A Place to Call Home: Older People's Commissioner for Wales' review into the Quality of Life and Care of Older People living in Residential Care in Wales

The purpose of this document is to:

- Highlight the key findings and conclusions of the Older People's Commissioner from the review published in November 2014
- Outline the key actions that will be taken to make improvements
- Outline the commitment of Powys teaching Health Board and Powys County Council to work together to help improve the lives of older people in the county.
- Describe the governance for monitoring of the joint action plan arising from this report. The value base for this action plan is defines in *"A Framework for Delivering Integrated Health and Social Care.." where* integration is defined from the perspective of a service user:

"My care is planned by me with people working together to understand me, my family and carer(s), giving me control, and bring together services to achieve the outcomes important to me." (2013)

Key Conclusions of the Review

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. [2 actions are required by OPC of PtHB & PCC]

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. [1 action is required by OPC of PtHB and PCC]

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.

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.

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.

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

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.

The detail of the key findings is attached as Appendix 1.

Key Actions to be taken by Powys teaching Health Board and Powys County Council

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.
Link to Welsh Government policy and legislative areas: National Outcomes Framework for the Social Services and Wellbeing Act 2014, Declaration of the Rights of Older People in Wales, A Framework for Delivering Integrated Health and Social Care for Older People with Complex Needs, Integrated Assessment, Planning and Review Arrangements for Older People.

Required Action (from OPC report)	**Outcome (from OPC report)**	Local Action	Lead/Milestones/ Timescales *(* denotes OPC timescale)*
1.3 Specialist care home	Older people are	Comment: PtHB has a community based	**Health Board: Director of Nursing**

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.

Link to Welsh Government policy and legislative areas: National Outcomes Framework for the Social Services and Wellbeing Act 2014, Declaration of the Rights of Older People in Wales, A Framework for Delivering Integrated Health and Social Care for Older People with Complex Needs, Integrated Assessment, Planning and Review Arrangements for Older People.

Required Action (from OPC report)	**Outcome (from OPC report)**	Local Action	Lead/Milestones/ Timescales *(* denotes OPC timescale)*
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.	supported to maintain their continence and independent use of the toilet and have their privacy, dignity and respect accorded to them at all times	continence service already established. We will: 1.3.a Assess the availability to all care homes within the county of the Specialist Continence Service. 1.3.b Determine, in association with Care Home Registered Managers, the level of training and support required in order to be able to implement care in line with national guidelines. 1.3.c Review monitoring arrangements in order to properly assess this aspect of care provision routinely.	(with Director of Primary and Community Care) **Dec 2015* May 2015 September 2015 October 2015
1.6 Older People are offered independent advocacy in the following circumstances: - when a person is at risk of, or experiencing, physical, emotional, financial or sexual abuse - when a care home is	Older People living in care homes that are closing, as well as older people that are at risk of or are experiencing physical, emotional, sexual	Comment: Advocacy is currently available within Powys, upon which the actions required can be further developed. We will: 1.6.a Assess the level of current provision against the circumstances outlined in 1.6 1.6.b Following assessment, determine the changes required in contract service specifications.	**Powys County Council: Director of People & Health Board: Director of Nursing** **April 2015* February 2015 March 2015

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.

Link to Welsh Government policy and legislative areas: National Outcomes Framework for the Social Services and Wellbeing Act 2014, Declaration of the Rights of Older People in Wales, A Framework for Delivering Integrated Health and Social Care for Older People with Complex Needs, Integrated Assessment, Planning and Review Arrangements for Older People.

Required Action (from OPC report)	**Outcome (from OPC report)**	Local Action	Lead/Milestones/ Timescales *(* denotes OPC timescale)*
closing or an older person is moving because their care needs have changed. - when an older person needs support to help them leave hospital. 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.	or financial abuse, have access to independent or non-instructed advocacy.	1.6.c Determine whether further investment/business case will be required. 1.6.d Implement changes to advocacy arrangements (dependent on action 1.6.c) 1.7.d Reassess the provision arrangements (in terms of availability and uptake against the circumstances outlined) , linking wherever possible directly with recipients of the advocacy service.	March 2015 June 2015 (note-outside of OPC timescales) December 2015 (note-outside of OPC timescales)

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.
Link to Welsh Government policy and legislative areas: Social Services and Wellbeing (Wales) Act 2014 and National Outcomes Framework, Sustainable Social Services: A Framework for Action, Together for Health – Stroke Delivery Plan 2012-16

