

WESTERN BAY-OLDER PERSON'S COMMISSIONER RESPONSE

[A response to the Older Person's Commissioners Publication "A Place To Call Home" required Actions.]

A Collaborative response between City and County Of Swansea, Neath Port Talbot Council, Bridgend County Borough Council, Abertawe Bro Morgannwg Health Board, Providers and Residents Of Regional Care Homes.

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ACTION LOG

Working with Care Home Providers

Key

Welsh Government and *Care Home Providers*

Local Authorities, Health Boards and *Care Home Providers*

Local Authorities and *Care Home Providers*

Health Boards and *Care Home Providers*

Care Home Providers

Care Home Providers and Care Council

Welsh Government, Local Authorities, Health Boards, *Care Home Providers*

Care Home Providers, Local Authorities, Health Boards and CSSIW

Collaborating Public Bodies

Welsh Government and Health Boards

Health Boards and Local Authorities

Health Boards

Local Authorities

Compliance Key

How We Have Complied Or Propose To Comply




Why We Do Not Comply/Partial Compliance






Why We Do Not Intend To Comply



Key Conclusion 1: Too many older people living in care homes quickly become institutionalised. Their personal identity and individuality rapidly diminishes and they have a lack of choice and control over their lives.

No	Action Required	Timescale for Action	Evidence of Current Position	Action Plan	Comply
1.2	<p>All older people, or their advocates, receive a standard 'Welcome Pack' upon arrival in a care home that states how the care home manager and owner will ensure that their needs are met, their rights are upheld and they have the best possible quality of life.</p> <p>The Welcome Pack will make explicit reference to:</p> <ul style="list-style-type: none"> • How the care home manager will support the resident as they move into their new home. • Standard information about their human rights in line with the Welsh Declaration of the Rights of Older People.* • A Statement of Entitlement to health care support.* • Support to sustain and promote independence, continence, mobility and physical and emotional wellbeing. • Ensuring their communication needs are met, including people with sensory loss. • Maintaining friendship and social contact. • Support to help them maintain their independence and to continue to be able to do the things that matter to them. • The development and maintenance of their care and support plan and what will be included in it.* • Ensuring a culture of dignity and respect and choice and control over day-to-day life. • The skills and training of staff. 	<p>Welsh Government & Care Home Providers</p> <p>March 2016</p>	<p>Western Bay, although not directly cited for action, will support care home providers by means of facilitating discussion, disseminating information, and where requested and appropriate, will provide information and signposting via the care providers fora.</p> <p>Locally, regional areas to work with its providers to collate good practice examples.</p> <p>All regional care homes have welcome packs for residents and all required information is made available. However, There are inconsistencies in the way care homes provide prospective residents and their families with information, some information is provided separately to the welcome pack and there is no standardisation of information across the sector, e.g. the Me Myself & I booklets are not given out prior to someone entering a care home in all establishments.</p> <p>There is a need to ensure that welcome packs are offered in line with the requirements of Welsh Declaration of the Rights of Older People.</p> <p>Families stated that they are not always given adequate information unless specifically requested.</p> <p>Care Home Provider</p> <p>Need clarification regarding the correct wording as per Older Persons Declaration.</p> <p>The information is on several documents sometimes and varies from provider to provider, not standardised, and may include a welcome letter, service user guides, also not in something titled a Welcome Pack but are quite robust. We await the Welsh Government publication.</p>	<p>Work with Providers and training team to develop a standardised welcome pack, so that all residents are able to access the same standard of information and that the information is provided within one document.</p> <p>Training team to develop consider developing a statement of purpose good practice model</p> <p>Local Authorities to work with providers to standardise quality across the sector.</p> <p>Evidence through monitoring visits and by asking residents and families of recent admissions.</p> <p>Providers to translate their welcome packs into Welsh.</p> <p>Consider working with residents to achieve Welsh Language translation</p> <p>Make the issue of Me Myself & I booklet prior to care home admission, a contractual requirement</p> <p>Validate against National Guidance when issued by Welsh Government.</p>	



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	<ul style="list-style-type: none"> • Their right to independent advocacy and how to raise concerns. * (The areas marked with * should be standard in format to ensure consistency across Wales)				
1.3	Specialist care home continence support should be available to all care homes to support best practice in continence care, underpinned by clear national guidelines for the use of continence aids and dignity.	Welsh Government Guidance April 2015 Health Boards implementation December 2015	<p>Western Bay:- In anticipation of Welsh Government Guidance, our position is as follows.</p> <p>Health Board Response: Referrals from care homes for specialist continence assessment are received and responded to by the community continence service. Where there are problematic urinary catheter issues the team respond and support staff to develop management plans for each individual. Individuals in residential care settings have annual continence reviews from the team. Individuals in nursing homes do not have the community team reviewing their continence products as this is provided by the nurses within the care home. Pads are purchased from various companies by the individual nursing home. The team provide education and forums for registered nurses from care homes to provide updates and share best practice. The All Wales assessment is utilised across the HB footprint</p> <p>Care Home Provider</p> <p>It is working well at present but would be further enhanced by discretionary spend on continence aides for clients in nursing care.</p> <p>There is an excellent service for residential clients currently available where the assessments are done by a district nurse and then supplies delivered monthly direct to the home.</p> <p>There is an allowance within the nursing fees for us to do our assessment and then fund supplies, giving us more choice and allows us to purchase the correct product, suited to the need of the client. Choices for residents are limited, but quite adequately meet the need of a residential client. However, these may not be suitable for a nursing client.</p> <p>There is good support from the Continence Advisor and we make client referrals directly. The suggestion of specialist appliances enables the clients' dignity to be maintained. Comments from clients are positive as they are able to maintain their independence.</p> <p>All residential clients have a care plan to support independence and dignity,</p>	ABMU will review the continence provision across the Health Board in line with a broader review of community services to be taken forward as part of the Western Bay Programme. This work will be linked to the Health Board Framework for Continence Support and will be taken forward under the auspices of the Continence Steering Group	

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			as well as access to support from the specialist continence nurse who will carry out an assessment to ensure that appropriate aids are available to the individual. Nursing resident will have a continence assessment carried out by the nursing staff. The home will supply required aids.		
1.4	National good practice guidance should be developed and implemented in relation to mealtimes and the dining experience, including for those living with dementia.	Welsh Government April 2015	<p>Western Bay:- National Standards have been created for the hospital environment which to date have not been used in Nursing homes. The Hospital National standards may be readily adaptable for the Nursing home environment, but this work has not been scheduled. If an adapted version of the Hospital National standards was used in the nursing home environment and required specific equipment or training, it is not clear how this would be funded.</p> <p>The National Standards also list oral health, policy development, menu planning and nutritional analysis of menus as related work and additional considerations.</p> <p>There is regional examples of training to promote mealtimes as a social and dignified experience for the client, both in respect of what they eat and when.</p> <p>Regionally there has been work to include meal times as a measure of quality, which will be addressed in the regional quality framework and monitored contractually.</p> <p>Care Home Provider</p> <p>We recognise the importance of mealtimes through protected mealtimes, encouraging professionals to visit outside of mealtimes. We have redesigned the environment and in some cases encouraged staff to eat with residents.</p>	<p>Initial work to be undertaken to establish how the National Hospitals standards could be adapted for use in Care Homes, and how to address oral health, policy planning, and nutritional content of meals.</p> <p>Working with Welsh Government Guidance, consult with care home providers and or eligible clients to implement meal time standards.</p> <p>Once finalised, to be monitored via the regional quality standards for care homes.</p> <p>Validate training against National Guidance when issued by welsh Government.</p> <p>Monitoring training levels in care homes</p>	
1.5	An explicit list of 'never events' should be developed and published that clearly outlines practice that must stop immediately. The list should include use of language, personal care and hygiene, and breaches of human rights.	CSSIW March 2015	<p>Western Bay:-In anticipation of CSSIW publication, work is to be related to <i>Andrews Values</i>.</p> <p>Currently Western Bay is finalising its regional Care Home Quality Standards to be published by March 2015 for use in the next financial year. We have worked closely with Age Cymru to reflect their evidence based My Home Life programme.</p> <p>Within our training programmes we encourage all staff to treat people with dignity and respect and specifically to deter from language that dehumanises people.</p> <p>Care Home Provider</p>	<p>Continue implementation and monitoring of Andrew's Values, ensuring these are reflected in the Quality framework.</p> <p>The implementation of the framework will be fine-tuned to include the "never events" when they are published.</p> <p>Training to be validated against National Guidance when issued by welsh Government.</p> <p>Quality is monitored and corrected via contract monitoring.</p>	

