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To: Members of Improvement and Scrutiny Committee - People

Monday, 29 April 2019

Dear Councillor,

Please attend a meeting of the **Improvement and Scrutiny Committee - People** to be held at **2.00 pm** on **Wednesday, 8 May 2019** in Committee Room 2, the agenda for which is set out below.

Yours faithfully,

Janie Berry

**JANIE BERRY**
**Director of Legal Services**

**A G E N D A**

**PART I - NON-EXEMPT ITEMS**

1. Apologies for absence

To receive apologies for absence (if any)

2. Declarations of Interest

To receive declarations of interest (if any)

3. Minutes (Pages 1 - 6)

To confirm the non-exempt minutes of the meeting of the Improvement and

Scrutiny Committee – People held on 27 February 2019 and 04 March 2019

4. Public Questions (30 minute maximum in total)

Questions may be submitted to be answered by the Scrutiny Committee, or witnesses who are attending the meeting, on any item that is within the scope of the Committee

5. Review of Changes to Management and Staffing Arrangements in DCC Care Homes (Pages 7 - 10)

6. Oral Hygiene in Care Homes across Derbyshire (Pages 11 - 28)

7. Bi-annual Summary of Enter and View Visits to DCC Residential Services (Pages 29 - 48)

8. The Local Offer for Care Leavers in Derbyshire (Pages 49 - 60)

9. Work Programme (Pages 61 - 64)

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**MINUTES** of a meeting of **the IMPROVEMENT AND SCRUTINY COMMITTEE – PEOPLE** held at County Hall, Matlock on 27 February 2019.

**PRESENT**

Councillor A Fox (in the Chair)

Councillors N Barker, L Chilton, R Flatley, J Frudd, R Iliffe and D Taylor.

Also in attendance were Andy Searle (DSAB), Steve Atkinson (DSCB) and Catherine O'Melia (DSCB).

Apologies for absence were submitted on behalf of Councillor J Twigg and Ms D Turner.

**01/19** **MINUTES** **RESOLVED** that the minutes of the meeting of the Committee held on 21 November 2018 be confirmed as a correct record and signed by the Chair.

**02/19** **DERBYSHIRE SAFEGUARDING ADULTS BOARD ANNUAL REPORT** Andy Searle, Chair of the Derbyshire Safeguarding Adults Board gave an overview of the Board's published annual report. The statutory duties of the Board include publishing a Strategic Plan that sets out how it meets its main objectives, publishing an Annual Report detailing its activities which then goes to the local Health and Wellbeing Boards, Police and Crime Commissioner and Healthwatch organisations for scrutiny and arranges safeguarding adults reviews when necessary.

The main objective of the Board was to assure itself that local safeguarding arrangements and partners act to help and protect adults from abuse and neglect who meet the defined criteria and to observe six main principles – empowerment, protection, prevention, partnership, proportionality and accountability. Work practices had to stay smart to ensure identifying what is actual abuse.

Mr Searle went on to provide statistics around referrals and trends and stressed the importance of robust interrogation of data. A new strategy was required for 2019, with three strategic aims and priorities identified: Making Safeguarding Personal (MSP), Prevention and Quality Assurance. This would then feed into a business plan for work streams, taking into account the national agenda, partners' own priorities, Community Safety Partnership and Child Safeguarding arrangements.

Members of the Committee asked questions in relation to the report focussing around communication, prevention and funding. The Chairman thanked Mr Searle for a thorough and informative report.

**RESOLVED** that the report be noted.

**03/19** **DERBYSHIRE SAFEGUARDING CHILDREN BOARD ANNUAL REPORT** Steven Atkinson, Chair of the Derbyshire Safeguarding Children Board gave an overview of the Board's published annual report.

Mr Atkinson referred to some of the achievements and challenges highlighted within the report. Derbyshire had higher than average 16/17 year olds in education or training, had half the average entering the Criminal Justice System and a lower than average hospital admissions of children due to injury. The challenges being faced were the increase in children subject to child protection plans and hospital admissions due to substance misuse and self-harm and a significant increase in the rate of children in need.

The Board's strategic objectives and top priorities were listed together with the work being undertaken on specific areas:

- on-line safety – including wide distribution of 'Kayleigh's Love Story' and extensive and effective training for school staff;
- neglect – improved information and work sharing between agencies and to develop an action plan around the recording of children missing appointments;
- early help – improved local joint working with Derbyshire Children's Partnership and LCPs and improved use and quality of assessments with health/health pathway; and
- child protection – the review of standards and practice, based on observation of conferences and the streamlining of arrangements and improving real participation were crucial areas of focus.

The Safeguarding Children service was currently undergoing a review. The results of the review would be implemented in September 2019 and it was expected that the Derbyshire Safeguarding Board would merge with the Derby City Safeguarding Board to create one county-wide safeguarding board.

Members of the Committee asked questions in relation to the report.

The Chairman thanked Mr Atkinson for a comprehensive and useful report.

**RESOLVED** (1) that the report be noted; and

(2) for copies of 'Kayleigh's Love Story' be circulated to committee members.

**04/19** **REVIEW OF THE ENABLEMENT SERVICE** The Chair presented the final report of the working group on the review of the Enablement Service.

In summary, the County Council's Enablement Service provides short-term, intensive support to individuals who were considered vulnerable due to their mental health needs and who experienced difficulties managing their day to day lives. Support was offered over a period of up to six weeks and aimed to help the client become more independent and overcome social, practical, financial and emotional difficulties.

This was a relatively new service and consequently some aspects of the service were still developing. The Service Level Agreement was being reviewed by the Adult Care Department's Commissioning Team. It was therefore considered timely to conduct a scrutiny review alongside the department's own review to evaluate the service from a lay person's perspective. This would help identify what was working well, what challenges exist and what (if anything) might be done differently.

The report gave some background information on the service and gave a review of the working group's findings. It was clear during the course of the Review that the Service fulfilled an important role and was well respected by Senior Practitioners and Hospital Liaison Social Workers. However it was found that each staff group gave a nuanced account of the Service and conflicting perceptions of how well the Service was meeting client need.

The key findings were detailed in the report and the following recommendations were made:

1. That the Strategic Director for Adult Care revisits the Enablement Service delivery model with a view to adopting an evidence based approach with greater emphasis on client need and less focus on achieving parity between the Enablement Service and the Reablement Service. Areas to consider include the duration of the service, the operating hours, and work with clients prior to hospital discharge.

2. That the Strategic Director for Adult Care undertakes a case study review to evaluate the effectiveness of the Recovery and Peer Support model. Key lines of enquiry should explore the sustainability of peer support groups (including the frequency and duration that clients attend) client experiences and outcomes (including increased independence, employment, re-referral rates to the Enablement Service or other support services, hospital admissions and non-engagement).

3. That the Service Manager ensures that role specific training is made available to the enablement workers with a greater emphasis being

place on supporting clients with mental health conditions in the community. Furthermore, to ensure that training better equips staff to fulfil their role and to avoid potential skill shortages in the future, frontline staff are given the opportunity to contribute to the process of identifying development opportunities and training courses.

4. That the Service Manager takes action to ensure that there is clarity about the role of an enablement worker so that the staff team and referring professionals know which support activities fall within and which fall outside of the role. In addition, the management team should adopt a transparent approach to team building. They should acknowledge issues of low staff morale, identify opportunities to empower employees, give recognition and demonstrate that staff skills, knowledge and experience are valued.

5. That the Strategic Director for Adult Care takes action so that there are robust measures and procedures in place to ensure the personal safety of enablement workers, in the event of an emergency, and that all team members have access to relevant and up-to-date client information.

6. That the Service Manager reviews the mechanisms in place for recording service outcomes and ensures that outcomes are routinely, reliably and comprehensively recorded for each client

7. That the Service Manager undertakes a documentation review to ensure the format and content of the Personal Service Plans are fit for purpose.

**RESOLVED** that the report be approved and presented to Cabinet in April 2019.

**05/19** **REVIEW OF DERBYSHIRE COUNTY COUNCIL RESIDENTIAL CARE HOMES** Following the residential care home review done by the Committee in 2017, seven of the homes had been identified as requiring follow-up visits by the Committee. All members were invited to participate in these visits.

**RESOLVED** to agree to revisit seven residential homes.

**06/19** **WORK PROGRAMME 2019/20** Roz Savage, Improvement and Scrutiny Officer presented the work programme for the period May 2019 to February 2020. The Committee was asked to note that work on the Home to School Transport review had been suspended awaiting the outcomes from a government consultation on the matter.

**RESOLVED** that the report be approved.

PUBLIC

**MINUTES** of a meeting of **the IMPROVEMENT AND SCRUTINY COMMITTEE – PEOPLE** held at County Hall, Matlock on 4 March 2019.

**PRESENT**

Councillor A Fox (in the Chair)

Councillors N Barker, L Chilton, J Coyle, R Flatley, J Frudd, R Iliffe, T Kemp (substitute) and D Taylor.

Also in attendance were Councillors, E Atkins, S Burfoot, A Dale, P Smith and I Ratcliffe and J Berry, S Hobbs, J Parfrement and D Turner.

Apologies for absence were submitted on behalf of Councillor J Twigg.

The procedures for the meeting were summarised by the Chair.

**07/19 CALLED-IN DECISION – EARLY HELP SERVICES FOR CHILDREN, YOUNG PEOPLE AND THEIR FAMILIES** At its meeting on 31 January 2019, Cabinet considered and approved a report relating to the Early Help Services for Children, Young People and their Families.

In accordance with the provisions of the County Council's Constitution, Councillors Smith, Ratcliffe, Atkins and Burfoot, had asked that the decision be called-in. It was their opinion that there was evidence which suggested that issues regarding the Cabinet report had not been handled in accordance with the decision-making principles set out in Article 15 – Decision Making of the Council's Constitution, namely proportionality, consultation, openness and clarity of aims.

Councillors Smith, Ratcliffe, Burfoot and Atkins (the Signatories) were invited to address the Committee on the call-in with their concerns on why they considered the Council's decision-making principles to have been breached as stated in the Notice. It was their opinion that there had been inadequate consultation with stakeholders and not enough openness and transparency with the two previous Cabinet reports published prior to 31 January 2019.

Members of the Committee put questions to the Signatories and then invited Councillor A Dale, Cabinet Member of Young People to present information in support of the decision taken.

Committee members were invited to put questions to them before Councillors Smith and Ratcliffe made further statements in support of their arguments.

The Committee considered the information that had been put before them and considered whether the decision had been made in accordance with the decision-making principles, as set out in the Constitution. The Chairman asked the Committee to vote and Members voted 6 to 3 in favour that the principles of decision-making had not been breached.

**RESOLVED** to agree that the decision made by Cabinet on 31 January 2019 relating to the Early Help Services for Children, Young People and their Families had been taken in accordance with the decision-making principles and, therefore, no further action should be taken on the call-in.

The meeting closed at 12:30 pm.

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Public Agenda Item No:

**DERBYSHIRE COUNTY COUNCIL**

**IMPROVEMENT AND SCRUTINY COMMITTEE - PEOPLE**

**8 May 2019**

**Report of the Strategic Director for Adult Care**

# Review of the impact of changes to Management and Staffing Arrangements in Derbyshire County Council Homes for Older People and Community Care Centres

## 1. Purpose of the Report

To inform Improvement and Scrutiny Committee - People of the findings and planned actions following a review of the changes to management and staffing arrangements in Derbyshire County Council Homes for Older People and Community Care Centres.

## 2. Information and Analysis

### Background

On 16 June 2015 the Council's Cabinet approved changes to Management and Staffing arrangements in Homes for Older People and Community Care Centres. The intention of these changes was to enhance the quality of the care and support for older people within residential establishments by:

- Increasing the number of staff working directly with residents in all establishments.
- Improving the quality and consistency of the care provided by all staff throughout the 24 hour period.
- Enabling staff to better understand the needs of residents throughout the day and night.
- Increasing the opportunities for mentoring and support for care staff.
- Freeing up management time to manage and lead the service and its staff to develop a culture of continuous improvement.
- Developing a clear career structure with achievable steps to enable progression and development for staff.
- Creating opportunities for establishments to enhance effectiveness and efficiency in order to be a more viable competitor in the residential market in the future.

