

APPENDIX 2



Older Persons Residential Care Homes in Neath Port Talbot Report

1. Introduction

- 1.1 Over the years, the way in which people wish to be cared for in old age has changed as more people want to remain as independent as possible within their own homes and communities. As such, care homes are no longer a first choice option for many people.
- 1.2 Neath Port Talbot County Borough Council (the Council) is committed to supporting people to remain independent within their own homes and communities. The Council has worked successfully with partners, including Abertawe Bro Morgannwg University Health Board (ABMU HB), the third sector, local community resources and the private sector to help people regain or maintain optimum levels of independence within their own homes and communities.
- 1.3 As a result of changing needs, demands, demographics and personal choices, the care home market has seen a number of changes. This report provides an overview of the current care home market in order to illustrate current and future demands for care home services.

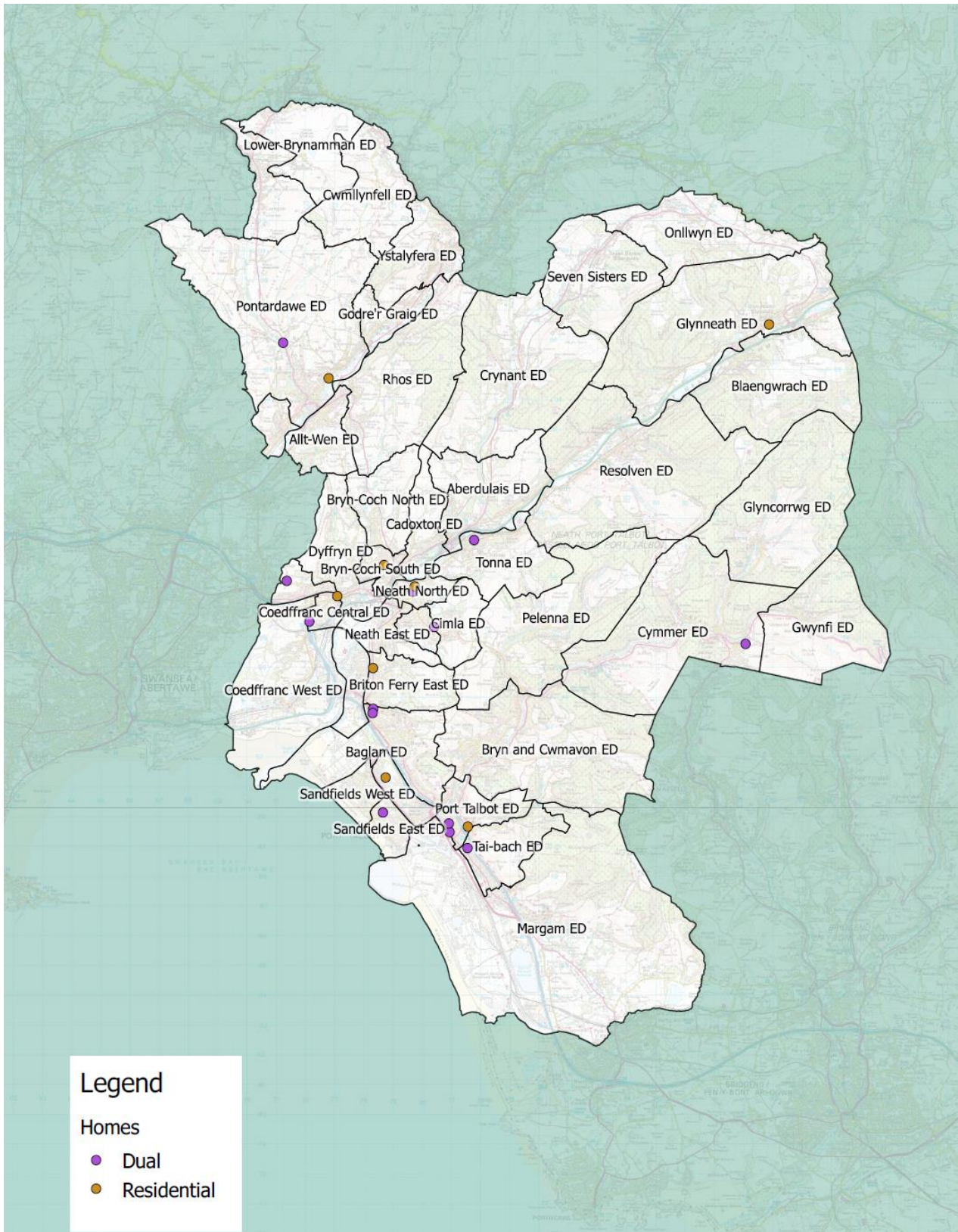
2. Overview of Provision

- 2.1 Table 1 (below) sets out the current care home provision in Neath Port Talbot:

Table 1: Care Home Provision

Type of Home	Number of Homes	Total Beds	
Private Dual Registered	14	645	
Private Residential	5	148	
Pobl/Gwalia	4	Total	190
		Respite	8
		Re-ablement	11
		Assessment	12
Total	23	983	

2.2 The below map illustrates the spread of care homes across Neath Port Talbot. In addition to the 23 homes located in Neath Port Talbot, the Council currently has placements in two dual registered care homes and one residential care home in other local authority areas boarding Neath Port Talbot.