Required Action (from OPC report)	**Outcome (from OPC report)**	Local Action	Lead/Milestones/ Timescales *(* denotes OPC timescale)*
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 significant ill health.	Older people receive full support, following a period of ill health, for example following a fall, or stroke, to enable them to maximise their independence and quality of life.	Comment: Community based rehabilitation and specialist care services have been developing in Powys, upon which these actions will build. We will: 2.2.a Assess the level of current provision (and gaps), mapping out any specific geographical issues. 2.2.b Review, with the Registered Care Home Managers (and GPs), the referral routes into community rehabilitation services, and into specialist services. 2.2.c Develop (if applicable following the outcome of action 2.2.a) a business case/redesign project to improve provision of community rehabilitation and specialist services to older people in care homes. 2.2.d Re-assess the provision and uptake of rehabilitation and specialist services into care homes, incorporating feedback from Registered Managers and other members of MDT.	**Powys County Council: Director of People & Health Board: Director of Primary and Community Care** **July 2015* April 2015 June 2015 July 2015 December 2015 (note-outside of OPC timescales)

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.

Link to Welsh Government policy and legislative areas: Together for Mental Health – A strategy for Mental Health and Wellbeing in Wales, National Outcomes Framework 2014, Mental Health (Wales) measure 2010, National Dementia Vision for Wales 2011 and the Intelligent Targets for Dementia. NICE Dementia Quality Standard 2010 and NICE Clinical Guideline 42 (Nov 2006, amended March 2011).

Required Action (from OPC report)	**Outcome (from OPC report)**	Local Action	Lead/Milestones/ Timescales *(* denotes OPC timescale)*
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 specific element of supervision and performance assessment.	All staff working in care homes understand the physical and emotional needs of older people living with dementia and assumptions about capacity no longer made.	Comment: training and development of the workforce across the whole sector is a key commitment of the Health and Adult Social Care Leadership Board. We will:- 3.2.a. ensure all care homes have access to the current training that is available and promote this through provider forums and receive a copy of the training brochure in hard copy and available via the council's website. 3.2.b. through our contract monitoring approach, seek to ensure a framework of quality learning is in place across Powys for Care Home Managers and their staff which is consistent, and where required, support Providers to access more specialist training.	**Powys County Council: Director of People** **Begin Jan 2016* Tier 1 Dementia Awareness Training course was available and provided in July and November 2014, and January 2015, and will continue to be provided and is available to all providers. October 2015
3.3 Active steps should be taken to encourage	Older people are supported to	Comment: We are committed to enhancing the role of the third sector recognising the	**Powys County Council: Director of People** **Nov 2015*

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.

Link to Welsh Government policy and legislative areas: Together for Mental Health – A strategy for Mental Health and Wellbeing in Wales, National Outcomes Framework 2014, Mental Health (Wales) measure 2010, National Dementia Vision for Wales 2011 and the Intelligent Targets for Dementia. NICE Dementia Quality Standard 2010 and NICE Clinical Guideline 42 (Nov 2006, amended March 2011).

Required Action (from OPC report)	**Outcome (from OPC report)**	Local Action	Lead/Milestones/ Timescales *(* denotes OPC timescale)*
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.	retain their existing friendships and have meaningful social contact, both within and outside the care home. Care homes are more open to interactions with the wider community. Older people are able to continue to practice their faith and maintain important cultural links and practices.	knowledge and expertise they can bring to assisting care homes in maintaining links to communities. We will: 3.3.a. Review the support that the current third sector officers provide to community care homes via our Single Point of Access. 3.3.b. Share best practice within the Provider Forums. 3.3.c. Establish via the contract monitoring process mechanisms to assess and improve the effectiveness of activity/organisers.	 April 2015 July 2015 October 2015
3.4 In-reach,	The mental	Comment: Older People's Mental Health	***Health Board: Director of Nursing***

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.

Link to Welsh Government policy and legislative areas: Together for Mental Health – A strategy for Mental Health and Wellbeing in Wales, National Outcomes Framework 2014, Mental Health (Wales) measure 2010, National Dementia Vision for Wales 2011 and the Intelligent Targets for Dementia. NICE Dementia Quality Standard 2010 and NICE Clinical Guideline 42 (Nov 2006, amended March 2011).