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			<p>Training provided is well developed, there is no training focusing on human rights but it is touched upon in other areas, i.e. dignity, mental capacity. Some providers have Dignity Champions whose role it is to promote best practice to colleagues.</p>		
1.6	<p>Older people are offered independent advocacy in the following circumstances:</p> <ul style="list-style-type: none"> • when an older person is at risk of, or experiencing, physical, emotional, financial or sexual abuse. • when a care home is closing or an older person is moving because their care needs have changed. • when an older person needs support to help them leave hospital. <p>For those with fluctuating capacity or communication difficulties, this should be non-instructed advocacy. When a care home is in escalating concerns, residents must have access to non-instructed advocacy.</p>	<p>Local Authorities & Care Home Providers & Health Boards</p> <p>April 2015</p>	<p>Western Bay:- recent statistics suggest that there is variation in how much individual Local Authorities use advocacy services and how the use of advocacy services are recorded, with the likelihood that use of advocacy services are under reported.</p> <p>It has been identified that work needs to be completed to make the referral process more visible and useable. Further work needs to be done to examine how advocacy services are funded, what the current capacity is, and what is available for younger people with advocacy needs.</p> <p>There is variation in the provision of advocacy within the region, for example in areas there are no services commissioned specifically for the care home sector.</p> <p>Historically independent advocacy has been made available when a care home is closing. This has been provided on a case by case basis for people requiring non-instructed advocacy services, and where people have requested instructed advocacy services.</p> <p>Currently advocacy services are not automatically available at the point when a POVA referral has been made, or when moving from a hospital or between care homes as a result of a safeguarding issue. The current Western Bay Escalating Concerns Policy requires advocacy service to be made available to people when a care home enters escalating concerns.</p> <p>The regional quality framework, when published in March 2015, includes a requirement for care home providers to access independent advocacy services for residents who require them.</p> <p>Independent advocacy is to be provided for a further year by Age Cymru for people who have capacity and we acknowledge that through the changes in the Deprivation of Liberty safeguards, the demand for advocacy for people lacking capacity has increased.</p>	<p>Consideration as to carrying out further work to assess the level of demand and availability of existing advocacy services for these groups. Further consideration will need to be given to how these objectives can be achieved if additional services are required.</p> <p>Review advocacy model to determine what services and support is required within the sector, and where necessary, build into process.</p> <p>Assess outcomes and impact of advocacy to measure value of services within the care home sector.</p> <p>Local Authority to work with the sector to encourage use of advocates within care homes</p>	


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			<p>Further work to be undertaken to work with the sector to encourage use of advocates within care.</p> <p><u>Care Home Providers</u></p> <p>Have had excellent support recently from Age Concern Advocate Service, particularly in regard to financial Advocacy; the service user found the service invaluable in resolving financial issues. Concern is now over how will this be continues beyond current funding of 12 months.</p> <p>There has been no resistance to advocates working in homes, and they are welcome. In the care home we have used IMCA's in the past around best interest meetings and DoLS, we can access this service.</p>		


Key Conclusion 2: Too often, care homes are seen as places of irreversible decline and too many older people are unable to access specialist services and support that would help them to have the best quality of life.

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2.1	A National Plan for physical health and mental wellbeing promotion and improvement in care homes is developed and implemented. This draws together wider health promotion priorities, as well as particular risk factors linked to care homes, such as loneliness and isolation, falls, depression, a loss of physical dexterity and mobility.	Lead Welsh Government March 2016	<p>Within training, staff are encouraged to understand how easily people can feel lonely and isolated leading to depression with further side effects of possible falls and poor mobility.</p> <p><u>Care Home Providers</u></p> <p>Good falls prevention service, dexterity and physiotherapy are more difficult to access. Social interaction with the community is already promoted to reduce loneliness coupled with planned volunteer training.</p>	Assist Welsh Government lead.	
2.2	Older people in care homes have access to specialist services and, where appropriate, multidisciplinary care that is designed to support rehabilitation after a period of ill health.	Health Boards and Local Authorities in partnership July 2015	<p>Western Bay:- Assessment</p> <p>There is variation across Western Bay, with examples of multi-disciplinary liaison teams of mental health staff specifically designated to provide assessment and advice to care home staff in relation to residents with mental health issues, including specialist mental health nurses in place to review the appropriateness of long term nursing home placements (Swansea). The regional approach features robust input from psychiatry, nursing, OT and social work. Typically, there is no pharmacy input into this area of the service.</p> <p>Additionally, there are examples of nurse led care home service utilising a Band 7 Nurse Specialist with support from psychiatry as needed, with CMHT input on a case by case basis. In other areas, Clients aren't routinely seen by the mental health service upon admission to care home but the service is built around a robust referral process, when issues are subsequently identified with residents.</p> <p>Advice and Support</p> <p>Regionally there is variation with support being provided by CMHT's and good practice examples, such as a residential home teaching team of staff (currently comprising nursing and physiotherapy staff) who have developed accredited award-winning evidence based training course for staff on managing the behaviour associated with dementia.</p>	<p>We will continue to develop and improve our community services, in particular to ensure that they are responsive to the needs of vulnerable patients. A number of new pathways will be agreed during 2015/16 which will also support the introduction of the 111 service into the health board in October to avoid unnecessary admission for patients into hospital.</p> <p>Implementation of the Western Bay Quality Assurance Framework will require providers to ensure access to specialist services.</p> <p>Contract reviews will be undertaken during 2015, offering the opportunity to consider the benefits of introducing contractual provisions relating to promoting access to specialist services.</p> <p>Build on the pathway between specialist community teams and providers</p>	

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			<p>Additionally, Psychology has developed a six week teaching programme for care home staff on caring for and using psychosocial approaches with residents who have dementia, including sessions on person centred care, behaviour analysis, and life story work. This training course incorporating a session from OT and pharmacy may be rolled out to care homes in the locality if required.</p> <p>To enable healthy environments where good mental health can flourish, with some adaptation, the six week course described above could be adapted to incorporate:</p> <ul style="list-style-type: none"> • i) training in screening for mental health issues (including those other than dementia) and the utilisation of measures such as the PHQ-2 to help care home staff with detection of mental health issues. • ii) issues to consider in residents coming to live in care (such as loss, dependency) • iii) what factors help contribute to well-being in older adults (thereby facilitating prevention of the development of mental health issues in future) • iv) caring for/relating to the older adult in a holistic-bio-psycho-social-spiritual manner • v) 'looking after ourselves' -care home staff - to increase the opportunity for compassion towards the self/boosting resilience in staff ultimately maximising the opportunity for staff to care for residents in a compassionate manner <p>Referral pathways</p> <p>Referral processes are robust across with region with examples of adult mental health service for older people having a single point of access through a referral coordinator and criteria for referral are according to an evidence based algorithm. Recent developments in progress are expanding this single point of access /referral coordinator system to other regional areas and a consensus has been achieved to establish the same system in the remaining regional areas.</p> <p>Medication monitoring</p>		

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			<p>The extent of medication monitoring in line with NICE guidance varies across the region. In some areas care home residents prescribed an antipsychotic have their medication reviewed in line with the NICE guidance via a dedicated liaison team led by a Consultant Psychiatrist (Patients are monitored on antipsychotics, and other psychotropic medicines, and reviews are communicated using an 'antipsychotic statement' in correspondence to GPs). In other areas, residents who have been referred to the Community Mental Health Team are reviewed, but this is not undertaken every 3 months as per NICE guidelines. Patients under primary health care would need to have their antipsychotic prescription reviewed by their GP. It is unclear how many of these have their antipsychotic medication reviewed in line with NICE guidance. Typically, there is no pharmacy input into this area of the service.</p> <p>Workshops available in some regional areas where the ethos is not based on training people to 'manage the behaviour' of the person with dementia but to demonstrate to people and or staff, alternative psycho-social therapies that can help people and or staff understand the messages that the persons behaviour is sending. This includes life story work using the Me, Myself & I book and the essential qualities needed by people and or staff to effectively deliver person centred care.</p> <p>As part of the 1000 lives + improving Dementia Care Initiative the training dept. has jointly worked with the health board on two projects in local care homes, involving education and training of staff in care homes on non-pharmacological interventions and whilst these two projects have been successful it has followed on from previous work by the training dept. with one care home where all psychotropic medication had been discontinued.</p> <p>Care Home Providers</p> <p>The training provided as part of advice and support, demonstrates to people and or staff, alternative psycho-social therapies that can help them understand the messages individual's behaviour is sending. This includes life story work using Me, Myself and & I book and the essential qualities needed by people to deliver holistic person centred care.</p> <p>The home has a linked Community Psychiatric Nurse that provides support</p>		

