AGENDA

Meeting:	Health Select Committee
Place:	Kennet Room - County Hall, Trowbridge BA14 8JN
Date:	Tuesday 14 January 2014
Time:	**10.30 am**

Please direct any enquiries on this Agenda to Samuel Bath, of Democratic Services, County Hall, Bythesea Road, Trowbridge, direct line (01225) 718211 or email samuel.bath@wiltshire.gov.uk

Press enquiries to Communications on direct lines (01225) 713114/713115.

This Agenda and all the documents referred to within it are available on the Council's website at www.wiltshire.gov.uk

Membership:

Cllr Chris Caswill
Cllr Mary Champion
Cllr Christine Crisp (Chair)
Cllr Mary Douglas
Cllr Bob Jones MBE
Cllr Gordon King
Cllr Dr Helena McKeown
Cllr John Noeken (Vice Chairman)
Cllr Jeff Osborn
Cllr Sheila Parker
Cllr Nina Phillips
Cllr Pip Ridout
Cllr Ricky Rogers

Substitutes:

Cllr Pat Aves
Cllr Chuck Berry
Cllr Rosemary Brown
Cllr Terry Chivers
Cllr Dennis Drewett
Cllr Sue Evans
Cllr Russell Hawker
Cllr David Jenkins
Cllr Julian Johnson
Cllr John Knight
Cllr Ian McLennan
Cllr Helen Osborn
Cllr Mark Packard

Stakeholders:

Steve Wheeler	Healthwatch Wiltshire
Diane Gooch	Wiltshire & Swindon Users Network (WSUN)
Brian Warwick	Advisor on Social Inclusion for Older People

PART I

Items to be considered whilst the meeting is open to the public

1 **Apologies**

To note any apologies for the meeting.

2 **Minutes of the Previous Meeting** *(Pages 1 - 8)*

To approve and sign the minutes of the meeting held **19 November 2013** as a true and accurate record.

3 **Declarations of Interest**

To receive any declarations of disclosable interests or dispensations granted by the Standards Committee.

4 **Chairman's Announcements**

To note any announcements through the Chair.

5 **Public Participation**

The Council welcomes contributions from members of the public.

Statements

If you would like to make a statement at this meeting on any item on this agenda, please register to do so at least 10 minutes prior to the meeting. Up to 3 speakers are permitted to speak for up to 3 minutes each on any agenda item. Please contact the officer named above for any further clarification.

Questions

To receive any questions from members of the public or members of the Council received in accordance with the constitution. Those wishing to ask questions are required to give notice of any such questions in writing to the officer named above no later than **5pm** on **Tuesday 7 January 2014**. Please contact the officer named on the first page of this agenda for further advice. Questions may be asked without notice if the Chairman decides that the matter is urgent.

Details of any questions received will be circulated to Committee members prior to the meeting and made available at the meeting and on the Council's website.

6 **Care Quality Commission: New Inspection Arrangements**

Justine Button from the Care Quality Commission (CQC) will be in attendance to discuss the new inspection regime for acute hospitals and GP surgeries. Justine Button will also be available to answer any questions from the Committee.

7 **Great Western Hospital (GWH): Inspection Report** *(Pages 9 - 14)*

The CQC completed an unannounced inspection at GWH at the end of October 2013, the findings of which were published in December 2013. A copy of this report will be made available to view online.

The action plan compiled by the hospital in response to the inspection report is attached with a letter from the Chief Executive to the Committee. Nerissa Vaughan, Chief Executive of GWH will be in attendance to discuss the outcomes of the recent CQC inspection, and to present the accompanying action plan.

8 **Salisbury Hospital: Mortality Rates**

The Chairman and Vice Chairman met with the Chief Executive of Salisbury Hospital on 8 January 2014 to discuss reported high mortality figures at the hospital. The Chair will update the committee with the findings from the meeting.

9 **Older Peoples Expenditure**

A concern was raised at the Audit Committee held 18 December 2013 regarding the overspend on the Older People's Expenditure budget. The Health Select Committee will be kept informed of the overspend and continuing monitoring of arrangements for this account.

10 **Wiltshire Council Direct Provision - CQC Registered Care Services for Adults** *(Pages 15 - 116)*

Debbie Medlock, Interim Service Director: Adult Care Operations, will be in attendance to brief members on the services provided in house and to update the Committee on achievements relating to CQC ratings of services. Appendices to the report will be made available online.

11 **Dementia Strategy** *(Pages 117 - 180)*

The Committee will be presented with the report on the draft Dementia Strategy 2014 – 2021 prior to it being presented to Cabinet and being released for formal consultation. James Cawley, Associate Director: Adult Care Commissioning, will also be in attendance to answer any questions on the strategy. Appendicies to the report will be made available online.

12 **Update on Transition of Public Health to Wiltshire Council**

In the final report of the Transition of Public Health Task Group, presented the Committee in March 2013, it was recommended that the Committee should receive an update report on progress of the transition, Aimee Stimpson, Public Health (intelligence) will be in attendance to provide a verbal update to the Committee on the progress of the transition of Public Health into Wiltshire Council and to answer any questions.

13 **Joint Air Quality Task Group: Final Report** *(Pages 181 - 188)*

Cllr Peter Evans, chairman of the Air Quality Task Group, will present the final report of the task group..

14 **Forward Work Programme**

The Committee is asked to consider the work programme.

15 **Task Group Update**

Updates from the following task groups:

i) Transfer to Care Task Group
ii) Clinical Commissioning Group (CCG) Task Group
iii) Continence Services Task Group
iv) Review of AWP services (Dementia)

16 **Urgent Items**

To consider any other items of business that the Chairman agrees to consider as a matter of urgency.

17 **Date of Next Meeting**

The next meeting will bee held 11 March 2014 at 10:30 in the Kennet Room - County Hall, Trowbridge BA14 8JN.

HEALTH SELECT COMMITTEE

DRAFT MINUTES OF THE HEALTH SELECT COMMITTEE MEETING HELD ON 19 NOVEMBER 2013 AT COUNCIL CHAMBER - COUNCIL OFFICES, MONKTON PARK, CHIPPENHAM, SN15 1ER.

Present:

Cllr Chris Caswill, Cllr Mary Champion, Cllr Christine Crisp (Chair), Cllr Mary Douglas, Goonch, Cllr Bob Jones MBE, Cllr Gordon King, Cllr Helena McKeown, Cllr John Noeken (Vice Chairman), Cllr Jeff Osborn, Cllr Sheila Parker, Cllr Nina Phillips, Cllr Pip Ridout, Cllr Ricky Rogers, Mr Brian Warwick and Steve Wheeler

Also Present:

Cllr Simon Killane and Cllr Jonathon Seed

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100 **Apologies**

No apologies were received for the meeting.

101 **Minutes of the Previous Meeting**

An amendment was proposed to item 96 of the minutes of the meeting held 10 September 2013.

Resolved:

To approve the minutes of the previous meeting, subject to making the necessary amendment, as a true and accurate record of the meeting,

102 **Declarations of Interest**

Standing Declarations of Interest were made by:

Cllr Helena McKeown
Cllr Mary Douglas
Cllr Gordon King
Cllr Sheila Parker
Steve Wheeler

103 **Chairman's Announcements**

The Chair made the following announcements:

New WSUN member
The Chair noted that the Wiltshire & Swindon Users' Network (WSUN) have a non-voting seat on the Committee, and welcomed Diane Gooch, chair of WSUN to the meeting. Diane replaced Linda Griffiths who retired from the Committee in July.

Meeting with NHS England and Public Health England, Taunton 2 Oct
The Vice Chair outlined the main points of note from the meeting, which was deemed to be very productive. The Committee were invited to note that NHS England are preparing a pack for regional HSCs explaining developments and a matrix of information sharing. We have agreed to regular networking meetings with the HSC in Bath, Gloucester and Swindon.

Acute Hospitals
The Chair and Vice Chair have now met with all three acute hospitals, and it has been agreed that the HSC will monitor their PALS complaints information.

CCG
It was confirmed that constructive talks had been held with the CCG, on how the HSC and Health Partners can best work together. It was emphasised that the HSC is keen to be involved early in any CCG initiatives.

Media monitoring
Local media is now being monitored by Democratic Services to identify any matters of interest to the HSC. Members are also asked to alert HSC to any issues as soon as they are seen as a concern.

NHS 111
An update was tabled at the meeting, and Dr Steve Rowlands, chair of the CCG, gave an update on the position regarding the NHS111 service. It was confirmed that Harmoni commenced full service on 28 October. The HSC was satisfied with the monitoring systems in place, but requested that the CCG provide an update on Harmoni's performance at the March meeting of the Committee.

Vascular Services
A report on vascular services from the CCG was expected at the meeting, however, when specialised services commissioning was taken over by NHS England, the rules around who leads on patient and public engagement and working with HSCs changed.

It was confirmed that this work is now being done by the Bristol, North Somerset, Somerset and South Gloucestershire NHS Area Team, who commission services for the whole of the South West. They are currently planning patient and public engagement and will be writing to all the HSCs in the area. Members were asked if there were any specific questions that would need to be asked regarding; patients, carers and the public, and to respond with these when the CCG and providers conduct the public engagement.

Any questions can be sent to Maggie McDonald (Senior Scrutiny Officer at Wiltshire Council) who will make sure they are forwarded to the Bristol team.

Agenda order

The Chair agreed to take the Continuing Health Care item before the Public Health Annual Report.

104 **Public Participation**

No questions had been received from members of the public.

105 **Royal United Hospital (RUH) action plan**

James Scott, Chief Executive of Royal United Hospital (RUH), Bath, was in attendance to present the RUH action plan in response to the Care Quality Commission (CQC) Audit that highlighted a number of concerning findings. James Scott introduced Helen Blanchard, Director of Nursing at RUH who was also in attendance to answer questions from the committee.

James Scott outlined the upcoming inspection of the RUH on 4 December, which will be conducted under the new inspection regime. He went on to detail the new inspection arrangements including the membership of the inspectorate and their new powers. Following this, James Scott discussed public listening events that were being conducted to engage with users and members of the public as part of the inspection process. Events will be held on 5 December 2013 at Bath Race Course and County Hall in Trowbridge. Both events will start at 6.30pm.

Helen Blanchard discussed the action plan and reaffirmed that the RUH was concentrating on taking ownership of the issues and findings, with a focus on making the necessary sustainable changes. The importance of accurate record keeping was discussed with a focus on both professional, CQC and regulatory compliance. The recording of patient risk assessments on admission were also discussed, alongside discharge information. Helen Blanchard commented that, measures had been taken to improve both areas, and was confident that this would be reflected in the outcomes of future inspections. Patient dignity was also discussed, with changes made to staff training, practice and awareness. The monitoring arrangements were discussed, and it was confirmed that the Trust Quality Board continues to monitor the progress of the action plan on a fortnightly basis.

Cllr John Noeken expressed disappointment with the CQC findings, stating historic findings from previous reports and inspections had again been replicated in the most recent report. Cllr Noeken expressed concern over the action plan and the findings from the CQC, and stated that the effectiveness of the actions, findings and recommendations would be tested in full over the winter period.

Cllr Helena McKeown stated concern at the findings in the report and stated that the RUH appeared to be overloaded with policy and internal meetings. Cllr McKeown questioned the hospitals recruitment policy, and in particular the number of nurses appointed by the RUH. A number of examples of patient treatment were cited and the role of record keeping in these examples was questioned. James Scott stated that £750k had been spent on frontline nursing staff, and that the nursing ratios were adequate to manage the patient flow at the RUH. James Scott noted the changes that had been made at operational level to support the handover between shifts.

The role of agency staff was discussed and it was confirmed that agency staff are not used on night shifts. Cllr Gordon King expressed concern from personal experience at the hospital's operational level, where it was stated that there was a lack of senior vision across the wards. Cllr King also stressed concern at the number of junior nursing staff functioning without senior supervision and support. Helen Blanchard confirmed that nurse sisters were available to provide an overview across wards, and that the nursing ratios were sufficient.

Cllr Mary Douglas expressed concern at adequacy of Nursing levels at the RUH. Cllr Douglas also questioned the national guidance for nursing levels, and suggested that the recommended staffing levels were not capable of providing the correct level of care.

Brian Warwick stated his concern at the report findings and stressed concern at the idea that the content and findings of the report had been diluted. The Committee noted concern at the CQC report in general, noting particular concern at the categorisation and continued replication of findings.

James Scott then outlined the internal monitoring arrangements to scrutinise the action plan and frontline performance. This included the clinical governance group reporting to the Board on key performance indicators including patient experience, safety and clinical outcomes (including mortality rates). It was confirmed that mortality rates at RUH were 25% lower than the national average, with this figure falling to 50% below the national average for elective surgery. Helen Blanchard also discussed the role of dignity champions and public engagement.

James Scott then proposed a meeting between the senior staff at RUH and the members of the Health Select Committee to address some of the concerns that had been raised.

Resolved:

1) **To note grave disappointment and concern at the findings of the CQC report.**

2) **To meet with the Chief Executive, and senior staff at the RUH to address the concerns with the findings of the CQC report.**

3) **To arrange a meeting between the Chair, Vice Chair (HSC) and Chief Executive (RUH) shortly after the publication of the report into the CQC Inspection, scheduled for December 2013.**

4) **To note concern at the current staffing levels at RUH, and the significance of record keeping and its importance in supporting operational staff at RUH.**

106 **Continuing Healthcare (CHC) Update**

Jacqui Chidgey-Clark, Director of Quality and Patient Safety at Wiltshire Clinical Commissioning Group (CCG) was in attendance with Dina Lewis, Associate Director of Quality to update the committee on the progress of the Continuing Health Care (CHC) action plan.

Jacqui Chidgey-Clark provided a background overview of the CHC programme. The work had been originally undertaken by the PCT, and had transitioned across to the CCG earlier in 2013, and was conducted in joint partnership with Public Health.

The committee discussed the partnership working arrangements, and it was confirmed that the continuing healthcare update, would also be reported to the Joint Commissioning Board and in turn to the Health and Wellbeing Board.

The Committee discussed the eligibility figures for CHC in the region and it was confirmed that the figures were reported to the Clinical Governance Group. It was stated that the CHC programme had been recently assessed for compliance and there had been no conflicts identified.

The Committee discussed the Joint Commissioning Board and its accountability to the Health and Wellbeing Board.

Resolved:

To note the progress of the Continuing Health Care action plan.

107 **Public Health Annual Report**

John Goodall, Associate Director of Public Health was in attendance to present the Public Health Annual Report 2012/13. It was stated that the report was published as a statutory requirement for public health, as part of the independent arrangements prior to transition.

A short presentation was made to the Committee on the content of the report. This contained the transitional arrangements and a summary of the integration

of public health in the Council's mainstream business. The presentation focussed on promoting healthy local communities, and creating a lasting health legacy for the people of Wiltshire, in addition to outlining the vision, current work and challenges ahead for public health.

The Committee questioned the planned health checks, and the health inequalities between various social groups. John Goodhall agreed to provide the social inequality data and comment after the meeting. The Committee discussed the treatment of Chlamydia and early intervention strategies, and also questioned the commissioning arrangements for mental health and public health crossover. It was confirmed that a paper would be made available for scrutiny detailing these commissioning arrangements.

The Committee also questioned the monitoring arrangements in place for public health, and it was confirmed that the previous monitoring arrangements had novated as part of the integration arrangements. A discussion was also held on domestic abuse, and it was requested that more information on multi-agency working would need to be provided.

The Committee suggested that limited data was represented in the report, and requested further data in future.

The Committee discussed the importance of older people's representation in the Annual report and requested that in future, greater focus be placed on social isolation and the role of area boards in tackling these issues.

Resolved:

1) **To note the Public Health Annual Report 2012/13.**

2) **To receive an update against the Public Health Annual Report 2012/13 in May 2014 following the outcome of the Joint Strategic Assessment community events.**

108 **Forward Work Programme**

The Committee discussed the forward work programme and the award of the contract to the Mears Group for the provision of the Help to Live at Home service. The Committee discussed upcoming winter pressures and urgent care arrangements for Acute Hospitals in the county.

Resolved:

1) **The Committee noted updates from the following task groups, and agreed to include as the Draft Work Programme in the single Overview and Scrutiny Work Programme:**

- **Transfer to Care**
- **Continence Services**
- **Review of AWP Services**
- **Air Quality (Joint with Environment Select)**
- **Clinical Commissioning Group**

2) To review the work of the Help to Live at Home providers following advice from the Associate Director of Adult Care Commissioning, Safeguarding & Housing.

3) **Review the effectiveness of the CCG's Winter Planning arrangements at its meeting in March 2014**

109 **Urgent Items**

There were no urgent items.

110 **Date of Next Meeting**

The date of the next meeting was noted as being 14 January 2014, to be held at 10:30am, in the North Wiltshire Room, County Hall, Trowbridge BA14 8JN.

(Duration of meeting: 10.30 am - 12.50 pm)

The Officer who has produced these minutes is Samuel Bath, of Democratic Services, direct line (01225) 718211, e-mail samuel.bath@wiltshire.gov.uk

Press enquiries to Communications, direct line (01225) 713114/713115

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Great Western Hospitals NHS
NHS Foundation Trust

The Great Western Hospital
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SN3 6BB

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17 December 2013

Swindon Health Overview and Scrutiny Committee
Sally Smith ssmith3@swindon.gov.uk
Councillor Nicky Sewell team@eastcottfocus.org.uk

Wiltshire Adult Social Care Select Committee
Sam Bath sam.bath@wiltshire.gov.uk
Councillor Christine Crisp christine.crisp@wiltshire.gov.uk

CQC report following a recent inspection at the Great Western Hospital

The Care Quality Commission visited the Great Western Hospital at the end of October and the findings from their five day inspection are due to be published tomorrow (Wednesday 18 December). The inspection team visited Jupiter, Mercury, Neptune, Saturn, Woodpecker and Ampney Wards, as well as Linnet Acute Medical Unit (LAMU), Day Surgery Unit (DSU) and the operating theatre suite. They also met senior staff to review processes for assessing and monitoring governance arrangements.

Although the inspection focused on the care of elderly people, the team also looked at standards of cleanliness and staffing levels. The inspectors spoke to patients and visitors about their experiences and to staff about what it feels like to work here. They also checked that the right systems and processes are in place and looked for evidence that we are meeting national standards of quality and safety.

Ahead of publication I wanted to keep you informed about what areas the report covers and what we are doing in response. I am pleased to say that we met the following standards:

- Respecting and involving people who use services
- Care and welfare of people who use services
- Records.

The CQC recognised that we treat patients with privacy, consideration and respect. They also praised staff interaction with patients, noticing how staff took the time to do simple things which make a big difference, such as talking in low voices and using curtains for privacy. It was noticed that staff are patient and understanding with patients and that patients, families and carers are involved in discussions about care and treatment.

The inspectors also saw that patients experienced care, treatment and support that met their needs and that personal records, including medical records, are accurate and kept safe and confidential.

These inspections also highlight areas which we need to work on and this inspection has shown that we need to make improvements to staffing levels and standards of cleanliness, which is exactly what we are doing.

Staffing

The inspection highlighted, what we already know, which is that we need more qualified, skilled and experienced nursing staff on our wards. We need more nurses to give patients the attention and personal care we strive for, which is why we began a big recruitment drive in April and have invested over £1 million in staffing this year. We have already recruited 267 nursing and midwifery staff since April and we have 87 more qualified nurses caring for patients than we did last year. Although the CQC recognised we've made good progress, we know we still have more work to do and are looking to recruit a further 40 nurses.

We are putting a significant amount of time and resource into getting more staff onto our wards and into the community, however recruiting nurses is not an easy or quick task. As you will know, there is a national shortage of qualified and experienced nurses, so recruitment is a real challenge for the whole NHS. We are doing all we can to recruit, both locally and internationally, even going as far afield as Spain, Portugal and Ireland to attract qualified and experienced nurses with the qualities we value – kindness, compassion and professionalism.

Cleanliness and infection control

This is the second area where improvement is needed. We monitor wards regularly, but sometimes a different perspective is needed and the CQC picked up things which we didn't, which is why we are now reviewing our monitoring arrangements. As an absolute priority we are working with Carillion, our cleaning provider, and our senior nurses, to strengthen the cleaning regime and review how we monitor cleanliness. As part of our action plan we are looking at creating an in-house housekeeping team to help nurses with the cleaning of clinical equipment. We are also looking at how housekeeping staff and nursing teams can work more closely, taking joint ownership for cleanliness standards.

Assessing and monitoring the quality of service provision

The CQC said that we needed to make some minor improvements to the systems we use to assess and monitor the safety and quality of patient care. For example, our monitoring system had not picked up that cleanliness standards needed to be improved, which is why we have now started to review how we monitor cleanliness.

Next steps

We are currently developing an action plan to address the areas highlighted by the CQC and I will ensure that you are kept up to date with progress. A full copy of the report will be available on the CQC website tomorrow (Wednesday 18 December) www.cqc.org.uk/

Should you need any further information please do not hesitate to contact me.

Yours sincerely

Nerissa Vaughan

Nerissa Vaughan
Chief Executive

Great Western Hospitals NHS
NHS Foundation Trust

Inspection Dates: 28th - 31st October, 5th November 2013

Area visited: LAMU, Woodpecker, Neptune, Day Surgery Unit (DSU), Theatres, Ample, Jupiter, Saturn

Desk top reviews by CQC: Outcome 16 Governance and 13 Staffing

Executive Lead: Hilary Walker

Co-ordinating Lead: Ruth Lockwood

Date plan agreed and approved by Executive Committee: 23rd December 2013

Approved document file name, version and date: CQC Action Plan following the responsive visit Oct 2013 V15 Post Exec

Document version control reference (following approval only):

OUTCOME 8: Cleanliness and infection control

Compliance Actions:

The areas below patient beds in a number of wards were not clean. Some storage areas in the wards were hard to clean and maintain. Some clinical waste was disposed of inappropriately. Some equipment on wards had not been cleaned as well as it should have been.

Action ref.	Action Required	Monitoring/Assurance	Milestones to achieve action	Responsible Lead	Completion Date	Accountable Director
1	Consistently deliver cleaning to the national specifications for Cleanliness. Review cleaning schedules and outcome measures to achieve this			LH	May-14	MM
2	Enhance the assurance framework for monitoring and delivering effective standards of cleanliness incorporating independent external review			LH	Feb-14	MM
3	To Implement a Trust wide program of targeted Housekeeping (Carillion) cleaning based on audit results and focus on areas where gaps in cleaning are apparent			LH	Jan-14	MM
4	Implement a Trust wide program of targeted Clinical equipment cleaning based on audit results and focus on areas where gaps in cleaning are apparent			LH	Mar-14	HW
5	Life Cycle program to be agreed, covering light touch life cycle and full life cycle replacement	Infection Control Committee		LH	Mar-14	MM
6	Implementation of previously published Waste Management policy (Dec13)			RR	Mar-14	MM
7	Enhance the process for the monitoring and reporting of compliance rates of Clinical Staff attending Waste Training			RR	Feb-14	MM
8	Ensure alcohol hand gel is full and placed at the end of every bed as per policy, and include the monitoring of this within the infection control audit			LH	Jan-14	AT
9	To undertake an audit to ensure that patients personal clothing is stored safely especially when contaminated. Implement recommendations as appropriate			LH	Mar-14	HW

OUTCOME 13: Staffing

Compliance Actions:

Some of the wards caring for frail older people and the Day Surgery Unit did not always have enough experienced and skilled nursing staff to deliver a safe and effective service.

Action ref.	Action Required	Monitoring/Assurance	Milestones to achieve action	Responsible Lead	Completion Date	Accountable Director
10	Progress with the implementation of appropriate and safe Ward by Ward Staffing - long term plan (to include periods of escalation) (Funded as of April 2013 and approved by Trust Board)			Heads of Nursing	Dec-13	OF
11	Consider appointment of practice development nurses to support the development of new/temporary staff			Heads of Nursing	Jan-14	OF
12	To enhance the recruitment plan ward by ward, and where gaps have been identified due to slippage on the current programme an interim plan will be put in place to cover these gaps whilst the substantive plan is put in place	Governance Committee		Heads of Nursing	Mar-14	OF
13	To enhance the process whereby ward/inpatient area staffing levels can be monitored on a shift by shift basis, managed and reported upon to Trust Board			MR	Mar-14	OF
14	To monitor complaints incidents and claims relating to staff levels, inform the Executive Committee and Trust Board			KS	Mar-14	OF
15	Implement daily monitoring and management of the DSU escalation guidelines to provide continued assurances of compliance including staffing levels			TC	Nov-13	AT

OUTCOME 16: Governance (assessing and monitoring the quality of service provision)

Compliance Actions:

Some of the work of the hospital trust in terms of audit, supervision and oversight was not effective in protecting some patients from risks to their health and wellbeing.

