

**OVERVIEW AND SCRUTINY COMMITTEE
(Health and Social Care)**



**DEMENTIA
WORKING GROUP**

**FINAL REPORT
APRIL 2010**



Overview & Scrutiny

**‘Valuing
Improvement’**

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Lead Member's Introduction

Those suffering with dementia are without doubt amongst the most vulnerable members of our society. They tend to be socially excluded, particularly as the disease progresses. They have no individual voice. Their initial carers are often elderly and struggle to cope.

The sobering facts are that over the age of 65 one person in 20 and over the age of 80 one in 5 will develop dementia. The additional problem for Sefton being that we have a higher than national average elderly population.

As a result of our investigations as a working group we were all left with a strong determination to champion the cause of dementia sufferers. To act as their voice. They have a right to be protected, have their dignity maintained and be given the best quality of care.

We hope and trust that the Borough of Sefton will have the vision to become a model in the care of its residents with dementia.

" Dementia is everyone's business."



**Councillor Veronica Webster,
Lead Member,
Overview and Scrutiny Committee
(Health and Social Care).**



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INTRODUCTION

According to the Department of Health's National Dementia strategy:-

- there are currently 700,000 people in the UK with dementia;
- approximately 570,000 live in England;
- dementia costs the UK economy £17 billion a year;
- in the next 30 years, the number of people with dementia in the UK will double to 1.4 million, with the costs trebling to over £50 billion a year;

dementia is predominantly a disorder of later life, but there are at least 15,000 people under the age of 65 who have the illness.

Quotes from The Alzheimer's Society Magazine - Living with dementia:-

"The common spectacle in care homes of people with dementia sitting on Parker Knoll chairs and sleeping all day is not just a symptom of the disease. It is often caused by the deadly boredom in most care homes. This boredom can be best prevented by the involvement of trained active carers within the care home combined with regular organised and informal activities by skilled care workers."

"An image forever in my thoughts is of Dad advancing down the corridor towards me, dressed in someone else's too short jogging pants, hair cut as if in a concentration camp and wearing someone else's shirt".



BACKGROUND

At its meeting on 30 June 2009, the Overview & Scrutiny Committee (Health & Social Care) considered its work programme for 2009/10. The following is an extract from Minute No. 17:-

“A “dementia” Working Group was stipulated as a potential working group from a list of potential topics reviewed by Members.”

On 4 August 2009, the Committee discussed the membership for the Working Group on dementia and resolved as follows (Minute No. 30 refers):-

- (3) *that the following Members be nominated to sit on the Working Group established to examine issues on dementia:-*
- *Councillor McGuire (Liberal Democrat);*
 - *Councillor Pearson (Conservative); and*
 - *A Labour Member.*

Minute No. 39 of 8 September 2009 resolved:-

- (3) *that Councillor Webster be included in the membership of the Working group established to consider dementia.*

The Working Group determined at its first meeting that Councillor Webster would be the Lead Member.

Details of Working Group meetings are as follows:-

Date	Activity
• 16 October 2009	Scoping & discussion of issues;
• 6 November 2009	Interview of witness from NHS Sefton
• 10 December 2009	Interview of witness – care home owner;
• 8 January 2010	Interview of witness – carer;
• 5 February 2010	Interview of witnesses from Sefton Carers & the Health & Social Care Directorate;
• 19 February 2010	Interview of witnesses from LINKs & the Alzheimer’s Society; &
• 19 March 2010	Determination of recommendations.



In addition, Working Group Members undertook 2 visits to care homes offering dementia nursing, as follows:-

- 25 March 2010 Site visit;
- 1 April 2010 Site visit.

DEFINITION OF DEMENTIA

The term “dementia” is used to describe the symptoms that occur when the brain is affected by specific diseases and conditions. Dementia is progressive, which means that the symptoms will gradually get worse.

Symptoms may include:-

- Loss of memory;
- Mood changes; &
- Communication problems.

Alongside this decline, individuals may develop behavioural and psychological symptoms such as depression, psychosis, aggression and wandering.

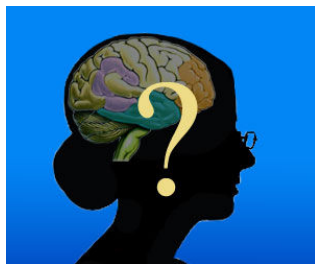
There are several diseases and conditions of dementia including the following:-

Alzheimer’s disease – the most common cause of dementia and commonly used as a short-hand term to cover all types of dementia.

Vascular disease – symptoms can occur suddenly, following a stroke, or over time through a series of small strokes.

