Improving Care for Older People

Good Practice Examples
Improving services for older people

Good practice examples - SWIA Handout

Introduction

The Social Work Inspection Agency (SWIA) was set up in 2005 to inspect social work services and promote good practice. SWIA’s focus is on improving the outcomes and experiences of people who use services. It works in partnership with local authorities and their partners to assist them in their drive for continuous improvement.

This paper sets out a range of good practice examples of services for older people, including people with dementia, which we saw during our performance inspections of 18 local authority social work services in Scotland to end of December 2007.

These good practice examples can be found in our inspection reports and the two multi-agency inspections of older people’s services which are published on the SWIA website at swia.gov.uk.

User and carer involvement

Fife user panels organised by Age Concern: The seven user panels had been running for the past 13 years in Fife and were unique. The panel members commented on the way social work services were planned and provided at the local level. The members must be over 70 years and using or likely to use home care. Panels influenced services, for example in the development of the Discharge Check List which they drew up and it was used by the Integrated Response Team, Dunfermline.

Carers were involved in designing the service offered by Montgomery Court in North Ayrshire, a resource for people with dementia. This service was intended as an intermediate care facility, but the involvement of carers as part of the stakeholder group meant that social services had come to recognise the importance of respite, and the service design had been modified to include this.

The Age Matters Consultation Event in December 2005 in Perth and Kinross brought together service providers, people who use, or future users of, services as well as carers and key public agencies. It obtained useful feedback from people and their carers and led to a draft action plan and had a major impact in the development of the strategy for older people’s services.

The service provided by the Dalweem care home in Perth and Kinross was designed through an exemplary consultation with service users and carers. Service users and carers were asked what kind of
service they needed to best suit local need. The result was a centre which provided flexible, quality day, respite and emergency care to older people living in one of the rural Perth and Kinross communities. Service users and carers of this service we met were unequivocal in their praise of this service and the way they felt involved in its development and operations.

Information for users and carers

Alzheimer's Scotland worked in Fife and provided information to the public and to social work teams about dementia. Their work included innovative information cafes and an art group which undertook memory work in a non-stigmatising way.

A new agreement was in place with the Stirling Princess Royal Trust Carers Centre to undertake assessments on behalf of the council. The assessment form had been jointly developed by the Carers Centre, the council and NHS Forth Valley and assessments were recorded onto the council’s system. Carers liked this system. Community nursing services used a 'carer's views' form to encourage the identification of their needs. A full training programme about carers needs had been put in place by the Carers Centre for council staff.

The Early Stage Dementia Service in Angus provided information and support for people and their families in the early stages of the illness. Referrals were made by health services with a 90% take-up of the service. Users and carers said they appreciated having someone who listened to them and said the support helped them regain a sense of direction and make informed choices. The service also worked with Alzheimer’s Scotland to provide a support group for younger people with dementia.

Multi-disciplinary working

In the Integrated Response Team, Queen Margaret Hospital, Dunfermline, NHS Fife and Social Work staff worked together and provided rehabilitation services and intensive home care for two weeks after people had been discharged from hospital. Staffing included occupational therapists, physiotherapists, a social worker, home care staff and rehabilitation assistants. This service promoted independence, enabling individuals to stay in their own homes rather than needing to move to care homes. It also lowered the numbers of delayed discharges from hospital. It won a Care Accolade award in 2005 for multi-disciplinary working.
STARS, the Short Term Augmented Support Service, in Dumfries and Galloway provided an immediate response for crisis situations, early discharge planning, rehabilitation packages and input to avoid hospital admissions by picking up cases via the Accident and Emergency department. The service looked to rehabilitate people from hospital to a level where they looked after themselves within 4 weeks. This joint service was funded by health and social work.

In Highland Region, the Intermediate Care Team in Inverness incorporated a multi-disciplinary rapid response to assessment, community rehabilitation and nursing care. The team provided support for up to 28 days to prevent admission to hospital or to facilitate discharge.

The NHS Forth Valley Fast Track team carried out immediate assessments in A&E to support decisions to admit or discharge a patient. It consisted of four senior therapists (OTs and physiotherapists) and two therapy assistants. There were strong links between them, social work staff and the NHS Forth Valley discharge co-ordinator. The Delayed Discharge Steering Group had provided the impetus and funding for the team.

The home care service in Aberdeenshire worked closely with the hospital discharge team and MacMillan nurses, so that people who were terminally ill could return home. Overnight sleepovers were arranged if necessary, with home carers providing support to relatives as well as care for the person who was unwell.

Rural care centres in Shetland provided home care, day care, respite care and residential care, all from the one building. This continuum of care includes palliative care provided jointly with nursing staff.

The planned progressive care centres in island communities in Argyle and Bute will provide individual tenancies and support to older people. The services will be delivered in partnership between housing services, NHS community services and a care provider and are designed to continue to care for and support people in their own tenancy as their care and support needs change.

