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PRIVATE & VOLUNTARY RESIDENTIAL HOMES

FOR ELDERLY PEOPLE

REPORT OF 3 STUDY DAYS ON PROFESSIONAL SUPPORT FOR STAFF

JUNE 1981

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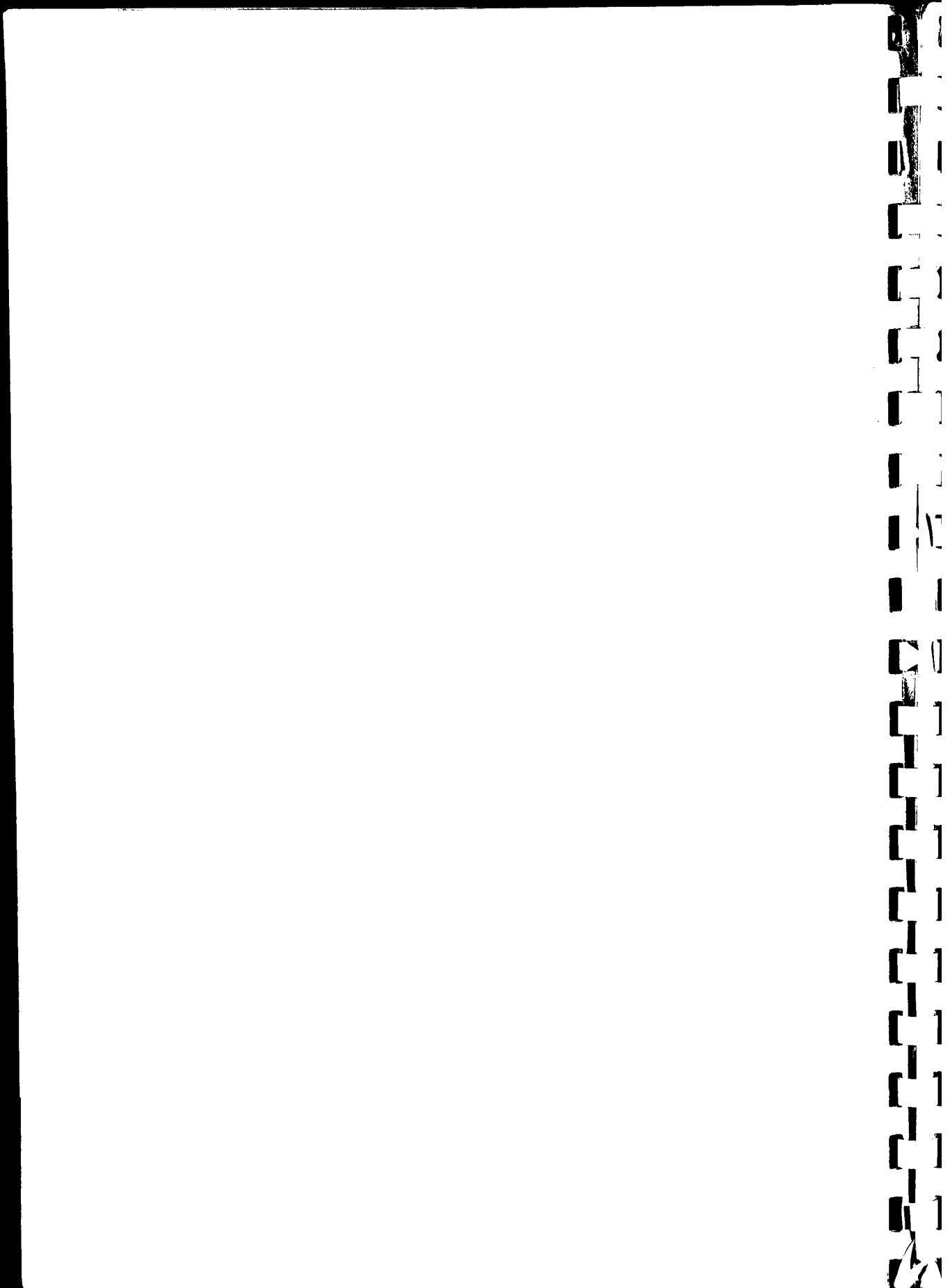
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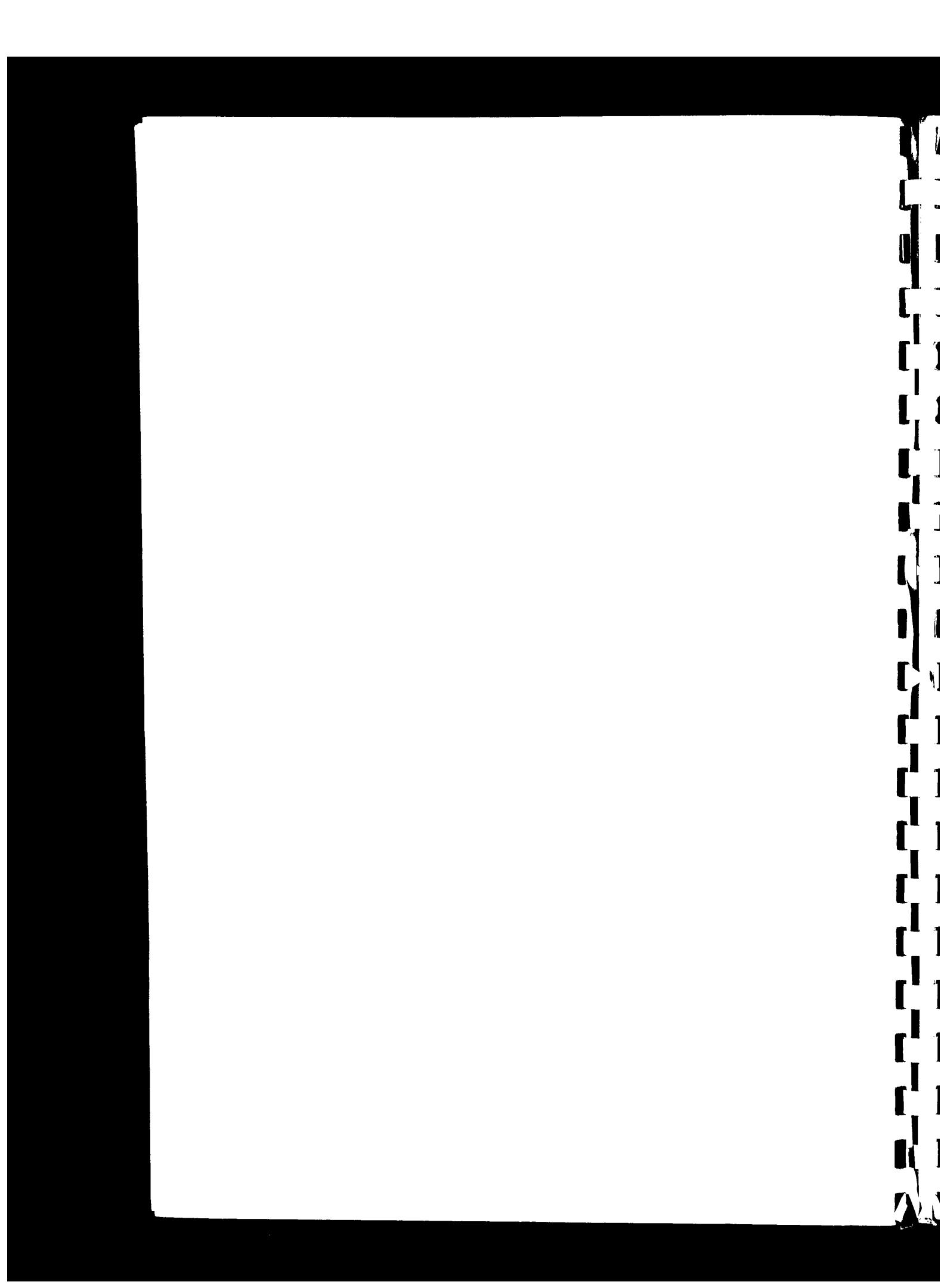
PRIVATE AND VOLUNTARY RESIDENTIAL HOMES FOR ELDERLY PEOPLE:
REPORT OF THREE STUDY DAYS ON PROFESSIONAL SUPPORT FOR STAFF

Edited By
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June 1981



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1. INTRODUCTION

Residential care for older people has never been a form of provision exclusive to public authorities. For as far back as one can trace Poor Law institutions it is possible to observe parallel accommodation offered by voluntary and religious groups as well as those whose premises were open to residents on commercial terms. At different stages during this century, and during the last, the balance has shifted. Early in the nineteenth century there were relatively few alternatives to the poor-house for elderly people without private means, but as the century wore on charitable bodies responded to meet some of the increasing need. By 1948 it seemed that public provision would have to be seriously reformed and extended if the needs of a growing population were to be met. So as a result of the dissolution of the Poor Law and the transfer of responsibility, via the National Assistance Act 1948, to local authorities, the emphasis was firmly shifted to the public sector.