Action ref.	Action Required	Monitoring/Assurance	Milestones to achieve action	Responsible Lead	Completion Date	Accountable Director
16	To scrutinise incident data, internal and external and determine areas where we might be under reporting			RJ	Dec-13	AT
17	To review Clinical Governance arrangements within Directorates and how information is cascaded from Board to Ward and Ward to Board. Consider reliable methods of testing the effectiveness/reliable of this			HW	Mar-14	HW
18	Review the number of Trust Committee structure and the reporting arrangements through to Trust Board thus ensuring and evidencing effective Governance arrangements			CN	Mar-14	AT
19	The Trust will consider how to further support and encourage Staff to report their concerns internally			KS	Jan-14	OF
20	To assure Trust Board that robust patient falls assessments are completed and that management of patients who are at risk of falling are monitored	Governance Committee		RN	Jan-14	HW
21	To consider, what additional information on patient falls/incidents and harm should inform Trust Board			RN	Jan-14	HW
22	The Trust to review and analyse its medicines audit methodology and medicine governance reporting to Trust Board. Specifically how these audits capture practices associated with the administration of medicines			JC	Feb-14	AT
23	To undertake a deep dive of medicines incidents, themes/specific concerns and focus improvements actions as appropriate			JC	Feb-14	AT
2[illegible]	Review the Medicines Policy and ensure it accurately reflects appropriate safe administration of medicines			JC	Feb-14	AT

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Additional Local Improvements Actions

Action ref.	Action	Monitoring/Assurance	Milestones to achieve action	Responsible Lead	Completion Date	Accountable Director
25	To review the feasibility of temporary staff having IT access to patient records. Proposal to be presented to Information Governance Committee			GS	Mar-14	MM
26	A trust wide review of the security of Patient records in ward areas and implement improvement actions as required			Heads of Nursing	Feb-14	HW
27	The Trust to review and ensure appropriate positioning of "white boards" in clinical areas	Governance Committee		Heads of Nursing	Feb-14	HW
28	A trust wide review to be undertaken regarding the nursing documentation of patient care. Actions to be determined by the review			Heads of Nursing	Mar-14	HW
29	To re-evaluate call bell response times at performance meetings once staffing establishment actions are completed			Heads of Nursing	Mar-14	HW
30	To ensure the Daily Resus trolley checks are completed in relevant areas			Heads of Nursing	Jan-14	HW

Responsible Key lead codes:

Heads of Nursing (Tania Currie, Toni Lynch, Alison Koster, Teresa Harding (forward to lead), Wendy Ainsworth, Caroline Wylie)

ML - Mike Lewis

JC - Jane Coleborn

RN - Rob Nicholls

JM - Julie Marshman

KM - Kevin McNamara

TC - Tania Currie

RJ - Rachel Jefferies

CN - Carole Nicholl

RL - Ruth Lockwood

RT - Roger Thomas

LH - Lisa Hocking

RR - Rachel Rablen

HW - Hilary Walker

AT - Alf Troughton

MR - Mark Rodgerson

KS - Kim Sumbler

HS - Hilary Shand

JM - John McGinty

WJ - Wendy Johnson

GS - Graham Shaw

GM - Graham McClelend

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Wiltshire Council

Cabinet

21st January 2014

Subject:	**Wiltshire Council direct provision – CQC registered care services for adults**
Cabinet member:	**Councillor Keith Humphries – Public Health, Protection Services, Adult Care and Housing**
Key Decision:	**No**

Purpose of Report

1. The Care Quality Commission (CQC) is the independent regulator of health and social care services in England. The Health and Social Care Act 2008 established CQC, and sets out their powers to regulate health and social care services and to take enforcement action. CQC registers services that demonstrate that they meet legal requirements, and after registration checks that they continue to do so. All services regulated must comply with the law, but in particular, they must comply with the Health and Social Care Act 2008 and the Regulations made under it, which are the Care Quality Commission (Registration) Regulations 2009 and the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

2. Wiltshire Council Adult Social Care both commissions placements in registered care services for all our customer groups (older people, older people with dementia, people with physical disabilities and adults with learning disabilities) and is also a direct provider of those services for adults with learning disabilities. These services are delivered within and managed by adult care operations. CQC requires that residential services for people with learning disabilities are registered and must meet a set of essential standards in order to be compliant within the legislation. Note that day services for people with learning disabilities are currently not required to be registered.

3. This Cabinet report briefs members on the registered services provided in-house. The report confirms that all services are compliant against essential standards and informs on the management systems which are in place to ensure that Wiltshire Council leads the way in terms of delivery of quality services. This report is timely, especially given the recommendations of the Francis Report, the outcome of the Winterbourne View enquiry and the recent recommendations of the Camilla Cavendish report on the training of health care assistants in hospitals and social care

settings. This report assures members of the work we are doing within Wiltshire to deliver a well regarded service.

Relevance to the Council's Business Plan

4. These registered services support the Council's business plan by delivering high quality support to both customers and their carers enabling customers to remain in their family home for as long as possible, and as part of their communities.

5. In addition, the services also provide valuable emergency support for vulnerable adults within the safeguarding process.

Background Information - Services directly provided by Wiltshire Council

6. Wiltshire Council directly provides the following registered care services for adults with learning disabilities:

   (i) Wiltshire Adult Placement Service (Shared Lives) – assessment and placement service for adults with learning disabilities (akin to foster care). Some service examples of 2 people who use respite services as well as information about the process for those wishing to become Adult Placement Carers are attached at **Appendix 1**, explaining the assessment/ approval process as well as the matching process of people to Carers

   (ii) Residential Care providing respite and short breaks for adults and their families in 3 locations across the County - Chippenham Respite located at Derriads and at Meadow Lodge; Bradbury Manor in Devizes and Bradbury House in Salisbury

7. Residential Respite Care or Short Breaks are provided as part of a package of care to support adults with learning disabilities and their families to have a break from each other. In each of the 3 services described below, people will have an allocated number of respite weeks/ days according to their need which they book at times to suit them. Pen pictures of 2 people who use respite services are attached at **Appendix 2**.

8. We also provide emergency beds within these services which are used in particular to support adults with learning disabilities following family breakdown or housing crisis or for a short time whilst a longer term accommodation solution with support is sourced. Pen pictures of people who have used emergency beds are attached at **Appendix 2.**

   (i) Chippenham Respite – provides 8 bedrooms – 4 at Meadow Lodge (a house adjacent to Seymour House care home) and 4 at Derriads (an adapted bungalow). There is one registered manager for both buildings but each is inspected in its own entirety, separately, by CQC.

   (ii) Bradbury Manor is a fully adapted modern single storey property in Devizes and is registered to support 11 people with a learning disability with varying support needs. There is one registered manager for this building.

(iii) Bradbury House is a fully adapted modern single storey property in Old Sarum, Salisbury and is registered to support 10 people with varying needs, within the design it has a separated self contained area with 2 bedrooms that can support emergency placements or people whose behaviour may be challenging. There is one registered manager for this building.

CQC Regulatory requirements

9. Each registered service, by law must have a suitable person registered as a manager for that service, legally known as the "Registered Manager". Staff in these roles are employed by the Council but approved via a regulatory application and interview with CQC. Registered Managers are responsible for the delivery of the service in accordance with regulatory requirement and good practice.

10. Wiltshire Council as the "owner" of these services has to appoint a "Responsible Individual" – a legal title and the holder of this role (currently James Cawley, Associate Director - Adult Care Commissioning, Safeguarding and Housing) is personally and professionally as well as organisationally responsible for the delivery of the service in accordance with regulatory requirement and good practice. The holder of this role is also interviewed and must be approved by CQC.

11. The regulations are highly detailed and set out requirements whereby CQC must be notified of key events so that they can ensure they are being dealt with in accordance with law and regulation. Such events will include:

    - A safeguarding alert (this could include a disciplinary matter with a staff member)
    - A significant complaint about the service
    - The significant illness of a resident or accident or death of a resident or service user
    - An accident or death of a member of staff if it occurs on the premises or whilst working with residents or service users
    - The absence of the registered manager or responsible individual for more than a month if that person is sick or absent from work for any other reason
    - Failure to deliver any one of the minimum standards required for quality service delivery
    - Any incident where the Police are involved

12. It is also expected that the "Responsible Individual" undertakes directly or delegates the undertaking of regular quality audits at each of the premises and services, this currently happens at least four times a year. The outcome of these audits is reported back to CQC. In Wiltshire these are

undertaken by James Cawley, Debbie Medlock, Rhonda Ward, Malcolm Wilson and Christopher Lyne.

13. CQC will undertake annual visits at care homes and the main registered premises for the delivery of supported living and adult placement services. An extract of CQC feedback on each of these registered services is attached at Appendix 3 and we believe that this, together with the rigorous and robust audit and management of the service, provides evidence for Members that a quality service is being delivered.

Main Considerations for the Council

14. Compliance – It is noted that all services are fully compliance against CQC essential standards of quality and safety. See **Appendix 3** - Key outcomes from recent inspections.

Safeguarding Considerations

15. A key part of the business of adult social care is in managing risk and in supporting others to be as independent as possible whilst managing the inherent risks as part of their vulnerability.

16. The prime aim is to support customers to be as independent as possible whilst ensuring that they remain safe and that they and their families have confidence in the quality of care delivered. In order to deliver this our staff have to be well trained and all participate in the adult social care induction programme so they see the value of their work in relation to the wider adult social care responsibility.

17. They also undertake mandatory training on

- Safeguarding vulnerable adults (and children) and information on how to assess and refer / alert on a safeguarding issue
- First Aid, Food Hygiene Manual Handling
- Common induction standards specific for staff working with people with a learning disability.

18. The emphasis on all training is for staff to work in a person-centred way and also includes full induction in managing risk for individuals, understanding/ familiarisation with many of the different health issues and disabilities which are particular to their customer group

19. All staff receive regular and monthly one to one supervision from their line manager and annual appraisal

20. Monthly quality audit visits assess delivery of the service against nationally agreed minimum standards for delivery, as regulated by CQC, as well as Wiltshire management and quality assurance requirements. There is a feedback loop in that the outcomes of the monthly audits are addressed with each registered manager and reviewed the subsequent month to ensure that any issues raised in the previous visit have been addressed

Public Health Implications

21. There are no direct public health implications in relation to this cabinet paper.

Environmental and Climate Change Considerations

22. There are no environmental or climate implications in relation to this cabinet paper.

Equalities Impact of the Proposal

23. The services will consider the equality for those receiving the service, the Council, and the Provider staff.

Risk Assessment

24. This is an update on the services currently provided by the Council's provider services. Comprehensive risk assessments are in place in each of the services to ensure risks are minimised.

Financial Implications

25. There are no direct financial implications in relation to this cabinet paper.

Legal Implications

26. There are no legal implications in relation to this cabinet paper.

Options Considered

27. Report is for information only.

Conclusions

28. Report is for information only.

Maggie Rae
Corporate Director

Report Author: Debbie Medlock Interim Associate Director – Adult Care [Operations]

Contact details: Briefings can be provided by Rhonda Ward (Head of Service) by contacting her on rhonda.ward@wiltshire.gov.uk or on 07990 508 507

Date of Report : 11th December 2013

Background Papers

The following unpublished documents have been relied on in the preparation of this report:

Appendices

Appendix 1 – Wiltshire Council Adult Placement / Shared Lives Service - Offering respite and short stays to people with learning disabilities within the community – 2 recent examples of service provided

Appendix 2 – Examples of the people who use respite and emergency care

Appendix 3 – Key outcomes feedback from recent inspections at Wiltshire Council registered services

- Appendix 3a – Wiltshire Council Adult Placement Service [Bourne Hill Office]
- Appendix 3b – Bradbury House, Salisbury
- Appendix 3c – Meadow Lodge, Chippenham
- Appendix 3d – Derriads, Chippenham
- Appendix 3e – Bradbury Manor, Devizes

Appendix 1

WILTSHIRE COUNCIL ADULT PLACEMENT/SHARED LIVES SERVICE

Offering respite and short stays to people with learning disabilities within the community – 2 recent examples of service provided

- R is a man in his 40s with Aspergers Syndrome, a learning disability and epilepsy. His carer was due to have an operation that would leave her unable to provide care to R for two weeks. R's care management team referred him to us; we introduced R to an Adult Placement Carer who specialises in providing respite. During his stay with the couple he was supported to maintain his usual routines (which are of particular importance to him) and to join in with the Adult Placement Carer's family activities. This respite arrangement successfully met both the needs of R's carer and R himself, as he was provided with continuity, support and companionship by the Adult Placement Carers whilst his own carer was incapacitated.

- C is a woman with psychosis and a learning disability. There have recently been safeguarding concerns about where she lives. A few weeks ago C was admitted to a mental health facility to help stabilise her mental health and her behaviour. Ordinarily once her condition improved she would have been discharged and return home. However, due to the on-going safeguarding concerns at the time, she was referred to the service for a six week short term placement whilst longer term arrangements could be explored by the care management team. Although C is described by the Adult Placement Carer as the most challenging person they have worked with, they recognise that she requires and responds to their close support. And so, at the request of the department, they have agreed to extend the short stay for a further period whilst longer term arrangements are set in place.

Adult Placement (AP) Carers
AP carers may be single or couples, with or without children living at the family home. They are allowed to have one, two or three customers living or staying with them, depending upon their facilities. The suitability of each Carer is assessed over several months by the AP assessment team and the process includes:

- The completion of Common Induction Standards training with exercises designed to prepare people for this role.
- Evaluation of the family's circumstances, capabilities and values.
- DBS checks (formally CRB).
- References from GP, professionals and friends.
- The assessor's report on their suitability.

Prospective AP carers are then interviewed by the AP Approval Panel who consider the application and give final approval.

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Appendix 2

Examples of the people who use respite and emergency care

Richard first arrived at Bradbury House in November 2012 as an Emergency Placement. Richard's father, who is his main carer, had become very unwell and was no longer able to care for Richard. When Richard first came into Bradbury House, he was very anxious and upset that his father was in hospital. Staff supported Richard, making sure he still had access to see his father at the hospital and helped support him afterwards, when he was very upset and distressed. Sadly, Richard received the upsetting news that his father had passed away. This was a very difficult time for Richard but staff supported him to come to terms with this loss and after some time, he was able to accept this and start to look forward to his future. During his time at Bradbury House, Richard learned a lot of life skills which he did not do at home, as his family did everything for him. Richard now enjoys attending activities and socialising within the community and is looking forward to moving into a new Supported Living home in the near future.

Miranda came into Bradbury House in June 2013, as an Emergency Placement. When Miranda arrived, she was very quiet, anxious and not really sure what was happening to her. The staff supported Miranda through this very difficult time as she was missing her son Joshua, a great deal and was anxious to know when she could see him again. Miranda gradually built up a trusting relationship with the staff and began to feel able to talk about her worries and concerns with them. Staff have supported Miranda to attend Court and give her emotional support when she is upset. Miranda thoroughly enjoys going on outings with other customers in the house. Since the short time of being at Bradbury House, Miranda's confidence and self esteem has really grown and she is now looking forward to moving on with her life.

Marlon first started accessing Bradbury House for respite in June 2011. Marlon does not use verbal language to communicate; instead he communicates using vocal noises, eye contact, facial movement and body language such as smiling and jiggling when he is happy. Staff have really got to know Marlon extremely well and understand his needs and choices. Staff are aware that Marlon loves being talked to; he enjoys listening to any kind of music; going out and about and he particularly enjoys playing with blue elastic bands. Staff support Marlon to have time out of his wheelchair due to his pronounced curve in his spine. Marlon loves going out and about with the staff and other customers. Marlon accesses the service approximately twice a month and comes weekly to the service for tea visits, giving his family a well earned break, knowing he is in a safe and caring environment.

Charlie is one of our new customers and has recently come through as a transition from Children's Services. Charlie started using our service in January 2013. Charlie is quite a complex young person and is known to display challenging behaviour. When Charlie comes into respite, staff must use a consistent approach to support him. Charlie enjoys playing pool in the games room with staff and enjoys watching Power Rangers DVDs. Staff understand, that it is important to provide Charlie with a structured routine whilst he is staying at Bradbury House and engage him in activities to prevent him getting bored. Staff have been trained to cope with Charlie's emotional feelings which can become very challenging and can change very quickly, at times. After an episode, Charlie can get very tearful and staff support and help him through this. Sadly, Charlie has recently suffered bereavement in the family and is finding the emotional aspect of this very difficult to deal with, including expressing his emotions and staff are supporting him to come to terms with this loss.

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Appendix 3

Key outcomes feedback from recent inspections at Wiltshire Council registered services

- Appendix 3a – Wiltshire Council Adult Placement Service [Bourne Hill Office]
- Appendix 3b – Bradbury House, Salisbury
- Appendix 3c – Meadow Lodge, Chippenham
- Appendix 3d – Derriads, Chippenham
- Appendix 3e – Bradbury Manor, Devizes

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Inspection Report

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Wiltshire Council Adult Placement Service (Bourne Hill office)

Department of Community Services, PO Box 2281 , Salisbury, SP2 2HX

Tel: 01722438196

Date of Inspection: 28 November 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Standard		Result
Respecting and involving people who use services	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Staffing	✓	Met this standard
Complaints	✓	Met this standard

Details about this location

Registered Provider	Wiltshire Council
Registered Manager	Mr. Christopher Lyne
Overview of the service	Wiltshire County Council Adult Placement Service provides care or support to people who are unable to live in a home of their own, but who live alongside other people in a family-like setting.
Type of service	Shared Lives
Regulated activity	Personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 28 November 2013, talked with people who use the service and talked with staff. We reviewed information given to us by the provider.

What people told us and what we found

People told us they visited their new home prior to moving in, often for several hours. They said that they made the final decision of whether to move in or not. They also told us their carer always respected their privacy and dignity. One person said 'I have my own room and lots of freedom. My carer is very supportive and has really helped me to settle in".

The manager told us placement officers were involved in and made aware of, every aspect of the person's needs from the start of the placement process. When changes to the plan of care had to be made, a meeting was scheduled and carers and the person using the service attended. The meeting was recorded and a plan of action was created. The manager attended informal meetings at regular intervals to check the agreed changes had been implemented. People signed to say they had attended the meeting and agreed the proposals.

The five carers we spoke with said they had felt continuously supported by the manager and placement officers from the time they commenced working. One carer told us, "I have a great relationship with my placement officer, if there are any issues I can contact them and always get a quick reply". Another said, "The service is very supportive and they give us good advice and point us in the right direction for any help".

The service had a full time manager and two part time placement officers, who were in turn supported by two part time assistant placement officers. All were employed by Wiltshire Council and were either based in the north or south of the county. There were 30 households approved to provide longer term placements, with two of them set up for short term or respite placements, which could be either planned or to cover an emergency.

People were made aware of the complaints system. This was provided in a format that met their needs. We saw the service user's handbook, which included a section about complaints and who to turn to for support or act as an advocate. The format included easy to read text and pictures. This was given to each person before they started on a placement and was signed by them and/or their relative to confirm they agreed it.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People were able to express their views and were involved in making decisions about their care and treatment. We looked at three care plans which showed people signed their plans of care to show they had understood and agreed with them. These included agreements between the carers and the person about how they wished to be cared for, and what support they needed assistance with. They also included detailed information about a persons ability to make decisions on the various elements of their support plan. Examples included 'support needed to go out' and 'what I like to do during the day'. People we spoke with confirmed their care plans were clear and easily understood. People also told us carers knew how to help them and knew what they liked and disliked.

People's diversity, values and human rights were respected. Any special needs such as physical or health needs were noted on care plans together with the action needed to meet those needs. An example was the 'matching' process. This ensured the people using the service and the carers were compatible, and carers could meet the person's needs including any cultural and religious ones.

People who used the service were given appropriate information and support regarding their care or treatment. We spoke with three people who used the service and they confirmed they were given a Service User's Guide which described, in detail the service the scheme could offer. It included all aspects of care including the role of the adult placement officers and the role of the carers. We saw the guide was produced in an easy read format.

People told us they visited their new home prior to moving in, often for several hours. They said they made the final decision of whether to move in or not. They also told us their carer always respected their privacy and dignity. One person said 'I have my own room and lots of freedom. My carer is very supportive and has really helped me to settle in".
People were supported in promoting their independence. People's independence levels

and how to enhance them were included in the care plans we looked at. Community involvement and daily routines such as jobs or attending day services were included.

Care and welfare of people who use services Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and care was planned and delivered in line with their individual care plan. We were told by the manager this included information provided by the commissioning social worker who made the initial assessment of the person's care and support needs. These would include an initial recommendation the persons needs would be best served by the adult placement service. People were then visited by the adult placement team who undertook a more detailed assessment. The three care plans we looked at contained all the relevant information to enable the carers to deliver the agreed amount of care in the way people preferred. We saw care plans were outcome focused and people's needs were met in a flexible way. The carers signed the care plans together with the person and the adult placement officer to show they agreed to provide the recommended care.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. In each of the three care plans we saw each person had an individual care plan and risk assessments were in place for any aspect of care which posed a risk. These contained details of how the risks were to be minimised. All the documents showed placement staff ensured carers had as much information as possible to enable them to support each person. Care plans prepared by the placement officers were person centred and considered all aspects of their individual circumstances, as well as their day-to-day and longer-term needs. They also reflected people's needs, preferences and diversity. None of the five carers who spoke with us raised any issues in relation to the quality of care plans or information they contained. They all told us the care plans were clear, accurate and reviewed at least every three months. This would include the placement officer, the carer and the person using the service. We were told the person's social worker would also be invited but could not always attend.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Care records we reviewed contained a placement agreement and service user guide. These provided details of the service to be provided for the person, aim of the placement, fees, provision of care and carers role. We saw it also contained a plan which detailed the person's preferred daily routine, what they liked to eat and drink, level of support required, activities, likes and dislikes, health and wellbeing,

family details and travelling abilities.

People who received long term care were formally reviewed at least once a year and more often if their needs changed. People told us they attended their reviews if they wanted to. For people on longer term placements, any relevant health care records were kept in their homes. We saw health checks and health referrals were checked by the adult placement officers quarterly.

The manager told us placement officers were involved in and made aware of, every aspect of the person's needs from the start of the placement process. When changes to the plan of care had to be made, a meeting was scheduled and carers and the person using the service attended. The meeting was recorded and a plan of action was created. The manager attended informal meetings at regular intervals to check the agreed changes had been implemented. People signed to say they had attended the meeting and agreed with the proposals.

As part of our inspection we spoke with three people who used the service over the telephone. People told us they were happy with the quality of care offered by their. One person told us "this really works for me and I have been very happy here". Another told us "I met my carer and stayed for a short time before so I could see what it was like".

We spoke with three carers who were able to tell us about the specific needs of the people they supported. They told us how they reported to their placement officer any changes or issues relevant to the person they supported which enabled a consistent approach to be maintained.

We saw the service had arrangements in case of emergencies which included identified back-up carers in case a carer were not able to provide the required support because of any reason, which meant the continuity of people's support was maintained.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

Before the carers were 'approved' they had to undertake a six month induction course which is based on the nationally recognised common induction standards. This entailed covering both online and face to face training from a variety of subject areas including, safeguarding procedures, health and safety, maintaining privacy and dignity. During this period they would also have four interviews where they were assessed for their suitability for the role by the service manager. Once this was completed the manager wrote a report for the approval panel. The panel would be made up of three people who are not involved in the day to day running of the service, one of whom will be a person who uses the service. Carers are interviewed by the panel and a decision will be made about their suitability.

We spoke with three carers who had been through the process in the last year, and they all confirmed it had been a very thorough process. One said "I had been through this process with another local authority a few years ago and this one was far more searching". Another told us "the level of training in the induction was great and it's really helped me to support X (the person using the service).

The service had a central recruitment system in place to monitor when carers had undergone the Disclosure and Barring Service (DBS) checks, submitted an application form and provided one professional and two personal references. This information was stored centrally on a secure computer system maintained by the Wiltshire Council human resource department. The manager of the adult placement service showed us a recently completed file which contained an application form, an assessment report, checks and references and DBS record.