Since the Cabinet report was approved the following changes have been introduced in the Council's Direct Care establishments for older people:

- Introduction of a new role of Senior Care Worker, recruitment to this role in all establishments and a reduction in the number of Deputy Unit Managers.
- Increase in Business Services provision within establishments which did not already have a full time Business Service Assistant.
- Introduction of a 3 shift system for Care Workers and the ending of the specific Night Care Worker and Activity Co-ordinator roles.
- Introduction of standardised rotas for Care Staff and "flexible pot" of additional hours for Unit Managers to utilise according to service need.
- The introduction of an on call out of hour's rota for Unit Managers.
- Unit Manager training workshop sessions were held for new roles and management arrangements.

The purpose of the review was to ascertain the effectiveness of the changes in delivering the intended outcomes.

**Methodology**

Questionnaires were sent to every residents and member of staff at all the establishments during October and November 2018. In addition focus groups were held with a range of staff to determine what impact the new management and staffing arrangements are having on the efficient running of the home and the care offered to residents. The reviewing team also utilised relevant background information relating to the provision of the service in order to provide further evidence in judging the overall effectiveness of the changes.

**Findings**

In total 266 resident and relative questionnaires were completed and returned which is approximately 30% of the total resident population, 33 of these were from relatives who completed them on the resident's behalf. 530 questionnaires were completed and returned by staff which represents approximately 40% of the total number of staff. In addition 28 focus groups were held across the County with staff employed in different job roles. A desktop review was undertaken of financial information, complaints and compliments, Care Quality Commission (CQC) inspection reports and other background information.

It is reassuring to note that, whilst any dissatisfaction is a cause for concern, the vast majority of residents and relatives who responded were happy with the care and support being received, also feeling that the staff treated them with dignity and respect and that the staff seemed competent and capable to undertake their duties. Some concern was raised about activity arrangements

in some establishments (although not all) and some residents wanted to have more regular meetings with the home manager.

Generally staff felt the principles behind the introduction of the changes were positive and worthwhile. Staff concerns, particularly care staff, were around a perception of the negative impact of the three shift system has had on recruitment and sickness levels. Whilst there is evidence to support the view that recruitment has become more difficult in some establishments, the level of sickness since the new system was introduced has not deteriorated. The overall number of care worker vacancies has increased but this needs to be set against a national trend of difficulty in recruiting and retaining care workers. In addition there has been an overall increase in the number of Care Worker posts in many homes due to the introduction of increased staff on duty at night in most establishments and additional staffing to deliver Community Support Beds (commissioned and funded by the NHS) in a number of homes across the County. Two other areas of concern which require action in some establishments are: the increased use of agency staff to cover for vacancies and the consistent effectiveness of the keyworker system since the three shift system has been introduced.

In respect of the introduction of the Senior Care Worker role again generally staff agreed with the principles behind the introduction of the change although in some establishments felt that it was not working as effectively as it could. In particular a number of staff felt that Senior Care Workers were not able to work directly with residents alongside Care Workers on a regular basis as was intended. This appears to be due to the responsibilities associated with administering medication and some administrative tasks.

It is apparent from the review that some establishments have adapted to the introduction of the changes better than others. Where homes have struggled this appears to be linked to particular difficulties in recruiting care staff and where the Unit Manager has been absent for prolonged periods. This is also reflected in terms of the fact that CQC inspection ratings have generally not improved as was anticipated. The introduction of Community Support Beds in a number of establishments has also brought an increased workload, although it should also be noted that they have contributed significantly to the Council's current excellent performance in terms of minimising delayed transfers of care.

## Conclusions and Action Planning

It is apparent that not all of the anticipated outcomes which were envisaged have been achieved in all of the establishments. The objectives remain valid but more work is required to ensure that the changes can take full effect and become properly embedded. Specifically the following actions will be undertaken over the next 6 months:

- Further work to improve recruitment and retention of care staff, including consideration of more flexibility in the application of the three shift system
- Unit Manager working group to be established to share good practice and to support those establishments which are struggling to adapt to new ways of working, including keyworker arrangements
- Good practice to be shared for arranging resident activities within establishments
- Revisiting the role and responsibilities of the Senior Care Worker in relation to other staff working in establishments
- Reviewing the amount of administrative tasks being undertaken within establishments with a view to reducing these where possible

## 3. Financial Considerations

It is not envisaged at this stage that there will be any additional expenditure as a result of this review.

## 4. Social Value Considerations

The Council's care homes for older people are an important part of the service which is provided to some of the most vulnerable people in the community. It is important that the highest standards of care are maintained and this report seeks to reassure members of the Improvement and Scrutiny Committee – People that issues of concern are being addressed appropriately.

## 5. Other Considerations

In preparing this report the relevance of the following factors has been considered: Human Rights, equality of opportunity, legal, human resources, health, environmental, transport, property and crime and disorder considerations.

## 6. Officer's Recommendation

That the Improvement and Scrutiny Committee - People note the findings and planned actions as a result of the review, and also note that further reports will be made on progress to the Cabinet Member for Adult Care in due course.

**Simon Stevens**
**Acting Strategic Director – Adult Care**
**County Hall**
**MATLOCK**

healthwatch Derbyshire

# Oral Hygiene in Care Homes across Derbyshire

An informational report on how the oral hygiene needs of residents/clients in care homes across Derbyshire are attended to, along with the challenges and barriers to delivering oral care and accessing dental healthcare services, from a resident/client and staff perspective

November 2018
Author: Daniel Pidkorczemny
Job Title: Enter & View Officer

healthwatch Derbyshire

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## 1. Thank you

Healthwatch Derbyshire would like to thank care home staff and residents/clients for their contributions to this report.

Healthwatch Derbyshire would also like to express thanks to our volunteers who offered support in collecting the data for this report.

## 2. Disclaimer

The comments outlined in this report should be taken in the context that they are not representative of all residents/clients and care staff in Derbyshire, but nevertheless offer a useful insight. They are the genuine thoughts, feelings and issues that residents/clients and staff have conveyed to Healthwatch Derbyshire. The data should be used in conjunction with, and to compliment, other sources of data that are available.

## 3. About us

Healthwatch Derbyshire is an independent voice for the people of Derbyshire. We are here to listen to the experiences of Derbyshire residents and give them a stronger say in influencing how local health and social care services are provided.

We listen to what people have to say about their experiences of using health and social care services and feed this information through to those responsible for providing the services. We also ensure services are held to account for how they use this feedback to influence the way services are designed and run.

Healthwatch Derbyshire was set up in April 2013 as a result of the Health and Social Care Act 2012, and is part of a network of local Healthwatch organisations covering every local authority across England. The Healthwatch network is supported in its work by Healthwatch England who build a national picture of the issues that matter most to health and social care users and will ensure that this evidence is used to influence those who plan and run services at a national level.

## 4. Understanding the issue

The National Institute for Health and Care Excellence (NICE) estimates that more than 400,000 adults are living in care homes within the UK; this includes a variety of people, from those with dementia to younger adults with learning disabilities.

According to Department of Health (2011), maintaining good oral hygiene is crucial as it not only has an impact on an individual's ability to eat, speak and socialise, but can also help to prevent conditions such as mouth cancer and cardiovascular disease (NICE, 2016).

NICE (2016) acknowledge oral hygiene to be an issue for people living in care homes, offering a variety of reasons for this:

- A lack of good quality information about oral health and dental needs
- Poorly trained staff
- Reduced access to local dental services and advice
- Chronic medical conditions (including dementia) make it difficult to identify and attend to those needs
- Existing oral health problems.

The Care Quality Commission (CQC) who regulates health and social care services also understand oral hygiene to be an issue in care homes. As a result, they are planning to conduct a number of inspections across the UK to explore this issue in greater detail. They have asked all local Healthwatch to contribute any intelligence to present a local perspective of this topic; showing the good practice and issues.

## 5. What we did in brief

During October, we visited a number of care homes across Derbyshire which included homes for older people and those with learning disabilities, to speak with residents/clients and staff around the topic of oral hygiene in a care home setting.

We were briefed by the Care Quality Commission (CQC) on the key questions that would be helpful in contributing to their work, and from this, developed two questionnaires to capture this evidence; one for residents/clients and one for members of care staff.

When visiting homes, we asked care home managers which residents and staff would be the most suitable to engage with, dependent on roles and levels of capacity to ensure accurate results.

*NB: All questions were optional so as a result, we did not receive answers from every participant on every question (1). No homes have been named within the report and all data was collected anonymously (2).*

## 6. Key findings

- We had participation from 181 residents/clients and 120 care staff
- The majority of residents/clients last visited a dentist over two years ago, mainly due to local dental services not offering visits to the home

- The majority or residents/clients were supported by staff with their oral hygiene, whilst the other residents/clients not supported as they felt able to look after their teeth/dentures themselves or chose to either clean them once a day or not at all
- The majority of residents/clients who were supported by staff with their oral hygiene received support twice a day (morning and night), whilst the other residents/clients who were supported were provided with assistance once a day, though some residents/clients showed a desire to be supported more than once a day but felt that staffing levels impacted on this
- The majority of residents/clients felt that they had easy access to oral and dental hygiene products (toothbrushes, toothpaste, mouthwash, denture cleaning tabs etc.)
- The majority of care staff advised that they had not received any formal training on oral hygiene to support residents/clients, but several expressed a desire for this
- Some care staff reported that they had received oral hygiene training, but that this was years ago. One participant advised that another staff member within the home had volunteered as an oral hygiene champion and had attended specific training which they then passed onto other staff members within the home
- The majority of care home staff felt they had enough time to support residents with their oral hygiene, but highlighted that resistance from residents can be an issue
- Some care staff felt that they did not have enough time to support residents with their oral hygiene, with many commenting that this was dependent on staffing levels
- The majority of care staff felt that they did have access to a local dentist should a resident require it, but many felt that there were delays in the resident receiving the treatment, whilst others who did not feel they had access to a local dentist shared similar issues
- It was apparent from several participants that for short-term residents/clients, there are less barriers to accessing dental services as they are already registered in the community
- The majority of care staff had easy access to dental care products as family members provide these, and most homes had a bulk store for emergencies or for those without families

- The majority of participants explained a system for ensuring that residents/clients did not lose their dentures; keeping them in a name labelled pot within their bedrooms

- The majority of care staff explained a process for supporting residents/clients at end-of-life with their oral hygiene; key themes being ensuring the mouth is moist, clean and the resident/client is well hydrated.

## 7. What people told us

Residents/clients

In total, we had participation from 181 residents/clients aged between 21 to 104 years old. This included people living with dementia and those with learning disabilities.

*Question 1: Do you have dentures, your own teeth or both?*

87 participants had dentures, 60 had their own teeth and 29 had a combination of both dentures and their own teeth. Five of the participants had no teeth or dentures.

*Question 2: Do staff help you take care of your teeth and/or dentures?*

97 participants answered 'yes', some offering further information:

*"Carers clean them twice a day for me, though I am encouraged. If I did them myself, I know I would only clean them once a day."*

*"They help me to clean them with a brush and toothpaste. Occasionally, I do them myself but I do prefer someone else cleaning them for me as I know it will be done properly."*

*"I do try to clean them myself, but staff always check that I have cleaned them."*

*"Staff help me, but sometimes I try to clean them myself and put Fixodent on them."*

*"Staff help me each night to put my dentures into Steradent to soak."*

79 participants answered 'no', several offering further insight:

*"I like the independence - always clean them twice a day, never a miss."*

*"Prefer to do it myself but staff could help if I wanted."*

*"I don't clean them enough, I neglect them. I know I should do them, but I don't, I am idle."*

*"I look after them myself. I'm not really sure what to do with my dentures, so I just leave them in. Should I do that? I don't know."*

*"I don't brush the teeth I have; when you get to my age, you don't give a bugger!"*

*Question 3: If staff do help you take care of your teeth/dentures, how often a day do they help you?*

45 participants answered 'once a day', some sharing additional feedback:

*"Every night if possible."*

*"They just brush them in the morning for me. Staff are too rushed to do it at night, but I would prefer if they brushed them at night as well."*

*"Staff clean my dentures at night then put them in a pot to soak."*

*"Done once a day, but would like it doing twice a day."*

61 participants answered 'twice a day', several offering additional insight:

*"They clean my dentures twice a day - rinse before I put them in and clean them at night."*

*"Put them in a pot at night with Steradent and they help me with toothpaste in the morning."*

*"In the morning and before bed."*

*"Morning and night - staff are very good when I need them to help. They make sure I clean my false teeth and remove them."*

75 participants who did not receive assistance or did not require assistance from staff to take care of their teeth/dentures, shared the following information:

*"I use a mouthwash twice a day - I do it myself."*

*"I clean them myself, morning and night."*

*"I clean them a few times a week when I can be bothered."*

*"Just in the morning, never occurs to do them at night."*

*"I always brush them before I go to bed, but not always in the morning. It is more important to do it at night because that's when they can go bad."*

*"No help offered at all."*

*Question 4: Do you have access to oral hygiene products? (Toothpaste, denture cleaning tablets, toothbrushes etc.)*

168 participants answered 'yes', with many participants advising that their family members buy these products for them. Some of the participants who had capacity bought these products themselves when they visited their local shops.