Dementia with Lewy bodies – this form of dementia shares some characteristics with Parkinson’s disease.

Fronto-temporal dementia (including Pick’s disease) – damage is usually focussed in the front part of the brain.



NATIONAL CONTEXT

In February 2009, the Department of Health published “**Living well with dementia: A National Strategy**”, which was followed in July 2009 by the publication of an Implementation Plan, for the Strategy.

The aim of the Strategy was to ensure that significant improvements were made to dementia services across 3 key areas, namely:-

- Improving public and professional awareness and understanding of dementia;
- Good quality early diagnosis and intervention for all; and
- Improving the quality of care for people with dementia in acute general hospitals, at home and in care homes.

It is recognised that the National Strategy will take up to 5 years to fully implement.



LOCAL CONTEXT

In order to support the National Strategy on dementia, a **Sefton Dementia Strategy** is being developed and progress was presented recently to the Cabinet Member – Health & Social Care.

The Sefton Strategy indicates that during 2010 there will be:-

- 56,300 Sefton residents aged 65 years +, which is 20.47% of the total population;
- 15,600 aged 80 – 84 years of age;
- 7,100 aged 85 years +.

Current estimates suggest that there are 3,960 people living with dementia in Sefton.

By 2025 it is predicted that there will be:-

- 70,800 Sefton residents aged 65 years +, which will be 26% of the total population;
- 22,300 aged 80 +.

Estimates suggest that the number of people living with dementia in Sefton will rise to some 5,463.

Older People in Sefton

At the time of drafting this report, a strategy for older people is being developed for Sefton. The following provides a brief summary of life for older people within the Borough:-

- There are a high number of older people living in Sefton, particularly in the north of the borough.
- Many older people are living in flats or sheltered accommodation.
- More people are living without the support of a nuclear family, This is particularly the case in Southport and Formby where a large number of people have migrated to following retirement.
- Generally speaking, the older population of the Borough is not wealthy as in 2007 some 57% were relying on the state pension as their only source on income. Conversely, it is estimated that some 60% of wealth is owned by the over 50s.



- Within Sefton, the increase in numbers of older people can reasonably be expected to exceed the national average because of the number of older people currently living in the borough.



SERVICES AVAILABLE WITHIN SEFTON

In-Patient Services

Provided by Mersey Care NHS Trust

The Aintree University Hospitals NHS Trust provides 24 dementia assessment and management beds in Ash and Elm Wards.

The Boothroyd Unit at Southport Infirmary is currently a mixed dementia and functional ward with 8 dementia beds.

The Trust intends to separate the diagnostic categories by April 2010, in order to comply with gender specific requirements.

Out-Patient Services

Provided at the Waterloo Day Hospital, the Hesketh Centre, Southport and patients' homes.

Memory Services

A dedicated memory clinic operates at the Hesketh Centre, Southport. Memory services in south Sefton operate from Waterloo Day Hospital. The memory assessment service aids in the early detection and diagnosis of dementia. It provides early intervention to maximise quality of life and independent functioning and also helps to manage risk and future harm to people with memory difficulties, together with their carers. The service gives pre and post diagnostic counselling, explains the diagnosis made, provides information regarding the likely prognosis and options for care, offers advice and support, and also offers pharmacological treatment of the dementia, follow-up and review. The service treats both older people and those of working age who are experiencing memory problems.

Care Homes

The Care Quality Commission lists 16 nursing homes within Sefton, providing a total of 455 places for people with dementia and similar conditions and 13 care homes for people with dementia and other mental illnesses, providing a total of 738 places.



FINANCIAL INFORMATION

The following table sets out the spend on care services for older people with mental health problems in 2008/09, by NHS Sefton and the Health & Social Care Directorate, Sefton MBC:-

	NHS Sefton £'000	H&SC Directorate MBC £'000
Out of Area		
Care Home (nursing)	367	1,102
Care Home	-	1,059
In Area		
Care Home (nursing)	585	4,344
Care Home	-	4,709
Home Care	110	706
Day Care	20	1,062
Young Onset Dementia		32
Mersey Care		
Home Care / CMHT	2,131	519
Day Hospitals	274	-
In Patients	1,355	-
Out Patients	340	-
A&E Liaison	148	-
Indirect Costs	348	-
Totals	5,678	13,533



KEY WITNESSES – SUMMARY OF STATEMENTS

The Working Group was almost “spoiled for choice” by the sheer number of individuals and organisations it could have called upon to share information regarding dementia and the major issues surrounding it.

