

# Residential Care Homes

## 1) How many residential care homes are there in the borough?

Sixteen (16) homes for older adults are registered with Care Quality Commission (CQC) in Lewisham. There are 8 specific residential only homes, 5 homes that are dual registered and 3 that are nursing only.

## 2) How many beds are there in average and in total?

There are a total of 554 beds, an average of 34.6.

## 3) Are there any distinctions in the type of care given?

The homes can support Residential Elderly Frail, Residential Elderly Mentally Infirm (EMI), Nursing Elderly Frail and nursing EMI.

## 4) How many beds in each home (or on average and in total) does the Council have under contract?

The Council has no long-term beds under block contract. The Council block contracts one residential bed and one nursing bed for respite. As at end December 2016, Lewisham had 340 people placed on spot contracts.

## 5) How many care homes have opened in the last five years?

One residential care home has opened in the last five years with 48 beds.

## 6) How many care homes have closed over the same period?

Two care homes have closed in the past five years. There was a total of 100 beds possible, but 70 in use at the time of closure.

The Council has in that time supported the development of a 78 bed Extra Care service in 2015 and a further 60 bed service is due to open in September 2017.

## 7) Have any care homes withdrawn from or refused to consider contracts with the Council? And if so how many and what reasons were given?

No care homes have withdrawn or refused to consider contracts with the Council.

## 8) How does the Council receive and monitor feedback from service users (and/or their families)?

The Council, as part of its quality assurance of care homes talks directly to residents and families. They also review correspondence from residents and families that has been sent directly to the care homes.

## 9) Additional information

There are also 25 homes registered as residential with CQC for people with mental health support needs. Occasionally older adults with specific high support needs related to their mental health conditions may be placed there. There are four homes that might be used in these circumstances, totalling 27 possible beds.

## Care in the home

### 1) What has the budget been for social care each year since 2010?

#### Adult Social Care Net Budget

<i>£ (M)</i>							
09/10	10/11	11/12	12/13	13/14	14/15	15/16	16/17
70,021	70,403	75,175	76,241	81,812	78,958	71,050	70,413

### 2) How many individual care packages and how many total hours have been provided in the community each year?

Due to technical issues we are unable to provide information on previous years, but we are able to confirm that:

On average we support 6200 people with adult social care in any one year. At any point in the year there are on average 3300 people getting care.

We average 28,000 hours of care per week, this includes care provided by agencies and Direct Payments, this equates to approximately 1.4 million hours of care per year.

### 3) How many care agencies providing care in the person's home are there in the Borough?

There are a total of 46 agencies registered with the Care Quality Commission with premises in Lewisham.

### 4) How many of these have started up in the last five years?

In the last five years 26 Home Care agencies has registered with CQC.

### 5) How many agencies have closed in the same period?

The Council does not hold this information.

### 6) Have any withdrawn from Council contracts? And if so how many and for what reasons?

No.

**7) Have any refused to consider Council contracts? And if so how many and for what reasons?**

None have refused after being awarded following competitive tender process.

**8) Are there distinctions in the range of work the care agencies provide? And if so what are they?**

There are no distinctions - all four lead providers are contracted with Lewisham Adult Social Care and Health to provide home care provisions for people who meet the National Eligibility Criteria for care and support in their homes. This includes:

- Personal care (for example help with washing, using the toilet and getting out of bed, ensuring food and drink consumption), to maintain wellbeing, working with healthcare professionals such as dieticians, occupational therapists, continence specialists etc., as required.
- Practical care (for example assistance with shopping, light meal preparation, bill paying, housework, domiciliary tasks).
- Assistance with medication.
- Proactively raising issues as they arise and liaising with local health and social care staff such as GPs, pharmacists and district nurses and care managers, noting and flagging any health concerns promptly with the appropriate person to ensure these are acted on.
- Working closely with health staff as part of a Multidisciplinary Team (MDT).
- Monitoring and implementing a joint health and local authority Care Plan as may be agreed.
- Emergency support when family carers are suddenly unavailable.
- Assistance to be as independent as possible at home which might include the use of technologies such as Telecare and Telehealth.
- Social tasks such as helping to reduce isolation, motivating, liaising with other involved people including family carers and local organisations.
- Tasks that contribute to achieving the outcomes that have been identified in the service users' and their Carers' support plan.

The Service Provider will also provide skilled help for people who have complex support needs, for example people with advanced dementia or people with severe or moderate learning disabilities and severe and enduring mental health conditions.

The Service Provider will also provide skilled help to those who may be reluctant to accept services and will work in a positive way to engage Service Users in their service provision.