4 participants answered 'no', with the few respondents sharing:

*"I have no mouth wash."*

*"No Steradent and toothbrush is about six months old."*

*"No Steradent for dentures."*

*"I have no Steradent so use a brush instead."*

*Question 5: When did you last see a dentist for a check-up?*

35 participants answered 'within the last six months', some sharing with us:

*"My daughter took me to the dentist recently and I do go on a regular basis."*

*"If I needed a dentist, my daughter would take me. We don't have a dentist visit here you see."*

*"I have been to the dentist recently and they are going to take my remaining teeth out and give me false ones."*

*"Saw a dentist three months ago – really happy with them."*

21 participants answered 'within the last twelve months', one providing further insight:

*"I believe it was around 12 months ago. They cleaned them properly and I think it's important to keep them fresh."*

22 participants answered 'between one to two years ago', several adding further detail:

*"My dentures split and needed repair about a year or so ago – they were fixed."*

*"Haven't been in about one or two years, but my dentures are comfortable."*

69 participants answered 'over two years ago', many sharing further information:

*"I last visited a dentist eight years ago."*

*"I had my dentures fitted in 1952, so they are slightly broken in places. They are a little bit sore, but I wouldn't want to go back to a dentist."*

*"I never go to the dentist."*

*"Lost a crown and I struggle to get to the dentist. I asked for a home visit but they don't do it."*

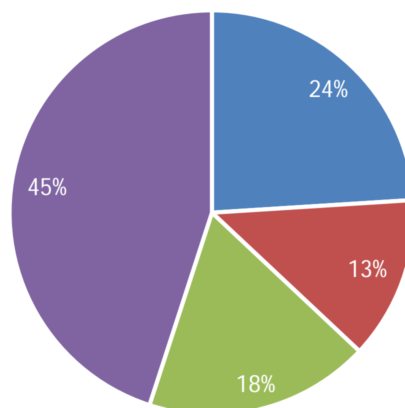
*"Last saw a dentist about 30 years ago. I don't get any pain at all, apart from minor toothache over the years."*

*"Not been to a dentist since I have been here."*

*"My teeth are a bit loose but the issue is getting to a dentist – it would be better if a dentist came here."*

*Question 6: When were your dentures last cleaned and checked?*

Responses to when residents/clients' said their dentures were last cleaned and checked




■ In the last 6 months ■ In the last 12 months ■ 1 to 2 years ago ■ Over 2 years ago

45% of participants said that their dentures were last checked/cleaned over two years ago which is followed by 24% who had them checked in the last six months; the remaining 18% had theirs checked/cleaned one to two years ago and 13% had them checked within the last twelve months.

## Care Staff

In total, we had participation from 120 care staff.

*Question 1: Tell me how you assist residents to maintain good oral hygiene*

From the feedback gathered, the word cloud above shows the most used words in the responses provided. Many of the participants state that they either support residents physically or with prompts of encouragement in the morning and at night with brushing their teeth or placing dentures in a pot with Steradent. Some of the participants included the brushing of dentures, however, the majority just put them in a pot with Steradent. One of the participants advised that for a resident who has learning disabilities and dementia, they have displayed easy-read teeth cleaning guidance in their en-suite and staff refer to this, using it as a prompt mechanism.

*Question 2: Have you received any training on oral health for older people and/or individuals with learning disabilities?*

15 participants answered 'yes', some offering additional comments:

*"… a few years ago."*

*"When working for a local council, I had annual training from NHS dentists."*

*"Did do some training, but many years ago."*

One participant advised that within their home, a staff member had volunteered to be an oral health champion and attended specific training which meant they were able to train other staff within the home, *"We have an oral health champion who has had training which they have passed onto other staff within the home."*

104 participants answered 'no', some sharing feedback:

*"No formal training, I have just learnt from watching others and advice from my seniors."*

*"In the 20 years of working in care, I have never received any training on oral care."*

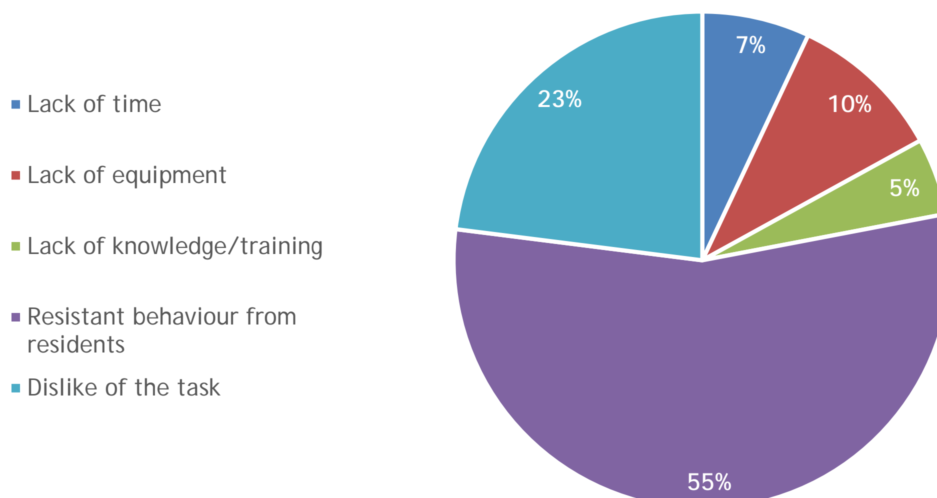
Of the participants who answered 'no' and provided further feedback, six of these shared that they would benefit from training, commenting *"that would be useful"* and *"staff could do with training, especially in regard to supporting residents who have dementia".*

*Question 3: Are you given enough time to assist residents to brush their teeth twice a day?*

94 participants answered 'yes'. Of the participants who provided further feedback, ten participants advised that this forms as part of a residents' personal care routine both in the morning and at night. The majority of these participants explained that a significant challenge is residents' willingness to brush their teeth or allow a member of staff to support them.

18 participants answered 'no'. Of the participants who provided further comments, six commented that this was dependent on staffing levels within the home, with one adding, *"Not on every occasion due to lack of staff against the number of residents."*

*Question 4: What are some of the difficulties you face in assisting residents with their oral hygiene?*




55% of participants felt that 'resistant behaviour from residents' was a significant difficulty they faced when assisting residents with their oral hygiene. This is followed by 23% who said 'dislike of task', 10% 'lack of equipment', 7% 'lack of time' and 5% 'lack of knowledge/training'.

*Question 5: Do you have access to a local dentist, should a resident require it?*

91 participants felt that they did have access to a local dentist, should a resident require it. Some participants provided further information regarding this, with many advising that they do have access but there is often a long delay in the resident receiving the treatment. One participant commented, ***"They have to be referred to community dentist which can take a while for the referral to go through."*** Another participant shared ***"Dentists are available, but registering a resident is lengthy and not all dentists have the facilities to support people who require a hoist."***

One of the participants however reported that they have a good relationship with their local dentist who carries out yearly screenings within the home to all of their residents.

Ten participants felt that they did not have access to a local dentist, should a resident require it. One of the participants shared the theme of delays in residents receiving treatment, which is also mentioned earlier. They said ***"Unlike opticians and audiology who offer their services to you, we have to search for dentists. I made a referral for resident who lost their dentures. They have been put on***

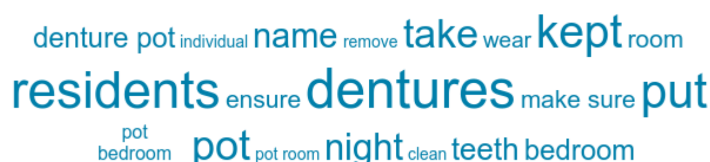
*a three week waiting list and I am worried that they will become malnourished."*

*Question 6: Do you have easy access to dental care products for residents?*

107 participants answered 'yes', with the majority advising that families of residents/clients provide them with dental care products such as toothpaste, mouthwash, Steradent etc. Most of the participants advised that the home has a bulk store of products for emergencies and for those who do not have family members. Some of the participants advised that certain residents/clients have a link worker who is responsible for buying these products on their behalf.

Six participants answered 'no', with several participants advising that the residents sometimes run out of dental care products and they have to remind the person's family or wait for replacement products to arrive.

*Question 7: How do you ensure that residents wear their own dentures and don't lose them?*




From the feedback gathered, the word cloud above shows the most used words in the responses provided. The majority participants focused on ensuring that the dentures are kept in a labelled pot with their name on overnight or when the resident/client is not wearing them. Some participants advised that certain residents had their name etched onto their dentures, but that this was the family of the resident/client's responsibility. Some participants also explained that if they see a resident carrying their dentures or putting them down onto a table, they always prompt the resident to put them in the pot located within their bedrooms to avoid losing them.

*Question 8: What additional oral hygiene measures do you put in place for a resident at end-of-life?*

From the feedback gathered, the word cloud above shows the most used words in the responses provided. The majority of participants focused on ensuring that the resident/client's mouth was moist and clean. Many of the participants explained that they would use pineapple or lemon juice to aid in hydration, along with following any prescribed toothpaste or medication. Some of the participants advised that they follow a designated end-of-life form that informs staff of a residents' wishes, but also advice from medical professionals.

*Additional information:*

- One participant explained that they had undertook a piece of work around oral health in residents/clients with dementia and found that they often want to brush their teeth at unconventional times, such as 2am. As a result, the staff within the home have been made aware of this and are encouraged to prompt and support residents/clients with this, regardless of the time.
- One participant explained that a significant barrier they feel for residents/clients not attending the dentist is fear. This was also supported by a client who has learning disabilities who shared that at appointments, the dentist will often talk in jargon which they don't understand and this makes them nervous.
- It was apparent from several participants that for short-term residents/clients, there are less barriers to accessing dental services as they are already registered in the community.
- One participant found that compared with homes that do not have en-suite facilities, the residents/clients with dementia who have en-suite facilities are more likely to look after their oral health due to having that personal space rather than a communal bathroom, and the fact that they get into a routine. Another participant however found that regardless of en-suite facilities, residents/clients with dementia struggle with routine and these facilities did not help.

## 8. What should happen now?

From our findings, we have identified several recommendations and actions going forward:

- The Care Quality Commission (CQC) to acknowledge our findings from a Derbyshire perspective and incorporate them into any planned work
- Healthwatch Derbyshire will work with health and social care commissioners to ensure that where possible, improvements can be made in the following areas:
    - Specific oral hygiene training for care staff to support people living with dementia and those with learning disabilities

- Reduced delays in accessing treatment from local dental providers for residents/clients within care homes, including those with dementia and/or learning disabilities

- Awareness raising around the importance of good oral hygiene with residents/clients of care homes, including those with dementia and/or learning disabilities.

Healthwatch Derbyshire will incorporate oral hygiene as a topic in our Enter & View visits to care homes in order to monitor future improvements and issues.

9. Your feedback

Healthwatch Derbyshire is keen to find out how useful this report has been to you, and/or your organisation, in further developing your service. Please provide feedback as below, or via email.

REPORT: ORAL HYGIENE IN CARE HOMES ACROSS DERBYHIRE

1) I/we found this report to be: Useful / Not Useful

2) Why do you think this?

....................................................................................................................................

....................................................................................................................................

....................................................................................................................................

3) Since reading this report:

a) We have already made the following changes: .........................................................

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b) We will be making the following changes: ....................................................................

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Your name: ....................................................................................................

Organisation: ..................................................................................................

Email: ..................................................................................................

Tel No: ..................................................................................................

Please email to: karen@healthwatchderbyshire.co.uk or post to FREEPOST RTEE-RGYU-EUCK, Healthwatch Derbyshire, Suite 14 Riverside Business Centre, Foundry Lane, Milford, Belper, Derbyshire DE56 0R

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healthwatch Derbyshire

# Enter & View Bi-Annual DCC Summary Report March 2019

## For visits commissioned by Derbyshire County Council 2018-2019

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**WHAT IS ENTER AND VIEW?** Healthwatch Derbyshire (HWD) is part of a network of local Healthwatch across the country established under the Health and Social Care Act 2012. HWD represents the consumer voice of those using local health and social services.