3. Anticipated Demand

- 3.1 Whilst a changing demographic profile shows that the older age population in Neath Port Talbot will increase, this does not necessary mean that demand for residential care homes will increase at the same rate.
- 3.2 In response to changing needs, demands, demographics and people’s personal choices the Council has successfully worked with partners to implement a range of interventions and services to help people to remain or regain optimum levels of independence within their own homes and communities.
- 3.3 These interventions should result in an overall reduction in demand for standard residential care. It is also more likely that as a result of these services, people will transition into residential care at later stages of their life and have more complex needs that cannot be managed within their communities.
- 3.4 As the older age population increases, it will also be more likely that there be a growth in the numbers of people experiencing dementia, especially amongst people aged 85 and over.

4. Current and Future Needs

- 4.1 In Neath Port Talbot we know that many care homes have vacancies, implying there are currently enough beds to meet demand. However, some care homes in the area hold waiting lists.
- 4.2 Existing data shows that demand for pure residential care is falling, whether as a result of intermediate tier services which allow people to stay in their communities longer, or because those with more complex health and social care needs require specialised nursing care – a pattern reflected across other parts of Wales.
- 4.3 However, demand is increasing for high level dementia care homes able to meet the needs of those people requiring EMI/dementia residential care and EMI/dementia nursing care. At present there is only one home in Neath Port Talbot that is able to meet the needs of people requiring EMI/dementia nursing care.

5. Wellbeing Outcomes in Care Homes

- 5.1 The Older People’s Commissioner for Wales’ report “A Place to Call Home?” highlighted a range of identified areas that impact on the quality of life for people living in care homes. This will require some providers to implement changes to the way they deliver care home services.
- 5.2 In addition, The Social Services and Well-being (Wales) Act 2014 requires local authorities to focus specifically on making provisions to improve well-being outcomes for people who need care and support. This means that local authorities now need to consider the extent to which care home providers focus on improving well-being outcomes as part of the commissioning and quality monitoring process.
- 5.3 A number of care homes have made good progress in implementing ways of working that ensure residents are able to receive personalised care. The below case study is an example of how a care

home has been innovative in ensuring that their residents are able to continue doing the things that matter to them.

5.4 Case Study:

A resident had been part of a group called the Friday group for a number of years, members of this group took it in turns to meet socially every Friday in each other's homes. This resident was upset that this might no longer continue once he was living in a care home. However, the home fully embraced this important aspect of his life and has supported him to continue with this social evening including providing a curry night for the resident and his friends.

6. Conclusion

- 6.1 Although demand for services to support people in their own homes and communities has increased, for some people residential care may be the most appropriate solution to meet their complex needs. As such, care homes continue to be an important part of the local market going forward.
- 6.2 The report clearly demonstrates the need to look at commissioning services with providers who are forward thinking and have a positive and proactive commitment to working in partnership with the Council in order to re-shape traditional models of care, so that we are able to continue meeting future demands and needs.
- 6.3 It is for this reason that commissioners will work to encourage new providers into the borough to provide homes that will cater for people with more complex needs and dementia, for example EMI/dementia nursing care homes. In addition, commissioners will work with existing providers to transform their current provision in line with identified demands. This is an identified priority for commissioners who are currently considering available options.

7. Definition of Terms

Residential Home

Residential care homes provide personal care and accommodation only.

People who live in these homes either fund themselves or could be partly or fully funded by the local authority, depending on their individual financial circumstances.

They do not have high dependent nursing needs and any nursing intervention can be managed by district nurses (e.g. pressure sores, dressings that need changing or to administer injections).

Nursing Home

Nursing homes provide 24/7 around the clock nursing care to people who have been assessed as requiring a high level of nursing input. Their nursing care is paid for by the health board. The local authority fund their personal care and accommodation if their financial circumstances qualify them.

Dual Registered Home

These homes are able to provide nursing and residential care.

Reablement Unit

Reablement is a short stay service that is designed to rehabilitate someone to enable them to return home. The service will identify if the individual requires an ongoing package of care to support them once back home.

Assessment unit

An assessment unit is designed to assess someone usually over a 6 week period to establish whether the individuals long term needs are best met in a care home. The assessment process ensures that decision making is not done in haste or at a time when the person may be having a health crisis.

Special dementia care

These specialist homes are able to provide care for people with complex high dementia needs, which are usually accompanied by behavioural issues requiring input from a community psychiatric nurse and mental health services. Staff at these homes would have a higher level of dementia training and staffing levels would be higher.