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			<p>to the home, regular reviews of residents. The psychiatrist will carry out 6 monthly reviews. There are RMN's employed within the home, the home manager is an RMN.</p> <p>Home has a policy which states any resident on antipsychotics are reviewed every 3 months, at least.</p> <p>Link CPN attached to home which is good for continuity Consultant psychiatrist reviews residents every 6 months or sooner on request so feel well supported. Referral can be slow and the system could benefit from being streamlined as a referral will first go via the GP, but the service is good when established.</p> <p>Explicit referral paths and criteria are needed. The ability to direct refer, giving equity to non-mental health referrals would be welcomed.</p>		
2.3	<p>A National Falls Prevention Programme for care homes is developed and implemented. This should include:</p> <p>Enabling people to stay active in a safe way Up-skilling all care home staff in understanding and minimising the risk factors associated with falls</p> <p>The balance of risk management against the concept of quality of life and the human rights of older people, to ensure that risk-averse action taken by care staff does not lead to restrictive care.</p> <p>National reporting on falls in care homes is undertaken on an annual basis (see action 6.8).</p>	<p>Welsh Government</p> <p>November 2015</p>	<p>Western Bay:- In anticipation of the National Strategy, the baseline position will be recorded locally , to include prehospital pathways, falls packages and community equipment.</p> <p>Work has commenced in part of the region currently undertaking pilot project to trial falls prevention protocol in one local authority and one independent residential care home, awaiting the outcome.</p> <p>It is anticipated going forward this will be followed up by the development of a falls prevention training package for staff groups such as care home staff, home care teams and Intermediate tier staff.</p> <p>Mapping of primary care position on falls prevention currently underway with intention to address identified gaps if further funding secured. If successful it would be envisaged this work could be rolled out to the other localities within Western Bay.</p> <p>Up-skilling of all staff is carried out to help them understand and minimise the risk factors associated with falls.</p> <p><u>Care Home Providers</u></p> <p>Any falls are recorded locally so care homes are able to look for trends; assistive technologies are used following risk assessments, access to falls clinics can be variable, specifically for people with dementia.</p> <p>There is not a risk adverse culture, risk assessments are made and preventative measures employed but acknowledged that a full quality of life</p>	<p>Revisit falls policy and validate against National Guidance when issued by Welsh Government.</p> <p>Assist Welsh Government with their implementation</p>	

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			may result in unavoidable falls.		
2.4	The development and publication of national best practice guidance about the care home environment and aids to daily living, such as hearing loops and noise management, with which all new homes and refurbishments should comply. This guidance should also include mandatory small changes that can be made to care homes and outdoor spaces to enable older people with sensory loss and/or dementia to maximise their independence and quality of life.	Welsh Government July 2015	<p>Western Bay:- To be included in the baseline position, the possibility of linking with Swansea University with consideration to the environment of the Care Home.</p> <p>Advice has been given by the training officer on the essential requirement to provide outdoor spaces to enable older people with sensory loss and / or dementia to maximise their independence and quality of life.</p> <p><u>Care Home Providers</u></p> <p>Innovative and low cost solutions such as secure gardens, sensory gardens, and funding applications to provide technologies, such as iPads are being implemented.</p>		

Key Conclusion 3: The emotional frailty and emotional needs of older people living in care homes are not fully understood or recognised by the system and emotional neglect is not recognised as a form of abuse.

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3.1	A national, standardised values and evidence based dementia training programme is developed that covers basic, intermediate and advanced levels of training, which draws on the physical and emotional realities of people living with dementia to enable care staff to better understand the needs of people with dementia.	Welsh Government November 2015	Western Bay:- Linking work on 3.1 and 3.2 together. In anticipation of completion of national work, Andrew's Values to inform work, identification of current training available cross sector. Standards are to be underpinned by the Quality Framework and work around implementing the quality standards to be completed.		
3.2	All care home employees undertake basic dementia training as part of their induction and all care staff and Care Home Managers undertake further dementia training on an ongoing basis as part of their skills and competency development, with this a specific element of supervision and performance assessment.	Local Authorities & Care Home Providers Begin January 2016	Contracted providers are required to ensure that all care staff receive appropriate induction, training and supervision and appraisal to meet the care needs of residents. There is regional variation, however, Support is provided to develop the skill and competence of the independent sector workforce via its Social Care and Workforce development Programme. This offers a dementia care training course to all contracted providers which can be accessed by care home employees free of charge. Thirteen different types of dementia training course have been made available in one area, to care home staff between 2012 and 2014 and a total of 877 care staff attended those courses. In some areas award winning dementia training is available. However, take up of this training is not always maximised by the sector. The region has experience of utilising a quality standards framework, but this has not been aligned with training, resulting in varying levels of competency across the sector. Additionally, specialist dementia training is not currently a requirement for care home managers, resulting in varying levels amongst managers across the sector, but there are growing numbers of managers who have a specific dementia qualification. Care homes are expected to provide appropriate Dementia Training to all care staff. To ensure providers comply with commissioners expectations supporting evidence is sought during monitoring visits to care homes, this is done by observation of staffs working practices and staff training and supervision records kept by the home. Many care home employees attend workshops and undertake basic training in 'best practice' in dementia care as part of their induction. Some care home managers have progressed onto the leadership programme again in 'best practice' in dementia care which has empowered and enabled them to	Consider a review of current contracts to be undertaken during 2015. Consider the benefits of introducing contractual provisions relating to standards for dementia care and requirements for staff training. Implementation of the Western Bay Quality Assurance Framework Incorporate levels of dementia training for staff and managers into quality standards and link dementia training teams to quality monitoring arrangements. Consider developing competency tool for managers. Explore development of company based training for managers. To continue to evaluate the dementia training and safe working practices being delivered at care home. Continue to monitor the recording systems used by care homes to ensure a person centred approach is in place. Circulate draft of any new contract to providers at the earliest	

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			<p>lead and role model this best practice accredited by the University of Surrey.</p> <p>Many of the care home staff have attended the further six workshops on 'best practice' in dementia care and evidenced their knowledge through successfully completing the Alzheimer's Society Certificate of Dementia Care.</p> <p>Care homes are expected to plan care for a client living with dementia prior to agreeing a placement. The understanding achieved through the training has enabled the staff to develop confidence to become mentors and champions within their own care homes where they disseminate their knowledge through leadership and role modelling. Which for new staff is crucial as they need to see best practice being demonstrated on a daily basis as it is all too easy for staff new to social care to inherit 'an old type controlling care culture'</p> <p>Regionally we are commissioning a care homes quality assurance framework. The framework will be published in March 2015, and is purposed to include targets and standards for assessing effective dementia care and also developing a competent workforce. It is expected that the framework will be completed during 2015, implementation dates differ according g to specific use. Some amendments to the QA framework may be needed to reflect the requirements of the national evidenced based dementia training programme which WG are required to develop under 3.1 of the OPCfW action plan.</p> <p>The region has arrangements for monitoring quality of care to residents, when standards of dementia care fall below the required, working with providers to ensure that any knowledge, skills or competency deficits are addressed. This may involve using contractual arrangements to compel providers to access dementia training for their employees.</p> <p>In anticipation of the Welsh Government publication of the nation standardised values as referenced in 3.1, the LA/LHB are Liaising with local Care Homes to establish current and best practice, facilitating the exchange of information via the providers forum.</p> <p>The LA/LHB provides targeted dementia training for care home employees, this is of sufficient quality to meet the required outcome, and is sufficiently available to meet the expressed needs of local care home providers and</p>		