The statutory powers of all local Healthwatch include that of conducting Enter and View visits to any publicly funded adult health or social care services. Enter and View visits may be carried out if providers invite this, if Healthwatch Derbyshire receive information of concern about a service and/or equally when consistently positive feedback about services is presented. In this way we can learn about and share examples of the limitations and strengths of services visited from the perspective of people who experience the service at first hand.

Visits conducted are followed by the publication of formal reports where findings of good practice and recommendations to improve the service are made.

**Main office details:** Healthwatch Derbyshire, Suite 14, Riverside Business Centre, Foundry Lane, Milford, Belper, Derbyshire DE56 0RN Tel: 01773 880786.

**Healthwatch Enter & View Officer (over the period of the visits):** Daniel Pidkorczemny

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## 1. The context

During 2018/2019, Healthwatch Derbyshire were re-commissioned by Derbyshire County Council (DCC) to conduct a range of unannounced visits to 13 of their 26 residential services across the county. The service profile and range included 11 services supporting older persons and two services supporting people who have learning disabilities/ difficulties.

Visits have been managed by the Healthwatch Enter and View Officer and the principles of the visiting schedule agreed with the DCC Service Manager (Direct Care) Quality and Compliance, Emma Benton. These respective officers maintained regular communications concerning visits and reports through a quarterly cycle of meetings.

This is the second and final summary report for the commissioning period, the first being published on 21st September 2018 (https://healthwatchderbyshire.co.uk/2018/09/enterview-bi-annual-derbyshire-county-council-summary-report/) and reported on the first six visits undertaken. This report represents the remaining seven visits undertaken from the end of July until late November 2018 when all visits had been fully completed.

All of these Enter and View visits were commissioned to complement DCC's own internal quality audit system, hence individual reports have only been made available to DCC and not

placed in the public domain. However, the summary reports, reflecting the findings of the individual visit reports had been agreed to be made public.

The schedule of visits were co-ordinated with Care Quality Commission (CQC) local inspectors to ensure that visits by either organisation were not too close in proximity to one another. Visits were undertaken by Healthwatch Derbyshire Enter and View Authorised Representatives (ARs) who are volunteers fully trained to undertake such activities.

## 2. Completed visits

| No. | Service visited | Type of service | Date of visit | Authorised representatives (ARs) |
|---|---|---|---|---|
| 1 | Florence Shipley Residential & Community Care Centre | Older persons | 27th July 2018 | David Mines, Barbara Arrandale & Helen Barker |
| 2 | Holmlea Care Home | Older persons | 30th August 2018 | Caroline Hardwick, David Weinrabe & Keith Eaton |
| 3 | The Bungalow | Learning disabilities | 28th September 2018 | Denise Bowles (Specialist Authorised Representative supported by Daniel Pidkorczemny), Mary Beale & Hannah Morton |
| 4 | The Leys | Older persons | 10th October 2018 | Ruth Barratt & Mary Beale |
| 5 | Oakland Village Residential & Community Care Centre | Older persons | 24th October 2018 | Keith Eaton & Brian Cavanagh |
| 6 | Meadow View Residential & Community Care Centre | Older persons | 29th October 2018 & 21st November 2018 | First visit: Helen Barker, Kay Durrant & Craig Dunstan<br>Second visit: Daniel Pidkorczemny & Megan Martin |
| 7 | The Spinney | Older Persons | 7th November 2018 | Jacquie Kirk, Shirley Cutts, Denise Bowles (Specialist Authorised Representative supported by Margaret Morrison) |

Some visits are attended by Healthwatch Derbyshire specialist authorised representatives (SARs) who are people who have learning disabilities. They have been trained since 2016 and

whilst initially using their expertise with visits only to learning disability services, they now act as ARs across all services.

The SARs require support by another AR during their visits, as identified above, and are equipped with an easy-read checklist based upon the checklist tool designed for the visits (Section 6 refers).

As indicated by the table above, six of the homes supported older persons who were living with varying degrees of dementia and commonly additional mobility problems. The service for people who have learning disabilities, some of whom had additional complex needs including mobility difficulties, offered short term/respite care and independent living assessment and training facilities.

## 3. Acknowledgements

Healthwatch Derbyshire would like to thank DCC, the care home unit managers, residents/clients, visitors and staff for their contributions to these Enter and View visits, and to those who have been involved subsequently.

## 4. Purpose of visits

- To enable Healthwatch Derbyshire ARs to see for themselves how services are being provided in terms of quality of life and quality of care principles
- To capture the views and experiences of residents/clients, family members/friends and staff
- To consider the practical experience of family/friends when visiting the service in terms of access, parking and other visitor facilities
- To identify areas of resident/client satisfaction, good practice within the service and any areas felt to be in need of improvement
- To support DCC Direct Care Services internal quality audit system.

## 5. Disclaimer

This bi-annual summary report collates the findings gathered across the range of visits undertaken on the specific dates as set out in Section 2. Such individual visit reports are not suggested to be a fully representative portrayal of the experiences of all residents/clients and/or staff and/or family members/friends associated with services, but do provide an account of what was observed and presented to HWD ARs at the time of their visits.

## 6. Methodology

During visits ARs are provided with a set of standardised evidence gathering tools and generally employed the following techniques in undertaking each visit:

- Direct observation of interactions between staff and residents/clients
- Participant observation within therapeutic/social activities where appropriate
- Assessing the suitability of the environment in which the service operates in supporting the needs of the residents/clients
- Observing the delivery and quality of care provided
- Talking to residents/clients, visitors and staff (where appropriate and available) about their thoughts and feelings regarding the service provided
- Observing the quality and adequacy of access, parking and other facilities for visitors.

## 7. Summary of key data & findings across all visits

- Each visit on average took approximately three and three-quarter hours to undertake
- Observations by ARs generally included the full range of residents/clients and staff present during the visit, plus any visitors who were present
- Due to the nature of the capacity limitations of many residents/clients, discussions and/or questionnaire-based interviews were restricted. In total:-

  (i) 21 individual residents/clients were engaged with and participated within their capacity in responding to questionnaire-based interviews. Many other residents in each setting were observed

  (ii) 13 relatives/friends participated in questionnaire-based interviews

  (iii) 24 members of staff participated in questionnaire-based interviews.

- Healthwatch findings were generally comparable to the previous reports issued with good overall care standards maintained and a range of individual improvements noted (see 10.1)
- Healthwatch findings were mostly aligned with the current CQC's published reports positive findings (see 10.2)
- Residents and relatives continue to consistently express an appreciation of the high quality of care experienced and confidence in the staff delivering care
- Residents felt safe and both residents and relatives felt confident in raising concerns if they had any
- Building maintenance (internal and external) was generally noted to be of a high standard
- Home reports reflected some concerns with organised programmes of activity with five of the seven homes indicating the wish for a greater range and frequency to be offered
- Residents continue to speak positively about the quality of food/meals received and the choices offered
- Improvements in the maintenance of the garden areas were noted across the homes.

## 8. Detailed findings across all visits

### 8.1 Location, external appearance, ease of access, signage, parking

All homes were found to be well located and in close proximity to local facilities. Generally external signage was found to be adequate but improvement was suggested in three homes, two of which had actioned the recommendation. One was awaiting the outcome of the request whilst another had not been previously successful in obtaining additional signage as the DCC Highways Commission had refused the request.

Whilst homes visited represented builds from 1970's to contemporary constructions, all homes appeared well maintained externally. However, the issue of external security, previously noted in the September 2018 summary report, continues to be a potential issue in some homes (see 8.8.3).

On-site parking was available at all homes and generally satisfactory with designated disabled parking spaces available for most. Parking facilities were noted to be limited in some cases especially in establishments which shared this facility with other users.

### 8.2 Initial impressions (from a visitor's perspective on entering the home)

Across all homes, ARs reported positive impressions on entering the homes. Overall, the entrance areas were clean and fresh except for one visit where an unpleasant odour was noted and addressed positively by the service. The entrances to homes in the main provided a 'homely', welcoming space with a range of relevant information for visitors.

One home uniquely featured a "digni-tree" in the foyer area which was a cardboard tree displaying art work of clients. At the base of the tree was a range of toiletries which was explained as being for clients admitted more urgently and may not have brought such personal items with them.

Throughout the homes, it was highlighted that all staff were well-presented and in uniforms. In addition, all staff were noted to be polite, friendly and welcoming to ARs, residents and visitors.

All homes featured up-to-date CQC certificates which were prominently displayed within the entrance area of each home.

### 8.3 Facilities for and involvement with family/friends/community

Visiting times across all services were flexible and relatives met commented how welcomed they felt when visiting.

The majority of services provided good facilities for visitors to meet their loved ones in comfortable areas and if more privacy was required, they could use the resident's bedroom or designated quiet rooms, if available.

Refreshment facilities for visitors were generally good with the majority having dedicated kitchenettes where hot drinks and other refreshments could be taken. In the residential and community care centres on-site cafés, which were also open to the public, could be used.

Provision for overnight stays for relatives was available across all homes in the form of fold-up beds/reclining chairs or the use of a spare bedroom if available.

Relatives interviewed all felt involved in the care of their loved ones and comfortable with raising concerns if and when they arose (8.8.3 refers). Relatives interviewed appreciated the regular contact from the homes via telephone, and in one home the use of Skype and FaceTime by residents to maintain contact with their families. Relatives reported that they were invited to relatives/residents meetings and in one service regular coffee mornings were held. Relatives found in all homes that the staff were, ***"… supportive, caring and reassuring."***

Across a number of homes there was a clear involvement with the local community, examples of which in one or two homes were regular visits by a local scout troop to help with gardening, visits by local church members and schools.

**8.4 Internal physical environment**

8.4.1 Décor, lighting, heating, furnishing & floor coverings

Across the vast majority of homes, the décor and furnishing was noted to be in excellent condition and generally selected/designed to create a 'homely' atmosphere.

A few homes were in the midst of their rolling programme of refurbishment which was designed to include improving out-dated furnishing/décor. One of these was also addressing a problem with newly laid carpets which were causing some difficulties for residents using mobility aids.

Throughout the homes, it was found generally that it was warm enough in accordance with the outside temperature. Residents, staff and visitors indicated satisfaction with the internal temperature except in one instance in one of the residential and community care centres, where a member of staff suggested that the significant use of glass in the building made it particularly hot in the summer. The staff member did state however that air-conditioning was being considered to resolve this issue.

8.4.2 Freshness, cleanliness/hygiene & cross-infection measures

As indicated under 8.2 and 8.4.1, it was found that the standard of hygiene and general cleanliness of the homes visited was very good with the exception of one home noted under 8.2 where an unpleasant odour was sensed as one entered the building. An additional issue observed in two homes was that waste paper hand towel bins were overflowing in the communal toilet areas.

Hygiene measures to reduce cross-infection appeared to be well established across the homes. It is noted that staff hand hygiene is mainly addressed by staff carrying personal hand gel bottles rather than using any dispensers that may be sited around the home.

Issues across homes of the consistency in adopting routine hand hygiene was raised in the last, and previous reports. The last report (September 2018) recommended DCC consider strategies for educating staff and residents through poster displays on hand hygiene and DCC responded as follows:

> ***'A new poster is available in the Infection Prevention and Control Policy which has just been launched. Managers will be reminded to print off and laminate signs and place them at each communal sink. Staff will encourage residents to wash their hands before and after meals times. Hand wipes are provided for staff to offer to residents who do not want to or cannot easily wash their hands.'***

Whilst for the majority of visits such posters were not commented on by ARs, at one home these were clearly evident in clear 'easy read' formats in bathrooms/toilets and where hand gel dispensers were located in communal areas. ARs also observed in one home the use of hand wipes for residents at a meal time, whilst at another home their use was not observed at the mealtime.

8.4.3 Suitability of design to meet needs of residents

As referred to under Section 2, all homes visited supported a number of people who had mobility difficulties and as indicated six of these provided care for older persons who were living with varying degrees of dementia. The other home supported comparatively younger people who have learning disabilities (some with additional physical disabilities).

Overall, it was found that each of the homes were designed well in meeting the needs of those using the services. However, the older homes had some challenges to space and layout which the newer buildings did not. It was noted that in one or two homes, refurbishment opportunities were being used to address some of these restrictions wherever possible e.g. providing a ramped access to the outside in one home and creating a quieter space away from the main communal areas in another. Nevertheless, some of these older homes continue to have structural constraints, for example size of bathrooms, bedrooms and limitations of available en-suite facilities, all of which have been raised and acknowledged in past reports. However, communal bathrooms were noted to be conveniently located next to the communal lounges, allowing for ease of access.