The new purpose built Forth Valley Sensory Centre provided a range of services, both joint and single-agency, including a multi-disciplinary and multi-agency team providing a range of services. The Sensory Centre had been developed as a partnership across the statutory and voluntary sectors and with significant involvement of service users. It was operated as a company limited by guarantee with charitable status.
Dementia services

The Forget Me Not Club for people with dementia and their carers in Aberdeenshire was described as ‘a lifeline’, somewhere carers could relax and enjoy the company of others. Although carers were able to leave their relatives, we heard that most chose to stay. Past carers got so much from the service that they sometimes came back to help out although their relative was no longer attending. This service was funded and run by the social work service with the help of volunteers.

Carers of individuals who attended the Eastwood Dementia Centre in East Renfrewshire had the highest praise for all the centre staff, including the driver and escort. During a visit, we observed the friendly and humorous interaction between staff and carers. The service offered a free laundry service for soiled clothes and bedding.

The multi-disciplinary Central Community Dementia Team in Aberdeenshire aimed to support people with dementia and their carers in the community with the quality of life at a “high level.” Carers described the support provided by this team as ‘everything I need’, ‘amazing’, and ‘couldn’t wish for better’.

Delivery of services

Ludgate House resource centre in Clacks provided a range of services, such as day care service, home care, respite and the mobile emergency community services (MECS). It was a former council care home which closed in 2001 and was re-established as a resource centre. It operated 7 days a week and provided a focal point for older people’s care services in Clackmannanshire. Other professionals were able to make referrals directly, for example A&E at Stirling Royal Hospital could fast track referrals for respite. The joint rehabilitation service operated from Ludgate House, with the OTs and physiotherapists in the CARE team providing a centre based service and also training home care staff to deliver rehabilitation services at home. Specialist dementia day care was provided. Older people said that this service alleviated their loneliness and they enjoyed attending.

BALL groups in Moray formed a good example of promoting the independence and welfare of older people by combining a focus on physical and mental health well being and self-determination.

The review co-ordination team for older people in North Ayrshire was an example of social services responding to an identified unmet need and putting in place a robust, efficient and reliable system for the care management of older people.
in care homes. This was achieved at minimal cost and in a way which supported and enhanced area team care management services.

Clackmannanshire Council’s contract for a mobile home care service which provided rapid support had been very successful. It had expanded from two to eight mobile units deployed to provide task focused interventions in people’s homes between the hours of 7am and 11pm, seven days per week. The service was delivered in partnership with a private home care provider contracted by the council, with community nurses supervising and training home carers in the delivery of health related tasks. These included administration of medication, assistance with personal care and wound dressings, catheter care and monitoring of pressure areas.

The mobile emergency care service (MECS) worked with 6,000 older people in Falkirk, providing a community alarm system. As part of the falls prevention programme, MECS alerted health and social work staff if an older person had had two or more falls in the last six months and referred them to Falkirk Care of the Elderly Outreach Service (FALGO). The older person would be assessed and provided with support. The length of the FALGO programme depended on the older person’s specific needs. The OTAGO system, developed in New Zealand, involved training staff in sheltered housing to provide a programme of exercises. This also reduced falls and improved older people’s mobility, as part of the falls prevention scheme. It was a joint initiative supported by NHS Forth Valley and Falkirk.

**Service developments**

The home care service in Dundee had been re-organised so that there were small self managing teams of staff who provided the care of several older people within the team. This ensured greater continuity of care for older people and reduced the number of staff to whom they had to relate. Home care staff were able to go out with an occupational therapist when a discharge package was being planned so that there would be a good shared understanding of what was appropriate help for the older person.

Rehabilitation service in Stirling Council care homes was developed by utilising health funding for the building of the rehabilitation and respite suite in Strathendrick care home. Social work services funded the revenue costs of the staff and equipment and NHS Forth Valley funded the specialist staff. The service had three beds for rehabilitation in two units, Strathendrick and Allan Lodge. The units worked closely together to ensure best use of resources. Immediately on admission, detailed care plans were drawn up identifying goals to be achieved.
The pharmacist in the Community Liaison Team in Perth Royal Infirmary assisted people leaving hospital to know how to take their medication regularly and was clearly enabling older people to manage their move from hospital to home more safely.

South Lanarkshire Council worked in partnership with South Lanarkshire Volunteering Enterprise. Volunteers were deployed in a range of activities including befriending, providing musical evenings in care homes and accompanying people out on walks.

**Use of technology in supporting older people at home**

Hand held computers ('tablets') were linked by wireless technology to a database system for the Fife joint community equipment store, which allowed occupational therapists and support staff to obtain information and process orders while they were in service users’ homes. This had improved productivity, reduced administration costs and speeded up service provision.

The community alarm system, Faire, in the Western Isles, was an excellent example of a simple, flexible service. It was easily accessed without complicated assessments. It was designed to help people to continue to live in isolated circumstances. The electronic alarm system enabled people to make personal contact with a staff member quickly. It had a diverse range of applications and the potential for more. It was well run by experienced and knowledgeable staff.