Despite the clear commitment of successive post-war governments to invest in the improvement and extension of what is known as Part III accommodation, there continued to be encouragement to voluntary agencies to sustain their services. Indeed as building plans were repeatedly cut back in the nineteen fifties and sixties, it was imperative that others should be encouraged to share the task.

During this period a modest private sector maintained its position, but was limited - as it largely is today - to the more prosperous areas of the country, the big cities and the retirement areas on the south coast and elsewhere. Within this sector it was, and still is, possible for individual old people to exercise more choice over location, type of home and timing of entrance than proved possible under most local authorities.

In a time of acute financial stringency, when both central and local government are cutting back on expenditure it is proving impossible for many public authorities to meet the needs of a rapidly growing population of people over the age of 75 years. Even with the increased emphasis on care and support in their homes the numbers of very old and disabled people requiring full residential care are increasing. Inevitably governments of all political persuasions now accept that the non-statutory sector will, and must, grow if society is to provide properly for that group which have been called the 'old old'.

The present administration goes one step further and actively seeks a more developed private and voluntary sector. Whilst not all would share the present government's view about the desirability of this shift in caring arrangements, there are few who would not want the ensuing growth to be well thought out and sensitive to the requirements of older people. Experience of the massive expansion of 'nursing homes' in America a decade ago, which resulted in much abuse of government funds and of old people, should act as a warning. The American government had to step in to set up the Nursing Homes Administration when the situation had got wholly out of hand.

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No dramatic growth has yet occurred in Britain, and, as yet, no special financial inducements have been made by governments, which would change the character of the private and voluntary sector of residential care. Nonetheless, growth is taking place and corporate commercial interests are already exploring the British market. It seems sensible to act before any transformation could take place.

Some initiatives in this field must still come from government, but others, to do with the nature and quality of caring, training and staff relationships within the homes, and between homes and local authorities, can be dealt with at other levels. What follows in this report outlines one small pilot initiative.

The Study Days

This series of study days was organised by the King's Fund Centre with the help and advice of the Department of Health and Social Security and the Centre for Policy on Ageing to look at the professional issues which influence the quality of life for the elderly person residing in a private or voluntary residential home. It provided an opportunity for members of staff who are responsible for the inspection and registration of homes and the officers in charge of homes to consider together ways in which the statutory staff could and should provide professional support. It also supplied opportunities to identify other areas of need.

The Centre for Policy on Ageing Homes Advice Service, reported that residential care staff are often professionally isolated and as a result lack knowledge of the training opportunities that are available. The chance to meet other colleagues was welcomed even though in some areas they had already formed groups to forge supporting links of their own.

The aims of the study days therefore were to:

1. Promote and encourage the exchange of ideas.
2. Identify the needs of staff and management in improving the quality of life for the elderly people in their care.
3. To clarify how exchange of information and communication for staff responsible for residential care of the elderly can be improved.

This report highlights areas of concern and points of discussion, showing that many of the problems were shared problems and that some of the solutions might also be shared.

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The General Approach

The Steering Group were anxious to make the study days an opportunity for people from different fields to talk to each other, rather than take part in an information receiving conference. However, dialogue does not usually arise spontaneously and when it does it may lack shape and discipline. For this reason several guidelines were adopted:

- i The study days should not be open to all comers, but be restricted to people in selected areas of the country. This would ensure that people who were (or should have been) already working with each other would be able to talk about their common situation.
- ii The first meeting would be fairly structured and contain formal presentations, but that subsequent meetings would arise from the discussion and the knowledge and experience of participants. The programmes included in the appendix of this paper show how this was done, as do the Discussion Group Summaries.

The Steering Group members took part in each days proceedings and took detailed notes of discussions, but purposely did not take a leading role in the deliberations.

Steering Committee

Win Arnett-Rayson	Nursing Officer	King's Fund Centre, London
Ruth Finch	Officer in Charge	Springboard Housing Association, Essex
Deirdre Wynne-Harley	Senior Homes Adviser	Centre for Policy on Ageing, London
Malcolm Johnson	Senior Fellow	Policy Studies Institute, London
Michael Perry	Social Work Services Officer	DHSS, London
Bryan Rowe	Homes Registration Officer	Norfolk County Council, Norwich
Ann-Marie Seelig	Nursing Officer	DHSS, London

2. SETTING THE SCENE:

ISSUES IN RESIDENTIAL CARE

Deirdre Wynne-Harley,
Senior Homes Adviser,
Centre for Policy on Ageing, London

Residential care for the elderly is now an established part of social service provision in this country, although catering for a very small minority of people. Recently questions have been asked about the need for old people's homes, but it is generally accepted that there will always be some people for whom this type of accommodation is necessary at some stage in their lives - not necessarily the end. However, it is undeniable that the present role of many homes is uncertain and that the wrong type of care is often being offered. Research has suggested that up to 70% of residents in some homes are receiving care unnecessarily, and it is to be assumed all too often, becoming prematurely dependent as a result.

Changes which have taken place over the past decade in the age structure of the elderly population together with increased provision of sheltered housing and domiciliary services and the desire of many old people to retain their independent life style as long as possible, have undoubtedly brought about changes in the role of residential care and the needs to which homes must respond. It is unfortunate that in this context homes are being seen as a last resort and the negative aspects becoming highlighted. Recent studies indicate that statutory homes are admitting residents with a higher degree of frailty or mental infirmity than those in the voluntary sector, it also appears that admissions to private homes include more residents described as confused than in voluntary ones. Analysis of the records of placements by an agency dealing with private homes, for one month in 1979 showed an average age of 81 years and just under 30% were described as suffering from a significant degree of confusion at the time.

One third of all admissions to residential homes for the elderly are now 85 or over. This contrasts with the situation in the early 1950s, when many voluntary homes first opened. Then, intending residents were usually active, fully ambulant and in their mid to late 60s, often newly retired. There were few special needs. Where buildings were adapted many years ago, subsequent improvements were difficult to finance and changes only made when the hard pressed staff could no longer cope in existing conditions, it is not surprising to find voluntary homes which will not admit the very frail, or mentally infirm whose needs are great.

Because most local authorities have a continuing building programme, necessary changes in basic structure and equipment are more likely to be made in statutory homes than in the private voluntary sector.

Given that it is an accepted duty of local authorities to provide homes for residents no longer able to care for themselves because of physical or mental infirmity, and indeed that statutory homes will increasingly be looking after people who require a high degree of care not available elsewhere, then it is important to examine and re-assess the role of voluntary organisations in the residential field.

Many of the larger voluntary organisations in residential care are already re-thinking their role in the light of current changes - this is made more necessary by prospective cuts in financial resources. But without a generally accepted philosophy of residential care and an assessment of the aims of homes it is difficult to see how the highest quality of life for the residents can be obtained whilst at the same time achieving the optimum cost-effectiveness. The stated aims of too many homes are limited to the type of person for whom care was intended when the home was first opened. Although there may be an unwritten and indeed unspoken understanding between management and staff about the purpose of residential care in general or in the particular home, there appears to be little examination of this or definition of the objective of care.

Whilst statements of general objectives of care are rare, it is even more unusual to find a policy which includes a projected programme of care regularly reviewed for individual residents. There is a steady drift into dependency - a basic standard of care being easier to apply and to carry out than a variable programme of enabling and encouragement towards self-help. This situation would be alleviated by understood objectives and staff training.

This very briefly describes the situation at the starting point of the study days. People attending represent a very mixed group including staff, management and proprietors from voluntary and private homes; advisers, registration officers and inspectors from local authorities. There will almost certainly be conflicting views on many issues and may be uncertainties especially for those with dual roles. The one thing we all have in common is that we are all supporters in our own work and our ultimate goal is to ensure the best possibly quality of life for the old people in residential care.

Those of us who formed the steering group for these study days assumed somewhat arrogantly maybe, that staff, proprietors and management of non-statutory homes desired or needed professional support in some form or another. Response to the invitation to attend suggests that we were right in our assumption and that workers in this field of caring are looking for something at present not available.

The purpose of this paper is to suggest a few lines which might be followed in the groups and perhaps to help to start the ideas flowing.