The following bullet points are a summary of the discussions held with witness invited to Working Group meetings:-

Mental Health Joint Commissioning Manager, NHS Sefton

- Need for GPs to be on board, links to other agencies, cascading awareness to/from GPs;
- Over-reliance of care homes, esp. in north of the borough;
- Memory clinics;
- Training;
- Exclusion can be experienced by people with dementia.

Manager of a Care Home Offering Dementia Care(established service provider)

- Care of older people a growing problem as population ages;
- CQC – inspecting body, regulatory problems, inspection regime questionable, bureaucratic, lot of paper work, box ticking;
- Finance – difficult to deliver quality care due to financial restraints;
- Private care homes – in business for profit;
- Staffing difficult, Training for staff, lack of commitment.

Carer of a Relative Living in Own Home

- The importance of early diagnosis;
- Quality of care;
- Support at home for as long as possible;
- Using finance available for best possible care delivery;
- On-set of dementia in younger people;
- Training of carers, could be better training;
- Prevalence of staff turnover & associated difficulties, need for continuity for people with dementia;
- Need for supportive housing;
- CQC – star rating questionable;
- Care of older people a growing problem as population ages – wave of the “baby boomers” coming up.



Sefton Carers

- Dementia more of an issue in the north of the Borough due to the demographics of the area;
- Dedicated memory clinic in Southport;
- Support for people who are newly diagnosed with dementia & their close family;
- Some 13,000 registered carers within Sefton, but estimates put it closer to 37,000.
- GPs can refer carers to services;
- Need for GPs to be alert for early diagnosis & be aware of local/national developments;
- 1,340 people within Sefton are known to have received a diagnosis of dementia or Alzheimer's disease, but current estimates suggest that there are 3,960 people living with dementia in Sefton.
- 50 years of age tends to be the youngest age in early onset.
- Young carers activities, the previous centre lost funding but work for this remains on-going

Assistant Director – Adult Services, Health & Social Care Directorate

- Funding for people with dementia requiring care at home or in care homes, no recognition currently for the age profile of Southport;
- Early stages of diagnosis & the need for support;
- Training of care home staff;
- Liaison by the Health & Social Care Directorate with care homes which do not take up training courses and encouragement to do so;
- Investigations being carried out by One Vision Housing on the links between sheltered accommodation and levels of extra care;
- Raising awareness of dementia;
- The importance of memory support mechanisms;

Sefton LINKs (Local Involvement Networks)

- Current figures on dementia only capture those diagnosed;
- Specific issues for north Sefton;
- Aging population of the Borough;
- Older people tending to retire to north of the Borough with little/no family support;
- Need to increase awareness & understanding;
- Need for early diagnosis & long-term support, particularly in early aged onset;
- Concerns regarding the implementation of the National Strategy;
- Need for training of all care staff;
- Need for GPs early referrals to Memory Services.



Services Manager, Alzheimer's Society, Southport & Formby Branch

- Support for newly diagnosed people with dementia;
- Some 150 new referrals were being received each month;
- Need for work in raising awareness;
- Need for Sefton to be a “dementia-friendly” Borough;
- Prevention needed against isolation of sufferers & the effects this can have;
- Multiple flats occupied by retired people where no specific support exists;
- Training of staff in care homes.

In addition, support was offered to the Working Group by the following officer:-

The Community Services Group Accountant, Finance & Information Services Department.



OTHER EVIDENCE GATHERED

Working with Older People in Sefton Forum

During the course of the review, the Lead Member attended a meeting of the above Forum. The Dementia Strategy was discussed at the meeting and the following concerns were raised:-

- Doubts as to how the strategy could be successfully delivered within Sefton due to an apparent lack of funding available;
- Lack of training of care staff, &
- A lack of general awareness of issues surrounding dementia by the general public.

Research by Liverpool University

At the time of drafting this report, research is being undertaken at Liverpool University into Lewy body, a form of dementia. The Alzheimer's Research Trust has provided funding towards the research.



KEY FINDINGS

Whilst interviewing key witnesses, Members of the Working Group found that certain concerns were repeated and these are summarised below:-

Training of Care Staff

Not all staff, whether working in homes for the elderly mentally infirm (EMI) or within individual's own homes, underwent training in dementia. Many witnesses considered that training was of vital importance, as, particularly within EMI homes, suitable activities are required for people with dementia. Figures provided by the Assistant Director, Health & Social Care revealed that comparatively small numbers of staff from EMI homes attend training courses.