The five carers we spoke with said they had felt continuously supported by the manager and placement officers from the time they commenced working. One carer told us, "I have a great relationship with my placement officer, if there are any issues I can contact them and always get a quick reply". Another said, "The service is very supportive and they give us good advice and point us in the right direction for any help".

Staffing Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

The service had a full time manager and two part time placement officers, who were in turn supported by two part time assistant placement officers. All were employed by Wiltshire Council and were either based in the north or south of the county. There were 30 households approved to provide longer term placements, with two of them set up for short term or respite placements, which could be either planned or to cover an emergency.

We spoke to five carers who all told us their allocated placement officers could be contacted during the day and relied on to reply if they needed advice. They confirmed there was also an out of hour's emergency duty team they could contact in the event of an emergency for support or advice. This service would also arrange short term cover should a carer need to respond to an emergency. Planned holiday cover for carers was also arranged by the placement officers.

Carers had some access to council run training which was identified as 'mandatory' (compulsory) for them such as first aid or health and safety. There were other courses carers could complete if they had an interest in or if the training would benefit them and the people in their care, for example dealing with medication. Carers we spoke with told us they would talk to their placement officer if any training needs arose during the three monthly review meetings.

The provider also ensured the placement officers were adequately supported and their workload was manageable. We heard from the manager how he would supervise staff and monitor their caseloads to ensure an equal distribution. He would also provide short term cover for a placement officer if they were absent.

Complaints Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

People were made aware of the complaints system. This was provided in a format that met their needs. We saw the service user's handbook, which included a section about complaints and who to turn to for support or act as an advocate. The format included easy to read text and pictures. This was given to each person before they started on a placement and was signed by them and/or their relative to confirm they were aware of it. Each carer was also given this information which explained how they, and the people they supported, could complain.

People were given support by the provider to make a comment or complaint when they needed assistance. The placement officers would check people were happy with the service during the three monthly review meetings. The two people who spoke with us told us they would know who to complain to if they were not happy with an aspect of their care. One person told us, "I would normally speak to my carer first but if it was about them I would go straight to the manager". The other person told us they would speak with their placement officer.

The manager of the service was responsible for ensuring any complaints were dealt with in line with the current policy and procedure. He explained to us the time table they worked to and how a complaint would be investigated and responded to by the relevant care management team. He told us they had received none this year, but he was able to show us how he dealt with a concern one person who used the service had raised. This concerned clarifying the arrangements which were being made over the allocation of some money for a holiday. We saw this had been dealt with appropriately and had been resolved.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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Inspection Report

__We are the regulator:__ Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Bradbury House

The Portway, Salisbury, SP4 6BT

Tel: 01722349144

Date of Inspection: 24 April 2013

Date of Publication: May 2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Standard	Result
Cleanliness and infection control	✓ Met this standard
Management of medicines	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Wiltshire Council
Registered Manager	Ms. Susan Gray
Overview of the service	Bradbury House provides planned and emergency short term respite care for up to ten people with a learning disability, some of whom may have additional physical care needs. All accommodation is on the ground floor and in single rooms. There are shared recreational rooms and accessible gardens.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Bradbury House had taken action to meet the following essential standards:

- Cleanliness and infection control
- Management of medicines
- Records

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 24 April 2013 and talked with staff.

What people told us and what we found

None of the people staying at the home were in when we visited. We joined a staff meeting and we spoke individually with the manager, two senior support workers, two support workers, a kitchen assistant and caretaker.

At our previous inspection in January 2013 we found some people's care records were not helpful because it was not possible to tell if information in people's records was current and accurate. The provider told us how they intended to improve their record keeping so people would not be at risk of unsafe care. At this visit we found records had been improved and were completed and maintained in a consistent way. All documents were signed and dated. Staff we spoke with were confident they and their colleagues were up to date with the content of records.

We looked at how people's medicines were managed. We found there were good systems for ensuring people's medicines were safely looked after. Written plans made sure people received their medicines in ways that met individual needs and preferences. Staff always checked with people's families or GPs if there had been any changes in prescription since their previous stay.

We looked at how the home was kept clean. All the communal rooms and areas, and bedrooms we saw, were very clean. Staff took a pride in this. The manager had systems to keep a check on cleaning being carried out to a high standard.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Cleanliness and infection control ✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed. People were cared for in a clean, hygienic environment.

Reasons for our judgement

We looked at all the communal parts of the home including assisted bathrooms and we saw some personal rooms, including en suite toilets and showers. We found high standards of cleanliness throughout. A kitchen assistant told us they followed a cleaning schedule, which covered the kitchen, training kitchen and bathrooms. They told us bedrooms were thoroughly cleaned as soon as they were vacant, ready for the next occupant.

Support staff told us they were responsible for ensuring the cleanliness of bedrooms whilst they were occupied, including supporting people to take as much responsibility for this as they wanted. A caretaker explained their responsibilities for maintaining standards of cleaning in communal areas. This included checking the condition of fittings such as toilet seats, throughout the home. There was secure and orderly storage of chemicals. The laundry was well organised and clean, including behind the machines. The provider may find it useful to note that some switch pull cords were dirty as they were not included in routine monitoring.
The registered manager was the lead person in the home for infection control. We saw they used the Department of Health 'Code of Practice on the prevention and control of infections' as a guide to maintaining systems to maintain and monitor standards of cleanliness in the home. The home's infection control policy stated that people with current infectious conditions did not stay at the home for respite care. People on indeterminate emergency stays could, if necessary, be cared for with a transmissible infection within their rooms, as all rooms had en suite facilities and room to enjoy leisure activities.

We saw there were accessible supplies of protective gloves and aprons for staff to use and dispose of as they needed. The home was well supplied with hand washing and sanitising facilities. Staff had been trained in food hygiene. We saw examples of good food hygiene practice being followed. Refresher training in infection control was currently being arranged for all staff. We joined a staff meeting. Health and safety was a standard agenda item. Minutes from the previous meeting showed needs had been identified for new shower heads and additional laundry nets. It was confirmed these items had been

obtained and put in place. The manager had been monitoring food labelling in the fridges and said improvements had been made.

Management of medicines Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

One of the senior care staff was the lead person for medicines practice in the home. They showed us the home had safe systems for receiving, storing and managing medicines. The provider had recently updated the medicines policy.

All support staff were involved in administration of medicines. We saw evidence they received appropriate training. This was supported by regular checks on their competency. We joined a staff meeting, in which the lead person gave staff reminders about ensuring safe practice. They had just completed a quiz exercise with the whole staff group, to test their knowledge. All medicines tasks involved two members of staff, as a means of ensuring accuracy.

Each person using the service had a medicines folder, which was kept in the medicines room. We looked at three of these. They included a full list of medicines taken, with reasons and start and finish dates, so a history of a person's medicine needs could be easily seen. There was a person centred administration guide, which showed how people liked to receive their medicines. For example, one person was given medicines in their room and another preferred to do so in the dining room. There were details of which drinks or foods people favoured for helping them take medicines. Where people could not express preferences, staff had taken account of privacy and dignity issues in how guidance was written. Medicines risk assessments showed evidence of six monthly review.

The individual medicines guidance referred appropriately to people's care plans. For example, we saw a person's epilepsy management plan was included in their medicines folder. This included guidance on how to make a decision about use of rescue medication. The person's close relative had signed agreement to the protocol. For all medicines prescribed for use 'as needed' there was a protocol on file. Where an 'as needed' medicine was linked to bowel function, the relevant recording chart was kept in the medicine folder so decisions to administer were related to the most up to date information.

Staff told us any changes in a person's medicines regime were communicated through staff handovers. Actual administration was recorded in a medicines administration record (MAR). We looked at the current MARs. These were completed correctly and matched

with the information in people's medicines folders. Use of prescribed topical creams was recorded in the MARs.

There was evidence of close liaison between the home and people's families. Sometimes when people returned for a short stay their medicine directions differed from the home's record from their previous stay. In that case, firm confirmation of the latest prescription was sought either from the family or the person's GP surgery. People could not remain at the home without this verification having been recorded.

Records Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

When we previously visited Bradbury House in January 2013, some risk assessments had been written at other respite facilities run by the provider. There was no evidence they had been reviewed as still applicable in this environment and some were not relevant. We noted many care and planning records were not signed or were undated. Support plans did not identify when people began using the service, or why they did so. We asked the provider to take action to put these things right. They sent us an action plan and we checked on this visit that they had made the improvements necessary to protect people from unsafe care.

We looked at three support plans in detail. We found they had been improved in a consistent way. It was clear at the start of any record when the person began using the service and whether this was for short stays or emergency placement. Folders were clearly indexed. Where a person had epilepsy, all related documentation was kept in one part of the folder. There was evidence that people staying at the home were directly involved in the content of support plans and risk assessments, or their family advocates were.

Plans and risk assessments showed evidence of review and a next planned review date was always shown. A senior support worker showed us they had a diary which contained all review dates, to ensure they would be carried out as planned. Each person's record also contained a form for recording all reviews. Key information, including the person's hospital passport, was kept near the front of folders.

All documents were signed and dated. Support staff were required to sign in each record monthly to show they had read it during the month. Staff we spoke with were confident they and their colleagues were up to date with the content of records. The provider may find it useful to note that when new risk assessments were formulated, their content sometimes overlapped with existing risk assessments, which could therefore have been withdrawn from use. This would ensure staff all used the most comprehensive assessment.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✔ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

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Care and welfare of people who use services - Outcome 4 (Regulation 9)
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Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
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Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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Inspection Report

We are the regulator: ***Our job is to check whether hospitals, care homes and care services are meeting essential standards.***

Meadow Lodge

Sadlers Mead, Monkton Park, Chippenham, SN15 3PE

Tel: 01249656136

Date of Inspection: 22 November 2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Standard		Result
Safeguarding people who use services from abuse	✔	Met this standard
Assessing and monitoring the quality of service provision	✔	Met this standard

Details about this location

Registered Provider	Wiltshire Council
Registered Manager	Mrs. Tanya Andrews
Overview of the service	Meadowlodge is a respite service in Chippenham in Wiltshire. It provides short term residential care breaks for adults with a learning disability. The service has places for up to four people at a time.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Meadow Lodge had taken action to meet the following essential standards:

- Safeguarding people who use services from abuse
- Assessing and monitoring the quality of service provision

This was an unannounced inspection.

How we carried out this inspection

We carried out a visit on 22 November 2013, talked with staff, reviewed information given to us by the provider and talked with other authorities.

We looked throughout the property to check that information was displayed for people who stayed at the unit and for staff.

What people told us and what we found

We carried out a follow up inspection to the home on 22 November 2013 as we had identified areas for improvement in an earlier inspection.

We found that significant improvements had been made which had also benefitted employee's within the whole of Wiltshire County Council.

A wide range of documentation around safeguarding vulnerable adults and whistleblowing had been devised to ensure that people who used services, their families and staff had access to appropriate information. A whistleblowing poster, a revised policy and a new leaflet for people who used the service had been written. The leaflet was written in easy English with pictures, which explained how to tell someone if you were being treated unfairly. Staff would now be able to use the leaflet with people, if anyone who stayed at Meadowlodge had a concern around being safe. The revised whistleblowing policy had more information so that staff knew who to contact if they had a concern.

The training department in Wiltshire County Council had changed the way they provided training in safeguarding, so that there was more face to face training. Staff said they preferred this method as it was easier to understand. We spoke with one agency worker who told us they had received refresher training in safeguarding and they had found the 'face to face learning better than just learning from a computer'.

The department who supplied agency and relief agency staff to services such as Meadowlodge had put a new system in place to ensure that all staff who worked for the county council, were competent and knowledgeable in safeguarding procedures and were able to support people appropriately.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Safeguarding people who use services from abuse Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

During a previous inspection on 27 August 2013, we observed that people were comfortable with the staff in the home and they had told us they felt safe. Families we spoke with said they were happy with the staff and the way they cared for their family member and had no concerns relating to safety. Staff told us they had received training in 'Safeguarding of Vulnerable adults' and we found that permanent staff members were knowledgeable around what constituted abuse and whistleblowing.

However, we found this was not the case for the relief agency worker. The agency worker told us they had not received training in whistleblowing and it had been a 'few years ago' since they had received safeguarding training. During our inspection we found there was a lack of information around safeguarding and recognising abuse, for staff and people who stayed at the unit.

We asked the provider to make some improvements. We carried out an inspection on 22 November 2013 to see what improvements had been made. We found that the provider had made significant changes towards compliance which had been rolled out throughout other services which the council provided.

On the day of our inspection there were no relief agency workers available to talk with. We spoke with the manager who confirmed that the agency worker involved had received safeguarding training in November 2012, however they had now received further training which had covered the internal and external procedures for whistleblowing. The manager confirmed that all staff including relief and agency workers had received an updated copy of the Council's whistleblowing policy.

The County manager of the learning disability provider services confirmed that all agency and relief agency staff had completed refresher safeguarding training. The manager explained they had set up a new system to ensure that all relief and other agency staff were competent in their knowledge of safeguarding and whistleblowing. Before an agency

worker carried out their first shift in the home, the manager would verbally assess their knowledge of whistleblowing and safeguarding.

Wiltshire county council had also implemented a county wide initiative to ensure worker competency and we refer to this in outcome 16.

Appropriate information around safeguarding and whistleblowing was available to all staff who worked in the home. On the office noticeboard was a comprehensive flow-chart detailing the safeguarding referral process along with contact telephone numbers. In addition, was a copy of the whistleblowing policy and contact details for the external regulators..

People who used the service, their families and staff had access to appropriate information around recognising and reporting abuse. The provider had developed an 'easy to read' leaflet called 'Keeping adults safe from abuse and neglect'. This leaflet contained information about who to tell if someone was worried they were being abused. It also listed helpful telephone numbers of who to contact. The manager told us that the provider had consulted with people and their families about the leaflet and the new leaflet had their approval.

We saw that in each of the bedrooms, that a small laminated notice entitled 'Dear Customer' had been put on the wall. This gave people information on what to do 'when someone does or says something to make you feel upset or frightened'.

In the foyer of the home was a large poster called 'Whistleblowing it's everyone's business – Stop Abuse'. This was a new poster developed by the provider on who to contact internally within Wiltshire Council, and externally, should people suspect abuse. This document had been rolled out to all services within Wiltshire County Council as part of their safeguarding documentation.

Assessing and monitoring the quality of service provision Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

During a previous inspection on 27 August 2013 we looked at outcome 16, the 'Assessing and monitoring the quality of service provision' as an additional outcome. We found that the provider did not have fully effective quality assurance systems in place in relation to governance, training and the skill base of relief agency staff.

We asked the provider to make some improvements. On the 31 October 2013 we met with the county manager of learning disabilities provider services to review evidence towards compliance. In addition, we carried out an inspection on 22 November 2013 and found that the provider had made significant improvements. These improvements had been rolled out throughout other services which the council provided.

Staff had access to a whistleblowing policy which was appropriate to those services who delivered care.The governance department for the council had revised the whistleblowing policy. This policy was generic and used throughout all services within the council.

The new policy described the council's whistleblowing procedures and who to contact internally. There was also information around the Public Interest Disclosure Act 1998 (PIDA) and how it could protect staff if they decided to whistle blow. At the end of the policy was detailed information about how to contact the external regulator according to their function, for example, for health and social care there was contact information for the independent regulator.

Changes were made to the methods used in the delivery of safeguarding training which all council employees received. The head of training reviewed the effectiveness of the current training methods and found that employees preferred a combination of e-learning and face to face learning as opposed to just e-learning.

As a result of the feedback from learners, the provider introduced 'face to face' teaching sessions for the main safeguarding training with refresher training being a combination of e-learning and face to face. Every two years the training would be classroom based, however the county manager told us that they were striving to only use face to face training for safeguarding in the future.

The content of the training had been changed to focus on discussing real life scenarios within the learning groups. In addition, there was now a session around the role of the independent regulator for health and social care and the employee's responsibility in keeping people safe. The county manager and the home manager told us that they had received nothing but positive comments from staff around the new training regime. Stating that staff had found it much easier to retain their learning and understanding of what safeguarding was by learning in a group, face to face.

The county manager informed us that all staff within the council had received a copy of the updated whistleblowing policy, along with several worksheets in relation to whistleblowing, dignity at work, PIDA and the grievance process.

Quality assurance systems had been set up to monitor that staff had received appropriate mandatory training and had read and understood their responsibilities and 'duty of care' to people who used their service. Wiltshire county council had introduced an 'employee's annual check sheet' for the safeguarding of vulnerable adults and whistleblowing. Employees confirmed their understanding and responsibility as an alerter for safeguarding and whistleblowing by signing the form.

Statements on the form asked employees if they understood statements such as, 'I have seen and I understand how to complete and submit a form 75' and 'I feel confident, to be able to identify the signs of abuse'. A copy of this form was kept in the employee's training file. The employee was then given a Certificate of Competency which they had to supply to any new services they worked in, in particular for agency and relief agency staff.

The council had introduced a new system to ensure that all relief agency workers supplied by the council and external agency workers were competent in their knowledge of safeguarding. The council agency workers completed a form which confirmed they had completed the mandatory training in the safeguarding of vulnerable adults and deprivation of liberty safeguards (DoLS) and the date of completion. A list of the policies they had been given, the date of issue of their Disclosure and Barring service check (DBS).

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There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

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The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✔ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
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How we define our judgements (continued)

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Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

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Care and welfare of people who use services - Outcome 4 (Regulation 9)
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Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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Inspection Report

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Derriads

70 Derriads Lane, Chippenham, SN14 0QL

Tel: 01249652814

Date of Inspection: 22 November 2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Standard	Result
Safeguarding people who use services from abuse	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Wiltshire Council
Registered Manager	Mrs. Tanya Andrews
Overview of the service	Derriads is a respite service in Chippenham in Wiltshire. It provides short term residential care breaks for adults with a learning disability. The service has places for up to four people at a time.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Derriads had taken action to meet the following essential standards:

- Safeguarding people who use services from abuse
- Assessing and monitoring the quality of service provision

This was an unannounced inspection.

How we carried out this inspection

We carried out a visit on 22 November 2013, talked with staff, reviewed information given to us by the provider and talked with other authorities.

We looked throughout the property to check that information was displayed for people who stayed at the unit and for staff.

What people told us and what we found

We carried out a follow up inspection to the home on 22 November 2013 as we had identified areas for improvement in an earlier inspection.

We found that significant improvements had been made which had also benefitted employee's within the whole of Wiltshire County Council.

A wide range of documentation around safeguarding vulnerable adults and whistleblowing had been devised to ensure that people who used services, their families and staff had access to appropriate information. A whistleblowing poster, a revised policy and a new leaflet for people who used the service had been written. The leaflet was written in easy English with pictures, which explained how to tell someone if you were being treated unfairly. Staff would now be able to use the leaflet with people, if anyone who stayed at Derriads had a concern around being safe. The revised whistleblowing policy had more information so that staff knew who to contact if they had a concern.

The training department in Wiltshire county council had changed the way they provided training in safeguarding, so that there was more face to face training. Staff said they preferred this method as it was easier to understand. We spoke with one agency worker who told us they had received refresher training in safeguarding and they had found the 'face to face learning better than just learning from a computer'.

The department who supplied agency and relief agency staff to services such as Derriads had put a new system in place to ensure that all staff who worked for the county council, were competent and knowledgeable in safeguarding procedures and were able to support people appropriately.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Safeguarding people who use services from abuse Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

During a previous inspection on 28 August 2013, we observed that people were comfortable with the staff in the home and they had told us they felt safe. Families we spoke with said they were happy with the staff and the way they cared for their family member and had no concerns relating to safety. Staff told us they had received training in 'Safeguarding of Vulnerable adults' and we found that permanent staff members were knowledgeable around what constituted abuse. However, we found this was not the case for the agency worker. In addition, there was a lack of information around safeguarding and recognising abuse, for staff and people who stayed at the unit.

We asked the provider to make some improvements. We carried out an inspection on 22 November 2013 to see what improvements had been made. We found that the provider had made significant changes towards compliance which had been rolled out throughout other services which the council provided.

We spoke with an agency worker regarding safeguarding. They told us they had received further training and through discussion with us, could confidently explain the 'Deprivation of Liberty Safeguards', the Mental Capacity Act 2005 and the whistleblowing procedures within Wiltshire County Council. They were able to give appropriate examples of what a deprivation of liberty was and where this would apply. They told us they had received a copy of the new whistleblowing policy which contained more information about the external regulators. They said they were confident that they had access to all of the information they would need in order to escalate safeguarding concerns appropriately.

Appropriate information around safeguarding and whistleblowing was available to all staff who worked in the home. On the office noticeboard was a comprehensive flow-chart detailing the safeguarding referral process along with contact telephone numbers. In addition, was a copy of the whistleblowing policy and contact details for the external regulators..

People who used the service, their families and staff had access to appropriate information around recognising and reporting abuse. The provider had developed an 'easy to read' leaflet called 'Keeping adults safe from abuse and neglect'. This leaflet contained information about who to tell if someone was worried they were being abused. It also listed helpful telephone numbers of who to contact. The manager told us that the provider had consulted with people and their families about the leaflet and the new leaflet had their approval.

We saw that in each of the bedrooms, that a small laminated notice entitled 'Dear Customer' had been put on the wall. This gave people information on what to do 'when someone does or says something to make you feel upset or frightened'. In the foyer of the home was a large poster called 'Whistleblowing it's everyone's business – Stop Abuse'. This was a new poster developed by the provider on who to contact internally within Wiltshire Council, and externally, should people suspect abuse. This document had been rolled out to all services within Wiltshire County Council as part of their safeguarding documentation.

Assessing and monitoring the quality of service provision Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

During a previous inspection on 28 August 2013 we looked at outcome 16, the 'Assessing and monitoring the quality of service provision' as an additional outcome. We found that the provider did not have fully effective quality assurance systems in place in relation to governance, training and the skill base of relief agency staff.

We asked the provider to make some improvements. On the 31 October 2013 we met with the county manager of learning disabilities provider services to review evidence towards compliance. In addition, we carried out an inspection on 22 November 2013 and found that the provider had made significant improvements. These improvements had been rolled out throughout other services which the council provided.

Staff had access to a whistleblowing policy which was appropriate to those services who delivered care. The governance department for the council had revised the whistleblowing policy. This policy was generic and used throughout all services within the council.

The new policy described the council's whistleblowing procedures and who to contact internally. There was also information around the Public Interest Disclosure Act 1998 (PIDA) and how it could protect staff if they decided to whistle blow. At the end of the policy was detailed information about how to contact the external regulator according to their function, for example, for health and social care there was contact information for the independent regulator.

Changes were made to the methods used in the delivery of safeguarding training which all council employees received. The head of training reviewed the effectiveness of the current training methods and found that employees preferred a combination of e-learning and face to face learning as opposed to just e-learning.

As a result of the feedback from learners, the provider introduced 'face to face' teaching sessions for the main safeguarding training with refresher training being a combination of e-learning and face to face. Every two years the training would be classroom based, however the county manager told us that they were striving to only use face to face

training for safeguarding in the future.

The content of the training had been changed to focus on discussing real life scenarios within the learning groups. In addition, there was now a session around the role of the independent regulator for health and social care and the employee's responsibility in keeping people safe. The county manager and the home manager told us that they had received nothing but positive comments from staff around the new training regime. Stating that staff had found it much easier to retain their learning and understanding of what safeguarding was by learning in a group, face to face.

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Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Bradbury Manor

Nursteed Road, Devizes, SN10 3AF — Tel: 01380732620

Date of Inspection: 16 October 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Standard	Outcome
Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Wiltshire Council
Registered Manager	Mrs. Karen Taylor
Overview of the service	Bradbury Manor provides planned and emergency short term respite care for up to ten people with a learning disability, some of whom may have additional physical care needs. All accommodation is on the ground floor and in single rooms. There are shared recreational rooms and accessible gardens.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 16 October 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

The service provided short break accommodation with care, mainly to people who stayed there regularly. One person told us "I always have my own key when I'm here. It's here, look. No-one can go in unless I want them to."
We saw the analysis of feedback from people who had used the service at Bradbury Manor. One person had written "I think it's brilliant. I always look forward to coming in."

The documentation we reviewed, and discussions we had confirmed that people's needs were assessed and then care and treatment was planned and delivered in line with their care plan. This documentation contained risk assessments for each person. These were written in easy-to-read language. The assessments were based on attempting to ensure people could do things, rather than stopping them from becoming involved in situations which might be a risk.

It was clear that staff understood the requirements of the safeguarding policy and followed the correct procedures. Concerns had been dealt with appropriately.

We saw documentation regarding induction, supervision and appraisal, which confirmed that staff received appropriate professional development. People told us they were confident about the ability of the staff who looked after them.

