

SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE

Date of Meeting	Thursday 14 th November 2019
Report Subject	Regulated Services Engagement and Consultation
Cabinet Member	Cabinet Member for Social Services
Report Author	Chief Officer (Social Services)
Type of Report	Operational

EXECUTIVE SUMMARY

Engagement and consultation with people who use care and support services is a requirement for all care providers, this includes both in house and independent sector providers registered and regulated under the Regulation and Inspection of Social Care (Wales) Act 2016.

For the Councils in house services this means - Residential Care, Extra Care, Domiciliary Care, and services for people with a Learning Disability.

For some people consultation and engagement can be relatively straightforward in terms of a quality review process. Although where older people have dementia related support needs capturing their views can be more of a challenge.

The processes described in this report was co-produced with people who use services and is designed to be inclusive, robust and sustainable and will not only meet the regulatory requirements, but will also provide the information we need to ensure that our services are of high quality and continue to meet the needs of the individuals we support.

The engagement processes discussed in the report covers in-house older people's residential care, extra care, domiciliary care and supported living and short-term care for people with learning disabilities. The overall objective is to implement the quality review process across the whole service and share the learning across the sector regarding what's worked well and any lessons or reflections on improvements.

This approach to engagement gets as close as possible to a process that keeps the focus on outcomes for individuals. It prompts discussions about what is

working well and what could be better, and leads to debate within staff teams about actions as well as ongoing cycle of reflection and improvement.

RECOMMENDATIONS

1	Committee to endorse the process for engagement and consultation to meet the needs of the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA).
2	Committee note the progress and the upcoming phase 2 of the work which will form part of the responsible individual's annual report.

REPORT DETAILS

1.00	EXPLAINING REGULATED SERVICES ENGAGEMENT AND CONSULTATION
1.01	<p>The Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA) provides a streamlined framework for the regulation and inspection of social care service in Wales, it embeds the aims of the Social Services and wellbeing Act and the Future Generations Wales Act.</p> <p>RISCA was introduced to improve the quality and support for people in Wales, and it does so by strengthening protection, increasing accountability and giving a stronger voice to people who use care and support services.</p> <p>There are a significant number of requirement on care and support providers this report focuses on one of these requirements.</p> <p>Under the new Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA) there is a requirement of the Responsible Individual to engage and consult with individuals who use our services in a regular and effective way.</p> <p>Regulation 76 of RISCA sets out the requirements as follows:</p> <ul style="list-style-type: none"> • The responsible individual must put suitable arrangements in place for obtaining the views of: <ul style="list-style-type: none"> (a) The individuals who are receiving care and support, (b) Any representatives of those individuals, (c) Service commissioners, (d) Staff employed at the service • The responsible individual must report the views obtained from people, and detail these in the required annual quality report to the Care Inspectorate Wales (CIW) these views can be taken into account by the service provider when making any decisions on plans for improvement of the quality of care and support by the service. The annual report must accurately reflect the overall service quality and performance.

1.02	As a result of the above requirements we felt it was important to develop an overall strategy that we could utilise now and then replicate for all of our future engagement processes.
1.03	<p>The engagement work was split into two stages. The first stage was an opportunity to pilot a co-produced approach with individuals who use our in-house regulated services, also their relatives, and our support staff, we wanted to get their views about the approach we should take.</p> <p>We also used it as an opportunity to get initial feedback about the current quality of each service. This work was undertaken between January and March 2019.</p>
1.04	<p>The methodology underpinning the work is based on a story telling approach – i.e. asking individuals and support staff to identify a ‘good day’ and what were the components that made it a good day, followed by what one or two things would make it better and what needs to happen to realise this.</p> <p>The reason behind this is to ensure that any discussions about quality remains centred on outcomes for people being supported. It avoids a ‘top down’ approach to quality measures (i.e. questions about pre-defined areas) and keeps the process person-centred.</p> <p>Discussions about a ‘good day’ e.g. a day that may have already occurred, discovers positive outcomes for individuals and, critically, what contributed to these.</p>
1.05	A communication plan was developed to underpin the whole process. This involved an initial communication about the project to teams of staff, followed by more details for those involved in specific activities. The communication element of the process is vital to ensure that people who are involved understand what we are doing, why we are doing it and how we will listen and act upon their views and experiences. It is also important for us to maintain a consistent approach to how we set up and inform people about these sessions so that we can maintain them in the future.
1.06	For Supported Living (Learning Disabilities) a number of two-hour workshops were arranged for approximately 10 people each time. This involved individuals and staff, together with a request for relatives to be involved (where appropriate) and the use of individual bring photographs to the session to aid the discussions
1.07	<p>For Residential and Extra Care, visits were arranged to individual Residential Care homes and Extra Care schemes. These visits were typically for four to five hours during the day and involved informal conversations with individual residents, together with a pre-planned group meeting. Conversations mostly took place with residents/ tenants, but also with some relatives.</p> <p>For Domiciliary Care there were initially plans for a meeting with a small representative group. However, there were logistical issues in terms of people maintaining care and support away from home and transport issues. However, moving forward we will carry out a mix group meetings and home visits, and will consider telephone interviews if appropriate.</p>