The majority of homes used the communal spaces well, creating a variety of areas for quieter or more interactive purposes and the ambience created was relaxed and sociable (8.7.4 refers). Observations reflected that residents with a variety of additional needs moved around their home environments with comfort and ease due to the size of corridors, doorways and adaptations available to aid mobility (8.5 refers).

Internal navigational and orienting signage had been identified previously by Healthwatch as an area to improve in some homes and whilst some perceived deficits were identified in two of the homes, one stated that this would be addressed after refurbishment. It is also acknowledged that DCC use the advice and guidance of Sterling University in equipping homes with suitable dementia-friendly design.

Hearing loop systems were found to be available in one of the homes and were recorded as not being available at another two but no further observations in the other homes were recorded by ARs.

## 8.5 Accessibility

8.5.1 Adaptations, environment and furnishings (visitors & residents)

As indicated under Section 2, all homes visited supported individuals who often had additional mobility difficulties. Overall homes were designed well to support the additional needs of residents who have mobility challenges and/or dementia. Corridors were equipped with appropriate hand rails and doorways tended to be sufficiently wide.

All communal bathrooms/toilets appeared to be well equipped with suitable aids available for moving and handling.

In 8.1, disability parking was mentioned and it was noted that this facility was not evident in one of the homes. In response to the resultant recommendation, the manager stated that,

> ***'The DCC Business Unit will be contacted to request the painting of lines in the car park to provide marked disabled parking.'***

As referred to above in 8.4.3, hearing loop systems were only noted as being in-situ in one report and stated as not being so in definitely two of the homes. Healthwatch assume from having raised this as a concern previously that all homes, where relevant, have had or will be having these installed. DCC stated in the September summary report that,

> ***'A tender is to be drawn up for hearing loop services for Adult Care. Information has been requested from specialist social work staff to formulate the specification.'***

## 8.6 Staff support skills & interaction

8.6.1 Affording dignity & respect and approach to care giving

A consistent and commendable feature of all past Enter & View visits and equally evident in those covered by this report, is the high level of satisfaction expressed by both residents and relatives on the quality and care offered by full-time staff within the homes. The one exception to this was a concern raised by a relative who considered that the care offered by agency staff members was not of equal quality to that of the permanent staff.

Across all homes, staff were noted to provide care in a manner to suit the individual's needs. This was always observed to be caring, friendly and calm ensuring dignity and respect is offered within all interactions.

As indicated, appreciation was expressed by both residents and relatives across the range of visits undertaken. Comments from residents regarding the care and support delivered by staff included:

***"supported well"***

***"get help at the right time"***
***"very nice here, staff are helpful"***
***"staff do anything for you"***
***"lovely people, staff are friendly"***
***"I can't say a wrong word about the staff"***
***"… kind and caring - no complaints."***

The sentiments offered by family and friends of residents are encapsulated by this single comment, ***"… they treat my relative as a human; that's why I have full faith in the staff here."***

## 8.7 Residents' physical welfare

8.7.1 Appearance, dress & hygiene

Across all homes, residents were observed to be well groomed in terms of their appearance, dress and hygiene.

It was identified that residents within the older person's services were able to access a hairdresser on a regular basis at an on-site salon facility.

During the visits, all residents were observed to be wearing clothing of their own choice and indicated that they had no pressure to get dressed by certain times.

8.7.2 Nutrition/mealtimes & hydration

Generally meals were found to be of a good standard with a variety of choice and alternatives available. In some isolated cases individual residents gave some minor criticisms about the menus but all homes appeared to have good systems for discussing individual choices with residents.

Comments from residents included:

***"excellent"***
***"good choices available every day"***
***"very filling"***
***"desserts are not as appetising as they used to be; jelly and ice cream rather than sponge puddings"***
***"good choice, set mealtimes but like sitting in dining area together."***

All homes provided flexible breakfast times and choices of where residents wished to take their meals. The vast majority of residents used the communal dining areas which were always set out well and created a relaxed, unhurried, social environment in which to take meals. In one home a staff member said that alcoholic drinks could be served with meals if requested. In one home ARs did observe a resident having a small glass of whiskey before lunchtime.

Menu boards were displayed in most homes with some working toward having improved presentations in more 'easy read/pictorial' formats.

Across the homes, snacks and beverages were readily available for residents to help themselves and/or provided throughout the day.

8.7.3 Support with general & specialist health needs

Across all homes, it was found that residents were being supported well with any additional health needs. It was apparent that either local GPs or district nurses visited the homes on a regular basis attending to all residents who required medical assistance. At one home a district nurse (and a chiropodist) were present during the visit by ARs.

Other services such as chiropody, physiotherapy, sight and hearing services etc were also readily available. Only one resident interviewed across all services was not completely satisfied with the management of the health care provided. They conveyed to ARs that the communication between healthcare professionals involved and himself was lacking as he had no idea how he was progressing, or what the future plan was for his care. The resulting recommendation in this home's report led to a positive response as follows:

> ***'This has been discussed in our joint meeting with health colleagues. All agreed this was an area where we could improve. It has been agreed that a simple, easy to read daily care plan will be developed for clients, carers and families to be involved in and to use to support a client's rehabilitation.'***

Within the learning disability service visited, a staff member stated that, ***"All of our clients are under the SALT*** [speech and language therapy] ***teams and if they need access to any other services, we make sure they have it."***

Dental services were not mentioned specifically during any visits. However according to the findings of a separate Healthwatch report, *'Oral Hygiene in Care Homes across Derbyshire'* published in November 2018, it would appear that the needs of residents in this respect were being met quite satisfactorily albeit that local dental services are not offering to visit the homes. Whilst staff and residents appeared satisfied with oral hygiene standards provided staff indicated the need for further oral care training.

Stimulating exercise/mobility was only raised in the visit made to the learning disability service, where a staff member stated, ***"… we do encourage exercise here too. The other day, clients were watching exercise TV and we all joined in and copied their actions."***

8.7.4 Ensuring comfort

All homes visited provided a socially and physically comfortable environment of care. The vast majority of homes created an ambience which was calm but at the same time appropriately stimulating. All homes were designed in a manner which enabled residents to socialise but also having areas available in which to relax in greater peace and quiet.

A relative interviewed by ARs at one home said, ***"My mum is more than happy here; it's like a hotel."***

Residents were all observed to be relaxed and comfortable within environments visited and provided comments as follows:

***"wouldn't change a thing."***
***"everything was worked out to my liking."***

In one instance however, one resident told ARs that they spend a lot of time in their bedroom and did get a sense of being ***"isolated"*** on occasion. It is noted that a similar individual response was elicited from the previous set of visits undertaken and reported in the first of this year's summary reports. In this instance the recommendation made a very positive strategy by the home in appointing one of the care workers to monitor this aspect of wellbeing of residents who, for whatever reason, may require some focussed one-to-one time with staff.

## 8.8 Residents' social, emotional and cultural welfare

8.8.1 Personalisation & personal possessions

Across the homes it was found that all promoted personalisation of residents' bedrooms, but degrees of personalisation differed depending on whether individuals were admitted for short or long-term care. One individual told ARs, ***"Lovely room, only staying briefly so haven't got many possessions."***

ARs were informed, and observed on one or two occasions, that residents' bedrooms were encouraged to be personalised with ornaments, photographs, memorabilia/memory boxes, soft furnishing, TVs etc. Personal furniture was also able to be brought in within some homes and where this was not possible it was mainly due to the limited space of bedrooms. Bedroom decoration appeared to be individualised within the majority of homes.

Pets were able to be kept by residents in some homes and others encouraged families to bring in pets and one had arrangements with a local petting service who brought in pets from time to time for the residents to engage with.

Whilst only recorded in one visit, ARs observed that residents' hobbies were also encouraged and supported.

8.8.2 Choice, control & identity

Generally, the promotion of choice, control, independence and supporting individuality of residents was clearly evident across all visits. The degrees to which these could be facilitated however, was dependant on the assessment of risk and the individual's capacity.

Wherever possible residents were supported in managing their own monies and held their own keys to their bedrooms. However in one home, three residents told ARs that they were not aware of being able to have their own bedroom key. Some homes had double bedroom facilities for couples but these were not in use, where available, at the time of the visits.

Across the homes, residents reported that they were able to choose between having a bath or a shower. The frequency stated in one home was once a week although a resident said they could ask for this to be increased but this was dependant on staff availability. In one home a resident who preferred showers had only been having baths as they said they were not aware of the choice. The resultant recommendation regarding this elicited a positive response from the home in question who said:

> ***'Care plans do record resident choices. However, residents will be asked on each occasion of their preference for a bath or shower to ensure the option is offered or preferences reaffirmed.'***

All residents spoken to appeared to have personal choices and wishes supported. One resident commented, ***"I go to bed and get up whenever I feel like it"***, whilst another said about maintaining their independence that they do such things as, ***"Changing and making my own bed; doing as much as I can myself."***

Extending what long-stay residents were enabled to do for themselves to other daily living skills such as clothes washing, cleaning or cooking was only evident in one home visited. Within the summary report published in September 2018, this issue was raised and the subsequent recommendation responded to comprehensively including the following:

> ***'Staff are made aware that residents should be encouraged to maintain involvement in living tasks if they want to, and that they should talk to residents about their wishes and preference to be involved to help inform the updating of care plans.'***

In one home, a resident had been supported to open a 'shop' to provide confectionary and toiletries. ARs observed the 'shop' in action and noted the immense pleasure that the resident gained from this venture.

The majority of homes were found to have facilities for residents who smoked, and some enabled alcohol consumption as indicated under 8.7.2.

8.8.3 Feeling safe and able to raise concerns

Throughout the homes, all residents reported feeling safe and all were observed to be speaking freely with staff during the visits. This was similarly reflected by relatives encountered during visits.

Both residents/clients and relatives felt able to raise concerns. In the few instances encountered where an issue had been raised, everyone involved was satisfied with the swift and supportive manner in which it was addressed. A relative of a client in the learning disability service said, ***"I wouldn't feel awkward and I feel they would take it seriously."***

One of the relatives of a resident in an older persons home service, mentioned that their loved one would be the first to raise any issues with staff and would feel confident in doing so, adding,***"They* [their loved one] *are a bit fussy, but they seem happy here."***

Regular meetings, in various forms, were held regularly across the vast majority of homes to involve both residents and relatives. In one home however some residents suggested they were not aware of these and at another a relative also said they were not aware. In one home such meetings had lapsed due to poor attendance by relatives but a newly appointed manager was reviewing this situation and planning to re-establish a forum for communications with relatives.

Physical security within the homes was evident with buzzer alarm systems and sensor mats being commonly available. External physical security however, as referred to in 8.1, continues to pose some potential risks to two homes albeit that it was not raised by staff, residents or relatives.

The issue of external security formed part of the recommendations within the summary report published in September 2018 to which DCC responded as follows:

> ***'Some work has already been approved to improve the security of outside areas. This issue was also raised as part of a review by the council's Scrutiny Committee. A review of external security fencing and gates is taking place. Once the outcome of the review is known a plan can be made in accordance with available funding.'***

Within the visits covered by this report, the two homes concerned responded positively to the recommendations. In one, the home which was undergoing extensive refurbishment during the visit, staff reported that the public (mainly revellers from the local pub) often at night took a short-cut across the grounds and, additionally, the grounds suffered from deposits of animal excrement. The responses to the recommendation for this and the other home were as follows:

> ***'… currently has extensive refurbishment work being undertaken. Where the temporary tunnel is currently in place to provide access for the refurbishment work is the area to be securely and privately fenced. This fencing will be in place either at the end of December or early in the New Year. Fencing for the wider perimeter will continue to be pursued by the manager.'***
>
> ***Consideration to be given to further fencing/security measures and discussed with Property Services.'***

8.8.4 Structured and unstructured activities/stimulation

The issue of how homes effectively offer a range of stimulating activities for residents has been a consistent feature of reports for more than two years and featured within the first summary reports in 2016. During this period DCC were introducing a new strategy for managing activities for residents by withdrawing the established activities co-ordinator positions within each home and introducing a newly defined senior care worker post which included a lead role in the organisation of activities within the job description.