**9) How does the Council receive and monitor feedback from service users (and/or their families)?**

A Contracts and Quality Assurance Officer and a lead providers is assigned to one of four neighborhoods. The Contracts and Quality Assurance Officer (CQAO) conducts quarterly Key Performance Indicator (KPI) monitoring visits to the Agency. The CQAO/Council receives feedback from service user and/or their families through the following avenues:

- Face to face - Service user interview questionnaire completed in the person's home
- Telephone - Service user interview questionnaire
- Service user postal questionnaire
- Quality Alerts – concerns raised to visiting professionals by service user/families are forwarded to the CQAO to investigate

- Feedback from service review - Social Worker/Support Planner or Neighbourhood leads
- Feedback from concerns raised to Lewisham Complaints Team
- Feedback from concerns raised in Multi Agency Safeguarding Case Conference

**10) If someone no longer can qualify for help with social care but cannot afford to pay commercial rates what happens to them and does the Council arrange any monitoring of their situation?**

The aim of adult social care help is to support people to regain their independence, so in it is a positive outcome if a service has ended. However it may well be that the person has regained their skills with personal care, but still requires help with domestic care, as an example. The Care Act 2014 is very specific that it must be two or more tasks of daily living that makes a person eligible for adult social care support. Services would never be withdrawn if that was not the case.

Before any service is ended, staff would check upon benefits and make sure that incomes are maximised, and only make the change once this has happened. The welfare benefits people are paid by central government area mechanism to allow people to pay privately for lower levels of care. We always insure that benefits checks are undertaken and people access their entitlement

As part of our approach, staff also look to help people needing that type of support to think about their own personal network to see what other help may be available to them. For those who feel unable to set up alternative care arrangements staff provide that help.

We help people access the voluntary sector and professional groups who are extremely active within neighbourhoods and provide regular feedback on individual cases as they become known. This allows targeted dialogue at a local level to help resolve any issues.

Following on from any involvement, and the ending of a service, there is no follow up with that person as such. However, it is always made clear to people, that should their situation change then they should not hesitate to make contact again with the department.

## Generally

**1) What is happening on the “front-line” with the “preventative” services given cuts to the voluntary sector (e.g. the closure of small lunch clubs)?**

To support these changes the Council has placed an even stronger emphasis upon collaboration and partnership with the voluntary sector and health partners, in order to maximise opportunities for preventative schemes. A good example of this is the safe and independent living scheme (SAIL) which is already working well in Southwark and has good take up, we hope for similar in Lewisham. Anyone can refer to SAIL for a range of health and well-being needs, support to improve living conditions, and other help is available around safety, security and income. It is particularly useful for GP's who often see the neediest people coming to the surgery. We know from working with a variety of older residents in Lewisham through the Community Connections scheme that it is these issues that have the greatest impact on long term health and well-being, often rooted in social isolation.

To further strengthen community provision the community development workers of Community Connections continue to make strong links with newly formed groups in the four neighbourhood communities of Lewisham. The focus of their work is to support the group's development and help with their ability to manage long term with change. The interest groups they support are wide and diverse, but good feedback has been received about their success, and the networks are growing. An example of a very strong initiative that has a rolling programme in all the four neighbourhoods is the 'Techy Tea ' party, which is an opportunity for those with limited skills in the new technologies to learn some more and meet with others.

We have found through working with these groups where the gaps in services exist, and as an example have identified befriending as one of the key areas for development. In terms of looking differently at resource availability, Community Connections are growing a supply of volunteers who have shown an interest in giving back to the Lewisham community, so they are well placed to support a new befriending scheme. This shows the way we are shaping provision and it is very much about tailoring available resources to where there is a demand.

A much broader community forum has recently been established to bring together representation from all sectors of Lewisham's community sector and it is tasked to improve on already established foundations for developing community based support.

**2) Do you have any data on attendance at A&E by Lewisham residents over 65 and delayed discharge at Lewisham Hospital?**

Adult Social Care does not have access to Lewisham and Greenwich Trust figures on attendance at A&E by Lewisham residents over 65. We are able to confirm nationally published figures for quarter 3, 2016-17 (October – December), at 31<sup>st</sup> December 2016 there had been 71,715 A&E attendances from adults into A&E. The figures published do not allow us to segregate under 65 adults from over 65's.

In the first 9 months of the year 2016/17, we have had 3 delayed discharges at Lewisham Hospital.

In the first three reportable quarters of 16/17, Lewisham Adult Social Care attributable delays totalled 12 people = 183 days.

<b>Hospital reporting delay</b>	<b>No. of People Delayed</b>	<b>No. of Days reported</b>
Lewisham Hospital	3	70
Kings	5	76
Princess Royal	4	11
Other	1	26

No adults social care delays have been due to Packages of Care in the community.

During this period 2 delays have been due to the legal process that needs to be undertaken in relation to understanding the status of people who have "no access to public funds", in particular the issues have related housing problems.

The remaining Adult Social Care delays have been due to sourcing complex Residential and Nursing EMI placements, the issues relating to this are highlighted above.