We heard and saw evidence which confirmed that the manager was concerned to improve the quality of service for the people who used Bradbury Manor, through understanding learning from feedback and from elsewhere.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent

judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.
People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

The manager told us that the service worked with about sixty people living in Wiltshire. We were shown the process which the County Council used to decide how much support people would receive. This was based on an assessment of the needs of both the people who used Bradbury Manor and their relatives or other carers. The manager and her senior staff used this information to work with the person and their family, and book the appropriate stays and support. This included agreeing which weekends and which mid-week breaks would be used. We saw that bookings had been agreed until the end of December 2013.

We spoke with one person who told us that they always used the same room "and I like it that way." The manager told us "This depends on their mobility and whether they can get to the dining room. I also have to take into account who is here at the time. There are people who like to be here together and there are people who would rather not be here if someone else is here. That might affect the use of rooms."

It was clear, from the information provided that the manager and her staff ensured that people who use the service at Bradbury Manor understood the care and treatment choices available to them. This was assisted by the service user guide for Bradbury Manor, which we were shown. This was entitled 'customer's guide' and throughout our inspection staff referred to people who used the service as customers. We were told by a member of staff that this was intended to show how the people were entitled to choose which services, activities and support they used during their stay. This member of staff also told us that it made the staff "think about how we work with people, because they are in charge."

The guide stated that the service provided short break accommodation with care, mainly to people who stayed there regularly. There was a written explanation of what people could expect. This was accompanied by photographs, for instance of the entrance and pictures, for instance of the types of food available.

The guide stated that all the bedrooms were en-suite and we looked to confirm that this was the case. We saw that some bedrooms had larger shower areas than others. One member of staff explained "This is because we have people staying who need to use hoists and one person showers whilst still on their bed." Another member of staff confirmed that "all personal care takes place in people's rooms." The guide also stated that people could have a key to their bedroom, if they wanted to. One person told us "I always have my own key when I'm here. It's here, look. No-one can go in unless I want them to."

The guide also stated that there was 'a telephone you can use to ring people'. The manager told us "This is a mobile phone which can operate anywhere in the building. Mobile reception is not good here but I did some research to find one which can be used anywhere. It does mean people can keep in contact with their families whilst they are here, and it doesn't cost them anything to phone home."

We saw how people were encouraged to express their views and were supported in promoting their independence and community involvement. In addition to retaining contact with relatives, the guide also stated that the people could make use of a sensory garden. A member of staff showed us both this area and also the remainder of the gardens surrounding the house. They told us "It is a memorial to someone who was here. It's good for people to come here and be able to see colours and smell different scents." We were also shown an area where people could plant seeds and grow vegetables. "It's really something when people plant things, see them grow and then can pick them or dig them up and cook them." the member of staff told us.

During our inspection we looked at how staff and people staying at Bradbury Manor interacted with each other. It was clear that the staff were friendly and respectful and that the people appreciated the support given. For instance, we spoke with one person who told us "I'm listening to my favourite music. I like staff help me by putting it on." Another person told us "I watched the football last night and was so excited. I really wanted to play today and it's good they've joined in."

At our last inspection we had noted that there was no provision of notice boards in bedrooms. There were still no notice boards in people's rooms. The manager told us "We did look at this, as a staff group, but saw problems about using pin-boards, because of risk for some people. I'm hoping the Friends of Bradbury can help with something when they do their annual Christmas trip to buy things for the place."

The guide we had been shown referred to making adjustments for people's cultural needs. It talked about different religions and how staff would help contact different faith groups, locally in required. It also talked about different food. The manger told us how staff ensured that this happened. It was clear from her description that she and the staff took the matter seriously and made sure appropriate arrangements were made. For instance, one person who practised a faith not recognising Christmas was not offered a service because other people might be observing the festival. The guide also referred to 'other formats and languages'. This ensured that people unable to read, or whose first language was not English, could receive the information in a way they would understand.

We saw the analysis of feedback from people who had used the service at Bradbury Manor and their relatives. One person had written "Our daughter's needs were met in every way." Another person had written "I think it's brilliant. I always look forward to coming in."

Care and welfare of people who use services Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We looked at the documentation held for six people. There was a folder of information to be used mainly by the staff and any other professionals involved in supporting people. There was also a support plan which was written in easy-to-read language. It also used photographs and pictures to assist understanding. The use of documents in the two formats meant that people who used the service at Bradbury Manor could be confident about information held about them. It also meant that staff and other, relevant professionals had access to all the information they required.

The support plan included sections headed 'likes and dislikes' and 'personal care'. These contained information which would help staff make sure people were treated as individuals. For instance, one support plan indicated that they might have an epileptic fit. It stated "Please see my epilepsy profile for what to do." The profile was in the other folder of information and gave detailed instructions for care and what medicine to give. During our inspection staff made arrangements for this person to go into town. The member of staff who was accompanying the person came and collected the profile. They told us "I always take this with me when we go out. If there's a problem I can telephone for help and show whoever turns up exactly what should happen. That way the support will be what's been agreed and expected."

Another support plan stated that the person enjoyed going into town and shopping. We spoke with this person when they returned from a trip during our inspection. They told us "I've bought my newspaper and magazines. I also bought a pumpkin. I might make a lantern here, or I might take it home. The staff always take me to town when I'm here."

The documentation we reviewed, and discussions we had confirmed that people's needs were assessed and then care and treatment was planned and delivered in line with their care plan.

The customer's guide referred to other support people who used the service provided at Bradbury Manor could expect to receive. This stated that people would continue to access services from their local GP, if they were local. Otherwise, the guide stated that the home had an arrangement with a local surgery to register people as 'temporary patients,' if they needed medical attention whilst staying in the home. The guide also referred to support

the local specialist learning disabilities service would provide.

The folder of information for staff included a health action plan. This ensured that people were involved in understanding and planning for their own health needs. They also assisted communication with health professionals about people's individual needs. For instance, one health action plan identified the assistance that person would receive from the District Nurses at their local GP practice, which the staff at Bradbury Manor could not provide. During our inspection this person received a visit from the District Nurse. The manager told us "It was someone they've known for some time and they were really pleased. It shows how we can work with the local services to make sure people get all the care they need, even if we're not able to provide it."

We looked for evidence that people's care and treatment was planned and delivered in a way that was intended to ensure their safety & welfare. The documentation we saw contained risk assessments for each person. These were written in easy-to-read language. The assessments were based on attempting to ensure people could do things, rather than stopping them from becoming involved in situations which might be a risk. For instance, we looked at the support plan for the person who had epileptic fits. The risk assessment stated "I like watching bright disco lights. I enjoy this but staff need to be careful because they might make me have a fit."

The guide which we had been shown also stated that people could look after their own medication, if they wished to. A risk assessment was necessary and people had to agree to use a lockable cabinet, to ensure that other people could not access their medication. We spoke with one person who had used this facility on previous stays. They told us "I always used to look after my own drugs, but not anymore. I had a scare at home. I prefer the staff doing it now."

We asked the manager how she could evidence that people's care reflected relevant research and guidance. She showed us information which had been accessed from the internet about the problems which people who used the service at Bradbury Manor experienced. "When we have people who have symptoms we haven't come across before we get the information printed off and put it in their files." we were told. We also saw a poster on the notice board in the main corridor which asked staff if they wanted to attend training about giving insulin injections. The manager told us "That's me being proactive. We have someone coming in who will need injections and can't do them, themselves. I want to ensure they get a good and proper service from us." The poster demonstrated that the majority of staff had asked for the relevant training.

One of the support plans we saw identified the use of "quiet time" which would take place in the person's bedroom. We challenged the manager about whether this was a deprivation of the person's liberty. From the manager's explanation it was clear that the requirements of the Deprivation of Liberties Safeguards were understood. It was also clear that the use of this action had been agreed at a multi-disciplinary meeting where the person's 'best interests' had been considered.

Safeguarding people who use services from abuse Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We were shown a flowchart which illustrated the process staff were expected to follow if they thought that abuse had occurred. This included the telephone numbers and other contact details for those to be notified, both within the County Council and externally. We also saw the current policy and procedures for safeguarding vulnerable adults. This set out definitions of 'vulnerable adult' and 'abuse'. There was information to assist staff recognise signs of abuse. The expected action to be taken was also stated. The manager also showed us a leaflet headed 'Keeping adults safe from abuse and neglect.' "This is a new leaflet, about to go out to all services." we were told. The leaflet summarised the information contained in the flowchart, policy and procedure. The production of a summary meant that staff would be able to readily find the relevant information, if they had a concern about abuse.

The manager told us that that County Council expected all staff to undertake training in safeguarding vulnerable adults on an annual basis. She told us that this was achieved through a combination of individual access electronically and groups of staff receiving information. "This applies to both safeguarding and the Mental Capacity Act 2005." we were told. "My line manager is attending the next staff meeting to give face-to-face training." We were shown a print-out which confirmed which staff had undertaken the individual electronic training. This also identified the date by which remaining staff were expected to complete this.

One of the sets of documentation for people who used the service at Bradbury Manor included a formal notification of a concern about abuse which staff had raised. We discussed this with the manager. It was clear from the documentation and discussion with the manager that staff had understood the requirements of the policy and followed the correct procedures. The concern had been dealt with appropriately and the manager was confident that the risk of this happening again had been addressed. The manager told us about two other formal notifications. Again, the descriptions demonstrated appropriate action had been taken.

From the documentation which we reviewed and from the discussions we had with the manager and other staff, it was clear that people who use the service at Bradbury Manor

were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The manager and her staff have also responded appropriately to allegations of abuse.

We were shown an agenda and set of minutes from a meeting of managers and senior staff from Bradbury Manor and other similar services in Wiltshire. This meeting had taken place in September 2013 and was held monthly. Two agenda items were about whistleblowing. The manager showed us a 'Stop Abuse' poster and a new leaflet about whistleblowing which had been discussed at the meeting. She told us "Our policy has also been reviewed. We need to promote awareness of whistleblowing as widely as possible and my manager will be leading on this, including further training for everyone." We were shown the new whistleblowing policy. This identified how staff could take action within the County Council and also externally. It also confirmed how staff that used the policy would be supported.

One member of staff told us "I would challenge anything if I saw something. When it comes to this we'd take it seriously. People would think twice, afterwards, once action has been taken." Another member of staff told us "I'm confident that we'd all know exactly what to do. It's about the chain of command and I'd go to who-ever I thought was necessary, to get it sorted."

At our last inspection we had noted that bed rails were used for some people when they were in bed. We noted that, although risk assessments had been undertaken, these did not always appear to demonstrate that less restrictive safety measures had been considered. This included an apparent lack of explanation and agreement with people's carers or advocates. The manager showed us a file which included letters received from the relatives of people who used the service at Bradbury Manor. Five of these confirmed that the relatives wanted bed rails used, and each gave specific reasons why this was their request. It was clear that the decisions taken were informed by options and alternatives and were in the best interests of their relatives. The documents demonstrated that the manager had acted appropriately on the comments we had made at our last inspection.

Supporting workers Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We looked at documentation related to staff records. These were kept in two files. One contained staff training records and the other contained information which demonstrated how staff were supported to do their work. This included records of induction, supervision and appraisal. We looked at documentation for all groups of staff working at Bradbury Manor.

One of the sets of records was for a member of staff who had recently completed their probationary period. The manager confirmed that this was a 26 week process and we saw documentation which demonstrated that progress had been reviewed at regular intervals during that time. There was a final review which had recently been completed, which confirmed that the manager was satisfied that the member of staff was competent to undertake the work.

Each of the sets of records confirmed that staff received regular supervision. The arrangements for this were set out in a supervision contract. It was clear from the documentation that the terms of this contract were adhered to. Each supervision session included opportunities for both the member of staff and their supervisor to raise issues. There was a record of the discussion and any action agreed as a consequence. For instance, one person had identified further training they thought they needed and this had been supported. The documentation confirmed that staff had regular opportunities to review their work and receive feedback and any coaching necessary.

Each of the sets of records contained a completed annual appraisal. The manager told us "I'm just preparing to start this year's round. They're due in December." The appraisal documentation included the opportunity for the member of staff to reflect on their achievements in the previous year. It also enabled the appraiser to feedback observations about their work. There was then a section which recorded objectives for the coming year and learning opportunities to be pursued. For instance, one person identified that their role required them to supervise others and they needed to learn the skills required. Each record then had a section which demonstrated that progress had been reviewed at regular intervals throughout the year. This documentation confirmed that all staff received regular and systematic support which was intended to ensure they provided high-quality services to the people who used Bradbury Manor.

The documentation regarding induction, supervision and appraisal confirmed that staff received appropriate professional development.

The training files included a section confirming which mandatory training was applicable for each member of staff. This identified the date which had been booked for the member of staff to complete each relevant course. The date on which this piece of training would need to be renewed was also identified. This meant that staff were always competent in areas which had been identified as essential to ensure people received a high-quality service.

The training files also included a section headed 'special to service' training. At our last inspection we noted that tissue viability awareness training had last been delivered to staff in 2008. The manager confirmed that many of the people who use the service at Bradbury Manor had restricted movement. This meant they were at risk of pressure damage to their skin. The manager showed us evidence that a specialist nurse, from the local health trust, had delivered the appropriate training to staff recently. This ensured that staff would be able to identify people at risk of pressure damage and take appropriate action.

The last section in the training files related to personal development. One member of staff told us "I'm going on a two-day course, from tomorrow, about mental health. We're getting people with mental health problems, including dementia and I want to know how to deal with this properly."

It was clear, from our discussions and the review of documentation that staff were able, from time to time, to obtain further development or relevant qualifications.

The customer's guide gave some information about what people and carers could expect from staff. This included a commitment to staff receiving the appropriate training 'to do a good job.' The annual survey to get feedback from people who used the service at Bradbury Manor and their relatives included a comment that someone thought "The service is excellent, professionally managed with well-trained staff." The minutes of the last meeting with people who used the service included a quote from one person that "The staff have good manners." This feedback confirmed that people and their relatives were satisfied that the staff had met the commitment in the guide.

Assessing and monitoring the quality of service provision Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.
The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

We were shown an analysis of feedback received from people who used the service at Bradbury Manor, and their relatives from September 2012. This contained responses to questions about their experience of the service. Most responses rated the service as 'very good' or 'good'. There were no responses which suggested people were dissatisfied. "We'll be doing this year's survey once we've agreed a revised format." a member of staff told us. "I want to use some of my experience from working in other agencies and make the survey even more meaningful for the people here."

We saw minutes of a meeting held with the people who used the service at Bradbury Manor. These were dated April 2013 and there who photographs of each person present, together with the names of the staff there. The minutes consisted of pages with photographs and pictures to illustrate the items discussed at the meeting. These included 'trips we would like to do' and 'ideas for improvements'. There were three suggestions for improvements. We asked the manager what changes had happened as a result. It was clear, from her description that the ideas had been taken seriously. For instance, she told us that outdoor games equipment had been purchased and we saw this in the garden. We also observed racks of DVDs which had been purchased and were available for people to watch. The manager told us that the next meeting was "planned for next week."

We were shown minutes of a meeting held with the staff team, dated October 2013. The minutes demonstrated that meetings were scheduled to happen each month. The minutes demonstrated that this was an opportunity for the manager to feedback issues to staff and for staff to raise concerns. For instance, the minutes had noted that staff had raised the issue of low morale. We discussed this with the manger. From this discussion it was clear that the manager had taken the concern seriously and thought about what to do, to address and deal with the points made by staff.

From the documents which we saw and the discussions we had it was clear that people who use the service at Bradbury Manor, their representatives and the staff were asked for their views about their care and treatment and that these were acted on.

We were shown a folder headed 'accidents and incidents'. This contained information for staff about how to use the electronic reporting system to record all incidents. Five incidents were recorded which involved staff and four incidents were recorded which involved people who used the service, during 2013. Each of the detailed documents regarding the incident were noted as held in the relevant staff or person's record. We discussed the incidents which involved people with the manager. From the discussion there was clear evidence that learning from investigations into the incidents had taken place and appropriate changes, in the service were implemented.

We saw notices regarding the County Council's expectations about the handling of complaints and other comments in the manager's office, in the foyer of Bradbury Manor and in the main corridor. We also saw the policy which set out the process for dealing with complaints, concerns and compliments. We were shown a file which contained details of all issues raised in 2013. The three statutory notifications regarding safeguarding were included in this file. One concern, raised by a relative was also included. The documentation regarding this concern, and further discussion with the manager confirmed that account was taken of complaints and comments to improve the service. The manager also told us that all complaints, concerns, accidents and incidents were reviewed and analysed by the County Council. "We discuss these at manager's meetings and take any learning from these to improve our own service." we were told.

We were shown a folder which contained documents related to 'quality audit inspections'. These were conducted every three months, by the County Council. "These inspections often include County Councillors." one member of staff told us. "That way we know there's some public scrutiny." The last recorded audit had occurred in July 2013. We saw the report from the audit and the improvement action plan developed from this. The action plan included anticipated dates for achievement and confirmation of this. All actions scheduled for completion had been achieved. One action, related to the garden was scheduled for completion in early 2014. The audit report included a section which required confirmation that all actions from previous audits had been completed. Earlier documentation confirmed that the issue we had noted at our last inspection, regarding pictorial aids for menus had been addressed.

The minutes of the last meeting of managers and senior staff from Bradbury Manor and other similar services also demonstrated that there had been a discussion regarding a recent inspection, by the CQC, at one of the other services. The manager told us "We would always do this. It means that we share learning and make sure we're always trying to improve the service." This and the quarterly quality audit provided further evidence that the manager was concerned to improve the quality of service for the people who used Bradbury Manor, through understanding learning from feedback and from elsewhere.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✔ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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Wiltshire Council

Cabinet

January 2014

Subject:	**Wiltshire Council direct provision – CQC registered care services for adults**
Cabinet member:	**Councillor Keith Humphries – Public Health, Protection Services, Adult Care and Housing**
Key Decision:	**No**

Purpose of Report

Wiltshire Council Adult Social Care and Wiltshire Clinical Commissioning Group commission a range of health and care services for people with dementia. These services are delivered by adult care operations, NHS Trusts and a range of independent providers

This Cabinet report briefs members on the draft Wiltshire Dementia Strategy which provides the strategic direction for Wiltshire Council and NHS Wiltshire Clinical Commissioning Group in supporting people with dementia and their carers and families from the point that people notice concerns about their memory through to end of life care. It includes a commissioning action plan for 2014/2015 which details the commitments and actions that will be delivered in order to achieve the objectives and priorities identified..

The aim of the strategy is that all people with dementia in Wiltshire are treated as individuals and are able to access the right care and support, at the right time so that they can live well with dementia and can remain independent and living at home for as long as possible within supportive and understanding communities.

The Council is being asked to consider the draft strategy and agree that it can proceed to formal consultation.

Background Information – Dementia Services

The focus on dementia has been increasing in recent years, both at a national and local level. It is now considered as a priority area for action, largely due to the increasing population with dementia, the cost of this to services, communities and families and the poor quality of care that many people with dementia receive from health and care services. The Wiltshire JSA supports this identifying that the number of people with dementia will nearly double by 2030 in Wiltshire, whilst the Health and Wellbeing Strategy acknowledges the increasing population living with dementia and identifies it as an area for action.

The key national policies include the Living well with dementia: a National Dementia Strategy (Department of Health, 2009) and Prime Minister's Challenge on Dementia: Delivering major improvements in dementia care and research by 2015 (Department of Health, 2012). These place a focus on improving health and care services and dementia friendly communities, as well as improving people's awareness and understanding of dementia, the importance of early diagnosis and ongoing support and the role of services in ensuring that people can live well with dementia.

This draft strategy supports the four main outcomes of the Health and Wellbeing Strategy, including the dementia-themed ambitions set out in the action plan. It does this through placing an emphasis on the following:

- Making dementia everyone's business so that people can live well in supportive and inclusive communities.
- Providing care and support to promote people's independence, health and wellbeing and quality of life.
- Delivering improvements to care and health services so that they are able to deliver quality services that are able to appropriately meet the needs of people with dementia.
- Ensuring that wherever possible people will be supported within their home and local community with care and support being delivered as close to these as possible.

In addition to this, the draft dementia strategy develops links with a number of other strategies as it is vital to acknowledge that people with dementia will often be supported by non-specialist services and / or have needs that are not related to their dementia. These include, but are not limited to the Mental Health Strategy (currently being developed), the End of Life Strategy (currently being developed), Help to Live at Home, Wiltshire Carers' Strategy and the Older People's Accommodation Strategy.

In developing the strategy, work has taken place to engage with people with dementia and their carers and families in Wiltshire to identify what is important to them, what is working well and where improvements are required. The Wiltshire Dementia Delivery Board has overseen this engagement process and has been active in the development of the strategy. The draft strategy was approved for consultation by the Joint Commissioning Board on 12th December.

Main Considerations for the Council

Safeguarding Considerations

The business of adult social care is in managing risk and in supporting others to be as independent as possible whilst managing the risks that their vulnerability contributes to. The prime aim is to support customers to be as independent as possible whilst ensuring that they remain safe and that they and their families have confidence in the quality of care delivered. In order to deliver this staff in services commissioned by the Council and the NHS have to be trained safeguarding vulnerable adults (and children) and informed on how to assess and refer / alert on a safeguarding issue. The strategy aims to ensure services will be delivered with due regard to safeguarding people with dementia and their carers.

Public Health Implications

There are no direct public health implications in relation to this cabinet paper. Public Health staff are working closely with Adult Social Care and NHS staff to develop and deliver this strategy.

Environmental and Climate Change Considerations

There are no environmental or climate implications in relation to this cabinet paper.

Equalities Impact of the Proposal

The strategy aims to ensure services will be delivered with due regard to equality legislation and that people with dementia will have equitable access to services. An equality analysis has been undertaken and can be found in the appendices of the strategy document. This has identified that the main equality issues that will require further attention through the implementation of the strategy include:

- People with early onset dementia (are aged under 65 years old)
- People with learning disabilities and dementia
- People with dementia from black and minority ethnic communities
- People with dementia who live alone without family support
- People with rarer forms of dementia
- People who live in rural areas and those who lack transport

The equality analysis will be reviewed once the draft strategy has been through the formal consultation process.

Risk Assessment

The main risk associated with the Dementia Strategy is the increasing number of people living with dementia in Wiltshire and increased demand being placed upon services. The strategy addresses this through a number of measures which include:

- Developing dementia friendly communities so that people are supported by their local community and informal networks to live well with dementia and maintain their independence and wellbeing.
- Working with non-specialist services to ensure that they are skilled and supported to meet the needs of people with dementia, so that they can support the majority of people with dementia, with specialist services only being required at critical points in time.
- To monitor, review and implement improvements in existing services, including those that have seen recent investment including the dementia adviser service, primary care and memory service.
- To look at alternative ways of delivering care and support which can meet demand within the budgets available.

Thee significant risks associated with not implementing this strategy would include:

- Placing the wellbeing, independence and safety of people with dementia and their carers and families at significant risk through a lack of suitable provision of care and support services.
- An increased demand on health and social care services and budgets when people reach crisis due to a lack of preventative, skilled and responsive services.
- A failure of the statutory bodies within Wiltshire to respond to national guidance, policy and legislative duties.

Financial Implications

There are no direct financial implications in relation to this cabinet paper. There has currently been no additional investment identified to deliver the dementia strategy as a whole. However, it is acknowledged that the population living with dementia in Wiltshire will increase by 28% by 2020. It is anticipated that unless additional funding is made available within the future, the delivery of the strategy will be achieved through creating efficiencies that can be re-invested in services in order to meet this increase in demand.

Legal Implications

There are no legal implications in relation to this cabinet paper.

Proposal

That Cabinet agree the draft strategic direction for services proposed in the Wiltshire Dementia Strategy 2014 – 2021 and agree that it can proceed to formal consultation.

Maggie Rae
Corporate Director

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January 2014

Background Papers

None

Appendices

Appendix 1 – Wiltshire Dementia Strategy 2014 – 2021

Safeguarding Considerations
Appendix 2 – Appendices to the Strategy

Wiltshire Dementia Strategy

2014 – 2021

Introduction

This strategy has been developed by Wiltshire Council and NHS Wiltshire Clinical Commissioning Group (CCG) in conjunction with various local partners from the statutory and voluntary sector, as well as through talking to people with dementia and their carers and family about their experiences in Wiltshire (see appendix A).

The main purpose of the strategy is to ensure that people with dementia and their carers and family are able to live well and are supported to do so through being able to access the right services and support at the right time, whether that be from organisations or their local community.