We all talk rather glibly about 'support'; it is part of the social work shorthand - but what for? What does each of us mean when we look for support in relation to our particular job? Is it related to our attitude to work? Does its significance have anything to do with any training we have received in this or any other field?

The Concise Oxford Dictionary gives 8 meanings for the word support and I will quote 6 of them:

1. carry the weight of, keep from falling
2. enable to last out, keep from failing, give strength to, encourage
3. endure, tolerate
4. supply with necessaries
5. lend assistance, back up, second, speak in favour, assist by one's presence
6. keep up or represent adequately

Almost anyone in any field of social work will, at some time, have looked for support in all of those terms.

So if we now take just a few of them and apply them to the tasks in residential work with the elderly how do they look? And would the implications be varied because of the independent nature of the organisations you represent?

1. Carry the weight of, keep from falling - the sheer physical stress of residential work is enormous, with staff shortages, long and sometimes erratic hours and many tasks involving lifting and carrying - does someone look after your physical conditions; is someone there to keep you from falling?
2. The second definition, to enable to last out, keep from failing, to give strength and to encourage. Support for your emotional needs, is someone aware of or can anticipate the problems associated with management, with caring and with your role in supporting your own staff?
3. The next definition is essentially practical - lend assistance, back up, speak in favour, assist by one's presence - in fact someone on your side who speaks the same language, understands your job and has the professional competence to give confidence.
4. Finally to substantiate, confirm, represent adequately - someone whose professional status can advance your case, represent, encourage and give credibility to your views.

Depending on the size and structure of your organisation and the relationships between homes and local authorities, there may be people filling these roles for you. It may operate so well and with such sensitive adjustments that the needs have never appeared. Or maybe the unavailability of help has led to suppression of the need and increasing stress in your working life.

Who do you turn to at present if for instance:

- you are uncertain whether to approach the family of a resident on a particular matter?
- you want a more flexible policy of risk taking in the home?
- you feel the local GP is un-cooperative in the care of a resident?
- you have doubts about the whole philosophy of care as accepted in your home?
- you feel you lack some of the necessary skills in management?
- you would like to devise a staff training programme?
- you just want to talk through your work generally on a regular or occasional basis?

There are probably far more typical issues one could think up instantly but these are just a few to work on. Is there one person to approach first within the organisation? Are any of these problems you would discuss with the social services Home Officer, or CPA Homes Advice? If you have a management committee would it seem disloyal to look for help outside.

Do you belong to the Residential Care Association or another professional organisation? Have you ever been involved in co-counselling groups with workers in other homes or projects? When the going is difficult who do you turn to? Is it the same person you would talk things over with when things go well and you feel you have a contribution to make too? If you examine your work is there perhaps a need for different kinds of support from different sources? What do you want and where should it be available?

3. REGISTRATION AND INSPECTION

Bryan Rowe,
Homes Registration Officer,
Norfolk County Council.

Registration

The 1980 Residential Homes Act consolidates existing legislation and re-asserts the Local Authority's Social Services Department's power to register and inspect any premises where a private individual or local or national voluntary body is providing residential accommodation. The registration legislation only covers accommodation provided for the elderly, the physically disabled and the mentally disordered, which includes both children and adults who are mentally handicapped. The current fee for registration, which has remained unchanged since the inception of the 1948 National Assistance Act, is £1, but the legislation still makes it clear that any person failing to register shall be subject to a fine of up to £500 for the first offence and thereafter in the case of a second or subsequent offence, liable to receive a term of imprisonment for up to a period of not exceeding three months.

In common with some of the current legislation related to services for the Elderly or Physically Disabled, each individual Local Authority is open to make its own interpretation of the 1980 Residential Homes Act and sets its own policies with regard to registration and inspection. Consequently the number of persons that can be accommodated in a Residential Home before a Proprietor or Voluntary Organisation need apply for registration varies throughout the Country. The majority of registering Authorities, however, set the registration point at three or four persons.

In addition to the 1980 Residential Homes Act, the 1962 Conduct of Homes regulations is now the only other remaining legislation which contain broad guidelines about the standards of accommodation/staffing which should be considered when the registration Authority is either in the process of registering a Home or carrying out an inspection. Although these guidelines are again obviously open to interpretation, some of the regulations are quite specific. For example, a member of the Local Authority staff, can at all reasonable times, interview a resident of a Home in private. Whilst this should offer some safeguard to individual residents placed in private homes, very few residents are actually made aware of any procedure whereby they can themselves register a complaint. The only information that is often available to a resident is contained on the actual registration certificate, which by law has to be placed in a conspicuous place in the Home and which gives details of the registering Authority and states the number of residents that can be actually accommodated in the Home.

In practice, experience has shown over recent years that it is very difficult for the registering Authority to refuse or cancel an application for registration on the grounds that the standard of premises are unsatisfactory or that the care provided is inadequate, or that the applicant is an unsuitable person to be managing a Home. Under the terms of registration, it is the applicant who is registered and not the premises. Therefore, if a Home changes hands or a proprietor dies, the new owner has to make a fresh application to be able to continue to provide residential accommodation. In the case of a voluntary body it is the organisation or Management Committee of a Home that is registered.

Any person served with a de-registration notice from the registering Authority has fourteen days in which to appeal and then if still unsuccessful, can subsequently make a further appeal to a Magistrate's Court or to the Crown Court. An authority intent on closing a Home may therefore have to face a long cumbersome and costly legal battle in order to achieve de-registration. One of the recommendations made by the Personal Social Services Council in their discussion document entitled "Policy Issues in Residential Care" was that in each Area, a local tribunal or panel and not the Courts should meet to adjudicate disputes relating to registration. Further, following many problems in some areas where accommodation is provided in hotels and boarding houses, the Committee recommended that there should be no exemptions from registration. The National Institute of Social Work is currently hosting a Committee of Enquiry which is examining the many professional issues related to residential care in hotels and boarding houses. The Committee report is due to be published later in 1981.

The registering authority will normally only finally issue a certificate when it is satisfied that the applicant and premises meet the requirements of the Fire Prevention Officer, the District Council's Planning and Environmental Health Officers, the latter often now having a responsibility for both the administration of the Food and Hygiene Regulations and the Health and Safety at Work Act. If the registration Authority's own staff has a good working relationship with staff from the District Council, much of the Authority's actual inspectorial work related to registration can be delegated. The registration Authority can seek to obtain references from persons wishing to apply for registration, although at present it is not possible to obtain information from the Police about a person's background.

The registration authority should also ensure that all new applicants or persons contemplating opening a private or voluntary home should receive some advice on the most viable and suitable areas for new homes within a district or county. Whilst competition can be healthy, it is pointless saturating a small community with too many homes whereby homes are under occupied and standards deteriorate, and high fees continually have to be charged to enable the proprietor to remain in business.

To ensure that basic standards in a home remain satisfactory following registration, the appropriate staff from the different tiers of Local Government should give consideration to carrying out formal reviews on the homes registered in their areas. The fl registration fee which is a one/off payment now needs to be increased to a more realistic figure and in future proprietors should have to review their registration licence annually. The registering Authority should be able to levy a charge for the renewal of a licence, which would help to fund additional staffing to administer the registration procedures. This would not only help those Authorities who have the highest number of private and voluntary homes within their administrative area but through the annual formal review system should also ensure that homes continue to maintain satisfactory standards.

Inspection

The number of private and voluntary homes providing residential accommodation in any one Local Authority administrative area greatly varies throughout the Country. Some counties in England with a large number of coastal retirement resorts have as many as two or three hundred homes to administer, whilst other urban or city areas may have less than a dozen.

A few Authorities have closed some of their own residential establishments and do not intend to build new homes, it is envisaged, however, that there will still be a demand for residential accommodation to be provided by the private sector. Current trends suggest new private residential homes are likely to be smaller units offering accommodation for between six to a dozen residents. The possibility of setting up a central register of private and voluntary homes would be one way of monitoring the number and size of the homes being managed and opened throughout the Country.

The Local Authority staff appointed to register and inspect homes, is dependent upon the staffing structure of the registering Authority. In some Authorities, Residential Home Advisers have to provide an inspectoral/professional supportive role to both homes administered by the Local Authority and those in the private and voluntary sector. A few Authorities employ Specialist Officers, who are solely responsible for registration and inspection and for providing a supportive role. Inevitably some Homes Officers who have a dual responsibility, can find that there is a danger in their giving as of necessity more priority to residential staff in the Local Authority homes than those in the private sector. Proprietors and Residential Care staff, however, in the private and voluntary homes are often more vulnerable as they do not have the same degree of administrative and professional support. This can be particularly relevant to people who have just opened a new home. They may themselves be very experienced in the actual care of the elderly or physically disabled, but are not experienced in running a business or of managing staff, thus, especially in times of economic recession, a lot more stress is placed on staff from both new and established homes if proprietors are also experiencing poor health, family problems or financial difficulties. These factors have a direct influence on the standard of care provided in a private home or a small home run by a voluntary organisation.