In summary reports over 2018, evidence was generally indicative that the arrangement of activities across homes remained 'patchy'. DCC provided responses to recommendations in the March and September summary reports concerning the senior care worker role as follows:

> '***An ongoing monitoring process is in place to assess the success of the changes whose aim is to provide staff time to offer a programme of activities. Where the senior care worker post is in place informal feedback is that they have allowed for a clear definition of roles and responsibilities and variety of activities are taking place as a result.'***
> (March 2018)

> '***A review of the implementation and impact of the introduction of the senior care worker role is already planned and aims to be completed by February 2019. Currently, we have 111 senior care worker posts and of these we have 15 vacancies.'*** (September 2018)

During the set of visits that this report represents, six of the seven homes had recommendations recorded regarding activities organisation although two of these in the main appeared to have a relatively satisfactory range on offer, whilst another maintained that they had a full programme of activity (although there was limited evidence of this during the visit). The response to the recommendation with respect to this home was as follows:

> ***'Activities are planned and unplanned. Activities offered on a daily basis include; art and crafts, baking, hand and foot massage, beauty therapy, reminiscence therapy, 1:1 talking etc. These activities are recorded in an activity file and this includes some photographs. An activity file is maintained for each floor. Families are emailed by the manager notifying them of activities. Suggestions for future activities or events can be raised at resident/family meetings, in response to the manager emails or by approaching the manager in person.'***

The learning disability service, being primarily short term/respite care, had a bespoke arrangement approach in supporting individuals in their leisure/recreational pursuits.

Three of the homes were in the midst of establishing the senior care worker position and programmes of activities were waiting to be introduced. Responses to recommendations in these instances requesting confirmation of the management of activities were:

> ***'This has been discussed and two senior care workers have co-ordinated a planned activities programme. The programme has been displayed within the care centre since August 2018.'***
>
> ***'Planned activities and outings will be discussed at Resident Meetings.'***
>
> ***'A rota is currently being devised to provide a more robust activity programme within the home. We do have two volunteers, one who visits to play the piano and one who provides the bingo activity which is popular. A poster will be displayed in reception on the resident and visitor board to try and recruit more volunteers.'***

Through conversations with staff and residents, it was apparent that in many cases there was a mutual desire for more varied and personalised activities and outings for residents plus time for staff to socialise more with residents.

Comments from residents included:

***"I used to enjoy art, creativity and exercises when we had our co-ordinator."***

***"We used to go to a church … to see pantomimes, but we don't have outings now."***

*"… **limited activities taking place since that change**."* (Referring to withdrawal of activities coordinator post).

A resident commented that they ***"love quizzes"*** but that there had not been any organised for some time.

In one home some of the short-term care residents expressed a sense of boredom,

***"… very little to do other than talk to visitors or read books."***

However, it was made clear following the response to the recommendation that,

> ***'All short term clients are welcome to join in with entertainment in the residential unit. We will ensure forthcoming events are advertised in the units. We are also purchased a range of board games/quizzes etc, to be used by staff to offer another means of activity with clients.'***

Some of the staff views reflected those being expressed by residents who wished to see more activities organised and more time for them to spend with residents in this social context.

In one instance the home recognised this and responded to the recommendation as follows:

> ***'The home is now fully staffed enabling more time to be spent socially with residents. Staff are able to sit with residents at meals times, have a cup of tea, do more one-to-one activities with them, and generally chat in addition to the group activities provided.'***

8.8.5 Cultural, religious/spiritual needs

Most of the homes had either local churches or non-denominational sessions held within the homes or facilitated residents to attend a local church. Two homes had designated faith rooms on site but ARs were informed that these tended to be primarily used by staff. All homes confirmed that they would meet cultural needs of residents as and when it was required.

8.8.6 Gardens – maintenance & design/suitability for use/enjoyment

All the homes were found to have well designed and maintained garden areas which were enjoyed by residents with some having an opportunity to be involved with gardening activities in the good weather.

## 9. Additional issues

No other significant issues or themes of note.

## 10. Comparisons with previous Healthwatch & CQC reports

### 10.1 Comparisons with previous Enter & View visits

Generally, the individual Healthwatch reports of the homes from previous visits undertaken were comparable to the findings from this set of visits. It was pleasing to note that in most cases good standards had been maintained and in many instances improvements were noted within areas previously raised as part of the recommendations. This was noted with particular reference to:

- an overall improved standard in garden care/maintenance
- attention to address heating problems in three homes
- the introduction of better systems of communication to residents and relatives with also greater use of easy read literature
- some improved parking facilities at two homes.

In one or two reports, there had been no evident changes made with respect to some previous recommendations which, where appropriate, were repeated within the visit report issued.

### 10.2 Comparisons with most recent CQC reports

In comparing Healthwatch reports with those from CQC inspections, it is important to note that the Healthwatch visits do not operate in the same way and/or cover exactly the same range of issues which the CQC address. However, there are similarities which tend to relate especially to the CQC domains of 'effective', 'caring' and 'responsive' which are observable or can be judged by resident and visitor feedback during the Healthwatch visits. The other CQC domains of 'safe' and 'well-led' are generally based on a number of areas which are not the jurisdiction of Healthwatch and so our reports tend not to reflect or are able to be compared to such findings.

The CQC ratings for the homes highlighted in this report included four rated as being 'good' and three which 'requires improvement', two of these were 'below standard' in all five CQC domains. Further to this, it is noted that the CQC assessment of 'requires improvement' applies to the residential & community care centres which are two of the most recently opened DCC services.

Regardless of the CQC rating, the Healthwatch visits concurred with the CQC across the vast majority of positive findings that were commonly identified and also agreed with respect to one home of the limited range of activities that appeared to be on offer.

### 10.3 Comparisons with previous summary report

Generally, this report compares similarly with respect to the core elements of care provision and levels of resident/relative/staff satisfaction to that outlined in the previously published summary report of September 2018. This is reflected in the first eight bullet points under Section 11 of this report (Elements of good practice/standards of care) which were similarly highlighted in the September 2018 publication.

The September 2018 report resulted in nine recommendations capturing the key issues and themes across the set of visits undertaken. The following table illustrates whether and to

what extent these issues were evident in those visits undertaken which inform this summary report.

| Issues outlined in summary report September 2018 | Evidence within visits undertaken for March 2019 report |
|---|---|
| Maintenance of external signage | None recorded as needing attention |
| Promotion of hand washing/hygiene | Use of hand wipes prior to meal observed in one home and not in another. DCC newly issued hand washing posters not recorded as having been observed by ARs |
| Installation of hearing loops | Evident in one home but not in two others |
| Inviting advocacy services into all homes | No evidence gathered regarding this but full confidence expressed, across services, in raising any issues with staff |
| Availability of Wi-Fi facilities | Evident in some visits but not identified in others |
| Evaluation of senior care worker role in providing programmes of activities | Various issues identified across a number of homes indicating limitations in activity programmes currently offered |
| Promotion of animal petting service | One home used such a service |
| Difficulties in providing religious/spiritual services in homes | Most homes appeared to have satisfactory arrangements in place |
| Consistency of garden maintenance | All homes appeared to have well maintained garden areas |

As illustrated within the table, the vast majority of issues identified in the previous summary report have not featured highly within the visits to which this one refers. However, some new issues have arisen and/or aspects which would benefit from clarification which, along with on-going monitoring of previously stated DCC actions, inform the recommendations outlined under Section 12 of this report.

## 11. Elements of good practice/standards of care

- the services providing a homely and welcoming environment
- good visitor facilities and relatives feeling involved in their loved one's care with one service holding regular coffee mornings for relatives

- overall high standards of cleanliness present across the homes
- the excellent qualities of staff who conveyed a caring, friendly and calm approach to residents ensuring dignity and respect is offered within all interactions
- residents reporting to feel safe and secure within the homes
- the food being generally considered very good in the majority of homes
- involvement with local community and voluntary sector groups for the benefit of residents e.g. some homes have regular visits by local scout troops, schools and church representatives
- well designed and maintained garden areas consistently evident
- the involvement of an animal petting service in one home
- the proposed development of a dedicated activities room in one home
- the use of easy read formats for care plans, menus and hand hygiene communications in one or two homes
- the introduction in one home of consistently reaffirming residents' bathing preferences
- the support for a resident in one home to open her own 'shop' to provide confectionary and toiletries.

## 12. Recommendations

Individual reports for each home/service included recommendations at the time they were issued and have already been responded to. This summary report therefore is not intending to repeat these but place them into a broader context where DCC may lead in responding to the following recommendations across all relevant services:

12.1 To provide an update on the progress of the tender for hearing loop services (8.4.3 & 8.5)

12.2 To advise on the provision of staff training with respect to resident's oral hygiene care needs (8.7.3)

12.3 To advise how residents are ensured of regular therapeutic mobility and exercise programmes (8.7.3)

12.4 To advise of strategies in place to ensure that residents 'at risk' of becoming isolated are suitably monitored (8.7.4)

12.5 To confirm that practices are consistently in place to ensure that residents are reminded of their care choices and rights (8.8.2)

12.6 To provide a progress update and actions further to the review conducted of external security fencing and gates across the service provision (8.8.3)

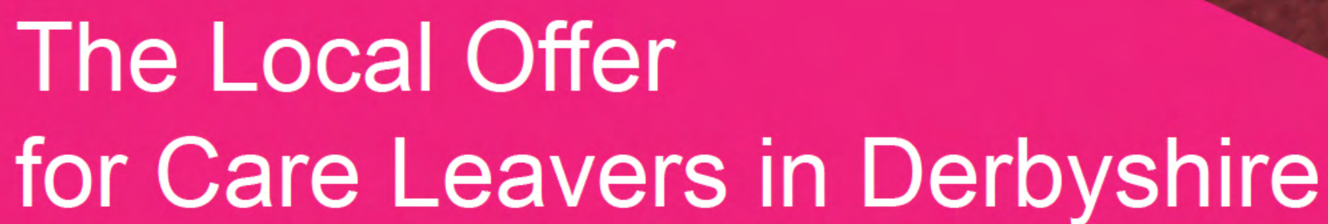
12.7 To provide an update on the senior care worker role implementation review with particular reference to the effectiveness in ensuring residents receive an adequate and stimulating programme of leisure, recreational and therapeutic activities (8.8.4)

12.8 To advise of actions in place to address the CQC rating of 'requires improvement', particularly where this applied to all five CQC domains, which included one of the newest residential & Community care centre services (10.2).

## 13. Service provider response

| No. | Recommendation | Response from provider |
|---|---|---|
| 12.1 | To provide an update on the progress of the tender for hearing loop services (8.4.3 & 8.5) | The Tender went out on 13 March and will be returned on 11 April. |
| 12.2 | To advise on the provision of staff training with respect to residents oral hygiene care needs (8.7.3) | A training course had been developed to cover a number of care subjects including oral care, entitled 'Promoting Peoples Identity and Personal Care'. This will be a mandatory training course for care staff. An awareness session and activities have been held at the Unit Managers Leadership Workshop held on 14 March 2019. |
| 12.3 | To advise how residents are ensured of regular therapeutic mobility and exercise programmes (8.7.3) | This item particularly related to learning disability establishment. All learning disability establishments have a programme of activities that ensures residents have regular mobility and exercise. The form this takes is tailored to suit the location and client group of each establishment. |
| 12.4 | To advise of strategies in place to ensure that residents at risk of becoming isolated are suitably monitored (8.7.4) | A key worker system is in place to ensure that residents have a particular member of staff who focusses on them. They, or any member of staff, can initiate updates to a residents personal service plan if they have concerns about isolation, so that action can be taken to address the issue. |

| No. | Recommendation | Response from provider |
| --- | --- | --- |
| 12.5 | To confirm that practices are consistently in place to ensure that residents are reminded of their care choices and rights (8.8.2) | Personal service plans are updated at least annually, but can be updated at any point should a resident's preferences be changed. Resident meetings provide a forum for reminding people of their rights.<br><br>Quality questionnaires are circulated twice yearly and provide a confidential means of raising concerns and expressing opinion. |
| 12.6 | To provide a progress update and actions further to the review conducted of external security fencing and gates across the service provision (8.8.3) | Fencing for a secure area at establishments identified by Healthwatch and the scrutiny review, some have been completed and a few are still being pursued.<br><br>Once concluded all establishments will have a secure area for residents to enjoy. The fencing of wider areas of establishment grounds will be dependent on the availability of budget when weighed against other priorities. |
| 12.7 | To provide an update on the senior care worker role implementation review with particular reference to the effectiveness in ensuring residents receive an adequate and stimulating programme of leisure, recreational and therapeutic activities (8.8.4) | This review is nearing completion. The report to Cabinet is now scheduled for May 2019. |
| 12.8 | To advise of actions in place to address the CQC rating of 'requires improvement', particularly where this applied to all five CQC domains, which included one of the newest residential & community care centre services (10.2) | An action plan is submitted to CQC detailing how issues will be addressed as a result of any report showing a 'requires improvement' rating. The actions identified by any CQC reports are addressed as a matter of priority regardless of the age of the facility. |



