

Date: Friday, 01 July 2011

Re: Further questions and answers for the proposed Dunvant registration

Here are answers to questions and comments we have received from members of the public through our open day, written comments received at the recent public meeting and from correspondence with neighbours and the Dunvant Action Group. We hope these will inform and reassure you further about the proposed home.

We continue to answer queries put to us by the Dunvant Residents' Representative Action Group and trust that these are being shared with you in full separately. This is in accordance with our original understanding of the group's function (to assist effective two-way wider community engagement), although whether the role remains the same has still not been confirmed to us despite our requests for clarity.

We are aware that some individuals do not feel that this action group represents all of the community's views hence our commitment to keeping the whole community informed directly via means including:

- individual contact;
- our website;
- any further community groups that set-up to ensure there is effective liaison with the home before and after it opens;
- events such as open days.

We continue to keep your elected representatives informed too.

Copies of our correspondence with the action group can be made available to anyone who is interested, so you can see our efforts to engage with the wider community via this group. Contrary to some recent press quotes by various parties, the correspondence demonstrates the correct detail of the engagement between Integra and the action group.

Please read this in conjunction with the initial Q&A document already on our website.

All of the questions are stated in bold type (**Q**) with our responses below (**A**).

We do appreciate the reasonableness of all matters raised, but feel that some of the questions reveal a misunderstanding about the nature of our service. We hope the following information will help clarify matters for you and therefore be reassuring as a result.

If any neighbours or members of the community would like to visit or speak directly with a Director or the Manager please contact us on 02920 494445 or email paulgregory@integracb.org. We are holding a second open day on Wednesday 20 July between 3pm and 7pm for members of the community to visit the home and have their questions answered in person.

Please contact us if you would like to come so we can arrange a convenient time for you to visit (so we can ensure all visitors have access to a member of staff who can answer any questions).

Procedures

Q Where do your residents come from?

A Our expectation is that the majority of referrals (if not all) would come from the Abertawe Bro Morgannwg area. We would accept referrals from other areas if there was a specific rationale for the placement not being in their area of residence.

When we stated this in the public meeting, we gave an example of a client we are currently supporting from the Swansea area who has chosen (his choice), with the agreement of statutory services (who are paying for his care), to live in one of our homes elsewhere.

This might be the case in Dunvant too (although it is unlikely), but only in agreement with statutory services and the individual concerned. We would carefully consider the client mix in the home prior to any decision.

Our clients will typically come from a hospital where they are using the facilities like a “bed and breakfast” whilst waiting for discharge in that they no longer require in-patient hospital treatment and are already in the community during the days. They are likely to need support for an initial period of time living in the community in order to regain the skills, coping strategies and to develop routines that will keep them well in the longer term.

Q What is the assessment and admission process?

A All residents offered a place at Ddol Road will have been reviewed by the NHS and/or Social Services – typically by both the referring clinical team and the supporting Community Mental Health Team for the community placement – as well as by Integra to ensure that the particular placement is appropriate for their assessed needs.

No individual will be accepted by Integra who has not been assessed as “fit to live in the community” and to live in the specific home with their fellow residents. This is also a requirement in law and therefore will be subject to review by the *Care and Social Services Inspectorate Wales (CSSIW)*.

All referrals are subject to a thorough assessment in respect of whether we can meet their needs.

This assessment considers the mix of existing clients, staff skill mix, location and layout of the home, surrounding amenities and the aspirations of all involved.

During a period of graded exposure, further assessment in respect of functional ability is conducted before a decision is made and a placement offered.

If the referral accepts the offer, a further period of graded exposure occurs to enable the referral to settle in at their own pace.

If the placement is found to be inappropriate because it does not meet the referrals needs, we can terminate it. This has not occurred to date because we feel we have such a robust assessment and admission process.

In order to be discharged from hospital a patient’s doctor has to determine that the patient will be discharged to a safe and low risk environment.

Q What does 'low risk' mean?

A The principle of risk assessment is well established clinically as it is in everyday life (e.g. activities at school). It is a legal requirement that we undertake, as well as the NHS and Social Services Multi-Disciplinary Team, risk assessments for prospective residents.

Risk of a potential outcome occurring is typically framed in two dimensions:

- 'degrees of probability'/'likelihood of occurrence' and;
- 'degree of severity'/'level of harm'.