The Local Authority Home Officer's role, therefore, has to combine elements of both inspection and support. It is desirable that the Homes' Officer/Inspector should be professionally qualified with some experience in residential care. Tact and intuition are also important qualities necessary in carrying out the role. The visit of the Local Authority Homes' Officer/Inspector is often viewed by proprietors or Officers in Charge, with some ambivalence and uncertainty. If the Inspector is brusque, off-hand or hyper-critical, this will inhibit proper communication taking place. Equally, proprietors and residential staff need to be able to receive adequate constructive appraisal and feedback on the standards of care practised in the Home and realistic comment upon whether the practical arrangements for the residents' care are of a satisfactory standard. The provision of written reports by Homes' Inspectors to private and voluntary homes might be one way of improving communication. Moreover, Homes Officers should also be able to keep residential staff updated on new legislation and current developments on residential care and practice and also to encourage each home and its staff to reach its maximum potential. Local Authorities should not only provide post-training courses for its Inspectors/Home visiting staff, but also make available some of their own training facilities to staff from the private and voluntary homes.

The Future

In the present economic climate, the question as to whether there should be further legislation to cover inspection and registration of private and voluntary homes is debateable. If each Authority can develop its own liaison role with District Councils and other relevant agencies in this area, additional advice/support/guidance on policy making, etc. could come from a national organisation or association.

Most of the pioneering work done over recent years in providing professional support and advice to private and voluntary homes has been carried out by the Centre for Policy on Ageing through its own Homes Advice staff and the literature which is regularly published, this organisation provides a valuable source of information for proprietors and heads of homes.

Recent months have also seen the growth and development of the Residential Rest Homes Association. The Association held its first National A.G.M. in April 1981 but prior to this individual groups had been set up in many of the counties throughout England. The Association is intent on setting high standards for its members and most groups are busy defining new codes of residential care practice. It is encouraging to see proprietors and staffs from the private homes acknowledging the need to improve their own professional approach to residential care.

Finally, let us not lose sight of the innovative work which both private and voluntary homes can bring into the whole spectrum of residential social work; it is envisaged that many of the residential resources for the elderly and disabled will in the future continue to be provided in the community by the private and voluntary sector.

4. DISCUSSION GROUP SUMMARIES

As was pointed out in the Introduction, the workshop was conducted largely on a discussion basis. So far as was possible, the groups contained people from all three sectors and people from the same area were grouped together. These arrangements were maintained throughout the series of meetings to allow them to build the product of one exchange upon another. Group members prepared reports of their deliberations and members of the Steering Committee kept notes separately. The summaries produced below are a synthesis of different accounts of the discussions held in group and plenary sessions over the whole period of the Study Days.

THE NATURE AND PURPOSE OF CARE

In common with many useful terms, the word 'care' has become overworked and applied to so many activities that its central meaning has become clouded. Like its close colleague in the social welfare lexicon, 'community', 'care' has developed many and diverse meanings. These extend from mild sympathy to active sustained altruistic support; which in itself may stretch from emotional and counselling skills to basic physical maintenance. The discussions which took place both in the presented papers and in the group discussions reflected this ambiguity. In the residential context, it is agreed that the first tasks of care are usually those of basic physical maintenance.

Judith Pipp, in her presentation about the home she and Jennifer Wormell run in Sheringham, Norfolk, provided a good account of what this maintenance work can look like in practice:-

'We see our caring role therefore, very much as one would care for ones own parents in ones own house.
The residents like to share in the daily happenings of our families as we take an interest in theirs. We do not organise their lives unless advised to in their own interests.
However, the majority have enjoyed a routine type life and therefore, meal times are set as are bath days, hairdressing, clothes washing, etc.'

Whilst this particular model of care is not appropriate to all homes, because the residents themselves vary so greatly in age, mental state, wealth and life experience, it encompasses the more central themes which came out of discussion. In looking at the comments which were made, they could be assembled under three headings:-

- a) Basic personal care
- b) Attitudes and personal behaviour
- c) Autonomy and self-esteem

Basic Personal Care

Under this heading observations related to the size of homes, their equipment for easy movement, the need for privacy and personal room keys. In general, smaller homes are favoured because they allowed the family model to be adopted. Single rooms were thought most desirable, allowing the presence of most personal possessions - physical and emotional. Keys to these rooms should be in the possession of residents, and the normal courtesies adopted when rooms were visited.

These physical factors clearly overlap with category (c). At a more commonplace level, it was felt important for meals to be good, varied, responsive to the preferences of those who eat them and served within well regulated routines. The same preference for discreet ordering of other domestic activities, such as bed-making, hair washing and laundry, was expressed in the belief that this aided a 'sense of security'. By contrast with the desire for orderliness and timetabling of domestic events, some called for a more flexible arrangement whereby residents could cook for themselves and/or others. Yet in much of the discussion, it was taken for granted that admission to an old peoples' home would usually mean that an elderly person was no longer able to carry out such tasks for himself or herself.

Attitudes and Personal Behaviour

There was no dissent in the groups about the need for basic maintenance to be carried out in a way which was respectful of the elders for whom it was provided and in a courteous manner. In return these qualities were also required of residents, both for each other and for staff. Over and above these civilities it was expected that staff would exhibit kindness and concern in their dealings with residents.

These statements might be taken as pronouncements of theology rather than descriptions of what invariably occurs. So in making these points, the groups were also indicating the importance of styles, leadership by example and the need for training. With these positive steps taken, it was felt that the basic maintenance services would be supplemented by an atmosphere which encouraged individuality and enhanced the quality of life.

Autonomy and self-esteem

In addition to privacy, the groups felt it was important that residents should have opportunities to exercise choice, to influence the pattern of living arrangements and - where they were able - to contribute to the domestic work. Although they did not function well everywhere, residents' involvement in management policy making and in the selection of new entrants, was generally approved of. Such practices as resident membership of governing bodies and the establishment of grievance procedures (for both staff and residents) were considered helpful, if difficult to maintain successfully.

One matter which remained unclarified concerned security of tenure. It was readily recognised that to know your place in a home was secure regardless of illness and misfortune, was desirable, but it was seen to be very difficult to sustain in practice. Similarly, the right of residents to leave the home to go about their private business was seen as problematic, especially for very frail and confused old people. So the dividing line between relative autonomy and protective paternalism remained an unresolved issue.

Assessment and Review

The assessment of older people who were being considered for residential admission and the continuing review of their situation were recurrent themes in discussion. In the pre-admission phase the following were recommended:-

- (a) A proper assessment of the health and social-psychological standing of the old person.
- (b) A diagnosis of the old persons needs of residential care both for tending and for social fit. This procedure to involve the old person.
- (c) A choice of possible homes to be available.
- (d) Pre-admission visits to be arranged or a short-stay without commitment.
- (e) The decision to leave independent living should be the old persons' and not the social workers.
- (f) Assessment for admission should not be carried out and decided upon by any one professional, but by a multi-disciplinary group.

Once in residential care, continuous review of all residents should take place so as to respond to their changing needs within the establishment or to consider the need for a properly planned move.

In all of the discussions on this theme, there was an underlying anxiety about the way admissions were too often arranged. Involvement of the old person emerged as an important topic, not only because of its moral rightness, but because in doing so, a more satisfactory outcome was likely to follow.

PROFESSIONAL SUPPORT

It was readily agreed that the one thing all the proprietors and practitioners had in common was that they were all supporters in their own work, and their ultimate goal was to ensure the best possible quality of life for the old person in residential care. To fulfil their particular roles, either directly caring for clients, or in advising and encouraging others, it was acknowledged that all will at some time look for support themselves. These observations led to the question 'who are the people with support needs?'

Staff within residential establishments:-

- (i) proprietors/managers
- (ii) caring staff

Staff within Social Services Departments:-

- (i) inspectorial/advisory staff
- (ii) training officers

Different kinds of support are needed from various sources arising broadly from the physical and emotional demands of the particular job we are undertaking. All will need someone to turn to who has the professional competence to inspire confidence through their very presence, their understanding of the job, as well as their ability to advance the practitioners' case and give credibility to their endeavours.