Inspection of Homes

Witnesses raised concerns regarding the current inspection regime for care homes. The Care Quality Commission (CQC), which operates a star system for care homes, currently carries out inspections and assesses them. Where homes receive a higher rating from the CQC, they may not be inspected again for some considerable time. The Council now has virtually no formal mechanism for inspecting homes and has little direct involvement. However, the Working Group was pleased to note that officers, from the Health and Social Care Directorate, will be visiting the lower starred homes within the Borough, to assist with improvements.

Finance

The Council already faces pressure financially and this is unlikely to alter for some considerable time. The Central Government Formula Grant received by the Council does not reflect adequately the costs of caring for the high number of older people living within the Borough, particularly in the north. Working Group Members held grave concerns regarding the finance available to the Council to meet the present needs of people with dementia, let alone future needs. They considered that the government needs to recognise this and that the Council should receive additional funding to provide the support required by the high number of older people within the Borough. They were anxious to stress that this was not a political point but applied to whichever political party held power.

There were also doubts expressed as to whether the local and the National Strategy can be effectively delivered if funding is insufficient.

Awareness Raising

Various witnesses questioned whether enough is done at present to raise awareness of dementia. Working Group Members considered that awareness should be raised amongst elected Members and the public generally and discussed what could be done to reach communities.



Early Diagnosis

It was recognised by witnesses that it is important for people with dementia, and their families, to receive correct information and support, as early as possible. Early treatment can delay latter stages of dementia and assist in people remaining in their own homes for as long as possible.

Quality of Care

The delivery of care, particularly within care homes, should always be of the highest possible standard.

General Practitioners

It was recognised that the role played by GPs is vital in early diagnosis and contact with those people with dementia, particularly for those people who live alone. GPs can also offer support to carers who have a difficult role to play in supporting relatives with dementia. The Working Group noted the good practice by GPs carried out in parts of the north of the Borough, for GPs to follow-up patients who go to live in care homes. Referrals to Memory Services are usually made via GPs.

Memory Services

This service plays an essential part in assessing and supporting people with dementia. It is usually accessed by referral from GPs. The Working Group considered that there are insufficient memory clinics within the Borough at the moment and that the service is likely to face increasing pressure in the future.

However, one Member of the Working Group questioned the standard of testing provided, as she felt that she had inadvertently briefed a relative en route to the service, answering the relative's questions as to what day it was, where they were going, etc. On arrival, the same questions were asked as part of the service. Testing needs to be of the highest standard.

Carers of Relatives

Carers of relatives with dementia have a difficult task and may themselves require support services via their GP. All carers are under pressure but Members considered that younger carers in particular required respite and support.



ACKNOWLEDGEMENTS AND THANKS

In producing this report on dementia, acknowledgements and thanks are attributed to the following individuals for their time and input:-

- *Community Services Group Accountant, Finance & Information Services Department.;*
- *Mental Health Joint Commissioning Manager, NHS Sefton;*
- *The Manager of a Care Home, offering dementia nursing;*
- *A carer of a relative, living in their own home;*
- *Sefton Carers;*
- *Assistant Director – Adult Services, Health & Social Care Directorate;*
- *Sefton LINKs; &*
- *Services Manager, Alzheimer’s Society, Southport & Formby Branch.*
- *2 Managers of Care Homes, offering dementia nursing, for allowing Working Group Members to visit the homes concerned.*

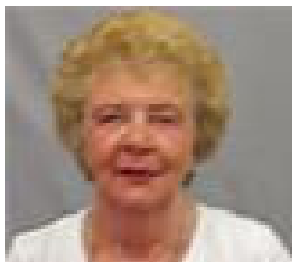
Thanks must also go to the 3 Members of the Working Group who have worked hard, whilst retaining good humour, and dedicated a great deal of time to this review, namely:-

Councillor Veronica Webster (Lead Member);

Councillor Sue McGuire; &

Councillor David Pearson.

The Lead Member has also requested that both the **Acting Head of Overview & Scrutiny** be thanked for her research and contribution toward this report, and also an **Overview and Scrutiny Officer**, for his assistance in standing in, in her absence.