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			<p>their staff.</p> <p><u>Care Home Provider</u></p> <p>We look forward to specific support to meet the needs of our residents living with dementia. Training is available via the LA/LHB and we are currently drawing up what we would require from dementia champion training.</p> <p>Current dementia champion and dignity champion training where the expectation of the role is to develop the care of residents living with dementia and challenge poor practice.</p> <p>All staff complete specific training, which asks staff to look behind some of the presenting behaviour and to be more creative in support in individuals.</p> <p>Dementia initiatives within care homes are best supported by Managers being involved in championing the development of dementia service. There is acknowledgement that for some homes this is work in progress and this may be determined by the predominant needs of the residents within the home.</p>		
3.3	Active steps should be taken to encourage the use of befriending schemes within care homes, including intergenerational projects, and support residents to retain existing friendships. This must include ensuring continued access to faith based support and to specific cultural communities.	Care Home Providers & Local Authorities November 2015	<p>Western Bay:- Identification of what we commission and what is available from the voluntary sector.</p> <p>The formal assessment of needs undertaken by care managers prior to admission to a care home will assess service users. Where needs are identified, a care plan will be created to ensure that these are met. Care home providers are required to address the needs outlined in each resident's care plan. Social Work staff will work with providers, residents and their relatives to assess the extent to which these needs are being met at care plan reviews, and where necessary agree any actions needed to improve quality of care.</p> <p>Social work staff will also provide support to help residents access befriending services, and to receive faith based and cultural support. This has been achieved via referrals to voluntary sector services such as CVS and Age Cymru.</p> <p>Examples across the region demonstrates a considerable amount of work to encourage volunteering and befriending at care homes. This has involved hosting promotional events to talk to members of the public about opportunities and benefits of befriending people in care homes, liaising</p>	<p>Work with CVS to provide a befriending service for Care Home residents</p> <p>Link the maximisation of voluntary and befriending schemes within care homes to the wider Local Authority corporate review of the community sector.</p> <p>Maximise support opportunities with faith groups.</p>	


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			<p>with local church groups to encourage and promote volunteering, developing and running training workshops for prospective volunteers, introducing prospective volunteers to care homes providers, and helping with completion of enhanced DBS checks where this has been needed to satisfy CSSIW expectations. Although a lot of time, energy and resources have been invested in the guidance of a named mentor or dementia champion. This is leading to people being actively employed by the care provider on completion of the social care programme. This encourages care homes to be more open to interaction and with the wider community. this area of work, disappointingly few people have committed to volunteering / befriending at care homes.</p> <p>In addition to this, the four month Social Care Academy training programme provides a sound induction framework which also includes all of the six workshops based on best practice in dementia care for volunteers who wish to work in social care along with students from the training & education intergenerational project, Connect to Care.</p> <p>Whilst attending the programme, delegates volunteer as befrienders to people living in the care homes under</p> <p>There are a number of homes that have of their own volition established relationships with local community groups. This includes organised visits from local schoolchildren as an example.</p> <p>The Western Bay Regional Quality Framework also includes a number of standards and targets which are consistent with the objectives at 3.3. including encouraging volunteering and befriending at care homes, enabling residents to engage with their local community and participate in community events, promoting and maintaining relationships with friends and family, building new relationships, and meeting cultural and religious needs.</p> <p>There is a region wide lack of voluntary and befriending opportunities. Links between care homes and CVS need to be strengthened. All care homes have links to faith communities but to varying degrees.</p> <p><u>Care Home Providers</u></p> <p>We provide regular church services and access to services on weekly/monthly basis community. Communities also attend the home for a</p>		

No	Action Required	Timescale for Action	Evidence of Current Position	Action Plan	Comply
			<p>service.</p> <p>Examples :</p> <p>Schools invite residents to lunch around Christmas and come to the home to host the event.</p> <p>Resident hosts a curry night at the home for a group of friends, as this has been a pattern of life prior to moving to the home. Other residents attend friendship group activities outside the home.</p> <p>Local community supports one home with communion taking place in the home, residents are welcomed in to local coffee mornings.</p> <p>Limited volunteers within the care home.</p> <p>Link with local nurseries, related to WW1 and Remembrance.</p>		
3.4	<p>In-reach, multidisciplinary specialist mental health and wellbeing support for older people in care homes is developed and made available, including:</p> <ul style="list-style-type: none"> • An assessment of the mental health and wellbeing of older people as part of their initial care and support plan development and their on-going care planning. • Advice and support to care staff about how to care effectively for older people with mental wellbeing and mental health needs, including dementia and when to make referrals. • Explicit referral pathways and criteria for referral. • All residents on antipsychotics are monitored and assessed for potential withdrawal and reviews are conducted in line with NICE guidelines. 	<p>Health Boards</p> <p>November 2015</p>	<p>Western Bay:-</p> <p>Assessment</p> <p>There is variation across Western Bay, with examples of multi-disciplinary liaison teams of mental health staff specifically designated to provide assessment and advice to care home staff in relation to residents with mental health issues, including specialist mental health nurses in place to review the appropriateness of long term nursing home placements (Swansea). The regional approach features robust input from psychiatry, nursing, OT and social work. Typically, there is no pharmacy input into this area of the service.</p> <p>Additionally, there are examples of nurse led care home service utilising a Band 7 Nurse Specialist with support from psychiatry as needed, with CMHT input on a case by case basis. In other areas, Clients aren't routinely seen by the mental health service upon admission to care home but the service is built around a robust referral process, when issues are subsequently identified with residents.</p> <p>Advice and Support</p> <p>Regionally there is variation with support being provided by CMHT's and good practice examples, such as a residential home teaching team of staff (currently comprising nursing and physiotherapy staff) who have developed</p>	<p>To consider analysing current assessment processes and their efficacy and share best practice.</p> <p>To review the existing level of training provision across the Western Bay area and identify opportunities to provide a consistent, equitable service across the area</p> <p>To review the current model of in reach support and explore options for delivering this service in an equitable manner across the Health Board area</p> <p>Consider streamlining referral processes, specifically those which may not need to be sanctioned by a G.P.</p>	



No	Action Required	Timescale for Action	Evidence of Current Position	Action Plan	Comply
			<p>accredited award-winning evidence based training course for staff on managing the behaviour associated with dementia.</p> <p>Additionally, Psychology has developed a six week teaching programme for care home staff on caring for and using psychosocial approaches with residents who have dementia, including sessions on person centred care, behaviour analysis, and life story work. This training course incorporates a session from OT and pharmacy may be rolled out to care homes in the locality if required.</p> <p>To enable healthy environments where good mental health can flourish, with some adaptation, the six week course described above could be adapted to incorporate:</p> <ul style="list-style-type: none"> • i) training in screening for mental health issues (including those other than dementia) and the utilisation of measures such as the PHQ-2 to help care home staff with detection of mental health issues. • ii) issues to consider in residents coming to live in care (such as loss, dependency) • iii) what factors help contribute to well-being in older adults (thereby facilitating prevention of the development of mental health issues in future) • iv) caring for/relating to the older adult in a holistic-bio-psycho-social-spiritual manner • v) 'looking after ourselves' -care home staff - to increase the opportunity for compassion towards the self/boosting resilience in staff ultimately maximising the opportunity for staff to care for residents in a compassionate manner <p>Referral pathways</p> <p>Referral processes are robust across with region with examples of older adult mental health service having a single point of access through a referral coordinator and criteria for referral are according to an evidence based algorithm. Recent developments in progress are expanding this single point of access /referral coordinator system to other regional areas and a consensus has been achieved to establish the same system in the remaining regional areas.</p>		

No	Action Required	Timescale for Action	Evidence of Current Position	Action Plan	Comply
			<p>Medication monitoring</p> <p>The extent of medication monitoring in line with NICE guidance varies across the region. In some areas care home residents prescribed an antipsychotic have their medication reviewed in line with the NICE guidance via a dedicated liaison team led by a Consultant Psychiatrist (Patients are monitored on antipsychotics, and other psychotropic medicines, and reviews are communicated using an 'antipsychotic statement' in correspondence to GPs). In other areas, residents who have been referred to the Community Mental Health Team are reviewed, but this is not undertaken every 3 months as per NICE guidelines. Patients under primary health care would need to have their antipsychotic prescription reviewed by their GP. It is unclear how many of these have their antipsychotic medication reviewed in line with NICE guidance. Typically, there is no pharmacy input into this area of the service.</p> <p>Workshops available in some regional areas where the ethos is not based on training people to 'manage the behaviour' of the person with dementia but to demonstrate to people and or staff, alternative psycho-social therapies that can help people and or staff understand the messages that the persons behaviour is sending. This includes life story work using the Me, Myself & I book and the essential qualities needed by people and or staff to effectively deliver person centred care.</p> <p>As part of the 1000 lives + improving Dementia Care Initiative the training dept. has jointly worked with the health board on two projects in local care homes, involving education and training of staff in care homes on non-pharmacological interventions and whilst these two projects have been successful it has followed on from previous work by the training dept. with one care home where all psychotropic medication had been discontinued.</p> <p>Care Home Providers</p> <p>The training provided as part of advice and support, demonstrates to people and or staff, alternative psycho-social therapies that can help them understand the messages individual's behaviour is sending. This includes life</p>		