# The Local Offer for Care Leavers in Derbyshire

**2018/2019**



DERBYSHIRE County Council

# Introduction

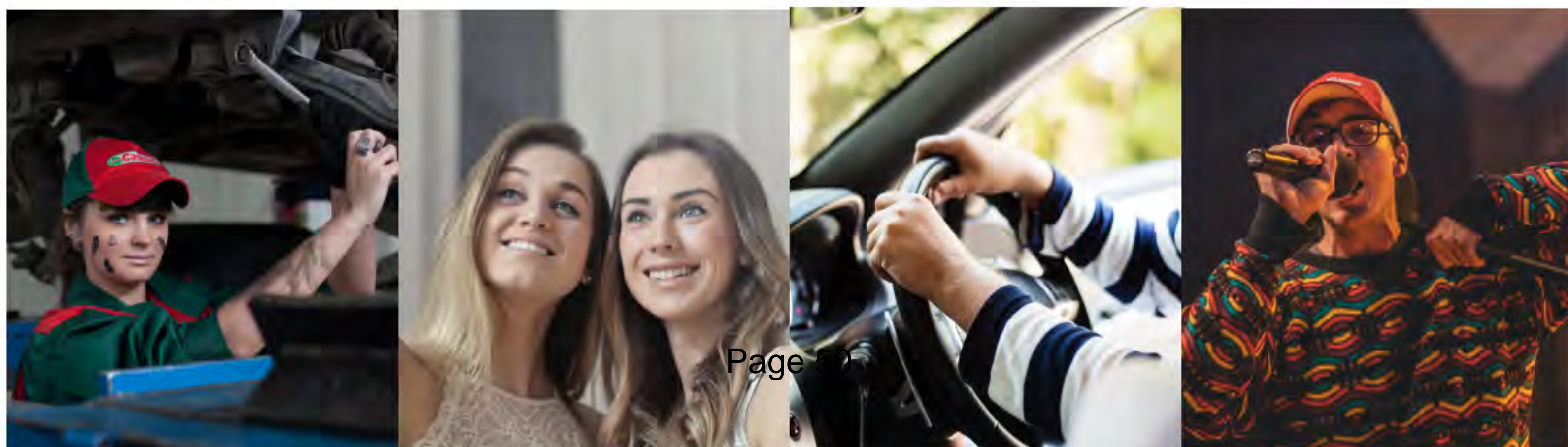
The aim of Derbyshire's Local Offer to care leavers is to tell you about the support available to you as a care leaver. We know that it is a big step for you when you turn 18 years old and when you become an adult, or when you move out of care and live on your own or with friends.

Just because you will soon be leaving care, or have already left care, we do not stop caring about you. We want to make sure that you feel safe and supported and you know where and who to go to for any help or advice you may need.

To be able to get the support set out in this leaflet, you must have been in care for at least 13 weeks between the ages of 14 and 16 (including your 16th birthday) or for 13 weeks after your 16th birthday. If you are not sure whether you qualify for support, then ask your social worker or Personal Adviser. Your Personal Adviser will talk with you about the information in this leaflet.

If you are a 'Relevant' care leaver, aged 16 or 17, and you have returned home to live with your family, we will continue to support you for up to six months, review your pathway plan and depending on need, will offer a personal allowance to support with any decoration, equipment or furniture that you might require to help you settle back into home life.  An assessment which you contribute to will determine what needs you have and this will be discussed with your Personal Adviser.

If you are a 'Qualifying' care leaver, having been in care and returned home, or deemed 'qualifying' as a result of being looked after prior to becoming subject to a Special Guardianship Order or private fostering arrangement, and are over 18 years, you can still obtain support from the leaving care service.



# Corporate Parenting across the council and its partners

## Chief Officer Pledges

Since 2015 Council Departments have provided Care Leavers with opportunities such as work tasters and work experience to provide you with the opportunity to experience the world of work and develop employability skills in a supported environment. The council continues to work hard to increase the number of opportunities available.

## Chief Officer Individual Support to Care Leavers

The future life-chances of Care Leavers are dramatically improved if you can be supported to move into education, employment or training. We recognise that young people in care can be disadvantaged and may require assistance to catch up and maintain progress. We have recognised the importance of improving young people's life chances, and have therefore developed a scheme whereby the Council's four Strategic Directors and their senior managers take on a role to advocate, champion and challenge on behalf of, and enable Care Leavers to more easily access a range of Employment, Education and Training opportunities.

# Support to you – Personal Adviser

A Personal Adviser will work with you from the age of 16 years. A Personal Adviser will work with you, up to 21 years old or longer if you need this.

Following changes introduced through The Children and Social Work Act 2017, you can also request support from a Personal Adviser up to the age of 25. This is to try to make sure care leavers receive similar support to young adults who live with their families. Your Personal Adviser is there to help you prepare to live independently and to offer advice and support after you leave care. Personal advisers get involved in discussions with you about how best to meet your needs and write this in your pathway plan.

The aim would be for you to keep the same Personal Adviser from 16 through your transition to adulthood. We recognise this may not always be possible. The amount of support that you receive from your Personal Adviser will depend on what you want and your circumstances.

You might, for example, need extra support because:

- You are a young parent; or
- You are going through a difficult time in your personal life
- You are an Unaccompanied Asylum Seeking Child (UASC)
- You are in or leaving custody or you have had contact with the criminal justice system;
- You have special educational needs or a disability.

# Pathway Plan

Your pathway plan is written in consultation with you and the important people in your life. This happens once you reach 16 and it sets out your needs, views and future goals. We review your pathway plan with you regularly so that it is kept up-to-date. We need to do this twice a year as a minimum, or if you have had a significant change of circumstances, you might find an earlier review helpful so you have the right support to assist you.

You have a right to be involved in all decisions about your future and plans for leaving care. You have a right to support from an independent advocate if you are thinking about challenging decisions about the care we give you. Advocates offer independent advice which can inform you about your rights and help you voice your views about decisions that affect you.

As well as support from an independent advocate or from a Personal Adviser, we may be able to offer you additional practical and emotional support, or help you stay in touch with key people in your life who cared for you in the past, like former foster carers or social workers.

# Health

If you are 16 and above we will support you with a leaving care Personal Adviser and their focus will be to ensure you enjoy good health and have the right access to all the services you require.

Free leisure pass are available for some Derbyshire gyms and leisure facilities so you can enjoy exercise and keep healthy. Further information will be available from your Personal Adviser or Social Worker.

We will support you in many ways to access universal health services including registering with a GP, a dentist, having regular optical checks and supporting your attendance if you ever need to see your GP for a health matter or attend counselling services.

We will give you practical support to transport you to health appointments or/and your Personal Adviser will aim to accompany you to these for support if you require this.

We will also want to make sure that when you turn 18 and become an adult that you have the right information about your health to make the best decisions.

We will want to make sure you are knowledgeable about local services to support your emotional well-being, physical health or sexual health. A nurse from our health team will support you up to the age of 19 to work with you to gain all the support and advice you need about adult services and complete a 'health passport' so that you have all the information you require about your childhood and key medical information from your childhood.

If you are a young parent or pregnant with your first child, we will take an interest in your children and support you to do the best for them. We will arrange for specialist support from the Family Nurse Partnership worker to work with you and your child, if this is what you want. We will want to make sure that you and your baby's father or partner have a good understanding about your baby's needs.

For young people who are detained in hospital, in custody, UASC or are a disabled young person, your Personal Adviser will support you, review your pathway plan with you and guide you to specific financial policies which reflect your circumstances, if appropriate.

# Education and Training

Derbyshire wants to promote high aspirations and seeks to secure the best outcomes for all children in care and care leavers. This is underpinned by a 100% EET (education, employment and training) Strategy.
We want to make sure that when you leave care you have the support to achieve your goals in life.

The law says we must provide you with assistance with expenses linked with employment, education and training. We do this in many ways. The Virtual School, Multi Agency Team Personal Advisers (MAT PA's) and the Care Leavers Employment Project (CLEP) can all assist in supporting training, employment or higher or further education and help you make the right decisions that fit with your ambitions and goals.

## Personal Education Plans - post 16

Regular reviewing of your current education plan will take place to ensure you are gaining the support you require to achieve your education goals or to support the transition from Further Education to Higher Education. You will have a Personal Education and Training Plan until you reach 18 years old and your continuing Pathway Planning up to 21 years will cover all your educational options, attainment and aspiration.

## Thinking about going to University?

The Virtual School offers support to you if you wish to pursue Higher Education. There is a designated Virtual School HE adviser. The HE adviser will meet with you in Year 13 and your carers and aftercare workers if you wish to go to university. You would need to complete the DCC HE application form for the statutory bursary and support with accommodation costs. The Virtual School adviser will also support you to liaise with your designated widening participation officer at your chosen university.

The Virtual School also provides advice on university accommodation bursaries. The UNITE Foundation offer a fantastic accommodation scholarship for care leavers. If you are successful with the scholarship UNITE will pay all accommodation costs for the duration of your university course (3 years). Approximately 72 universities are part of the Unite accommodation scholarship across the UK.

You can find out more details about the accommodation scholarship at www.unitefoundation.co.uk

## University Open days/Visits

The Virtual School will support with tailored/ specific university visits for you in Year 11, 12 and 13, working in partnership with widening participation officers at the University of Derby, University of Nottingham, Nottingham Trent and Sheffield Hallam University.

## University Open days/Interviews

You will be offered support from your Social Worker, or from your leaving care Personal Adviser should you wish to attend Open days to Higher Education establishments, if you have expressed an interest. During these visits as a care leaver we will encourage you to introduce yourself to welfare services and care leaver support teams if available within the establishment as most Universities now offer a care leaver bursary award which can be up to the value of £1500.

## UCAS application

Your Social worker if under 18 / PA will monitor the progress of applications and ensure the appropriate support with this task is identified, you should be introduced to tools such as Propel website which provides details of support offered from Higher Education establishments for care leavers, young people should be encouraged to tick the care leaver box on application to make establishments aware of care leaver status to ensure extra support is offered.

## University Accommodation

Your Social Worker / Personal Adviser will discuss accommodation options during your pathway planning process and support you to secure accommodation. Staying Put could be one option if you lived in foster care and wish to return to your carers during holiday periods. This would need to be included in your pathway plan.

Many Higher Education establishments will offer Care leavers guaranteed halls of residence and 52 week a year contracts. Derbyshire provides up to £5000 living allowance to support you with rent and living costs over the 52 weeks. This includes Vacation costs for any holiday periods and this is usually paid directly to the landlord.

## Higher Education bursary

Derbyshire would offer you a bursary for attending University. This amounts to £2000 per course, £1000 payable in the first year and subsequent payments of £500 each subsequent year of an undergraduate course.

Most universities now give a bursary award if you are a care leaver and your Personal Adviser will support you when you enrol to make enquiries about this.

## Support during university

Your Personal Adviser will continue to support you in all dimensions of your pathway planning process and continue to maintain support visits, the visit pattern should remain at least one home visit every 8 weeks. However it is recognised that some may prefer not to have regular visits to your student accommodation by your Personal Adviser. Where this is identified by the young person, alternative arrangements will be made to stay in touch and be agreed within the pathway planning process.

Often universities provide additional funding to care leavers and award a bursary. You may need to sign information sharing agreements with their Higher Education establishment to access the bursary and to support communication between support services however as an adult this will remain your choice.

# Employment

It is expected that every care leaver will have an up to date CV and your Personal Adviser will support you with completing or revising one with you.

There is a wide range of services on offer to support you and it is important you get the right support to gain necessary skills, experience, training or qualifications to meet your ambitions and aspirations. Some of the support on offer to include:

## Care Leavers' Employment Project (CLEP)

The Council runs an apprenticeship offer to all our Care Leavers which will ensure priority is given to them in a variety of service areas.

The Care Leavers Employment Project (CLEP Team) offer expert advice and guidance to care leavers, when completing application forms and attending interviews.

CLEP aims to secure employment, education and training for young people leaving care, with particular emphasis on the 19 – 21 year old age group.

The offer from CLEP is intensive support to young people to gain training and employment. As part of this support CLEP offers:

- A tailored work experience placement within Derbyshire County Council
- Supported Internship placements within Derbyshire County Council for up to 1 year
- Supported Apprenticeship placements in the voluntary and private sector
- Bespoke traineeship programmes
- Financial help with driving lessons, links to the Wheels to Work scheme, grants for workwear, equipment and tools.

