a good understanding of how each home operated. This enabled us to comprehensively respond to each home manager with a post-visit report which outlined a range of key findings leading to our recommendations to service commissioners within this report.

Please see appendices 1-10 to view the post visit report forms for the ten homes LINk Enter and View representatives visited.

Key Findings from Enter & View Vistis:

- 1) Residents confirmed that they feel happy, safe and secure, and were able to have control over the decisions they make on a day to day basis:
 - All Homes ✓
- 2) Discussions with staff led us to believe that appropriate staff training and support is provided to ensure residents are safe and treated with dignity and respect:
 - All Homes ✓
- 3) Staff confirmed that residents have the opportunity to go out into the community and on outings further afield either with relatives, or staff:
 - 5 Homes ✓ (50%). (I of these homes has the hire of a pool mini bus from their management company)
 - Of the remaining homes 1 said that there is no opportunity for outdoor activity other than sitting in the garden area in the summer. This is due to cost implications of hiring a minibus and staff time.
 - At another home residents said they were restricted in winter months to



indoor activities only.

- 4) Residents confirmed that they have the opportunity to take part in activities (indoor), which they enjoy:
 - All Homes √
- 5) Relatives made positive comments, were happy with the care their loved ones received and the good relationships between residents and staff:
 - 6 Homes ✓ (60%). Some relatives at one care home were concerned about the staff turnover, but stated this was no reflection of the staff.
 - There were no relatives present during the visits at the remaining homes.
 - Relatives spoken to were not sure about residents' meetings
- 6). Financial implications for homes: Are the new homes opening in the borough affecting your home financially? Are you as providers under pressure to change, alter or upgrade the services you offer due to new providers entering the market? Is there an Impact of Non –Increase of Care home fees?
 - 2 Homes (20%) no impact. Of these one is fully occupied, one is a new home still financially operating on start up costs.
 - 1 Home made no comment.
 - 7 Homes (70%) Feel under financial pressure:
 - 2 homes advised that it was harder to attract newer residents when they did not have the amenities that some the newer build homes have it is hard to compete with standards of décor and facilities.
 - 1 home states they are severely under-occupied at the moment. They have no mortgage, which is helping them to stay afloat financially but are in need to increase their occupancy levels to enable provision of care to continue. They



are offering deals to attract people – 7 days for the price of 5.

- 3 homes state that they are relying on respite care to keep them ticking over. (of these one is running over budget and one being severely under occupied as above comment)
- 1 Home state they have had to keep staff pay at minimum levels and feel they
 could offer an enhanced service with more funding. A relative at this home also
 stated that her loved one that they have noticed staffing levels fluctuating and
 residents only receive 1 bath per week.
- 2 of the homes state that they feel BMBC social services are not referring residents as they have in the past, due to people not meeting the current criteria for residential care and one is getting referrals by word of mouth, rather than through BMBC, although they are made aware of the beds available.
- One home felt that they are facing financial pressures 18 residents to 28 beds available. The new Manager at the home states it is difficult to absorb the cost of inflation, rising food bills, wages and energy bills. They do not believe this to be sustainable long term.
- 2 homes state they are finding it hard to cover maintenance work needed on the home.
- Staffing levels and ratios of care staff varied greatly.
- Majority of care staff are on minimum wages, with only basic statutory entitlements.

Key Recommendations:

Consideration to Financial worries::

- Improved communications between BMBC social care referral teams and the care home management teams, in order to relay the current policy and procedures, and any changes likely to be implemented.
- BMBC Locality planning around new build applications, what investigations are carried out to debate the need and level of new homes entering the local area when there is currently difficulty in filling beds available.



- Health and Safety of residents is put at risk if essential maintenance work is not carried out. We would encourage the investigation and monitoring of these problems to see if local solutions can be found.
- Dignity and Respect of residents could be put at risk if there is not sufficient guidance on staffing levels and ratios for care homes, and we would therefore encourage this to be investigated.

Encourage Resident/ Relative Meetings:

 Not all residents were asked about residents meetings so it is therefore hard to ascertain their level of involvement at these meetings and if and when they take place. However, relatives that were asked were not aware these meetings took place and did not realise there was an opportunity to raise any concerns in this way.