CONCLUSIONS

Having considered background information and received evidence from witnesses, the Working Group reached the following conclusions:-

1. If Sefton's Dementia Strategy is to be progressed effectively, it is considered to be essential for staff in care homes and domiciliary carers to receive training on dementia awareness and other relevant training courses.
2. A local kite mark or certificate would demonstrate that carers had received training on dementia awareness.
3. Training delivered actually inside some of the larger care homes would encourage attendance by care home staff and every care home should be advised of training available.
4. Officers from the Social Care and Well Being Directorate have previously reported to the Overview and Scrutiny Committee (Health and Social Care) (Minute no. 83 of 26 January 2010 refers) of their intention to visit 2 star homes within the Borough. Due to the concerns felt regarding the relative lack of inspections of homes by the CQC, together with a lack of emphasis on the quality of care provided by homes during those visits, the possibility of extending visits by the Social Care and Well Being Directorate, to eventually include all homes with people with dementia, would be welcomed
5. As part of a drive towards raising awareness of dementia and the provision of supportive information on care, particularly in early stages, the Council's website could be utilised.
6. Continuing the drive towards raising awareness of dementia, it is considered that the most effective method of reaching all sectors of communities would be to include information within the annual Council Tax demand.
7. All the evidence points to the conclusion that, particularly as people are increasingly living longer, cases of dementia are not going to decrease, rather they will increase. This will inevitably lead to an increase in demand for relevant services from both the Council and the NHS.
8. Sefton has a high number of older residents, particularly in the north of the Borough, which is likely to increase rather than decrease. This aging population inevitably places an additional burden on the Social Care and Well Being Directorate that is not adequately recognised in the Central Government Formula Grant received from the government. In order to meet adequately the needs of this section of the community, any government should be aware of the demographics of the Borough.



9. All carers face a difficult role and undertake tasks that would probably otherwise fall upon the Council or NHS. Young people, in particular, need respite from such roles and information is required on respite provision for them.
10. Following the publication of the National Dementia Strategy, which will take up to 5 years to fully implement, an interim Sefton Dementia Strategy has been developed. Any progress on the Sefton Strategy should be reported to the Overview and Scrutiny Committee (Health and Social care) on an annual basis, as it affects an increasing proportion of the community within Sefton.
11. As much of the delivery of the Dementia Strategy will fall to NHS Sefton, information is sought regarding funding for delivery.
12. Referral to support services for those with early signs of dementia usually comes through GPs. If caught and supported early enough, progression through stages of dementia can be slowed, offering better quality of life for patients and deferring more expensive levels of care in the latter stages. GPs need to detect early on-set and be aware of treatment and support mechanisms available throughout the Borough.
13. Individuals with dementia who go to live in care homes will still require the support of their GP. It is considered to be essential for GPs to visit patients within care and nursing homes, particularly EMI homes.
14. The number of memory clinics within the Borough are very limited, despite the aging population. These could be provided from the centres for health and well-being, where available. The south and east areas of the Borough are particularly poorly served in this regard. Also, the testing may need revising, as patients could be “primed” on the standard questions asked.
15. As part of the drive towards raising awareness of dementia, and also to strengthen communities, it is recognised that the larger social housing providers have a role to play in identifying, and offering some level of support, to those customers displaying early signs of dementia, particularly those who live alone.

RECOMMENDATIONS

1. That care home providers be advised by the Social Care and Well Being Directorate that it is considered to be essential for all care staff in care homes, particularly EMI homes, and domiciliary care staff, to receive training and attend training courses in relation to all aspects of dementia;
2. that the Social Care and Well Being Directorate be requested to consider and report back to the Overview and Scrutiny Committee (Health and Social Care) on the possibility of the implementation of a voluntary local kite mark or certificate, stating that the staff at care homes have undertaken training in all aspects of dementia care;
3. that the Social Care and Well Being Directorate be requested to consider and report back to the Overview and Scrutiny Committee (Health and Social Care) on the possibility of delivering training to care staff within some of the larger care homes and that all care homes be advised of relevant training courses and invited to attend;
4. that the intention for officers of the Social Care and Well Being Directorate to visit 2 star homes within the Borough be welcomed and the Director be requested to report to the Overview & Scrutiny Committee (Health & Social Care) on the possibility of extending this to provide for officers to undertake visits to all care homes that are likely to have residents who have dementia;
5. that the Social Care and Well Being Directorate be requested to prepare information on dementia and its early detection, to appear within the Directorate's web pages on the Council's website, providing links to the local Alzheimer's Society and other useful organisations;
6. that information on raising awareness of dementia, for all members of the public, be prepared by the Social Care and Well Being Directorate and circulated by the Head of Corporate Finance and Information Services with the Council Tax demands for 2011/12, the wording to be approved by the Overview & Scrutiny Committee (Health and Social Care), prior to its circulation;
7. that the Cabinet be requested to acknowledge that dementia, and care for people with it, particularly for those people living alone without support networks, will increase in the future and place increasing demands on the Council and the NHS;