We want the message of this strategy to be that it is everybody's business to support people with dementia and their carers and family in Wiltshire and not just the reserve of specialist care services.

For this to happen we need to understand:

- Where are we now?
- Where we want to be by 2021?
- How do we get there and what will success look like?

This document will address each of the above points so that people can understand the commitments and priorities of Wiltshire Council, NHS Wiltshire Clinical Commissioning Group and other organisations that support people with dementia and their carers and family in Wiltshire.

The focus of this strategy is all people with dementia and their carers and family, right from the point that they have concerns about their memory through to the end of their lives. For clarity, several different phrases will be used within the document to describe different groups of people:

- People with dementia – People who have dementia (whether diagnosed or undiagnosed)

- Carers – People who provide unpaid support to people with dementia – they are normally family members, partners, friends or neighbours.

- Care workers - Care workers – Paid staff who support the person with dementia and their carer(s).

The word 'dementia' describes a group of symptoms that occur when the brain is affected by specific diseases and conditions, such as Alzheimer's disease and vascular dementia, amongst others. Symptoms of dementia vary but often include loss of memory, confusion and problems with speech and understanding. Dementia is progressive and as it advances so do the symptoms, up to the point that people will have difficulty to undertake everyday tasks and will need increasing support and assistance from others.

In Wiltshire dementia is seen as a long term condition, although it is acknowledged that many specialist dementia services are provided by a mental health organisation (Avon and Wiltshire Mental Health Partnership) and that people with dementia may also have needs relating to their mental health.

Whilst there is currently no cure for dementia, there are a number of types of support that can help someone to live with dementia. Support and treatment can also often help to alleviate symptoms or to slow the progression of the dementia for many people.

Section 1: Where are we now?

National and local policy, legislation and guidance

Within recent years there has been an increased focus on dementia at a national level due to a number of factors, including a rising older population and therefore increasing number of people with dementia coupled with a lack of awareness and understanding of dementia leading to stigmatisation and poor quality care.

As a result of this, there is now a substantial body of national policy, legislation and guidance that advises and directs organisations on how to best support people with dementia and their carers and family (see Appendix B for more detail). Amongst this there are two pieces of policy which are most relevant to this strategy:

Living well with dementia: a National Dementia Strategy (Department of Health, 2009)

The strategy focuses on driving improvements for people with dementia and their carers and family in three main areas:

- Awareness and understanding – Improved public and professional awareness and understanding of dementia and the stigma associated with it.
- Early diagnosis and ongoing support – Good quality early diagnosis and intervention; good quality information for those with diagnosed dementia and their carers; and easy access to care, support and advice following diagnosis and follow on medication management.
- Living well with dementia – High quality health and social care services so that people can live well with dementia until the end of their lives.

Prime Minister's Challenge on Dementia: Delivering major improvements in dementia care and research by 2015, (Department of Health, 2012)

This aims to deliver a number of actions that focus on three main areas:

- Driving improvements in health and care
- Creating dementia friendly communities that understand how to help
- Better research

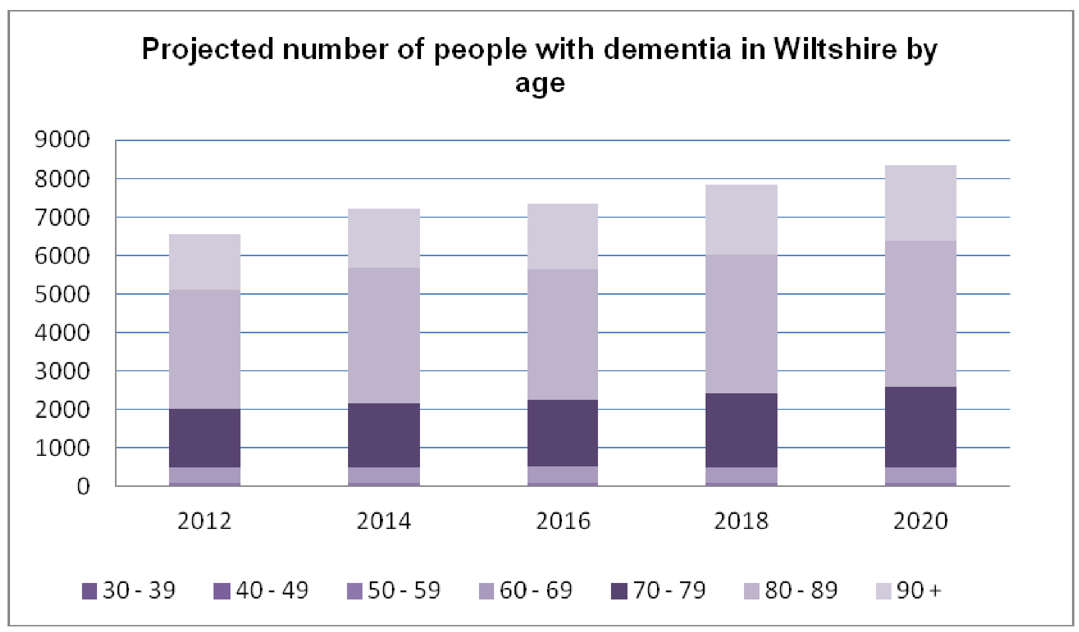
Locally, the previous Wiltshire Dementia Strategy developed in 2009 has provided the context and direction for health and social care provision for people with dementia and their carers and family. However, many people with dementia and their carers will have needs that can be met by non-specialist services and/or have other needs that do not relate to their dementia e.g. housing, other long term conditions etc. There are a number of other local strategies (listed in Appendix B) which cover these areas and so this document should be read in conjunction with them.

People with dementia and their carers and family in Wiltshire

Wiltshire is a predominantly rural county and in 2011 had a total population of 470,981, 21.5% of whom were at retirement age (65+ years for men and 60+ years for women). This compares to 19.4% for the whole of England. This is significant because dementia is most common in the older population as its prevalence rises significantly with increasing age. One in three people over 65 will develop dementia, whilst a much smaller proportion of the population (about 1 in 1400) will be affected by early onset dementia which occurs in younger age groups.

It is difficult to give exact figures for the number of people with dementia within the population as reported rates differ widely depending on the criteria and study methods used.

According to figures produced by Oxford Brookes University and the Institute of Public Care (2013), the population of Wiltshire with dementia in 2012 was 6,538 and they estimate that this will increase by 27.8% in 2020 – this equates to an 1800 additional people with dementia. The age groups that will see the largest increases are 90 + years old (40% increase) and 70 – 79 years old (36% increase), whilst there will be a decrease of 12% in people aged 40 – 49 years old.



Information source: Projecting Older People Population Information System and Projecting Adult Needs and Service Information (Oxford Brookes University and Institute of Public Care, 2013)

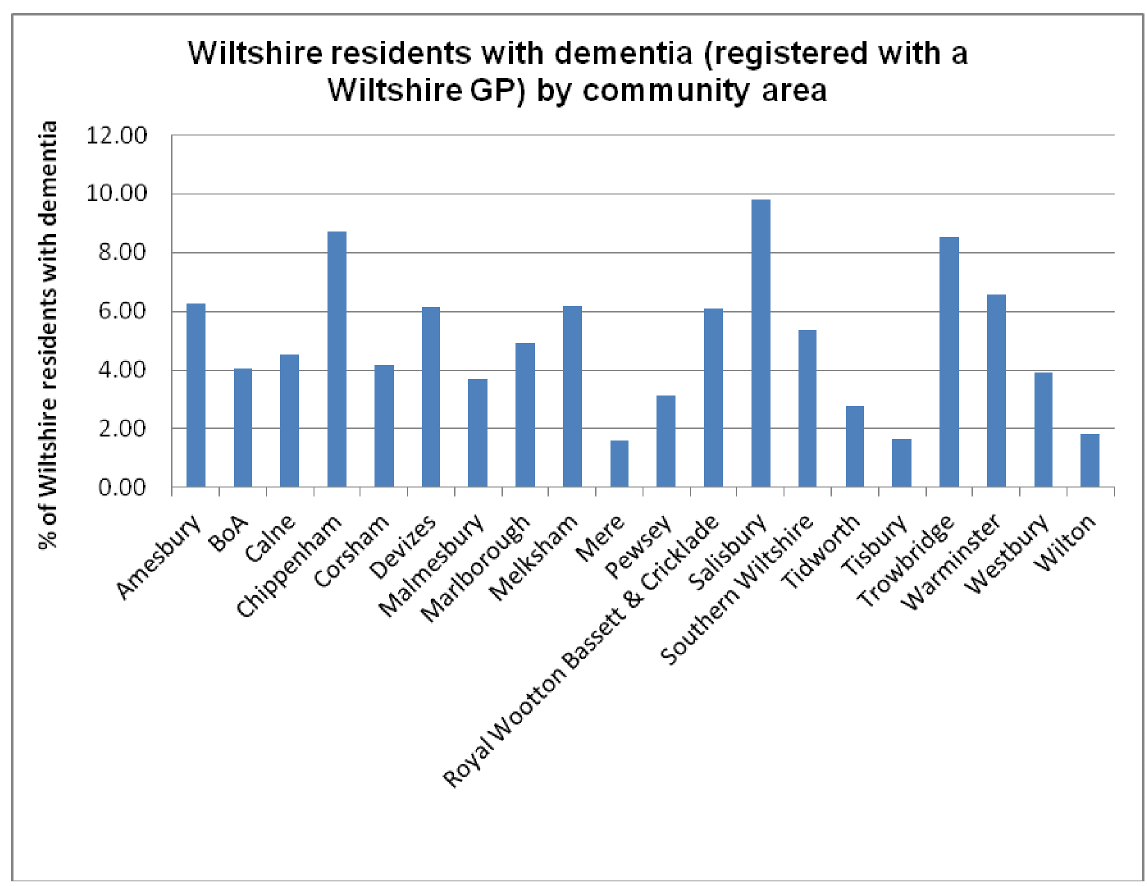
The NHS Commissioning Board and NHS South of England (2013) have also produced information about the population of Wiltshire with dementia and this tells us that in 2013/2014 there are an estimated 6,512 people with dementia in Wiltshire. Looking at the information in more detail we can get a better understanding of our local population (more detailed information can be found in Appendix C):

<u>Diagnosis</u>

According to the Dementia Prevalence Calculator, the current diagnosis rate in Wiltshire is 37.4%. This is the number of people with dementia who have received a formal diagnosis which has been recorded by their GP. This means that 62% of the population who have a dementia do not have a diagnosis i.e. this in an unmet need. Nationally there is a drive to promote early and timely diagnosis to ensure that people can access the care and support they require, as well as being able to plan for their futures.

<u>Community areas</u>

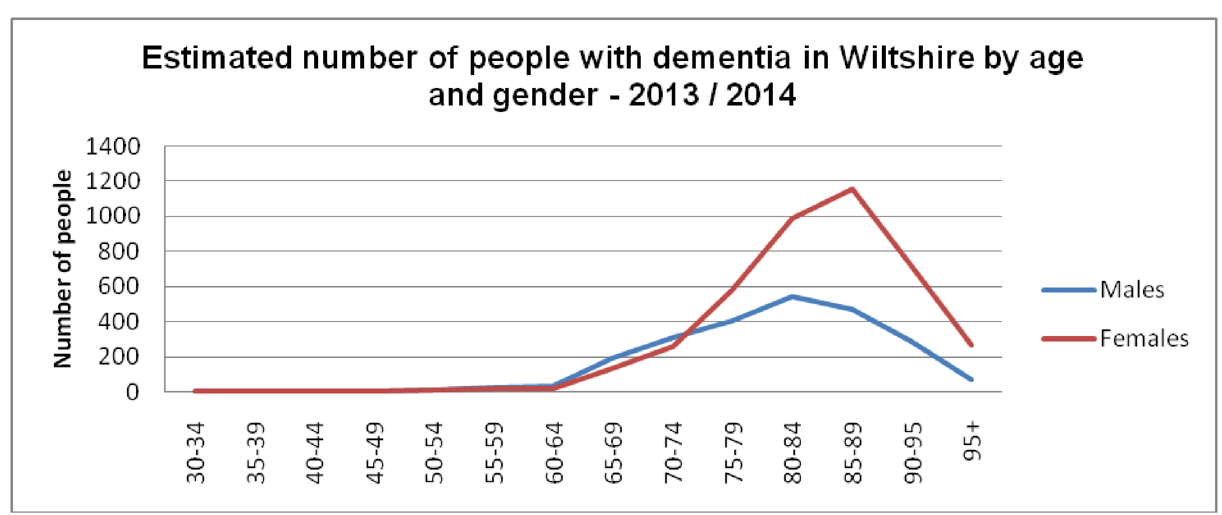
The following graph provides a picture of where Wiltshire residents (and also registered with a Wiltshire GP surgery) with dementia in live.



Information source: Dementia Prevalence Calculator (NHS Commissioning Board and NHS South of England, 2012)

<u>Age and gender</u>

In line with national figures the majority of people with dementia in Wiltshire are women (64%) whilst only 36% are men. However it is worth noting that of the 135 people who have early onset dementia (this is when the individual is under the age of 65 years old) 59% are male and 41% are female. This again reflects the national trend. Over 4,500 of people with dementia are aged 80 years of age or older, and of these 1,348 are 90 years or older.



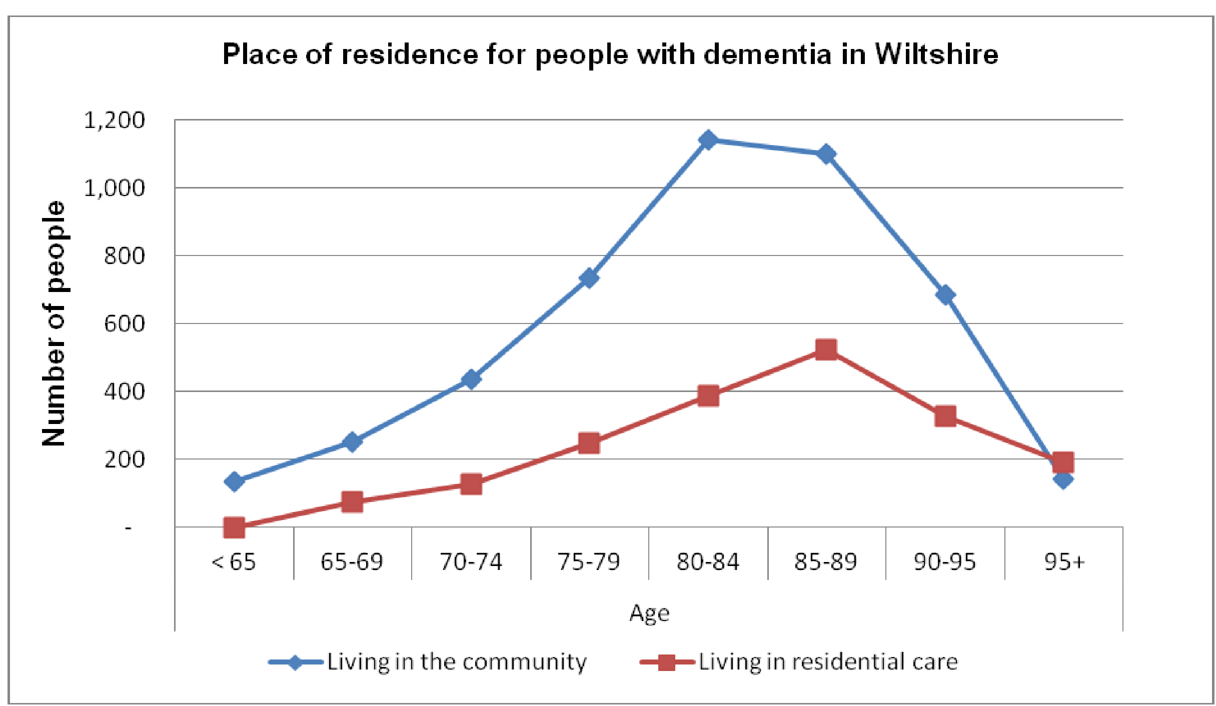
Information source: Dementia Prevalence Calculator (NHS Commissioning Board and NHS South of England, 2013)

<u>Severity of dementia</u>

Dementia is progressive, meaning that as time passes people's symptoms will increase and they will require more help and support to live well. It is recognised that there are three broad levels of dementia, which reflect the impact that the dementia has on the individual and their ability to care for themselves. In 2013, the Dementia Prevalence Calculator identified that of the population with dementia in Wiltshire:

- 55% have mild dementia
- 32% have moderate dementia
- 13% have severe dementia

<u>Place of residence</u>
According to national statistics, 71% of people with dementia live within the community, whilst 29% in residential care. If applied to the Wiltshire population this equates to 4,629 people living in their own homes, whilst 1,899 live in residential care settings (residential and nursing care homes). Of those people who live in the community in their own home, Alzheimer's Society (2012) estimate that one third live alone.



Information source: Dementia Prevalence Calculator (NHS Commissioning Board and NHS South of England, 2013)

End of Life

The National End of Life Care Programme (2012) highlighted that in 2008-2010 in 18.3% of deaths in Wiltshire, the cause of death upon the death certificate mentioned Alzheimer's, dementia & senility. This compared to the England average of 17.3%.

In Wiltshire this represented an average of 766 deaths per year and of these the place of death was as follows: 11% at home, 62% in a care home, 26% in a hospital and 0% in a hospice.

Carers

In relation to the support provided by carers, according to figures produced by Alzheimer's Society (2012) it has been estimated that there are approximately 5,454 family members and friends acting as carers to people living with dementia in Wiltshire.

Other aspects of the Wiltshire population

In relation to ethnicity and religion, there is no specific data about the population of Wiltshire who have dementia. However, we do have information from the 2011 Census which relates to the whole population. Whilst we need to take in to consideration that this may not be truly reflective of people with dementia, it would indicate that:

- The majority of people are White British (93%) followed by Other White (which mainly consists of European Accession countries, including Poland) and then Other Asian (which includes the Filipino and Polynesian communities).
- The majority of people are Christian, followed by having no religion or not wishing to state their religion.

It is important to remember that there are certain groups of people with dementia in Wiltshire that services may not be as well placed to meet the needs of when compared to the general population. However, it is equally as important to do so and work is needed to look at how this is best achieved. These groups include, but are not limited to:

- People with early onset dementia (are aged under 65 years old)
- People with learning disabilities and dementia
- People with dementia from black and minority ethnic communities
- People with dementia who live alone without family support
- People with rarer forms of dementia
- People who live in rural areas and / or lack transport

Investment in services

Using estimates from the Alzheimer's Society (2007) and the Dementia Prevalence Calculator, the annual financial cost of dementia in Wiltshire in 2013/2014 is approximately £141 million. This includes accommodation, care provided by formal care agencies, as well as approximately £51 million from informal care by family and friends.

In 2013/2104 NHS Wiltshire Clinical Commissioning Group project that they will invest £tbcin supporting people with dementia and their carers and family.
During the same period, Wiltshire Council project they will spend £14.8 million supporting people with dementia and their carers and family. This sum includes commissioning specialist voluntary sector services and individual social care packages and placements where people have a recorded dementia that has been diagnosed.

In addition to the amounts identified above, it should be noted that many services funded by Wiltshire Council and NHS Wiltshire Clinical Commissioning Group which people with dementia and their carers and family access are not specialist and so it has not been possible to include the associated costs within these figures. Examples include non-specialist carer support services, hospital care and community services for older people. In addition many people who have dementia do not have a formal diagnosis and so have not been included in the figures above.

In addition to this, there is a notable contribution from the voluntary sector with specialist dementia organisations bringing £394,941 of fundraising in to the county in 2012/2013 and their unpaid volunteers giving an average of 101 hours support each week. According to the formula recommended by Volunteering England, this volunteering activity is worth £1,324 per week or £68,854 annually.

Current service provision in Wiltshire

The services currently available to people with dementia and their carers and family have been delivered to date under the direction of the previous Wiltshire Dementia Strategy which was developed in 2009 and the Prime Minister's Challenge on Dementia (2012). Successes that have been delivered during this time can be found in Appendix D.

The Wiltshire Dementia Delivery Board has been responsible for mapping current service provision for people with dementia and their carers and family in Wiltshire. This exercise was undertaken in 2013 and the model of care developed by Dr Edana Minghella (2012) was used as the framework. This model of care identifies the different services that may be required against the following six phases that people will experience when living with dementia:

- Recognising memory problems
- Learning it's dementia
- Planning for the future
- Living well with dementia
- Managing at more difficult times
- Care at end of life

Many of the services identified that people with dementia and their carers and family access are non-specialist services i.e. they support people with a range of needs. These services include support for carers, hospital care, Help to Live at Home etc.

There were also a number of specialist services that are designed to specifically work with people with dementia and their carers and family and these include dementia community activities, dementia adviser service, specialist mental health service etc.

These current services can be seen in the table below on page 11.

The Wiltshire Delivery Board also looked at where the gaps were in provision for people with dementia and their carers and family and where there could be improvements made to existing services in order to deliver better care and support. These included support for specific groups of people (including people who live alone, people with early onset dementia and people with learning disabilities), advanced care planning and out of hours support during a crisis.

Appendix D provides more information about the services and gaps that were identified, as well as describing what current services look like. It also includes two case studies that describe what services might look like for a person with dementia and their carer in Wiltshire.

<table>
<tr><th>Recognising concerns</th><th>Learning it’s dementia</th><th>Planning for the future</th><th>Living well with dementia</th><th>Managing at more difficult times</th><th>Care at end of life</th></tr>
<tr><td colspan="4">Memory Service - Dementia assessment, diagnosis and treatment</td><td colspan="2" rowspan="2">GP out of hours service ~
Complex Intervention & Therapy Team</td></tr>
<tr><td colspan="3">Primary care - Dementia assessment, diagnosis and treatment</td><td rowspan="3">Day services
~
Specialist Home & Community Support Service
~
Movement for the Mind
~
Singing for the Brain
~
Active Health Programme
~
Counselling</td></tr>
<tr><td colspan="2">Dementia CQUIN in acute hospitals</td><td rowspan="3">Life Story Groups (Alz Support)
~
Home improvement agency – part of Help to live at Home service (Equipment ICESS)</td><td rowspan="2">Acute hospital liaison service
~
Acute hospitals
~
Inpatient assessment service
~
MH Care Home Liaison Service
~
Emergency Duty Service
~
STARR scheme
~
Extra Care Housing
~
Care homes
~
Respite</td><td rowspan="2">My Home Life programme in care homes
~
Continuing Health Care
~
Hospices</td></tr>
<tr><td rowspan="3">Awareness raising activities and resources</td><td rowspan="3">RUH Community geriatrician</td></tr>
<tr><td colspan="3">Social care ~ HTL@H ~ Telecare ~ DPs ~ Health community teams ~ Court of Protection</td></tr>
<tr><td colspan="4">Support for people who fund their own care</td></tr>
<tr><td colspan="6">Safeguarding ~ Primary care liaison service ~ Dementia Adviser Service ~ Memory cafes ~ Library resources ~ Support for carers (groups, training, assessments, breaks) ~ Advocacy ~ Good Neighbour Scheme ~ Wiltshire Citizens’ Advice Bureau ~ Health Matters sessions</td></tr>
</table>

What do people with dementia and their carers and family tell us?

There is a large amount of research that has taken place at a national level that shares the experiences of people with dementia and their carers and family and much of this can be applied to Wiltshire.

However, in developing this strategy, work has taken place to meet with people with dementia and their carers and family in Wiltshire to find out what is important to them in relation to their lives with dementia and what their experiences of care and support services have been locally.

The things that people with dementia and their carers and family said are important to them and are going well include:

- Community activities such as memory cafes and Singing for the Brain
- Support from the voluntary sector
- Being able to meet and socialise with other people living with dementia
- Day care

The things that people told us are important to them and need improving include:

- Support for people living alone
- Support to plan for the future
- Direct Payments
- Transport
- Support for carers
- Understanding of professionals of the challenges of living with dementia.
- Processes, paperwork and the language used.
- More time
- The general public's understanding of dementia
- Support from businesses
- Person centred care

There were some things that people with dementia and their carers and family told us are important to them, but people have had mixed experiences:

- Support form GPs
- Specialist mental health services
- Knowing where to go for information and help
- Carer involvement
- Acute hospitals
- Care in care homes

More detailed information about the experiences of people with dementia and their carers and family can be found in Appendix E.