The application of smart technology in West Lothian was a first in Scotland and the UK and had attracted widespread interest. This initiative was a combination of smart, plug-in technology, flexible and responsive care at home services and a clear strategic vision. By November 2006, the technology had been installed in a total of 2,800 households in West Lothian - mainly in the homes of older people. This had resulted in more effective support for significant numbers of older people to continue to live in their own homes, thereby maintaining independence and control over their daily lives. This project had been evaluated over a three year period by Stirling University. The research demonstrated that the new technology had been positively received by the people using the service, and had resulted in positive outcomes in terms of maintaining people in their own homes.

**Partnership planning**

The Angus housing strategy for older people was based on a 20 year vision for housing suitable for older people. It commendably recognised the diminishing demand...
for sheltered housing in its current structure and proposed a range of options including ‘virtual’ sheltered housing that would enable individualised solutions to supporting individuals in their own community.

Social work services provided planning and financial support to the Inverclyde community care forum, which played an active role in the development of community care services within Inverclyde - for example, the new integrated resource centre for older people. The forum was linked to over two hundred local groups and had a stakeholder network of six hundred people.

An Older People’s Service Development Group was set up as part of the Dumfries and Galloway Council’s pathfinder role for the Better Neighbourhood Services Fund. This was a strong and cohesive group of older people nominated by community organisations, self nominated following advert in local newspapers and supported by officers from the Council. The Group had assessed and made decisions on the allocation of the fund to about a dozen projects over the last 3 years, totalling £1.5m.

This included the ‘Guid Guidance for Older Folk’, a comprehensive directory of support agencies and other useful information which was a widely available free publication.

**Impact on the community**

Members of the Adult Services Sub Committee in Dumfries and Galloway agreed in March 2005 to use non-recurring funds of £300,000 to facilitate the implementation of the Department of Work and Pensions Partnership Application. The group was subsequently named the “£11 Million Group” in recognition of the conservative estimate of £11,000,000 that was unclaimed pension credit in Dumfries and Galloway. Contact was made with older people by phone, and by home visits. By the end of November 2005 the total benefit gain to users came to over £800,000. Whilst the project was to be externally evaluated there was clear evidence that the group had made a real impact on the unclaimed or under-claimed benefits of older people living in Dumfries and Galloway.

Dalvenie Gardens, Banchory, Aberdeenshire, provided a variety of day services along with extra care housing for older people. A wide range of community activities took place there and it had become a valued and valuable community resource, situated in the centre of a small town. The centre had excellent links with pupils from the secondary school located next door. A local couple got married in the centre and invited all the residents to the reception.
At Nordlea Care Centre in Unst, older people were making a ‘story sac’ with the help of outreach support from Shetland College. One of the women had written a short story in local dialect about life when she was young. They were making a visual 3D representation of the story and used re-cycled Up Helly Aa costumes. The script had been typed up and the story teller had recorded her story on CD. The plan was to take the story sac into the local primary school and share these reminiscences and the story with children.

In Orkney, we spoke to staff in West Mainland day care centre provision who spoke about how important the service they were providing was. They felt the job they did added real value to the wider care package for service users, by enabling them to remain at home and ensuring that service users kept active and involved. They were able to reflect on the wider impact of the community their service has for carers and families in providing much needed respite.

Staff in a unit for older people in Dundee had appealed to the community for items to create an authentic 1940’s tearoom for service users to enjoy. They had used local media to make an appeal for the items and had had a very good response from individuals and businesses, creating a very authentic room that service users valued.

The Killin Community Trust in Perth and Kinross had emerged from social work services working with the community with the determined aim of maintaining the small local care home when it was put up for sale. The Falls of Dochart Care Home was bought by a Community Trust, with assistance from the council on fund raising plus finance from social work and health, and managerial support from the council’s care provision manager. It continued to provide an important ‘hub’ for residential and respite services in the heart of this rural community.

Impact on staff

Dun Berisay, a care home for older people in the Western Isles, had a positive, informative and welcoming induction pack for new staff. The pack included a poem and some quotes from authors that set a strong person-centred tone about offering care to older people.

Home carer recruitment days in Aberdeenshire: Events were held regularly to recruit home carers. They were advertised through notices in local communities and at local events, through distributing flyers to parents in schools and though the local media.

Applicants were able to watch a video about the work of the home care service, see home care material and talk to other home carers about what the work involved. Application forms were
available at the event, with help to complete them. Immediate interviews were arranged and selection decisions made within a few days. Early support was provided through an imaginative induction programme, which had been developed with input from home carers.

In the Levern Valley Older People’s Team in East Renfrewshire, specialist staff with expertise in working with people with dementia provided training and support to staff in care homes. This enabled care home staff to develop strategies for working with individuals with dementia and to maintain and support them within their care home.

The psychiatric liaison service set up as a pilot in January 2006 involved dedicated nursing staff liaising with care home staff in Forth Valley. It had significant success in supporting staff in care homes, with the result that older people with dementia continued living in care homes. There had also been a noteworthy reduction of admissions from care homes (in the pilot) to acute old age psychiatry beds. This approach was also being extended to patients in care homes with palliative care needs.