	<p>Individual reports were written after each day, these provided information about views about the consultation process and initial feedback about each service, whether people were able to engage and the number in attending the sessions.</p>
<p>1.08</p>	<p>Part one was successful in that people were consulted in a way that suited them best and in the main people were able to properly contribute to the process. People told us it was nice and easier to speak with people face to face , “you say more face to face then you can on a questionnaire”</p> <p>We found in the main we found that people were satisfied with their care and support and the environment they live in.</p> <div data-bbox="419 600 1275 1122" style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p>Example 1</p> <p>As a small but significant example of how we listened to people - some people living in residential care told us that uniforms were a barrier, we listened to that feedback and made a policy decision that staff should wear their own clothes and discard the wearing of uniforms, this took some time to implement however it’s something we have achieved and people have told us, residential care now feels more homely.</p> </div> <div data-bbox="419 1198 1275 1563" style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p>Example 2</p> <p>People in receipt of domiciliary care told us that, they didn’t know who was coming into their homes to provide care and support – as a result there is now a pen picture of the care team in each homecare pack.</p> </div> <p>In terms of part two of the program we are continuing with the face to face and short questionnaires, we have commissioned some independent support to help us train staff and help us to match our finding to meet the National well-being outcomes framework and also to provide an independent view on the quality of the services.</p>
<p>1.09</p>	<p>RISCA places service quality and improvement at the heart of regulation, this approach will evidence that the Council’s care and support services have a culture of quality improvement, using methods of co-production, focusing on outcomes and experience for the individual, and how by listening we can introduce positive change.</p>

2.00	RESOURCE IMPLICATIONS
2.01	Independent support - £8.000 to include independent facilitation of 10 quality sessions. Staff training in the approach and assessment and service evaluation in relation to well-being outcomes. This has been found within service budgets as required by legislation.

3.00	IMPACT ASSESSMENT AND RISK MANAGEMENT
3.01	<p>There is a requirement under RISCA regulations to complete regular and meaningful engagement with people who access our service. Failure to do this could lead to a non-compliance and further action from Care Inspectorate Wales.</p> <p>In addition there is a risk that if we don't ask and listen to what people want, need or their views, then the services will not improve and react to the changing needs of people we support.</p>

4.00	CONSULTATIONS REQUIRED/CARRIED OUT
4.01	<p>As described, this piece of work is ongoing and needs to be completed every six months with the following groups of people:</p> <ul style="list-style-type: none"> (a) The individuals who are receiving care and support, (b) Any representatives of those individuals, (c) Service commissioners, (d) Staff employed at the service, <p>In addition to the above process and methodology regular staff meetings have been established and allow the responsible individual to meet with direct care staff on a regular basis to gain their views, opinions and ideas.</p>

5.00	APPENDICES
5.01	Appendix 1 - Primary Community Support Team (Confidential copy attached to agenda)

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	None.

7.00	CONTACT OFFICER DETAILS
7.01	<p>Contact Officer: Mark Holt, Service Manager, Social Services Telephone: 01352 701383 E-mail: Mark.holt@flintshire.gov.uk</p>

8.00	GLOSSARY OF TERMS
8.01	<p data-bbox="320 259 1393 443">Regulation and Inspection of Social Care (Wales) Act 2016 – The Act provides the statutory framework for the regulation and inspection of social care in Wales. It: It: Establishes a regulatory regime which is consistent with the changes which are being delivered by the Social Services and Well Being Act 2014.</p> <p data-bbox="320 479 1393 589">Care Inspectorate Wales – Care Inspectorate Wales register, inspect and take action to improve the quality and safety of services for the well-being of the people of Wales.</p> <p data-bbox="320 624 1393 734">Responsible Individual – The individual appointed to carry out the regulatory and statutory duties on behalf of the service provider as outlined in the Regulation and Inspection of Social Care (Wales) Act.</p>