Section 2: Where do we want to be by 2021?
Ambition

It is our ambition that all people with dementia and their carers and family in Wiltshire are treated as individuals and are able to access the right care and support, at the right time so that they can live well with dementia within supportive and understanding communities. This will be supported by providing care and support to promote people's independence, health and wellbeing and quality of life.

It is recognised that people will experience different phases of living with dementia, all of which are important, but which can differ vastly. In the model of care developed by Mingehlla (2012) these phases are as follows:

- Recognising memory problems
- Learning it's dementia
- Planning for the future
- Living well with dementia
- Managing at more difficult times
- Care at end of life

The strategy's ambition is equally applicable across all of these stages, as is the aim to minimise the number of times that people need to move within their life with dementia in order to receive the care they need, whether that be to a hospital, residential or nursing care home setting.

The ambition will be achieved by taking a proactive approach to supporting people to stay within their home and community wherever possible through the provision of care and support so that they can live well on a daily basis. At difficult times, such as crisis or illness, if people do need to travel to health or care services that cannot be delivered within their community, e.g. acute hospitals and/or specialist inpatient hospitals, this will be for as short a time as possible, with the aim to get the person back to their home as soon as possible.

Whilst it is acknowledged that there will be periods of time when people will require specialist care dementia services, it is the aim that people will be supported by generic, non-specialist care services for as long as possible and that these will be skilled and knowledgeable to appropriately support people with dementia and their carers and family.

In addition to this, it is the aim of this strategy to ensure that local communities are supportive, understanding and inclusive of people with dementia so that people can live well as active and valued members of our society. This will be achieved through implementing the concept of dementia friendly communities across Wiltshire.

This ambition and the following objectives, outcomes and principles will form the service model that this strategy will deliver. In terms of delivery these elements will be structured across the phases of care identified by Minghella (2012) to form an action plan that organisations will sign up to (see Section 3 for more information).

Objectives

The objectives of the strategy are:

- To ensure that there are awareness raising resources within the community to support and encourage people to seek advice when they have concerns about their memory.
- To work with primary care and specialist health services to ensure that people are able to obtain a timely and quality assessment and diagnosis.
- To ensure that following diagnosis, people (including those who fund their own care) are able to access good quality information and advice so that they can make informed and timely decisions and plan for their future.
- To ensure that people have access to dementia community based services and activities that support them in their local communities.
- To ensure people with dementia have access to appropriate specialist therapeutic services.
- To ensure that people have access to peer support opportunities so that they can share their experiences and socialise with people in similar circumstances.

- To support people to remain in their own home (whether that be a family home, extra care or residential care setting) for as long as possible through the provision of a range of care and support services.
- To support people to remain independent for as long as possible through the use of telecare (assistive technology) and dementia friendly environments.
- To ensure that there are a range of appropriate housing options for people with dementia, where their care needs can be met appropriately.
- To ensure that carers are recognised and supported to care for as long as they are able and willing to do so through providing appropriate care and support.
- To work with local communities so that they are inclusive and supportive of people with dementia and their carers and family.
- To ensure that there are good quality services in place that are able to appropriately support people with dementia and their carers at more difficult times in their lives e.g. Access to specialist hospitals for assessment and treatment
- To ensure that people have access to support so that they are able to plan for end of life and have a good death.
- To ensure that staff who work with people with dementia and their carers and family have the skills, knowledge and support to do so.
- To ensure that people with dementia are encouraged and supported to make decisions and remain in control of their lives for as long as possible.

Outcomes

Wherever organisations, services and support may be involved in a person's life, by becoming signatories to this strategy, they are committing to improving services so that people with dementia and their carers and family in Wiltshire are able to agree with the following outcomes:

- I was diagnosed early and with the correct medication and treatment package
- I understand the implications of my diagnosis in order for me to make good decisions and provide for future decision making.
- I get the treatment and support which are best for my dementia and my life.
- I am treated with dignity and respect.
- I know what I can do to help myself and who else can help me, especially in times of crisis.
- Those around me and looking after me are well supported.
- I can enjoy life.
- I feel part of a community and I'm inspired to give something back.
- I am confident my end of life wishes will be respected. I can expect a good death.

These outcomes were developed by the Department of Health (2010) for use by local areas to ensure that they are working to the standards in the National Dementia Strategy.

Principles

All organisations are committed to ensuring that in the delivery of the services and support to people with dementia and their carers and family they will:

- Promote health, wellbeing and social inclusion.
- Work together with partners to develop and deliver reliable, high quality and sustainable services that put the individual at the centre of delivery.
- Be person centred and recognise and understand the individual and their identity, wishes and abilities.
- Enable people to maintain their independence and have freedom to live as they wish to do so for as long as possible and appropriate.
- Provide support and services to people with dementia and their carers and family that are compassionate, honest, accessible and equitable.
- Help to keep people safe from harm, whilst also taking a positive approach to risk.
- Listen to people with dementia and their carers and family and communicate with them effectively.
- Involve people with dementia and their carers in service delivery and recognise that involvement will look different for different people.
- Treat people with respect and dignity.
- Learn from their experiences of supporting people with dementia to inform future service improvements.
- Be flexible to the changing needs of people with dementia and their carers and family.

Section 3: How do we get there and what will success look like?

Priorities

A number of areas have been identified as priorities for the initial period of this strategy. These include, but are not limited to:

Recognising memory problems

- Awareness raising within the general public and across mainstream services e.g. leisure and libraries
- Ensure that health services, e.g. GPs and hospitals, have in place standard processes to identify, diagnose and treat people when they may have problems with their memory.
- Undertake a research project to identify the understanding of dementia within black and minority ethnic communities and access to services in order to inform future service delivery.

Learning it's dementia

- Monitor and review the delivery of timely and quality assessments by GPs and the memory service and make improvements as necessary.

Planning for the future

- Monitor and review the effectiveness of the dementia adviser service and their interface with other GP based services and make improvements as necessary.
- Commission a generic information portal linked to the Council's website and available also in GP practices and libraries. Information included on the portal will include community services, universal services as well as registered services.

Living well with dementia

- Continue to work to promote and improve services for carers, including carers breaks
- Continued oversight and maintenance of treatment packages by general practitioners.
- Establish dementia friendly communities across Wiltshire.
- Work with mainstream care and health services, including Help to Live at Home, Neighbourhood Teams and GPs to ensure that they are able to appropriately support people with dementia and their carers and family.
- Work with public services, e.g. libraries and leisure, to ensure that they are able to appropriately support people with dementia and their carers and family to access their services.
- Further implement Help to Live at Home and its principles, including the delivery of initial support and outcome based care planning and delivery.
- Implement personal budgets and develop a personalisation policy.
- Develop links with the Community Campus programme.
- Develop community therapeutic activities.

- Development of new care homes delivering specialist dementia and nursing care.
- Support to make improve the quality of care in different settings including care homes.
- Development of new extra care schemes, designed to meet the needs of people with dementia.

Managing at more difficult times

- Work to shape and develop dementia related specialist mental health services to ensure timely access to specialist assessments and treatment as required, including the support they provide to other services e.g. care homes and hospitals.
- Ensure that all emergency / response services are skilled and knowledgeable about working with people with dementia
- Monitor and review progress within hospitals to deliver high quality dementia care in all relevant departments and disciplines.
- Analysis of triggers for people reaching crisis / requiring a move of home to receive appropriate care in order to inform future commissioning.

Care at end of life

- Implementation of the End of Life Strategy, which will include people with dementia as a target group.

Overarching

- Development of a needs assessment for people with learning disabilities and dementia to inform future service developments and commissioning.
- Development of a needs assessment for people with early onset dementia to inform future service developments and commissioning.
- Ensure that all staff supporting people with dementia have the training, skills and qualities to do so to a high standard.

Action plan, measuring success and governance

Supporting this strategy an action plan will be implemented, which will not only look to address the priorities listed, but also the gaps identified within the mapping exercise. This action plan will be accompanied by a set of success measures, which will be updated on an annual basis and overseen by the Wiltshire Dementia Delivery Board. The success measures will provide the Board with information to identify whether the implementation of the action plan has made a difference to people with dementia and their carers and family.

This is a multi-agency board that is chaired by the NHS Wiltshire Clinical Commissioning Group and consists of representatives from Wiltshire Council, health and social care organisations and the voluntary sector. It meets bi-monthly and is accountable to the Joint Commissioning Board.

Also in existence and with a role in delivering this strategy are the following groups:

- Carers Reference Group
- Wiltshire Alzheimer's Partnership Group
- Workforce Development Group
- Salisbury Foundation Trust Dementia Steering Group
- Transforming community services

References
The following documents and information have been used in the development of this strategy:

Alzheimer's Society (2012) Dementia 2012: A National Challenge

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Minghella, Dr Edana (2012) Transforming models of care for people living with dementia: Improving experiences and outcomes for people with dementia and their carers and families

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NHS Commissioning Board and NHS South of England (2013) Dementia Prevalence Calculator - www.dementiaprevalencecalculator.org.uk/

Our Health South West (2013) Dementia Care
http://www.ourhealth.southwest.nhs.uk/service-data/indicator/diagnosis-rate.html?id=12253

Oxford Brookes University and Institute of Public Care (2013) Projecting Older People Population Information System - www.poppi.org.uk/

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Wiltshire Council (2012) Wiltshire's diverse communities: Results from the Census 2011

Wiltshire Council (2013) Wiltshire Census 2011- Selected Statistics Profile Tool: Wiltshire Unitary Authority

Appendix 2 – Wiltshire Dementia Strategy Appendices
See separate document

Wiltshire Dementia Strategy
Appendices

Appendix A ………………………………………………………. Page 2

Appendix B ………………………………………………………. Page 3

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Acronyms

AWP	Avon and Wiltshire Mental Health Partnership
CCG	Clinical Commissioning Group
MH	Mental Health
GWH	Great Western Hospital
SFT	Salisbury Foundation Trust
STARR	Step to Active Recovery and Return

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APPENDIX A – Stakeholders involved in the development of this strategy

Thanks go to the following organisations and groups who have been involved in the development of this strategy:

People with dementia and their carers and family who attend:

- Carers Support Groups
- Dementia Carers Reference Group
- Carers Support Groups
- Singing for the Brain
- Memory cafes
- Movement for the Mind

Wiltshire organisations

- Alzheimer's Society
- Alzheimer's Support
- Avon and Wiltshire Mental Health Partnership
- Carer Support Wiltshire
- Dorothy House Hospice
- Great Western Hospital
- Prospect Hospice
- Royal United Hospital
- Salisbury Foundation Trust
- SWAN Advocacy
- Wiltshire and Swindon Users' Network
- NHS Wiltshire Clinical Commissioning Group
- Wiltshire Council

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APPENDIX B – National policy, legislation and guidance

Mental Capacity Act, 2005

The Mental Capacity Act provides a framework to empower and protect people who may lack capacity to make some decisions for themselves.

The underlying philosophy of the MCA is to ensure that those who lack capacity are empowered to make as many decisions for themselves as possible and that any decision made, or action taken, on their behalf is made in their best interests.
The five key principles in the Act are:

- Every adult has the right to make his or her own decisions and must be assumed to have capacity to make them unless it is proved otherwise.
- A person must be given all practicable help before anyone treats them as not being able to make their own decisions.
- Just because an individual makes what might be seen as an unwise decision, they should not be treated as lacking capacity to make that decision.
- Anything done or any decision made on behalf of a person who lacks capacity must be done in their best interests.
- Anything done for or on behalf of a person who lacks capacity should be the least restrictive of their basic rights and freedoms.

Our health, our care, our say: a new direction for community services (Department of Health, 2006)

The vision set out in this White Paper is to reform health and social care services and is based upon four main goals:

- Better prevention services with earlier intervention
- More choice and louder voice for people who use services
- Tackling inequalities and improving access to community services
- More support for people with long-term needs

Putting people first: a shared vision and commitment to the transformation of adult social care (HM Government, 2007)

This document sets out a shared vision and commitment to the transformation of Adult Social Care, with a focus on promoting quality of life, independence, choice and control and participation as active and equal citizens within society.

Putting people first: a shared vision and commitment to the transformation of adult social care (Department of Health, 2007)

This outlines an ambition to put people first through a radical reform of public services, enabling people to live their own lives as they wish, confident that services are of high quality, are safe and promote their own individual needs for independence, well-being and dignity.

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Carers at the heart of 21st century families and communities: a caring system on your side, a life of your own (Department of Health, 2008)

The carers' strategy sets out the Government's short-term agenda and long-term vision for the future care and support of carer. New commitments in the carers' strategy include: an increase in planned short breaks for carers and supporting carers to enter or re-enter the job market. Other schemes include the piloting of annual health checks for carers to help them stay well and training for GPs to recognise and support carers. A more integrated and personalised support service for carers should be offered through easily accessible information, targeted training for key professionals to support carers.

Living well with dementia: a National Dementia Strategy (Department of Health, 2009)

This publication sets out an ambitious joint agenda for improving services for people with dementia and outlines 17 key objectives with associated outcomes. These include:

- Objective 1: We will increase awareness of dementia, the benefits of timely diagnosis and the services available to support dementia sufferers and their families through development of a publicity campaign.
- Objective 2: We will ensure that those affected by dementia have access to high quality, accurate information on their condition.
- Objective 3: We will develop a single care pathway for Wiltshire to streamline access to services and ensure that appropriate services are available when required.
- Objective 4: We will ensure that memory services are available in accessible, non-stigmatising locations and provide accurate, timely assessments, appropriate information and psychological and social support. Cognitive enhancers will be prescribed in line with National Institute for Clinical Excellence (NICE) guidance.
- Objective 5: We will ensure that Dementia Advisors are based in memory clinics to help those diagnosed with dementia and their carers to access the support and advice they need.
- Objective 6: We will facilitate the development of peer support networks by commissioning a range of dementia cafes across the county.
- Objective 7: We will ensure that all Wiltshire residents, regardless of their financial circumstances will have timely access to community care assessment and support to access services. Those that are eligible for community care funding will be given the opportunity to hold individual budgets
- Objective 8: We will ensure that a broad range of community based support services are available, including intermediate care, specialist domiciliary care, day care, telecare and supported housing services to help people with dementia remain safely in their own homes and to reduce unnecessary reliance on residential placements.

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- Objective 9: We will ensure that services are in place to meet the mental health needs of people with dementia who are being treated in general hospitals and to facilitate timely and appropriate discharge planning.
- Objective 10: Through the development of a workforce plan and training strategy, we will ensure that all service providers, including generic older people's services, are equipped with the necessary skills, knowledge and competencies to work effectively with people with dementia.
- Objective 11: We will ensure that specialist dementia services focus increasingly on assessment, the provision of care and treatment for those with complex needs and behaviour that challenges and on consultancy advice and support for generic services.
- Objective 12: We will ensure that a range of carer support services are available to support carers of people with dementia, with particular emphasis on the availability of short breaks.
- Objective 13: Mental health liaison services will be available in our local general hospitals to determine the services that are required to meet the needs of people suffering from dementia in these settings.
- Objective 14: We will improve the quality of care provided to people in registered care homes through work with our Provider Forums, this will include the use of life story books and individualised plans.
- Objective 15: Our end of life strategy will take account of and meet the specific needs of people with dementia.
- Objective 16: We will ensure that local services are commissioned to meet the needs of two specific client groups i.e. younger people with dementia and people with learning disability, particularly those with Down's syndrome who have a relatively high incidence of dementia.

'Nothing ventured, nothing gained': Risk guidance for people with dementia (Department of Health, 2010)

This document provides guidance on best practice in assessing, managing and enabling risk for people living with dementia. It is based on evidence and person-centred practice and within the context of 'Living well with dementia; a national dementia strategy' and 'Putting People First'. The guidance is aimed at commissioners and providers in health and care across all sectors.

The Equality Act 2010

The Equality Act 2010 legally protects people from discrimination in the workplace and in wider society.

It replaced previous anti-discrimination laws with a single Act, making the law easier to understand and strengthening protection in some situations. It sets out the different ways in which it is unlawful to treat someone. It also introduced the Public Sector Equality Duty which means that public sector organisations must have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

The new duty covers the following eight protected characteristics: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation. Public authorities also need to have due regard to the need to eliminate unlawful discrimination against someone because of their marriage or civil partnership status.

Within the Act there is also provision for protecting carers from discrimination because they are associated with someone who has a protected characteristic e.g. a disability.

Clinical guideline CG42 Dementia: supporting people with dementia and their carers in health and social care (National Institute for Health and Care Excellence, 2012)

This guideline makes evidence based recommendations on supporting people with dementia and their carers and family. Settings relevant to these processes include primary and secondary healthcare, and social care. Amongst other things it includes guidance on:

- Diversity, equality and language
- Integrated health and social care
- Risk factors, prevention and early identification
- Diagnosis and assessment of dementia
- Promoting and maintaining independence of people with dementia
- Interventions for cognitive symptoms and maintenance of function for people with dementia
- Interventions for non-cognitive symptoms and behaviour that challenges in people with dementia
- Interventions for co-morbid emotional disorders in people with dementia
- Inpatient dementia services
- Palliative care, pain relief and care at the end of life for people with dementia
- Support and interventions for the carers of people with dementia

Prime Minister's Challenge on Dementia: Delivering major improvements in dementia care and research by 2015, (Department of Health, 2012)

Launched in 2012, the Prime Minister's National Dementia Challenge outlined a number of commitments and areas for action at a local, regional and national level. It builds upon the National Dementia Strategy (2009) and focuses upon three main areas:

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- Driving improvements in health and care
- Creating dementia friendly communities that understand how to help
- Better research

<u>QS30: Supporting people to live well with dementia (National Institute for Health and Care Excellence, 2013)</u>

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing guidance, which provide an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

This quality standard covers supporting people to live well with dementia. It applies to all social care settings and services working with and caring for people with dementia. It should be read alongside the NICE dementia quality standard (QS1), which covers care provided by health and social care staff in direct contact with people with dementia in hospital, community, home-based, group care, residential or specialist care settings.

It focuses upon statements that cover the care and support that people with dementia and their carers and family require from the point at which they have concerns about their memory to end of life care:

- Statement 1: People worried about possible dementia in themselves or someone they know can discuss their concerns, and the options of seeking a diagnosis, with someone with knowledge and expertise.
- Statement 2: People with dementia, with the involvement of their carers, have choice and control in decisions affecting their care and support.
- Statement 3: People with dementia participate, with the involvement of their carers, in a review of their needs and preferences when their circumstances change
- Statement 4: People with dementia are enabled, with the involvement of their carers, to take part in leisure activities during their day based on individual interest and choice.
- Statement 5: People with dementia are enabled, with the involvement of their carers, to maintain and develop relationships.
- Statement 6: People with dementia are enabled, with the involvement of their carers, to access services that help maintain their physical and mental health and wellbeing.
- Statement 7: People with dementia live in housing that meets their specific needs.
- Statement 8: People with dementia have opportunities, with the involvement of their carers, to participate in and influence the design, planning, evaluation and delivery of services.
- Statement 9: People with dementia are enabled, with the involvement of their carers, to access independent advocacy services.

- Statement 10: People with dementia are enabled, with the involvement of their carers, to maintain and develop their involvement in and contribution to their community.

Local strategies

In Wiltshire there are a number of local strategies that outline the commitments made by Wiltshire Council, NHS Wiltshire Clinical Commissioning Group and other organisations to supporting people to live well. The strategies listed below are those that may be of relevance to people with dementia who are either accessing mainstream (non-specialist dementia) services and / or have other needs that are not related to their dementia. These strategies should be read in conjunction with this document:

- Wiltshire's Health and Wellbeing Strategy
- Mental Health Strategy (currently being revised and led by Public Health)
- Wiltshire Physical Impairment Strategy 2009 – 2014
- Policy and Procedures for Safeguarding Vulnerable Adults in Swindon and Wiltshire (2006)
- Wiltshire Carers Strategy 2012 – 2014
- Draft Drug Strategy Implementation Plan
- Alcohol Strategy Implementation Plan (to be refreshed following the Alcohol Needs Assessment)
- Joint Learning Disabilities Commissioning Strategy
- End of Life Care Strategy (currently being revised)
- Wiltshire Alcohol Strategy & Implementation Plan
- Wiltshire Drug Strategy & implementation Plan
- Older People Accommodation Strategy (2026)
- Help to Live at Home

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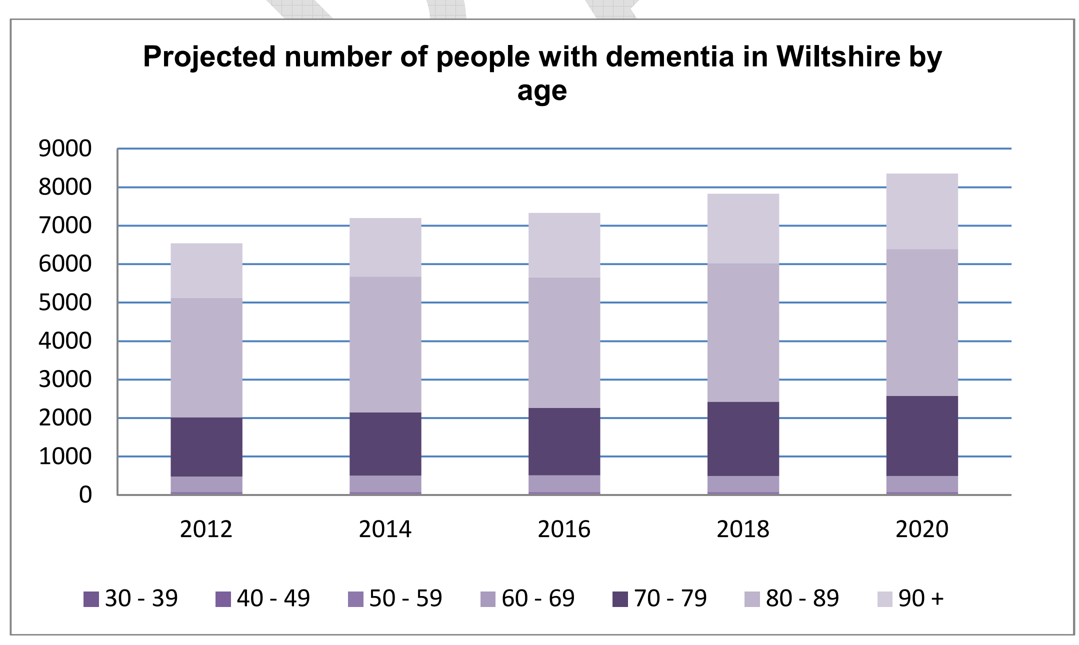
APPENDIX C - People with dementia and their carers and family in Wiltshire

Wiltshire is a predominantly rural county and in 2011 had a total population of 470,981, 21.5% of whom were at retirement age (65+ for men and 60+ for women). This compares to 19.4% for the whole of England. This is significant because dementia is most common in the older population as its prevalance rises significantly with increasing age. One in three people over 65 will develop dementia, whilst a much smaller proportion of the population (about 1 in 1400) will be affected by early onset dementia which occurs in younger age groups.

It is difficult to give exact figures for the number of people with dementia within the population as reported rates differ widely depending on the criteria and study methods used.

According to figures produced by Oxford Brookes University and the Institute of Public Care (2013), the population of Wiltshire with dementia in 2012 was 6,538 and they estimate that this will increase by 27.8% in 2020 – this equates to an 1800 additional people with dementia. The age groups that will see the largest increases are 90 + years old (40% increase) and 70 – 79 years old (36% increase), whilst there will be a decrease of 12% in people aged 40 – 49 years old.



Information source: Projecting Older People Population Information System and Projecting Adult Needs and Service Information (Oxford Brookes University and Institute of Public Care, 2013)

The NHS Commissioning Board and NHS South of England (2013) have also produced information about the population of Wiltshire with dementia and this tells us that in 2013/2014 there are an estimated 6,512 people with dementia in Wiltshire. Looking at the information in more detail we can get a better understanding of our local population (more detailed information can be found in Appendix C):

Diagnosis

According to the Dementia Prevalence Calculator, the current diagnosis rate in Wiltshire is 37.4%. This is the number of people with dementia who have received a formal diagnosis which has been recorded by their GP. This means that 61.8% of the population do not have a diagnosis.

Community areas

The following data shows the estimated number of people who are Wiltshire residents registered with a GP surgery and who have dementia by the community area that they live. Note that it does not include people who live in Wiltshire but are registered with a non-Wiltshire GP.