## National Careers Service for Adults (NCS)

The Adult Careers Team work with 18+ care leavers offering a variety of impartial careers Information, Advice and Guidance. A typical session can include face to face advice in a setting nearby to where you live.

## Building Better Opportunities

The Building Better Opportunities (BBO) programme is running until September 2019 and aims to tackle poverty, promote social inclusion, and remove barriers to employment. It has 3 areas of focus:

Money Sorted - Financial Management and Inclusion Support. Outcomes are to gain financial stability and management, training and job search.

Opportunity and Change - Support to overcome multiple and complex needs (such as substance misuse, ex or offending behaviour, domestic violence, mental health). Outcomes are to overcome these multiple and complex needs/barriers.

Towards Work - For individuals furthest away from the labour market (can include mental health, disabilities and complex needs) to support participants to gain training or employment. This is most relevant to you if you are not in Education, Employment or Training. You can get further information from your Personal Adviser or Social Worker. This offers between 12-18 months of bespoke 1:1 support.

## Disability Employment Service

The Disability Employment Service is based within Derbyshire County Council, supporting disabled people to find training, work experience, voluntary work and paid employment. The team work with anyone aged 16+ who have either a disability or long term health condition. Many young disabled people want to go to work, but may feel there is no support for them.

The service can help you with work experience, training, voluntary work that could lead to paid work, looking for jobs, applying for jobs, mock Interviews, support at interviews and in work support. The Disability Employment Service can help with this by working alongside you to address your concerns and support you to talk to your employer if necessary.

## Derbyshire Adult Community Education Service (DACES)

A Traineeships Programme offers an education and training programme with work experience. The programme can last between six weeks and six months with at least 100 hours work experience. All young people undertaking a traineeship are required to study English and Maths. Traineeships are available for young people 16 to 24 qualified below Level 3.

Mentors support young people on their learning programmes.

The 16 - 19 Full Time Study Programme is 540 guided learning hours per year built around a programme to meet your individual needs. This includes a main vocational qualification, employability skills and confidence building. English, Maths and IT are included, as are enrichment activities to enhance social integration; work experience and social/personal development.

The 16-19 Part Time Study Programme offers learners a flexible start in learning and through the ‘Making Choices’ initial assessment course it identifies Maths, English, ICT and employability aspirations. You can join existing adult and young people’s classes, to develop core skills, supported by a learning mentor. You can access other qualifications and non-qualification provision on offer from DACES and take part in enrichment and employability activities.

# Financial Management

We will try to help you financially, in a similar way to how parents would support their own children. This support to you includes:

- Providing a leaving care (setting up home allowance) grant when moving into your own home up to the value of £2000 to help towards rent, deposit, furniture, contents insurance, TV licence.

- Providing or telling you about relevant money management courses or budgeting support

- Information on how to access your Junior ISA or any criminal injuries compensation claim

- Support to open a bank account and any savings plan

- Support to gain important identification documents, such as a Passport, a provisional driving licence, before your 18th birthday so you are work ready.

- Support to get your National Insurance number.

- Exceptional financial support in emergency situations

- Providing a financial gift at birthdays and festivity in line with the finance policy.

Derbyshire County Council and housing districts are currently exploring support for all Derbyshire's care leavers with a policy to exempt you from paying council tax up to 25 years old. The details of this are in progress so your Personal Adviser would be able to advise you further on when this will commence.

Derbyshire has produced a Financial Entitlements leaflet which contains all the details of your rights and entitlements as a Derbyshire care leaver and details of which should be written in your pathway plan. Please discuss further with your Personal Adviser.

# Transition Planning

To prepare young people for adulthood and independent living all 16+ children in care will be allocated a leaving care Personal Adviser. Their role will be to support you to gain the independent skills to enable you to live independently, where possible. For those who may need additional support from adult services, a leaving care Personal Adviser can support or assist in accompanying you to key

# Accommodation

We will encourage you to stay in care until you are 18. Most young people still live at home with their families at this age. If you choose to leave voluntary care before age 18, the law says we would need to check if your accommodation is suitable and what other help you may need. The law also says we must do this.

There are a range of accommodation options for young people who are developing their independent living skills and who would wish to eventually take on their own tenancy. These include self-contained flats or shared houses with varying support tailored to meet your needs.

Your Social Worker or Personal Adviser will be able to discuss the range of options available and help you to access these. They will support your next steps towards independent living and talk to you about how they will give you practical and financial support with any new move of accommodation.

## Personal Living Allowance

If you are aged 16/17 year old and are in residential care you will receive a personal living allowance and a clothing and cultural needs allowance.

If you live semi-independently or in an independent living setting we will support you with an income maintenance allowance of £60.00 per week. As a 16/17 year old living in semi or independent settings you will also be entitled to £500.00 per annum of personal living allowance to support your needs to purchase clothing, social activity, outings, and any cultural or religious festivity payment.

## Accommodation options post 18 years

Before your 18th birthday, your Personal Adviser will help you to find suitable accommodation. All Derbyshire care leavers are given high priority status. The leaving care service works closely with the district and borough councils to prioritise care leavers housing needs.

We know it can be very hard having your own place for the first time. We will do whatever we can to ease the pressures on you and your Personal Adviser will give you support. This might involve:

- Working with Housing Services to come up with suitable housing options for you, including supported accommodation if you are not ready or do not want to have your own tenancy.
- If this is what you and your foster carers want, supporting you to remain with your foster carers under what's called a 'Staying Put' arrangement. This can last until you are 21 or possibly longer.
- Support to access different housing options including social housing (this is accommodation managed by us or a housing association).
- Advice about holding down a tenancy, including avoiding rent or Council Tax arrears, paying bills and budgeting.
- Derbyshire intends to implement a council tax exemption policy to care leavers up to 25 years. Your Personal Adviser will tell you when this will happen and will write this into your pathway plan.
- Helping you to claim housing benefit/universal credit if you are unable to support yourself.
- Practical support with moving into and furnishing your new home.
- Supporting you if you have a housing crisis, including helping if you are threatened with or lose a tenancy. [NB: care leavers aged 18-20 are treated as a priority need group in homelessness legislation].
- Storage of furniture will be considered on an individual needs basis.

## Lodgings Scheme

The Lodgings Scheme provides accommodation for 16-21 year old Care Leavers within a home environment. The aim is to offer a supportive, safe environment to help you develop your self-confidence and independent living skills and prepare for your future.

Each household is different and for this reason we carry out introductory home visits and a matching process takes place to allow you and the host to get to know one another and so both are clear about the expectations within the placement.

## Living in the local community

We want our care leavers to be active in their community, and to have all the chances in life that other young adults have.

We can help you participate in society in the following ways:

- Providing information on groups and clubs you may wish to join

- Informing you about relevant awards, schemes and competitions you can enter, in line with your talents and interests

- Encouraging and helping you to enrol on the Electoral Register, so you can vote in elections

- Offering work experience within the council

- Informing you about voluntary work that we think you may be interested in

- Giving you advice and helping you to challenge any discrimination you face as a care leaver

- Help to access your care records once you are an adult

- Help you make a complaint or support you with an independent advocate.

# Compliments, Complaints and Comments

Please tell us if you think something has gone wrong so we can put it right. If you're a young person who wants to make a complaint we will arrange an advocate for you. This is someone who will support you in making your complaint. Advocates may also be available for adults who need help.

There is a statutory procedure for handling complaints about services provided under Part III of the Children Act 1989 which sets out who can make a complaint and what can be complained about. You can find further information in the information on other websites section of this page. Where a complaint falls outside this statutory remit it will be dealt with under out Corporate Complaints procedure.
https://www.derbyshire.gov.uk/council/complaints/childrens-social-care/complaints-about-childrens-services.aspx

Your first step is to speak to your worker or their manager. Or you can Call Derbyshire Tel: 01629 533190 if you would like to speak to someone else.

# Further Useful Contacts

**Barnardo's Leaving Care Service Derbyshire**
Chesterfield (North office)
Heanor (South office)
01773 717212

**Derbyshire YouthInc**
A one stop place for young people to find more information about somewhere to go, something to learn, something to do, someone to talk to and something to say.
www.derbyshireyouthinc.com

**Childline** - online, on the phone, anytime.
To help anyone under 19 with any issue they are going through. Free confidential chat with a trained counsellor 24/7, on the phone, online or through our app.
www.childline.org.uk or call 0800 1111

**T3 Young Peoples Drug and Alcohol Service**
Help or support around drugs or alcohol for free, confidential information, advice and support call 01773 417 560.

**Derbyshire Alcohol Advice Service**
For anyone in Derbyshire who needs information, support or advice about an alcohol problem.
Call 0845 308 4010 or if calling from mobile 01246 206514.

**First Gear**
Pre-driving training for 15-17 year olds. Small cost involved. Email: First.Gear@derbyshire.gov.uk
https://www.derbyshire.gov.uk/transport-roads/road-safety/young-drivers/pre-driver-training/first-gear-pre-driver-training.aspx

**LGBT**
**Derbyshire Friend** is open to anyone who identifies as LGBT and their families. For those wishing to find out more about the services on offer. One to one support, sexual health advice, confidential switchboard 01332 349 333
https://www.derbyshirelgbt.org.uk

**Derbyshire Discretionary Fund (DDF)**
The Derbyshire discretionary Fund (DDF) can provide grants or emergency cash payments if you are in urgent need of financial help following a crisis or disaster.
You can apply by phone, Tel: 01629 533399

**The Elm Foundation**
The Elm Foundation offers a safe, non-judgmental place which will always be there for people who need it most. https://theelmfoundation.org.uk or call 01246 540464

**Derbyshire Law Centre**
Providing legal services in social welfare law in the Derbyshire area.
http://derbyshirelawcentre.org.uk

**DERBYSHIRE COUNTY COUNCIL**
**IMPROVEMENT AND SCRUTINY COMMITTEE - PEOPLE**

**8 May 2019**

**Report of the Director of Legal Services**

# WORK PROGRAMME 2019/20

## 1. Purpose of the Report

To identify and agree items to be included in the 2019/20 work programme for the Improvement and Scrutiny Committee - People.

## 2. Information

It is considered good practice that each Scrutiny Committee develops and agrees an annual work programme. The identification of relevant topics and their allocation to a specific meeting date, focuses the work of the Committee and promotes transparency. It also provides an opportunity to determine which issues warrant more detailed investigation and should be subject to a scrutiny review.

In developing the work programme Members should consider what matters they would like to scrutinise and which individuals or organisations they would like to appear before the Committee to give evidence. Examples of possible witnesses include, but are not restricted to, those listed below. It should be noted however, that there is not a legal requirement for representatives from external organisations to attend.

- Cabinet Members, particularly the portfolio holders for Adult Care, Young People and Health and Communities
- Strategic Directors
- Lead officers responsible for service areas
- Healthwatch Derbyshire
- Chair of Derbyshire Safeguarding Children Board
- Chair of Derbyshire Safeguarding Adults Board
- Health organisations

An outline work programme for 2019/20 is given at Appendix one. Members of the Committee are invited to identify additional items that they would like included on the work programme.

## 3. Considerations (to be specified individually where appropriate)

In preparing this report the relevance of the following factors has been considered: social value, financial, human relations, legal and human rights, prevention of crime and disorder, equality and diversity, environmental, health, property and transport considerations.

## 4. Officer's Recommendation

It is recommended that the Improvement and Scrutiny People Committee identify and agree items to be included in the work programme for 2019/20.

**Janie Berry**
**Director of Legal Services**

**People Improvement and Scrutiny Committee: Work programme 2019-20** **Appendix one**

| **18 July 2019** | Cabinet Member Portfolio Update | Cllr Alex Dale – *Cabinet Member Young People* |
|---|---|---|
| | Healthwatch Derbyshire Update | *Derbyshire Healthwatch* |
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| **4 Sept 2019** | Cabinet Member Portfolio Update | Councillor Jean Wharmby, *Cabinet Member Adult Care* |
|---|---|---|
| | Healthwatch Derbyshire Update | *Derbyshire Healthwatch* |
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| **6 Nov 2019** | Cabinet Member Portfolio Update | TBC |
|---|---|---|
| | DSAB Annual Report | Chair of Derbyshire Safeguarding Adults Board |
| | Healthwatch Derbyshire Update | *Derbyshire Healthwatch* |
| | Regional Schools Commissioner's Role | Regional Schools Commissioner |
| | | |

| **12 Feb 2020** | Cabinet Member Portfolio Update | TBC |
|---|---|---|
| | DSCB Annual Report | Chair of Derbyshire Safeguarding Children Board |
| | Healthwatch Derbyshire Update | *Derbyshire Healthwatch* |
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