

### **Suggestions from staff in DCC residential homes and day centres**

There is significant overlap in the feedback from each centre; however the responses are divided into the schemes which provided them as there are also significant variations.

#### **AWELON:**

*Money saving suggestions includes the following:*

1. Increasing in-house training would save on travel costs and result in more staff trained in one session.
2. Purchasing food/supplies from different sources, e.g. when on offer etc. would reduce costs.
3. Similarly, if the manager could 'shop around' for maintenance/repair companies they might be able to arrange cheaper rates.
4. Installing solar panels and automatic lighting would reduce electricity bills in the long run.
5. Keeping one/two of the 3 homes, (at least 26 -- 30 beds) and day centre Looking to voluntary redundancy/retirements, to then have a full staff team of remaining staff from 3 homes, thus keeping the skills and dedication of the staff DCC have invested so much in. This would also ensure that a high standard of care could continue for those who need it in the community of Corwen/Ruthin Denbigh for permanent and for respite stays.
6. Lowering the criteria for residential admissions which would ensure that beds were full.
7. Providing more respite care would enable people to remain at home longer as this support is not only enabling for the temporary resident but significantly for their carers
8. Similarly, reinstating full day care services for people in the community would provide support for the person and their carer to enable them to remain at home longer
9. Further liaison with health and other partners might enable appropriate input from health to provide care/respite after hospital stay which would prevent bed blocking.
10. Managing with only 1 minibus

*In general terms they suggest:*

- A. That money is wasted on reablement staff with no work hours
- B. Some staff members propose that the 1st day's sickness absence could not be paid, whilst others suggest that they could not be paid for 3 days sickness absence. *(Unions are not in favour of these proposals however)*

Staff members wonder how private residential homes seem to make a profit and run when DCC are not profit making and thus are looking to close.

## **DOLWEN:**

General suggestions from staff at Dolwen include the following:

1. Older people with learning disabilities could benefit from both day care and residential care services. This would be a good example of different parts of the service working together.
2. The creation of a dementia unit in Dolwen would utilise the recent, excellent staff training on dementia care and awareness and could provide a service for clients with dementia on either a respite or permanent basis as necessary. Since Dolwen is made up of 3 units and a day centre, 1 unit could be utilized for residents with dementia. They have all the facilities needed for this specialist care. The staff team at Dolwen has enthusiasm and many ideas to enhance client care and well-being during their time at Dolwen.
3. A reablement unit would be ideal for Dolwen as, lately some people from Denbigh and Llandyrnog have had to use the Cysgod y Gaer unit. Due to lack of transport, friends and family have been unable to visit and to help with this. A reablement unit in the centre of the county would presumably help with hospital discharges too.
4. (linked to 3) Over the past few months, day care has been involved in reablement support, generally for 6 or 12 weeks for people living in the community. Staff members suggest that this could be extended so that more people could benefit from this service. They have examples of individuals who have been issued with mobility equipment which they have not been able to make much use of, since they have not left the house. These people might benefit from a shopping trip as part of their reablement. They can be encouraged too, to use help available at Dolwen to learn to make use of serving dishes and small tea pots/jugs and in some cases kettles/microwaves.
5. Some patients at Ysbyty Glan Clwyd are delayed from being discharged because the services are not yet set up to provide the help needed to support them during their recovery period, e.g. homecare, food etc. Dolwen's kitchen could help to provide 'hot balanced meals' for a period of time, perhaps 6 weeks to help with this issue.
6. Staff members note that the biggest problem is the low number of referrals and reflect that this may be influenced by the uncertainty over the future of DCC residential homes.
7. Again a staff member suggests that for DCC staff as a whole, the sick pay entitlement could be reduced from 6 months to 3 or even 2 to save money.  
*(Unions are not in favour of these proposals however)*

### *Day care*

Staff point out that that service users attending the day care centre benefit greatly from each other's' presence. Those who are more able encourage those who are less able and thereby help themselves. They join in exercises recommended by physio therapists and are able to make suggestions for useful exercises

### **CYSGOD Y GAER:**

Cysgod y Gaer is currently divided into two separate sections, a reablement unit upstairs and a residential unit downstairs. The 15 rooms downstairs are full and have been for some time with 2 referrals pending assessment.

The beds in the reablement unit have not always been filled. This may be influenced by staff sickness in team who refer and support those could use this service.

Staffing is tight in the home as they have decided to manage without a deputy given the uncertainty over the future. It has been suggested that the re-ablement function is looked at again when considering the future. Whilst acknowledging the difficulties in assessing staffing requirement whilst referrals are intermittent, up to 3 re-ablement staff have made up hours downstairs in the residential wing on some occasions. Concurrently respite residents assessed as ready to go home once a care package can be arranged are unable to do so because they are waiting for these packages, sometimes for 3-4 weeks.

They suggest that a slightly different arrangement for the South of the County is considered in which the re-ablement staff could be flexible in their role and could assist with some community support work when other duties allow. .

With some care agencies pulling out, the difficulties highlighted above will be an ever increasing problem but that using Cysgod y Gaer as a hub they could be significantly eased.

## **HAFAN DEG:**

Staff at Hafan Deg made the following suggestions:

1. Building from Day Care to Hafan Deg Enablement centre.
2. Longer working days 8:30 to 18:00pm, open Evenings and Weekends.
3. Hafan Deg is a purpose built building and will accommodate individuals with physical or mental disabilities it already has a fully trained team; it would be a crying shame to lose such asset to an ageing community here in the north.
4. Dementia specialist Centre
5. If the building was used to its full capacity it could pay for itself with no problem 70 individuals divided over 5 days or possibly 7 one day a week at the maximum £60 a week = £218,400 (that does not count those Service users who would require more than one day a week this could increase income by more than £62,000 plus income from other groups using centre Deaf and Blind, Lip reading classes, Deaf club, Residents coffee morning, Computer Classes, residents bingo and activity evenings, sign language NEWCIS drop in centre). It would be a shame for all these essential groups to lose their building also.
6. Private funding and Grants.
7. Hafan Deg covers a large area and with accessible transport provides a very high quality service to older vulnerable people in the area of Prestatyn, Meliden, Dyserth, St Asaph, Bodewyddan, Rhuddlan and Rhyl. This is a large area to cover since the closure of Llys Nant Day Centre last year.
8. Sick Leave not paid for 1<sup>st</sup> 3 days
9. More structured outcome-focussed activities work with S/W to keep them informed on activities/trips
10. Enablement Kitchen: This will help staff to enable Service Users to learn how to use kettles, microwaves, small tea pots etc. and to support Service users in making small, simple meals.
11. Support for individuals with their personal care.
12. Hafan Deg is more than just Day Care it provides a home from home where people can make lifelong friends. In some cases this slows down people's illnesses and keeps them out of an already over populated NHS.
13. The fully functional kitchen could be used as a drop in for individuals needing support with nutritional meals being provided.