Support Needs of Proprietors/Managers

In concluding discussion on this matter, the groups pointed to four main areas:-

- (i) The care of individual residents
- (ii) Implementation of central and local regulations and guidance.
- (iii) Development of the administrative and professional skills of management.
- (iv) Recognition that an acceptable level of risk taking is necessary if residents are to achieve maximum self-determination in their daily living.

Support Needs of Caring Staff

- (i) Implementation of aims and objectives of the Home in which they are employed.
- (ii) Development of the attitudes, knowledge and skills necessary to meet the needs of elderly People in a residential setting.

Support Needs of Inspectors/Advisory Staff Within Social Services

Departments will be related to:-

- (i) Confidence in back-up by employers on the basis of an agreed job specification.
- (ii) Access to training and professional development.
- (iii) Timely access to specialist advice both within the Local Authority of planners, architects, fire officers and staff employed by the Health Authority, also from environmental health officers and specialists in community medicine.

Who Provides the Support to Residential Staff?

- (i) Social Service Department Inspector/Adviser. The scope of the role of Local Authority staff needs to be defined and must include a counselling/support element. Difficulties arise for Heads of Homes because of variations between Local Authorities in relation both to the status and post title of 'inspectors' and the level of experience, up-to-date knowledge and skills which individuals can offer.

The development of relationships between the Local Authority Inspector and Heads of Homes is vital and the experience of delegates suggests that insufficient time is available for creating rapport. Staff of Homes often fail to receive any feedback from the Local Authority Inspector regarding their assessment of the management of the Home or which aspects of residential care practice needs to be improved. The scope for inspectors to organise group meetings for Heads of Homes at which an exchange of ideas and views can take place is largely unexplored. These would also provide an appropriate forum at which current information could be disseminated and discussed. Where inspectorial and advisory/support functions are vested in one officer, conflict may arise in reconciling the two. There was a feeling that this may have been the reason for poor feed-back in the past.

(ii) Other Local Authority Personnel. Staff will usually endeavour to help residents to resolve personal difficulties. However, on occasions when the skills of a professional social worker are required, either in advising staff on how to deal with a resident's problem or by offering a direct service to the resident, these may best be made available through area social work staff of Social Services Departments.

Fire officers, environmental officers and planners have important contributions to make in informing and advising prospective providers of residential care of the requirements to be met. Difficulties have been experienced in relation to ways in which individual complaints are made of the changes which occur when a new fire officer is appointed.

(iii) Health Services Personnel - There are two elements to this support Direct Services to individual residents.

(a) Residents should have a choice of general practitioner who will usually be their first point of contact regarding health care. The relationship between him and the Head of Home will be crucial in ensuring that residents have timely access to health services. The appointment of one GP for all residents was generally considered undesirable.

(b) As employers of community nurses, Area Health Authorities indeavour to meet the professional nursing needs of residents although constraints, particularly manpower, frequently impede achievements. Where Head of Homes are trained nurses there may be a resistance to seeking assistance from other members of their own profession. Shortage of manpower in the National Health Service probably constitutes the major constraint in providing direct services to individual residents.

(c) Remedial therapists, chiropodists as well as those professionals employed by the Family Practitioner Committee, have contributions to make in the total well-being of residents, although their services are very rarely available to people in residential care.

(d) Access to all hospital facilities including domiciliary visits by consultants is as much the right of residents in private and voluntary Homes as elsewhere. However, there were frequent reports of hospitals being less willing to extend their services to people already seen to be 'in care'.

Consultancy Services to Staff of Homes

Just as caring relatives in the community need professional support from health personnel in the total care of elderly people, so do the staff of Homes. Management of residents, maintenance of continence and treatment of incontinence and the custody, administration and disposal of medicines are amongst matters in which general advice should be more readily available. A better knowledge of the DHSS Memorandum on Functions of Health Care in Residential Homes would be valuable in this respect (see appendix d)

RELATIONSHIPS WITH STATUTORY AUTHORITIES

Expectations of Statutory Agencies by the Private and Voluntary Residential Sector

The interaction between statutory, voluntary and private organisations mutually concerned with the residential care of the elderly comes alive through the personnel involved and the relationships they form with each other. Whilst Local Authorities carry a responsibility for registration and inspection of Homes, the regulations focus upon physical and material aspects rather than standards of care, Heads of Homes are becoming increasingly aware of the factors which enhance the life of the resident and look to the Local Authority to offer appropriate counselling and support in achieving their caring roles. The expectations of residential staff that this will be made available were not considered unreasonable by Local Authority representative who attended the study days.

However, the capacity of inspectors to fulfil this professional support role and draw the expertise of others both within the Local Authority and elsewhere, in practice is constrained by three major factors:-

- (a) Whether or not the Local Authority as employer regard the inspectorial function as an administrative or professional task.
- (b) Whether staffing establishments for inspectors relate realistically to the size of the workload and will be able to take into account possible increases in the number of private and voluntary Homes seeking registration.
- (c) Whether staff should be solely engaged in this area of work, or have additional responsibilities which may, in the absence of a clear job description, be felt to carry a higher priority.

Bryan Rowe illustrated in his paper earlier in this report there are considerable variations between Local Authorities from whom he sought information. In some cases, staff appointed as inspectors do not hold a social work qualification, although the view of participants was that this was a prerequisite. However, from the evidence available, it would appear that the majority of Local Authority Inspectors lack sufficient time to develop a quality of rapport with Heads of Homes which is recognised as necessary if satisfactory standards of care are to be achieved.

The frequency and purpose of contact between Inspectors and residential staff needs to be clarified.

Visits to the individual Homes are essential in fulfilling inspectorial requirements, but these may in practice provide the only contact between Local Authority staff and Heads of Homes at which professional exchanges and support take place. Study Day participants from Homes highlighted their isolation and their need to see their particular contribution within the wider professional context. The Local Authority would have more scope as well as making effective use of their own resources by expanding the use of group meetings. Already, the national contribution of CPA Homes Advice, and the rapid expansion of County Associations of Private and Voluntary Homes (which currently number fourteen) appear to be meeting this need.

However, these cannot replace a continuing need for active partnership between Local Authorities and private and voluntary Homes. Participants considered the role which a National Federation could play, but were uncertain whether the establishment of such a body should take precedence over the continuing development of County Associations forming a country-wide network of private and voluntary Homes.

Participants questioned the appropriateness of Local Authorities fulfilling the responsibilities for registration and inspection, both in view of their own role as providers of direct care and the consequences arising where deregistration may be necessary. The question of an alternative independent agency which might also take on the functions of Health Authorities in relation to private medical and nursing services, was discussed but not resolved.

The Information and Advice Role of Local Authorities

The process of opening a Residential Home is complex. Environmental Health Officers, Fire Officers, Health and Planning Authorities must all be involved because of the need for their various requirements to be met. It is likely to be of most help to prospective owners if their first approach is made to the Social Service Department, with whom they must register, before they incur any major financial expense; since the Social Service Department Inspector may best be able to act as co-ordinator and also make available information contained in Building Notes (see appendix iv), legislation and guidance. Participants also felt that the Social Service Department Inspector should also be in a position to advise proprietors on such matters as job descriptions, conditions of service as well as procedures regarding the assessment, selection and continuing review of residents.

Additional ways in which participants considered statutory agencies might assist private and voluntary organisations include:

- (a) Extension of facilities for bulk purchasing by contract.
- (b) Additional grant aiding for fire precautions.
- (c) Low interest loans for building adaptations.
- (d) Staff pooling arrangements between statutory, private and voluntary residential care sector, to meet the need for temporary and specialist help.
- (e) Establishment of a National Register of Homes which would provide a source of information for the private and voluntary sector.

TRAINING

Whilst training as a separate topic was not covered in any of the presented papers, the idea of staff development was implicit in several papers and in much of the general discussion which followed.

Within the groups there was a consensus that facilities for training in work with old people in Homes should be available. However, few of the groups developed their ideas, on precise needs or methods, possibly because of the financial implications.

Two groups did consider the subject in some detail, emphasizing the need for training for staff at all levels - not overlooking the needs of volunteers. It was felt that a variety of methods were required including short courses, day release, and the Certificate in Social Service (CSS).

5. CONCLUSIONS: WHERE NOW?

Whilst the Study Days were essentially about the exchange of information and ideas amongst the participants, they also had the purpose of highlighting areas of difficulty and of possible development. The conclusions noted below represent the views most clearly expressed in the discussions, which relate to possible improvements in the service to older people. A number of them have important policy implications at national or local government level. The conclusions are presented under four headings, which themselves delineate the main areas of concern.