A couple of examples of what low risk means are:

- 'there is no apparent threat of danger to either the subject or the public' see (https://wiki.powys.gov.uk/pwb-policy/childrens_policy/index.php/Missing_from_Care/Definitions)
- 'likely to be safe or without problems' (Longman Dictionary of Contemporary English <http://www.ldoceonline.com/dictionary/low-risk>)

Q What are the regulations and procedures regarding the storage and administration of medication adopted by Integra?

A Residential nursing care homes administer medication. We are **not** a residential nursing care home.

We **do** support individuals toward independence in all aspects of daily living including managing their own medication.

As with all areas of support we employ principles of graded exposure to independence.

Residents are responsible for their own medication and to varying degrees are able to cope with this responsibility. Some residents require support in this area and this is both negotiated and agreed with each resident on an individual basis.

When medication is kept safe by the resident it is locked in a cabinet in their room. If it is kept safe by Integra it is locked in a designated storage cupboard.

Integra staff are trained in the safe keeping of medication and in how to support clients in the *self administration* of medication. We comply with national guidelines and regulations relating to the self administration of medication and are inspected in this area, like others, by the CSSIW.

There are many rules about recording medication entering and leaving the premises and monitoring what medication is in the home at any point in time.

Q I understand that there is no alcohol allowed in the home but there was no mention of residents drinking in establishments prior to returning to the home.

A For the majority of residents, alcohol will have never been an issue. No clients within an Integra home will have current alcohol dependency issues. Should there have been any addiction history, this would have been many years previously.

The reason we operate a policy of no alcohol is to avoid any accusation of promoting the consumption of alcohol.

The majority of our clients can, and some do, choose to consume alcohol in the context of a pub, restaurant or with their family. There is no reason why the majority of our clients should not consume alcohol if they wish to do so.

Q My main concern is about the level of supervision of the residents.

A Residents of an Integra home are not “supervised” by Integra staff.

Residents are free to come and go as they please with or without staff support as they feel is appropriate.

Our members of staff are on hand to provide support in achieving personal goals and improved skill levels in activities of daily living.

Integra operate a policy of having staff present in the home 24 hours per day (including awake at night) and at varying levels to suit client needs throughout the day. Integra is legally obliged to ensure that there are sufficient staff (in terms of numbers, experience, capability etc) to meet the assessed needs of residents at all times. The staffing levels will depend ultimately on the needs of each individual resident and will be monitored both by statutory services as well as the CSSIW.

Q If this facility is allowed for ‘low risk’ patients, what is to stop it from being used for ‘high risk’ patients at a later date?

A Both the care home regulator and planning permission would prevent this from occurring.

High risk patients would require a locked nursing home and more likely a locked ward in a hospital or a secure unit.

A care home, such as Integra, would be in breach of its registration if it were to accept *high risk* referrals and/or to lock the premises or to operate as a secure unit.

In other words, we cannot use the home for *high risk* service users and would not be permitted to do so.

Q Low risk by its very nature implies some risk and no risk is acceptable. There have been many instances world-wide where risk has been wrongly assessed.

A There is no such thing as **no risk**. For example, crossing the road, travelling by train, and driving a car all involve some risk.

The risk is low because of the unlikely nature of the risk transpiring to harm.

It is easy to refer to highly publicised violence involving a mentally ill person because the media tend to focus on sensational irregular events rather than everyday events. However, these incidents invariably occur where two important dynamics co-exist:

- the person's illness is of a nature and degree that is 'high risk'
- the person is not receiving sufficient support and has little or no contact with the NHS as an outpatient.

In the case of Integra homes, our clients receive support from Integra care staff who are available 24/7 and the nature of our clients illnesses are not of a high risk.

Planning

Q Many people appear confused about the planning status of 2 Ddol Rd and how Integra can register a care home there. Some people appear to think that planning laws have been flouted and the use of the home has been changed from an old people's home to a mental health facility.

A Integra has not applied for a change in the planning permission. The planning permission has **not** been changed.

Integra residents, just as other residents, do not require permission to live in Dunvant.

The planning status of 2 Ddol Rd is, and, we believe, has always has been C3.

C3 planning status is the same planning status required for most households such as those in Dunvant.