8. that the Cabinet be requested to note that Members of the Dementia Working Group intend to submit a motion to Council in due course, requesting support for a cross-political motion, calling on the government to recognise that Sefton has a high number of older people which is likely to increase, within its population, and that the Central Government Formula Grant should allow the Council to meet adequately the needs that this section of the community requires, in order for them to achieve good quality of life, based on relevant age thresholds that adequately reflect the additional costs incurred in caring for an elderly population;
9.
 - A. that the Cabinet be requested to acknowledge the work undertaken by young carers of people with dementia and to request the Director of Social Care and Well Being to report on the provision of respite for them; and
 - B. that the Overview and Scrutiny Committee (Children's Services) be requested to support the above recommendation;
10. that the development of the Sefton Dementia Strategy be welcomed and progress be reported to the Overview & Scrutiny Committee (Health and Social Care) on an annual basis;
11. that NHS Sefton be requested to provide information regarding:-
 - (a) the amount allocated to deliver the national dementia strategy, whether this figure is ring-fenced and what it will be used for; and
 - (b) care of patients with dementia who are admitted to hospitals;
12. that, NHS Sefton be requested to ensure that GPs are provided with:-
 - (a) training, in order to detect early signs of dementia; and
 - (b) full information on treatment and support available within the Borough;
13. that NHS Sefton be requested to note that it is considered to be good practice for GPs to follow up those patients who go into care and nursing homes and to visit them, and to cascade this information to GPs throughout the Borough;

14. that Mersey Care NHS Trust be requested to consider:-
 - A. extending facilities for dedicated memory clinics throughout the Borough, particularly in the south and east, to possibly include the centres for health and well-being; &
 - B. whether the standard of testing at memory clinics requires revision; &
15. that One Vision Housing, and other large social housing providers within the Borough, be requested to consider implementing mechanisms to identify, and offer support to, customers with early signs of dementia, particularly those who live alone.



SEFTON COUNCIL



DEMENTIA WORKING GROUP

SCOPING EXERCISE

MEMBERSHIP

Councillors McGuire, Pearson & Webster (Lead).

The Working Group was established by the Overview & Scrutiny Committee (Health & Social Care, as part of its work programme for 2009/10.

TERMS OF REFERENCE AND OBJECTIVES

To consider issues around dementia.

METHODS OF ENQUIRY

Investigative techniques/site visits

Interview of witnesses;

Consideration of background information, “**Living well with dementia: A National Strategy**”, and the **Sefton Dementia Strategy**.

TIMESCALES

See Planning Chart

OFFICER SUPPORT

Acting Head of Overview & Scrutiny.



OTHERS WHO WILL BE INVOLVED

Community Services Group Accountant, Finance & Information Services Department.

Mental Health Joint Commissioning Manager, NHS Sefton.

Manager of a Residential Rest Home.

A carer of a relative living in own home.

Sefton Carers.

Assistant Director – Adult Services, Health & Social Care Directorate

Sefton LINKs

Services Manager, Alzheimer’s Society, Southport & Formby Branch

ARRANGEMENTS FOR REPORTING TO CABINET/COUNCIL

Timetable of committees, link into the planning chart, type of report/minute



PLANNING CHART

The Planning Chart is an example of the way reviews could/should be planned.

It is recommended that realistic time frames in which to carry out tasks should be considered including possible delays for public holidays and Council business. Effective planning suggests that more planning time be built into the chart.

Activity	Oct 09	Nov 09	Dec 09	Jan 10	Feb 10	Mar 10	Apr 10	May 10
Scoping	√							
Consider Documents		√	√	√	√	√		
Witnesses		√	√	√	√	√		
Site Visits						√		
Initial Findings		√	√	√	√			
Draft Report						√	√	
O&S Cttee Considers							√	
Submit to Cabinet (if appropriate)								√



TEN STEP PROCESS FLOW CHART

Committee agrees Working Group membership and appoints Chair.

Working Group complete scoping document determining terms of reference & timetable.

Working Group submit scoping paperwork to Scrutiny Committee for approval.

Background research undertaken and evidence collected.

Working Group meet to determine questions they wish to ask witnesses.

Working Group make any necessary visits & additional evidence obtained.

Witness hearings take place & responses written up by support officer.

Working Group review headings for the final report.

Working Group and support officer draft final recommendations and approve final report.

Scrutiny Committee receives final report and recommendations and how they should be taken forward.