No	Action Required	Timescale for Action	Evidence of Current Position	Action Plan	Comply
			<p>story work using Me, Myself and & I book and the essential qualities needed by people to deliver holistic person centred care.</p> <p>The home has a linked Community Psychiatric Nurse that provides support to the home, regular reviews of residents. The psychiatrist will carry out 6 monthly reviews. There are RMN's employed within the home, the home manager is an RMN.</p> <p>Home has a policy which states any resident on antipsychotics are reviewed every 3 months, at least.</p> <p>Link CPN attached to home which is good for continuity Consultant psychiatrist reviews residents every 6 months or sooner on request so feel well supported. Referral can be slow and the system could benefit from being streamlined as a referral will first go via the GP, but the service is good when established.</p> <p>Explicit referral paths and criteria are needed. The ability to direct refer, giving equity to non-mental health referrals would be welcomed.</p>		
3.5	Information is published annually about the use of antipsychotics in care homes, benchmarked against NICE guidelines and Welsh Government Intelligent Targets For Dementia.	Health Boards September 2015	<p>ABMU HB are not compliant with this requirement.</p> <p>A baseline audit in 2011 and subsequent process measurements were carried out in a sample of care homes as part of 1000 Lives + Improving Dementia Care: Driver 3. At baseline 28.7% of patients with dementia were prescribed antipsychotics. In July 2013, information was requested / gathered from all GP practices on the number of patients with dementia and % of those prescribed an antipsychotic. This was used to calculate an 'average' value for the Health Board, which was 23%, a 5.7% reduction from baseline. No further data collection has occurred since.</p> <p>The Medicines Management team in the Bridgend Locality operate a scheme whereby GP practice prescribing clerks receive re-imburement to enable them to undertake audit work. Through this scheme they collect annual data on the number of care home residents receiving antipsychotic medication. However, this data includes all antipsychotic prescribing and not just for the indication of BPSD. This information is utilised by the liaison team. This information is not routinely collected in NPT or Swansea.</p> <p>Currently there are no established mechanisms to extract this data and it is not possible to access this information via prescribing data alone. Relevant data would need to be sought directly from each practice or care home and in some instances may require information from both of these locations. Options for the collation of this data could include:</p>	An option appraisal of the best methodology for progressing this recommendation will be carried out – it would be preferable if this work was coordinated on an all Wales basis to ensure consistency of approach in data collection	


No	Action Required	Timescale for Action	Evidence of Current Position	Action Plan	Comply
			<ul style="list-style-type: none"> • Funding the practice to provide the data • Increasing medicines management team capacity to collect data • Development of a national solution e.g. via an Audit Plus template • Utilise the Regional Quality Framework to ask care homes to collate this data <p>Whichever method is used, additional resource would be required to collect accurate data. In order to maximise the benefits to patients, the data collection should be combined with a mechanism to ensure patient medication review by a health professional with appropriate specialist knowledge. In this way any new investment would result in the ability to benchmark practice through collection of data on the use of antipsychotics and provide a pathway to ensure patients have their antipsychotic medication reviewed.</p>		
3.6	The development of new safeguarding arrangements for older people in need of care and support in Wales should explicitly recognise emotional neglect as a form of abuse, with this reflected in guidance, practice and reporting under the new statutory arrangements.	Welsh Government November 2015	<p>Western Bay:- In support of national approach, work locally with providers to find out what is already being done in regional Care Homes.</p> <p><u>Care Home Providers</u></p> <p>We are addressing or have robust arrangements to prevent this type of safeguarding issues from arising.</p>	<p>Via the regional care home fora, consider collaboration with providers to identify what work is being done, and create a baseline position.</p> <p>Assist Welsh Government in their development work.</p>	

Key Conclusion 4: Some of the most basic health care needs of older people living in care homes are not properly recognised or responded to.

No	Action Required	Timescale for Action	Evidence of Current Position	Action Plan	Comply
4.1	<p>A clear National Statement of Entitlement to primary and specialist healthcare for older people in care homes is developed and made available to older people, including:</p> <ul style="list-style-type: none"> • Access to regular eye health, sight and hearing checks • Dietetic advice and support • Access to podiatry and dentistry services • Access to specialist nursing services • GP access and medicines support • Specialist mental health support • Health promotion and reablement support <p>This must cover both residential and nursing care. Care home providers ensure older people receive information about their healthcare entitlements as part of their 'Welcome Pack' (see action 1.2).</p>	<p>Lead Welsh Government March 2015</p>	<p>Regionally we have good links with OPMH but there is no formal process in place. Have worked extensively on fundamentals of care, which links to the quality standards.</p> <p>No hospital admission and discharge or falls prevention toolkit in place.</p> <p>Across the region there may be gaps in incontinence advice and assessment, dental support and GP access. There are variances with regards to district nursing. There are no formal arrangements between Health Board and care homes in regards to access to specialist services.</p> <p><u>Care Home Providers</u></p> <p>Experience can be variable some services work well such as Hearing, Parkinson Nurse, Stoma Nurse, others such as Podiatry, Physiotherapy are not so accessible.</p>	<p>Strengthen quality standards to link with specialist services.</p> <p>Consider undertaking a gap analysis to explore availability and need for hospital admission/discharge and falls prevention toolkit.</p> <p>Strengthen links with district nursing.</p> <p>Explore formal agreement between Health Board and care homes for accessing specialist services.</p> <p>Assist Welsh Government in the implementation in the national statement of entitlement</p>	
4.2	<p>A formal agreement is developed and implemented between the care home and local primary care and specialist services based on the Statement of Entitlement. This should include:</p> <ul style="list-style-type: none"> • Referral pathways, including open access • Waiting times • Referral and discharge information • Advice and information to support the on-going care of the older person in the home • Access to specialist services for older people in nursing homes, in line 	<p>Health Boards & Care Home Providers April 2015</p>	<p>Western Bay:- In conjunction with the completion of 4.1, establish current local position, working with Care Home providers.</p> <p>The General Medical Services Contract is a UK contract that sets out the core services that General Practices must deliver to all patients. The Health Board has no legal mandate to be able to amend or alter the current contract.</p> <p>The implication of new requirements arising from a national statement of entitlement in respect of the GMS contract would need to be addressed by Welsh Government.</p> <p>There cannot be any local negotiation of the GMC Contract although the Care Homes Local Enhanced Service does address some of the issues</p>	<p>The Health Board will seek to comply with guidance issued by WG when issued.</p>	