There is no special planning permission required to live as a small group (up to 6 people) or to receive support in respect of personal care.

Some people appear to be confusing Integra homes with nursing homes. These are very different in terms of function and planning status. Nursing homes deliver interventions, treatment plans, and are generally locked units or homes where residents may be detained under the mental health act.

According to the Office of the Deputy Prime Minister;

“This class groups together use as a dwelling house, whether or not the sole or main residence, by single person, any number of persons living together as a family, or by no more than 6 persons living together as a single household.

The key element in the use of a dwelling house for non-family purposes is the concept of a single household. The single household concept will provide more certainty over the planning position of small group homes which play a major role in the Government's community care policy which is aimed at enabling disabled and mentally disordered people to live as normal lives as possible in touch with the community”.

Source: C3: Dwelling houses, ODPM Circular 03/2005, dated 21 March 2005

Parking

Q You only have two parking spaces which is insufficient for staff and residents.

A Integra have not altered the parking facilities as 2 Ddol Rd already has ample parking. It has space for four cars on the property to the front.

Also because it benefits from a disused lay-by (converted to a crossover by virtue of dropped-curbs) which now forms part of our access means it is possible for us to park in the lay-by as other local residents do too.

Q The road narrows close to 2 Ddol Rd and this will increase the risk of accidents, especially as children walk past the house on the way to school.

A In all Integra homes we have a policy which includes reversing into the drive so that vehicles are driven out forwards with no parking on the road, pavements or grass verges. Integra staff will therefore not cause any further narrowing of the road or increased risk in this regard.

Q Some seem to think that planning has been granted for one purpose when another purpose such as a drug and alcohol hostel is intended.

A Integra **do not** provide a drug rehabilitation service. At the public meeting Integra stated categorically that we would not change the use of the home to a drug and alcohol rehabilitation service.

Q There has been a suggestion that planning permission for an extension was declined due to the sub station and that planning permission has been now been granted because “perhaps money talks”.

A Integra have not applied for an extension and one was not built by Integra. The conversion of the existing garage was done under permitted development and planning permission was **not required**.

Alcohol and Drug Addictions

Q Recovering substance abusers often take up their habit again and this will attract suppliers. Will the Integra home cause the Common to become a place for drug pushers and relatives supplying alcohol?

A We **do not** deliver drug or alcohol detoxification programmes.

Our service in Duvant is **not** a drug or alcohol rehabilitation service.

We do offer community mental health teams support in carrying out many interventions including “substance and alcohol misuse support”. However, this refers to supporting clients with the effects of past addictions such as memory loss and or other nerve damage resulting in physical and/or coordination problems.

Residents are unlikely to spend their time on the common for purposes other than a leisurely walk, as is likely to be the case for most members of the community.

Q Your website refers to secondary issues which include “substance and/or alcohol abuse”. With Swansea suffering a larger number of drug users than most towns, is it reasonable to assume that the residents of Integra homes would mostly suffer from addictions?

A No. Most of the residents will not have suffered issues with addictions. Furthermore, if a resident has had a past issue in this area, it will have been in the distant past and cannot be a current issue or the referral would not be accepted.

Other Questions

Q Why do you need CCTV if your residents are not dangerous?

A We have **never** fitted CCTV in any of our other homes. We will remove it once the home is open.

We (only) fitted CCTV because of a veiled threat implied by one individual. We do not believe this is symptomatic of a wider concern, but following advice we had to take steps to safeguard the wellbeing and safety of our staff visiting the home in the period prior to opening.

Q Are the residents likely to be so confused that they will get lost on the local common land and how will they cope with the poor street lighting?

A No. Residents are free to come and go as they please.

Residents have a front door key as it is their home.

Our residents are highly likely to be able to negotiate streets, pedestrian road signs as they are able-bodied adults and will not be fazed by the poor street lighting.

Q Why are your homes single sex homes?

A Our homes are all single sex as this is widely accepted as good practice amongst small group homes.

Q How will you fit five residents and staff in a small bungalow?

A 2 Ddol Rd is not a bungalow. It has five single bedrooms in excess of 12 square metres each, all with en-suite facilities, three separate living areas, a large kitchen and a large rear garden. There are also additional areas for the storage of records etc.

This amount of space is larger than an average house.