**Analysis of attendance on Dementia
Training by external organisations since
01/04/2006**



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Dementia Awareness

Organisation	No attended
Allcare Community Services Ltd (Formerly Dh Homecare)	10
Barton Park Nursing Home	4
Byron Court Nursing Home	3
Direct Payments - Personal Assistants	5
Elm House	3
Garswood	2
Local Solutions	2
Mencap Housing Support	1
Nazareth House	26
North West Community Services (Merseyside) Ltd	3
Orrell Grange Nursing Home	4
Outreach (Sefton) Ltd	7
Palmyra	2
Parkhaven Trust	3
Pierhead Housing	2
Sefton Carer's Centre (Carers)	10
Sefton Carers Centre (Employees)	2
Shared Living Carers (formerly APS)	2
St Nicholas Care Home	1
The Glen	2
Warren Care	2
Woolston Mead	3
Total	199



Developing Communication Skills with people with a Dementia

Organisation	No attended
Byron Court Nursing Home	4
Expect Ltd	1
Mencap Housing Support	6
North West Community Services (Merseyside) Ltd	2
Orrell Grange Nursing Home	4
Outreach (Sefton) Ltd	2
Parkhaven Trust	3
Pierhead Housing	2
Sandley Court	3
Sefton Carer's Centre (Carers)	5
Sefton Pensioners Advocacy Centre	2
Sunningdale Nursing Home	1
Total	35

Developing Communication Skills with people with a Dementia

Organisation	No attended
North West Community Services (Merseyside) Ltd	7
Sefton Carer's Centre (Carers)	4
Shared Living Carers (formerly APS)	1
Warren Care	1
Total	13



Risk Management In Relation to People with Dementia living in their own homes

Organisation	No attended
Allcare Community Services Ltd (Formerly Dh Homecare)	1
Care Connect	2
Outreach (Sefton) Ltd	3
Sefton Pensioners Advocacy Centre	2
Grand Total	8

Seeking Solutions to Behaviours We Find Difficult In People with a Dementia

Organisation	No attended
Byron Court Nursing Home	4
Expect Ltd	2
Nazareth House	1
Total	7

Sexuality, Intimacy, Relationships and People with a Dementia

Organisation	No attended
Byron Court Nursing Home	3
Mencap Housing Support	2
Parkhaven Trust	4
Total	9



APPENDIX C

Service Type: **Care Homes**
Care Type: **Dementia**
Council: **Sefton**

☆☆☆ Excellent

Abbendon Nursing Home

45 Scarisbrick New Road, Southport, Merseyside PR8 6PE
Tel: 01704538663 - total capacity **24** places
Care home with nursing (dementia)
Provider type: Private

☆☆ Good

Abbotsbury

25 Park Road, Southport, Merseyside PR9 9JL
Tel: 01704537117 - total capacity **21** places
Care home only (dementia + old age, not falling within any other category)
Provider type: Private

☆☆ Good

Ashley Manor Nursing Home

17-19 Cambridge Road, Waterloo, Liverpool, Merseyside L22 1RR
Tel: 01519282249 - total capacity **75** places
Care home with nursing (dementia + old age, not falling within any other category)
Provider type: Private

☆☆ Good

Avalon Care Home

24 Duke Street, Southport, Merseyside PR8 1LW
Tel: 01704541203 - total capacity **20** places
Care home only (dementia + mental health, excluding learning disability or dementia + old age, not falling within any other category)
Provider type: Private

☆☆ Good

Balliol Lodge

Balliol Lodge, 58-60 Balliol Road, Bootle, Liverpool, Merseyside L20 7EJ
Tel: 01519336202 - total capacity **32** places
Care home with nursing (dementia)
Provider type: Private



☆☆ Good

Benridge

53 Queens Road, Southport, Merseyside PR9 9HB

Tel: 01704530378 - total capacity **27** places

Care home only (dementia)

Provider type: Private

☆☆ Good

Birch Abbey

55 Alexandra Road, Southport, Merseyside PR9 9HD

Tel: 901704532788 - total capacity **18** places

Care home only (dementia)

Provider type: Private

☆☆☆ Excellent

Cloisters

5 Abbotsford Road, Blundellsands, Liverpool, Merseyside L23 6UX

Tel: 0151 9243434 - total capacity **20** places

Care home only (dementia)

Provider type: Private

☆☆☆ Excellent

College Green Rest Home

14 College Road, Crosby, Liverpool, Merseyside L23 0RW

Tel: 01519282760 - total capacity **21** places

Care home only (dementia)

Provider type: Private

☆☆☆ Excellent

Craignair

3 Blundellsands Road West, Blundellsands, Liverpool, Merseyside L23 6TF

Tel 01519313504 - total capacity **21** places

Care home only (dementia)