<p>with the Fundamentals of Care Guidance.</p>		<p>relating to Care Homes, any additional requirements will need to be budgeted for.</p> <ul style="list-style-type: none"> • Referral pathways, including open access - These are determined by the Health Board via its Effective Practice Advisory Committee on which the LMC is represented. The Referral Pathways are then published on the GP Portal • Waiting times - other than mandated national figures, the Health Board does not publish local waiting times for individual service areas • Referral and discharge information – significant work going on with this via the Health Board GP Portal Primary Care Group. • Advice and information to support the on-going care of the older person in the home – this is being addressed as part of the implementation of the Social Services and Well-being Act • Access to specialist services for older people in nursing homes, in line with the Fundamentals of Care Guidance. There is currently an issue of equipment provision to residents of care homes and nursing homes. The integrated community equipment service should address this, but there should be clear guidance from WG regarding the equipment that should reasonably be expected in a care home. <p>For example:- in a nursing home they should have profiling beds and a certain level of pressure relieving kit, some specialist seating (level to be determined but at least tilt in space)</p> <p>Equipment for personal care and basic wheelchairs to transport.</p> <p><u>Care Home Providers</u></p> <p>Confusing at present as we are able to refer direct sometimes and via GP and not for others. Some services can then be delivered in the care home and others only in hospitals and GP surgeries. This means that some residents due to their mobility and access are not able to receive these services e.g. ear syringing.</p> <p>Accessing GP enhanced service would be improved by means of a list made available to residents, this may raise issues about the majority wanting to register with GPs offering this. Capacity issues with a selection of GPs may be experienced if full patient choice is to be implemented.</p>		
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4.3	Care staff are provided with information, advice and, where appropriate, training to ensure they understand and identify the health needs of older people as well as when and how to make a referral.	Health Boards November 2015	<p>Western Bay:- Across HB there is partial compliance with this recommendation. The Health Board's expectation is to ensure good leadership and skills to manage and deliver care to individuals within the care setting. Care home staff are supported to deliver care individualised to residents within the care home setting, based on information from specialist teams such as the dietician, Abbott's nurse for enteral feeding, palliative care support from specialist palliative care nurse and access to a wide range of specialist training via the local authority's training department.</p> <p>The district nursing service is also available 24 hours a day, 7 days a week to provide advice and support to care homes to address the health needs of older people in care homes.</p> <p>Care Home Provider</p> <p>The Health Board should help to ensure that care home staff has the correct skills required to deliver care to individuals within their care. This is achieved via contract monitoring, Nursing Reviews and establishing relations with the care home, and the ethos of that care home setting.</p> <p>Training is sometimes available for care home staff, but can be last minute and haphazard. E.g. this year's annual update of anaphylaxis training wasn't until July and then only one date, making it impossible for all staff to attend. Furthermore, Wound Care Champion training was initially provided to care home staff, and entitlement was then removed. We understand these occurrences were from circumstances beyond the Health Board's control, but would like to be included in planning in the first instance.</p> <p>Providers deliver mandatory training for all appropriate staff that includes health care needs of older people as well as some specialist training on specific subjects e.g. Diabetes, falls awareness.</p> <p>Some training such as wound care can be cascaded from one attendee, whereas others such as administering flu injections are not suitable to be cascaded.</p>	In line with the Andrew's Report, Advanced Nurse Practitioners have initiated a training programme and workshops in relation to frail elderly, to consider extending this to care home staff.	
4.4	Upon arrival at a care home, older people receive medication reviews by a clinically qualified professional, with regular medicine reviews undertaken in line with published best practice.	Health Boards Begin April 2015	<p>Western Bay:- The current GMS contract would not mandate this although individual patients would receive a medical review based on need. For some patients (those transferring from hospital settings, for example) a medication review may have recently taken place. For patients transferring from community settings, there may be a time lag before the full medical records are available to the GP. On an individual basis, the care home and GP practice would have a discussion about the needs of individual patients and agree a</p>	<p>We will review the specification for the care homes enhanced service during 2015/16 and identify how it can be strengthened to support this recommendation.</p> <p>The provision of care home enhanced service is at the discretion of the practice and unless WG determine that it becomes a Directed</p>	


			<p>management approach during the interim period. There is an enhanced care homes service in place which specifically covers this requirement and specifies timeframes but uptake across the Health Board of this enhanced service (which is not compulsory) is around 50% across the Health Board. There are two approaches here:</p> <ul style="list-style-type: none"> • Quality & Outcome Framework (part of the GMS Contract with some Devolved Nation variations) – an element of polypharmacy review in the 2014-15 edition (but QOF is voluntary) • Prescribing Management Scheme (an ABMU HB scheme) – voluntary but many Practices take it up. Includes an element relating to polypharmacy <p>Across the Health Board there is partial compliance with this recommendation. The current GMS contract does not mandate an automatic review. It should be recognised that if the patient has been discharged from hospital to the Care Home, this should have been done as part of the hospital discharge procedure. If coming in from their own home, it depends if they are still registered with the same GP once in the Carer Home, then medication reviews are part of the ongoing care provided by the GP and may not be necessary on admission. If the patient is changing Practice, any medication review will require the previous GP records which may not be readily available. The Care Home Local Enhanced Service makes provision for medicine reviews. Pharmacists can also carry out medication reviews.</p> <p><u>Care Home Providers</u></p> <p>LES service is a good service but how do we know which surgeries offer this service? Who monitors that the service is being delivered to a high standard? Could we advise our residents so that they have a choice of GP that offers this service?</p> <p>The medication review can be within 28 days of arrival where the resident is registered with a GP who provides the Enhanced Service, this is appropriate as medication would have been reviewed during GP referral or hospital discharge.</p>	<p>Enhanced Service, neither practices nor the Health Board are mandated to provide it. We will continue to work with GP practices to encourage uptake of this service and build on the improvements in uptake seen in 2014/15.</p> <p>Locality Heads of Nursing will review discharge requirements for patients accepted for Funded Nursing Care or Continuing NHS Care and ensure that formal medication reviews are undertaken, documented and communicated to GP practices.</p>	
4.5	Community Health Councils implement a rolling programme of spot checks in residential and nursing care homes to report on compliance with the National Statement of Entitlement and Fundamentals of Care.	Welsh Government November 2015			

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Key Conclusion 5: The vital importance of the role and contribution of the care home workforce is not sufficiently recognised. There is insufficient investment in the sector and a lack of support for the care home workforce.



No	Action Required	Timescale for Action	Evidence of Current Position	Action Plan	Comply
5.1	A national recruitment and leadership programme is developed and implemented to recruit and train future Care Home Managers with the right skills and competencies. The programme should include accredited continuous professional development for current and future care home managers and should support them to be leaders of practice and champions of a positive care home culture. Annual national reporting on the availability of skilled and competent Care Home Managers in care homes across Wales, including the impact of vacancy levels upon older people's quality of life and care.	Care Council for Wales April 2016	Western Bay:- Liaise with Care Council colleagues, build relationships, establish common goals, to include training, gathering data, to establish the value and effectiveness of NVQ's, and reinforce with the Care Home Quality Standards. Includes 5.2, 5.3, 5.4 Links between the CCW and Western Bay have been established through the lead Director with responsibility for Workforce issues. The Western Bay SciP (Social Care in Partnership) is the main vehicle for engagement with CCW concerning workforce matters.		
5.2	The development and implementation of a national standard acuity tool to include guidelines on staffing levels and skills required to meet both the physical and emotional needs of older people.	Welsh Government & Care Home Providers	Western Bay:- As per 5.1 In some regional areas, work has been progressed with regards to strengthening person centred and outcome focused care. The sector has a compliant workforce and staff levels meet service user need. However, there is no acuity tool in place or staff competency based testing to support managers. Each home needs to assess level of dependency to ensure sufficient staff are available to meet the needs of the client prior to them moving in. It may be possible to establish some staffing numbers best practice based on current arrangements.	Continue to drive forward person centred and outcome focused practice and move away from task based services.	
5.3	A standard set of mandatory skills and value based competencies are developed and implemented, on a national basis, for the recruitment of care staff in care homes.	Care Council for Wales & Care Home Providers From September 2015	Western Bay:- As per 5.1 No standardised recruitment process within the sector to ensure staff competency. We are beginning to work with providers to develop a new job description and recruitment process based on values based competencies and also qualities needed to support older people.	Begin to work with providers to develop a new job description and recruitment process based on value based competencies establishing qualities needed to support older people. Validate training against National Guidance when issued by Welsh Government.	