We have invited in excess of 200 of the nearest neighbours to visit the home. This invitation to visit the home remains in place until the home is occupied.

Q Where will residents sit as the front garden is too small?

A Residents and staff can sit in the rear garden which is large and has a wonderful sunny aspect. It is likely that residents will want to tend the front garden growing flowers.

Q I have experience of a home where dependency symptoms are a 'nuisance' where residents engage with the passing general public. What action would you take in this regard?

A We believe this question may be more about how some people with learning disabilities may not be fully aware of the impact they have on others due to poor social skills, lack of insight or cognitive ability to make rational decisions. This is not the case with our client group.

Our client group do not have learning difficulties as a primary diagnosis. It is likely that they would avoid personal contact with anyone with whom they were not already familiar.

Q There is no bus service after 5.30pm. How will the residents occupy themselves and what will the residents do during long winter evenings?

A The same as what many other people living in Dunvant do. The residents also have access to a home vehicle and may indeed have their own transport. Here are some examples of what our clients may chose to do:

go to the gym	surf the internet	crosswords and/or puzzles
watch TV	visit a club they belong to	read
go to the cinema	cook	voluntary work
Clean	job related courses	shopping
listen to music	laundry	evening classes
care for pets	college courses	go for a drive

Q I want to keep this as the only relatively crime free village near Swansea. People are used to leaving their doors and windows open I assume that it will no longer be safe to do so once Integra open a care home due to the type of residents living there.

A The safe quiet location of 2 Ddol Road is one of the reasons for its suitability as a care home for our client group (like the other mental health care home already in Dunvant).

Some of our residents are likely to have experienced significant amounts of prejudice and bullying in their past by school peers, work colleagues, neighbours, and/or the general public.

They have and are suffering the stigma of mental illness and its distorted portrayal in the media.

Whilst our residents will not be as affluent as Catherine Zeta Jones or Stephen Fry, they might be talented artists or writers and there is no reason to assume that they are going to break into people's homes. **We have never encountered this issue in all our years of supporting individuals in the community.**

Residents will tend to have low self esteem and tend to want to avoid contact with the general public other than when necessary.

If you felt safe to do this before the home opens, there is no reason to feel differently now.

Q I think it's too late in the day and consultation should have taken place with residents before embarking on this project.

A This question may suggest confusion between nursing homes – where consultation would be required as part of the planning process - and residential care homes such as Integra homes.

This is really a question which should be asked to local and central government. Integra has followed the registration process correctly.

Our policy historically is to inform immediate neighbours of the role and function of our care homes once we have registered and have a clear idea of when residents might occupy the home.

It is out of courtesy and not compulsion because a residential care home such as Integra is a relatively low key matter not requiring planning permission to change use from a normal dwelling house.

Furthermore, it is only natural for people to have anxieties about the unknown. It is our opinion, and that of local councillors where we have opened previously, that it is not in the public interest to raise anxiety unnecessarily.

On this occasion, our policy has not proved to be helpful. We understand this, which is why we are seeking to reassure the wider community following the campaign that started against the home and why we continue to seek and respond to queries raised and are holding a second open day for members of the community.

We always, as we have said, consult with local residents before opening a home and this would have been – and is – the case now. We have never had an issue with the wider community, in any of the other communities in which our homes are based, after the home has opened. We do not expect there to be any issues in Duvant either after the home opens.

Q Why do these people need sheltered accommodation if they are innocuous as Integra says?

A We **do not** provide sheltered accommodation. Sheltered accommodation is housing, often flats and generally for the elderly, where a warden is present up to 24/7. The residents of sheltered accommodation or care homes are not likely to cause irritation or be harmful or offend (all implied by the question) simply because of their status as individuals who may be receiving care.

Not all people with illness or needs above and beyond the norm are harmful or offensive. We have explained that individuals are likely to be resident in our home primarily because of their need for support to re-develop the activities of daily living typically following a period of time in hospital.

Q I support the scheme and wish your clients well.

A Thank you. We are grateful for the acceptance and engagement of the vast majority of people who have made the effort to engage with us in person. We remain aware that there are anxieties and accept these will remain until the home opens, but hope we will continue to answer queries as they arise.

We hope that all this information is helpful. Please do continue to share any concerns you have or suggestions for how we can hopefully ease any anxieties that have not been covered in this document.