Provider type: Private

☆☆ Good

Dale Park

221 Meols Cop Road, Southport, Merseyside PR8 6JU

Tel: 01704501780 - total capacity **54** places

Care home with nursing (dementia)

Provider type: Private



☆ Adequate

Fleetwood Hall

100 Fleetwood Road, Southport, Merseyside PR9 9QN

Tel: 01704544242 - total capacity **53** places

Care home with nursing (physical disability + dementia + mental health, excluding learning disability or dementia + old age, not falling within any other category)

Provider type: Private

☆☆☆ Excellent

Garswood

32 Trafalgar Road, Southport, Merseyside PR8 2EX

Tel: 01704568105 - total capacity **42** places

Care home only (dementia + old age, not falling within any other category)

Provider type: Voluntary/Charity

☆ Adequate

Green Heys

Park Road, Waterloo, Liverpool, Merseyside L22 3XG

Tel: 01519490828 - total capacity **47** places

Care home with nursing (dementia + mental health, excluding learning disability or dementia)

Provider type: Private

☆☆ Good

Hampton Court

34 Scarisbrick New Road, Southport, Merseyside PR8 6QE

Tel: 01704532173 - total capacity **20** places

Care home only (dementia)

Provider type: Private

☆☆ Good

Hollydene EMI Rest Home

46 York Road, Southport, Merseyside PR8 2AY

Tel: 01704566846 - total capacity **25** places

Care home only (dementia)

Provider type: Private

☆☆ Good

Hope Cottage

5-7 Pilkington Road, Southport, Merseyside PR8 6PD

Tel: 01704536286 - total capacity **26** places

Care home only (dementia)

Provider type: Private



☆☆☆ Excellent

Kyffin Taylor House

Deyes Lane, Maghull, Liverpool, Merseyside L31 6DJ

Tel: 01515272822 - total capacity **28** places

Care home only (dementia + old age, not falling within any other category)

Provider type: Voluntary/Charity

☆☆ Good

Manchester House

83 Albert Road, Southport, Merseyside PR9 9LN

Tel: 01704534920 - total capacity **65** places

Care home with nursing (dementia + old age, not falling within any other category + physical disability)

Provider type: Private

☆☆ Good

Millbrook House

39-41 Birch Street, Southport, Merseyside PR8 5EU

Tel: 01704546177 - total capacity **40** places

Care home with nursing (dementia)

Provider type: Private

☆☆ Good

Nazareth House

Liverpool Road, Crosby, Liverpool, Merseyside L23 0QT

Tel: 01519283254 - total capacity **66** places

Care home only (dementia + old age, not falling within any other category)

Provider type: Voluntary/Charity

☆☆ Good

Orrell Grange

43 Cinder Lane, Bootle, Liverpool, Merseyside L20 6DP

Tel: 01519220391 - total capacity **36** places

Care home with nursing (dementia + old age, not falling within any other category)

Provider type: Private

☆☆ Good

Phoenix House

54 Andrews Lane, Formby, Liverpool, Merseyside L37 2EW

Tel: 01704831866 - total capacity **30** places

Care home only (dementia + old age, not falling within any other category)

Provider type: Private



☆☆ Good

St. Nicholas

21 St. Nicholas Drive, Netherton, Liverpool, Merseyside L30 2EW

Tel: 01519312700 - total capacity **176** places

Care home with nursing (dementia + learning disability + old age, not falling within any other category)

Provider type: Private

☆☆ Good

Thornton Hall and Lodge

Tanhouse Road, Liverpool, Merseyside L23 1UB

Tel: 08456044972 - total capacity **96** places

Care home only (dementia + old age, not falling within any other category)

Provider type: Private

☆☆☆ Excellent

Tudor Bank Ltd.

2 Beach Road, Tudor Bank, Southport, Merseyside PR8 2BP

Tel: 01704569260 - total capacity **46** places

Care home with nursing (dementia + mental health, excluding learning disability or dementia)

Provider type: Private

☆☆ Good

Vitalise Sandpipers Centre

The Fairway, Southport, Merseyside PR9 0LA

Tel: 01704538388 - total capacity **38** places

Care home with nursing (dementia + physical disability)

Provider type: Voluntary/Charity

☆☆ Good

Woodlands Manor

21-23 Chambres Road, Southport, Merseyside PR8 6JG

Tel: 01704544848 - total capacity **27** places

Care home only (dementia + old age, not falling within any other category)

Provider type: Private



Overview & Scrutiny



For further Information please contact:-

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