No	Action Required	Timescale for Action	Evidence of Current Position	Action Plan	Comply
			<p>Care Home Providers</p> <p>We link mandatory skills and values to dementia care alongside the Social Care Induction Framework which gives a good basis for our training programme which is person centred.</p>		
5.4	<p>A national mandatory induction and on-going training programme for care staff is developed and implemented. This should be developed within a values framework and should include:</p> <ul style="list-style-type: none"> • The physical and emotional needs of older people, including older people living with dementia. • Adult safeguarding, emotional neglect and 'never events'. • How to raise concerns. • Good communication and alternative methods of communication for those living with dementia and/or sensory loss. • Supporting without disabling. • The rights and entitlements of older people. • Care, compassion, kindness, dignity and respect. 	<p>Care Council for Wales</p> <p>December 2015</p>			
5.5	<p>All care homes must have at least one member of staff who is a dementia champion.</p>	<p>Care Home Providers</p> <p>September 2015</p>	<p>Western Bay:- Work locally to support and assist regional care home providers via Care Home Fora.</p> <p>The majority of care homes have a dementia lead but regionally there are some gaps. Some care homes have identified mentors who role model skills and qualities needed as a dementia champion. One regional area has 10 champions across.</p> <p><u>Care Home Providers</u></p> <p>One Dementia Champion per home may not be enough to change the</p>	<p>Local Authority to ensure dementia lead is a mandatory requirement of the contract and is also built into the quality standards.</p> <p>Consider change management training for care home leads.</p>	

No	Action Required	Timescale for Action	Evidence of Current Position	Action Plan	Comply
			<p>culture of a home. What training is needed and is there consideration to the size of the home?</p> <p>One home has all staff as dementia trained to Dementia champion standard.</p>		
5.6	<p>A National Improvement Service is established to improve care homes where Local Authorities, Health Boards and CSSIW have identified significant and/or on-going risk factors concerning the quality of life or care provided to residents and/or potential breaches of their human rights.</p> <p>The national improvement team should utilise the skills of experienced Care Home Managers, as well as other practitioners, to provide intensive and transformational support to drive up the standards of quality of life and care for residents as well as to prevent and mitigate future safeguarding risks.</p> <p>This service should also develop a range of resources and training materials to assist care homes that wish to improve in self-development and on-going improvement.</p>	Welsh Government, Local Authorities, Health Boards, Care Home Providers	<ol style="list-style-type: none"> 1. We acknowledge WG lead 2. Our position is a <ol style="list-style-type: none"> a. Regional Escalating concerns policy b. Inclusion of a higher risk providers section c. Use of joint monitoring d. Working toward great timing/coordination of visits. <p>Local Authority and Health Board have appropriate arrangements for monitoring and addressing factors which affect quality of life for residents. These include multi agency contract monitoring and contract management processes, care management assessment and review services, safeguarding arrangements, Escalating Concerns processes and a workforce development programme. Each of these functions contributes to the prevention and management of risk and improvement in care home services.</p> <p>Local Authority and Health Board will contribute to the development of a national improvement service as required on the understanding, as stated at 5.6 of the action plan, that the Welsh Government will take the lead on this, in partnership with local authorities, health boards and care home operators.</p> <p>Clarity required in regards to the National Improvement Service lead and quality issues will be discussed in provider forums based around the regional quality framework</p> <p>The region has robust joint monitoring arrangements in place for all care homes in conjunction with the Health Board. Monitoring focuses on what it is like for the individual to live in a care home. Care homes are monitored for a number of performance indicators linked to Fundamentals of care, Dementia care and 1000 lives in addition to contractual requirements, taking a holistic approach.</p> <p>Regional Escalating Concerns Policy which will give consistency approach across the three authorities.</p>	<p>To continue to work closely with health colleagues to monitor care homes and work to the regional escalating concerns policy once approved.</p> <p>To obtain clarity around the role of the National Improvement Service and the way in which each agency is required to participate in the development and operation of this service</p> <p>Feedback 'lessons learnt' from reviews/monitoring at provider forums.</p> <p>Providers to help Local Authorities in shaping monitoring toolkit and regional quality standards.</p>	

No	Action Required	Timescale for Action	Evidence of Current Position	Action Plan	Comply
			<p><u>Care Home Providers</u></p> <p>Care Standards - National Advisory Board is made up from Managers of Children's and Older Person's Services, voluntary bodies and Users and comment has been invited on the work being undertaken on developing standards. Regional Advisory Boards will be developed.</p> <p>Managers Forum locally drives development as does the Regional Quality Standards Framework group.</p>		
5.7	The Regulation and Inspection Bill should strengthen the regulatory framework for care staff to ensure that a robust regulation of the care home workforce is implemented for the protection of older people.	Welsh Government January 2016			<input checked="" type="checkbox"/>
5.8	A cost-benefit analysis is undertaken into the terms and conditions of care staff. This analysis should include the impact of the introduction of a living wage and/or standard employment benefits, such as holiday pay, contracted hours and enhancements.	Welsh Government January 2016	Western Bay:- The outcome of this work is closely related to work on Care Home Fees, the possible regional adoption of the living wage in the care sector.		<input checked="" type="checkbox"/>



Key Conclusion 6: Commissioning, inspection and regulation systems are inconsistent, lack integration, openness and transparency, and do not formally recognise the importance of quality of life.

No	Action Required	Timescale for Action	Evidence of Current Position	Action Plan	Comply
6.1	<p>A single outcomes framework of quality of life and care, and standard specification, is developed for use by all bodies involved in the regulation, provision and commissioning, and inspection of care homes and should flow through to become a defining standard within the future Regulation and Inspection Act. It must include references to the following*:</p> <ol style="list-style-type: none"> 1. Independence and autonomy 2. Control over daily life 3. Rights, relationships and positive interactions 4. Ambitions (to fulfil, maintain, learn and improve skills) 5. Physical health and emotional wellbeing (to maintain and improve) 6. Safety and security (freedom from discrimination and harassment) 7. Dignity and respect 8. Protection from financial abuse 9. Receipt of high quality services <p>*Source: Flintshire Outcomes Framework</p>	Welsh Government April 2015			
6.2	<p>Care home providers, commissioners and CSSIW should develop informal and systematic ways in which to ensure they better understand the quality of life of older people, through listening to them directly (outside of formal complaints) and ensuring issues they raise are acted upon. Annual reporting should be undertaken of how on-going feedback from older people has been used to drive continuous improvement (see action 6.10).</p>	Care Home Providers & Local Authorities & Health Boards & CSSIW April 2015	<p>Local Authorities and the Health Board already have measures in place which inform our understanding of the quality of life experienced by residents of care homes. These range from information gathered at formal review, to an understanding based on informal discussions with residents and their families, and observations of care provided during routine visits to care homes undertaken by relevant professionals. Each of these situations provides an opportunity to capture information about the lived experience of residents, and to work with providers to achieve changes needed to improve quality of life.</p> <p>A quality assurance questionnaire has also been introduced to capture information about residents and relatives day to day experience of care home services. This has been created using a well-known model for achieving relationship centred care known as the “senses framework”. This</p>	<p>To implement the Western Bay Quality Assurance Framework and consider whether and how any additional measures can be introduced to promote objectives under 6.2</p> <p>Explore options for working towards publishing monitoring/quality standards reports and explore how these reports link to wider ASC and HB teams.</p> <p>Explore opportunities for improving feedback from annual reports and monitoring to residents and families.</p> <p>Develop process for feedback from rota visits to staff</p>	



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			<p>was introduced to capture information about levels of satisfaction, and enable an evaluation about quality of life which could be shared with providers and stakeholders, and used to effect changes and improvements to services.</p> <p>To date use of this questionnaire has had a limited impact. This is partly due to respondents indicating a high degree of satisfaction, and partly due to a relatively low number of responses. However, in some regional areas, elected members undertake rota visits to care home to ensure satisfaction is gauged in a number of ways.</p> <p>The Western Bay Regional Quality Framework is being developed to enable a more effective evaluation of the quality of care provided to, and experienced by residents. It is intended that the framework will encourage providers to think beyond task based care, by employing relationship centred principles to achieve the best possible quality of life for residents.</p> <p>The framework will encourage providers to attain standards which will promote residents' quality of life. It will provide measures for evaluating each provider's performance against these standards and will arrive at conclusions which can be used to achieve continuous improvement of services. This information may also be shared with the public and used to help clients make more informed decisions when choosing a care home.</p> <p>Regionally, posters with Local Authority contact details are available in care homes.</p> <p>Regionally we listen, talk to individuals in residential care routinely as part of the review process. We will also contact residents individually or in groups inviting them to share their views and experiences on specific issues for example when drafting related strategy documents.</p> <p>All commissioned care homes are required to complete the SCWDP Workforce Data Collection annual return which is submitted to the local Government Date Unit Wales.</p> <p><u>Care Home Providers</u></p> <p>Service users and relatives feel that they are more involved as they are asked their opinions in various ways e.g. annual reviews, by Social Services and Local Health Board, being spoken to by assessors, surveys from CSSIW and the home.</p>	<p>and service users.</p> <p>Review/implement poster to ensure information is up to date.</p> <p>Aggregate regional quality framework information in a systematic way and build into social work reviews.</p>	