Community area	Estimated number of Wiltshire residents, registered with a Wiltshire GP, with dementia	% of people with dementia
Amesbury	368	6.27
BoA	238	4.05
Calne	266	4.53
Chippenham	511	8.71
Corsham	245	4.18
Devizes	361	6.14
Malmesbury	218	3.72
Marlborough	290	4.93
Melksham	362	6.17
Mere	95	1.62
Pewsey	185	3.15
Royal Wootton Bassett & Cricklade	357	6.08
Salisbury	576	9.81
Southern Wiltshire	314	5.35
Tidworth	163	2.78
Tisbury	96	1.64
Trowbridge	501	8.54
Warminster	385	6.55
Westbury	230	3.92
Wilton	108	1.84
TOTAL Wiltshire	5,871	100

Age and gender

In line with national figures the majority of people with dementia in Wiltshire are women (64%) whilst only 36% are men. However it is worth noting that of the 135 people who have early onset dementia (this is when the individual is under the age of 65 years old) 59% are male and 41% are female. This again reflects the national trend. Over 4,500 of people with dementia are aged 80 years of age or older, and of these 1,348 are 90 years or older.

Age (in years)	Estimated number of people with dementia in 2013/2014		
	Males	Females	Total
< 30	0	0	0
30 - 34	1	1	2
35 - 39	1	2	3
40 - 44	1	4	5
45 - 49	6	5	11
50 - 54	11	9	20
55 - 59	27	15	42
60 - 64	33	19	52
65 - 69	193	134	327
70 - 74	308	256	564
75 - 79	402	580	982
80 - 84	546	984	1,530
85 - 89	471	1,155	1,626
90 - 95	291	720	1,011
95 +	68	269	337
Total	2,359	4,153	6,512

Information source: Dementia Prevalence Calculator (NHS Commissioning Board and NHS South of England, 2013)

Severity of dementia

Dementia is progressive, meaning that as time passes people's symptoms will increase and they will require more help and support to live well. It is recognised that there are three broad levels of dementia, which reflect the impact that the dementia has on the individual and their ability to care for themselves. In Wiltshire:

Severity of dementia (2013/2014)	Age								Total
	< 65	65 - 69	70 - 74	75 - 79	80 - 84	85 - 89	90 - 95	95 +	
Mild	68	202	353	559	869	883	494	143	3570
Moderate	68	105	171	309	487	530	334	116	2120

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Severe	0	21	40	113	174	213	183	78	822
Total	135	327	564	982	1,530	1,626	1,011	337	6,512

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Place of residence

According to national statistics, 71% of people with dementia live within the community, whilst 29% in residential care. If applied to the Wiltshire population this equates to 4,629 people living in their own homes, whilst 1,899 live in residential care settings (residential and nursing care homes). Of those people who live in the community in their own home, Alzheimer's Society (2012) estimate that one third live alone.

Estimated number of people with dementia (2013/2014)	**Age (in years)**								**Total**
	< 65	**65 - 69**	**70 - 74**	**75 - 79**	**80 - 84**	**85 - 89**	**90 - 95**	**95 +**	
Living in the community	135	253	435	733	1,142	1,101	684	145	4,629
Living in residential care	0	74	129	249	388	525	327	192	1,883
TOTAL	135	327	564	982	1,530	1,626	1,011	337	6,512

Information source: Dementia Prevalence Calculator (NHS Commissioning Board and NHS South of England, 2013)

However, this data should be treated with caution as it is known from local service monitoring that there are a minimum of 15 people under the age of 65 years old who are living in residential care settings, with over a third of these being individuals with learning disabilities and dementia.

End of Life

The National End of Life Care Programme (2012) highlighted that in 2008-2010 in 18.3% of deaths, the cause of death upon the death certificate mentioned Alzheimer's, dementia & senility, compared to the England average of 17.3%.

In Wiltshire this represented an annual average of 766 deaths and of these the place of death was as follows: 11% at home, 62% in a care home, 26% in a hospital and 0% in a hospice.

Carers

In relation to the support provided by carers, according to figures produced by Alzheimer's Society (2012) it has been estimated that there are approximately 5,454 family members and friends acting as carers to people living with dementia in Wiltshire.

Ethnicity

The table below shows the estimated number of people with dementia by ethnic group. Data from the 2011 census for the Wiltshire population has been applied to the estimated number of people with dementia in 2013/2014. It clearly shows that the majority of people with dementia are White British, followed by Other White (which mainly consists of European Accession countries, including Poland) and then Other Asian (which includes the Filipino and Polynesian communities).

This data should be treated with some caution as the information from the Census applies to the whole Wiltshire population, whilst people with dementia are generally aged 65+. For example, the military community within Tidworth is one of the most diverse communities within the county, yet does not have a high number of people with dementia (65 people).

Ethnic Group	**% of Wiltshire population**	**Estimated number of people with dementia in 2013/2014**
White: British	93.36	6,080
White: Irish	0.51	33
White: Gypsy / Irish traveller	0.16	10
White: Other white	2.57	167
Mixed: White and Black Caribbean	0.42	27
Mixed: White and Black African	0.14	9
Mixed: White and Asian	0.35	23
Mixed: Other mixed	0.27	18
Asian or British Asian: Indian	0.33	21
Asian or British Asian: Pakistani	0.05	3
Asian or British Asian: Bangladeshi	0.13	8
Asian or British Asian: Chinese	0.26	17
Asian or British Asian: Other Asian	0.55	36
Black or Black British: African	0.30	20
Black or Black British: Caribbean	0.24	16
Black or Black British: Other Black	0.14	9

Arab	0.06	4
Other ethnic group: Please state	0.16	10
Total	100	6,512

Information source: Wiltshire's diverse communities: Results from the Census 2011 (Wiltshire Council) and Dementia Prevalence Calculator (NHS Commissioning Board and NHS South of England, 2013)

Religion

The table below shows the estimated number of people with dementia according to religion of choice. Data from the 2011 census for the Wiltshire population has been applied to the estimated number of people with dementia in 2013/2014. It clearly shows that the majority of people with dementia are Christian, followed by having no religion or not wishing to state their religion.

Religion	**% of Wiltshire population**	**Estimated number of people with dementia in 2013/2014**
Christian	64	4,168
Buddhist	0	20
Hindu	0	20
Jewish	0	7
Muslim	0	26
Sikh	0	7
Other religions	1	33
No religion	27	1726
Religion not stated	8	501
Total	100	6,505

Information source: Wiltshire Census 2011- Selected Statistics Profile Tool: Wiltshire Unitary Authority (Wiltshire Council, 2013) and Dementia Prevalence Calculator (NHS Commissioning Board and NHS South of England, 2013)

Other aspects of the population

It is important to remember that there are certain groups of people with dementia in Wiltshire that services may not be as well placed to meet the needs of when compared to the general population. However, it is equally as important to do so and work is needed to look at how this is best achieved. These groups include, but are not limited to:

- People with early onset dementia (are aged under 65 years old)
- People with learning disabilities and dementia
- Black and Minority Ethnic communities
- People with dementia who live alone without family support

APPENDIX D - Current service provision in Wiltshire

The services available to people with dementia and their carers and family have been delivered to date under the direction of the previous Wiltshire Dementia Strategy which was developed in 2009 and the Prime Minister's Challenge on Dementia (2012). Some of the highlights of the successes that have delivered during this time include for people living with dementia include, but are not limited to:

- A range of awareness resources developed entitled 'There's nothing wrong with my memory!'
- An improved information offer for people with concerns living with dementia including the new dementia adviser service, carers' booklet and range of resources within Wiltshire libraries.
- An expanded network of community activities for people with dementia and their carers including memory cafes and Singing for the Brain.
- Implementation of a new memory service, which has since development had additional investment to improve waiting times and develop links with primary care.
- Comprehensive GP training and new pathway in place for dementia diagnosis in primary care
- Development of specialist mental health services including care home liaison service, hospital liaison service.
- Delivery of training for social care and health staff on end of life care for people with dementia.
- An established Wiltshire Dementia Delivery Board that brings together multi-agency partners to deliver dementia care in Wiltshire.
- Workstreams within the acute hospitals to improve dementia care in hospital settings.
- New Help to Live at Home service
- New telecare service

Insert two case studies

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Current service provision in Wiltshire as identified by the Wiltshire Dementia Delivery Board

<table>
<tr><th>Recognising concerns</th><th>Learning it’s dementia</th><th>Planning for the future</th><th>Living well with dementia</th><th>Managing at more difficult times</th><th>Care at end of life</th></tr>
<tr><td colspan="4">Memory Service - Dementia assessment, diagnosis and treatment (including post diagnostic groups)</td><td colspan="2" rowspan="2">GP out of hours service ~
Complex Intervention & Therapy Team</td></tr>
<tr><td colspan="3">Primary care - Dementia assessment, diagnosis and treatment</td><td rowspan="3">Day services
~
Specialist Home & Community Support Service
~
Movement for the Mind
~
Singing for the Brain
~
Active Health Programme</td></tr>
<tr><td colspan="2">Dementia CQUIN in acute hospitals</td><td rowspan="3">Life Story Groups (Alz Support)
~
Home improvement agency – part of Help to live at Home service (Equipment ICESS)</td><td rowspan="2">Acute hospital liaison service
~
Acute hospitals
~
Inpatient assessment service
~
MH Care Home Liaison Service
~
Emergency Duty Service
~
STARR scheme
~
Extra Care Housing
~
Care homes
~
Respite</td><td rowspan="2">My Home Life programme in care homes
~
Continuing Health Care
~
Hospices</td></tr>
<tr><td rowspan="3">Awareness raising</td><td rowspan="3">RUH Community geriatrician</td></tr>
<tr><td colspan="3">Social care ~ HTL@H ~ Telecare ~ DPs ~ Health community teams ~ Court of Protection</td></tr>
<tr><td colspan="4">Support for people who fund their own care</td></tr>
<tr><td colspan="6">Safeguarding ~ Primary care liaison service ~ Dementia Adviser Service ~ Memory cafes ~ Library resources ~ Support for carers (groups, training, assessments, breaks) ~ Advocacy ~ Good Neighbour Scheme ~ Wiltshire Citizens’ Advice Bureau ~ Health Matters sessions</td></tr>
</table>

Current gaps and ideas to improves service provision in Wiltshire as identified by the Wiltshire Dementia Delivery Board

Recognising concerns	**Learning it's dementia**	**Planning for the future**	**Living well with dementia**	**Managing at more difficult times**	**Care at end of life**
Consistency of awareness materials in community settings	Support for people to attend appointments ~ Links between acute hospitals and primary care / community services ~ Support to come to terms with diagnosis: psychology services & talking therapies ~ Development of a care pathway ~ Carer training ~ Post diagnostic groups	Information pack post diagnosis ~ Training about particular groups e.g. younger people ~ Employment support for carers ~ Awareness within the community ~ Advance care planning ~ Specific support targeted at carers	Links with falls prevention work ~ Develop existing OSJ day services ~ Clinical Nurse for Dementia ~ Relay in memory clinics ~ Support to pick up prescriptions and remember appointments ~ Psychological therapies for carers	Carer involvement in hospital discharges ~ Carer support ~ Sustainability of care home liaison service ~ Lack of specialist provision for people with specific needs e.g. younger people ~ People with dementia living alone ~ Access to and capacity of out of hours services including crisis intervention ~ Pathway for younger people through in-patient services ~ Alternatives to hospital	Gold Standards Framework ~ Pain management toolkit/guide ~ Carer involvement ~ Advanced care planning in early stages of dementia ~ Training for professionals ~ Patient choice ~ Dementia specific information ~ Tools to be used during Liverpool Care Pathway review ~ Equitable respite care ~ Spiritual and emotional needs ~ Equity of psychological therapies ~ Support to move on from the caring role
Consistency of carer assessment process ~ Specialist dementia advocacy ~ Understanding the population and needs of people with learning disabilities and dementia / BAME population / younger people with dementia					

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The table below provides information about the various services that are available in Wiltshire to support people with dementia. Some are specialist services in that they only work with people who have dementia or complex mental health conditions, but the majority are non-specialist services that support people with a variety of needs, including dementia.

Service	Organisation	Location	Detail
Active Health Programme / Active Wiltshire	Wiltshire Council	Countywide	Active Health is a scheme for physical activity opportunities for those referred by a medical professional. There can be many different reasons for referral and a number of different exercise programmes are available across the county in leisure centres and other local facilities, at a reduced rate. In addition, there are a number of other health related opportunities that are available such as walking groups which are accessed by people with dementia.
Acute hospitals	Royal United Hospital, Great Western Hospital, Salisbury Foundation Trust	Bath, Swindon, Salisbury serving all of Wiltshire	There are three acute hospitals serving the Wiltshire population and within each there are plans in place to improve the quality of care for people with dementia and their carers. These plans include a range of actions including developing staff as dementia champions, introducing coloured crockery to support people to eat, working to become dementia friendly environments and putting in place a range of measures to identify people who have dementia.
Advocacy	SWAN Advocacy	Countywide in the community	Commissioned by Wiltshire Council, Swan Advocacy provides free advocacy services to vulnerable adults in Wiltshire, including people with dementia and carers. Their service includes Independent Mental Health Advocacy and Independent Mental Capacity Advocacy.
Awareness raising in the community	Various	Countywide in the community	Various organisations in Wiltshire work to raise awareness of dementia within the community through various activities. Awareness raising materials entitled 'There's Nothing Wrong with my memory!' are available from Wiltshire Council, Alzheimer's Support have established a memory awareness volunteer scheme across East and West Wilts and the Alzheimer's Society community road show bus visits Wiltshire on an annual basis.
Care homes	Various	Countywide	Residential and nursing care is commissioned from a range of providers

Service	Organisation	Location	Detail
			throughout the county. Currently Wiltshire Council commissions 333 residential placements and 220 nursing care placements for people with dementia. CHC funded placements/packages – CCG to provide info.
Carers breaks / respite	Various	Countywide in the community	Wiltshire Council and NHS Wiltshire Clinical Commissioning Group jointly commission a range of carers' breaks opportunities. These include: • Timeout opportunities • GP prescription breaks • Breaks for eligible carers following an assessment of caring needs – This could include regular short breaks, receiving a direct payment to purchase a flexible break, or care being provided to the person with dementia either in their own home, a day service or care home setting.
Complex Intervention & Therapy Teams	Avon and Wiltshire Mental Health Partnership	Countywide in the community	Commissioned by NHS Wiltshire Clinical Commissioning Group, these teams are supported by specialist therapy to provide people with specialist mental health services at home. They offer: • Assessment, intervention and care planning • Care management • Intensive support • Safeguarding and review of relevant service users • Signposting and providing optimum choice through working alongside other organisations.
Continuing Health Care	NHS Wiltshire Clinical Commissioning Group	Countywide	Some people qualify for the full costs of their care to be paid for by the NHS if they meet the NHS continuing health care criteria. Continuing health care means care provided to meet health needs for a period of time to a person aged 18 or over to meet physical or mental health needs.
Court of Protection	Wiltshire Council	Countywide	This service provides the management of the personal financial affairs of those who receive a social service from Wiltshire Council but are assessed as lacking the capacity to deal with their own financial affairs and has no one else able to assist them.
Day services	Various	Locations countywide	Wiltshire Council commissions day care for 45 people with dementia which form part of their care package, as well as funding specialist day services provided by

Service	Organisation	Location	Detail
			Alzheimer's Society and Alzheimer's Support. There are a range of specialist and non-specialist day care services across the county.
Dementia Adviser Service	Alzheimer's Society / Alzheimer's Support	Countywide in the community	Commissioned by Wiltshire Council and NHS Wiltshire Clinical Commissioning Group, this service is a specialist service for people with dementia and their carers. It provides personalised information and guidance, and gives people a named adviser to support them along their journey with dementia. There are 8 advisers across the county and they work closely with health services to identify people with dementia as soon after their diagnosis as possible.
Dementia CQUIN (Commissioning for Quality and Innovation)	Royal United Hospital, Great Western Hospital, Salisbury Foundation Trust	Bath, Swindon, Salisbury	The aim of the Dementia CQUIN is to incentivise hospitals to identify patients with dementia and other causes of cognitive impairment alongside their other medical conditions and to prompt appropriate referral and follow up after they leave hospital. Hospitals are required to have in place systems that will support this and have targets that they must achieve.
Direct Payments	Wiltshire Council	Countywide	Direct payments are sums of money that are given to people who have been assessed as needing community care services by Wiltshire Council. They allow the individual to organise and buy the services that they want and so give them more choice, control and flexibility over the care that they receive. Wiltshire Council currently provides 230 people with dementia and their carers with direct payments as part of their funded care package. Wiltshire Council also commissions Wiltshire Centre for Independent Living to provide support and advice to people who choose to receive a direct payment.
Emergency Duty Service	Wiltshire Council	Countywide in the community	This is an out of hours social care service, which can assist people who may be in crisis.
Extra Care Housing	Various	Trowbridge, Pewsey, Devizes	Extra care housing can provide a real alternative to residential care,. It provides independent living with support when it is needed and 'a home for life' for many people even if their care needs change over time. There are currently three schemes in Wiltshire, with plans to develop more over the next ten years as part

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Service	Organisation	Location	Detail
			of the Older People's Accommodation Strategy. All schemes are designed to meet the needs of people with dementia.
Good Neighbour Scheme	Community First	Countywide in rural communities	Commissioned by Wiltshire Council, this service is primarily aimed at older people living in rural communities who may be vulnerable or at risk of becoming vulnerable. The service seeks to establish a trusted and effective bridge between vulnerable individuals and the statutory services and local voluntary organisations that are able to offer help and support.
GP Out of hours service	Medvivo	Countywide	This is a GP Out of Hours care for all patients registered with a GP Practice in Wiltshire.
Health community teams	Great Western Hospital	Countywide in the community	Commissioned by the NHS Wiltshire Clinical Commissioning Group, these teams are based throughout the county and provide community based health services to people within their own homes, including people with dementia.
Help to Live at Home	Various	Countywide in the community	Help to Live at Home is a range of care and support services that are designed to support people to remain at home for as long as possible. Care is provided to people in way that is designed to meet their personal outcomes and ensure that they can remain as independent for as long as possible. Wiltshire Council commissions 205 care packages for people with dementia which are delivered within their own home. This include provision by HTL@H organisations, but also specialist services
Hospices	Dorothy House, Prospect Hospice, Salisbury Hospice	Hospices at Salisbury, Bradford on Avon and Swindon providing community services	Three hospices serve the Wiltshire population and each provides dedicated end-of-life care for patients and compassionate support for their families and friends. They do this through supporting people in their own homes, as well as in their inpatient beds for those requiring 24 hour care to help with distressing symptoms or who wish to die in the hospice, day care and other services depending on the hospice. Hospice staff also work in partnership with colleagues in health and social services in the community, in care homes and in hospital offering advice, support and homes and in hospital offering advice, support and education.
Inpatient assessment	AWP	Salisbury with access	Commissioned by NHS Wiltshire Clinical Commissioning Group, this service is provides specialist in-patient assessment and treatment beds for people with

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Service	Organisation	Location	Detail
service		to services in Swindon and Bath	dementia.
Library resources	Wiltshire Council	Countywide libraries	Wiltshire libraries offer people with dementia and their carers a number of services including an extensive book collection on dementia, Carers card, home delivery service. Library memory groups will commence in early 2014).
Life Story Groups	Alzheimer's Support	West / East Wiltshire	Alzheimer's Support runs occasional Life Story groups where a group of family carers and people with dementia meet together with trained staff to produce a life story over several weeks. It is funded through independent fundraising activity.
Memory cafes	Various	Various locations across the county	Wiltshire Council commissions six cafes which are run by Alzheimer's Support and Alzheimer's Society and are specifically for people with dementia and their carers and family. The cafes meet on a regular basis and provide a friendly environment where people with dementia and their carers can meet and socialise with people in similar circumstances, share experiences and receive information about the services and support available. In addition to these and with the support of the Wiltshire and Swindon Users' Network, other cafes are developing independently within local communities including in Royal Wootton Bassett (3Ms café) and Melksham.
Memory Service	Avon and Wiltshire Mental Health Partnership		Commissioned by NHS Wiltshire Clinical Commissioning Group, this service provides a specialist assessment, diagnosis and treatment service for people with dementia. In Wiltshire, there are two elements of the service: • Memory nurses who work with GPs and primary care to assess, diagnose and treat people with dementia within the community. • Memory clinics which provide specialist assessment, diagnosis and treatment that GPs and primary care are not able to deliver. This may be where people may have more complex needs or may have a less common type of dementia.

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Service	Organisation	Location	Detail
			The service also offers advice and information to people who have received a diagnosis.
Mental Health Acute Hospital liaison Service	Avon and Wiltshire Mental Health Partnership	Bath, Swindon, Salisbury	This service works in the three acute hospitals serving Wiltshire and offers specialist mental health assessmenst to all adults attending Accident and Emergency (A&E) departments who have mental health concerns including self harm. It also assists acute general hospitals to assess and treat people with mental health concerns, including dementia, who have been admitted with an existing medical problem.
Mental Health Care Home Liaison Service	Avon and Wiltshire Mental Health Partnership	Countywide in the community	Commissioned by NHS Wiltshire Clinical Commissioning Group, the aim of the care home liaison service is to improve care, help maintain residents in their current setting and reduce hospital admissions ultimately enabling people to remain in their own care homes. It is a specialist service and is currently running as a pilot in Wiltshire until March 2014.
Movement for the Mind	Alzheimer's Support	Bowerhill	Movement for the Mind is a gentle physical activity club for people with dementia and their carers to enjoy together in west Wiltshire. It is funded by funded by Melksham Rotary Club, the Melksham Area Board and Wiltshire Council.
Primary Care	GP surgeries	Countywide in the community	There are 57 GP surgeries that serve the Wiltshire population. As well as providing health services to the general population, they are commissioned by NHS Wiltshire Clinical Commissioning Group to identify, assess and treat people with dementia. This is done in conjunction with the memory service which provides support and advice and will take the lead for people with more complex needs.
Primary Care Liaison Service	Avon and Wiltshire Mental Health Partnership	Countywide	Commissioned by NHS Wiltshire Clinical Commissioning Group, this is a specialist short-term support service to help people with mental health difficulties to move forward and get on with their lives. It works alongside GPs to assess and plan treatment and care for people, which may involve making referrals to other specialist teams including the Complex Intervention & Therapy Team or Memory Service.
Singing for the Brain	Alzheimer's Support / Alzheimer's	Various locations across the	Commissioned by Wiltshire Council, 10 groups run throughout the county on a regular basis specifically for people living with dementia. Based upon music and singing with others, groups offer structured sessions that promote participation,

Service	Organisation	Location	Detail
	Society	county	peer support and general wellbeing.
Social Care	Wiltshire Council	Countywide in the community	Wiltshire Council provides a range of social care functions for people with dementia and their carers and family. They will assess and provide information to all people in Wiltshire, and where people meet eligibility criteria will fund the care that is needed to deliver the individuals' identified outcomes. A snapshot in 2013/2014 shows that of the individuals that Wiltshire Council contributes funding to, 41% of people receive funded care within the community (day care, direct payments and care at home) whilst 59% of people receive funded care within care home setting (residential and nursing care homes). Wiltshire Council also has a mental health social work service, which provides people with dementia and their carers and family with specialist assessment, support and services when required.
Support for people who fund their own care	Various	Countywide	Coordinated by the Wiltshire Centre for Independent Living, the Wiltshire Self Funders Forum meets quarterly to bring Self Funders together to discuss their concerns, learn from each other and participate in consultation exercises etc. Wiltshire Council is working with two independent Care Fees Specialists who can provide people who are responsible for funding their own care with specialist information and advice and help them understand the funding solutions available to fund their care for the rest of their life and protect their wealth and inheritance legacy.
STARR scheme	Various	Countywide in the community	This service is commissioned by NEW Group, NHS Wiltshire Clinical Commissioning Group as a step up / step down service for people that provides a re-ablement approach. It is delivered in care homes across the county.
Telecare	Medequip-UK		Telecare, otherwise known as assistive technology, includes various pieces of equipment like lifelines, pendant alarms, smoke detectors, carbon monoxide detectors and many others that can help people to remain safe at home, 24 hours a day.
Safeguarding	Various	Countywide	Safeguarding describes the process that aims to protect vulnerable people from harm and abuse. All organisations have a duty to protect vulnerable people and

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Service	Organisation	Location	Detail
			there are specialist safeguarding teams (including at Wiltshire Council and Wiltshire Police) in place to provide advice and decide how reports of abuse should be investigated and managed.
Support for carers (groups, training, assessments, breaks)	Various	Countywide in the community	Wiltshire Council and NHS Wiltshire Clinical Commissioning Group fund a wide range of support options for carers of people with dementia. Some of these are provided by non-specialist organisations such as Carer Support Wiltshire, whilst other are provided by organisations that specifically work with people with dementia and their carers and family e.g. Alzheimer's Support and Alzheimer's Society. Support options include, but are not limited to: • Assessments of carers' needs • Carers breaks / respite • Training for carers • Support groups • Information, advice and support

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APPENDIX E – What do people with dementia and their carers and family in Wiltshire tell us?