The Nature of Care

- (a) Assessment in a thorough and sensitive fashion should be a prerequisite for all admissions to Homes and act as a continuing part of care in the Home.
- (b) There should be continuing contact between social workers and residents after admission to a Home. The current practice by most social workers of abandoning all interest in the elderly person, once placed in a Home, is bad for relations between field and residential staff and for the elderly people.
- (c) There is a need for the community as a whole to understand the nature and purposes of care for old people in Homes and for more contact. The involvement of volunteers is seen as one useful form of contact.
- (d) All Homes should establish clear internal grievance procedures. These procedures should have the involvement of people outside of the immediate staff of the Home and should offer equal access to and protection for both residents and staff.
- (e) The role of 'nursing care' should be clarified in each Home and balanced against the wider social and psychological needs of residents. Homes for old people should avoid hospital regimes whenever possible. Homes should sustain independence and dignity.
- (f) Liaison with the community health services (particularly general practitioners), is considered important. It was strongly felt that people in Homes should continue to have access to such services as chiropody, physiotherapy and occupational therapy, as well as some facilities of the day hospital.

Professional Support

- (a) The joint exercise of support and inspection functions was severely questioned. If separation is not possible, the relative weight of the two should be clarified and suitable training provided for those involved.
- (b) Inspectors should be obliged to provide written reports following official visits to Homes in such a way as to help staff and proprietors with self-evaluation of the service they provide.
- (c) Local Authorities should make available to proprietors and staff of Homes, the professional advice of their specialist staff, architects, planners and environmental health staff in particular.

(d) Arrangements should be made for extension of the facilities offered by non-statutory organisations like the Centre for Policy on Ageing Homes Advice Service and the Residential Care Association.

Relations with Statutory Authorities

(a) Arrangements for the pooling of relief staff available to work in Local Authority and non-statutory Homes should be seriously considered. As the current costs of acquiring temporary help from commercial agencies is so high, this could be a self-funding operation.

(b) The bulk buying of furniture, equipment and food should be actively considered. Local Authorities were considered the most suitable agency to arrange this service, but it could also be taken on by Regional Associations.

(c) Further opportunities for information exchange should be created. In particular, proprietors need to be kept abreast of changing legal requirements and staff of training opportunities.

(d) A Liaison Committee is proposed in each local area to include representatives of the Fire Department, the Local Authority and Homes proprietors and staff.

(e) Grants should be made available through Local Authorities for such items as fire and specialist equipment and for innovations in care facilities.

Training

(a) Further opportunities to share in the training provision of Local Authorities and Area Health Authorities should exist.

(b) Detailed consideration should be given to the training needs of basic care staff.

(c) Provision should be available for training in the work place as well as off site.

(d) Schemes of training should be introduced for voluntary workers in Homes.

(e) As part of any training, staff of Homes should be made aware of the work and responsibilities of other professions working with elderly people.

The idea of bringing training into the Homes was seen as a very positive approach to meeting the needs of all the staff and of fostering a teamwork approach. There is a general desire for existing training resources to be identified, to avoid unnecessary duplication of provision, and to encourage whenever appropriate the joint use of courses by staff of statutory, voluntary and private Homes, to the ultimate benefit of all groups - and the residents.

Who provides the training and who pays, were the questions the groups found difficult to answer. Although it was established at the first session that one of the aims of the study days was to seek out needs and offer ideal solutions, most participants felt constrained by present day financial stringency and thus were inhibited from proposing widely available statutory funding, indeed many people felt that a substantial number of private and voluntary organisations would find the necessary cash for training purposes themselves. In this context the in-Home staff development project was obviously seen as economically more viable, and possibly more effective if a scheme could be established.*

*CPA is currently setting up an experimental project of this type.

King Edward's Hospital Fund for London

King's Fund Centre
126 Albert Street London NW1 7NF

**PROFESSIONAL SUPPORT FOR STAFF WORKING IN PRIVATE AND
VOLUNTARY RESIDENTIAL HOMES FOR THE ELDERLY**

Tuesday, October 7th 1980

PROGRAMME

Chairman - Malcolm Johnson

10.00am	Coffee and Registration
10.15	Welcome and Introduction
10.20	Aims and Objectives of the Study Days Chairman - Malcolm Johnson, Senior Fellow, Policy Studies Institute
10.30	Exploring New Ideas : Changing Attitudes Deirdre Wynne Harley, Senior Homes Adviser, Centre for Policy on Ageing.
10.45	Methods of Working Together in Groups John Rankin, King's Fund College
11.30	Small group discussions
12.45pm	LUNCH
1.30	Group work to continue and to clarify issues for plenary discussion.
2.30	Reporting back
3.00	Open forum
3.45	Planning for study days in November and December
3.55	Chairman's summing up of the day.
4.00	Tea and disperse.

King Edward's Hospital Fund for London

KFC 80/271

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126 Albert Street London NW1 7NF

PROFESSIONAL SUPPORT FOR STAFF WORKING IN PRIVATE AND
VOLUNTARY RESIDENTIAL HOMES FOR THE ELDERLY

Tuesday 4 November 1980

'Roles and Functions'

PROGR A MME

Chairman - Malcolm Johnson

10.00am	Coffee and Registration
10.20	Welcome and Introduction Chairman - Malcolm Johnson, Senior Fellow, Policy Studies Institute
10.40	What is the Caring Role? Judith Phipp, Proprietor, King's Gate Residential Home, Norfolk The Role of the Local Authority Inspector Mr Brian Rowe, Homes Registration Officer for Norwich
	Other Supporting Roles Local Authorities Can Play Mr Maurice Ross, Director, World Jewish Relief.
	Supporting Roles Played by the Health Services Dr David Milward, Medical Adviser, Licenced Victuallers Nursing Home
11.45	Group Discussion
12.45pm	LUNCH
1.30	Group discussions continuing
2.45	Reporting back from groups and Open Forum
4.00	Tea and disperse

King Edward's Hospital Fund for London

KFC 80/301

King's Fund Centre
126 Albert Street London NW1 7NF

STUDY DAYS FOR STAFF WORKING IN PRIVATE AND VOLUNTARY RESIDENTIAL
HOMES FOR ELDERLY PEOPLE

Tuesday 2 December 1980

P R O G R A M M E

Chairman - Malcolm Johnson

10.00am Coffee and Registration

10.20 Introduction to the day and summary of previous two study days.

10.40 Group syndicates.
Question for all to discuss:
"What is the nature and purpose of care that should be provided in the homes for the elderly".

12.00pm Reporting back

12.45 LUNCH

1.45 Group discussions.
Each group to take an allocated topic.

2.45 Reporting back.

4.15 Tea and disperse.

King's Fund Centre
126 Albert Street London NW1 7NF

PROFESSIONAL SUPPORT FOR STAFF WORKING IN PRIVATE AND VOLUNTARY RESIDENTIAL

HOMES FOR THE ELDERLY

List of Participants

B	Mrs M A Beagley	Assistant Matron	Salvation Army, Prittlewell, Essex
B	Mrs I M Baker	Proprietor and Matron	Carradale House, Leigh-on-Sea
D	Mr A. G. Bryant	Senior Assistant	Social Services Department Suffolk
A	Mr H Butland	Residential & Day Care Officer	Social Services Department Eastbourne
C	Mrs P Challis	Matron	Licensed Victuallers Nursing Home
C	Mrs L A Charlesworth	Matron	Osmond House, London N2
A	Mrs G Crudge	Freelance Adviser for the Elderly	Essex
D	Mrs G Dick	Matron	Leo Beck House, London N2
B	Sister J Dineen	Sister in Charge	St. Edith's, Leigh-on-Sea
C	Mrs M Evans	Proprietor	Rest Home, London N11
A	Miss J N Gawthorpe	Matron	Heinrich Staul House, London N2
D	Mrs J Haslam	Chairman	Hampstead Old Peoples Housing Trust
A	Miss B Hibberd	Principal Officer	Social Services Department, Clacton
B	Mr R Larter	Deputy Area Organiser	Social Services Department, Rochford
B	Mr A H Lewars	Principal Officer	Social Services Department, Southend
C	Mrs A Manning	Residential Advisor	Eleanor Rathbone House, London N6
A	Mrs. S McKeogh	Principal Officer	Social Services Department Braintree
D	Mrs M L Meyer	Homes Officer	Social Services Department, Sutton
D	Dr D V Milward	Medical Adviser	Licensed Victuallers Nursing Home
D	Mr L Mogford	Proprietors	Whitehall Lodge Home, Norwich
D	Mrs L Mogford	Proprietor	Kingsgate Residential Home, Sheringham
A	Ms J C Phipp		
C	Mr A Probyn	Residential & Day Care Officer	Social Services Department, Hove
C	Mrs S Prus	Residential & Day Care Officer	Social Services Department, Hastings
B	Mr Maurice Ross	Director	World Jewish Relief, London
A	Ms L Rieger	Otto Schiff House	London NW3
A	Mrs N Slater	Proprietor	Rest Home, Leigh-on-Sea
D	Mr Z R Sliwinski	Residential Services Officer	London Borough of Ealing
A	Sister M Veronica	Matron	St Francis Home, Braintree
C	Mr R Ward	Principal	Social Services Department, Colchester
A	Mr C F Watkinson	Assistant General Secretary	Methodist Homes for the Aged
A	Mr N J White	Superintendent	Dapperhaugh House, Norfolk
C	Mrs N J White	Matron	Dapperhaugh House, Norfolk
D	Mrs J M Wormell	Proprietor	Kingsgate Residential Home, Sheringham

APPENDIX III

EXTRACTS FROM USEFUL DOCUMENTS

- a. A section of the National Assistance Regulations 1962 on required provision of facilities and services.
- b. The Recommendations from Policy Issues in Residential Care (PSSC 1979).
- c. Six monthly Review/Inspection report document used by Norfolk County Council.

