ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL
MEMBER VISIT TO THE COMMUNITY RESPONSE & RE-ABLEMENT TEAM AND OLDER PEOPLE & LONG TERM CONDITIONS SERVICE
THURSDAY 8 OCTOBER 2009
(9:00 am to 12:00 pm)

Present: Councillors Turrell and Blatchford

In Attendance: Naoma Dobson, Service Manager, Community Support & Well-being
Victoria Bale, Support Officer (Overview and Scrutiny)

1. 9:15 AM SHADOW FRONT DESK

Members shadowed workers on the front desk who dealt with the initial referral for a client requiring social care and support. This occurred either by telephone or fax, and ranged from self-referrals, those under Section 2 for hospital discharges, referrals from GPs, district nurses or family members. The callers were thoroughly questioned and once the call was received, the details were logged into the system and case notes were created. These were then transferred to the social workers who allocated the work to the appropriate team/staff. The front desk also facilitated hospital discharges, regularly contacting hospitals to receive updates on patients in order to prepare for when they were discharged. Currently there were 46 people on the database who were in hospital. The desk received an average of 20-30 referrals via fax per day.

Front desk workers dealt with adults over the age of 18 who had long term disabilities or age related problems. A large percentage of those they dealt with were elderly.

2. 9:30 AM SHADOW COMMUNITY RESPONSE AND RE-ABLEMENT DUTY OFFICER

Members then moved on to the duty social work desk. Here social workers spent a day per week dealing with the referrals which had been logged by the front desk. Some of the referrals transferred to social care, some to therapy (physiotherapy and occupational) and some required both. Every client was referred to re-ablement before long term care in the hope that they would not need the latter.

All details were recorded on the computer system known as SWIFT. The system was being replaced in January 2010 in order to improve and update processes as certain aspects of the system were problematic. In addition, paper copies of the assessments were retained.

It was explained that problems could occur when communication with hospital staff broke down, particularly under Section 2 and Section 5 when there were increasingly tight time pressures to assess clients who consequently could be wrongly referred e.g. admitted to an intermediate care unit when they should remain in hospital or be at home.

A main issue faced by the team was resources which were greatly needed in the interests of efficiency and avoiding complaints. There were currently a number of people on the waiting list for intermediate care services.

3. 9:45 AM DUTY OCCUPATIONAL THERAPIST AND ASSISTANT TEAM MANAGER

Members met the Duty Occupational Therapist. The following was discussed:

- The Duty Occupational Therapist informed Members that between 35-45 or just a few referrals could be received per day.
- The team also dealt with rapid response cases where it needed to act within hours to identify and send out the most suitable team member to assist.
- There was a 3 to 4 week waiting list which consisted of those who were not fully independent but able to perform necessary basic daily tasks.
- Every morning there was a meeting to allocate the cases to team members in a way that best met the needs of the client.
- Members of the therapy team had a case load of between 25 and 30 at any one time, but junior members of staff had between 20 and 25 cases.
- The work of the team prevented hospital admissions and increased discharges.
- The team was funded by both Adult Social Care and the PCT.
- A problem faced by the team was not being informed about people being discharged from hospital who are unable to support themselves once they returned home. On discovering that such an individual had returned home the team then needed to act rapidly to provide the care and support needed. In these cases the team contacted the GP and hospital to ascertain the situation.

Members then met the Assistant Team Manager who was responsible for social work and explained the following:

- There were only a small number of people in need of care being discharged from hospital without the team's knowledge. This usually occurred where people previously unknown to the team had suffered accidents and it was the source of the majority of its younger clients.
- The majority of people assessed were already known to the services. Those who were not were received without prior knowledge which could be beneficial as their situation could be addressed afresh. Care was taken to avoid making assumptions around new clients' circumstances.
- When clients arrived at the front desk the team was clear as to what assessments were needed due to the in-depth questions asked during preceding telephone calls.
- In terms of staffing, the social work team was very stable and the newest member joined the team two and a half years ago.
- The prime aim of re-ablement was to return people to independence. A half way goal was for them to be living at home with as little support as they needed. People becoming passive recipients of care needed to be avoided.
- The team was moving towards self-assessment and thus personalisation. Much work was being undertaken in this area and a pilot had been produced.
- In terms of respite care, the aim was for the carer to be confident that whilst he/she was away the client was being safely looked after.

4. 10:15 AM BUSINESS SUPPORT TEAM MANAGER, GAIL EBDEN

Members met the Business Support Team Manager, Gail Ebden, to explore the disabled Blue Badge process. The following was noted:

- Applicants for a blue badge must meet strict criteria, although issue was discretionary according to the applicant's disability.

- Those wishing to apply for a badge needed to complete an application form from the Council. Consideration was being given to making the form available online.
- Applications were considered by a panel of occupational therapists who could request a second opinion from a GP at a cost of £30 per applicant. The cost of a badge was £2.
- The issue of blue badges could take up to 2 weeks.
- For unsuccessful applicants there was an appeals process.
- At the Council's discretion temporary badges could be issued.
- Currently over 3,500 residents in Bracknell Forest possessed a badge.
- The badges were valid for 3 years after which renewal was required.
- The team worked with transport police who could levy fines for misuse of badges.