In preparing for this strategy, Wiltshire Council and NHS Wiltshire Clinical Commissioning Group visited various groups of people with dementia and their carers to find out what life was like in Wiltshire living with dementia. It is acknowledge that further work is required in relation to gaining the views of people who do not access group activities. The information below summarises what people reported:

What is important to you in terms of your life with memory loss?

- Large number of people reported that having a place to meet and socialise with other people in similar circumstances and with the same experiences was important to them e.g. memory cafes
  - "Just getting out for a cup of tea and a chat. Things we take for granted, spontaneity."

- Many people also reported the importance of knowing where to get information from and who to speak to if they had questions. One carer reported "it is important to know where to go for help and information and to be given correct advice. Time is precious enough without wasting it going round in circles."

- Carers reported that access to good carer support was important and that a variety of support was required:
  - Support that focuses on being a 'carer' and on being 'me' i.e. looking after myself and my identity
  - 1:1 support
  - Covering a range of issues including learning about dementia, what the future entails and what to do about it, knowing what support is available, training on practical tasks and on recognising and managing emotions
  - Groups
  - Someone to talk to
  - Would be good to have the for carers of people living in care homes where the caring role is still present but perhaps not so obvious

- Help to prepare for the future
- Knowing what your care and funding options are
- Person centred care planning, which involves the person with dementia at an early stage to enable future choices to be made.

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- Early diagnosis and conversation about the future and what it holds

- Being able to trust staff – to feel safe with them
- For the carer and person with dementia to feel safe, secure, and free from pain and discomfort
- Continuity of care
- Recognising the person's [with dementia] life – past, current and future
- Enough well trained staff to provide for each individuals' care needs
- Recognise carers' role in decision making
- Transport – particularly when the person with dementia loses the ability to drive
- Listening to the individual's voice

<u>What is working well?</u>

- Community activities such as memory cafes and Singing for the Brain
  - People gave positive feedback including "Signing for the Brain is absolutely wonderful. It's social aspect is as fulfilling as the singing aspect."
  - "At Singing for the Brain he can be his usual jolly, silly self. It's such a good break from the same old nothing."
  - People reported that more activities would be good.
  - People reported that they felt better for attending these types of groups.
  - Some people reported concerns that these may be cut in the future.
  - One person who had been in contact with services for a number of years reported that there has been a huge improvement in group activities.

- Support from the voluntary sector
  - Organisations included Alzheimer's Support, Alzheimer's Society, Carer Support Wiltshire, the Wiltshire and Swindon Users' Network
  - People reported that they felt well supported by them and in some instances these were the only services that they were accessing.

- Being able to meet and socialise with other people with dementia and their carers and family

- Day care including Polebarn Club and Sidmouth Club
- Support for direct payment users and self funders from Wiltshire Centre for Independent Living
- Red Cross equipment hire
- Age UK – befriending
- Alzheimer's Support memory awareness volunteers in GP surgeries and libraries
- Circle dancing in care homes
- Community coordinators
- Flu clinic forms – ask if you are a carer and who for
- Memory services – Comments included "it has improved a lot" and "first class"

<u>What could be improved?</u>

- Transport
  - Lack of available/affordable transport to access services
  - People commented that it is important for activities and services to be accessible by public transport – "you shouldn't have to travel anywhere that isn't served by public transport."
  - Many people currently have transport but are relying upon others for it and worry what will happen if and when this support is not available.
  - Disabled parking "we need a map of where the spaces are, I haven't got the time or energy to seek out where they are in and around Salisbury."
  - Blue Badge scheme and the eligibility criteria over who is able to have one.

- Medication and delays in delivery

- Support for carers
  - Many carers reported that they would feel they need more respite, with some homes not being able to provide appropriate care.
  - One carer raised that there are some carers groups that the person you look after can't attend, which makes it difficult to attend
  - "I'm gobbled up by the whole process … It is hard to hang on to who you really are."

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- Understanding of professionals of the challenges of living with dementia.
    - Some people reported that they had not received useful support from health and social care organisations.
    - "It's terminal. We want better customer care"
    - "We're emotionally fragile in the initial stages. We need more understanding."

- Processes, paperwork and the language used.
    - People reported that there are large amounts of paperwork involved in caring for someone with dementia, which often contains duplications and language that is ambiguous or contains jargon.

- More time
    - Carers reported that the level of caring that they are providing leaves them short of time to undertake the caring tasks that they need to undertake and with no time to do their own personal interests.
    - One person with dementia said for them the issue was "Getting people to realise you need time … they rush you to make decisions, explain yourself."

- Support for people living alone
    - This included comments about it being more difficult to know what is available and that people often are unable / do not want to attend activities or appointments alone. Isolation is a big issue.

- The general public's understanding of dementia and the stigma that is still associated with it
    - People said that many people do not understand what it is like to live with dementia.
    - One person said 'People are embarrassed to say they have a memory problem." Whilst another said "There's that stigma still"

- Support to plan for the future
- Specialist MH services
- Direct Payments
- Better support in local communities including in shops and local businesses.
- Person centred care
- Linking with other organisations that support people at high risk of dementia e.g. Parkinsons, stroke
- Understanding of the different types of dementia

- EOLC in hospitals for people with dementia who may need 24/7 support and company.
- Sufficient support to get home from hospital
- Knowing what you are entitled to e.g. taxi vouchers
- Support from district nurse

Mixed experiences

- Support form GPs
  - Some people reported having had good support from their GP, including as carers in their own right.
  - Other people reported a number of concerns including:
    - Feeling that GPs do not feel that they understand and in one case "was not really interested"
    - Feelings that with specialist services in the practice, some GPs pass the individual to the specialist service rather than getting involved.
    - Continuity of care – People reported not being able to see the same GP each time they visited which was not useful and makes communication more difficult. One person commented that the saw different GPs for their dementia and physical health needs.
    - A number of people reported that they would like to see a specialist services in their GP surgery.

- Knowing where to go for information and help
  - Some people reported that they knew who to contact if they needed information, including their dementia adviser.
  - People reported that useful sources of information included the voluntary sector, dementia advisers and various publications including the carers' handbook, dementia guide, and Days out and accessibility book.
  - Other people reported that they would not know who to go to if they needed information.
  - People also suggested that more information was needed in public places such as GP surgeries.

- Acute hospitals
  - Some people reported good experiences in hospital, including a sing song on Farley Ward at Salisbury District Hospital which was 'really enjoyable'.
  - Some people were aware of good practice taking place in hospitals such as good dementia friendly signs (GWH) and dementia friendly wards and dementia coordinators at RUH.

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  - However other people did not have such good experiences – "When you go into hospital you become isolated from the world."

- Care in care homes
  - People reported varying experiences of care in care homes. There were some examples of people receiving high quality care, whilst people also reported concerns they have with the quality of care in some homes, which related not only to meeting the individuals' care needs, but also their general wellbeing including opportunities to access the community.

- Carers voice in decision making and service developments.

- Meeting people's spiritual needs
  - People reported the importance of meeting the spiritual needs of the person with dementia. Some people had had good experiences of this happening, including in care homes, but others thought that more work was needed, including ensuring that it is a consideration from the start of the care planning process and that churches could take a greater role in supporting people with dementia in local communities.

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APPENDIX F - EQUALITY ANALYSIS

Name of Service/Policy/Project/Decision to undergo Equality Analysis:
Wiltshire Dementia Strategy
Key contact person & others involved: Key contacts: Rhian Burgess (Commissioning & Contract Lead – Dementia, Wiltshire Council) & Susan Dark (Dementia Lead, Wiltshire Clinical Commissioning Group) Partners involved: Wiltshire Dementia Delivery Board
Date Completed: 19th November 2013
Review date (at least annually): Spring 2014 – following the formal consultation process of the draft dementia strategy
Identify aims:
The aim of the strategy is to ensure that all people with dementia and their carers and family in Wiltshire are treated as individuals and are able to access the right care and support, at the right time so that they can live well with dementia within supportive and understanding communities. This will be supported by providing care and support to promote people's independence, health and wellbeing and quality of life. It is recognised that people will experience different phases of living with dementia, all of which are important, but which can differ vastly. These are as follows: • Recognising memory problems • Learning it's dementia • Planning for the future • Living well with dementia • Managing at more difficult times

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- Care at end of life

The strategy's ambition is equally applicable across all of these stages, as is the aim to minimise the number of times that people need to move within their life with dementia in order to receive the care they need, whether that be to a hospital, residential or nursing care home setting.

Whilst it is acknowledged that there will be periods of time when people will require specialist care dementia services, it is the aim that people will be supported by generic, non-specialist care services for as long as possible and that these will be skilled and knowledgeable to appropriately support people with dementia and their carers and family.

In addition to this, it is the aim of this strategy to ensure that local communities are supportive, understanding and inclusive of people with dementia so that people can live well as active and valued members of our society. This will be achieved through implementing the concept of dementia friendly communities across Wiltshire.

Collect and use evidence:

The strategy includes a range of information about the population of Wiltshire living with dementia. The majority of this has been developed by applying national statistics to the Wiltshire population and includes:

- Prevalence and diagnosis rates
- Severity of dementia
- Place of residence
- End of life
- Age and sex
- Distribution of the population by community area
- Ethnicity
- Religion / faith
- Carers

In relation to gaps in the knowledge, these include:

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- Disability
- Sexual orientation
- Marriage and civil partnership

Further work is required to look at these gaps in more depth although it is likely that in many cases national statistics would be applied to the Wiltshire population. In relation to disabilities it is acknowledged that certain conditions and illnesses increase people's risk of developing dementia. This is to be addressed through the action plan of the dementia strategy, which will include the commitment to undertake a needs assessment for people with learning disabilities and dementia. This will be overseen by the Wiltshire Dementia Delivery Board which will ensure that all relevant partners and stakeholders are involved as appropriate.

Further work is also required to look at whether the people accessing services are representative of the population with dementia. This will need to be addressed through commissioning and contract monitoring arrangements.

Assess the impact:

It is the intention that the individuals that will benefit from the dementia strategy include all people who have dementia and their carers (people who provide unpaid care and support) and family members.

However there are certain groups of people with dementia for whom services have been less successful in reaching. These include:

- People with early onset dementia (are aged under 65 years old) – Due to age being a determining factor in the onset of dementia, it is noted that the majority of services for people with dementia are accessed by people who are in their 70s, 80s and 90s. It has therefore been identified that the small number of people (approx. 135 people) with early onset dementia may not feel that these services are appropriate for them. In addition the challenges that someone with early onset dementia may face are likely to be different to an older person, including employment, children and the misconception that dementia only affects older people. At present there are no services commissioned specifically for this group of individuals.

- People with learning disabilities and dementia – It has been identified that people with a learning disability, and particularly Down's Syndrome, are at higher risk than the general population of developing a dementia. In addition the assessment and diagnosis process can often be more difficult and so people may not receive a timely diagnosis and without this may not be

supported appropriately to live well. However in Wiltshire little work has been undertaken to raise awareness of this or to better understand the needs of this group of people.

- People with dementia from black and minority ethnic communities – Studies at a national level have identified that further work is required across the country to better support people from BAME communities who have dementia. Within different BAME communities and cultures there are varying degrees of understanding and awareness of dementia, as well as attitudes towards caring and family duties. These can often prevent people from accessing advice and support in a timely manner. In addition health and care services are often not proactive in engaging with BAME communities or supporting people with dementia in a way that is appropriate.

- People with dementia who live alone without family support – It has been acknowledged by all stakeholders in Wiltshire that supporting people who live alone can be difficult particularly difficult and often results in people not accessing services until they reach crisis. This can be exacerbated when people with dementia may not be aware that they are unwell and require care and support. At present no work has been undertaken to address this specific issue.

- Couples where both individuals have dementia – On a similar note to people who live alone without support, it can also be difficult to support couples who live in their own home and both of whom have dementia.

- People who live in rural areas and those who lack transport – With Wiltshire being a predominantly rural county, people with dementia and their carers have raised concerns about transport and the difficulty in accessing services. These difficulties can often result in people not being able to access services that people who live in towns or who have access to transport can.

It has been acknowledged that from a commissioning perspective there is work to be done to better understand the needs of the above groups and how they could best be met. This work is being addressed through a number of actions within the strategy action plan which will include:

- Undertaking a number of needs assessments, including for people living alone, people with learning disabilities and people with early onset dementia.
- Developing a working group focusing upon transport issues and possible solutions
- Undertaking a project that will engage with the BAME population to identify their awareness and understanding of dementia,

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as well as the services that they access.

In addition to identifying areas for improvement, it is widely considered that if you get services right for people with dementia then they will be right for most people i.e. others will benefit from the improvements implemented specifically for people with dementia. In relation to the dementia strategy actions delivering these wider benefits include the following:

- The development of dementia friendly communities
- Improving the workforces understanding of dementia
- Dementia friendly environments

Ensure fairness:

The implementation of the dementia strategy is a priority as it has been identified that there is an increasing number of people with dementia in Wiltshire – by 2020 there will be a 28% increase. Not only is this affecting individuals, families and communities, but is also placing an increasing pressure upon health and care services. It is also acknowledged that people with dementia and their carers often receive care that is poor quality and / or does not meet their needs appropriately. This is often because of a lack of understanding about dementia, systems not being flexible to making the adjustments that people with dementia require, and dementia still being a stigma for many people.

At a national level quality of life outcomes for people with dementia are often lower than for the general population. For example:

- Isolation caused by loss of social networks ability to access community activities etc
- Reduced life expectancy
- Stigmatisation of dementia and lack of public understanding

The strategy aims to improve the equity between people with dementia and the general population. This will ensure that people with dementia have an improved quality of life and are able to achieve the same outcomes in life as those without dementia. It has not been identified as excluding any particular groups, although work is required to ensure that all groups can equally benefit.

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Finalise your decision:

The draft strategy has been developed through engaging with stakeholders and people living with dementia in Wiltshire.

Wiltshire Council and Wiltshire Clinical Commissioning Group have been engaging with people with dementia and their carers and family a various forums across Wiltshire. Discussions focused around identifying what is important to people in terms of living with dementia, what is working well and what could be improved.

The Wiltshire Dementia Delivery Board has overseen this engagement process and has been active in the development of the strategy. This includes representatives from the Wiltshire Council, NHS Wiltshire Clinical Commissioning Group, the Avon and Wiltshire Mental Health Partnership, Alzheimer's organisations, Carer Support Wiltshire, Wiltshire and Swindon Users Network, SWAN Advocacy, the three acute hospitals, hospices and GWH community services. They agreed the draft strategy on 19th November 2013.

In addition the draft strategy is being presented to the CCG Executive on 2nd December, CCG Clinical Executive on 10th December and Joint Commissioning Board (JCB) on 12th December for approval. The JCB will approve the draft strategy before it goes to formal consultation.

This formal consultation process will last for three months and give people the opportunity to comment of the draft strategy. It will be placed upon the Wiltshire Council website, will be sent to partners for distribution amongst their customers, staff and partners and a press release will also be developed to ensure that people who may not be contact with services can contribute.

Communicate what has happened:

People with dementia and their carers and family have been informed of the development of the strategy through the engagement sessions, as well as inclusion of an article in the Alzheimer's Support summer newsletter. Organisational partners have been informed through the Wiltshire Dementia Delivery Board.

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When the draft strategy goes to formal consultation, various methods will be used to inform people and provide them with the opportunity to contribute.

Review your decision:

The draft strategy will be reviewed following the end of the formal consultation process, which will last three months, as will this equality analysis.

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Wiltshire Council

Health Select Committee

14 January 2014

Report of the joint Air Quality Task Group

Purpose of report

1 To present the report of the Air Quality Task Group, seek endorsement for the recommendations and refer them to relevant Cabinet members for response.

Background

2 The Environment Select Committee had held a longstanding interest in the development of the Council's Air Quality Strategy and in August 2012. Having received a report on how a more holistic approach to tackling good air quality could be achieved, it suggested that the topic should also be considered by the Health Select Committee as it was not possible to separate 'cause and effect' of poor air quality.

3 The joint Air Quality Task Group was formed in August 2012 to review and scrutinise the implementation of the Air Quality strategic objectives and action plan and the effectiveness of Council Services working together holistically to ensure that respective service contributions are embedded within service delivery plans. Following the elections in May 2013, the Task Group reformed with some changes to its membership.

Main considerations

4 The Task Group was satisfied with the progress made in respect of the 17 items listed in the Action Plan of the Air Quality Strategy. It was also reassured that key services across the Council were working together to ensure that respective service contributions were embedded within service delivery plans and that they were effective in supporting the improvement of air quality across Wiltshire.

5 The Committee is asked to consider the attached report of the Air Quality Task Group and endorse its recommendations.

Proposal

To endorse the recommendations in paragraph 26 and refer the report to the relevant Cabinet members for response.

Paul Kelly, Scrutiny Manager and Designated Scrutiny Officer

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Wiltshire Council – Overview and Scrutiny

Report of the joint Air Quality Task Group

Background

1 The Environment Select Committee had held a longstanding interest in the development of the Council's Air Quality Strategy. It agreed that in order to deliver the aims of the strategy a more holistic involvement from council teams and the community was required and that the aims and objectives should be integrated into relevant service delivery plans.

2 A report containing proposals as to how this could be achieved was presented to the Committee in August 2012. However, it was acknowledged that it was impossible to separate the 'cause and effect' of poor air quality and the Committee suggested that a joint Task Group should be established with the Health Select Committee to consider the Action Plan and the realisation of the strategic objectives of the Air Quality Strategy. At its meeting in September 2012, the O & S Management Committee aged to the formation of a joint Task Group as the topic fell within the remit of both Committees.

Terms of reference

3 The terms of reference were to:

- Review and scrutinise the implementation of the Air Quality strategic objectives and action plan.
- Scrutinise the effectiveness of Council Services working together holistically to ensure that respective service contributions are embedded within service delivery plans.
- Jointly report to the Health and Environment Select Committees, from which membership of the Task Group has been sourced.

Membership

4 Pre May 2013

Cllr Alan Hill (chairman)
Cllr Rosemary Brown
Cllr Nigel Carter
Cllr Christopher Cochrane
Cllr David Jenkins
Cllr Bill Roberts

5 Post May 2013

Cllr Peter Evans (chairman)
Cllr Glenis Ansell
Cllr Rosemary Brown
Cllr David Jenkins
Cllr Jacqui Lay

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Witnesses

6 Evidence was taken from the following:
Cllr Keith Humphries, Cabinet member for Public Health, Protection Services, Adult Care and Housing;
Mandy Bradley, Service Director Public Protection;
Ariane Crampton, Head of Service, Account Management;
Gary Tomsett, Public Protection Manager;
Rachel Kent, Environmental Health Officer;
Allan Creedy, Head of Service, Sustainable Transport;
Ruth Durrant, School Travel Advisor.

Evidence

7 The following documentary evidence was provided:

- Air Quality Strategy for Wiltshire 2011 -15 (a high level guiding document to inform policy and direction across a range of council services with the aim to improve air quality);

- Air Quality Strategic Action Plan (identifies links between existing strategies and suggests a series of time related actions that should be taken to advance work in this area);

- Air Quality Supplementary Planning Document 2012

8 Local authorities have a duty to monitor air quality within their areas having regard to national air quality objectives and standards and report this information to Department for Environment, Food and Rural Affairs (Defra) on an annual basis. There are seven pollutants which the Council is required to consider under European and UK law, these include lead, benzene and sulphur dioxide.

9 Air quality in Wiltshire is predominantly good with the majority of the county having clean unpolluted air. There are however a small number of locations where the combination of traffic, road layout and geography has resulted in exceedances of the annual average for nitrogen dioxide (NO_2) and fine particulates (PM_{10}). In such cases, local authorities have to designate an air quality management area (AQMA). In Wiltshire these are in Salisbury, Bradford on Avon, Devizes, Marlborough, Westbury, Calne.

10 It is acknowledged by Defra that local air quality is outside the control of local authorities; however, they are expected to show steps they are taking towards improvement.

11 A Health and Environment Group has been formed comprising the Health Protection Agency, the Environment Agency and the public health and public protection service, which was consulted on the Air Quality Supplementary Planning Document.

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12 The Air Quality Supplementary Planning Document provides technical advice for developers, consultants and the Council in dealing with applications that may have an impact on air quality with a view to ensuring consistency. The intention is that it should support planning and air quality should not be seen as a way of restricting development. The document is currently being revised.

13 A number of planning policies advocated energy efficiency/low carbon with regard to the quality of build. The standards within them cannot be forced on builders; builders may want to demonstrate that a development would not be financially viable if the standards were adopted, at which point, they could negotiate with the Council over the delivery of the standards. The carbon reduction team was working on boosting the capability of the Council to counter such arguments.

14 The Council's own fleet contains three electric vehicles for the use of staff. The budget for them was provided on an 'invest to save' basis. There were electric charging stations at County Hall and Shurnhold.

15 With regard to threats to health from air pollution, the Council followed the advice provided by the national public health experts. The Defra website provided advice for those at risk from air pollution. The public health evidence base was growing in respect of the impact of poor air quality. It was suggested that 29,000 deaths may be due to particulate pollution but it was difficult to attribute them to it as many factors were involved (Committee on the Medical Effects of Air Pollution 2010).

16 The environment and transport sections of the Joint Strategic Assessment were currently being updated.

17 Most schools had travel plans although a number were out of date and some school had problems with funding. On the school census, it was no longer compulsory to record how students travelled to school. The Council had limited influence over schools and it was felt that a more local influence would be effective. An example of good practice was provided whereby the Calne Area Board had organised a successful Environment Event, highlighting aspects including air quality and encouraging the involvement of the local schools.

18 The primary source of air pollution was traffic. It was not always possible to identify the source of any pollution; it could be local or trans-boundary. Local authorities were not required to monitor very small particulates ($PM_{2.5}$); this was a government responsibility.

19 The Council currently had three particulate monitors, situated in Salisbury, Bradford on Avon and Devizes. The monitors were very expensive (approximately £45,000) and required a crane to move them. Due to their large size it could be difficult to find suitable locations for them. The Council also had a monitoring network of diffusion tubes which measure nitrogen dioxide levels in the atmosphere and were used as a screening tool. They were moved around the county as required.

20 Transport planning was a key factor in the assessment of future development. The Core Strategy favours growth options which reduced the need to travel. Transport modelling was undertaken on each new settlement; this enabled the current position to be compared to the new position and presented options to mitigate any problems arising. These would include reducing congestion and improving accessibility.

21 Service plans for sustainable transport were under review. They comprise 8 key elements and air quality is included as a key tenet. Travel Plans were incorporated into contracts awarded by the Council where appropriate, and were enforced if necessary.

Conclusions

22 The 17 actions identified in the action plan had a range of completion dates, with the latest due to be completed by the end of 2013. The Task Group was satisfied with the progress that had been made on the 3 outstanding actions to be completed by the end of 2013 (points 13, 16 and 17 in the action plan), although it was acknowledged that the action plan was an evolving document and new actions could arise from those in the existing plan.

23 The Task Group was reassured that key services across the Council (Public Protection, Development, Transport and the ECO team) were working together to ensure that respective service contributions were embedded within service delivery plans and that they were effective in supporting the improvement of air quality across Wiltshire.

24 It was encouraged that both environmental and climate change considerations and public health considerations were compulsory elements of any report being presented to Cabinet.

25 The Task Group acknowledged that the Council alone could not tackle poor air quality and that it also required other key agencies and the community to work together.

Recommendations

26 The Task Group recommends that:

a) The 'template' created by the Calne Area Board to stage their Environment Event should be made available to other interested Area Boards.

b) A mechanism/process should be developed to allow Area Boards to share examples of good practice/templates for other successful activities;

c) Having completed its work, the Task Groups stands down.

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Next steps

27 The Report of the joint Air Quality Task Group is presented to both the Environment and Health Select Committees for endorsement and forwarded to the Cabinet member for Area Boards and Cabinet member for Public Health, Protection services, Adult Care and Housing for comment.

Cllr Peter Evans, chairman, joint Air Quality Task Group

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