THE NATIONAL ASSISTANCE (CONDUCT OF HOMES) REGULATIONS 1962

Provision of facilities and services

The managers of every home which is registered under section 37 of the Act as a disabled persons' or old persons' home, or as a residential home for mentally disordered persons shall:-

- (a) Provide for each person received into the home such accommodation and space by day and by night as is reasonable having regard to his or her age and sex and the nature and degree of any mental disorder or other illness or disability from which he or she may be suffering.
- (b) Provide adequate and suitable furniture, bedding, curtains and, where necessary, equipment, screens and floor covering in rooms occupied or used by persons received into the home.
- (c) Provide for the use of persons received into the home a sufficient number of wash-basins and baths fitted with a hot and cold water supply, a sufficient number of water-closets and any necessary sluicing facilities.
- (d) Provide adequate light, heating and ventilation in all parts of the home occupied or used by persons received in to the home.
- (e) Keep all parts of the home occupied or used by persons received into the home in good structural repair, clean and reasonably decorated.
- (f) Take adequate precautions against the risk of fire and accident, having regard in particular to the mental and physical condition of such persons as are received there.
- (g) Provide sufficient and suitable kitchen equipment, crockery and cutlery, together with adequate facilities for the preparation and storage of food.
- (h) Supply adequate, suitable and properly prepared food for every person received into the home.
- (i) Arrange for the regular laundering of linen and articles of clothing.
- (j) Employ by day and by night suitably qualified and competent staff in numbers which are adequate having regard to the size of the home and the number and condition of the persons received there.
- (k) In the case of a residential home for mentally disordered persons, keep such records as may from time to time be required by the registration authority.
- (l) Permit officers authorised on their behalf by the registration authority to interview in private any person received into the home.
- (m) Arrange as may be necessary for the provision for any person received into the home of medical and dental services, whether under Part IV of the National Health Service Act 1946 (a), or otherwise.
- (n) Make suitable arrangements for the safe keeping and handling of drugs.

NORFOLK COUNTY COUNCIL
SOCIAL SERVICES DEPARTMENT
HOMES REGISTRATION - SIX MONTHLY REVIEW/INSPECTION REPORT

1. Name of Home
2. Category
3. Proprietor/Matron
4. Date of Visit
5. Was Certificate of Registration Displayed?

SECTION 1 - RESIDENTS

- (a) Number of Residents for which Home is Registered
- (b) Number of Residents at time of Visit
- (c) Number of Residents Subsidised by N.C.C.
- (d) Amount of Subsidy
- (e) Current weekly charge of Home
- (f) Number of Vacancies M F
- (g) Number of Residents in Hospital GENERAL M F
PSYCHIATRIC M F
- (h) How many Residents are Incontinent?
Doubly Incontinent? M F M F
- (i) How many Residents are Severely Mentally Confused? M F
- (j) How many Residents are Confined to Bed and Require Full Time Nursing Care? M F
- (k) Number of Residents with Specific Handicaps
BLIND M F

PARTIALLY SIGHTED M F
DEAF M F
OTHER H.C. M F

SECTION FOR MENTALLY HANDICAPPED ONLY

(a) Are Records kept on each Individual Resident?

(b) How many Residents attend A.T.C.?
..... are EMPLOYED?

(c) How many Residents attend Social Club?

(d) How many Residents have a visiting Social Worker?

SECTION 2 - MEDICAL

(a) Do Residents have a choice of Doctor?

(b) Does G.P. call WHEN REQUESTED?
..... ON ROUTINE/LIAISON VISITS?

(c) Which Member of Staff has Responsibility for the Supervision of Medication?

(d) Who is responsible for Stocks of Drugs/Holds Key to Medicine Cupboard?

(e) Are Residents encouraged to manage their own Medication?

(f) Does District Nurse call?

(g) Are Chiropody Services provided by PRIVATE SECTOR?
..... COMMUNITY HEALTH?

(h) Does proprietor/Matron request Medical Report from Resident at time of Admission?

(i) Is physiotherapy available?

(j) Does any Resident attend Day Hospital?

SECTION 3 - SOCIAL

(a) How many Residents have no contact with Relatives/Friends?

(b) How many Residents have contact with Social Worker?

(c) How are Hairdressing Services arranged?

(d) Are communal entertainments/outings organised?

(e) Is Occupational Therapy provided?

SECTION 3 - SOCIAL (contd)

(f) What contact does the Home have with Local
Organisations?

(g) What transport facilities are available?

(h) How far is nearest public transport?

(i) How are Residents' individual needs catered for?
 OWN TELEVISION

 LIBRARY FACILITIES

 PETS

(j) Are Residents' religious needs catered for?

SECTION 4 - CATERING FACILITIES

SECTION 5 - STAFFING

SECTION 6 - PREMISES

- (a) Decorative Order?
- (b) Heating/Ventilation adequate?
- (c) Laundry facilities?
- (d) Repairs or extensions to Property Pending?
- (e) Garden facilities?

SECTION 7 - FIRE PRECAUTIONS

- (a) When did the Fire Prevention Officer last visit?
- (b) Are all the Fire Prevention Officer's Recommendations Implemented?.....
- (c) Are all staff/residents acquainted with alarm and escape procedures?
- (d) Does the Proprietor carry out Fire Drill?
- (e) Record of last practice how long to clear building?

SECTION 8 - GENERAL COMMENTS

Extract From: Policy Issues in Residential Care PSSC

Recommendations

The Group makes the following recommendations to the Secretary of State.

- (1) There should be a comprehensive review of the legislation affecting residential care with a view to improving the overall quality of care and ensuring consistent national standards. While we strongly believe that registration is a crucial issue which must be given priority in such a review, we feel that, before making specific recommendations on this matter, it is important to place them in the broader context of our recommendations for a general legislative review.
- (2) The review should examine the problems posed by the complexity, imprecision and omissions of the current legislation.
 - i) The complexity and imprecision mean that the legislation affecting the residential care of any client group is difficult to ascertain and comprehend. The extent of local authorities' powers and duties may be unclear. In particular, uncertainty about the scope of local authorities' powers with regard to registration may often be detrimental to care standards in voluntary and private homes.
 - ii) The legislation's inattention to care standards, particularly in provisions relating to registration (see pp. 22-23), coupled with local authorities' uncertainties about the extent of their powers mean that existing legislation does not provide a substantial basis for influencing care standards. Indeed, it may encourage a negative interpretation of residential care as mere physical care. At the same time the complexity and imprecision of the legislation create and foster inequity of care standards and services between and within different client groups, both in accommodation provided under different Acts and in accommodation provided by different sectors: local authority, voluntary and private.
- (3) The review should consider how current provisions could be simplified and imprecisions clarified through consolidating legislation and/or guidance, and should recommend changes in the law and statutory regulations where necessary.
- (4) The review should give priority to revising the law relating to registration as recommended in *Residential Care Reviewed*. In doing this use should be made of the draft Scottish registration

arrangements. Particular attention should be paid to defining the term 'home' and to providing a means of obtaining references for applicants. We also re-iterate the specific recommendations made in paragraphs 2.49-2.50 of *Residential Care Reviewed*.