5. 10:45 AM OLDER PEOPLE AND LONG TERM CONDITIONS TEAM MANAGER, ALISON MELABIE

In discussion the following was noted:

- Anyone receiving care was treated as an open case and would receive a review.
- Inadequate resources were currently causing a waiting list for care with associated pressures and other ways of working to improve the situation were being explored.
- Occupational therapists were looking at long term adaptations for clients by supplying equipment such as stair lifts to increase independence and allow them to remain in their own home. This process required an assessment by the occupational team for whom there were time constraints.
- The team dealt with a broad mix of people, some of whom were deteriorating and may be in need of long term care. The aim was to support them at home for as long as possible.
- When asked if the long term goal was for clients to no longer require care, the Team Manager advised that by the time someone needed long term care the best had already been provided to increase their independence. In some cases scope to improve remained, but at a slower rate.
- The team was currently supporting someone to leave residential care after 5 years which illustrated the importance of reviewing cases and acknowledging that people could and did improve.
- Some clients appreciated carers coming into their homes who could become their only social contact. There was therefore a risk of becoming both emotionally and physically dependent on care. This was particularly the case with the numerous amount of clients without children, for whom carers were likely to become a significant part of their lives.
- As the average age of clients was increasing their children were becoming older themselves and less equipped to help.
- As far as possible the team supported people in their own homes.
- In terms of choosing a residential care home, the amount of guidance needed from the team varied from person to person. Although the team could not recommend homes owing to possible perceptions of bias, it did direct people towards Care Quality Commission (CQC) inspection reports.
- Issues around finance were significant for families in relation to care homes.
- A scheme where people considering residential care could experience a placement flat for 2-8 weeks and receive care was being commenced. The scheme was working well and reduced any anxieties families often had. Bracknell Forest currently had 1 flat for this scheme.
- The team also worked with and supported carers, and liaised with carers link officers who assessed the carers' support needs.

- Although many people in hospital claimed to be independent, they received support from family members often without recognising it as caring.
- Work was commencing with the Stroke Association and with stroke patients and their carers to provide further information.
- Safeguarding was a growing aspect of the work of the team which was responsible for all clients in Bracknell Forest, including the self-funded. Issues in relation to safeguarding could be referred from paramedics and the police.
- Financial abuse was becoming increasingly common and worsened by the recession. There had been situations of misuse of a disabled person's pension.
- The team received an annual sum from the Department of Health but this did not cover expenditure. Some cases were so complex that they almost required a care manager just for themselves.

6. 11:00 AM COMMUNITY SUPPORT AND WELL-BEING MANAGER, JANE BROWN

The following was noted:

- Community Support and Well-Being consisted of 2 sub-teams; 1 for people with long term conditions who would not recover but may stabilise; the other was for people with Dementia. Both were referred by care managers.
- The long term team worked closely with the care management team whilst the Dementia team worked closely with the mental health team.
- An aim was to support those with Dementia to live at home whilst it remained safe to do so. Services were quality assured and clients were monitored in their own homes. The team worked hard to ensure that members were recognised when visiting clients and wearing uniforms assisted in this area.
- The team, which received on-going training, consisted of full and part time staff who worked shifts of 7am - 11pm and were salary paid.
- A steady stream of referrals was received.
- The team had been recently inspected by CQC and received an excellent rating.
- Consideration was currently being given to introducing hand held monitors for social workers which would act as a telephone and clock mileage. Although this may involve initial expenditure, it was expected to increase efficiency and reduce cost in the long term.
- The Look In, a coffee shop in the centre of Bracknell for the over 50s, was also part of the service.
- The Downside Resource Centre was managed by the team and those currently attending were predominantly older people.

7. **11:30 AM TOUR OF BRIDEGWELL INTERMEDIATE CARE CENTRE, LADYBANK**

Members met Elaine Boyes, Unit Manager, for a tour of Bridgewell, an intermediate care unit forming part of Ladybank residential care home. The following was noted:

- Bridgewell was jointly funded with the PCT.
- Although most users were over 60 years, anyone over 18 could attend.
- The aim was to provide a home environment to help support people return home. Clients were able to bring personal belongings, which would not be allowed in hospital, and there were no specified visiting times.
- The Unit Manager was currently working on achieving the high standard for infection control as expected within a hospital, but balanced with the level of one's own home. Although there had been a few cases of C-Diff and MRSA 6 months ago, in recent months there had only been 1 case of MRSA which was hospital acquired.

- In terms of staff turnover, the team was well established and stable.
- Clients were encouraged to complete everyday tasks themselves, according to the level of their ability. This approach allowed staff to assess and monitor ability.
- In addition to physical rehabilitation the Unit offered social benefits.
- Whilst not all of the bedrooms had en-suite facilities as required of new builds, this was not thought to be a problem in an intermediate care unit. However, the small size of rooms created difficulties when using hoists.
- Members were shown the therapy room which was very small and contained walking equipment, steps and bars to help assess the mobility of users.
- The visit included the staff office which had been converted from a single bedroom and was therefore rather small and cramped for a fairly large team.
- Whilst lack of spaciousness within the Unit was an issue, this did not detract from the high quality of work delivered there.