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			<p>Providers engage with Joint Care Planning, undertake a yearly survey with residents and relatives and collaborate on 3-6 monthly reviews of clients in our care.</p> <p>Successful local adoption of David Francis' (CSSIW) Care Plan available on website which is comprehensive and is supporting excellent outcomes.</p>		
6.3	Lay assessors are used, on an on-going basis, as a formal and significant part of the inspection process.	CSSIW April 2015			<input checked="" type="checkbox"/>
6.4	An integrated system of health and social care inspection must be developed and implemented to provide effective scrutiny in respect of the quality of life and healthcare of older people in nursing homes.	Welsh Government lead (Action 6.4, 6.5, 6.6) December 2015	<p>Joint monitoring and reviews undertaken between Health Board and Local Authority. There is a strong culture of information sharing between all stakeholders.</p> <p>Annual Local Authority reports are published and sent to the inspectorate.</p>		<input checked="" type="checkbox"/>
6.5	Annual integrated reports should be published between inspectorates that provide an assessment of quality of life and care of older people in individual nursing homes.				<input checked="" type="checkbox"/>
6.6	An annual report on the quality of clinical care of older people in nursing homes in Wales should be published, in line with Fundamentals of Care.				<input checked="" type="checkbox"/>
6.7	Annual Quality Statements are published by the Director of Social Services in respect of the quality of life and care of older people living in commissioned and Local Authority run care homes. This should include: <ul style="list-style-type: none"> • the availability of independent advocacy in care homes • quality of life and care of older people, including specific reference to older people living with dementia and/or sensory loss • how the human rights of older people are upheld in care homes across the Local Authority • the views of older people, advocates 		<p>Director Of Social Service to Publish</p> <p>Western Bay:- Linking 6.7 and 6.8 together, the region is to consider working off a common template, but would require a working group to do so. When the Care Home Quality Standards are published, this work would tie into the next stage. Link to be made with Mandy Collins in ABMU.</p>	Common format to be developed	<input checked="" type="checkbox"/>

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	<p>and lay assessors about the quality of life and care provided in care homes</p> <ul style="list-style-type: none"> •geographic location of care homes. <p>Further details of reporting requirements should be included as part of the Regulation and Inspection Bill.</p>				
6.8	<p>Health Boards include the following information relating to the quality of life and care of older people in residential and nursing care homes in their existing Annual Quality Statements:</p> <ul style="list-style-type: none"> • the inappropriate use of antipsychotics • access to mental health and wellbeing support • number of falls • access to falls prevention • access to reablement services • support to maintain sight and hearing <p>Further areas for inclusion to be developed as part of the AQS guidance published annually.</p>	<p>Health Boards</p> <p>September 2015</p>	<p>Health Board Response:-</p> <p>We do not currently collate data in this format for the Annual Quality Statement and are therefore non compliant with this recommendation. We believe that there should be further consideration of this recommendation. We agree that there should be a national system to collate information on quality of life for care home residents. In our view, measures should be linked to the wider development of a set of metrics that are being developed by ABMU (on behalf of other HBs in Wales) linked to the Action After Andrew's work. These measures are linked clearly to outcome statements that have been developed by working with patients to determine what is important to them.</p>	<p>We would welcome further debate and discussion with the Commissioner on this recommendation to ensure that it delivers real improvements for clients, and clearly linked to our work on improving standards across all care settings.</p>	
6.9	<p>The Chief Inspector of Social Services publishes, as part of her Annual Report, information about the quality of life and care of older people in care homes, which includes the following:</p> <ul style="list-style-type: none"> • the quality of life of older people in care homes who are bed-bound • the quality of life of older people in care homes living with dementia • the quality of life of older people in care homes living with sensory loss • the implementation of care 	<p>CSSIW Annual Report</p>			

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	<p>plans in older people's care homes</p> <ul style="list-style-type: none"> the accuracy of external statements from independent providers how the human rights of older people are upheld in care homes across Wales 				
6.10	<p>6.10 Care home providers report annually on the delivery of quality of life and care for older people. This will include:</p> <ul style="list-style-type: none"> Quality of life of older people against the Standard Quality Framework and Supporting Specification. Levels and skills of staff including staff turnover, use of agency staff and investment in training Number of POVA referrals, complaints and improvement notices, including full details on improvement action when a home is in escalating concerns. 	<p>Care Home Providers December 2015</p>	<p>Annual reports by care homes include the required information and this is monitored by the Local Authority via staff returns.</p> <p>The region has reviewed their current contracts and as a consequence, some have included the requirement for an annual report to be provided.</p> <p>All commissioned care homes are required to complete the SCWDP Workforce Data Collection annual return which is submitted to the local Government Data Unit Wales.</p> <p>Care Home Providers</p> <p>The private concern "care homes.co.uk" currently monitor compliments and recommendations as well as staffing levels.</p>	<p>Providers to improve information flow to SCWDP team and provide training need analysis so that provision of training better reflects training needs within the sector.</p> <p>Training needs to be an agenda item at provider forums and information fed back to SCWDP teams.</p> <p>Transparency around any escalating concerns.</p> <p>Providers to explore the adoption of "Cornerstones" type software, which enables at a glance trends and Management Information.</p>	
6.11	<p>A national, competency based, training programme for commissioners is developed, to ensure that they understand and reflect in their commissioning the needs of older people living in care homes, including the needs of people living with dementia.</p>	<p>Care Council for Wales December 2015</p>	<p>Western Bay:- to instigate a dialogue with Care Council Colleagues.</p> <p>Western Bay features the only assessment centre in Wales to deliver the CPC Award and aims to map this against the competency based framework for commissioners, in line with the Fulfilled Lives Supportive Communities Commissioning Framework Guidance.</p>		

Key Conclusion 7: A current lack of forward planning means that the needs of older people in care homes will not be met in the future.

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7.1	<p>7.1 A national plan to ensure the future supply of high quality care homes is developed, which includes:</p> <ul style="list-style-type: none"> • a national demographic projection of need, including anticipated trends in and changes to the type of provision required as a result of increasing acuity and dependency. • a clear statement on the preferred type of provider base/market in Wales. • a national analysis of barriers to market entry. • a clear statement on investment to grow social enterprise and co-operative social care sectors, particularly in areas with a low provider base. • a clear action plan to deliver the preferred provider base/market. 	Welsh Government January 2016	<p>Western Bay:- Incorporate in to local Commission strategy, and liaise with LIS.</p> <p>The region has developed a Residential and Nursing Care Homes Market Position Statement which is intended to be used to help existing and potential providers of Residential and Nursing Care Homes make informed decisions about developing their business.</p>	Finalise Residential and Nursing Care Homes Market Position Statement and Commissioning Strategies	
7.2	NHS Workforce planning projections identify the current and future level of nursing required within the residential and nursing care sector; including care for older people living with mental health problems, cognitive decline and dementia.	Welsh Government March 2015			
7.3	The NHS works with the care home sector to develop it as a key part of the nursing career pathway, including providing full peer and professional development support to nurses working in care homes.		<p>Health Boards</p> <p>There is no formal arrangement or process in place between the Health Board and care homes with regard to career and educational development of nurses employed there. There have been ad hoc opportunities for care home staff to attend various relevant study days when there has been capacity. We have also met with contracting managers in recent years and</p>	There should be a further national discussion with Directors of Nursing as to how best to structure our approach to avoiding inconsistency across Wales. . This should be linked to a broader discussion across Wales on the role of nurses working in care home settings, and how standards of nursing care are linked to the	

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			<p>discussed educational needs and provided some study days on relevant topics delivered by our specialist nurses. We have also offered fully funded modules from Swansea University when there has been under utilisation of our post registration education contract. The uptake of these modules was very small.</p> <p>NHS now considers the requirements of Nursing Homes when setting numbers of nurses to be trained</p> <p><u>Care Home Providers.</u></p> <p>Increasingly difficult to fill vacancies in the private sector. Uplift in hourly rate for nurses to make them more competitive with the NHS rates.</p> <p>Career pathways for nurses in the private care sector would help alleviate this, as well as access to training courses.</p>	<p>commissioning process. We will continue to offer opportunities for professional development and training and will work with local care home providers to ensure that these are appropriately targeted.</p>	