We would therefore recommend that all homes advertise and promote these meetings in order to encourage residents' and relatives involvement, and commissioners of service to work with partners and advise if there is national local/national guidance available.

Conclusion

We believe it was evident from our visits to the residential homes in Barnsley that they are working hard to deliver a quality service to residents and ensuring standards of care are met in the current economic climate.

Some homes are offering short term respite care in order to bring in extra income and continue to be sustainable in the current climate, and in light of the new policies and guidelines driven down from national government about health and social care services being delivered more in the community, and the ageing population, the demand for this provision may well increase with time.

Some homes are facing financial constraints that limit the amount of outings into the wider community for residents, which may have an impact on the well being of some residents.

We also found that some homes are thinking about how they can engage better with



relatives and carers by establishing resident's relative groups, and this needs further investigation as to the support that can be offered from different service providers.

Barnsley LINk would suggest and encourage anyone who has concerns about their loved one in residential care to contact the home manager and /or provider of care for that home by way of a letter of complaint, and to ask to see a copy of their complaints procedure.

For more serious safeguarding issues, these should be directed to BMBC Adult Safeguarding Team, Head of Service - Yvonne Butler 01226 775832

If your concerns are not resolved locally, then information can be given to the Care Quality Commission, at the address or email below. Although they do not deal with complaints on an individual basis, it helps to build a picture of that service, which they can access when carrying out future inspections of services.

Email: enquiries.YorkshireHumberside@cqc.org.uk

N.C.S.C (National Customer Service Centre)
C.Q.C. Yorkshire and Humberside
Citygate
Gallowgate
Newcastle Upon Tyne
NE1 4PA

Whistle blowing information can also be directed to the Local Government Ombudsman tel: 03000 610614.

Special Thanks

We would like to thank the following people and organisations for their help in pulling together the research and activity for this report:

Barnsley Metropolitan Borough Council – Joint Commissioning Unit (Adults and Communities)

David Harper – Senior Contracts Manager Debbie Marks – Barnsley Participation Process Manager

Care Quality Commission

Jayne White – Regional Representative Jo Bell – Compliance Manager

Barnsley Residential Homes visited – Manager's of Homes



Royal Court – Linda Bailey
Water Royd – Katherine Smith
Kexborough House – Louise Fuller
The Maples – Vicky Brooke
Hunningley Grange – Mary Hughes
Rockley Dene – Pauline Elsom
Belle Green – Sylvia Foster
Bollingbroke – William Jones
Dearne Hall – Vicky Ward
Valley Park – Jane Bennett

LINk Enter and View Representatives

Freda Stenton Andrew Hill Chris Green Lorna Lewis

LINk Sub Groups

Taking Up Issues
Going to Look at Services

What's next for the LINk?

As an independent network, Barnsley LINk would welcome the opportunity to work in partnership with local social care providers and commissioners to ensure that residents and relatives receiving care have the opportunity to voice their concerns.

The Royal College of Nursing have set out a nine point plan for the Government including statutory regulation of healthcare assistants, which was rejected by Health Minister Lord Howe in favour of a voluntary register.

They also want national guidance on staffing levels and ratios for care homes, a review of work-force planning and re-evaluation of how funding is allocated.

Care Minister Paul Burstow has said that he agrees the Social Care system needs to change "We're making the system more joined up with health and focusing on helping people maintain their independence for as long as possible," he said "We will be overhauling the system this spring".

Barnsley LINk will continue to take on board community concerns as new social



care systems are being introduced. We would welcome any consultation and engagement opportunities that arise to see how this will fit locally for the benefit of people in Barnsley.

Who is the LINk?

The LINk is a national government initiative aimed at supporting the involvement of service users and carers in reshaping and improving local health and social care services by:

- Promoting and supporting the involvement of people in the commissioning, provision and scrutiny of local health and social care services
- Enabling people to monitor and review the commissioning and provision of care services
- Obtaining the views of people about their needs for, and their experiences of, local health and social care services
- Making their views known to those responsible for commissioning, providing, managing and scrutinising those services

How can you get involved?

As a member you can:

- Choose to only receive information
- Become an active member of a sub group
- Get involved in outreach events
- Receive Training & become and Enter and View Representative

Join Us At:

www.barnsleylink.co.uk

Add us on:



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