- '(a) There should be no exemptions from registration under the National Assistance Act 1948.
- (b) A tribunal or panel, and not the courts, should adjudicate disputes relating to registration.
- (c) Encouragement should be given to voluntary and private homes to fulfil certain named requirements recommended as applicable for the statutory sector: i.e. to provide statements of policy and objectives, a prospectus, arrangements for staff meetings and support for staff and residents.
- (d) Local authorities should provide a written explanation of the requirements for registration together with information about local authority policy, facilities and services available, and means of contacting the authority for advice.
- (e) Consideration should be given to a dual system allowing for registration as a requirement and approval as a mark of quality.
- (f) Registration should be followed by formal reviews at regular intervals.'

(5) At present, while there is considerable concern about the need for a revision of registration arrangements, progress is inhibited by anxieties about the resource implications that new arrangements would entail. We therefore recommend that the Council encourage consultations on this matter between the DHSS, the local authority associations and relevant national and local voluntary bodies.

APPENDIX VI

A SHORT LIST OF USEFUL READING

Ronald Blyth, The View in Winter, Allen Lane, 1979

Paul Brearley, Residential Work with the Elderly, Routledge, Kegan and Paul, 1977

R Bright, Music in Geriatric Care, Angus Robertson, 1972

Bob Browne, Management for Continence, Age Concern, England, 1978

Alex Comfort, A Good Age, Mitchell Beazley Publishers Ltd, London, 1977

DHSS Local Authority Building Notes No 12, HMSO, 1973

DHSS Memorandum of Guidance - Residential Homes for the Elderly: Arrangements for Health Care, 1977 - Ref No HM 9230 DD 529548 6/77 McC 3309

Sub Title

G Elder, The Alienated, Writers and Readers Publishing Cooperative, 1977

Barbara Gray and Bernard Isaacs, Care of the Elderly Mentally Infirm, Tavistock Publications, 1980

T H Howell, Old Age - Some Practical Points, H K Lewis, 1975

HMSO, Care of the Dying, Report 5, 1977

HMSO, Growing Older, White Paper on the Elderly, 1981

King Edward's Hospital Fund for London, Living in Hospital, 1975

Sub Title - Special Residential Homes for Confused Old People

Ellen Newton, This Bed My Centre, Virago Press, 1980

Alison Norman, Rights and Risks, NCCOP (Centre for Policy on Ageing), 1980

* Personal Social Services Council, Daily Living: Questions for Staff, 1977

* Personal Social Services Council, Living and Working in Residential Homes, 1977

* Personal Social Services Council, Policy Issues in Residential Care, 1978

* Personal Social Services Council, Residential Care Reviewed, 1977

* Personal Social Services Council, Fire and Care: An Enquiry into Fire Precautions in Residential Homes, 1979

B R Stanton, Meals for the Elderly, King Edward's Hospital Fund for London, 1971

M Stewart, My Brother's Keeper, Health Horizons Ltd, 1971

A Whitehead, In the Service of Old Age, H. M. & M. Aylesbury, 1978

* Personal Social Services Council publications are now available from National Institute for Social Work, 5-7 Tavistock Place, London WC1

APPENDIX VII

PRINCIPAL NATIONAL VOLUNTARY ORGANISATIONS
CONCERNED WITH ELDERLY PEOPLE*

Abbeyfield Society: 35a High Street, Potters Bar, Hertfordshire EN6 5DL
Tel: Potters Bar (77) 43371

Abbeyfield Society: Northern Ireland Regional Council: Bryson House,
28 Bedford Street, Belfast B12 7BG Tel: Belfast (0232) 44660

Age Concern (England): Bernard Sunley House, 60 Pitcairn Road, Mitcham,
Surrey CR4 3LL Tel: 01-640 5431

Age Concern (Scotland): 33 Castle Street, Edinburgh EH2 3DN Tel: Edinburgh
(031) 556 5000

Age Concern (Wales): 1 Park Grove, Cardiff CF1 3BJ Tel: Cardiff (0222)
371821

Age Concern (Northern Ireland): 128 Great Victoria Street, Belfast 2 BT2 7BG
Tel: Belfast (0232) 45729

Anchor Housing Association: Oxenford House, 13/15 Magdalen Street, Oxford OX1
3BP Tel: Oxford (0865) 722261

British Red Cross Society: 9 Grosvenor Crescent, London SW1X 7EJ
Tel: 01-235 5454

Centre for Policy on Ageing: Nuffield Lodge, Regent's Park, London NW1 4RS
Tel: 01-722 8871

The Church Army: (HQ) Independants Road, Blackheath, London SE3 9LG
Tel: 01-318 1226

Community Service Volunteers: 237 Pentonville Road, London N1 9NJ
Tel: 01-278 6601

Contact: 15 Henrietta Street, Covent Garden, London WC2E 8QH Tel: 01-240 0630

Council of Social Service for Wales: Crescent Road, Caerphilly, Mid-Glamorgan
Tel: Caerphilly (0222) 86224/6

Counsel and Care for the Elderly (Elderly Invalids Fund): 131 Middlesex Street,
London E1 7JF Tel: 01-621 1624

Crossroads Care Attendant Scheme Trust: 11 Whitehall Road, Rugby, Warwickshire
CV21 3AQ Tel: Rugby (0788) 61536

Crossroads (Scotland) Care Attendant Scheme: 24 George Square, Glasgow G21 A9
Tel: Glasgow (041) 226 3793

Employment Fellowship and Extend: Drayton House, Gordon Street, London WC1H OBE
Tel: 01-387 1828

Help the Aged: 32 Dover Street, London W1A 2AP Tel: 01-499 0972

Jewish Welfare Board: 315/317 Ballards Lane, London N12 8LP Tel: 01-446 1499

* Reproduced from 'Growing Older', HMSO, 1980

Methodist Homes for the Aged: 11 Tufton Street, London SW1P 3QD Tel: 01-222 0511

National Council for the Single Woman and Her Dependents: 29 Chilworth Mews, London W2 3RG Tel: 01-262 1451

National Council for Voluntary Organisations: 26 Bedford Square, London WC1 Tel: 01-636 4066

National Federation of Housing Associations: 30/32 Southampton Street, The Strand, London WC2E 7HE Tel: 01-240 2771/7

National Federation of Old Age Pensions Associations: (Pensioners' Voice): Melling House, 91 Preston New Road, Blackburn, Lancs B2 6BD Tel: Blackburn (0254) 52606

Northern Ireland Council of Social Service: 2 Annadale Avenue, Belfast Tel: Belfast (0232) 650011/2/3

Pre-Retirement Association of Great Britain and Northern Ireland: 19 Undine Street, Tooting, London SW17 8PP Tel: 01-767 3225

Presbyterian Residential Trust: Church House, Fisherwick Place, Belfast BT1 6DW Tel: Belfast (0232) 22284

Retired Executives Action Clearing House (REACH): 1st Floor, Victoria House, Southampton Row, London WC1B 4DH Tel: 01-404 0940

Retirement Association of Northern Ireland: 42 Botanic Avenue, Belfast BT7 1JQ Tel: Belfast (0232) 21324

Royal British Legion: 49 Pall Mall, London SW1W 5JY Tel: 01-834 935

Royal British Legion (Scotland): New Haig House, Logie Green Road, Edinburgh EH7 4HR Tel: Edinburgh (031) 557 2782

Royal British Legion (Wales): Area Organiser, 23 St Andrews Crescent, Cardiff CF1 3QZ Tel: Cardiff (0222) 30216

Royal British Legion (Northern Ireland): War Memorial Building, 9-13 Waring Street, Belfast BT12 DW Tel: Belfast (0232) 29988

St John Ambulance Association and Brigade: (HQ) 1 Grosvenor Crescent, London SW1X 7EF Tel: 01-235 2531

Salvation Army: (HQ) 101 Queen Victoria Street, London EC4 4EP Tel: 01-236 7020

Scottish Council of Social Services: 18/19 Claremont Crescent, Edinburgh EH7 4D Tel: Edinburgh (031) 556 3882

Scottish Federation of Housing Associations: 42 York Place, Edinburgh Tel: Edinburgh (031) 556 1435

Scottish Old Age Pensions Association: 12 Gordon Street, Lochgelly, Fife PY5 9PT Tel: Lochgelly (0592) 780122

Society of St Vincent de Paul: 24 George Street, London W1 5RP Tel: 01-935 7625

Society of St Vincent de Paul: 224 Antrim Road, Belfast BT16 2AU
Tel: Belfast (0232) 752561

Task Force: (HQ) 1 Thorpe Close, London W10 5XL Tel: 01-960 5666

Women's Royal Voluntary Service: 17 Old Park Lane, London W1Y 4AJ
Tel: 01-499 6040

King's Fund



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