Required Action (from OPC report)	**Outcome (from OPC report)**	Local Action	Lead/Milestones/ Timescales *(* denotes OPC timescale)*
multidisciplinary specialist mental health and wellbeing support for older people in care homes is developed and made available, including: - an assessment of the mental health and wellbeing of older people as part of their initial care and support plan development and their ongoing 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	health and wellbeing needs of older people are understood, identified and reflected in the care provided within care homes. Older people benefit from specialist support that enables them to maximise their quality of life. Older people are not prescribed antipsychotic drugs inappropriately or as an alternative to non-	teams already provide in-reach services into care homes, and this aspect can be further developed. Assessment documentation includes consideration of mental health and wellbeing as a part of care planning on initial admission into care home (nursing needs). We will: 3.4.a Review a sample number of casenotes to identify how well mental health and wellbeing aspects are highlighted and planned for in initial care plans. 3.4.b Dependent on outcome of casenote review, put in place mechanisms to support 'non-mental health' MDT members identify triggers that might require more specialist input/advice for care planning. 3.4.c Assess the provision of in-reach support, identifying any gaps in order to further develop services. 3.4.d Evaluate the current in-reach education and training provided by the	**Nov 2015* April 2015 June 2015 June 2015

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.

Link to Welsh Government policy and legislative areas: Together for Mental Health – A strategy for Mental Health and Wellbeing in Wales, National Outcomes Framework 2014, Mental Health (Wales) measure 2010, National Dementia Vision for Wales 2011 and the Intelligent Targets for Dementia. NICE Dementia Quality Standard 2010 and NICE Clinical Guideline 42 (Nov 2006, amended March 2011).

Required Action (from OPC report)	**Outcome (from OPC report)**	Local Action	Lead/Milestones/ Timescales *(* denotes OPC timescale)*
make referrals. - explicit referral pathways and criteria for referral - All residents on anti-psychotics are monitored and assessed for potential withdrawal and reviews are conducted in line with NICE guidelines.	pharmaceutical methods and NICE best practice guidance is complied with.	specialist OPMH teams, including the project established through the Intermediate Care Fund scheme. 3.4.e Review current referral criteria and revise/update as necessary 3.4.f Review/update operational policies to ensure they are reflective of the NICE guidelines. 3.4.g Implement an audit tool of case notes that evidences assessments and reviews are implemented in practice.	July 2015 July 2015 April 2015 August 2015
3.5 Information is published annually about the use of anti-psychotics in care homes, benchmarked against NICE guidelines and Welsh Government Intelligent Targets for Dementia.	(as above – described in 3.4)	Comment: There is currently an Annual Report developed and published by the Powys Mental Health Partnership, in line with the requirements set out by Welsh Government in implementing the commitment to Together for Mental Health. We will: 3.5.a Develop the required flows of data to enable a report to be developed on the use of anti-psychotics. Consider the method of	**Health Board: Director of Nursing** **September 2015* May 2015

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.

Link to Welsh Government policy and legislative areas: Together for Mental Health – A strategy for Mental Health and Wellbeing in Wales, National Outcomes Framework 2014, Mental Health (Wales) measure 2010, National Dementia Vision for Wales 2011 and the Intelligent Targets for Dementia. NICE Dementia Quality Standard 2010 and NICE Clinical Guideline 42 (Nov 2006, amended March 2011).

Required Action (from OPC report)	**Outcome (from OPC report)**	Local Action	Lead/Milestones/ Timescales *(* denotes OPC timescale)*
		data collection (census/continuous). 3.5.b Include a specific section on anti-psychotic drug use in Powys within the Powys Mental Health Partnerships Annual Report. Include an assessment of compliance with NICE guidance and the Welsh Government Intelligent target.	September 2015 (note – this would not include a whole year assessment)

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.

Link to Welsh Government policy and legislative areas: National Outcomes Framework for the Social Services and Wellbeing Act 2014, Declaration of the Rights of Older People in Wales, A Framework for Delivering Integrated Health and Social Care for Older People with Complex Needs, Integrated Assessment, Planning and Review Arrangements for Older People.

Required Action (from OPC report)	**Outcome (from OPC report)**	Local Action	Lead/Milestones/ Timescales *(* denotes OPC timescale)*
4.2 A formal agreement is developed and	There is a consistent approach across Wales to the	Comment: **Statement of Entitlement may be developed by Welsh Government in line with the recommendation of the OPC. This	**Health Board: Director of Primary and Community Care** (with Director of Nursing) **April 2015*

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.

Link to Welsh Government policy and legislative areas: National Outcomes Framework for the Social Services and Wellbeing Act 2014, Declaration of the Rights of Older People in Wales, A Framework for Delivering Integrated Health and Social Care for Older People with Complex Needs, Integrated Assessment, Planning and Review Arrangements for Older People.

Required Action (from OPC report)	**Outcome (from OPC report)**	Local Action	Lead/Milestones/ Timescales *(* denotes OPC timescale)*
implemented between the care home and local primary care and specialist services based on the Statement of Entitlement**. This should include: - 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	provision of accessible primary and secondary care services to older people living in care homes and older peoples healthcare needs. Older people in nursing homes have access to specialist nursing services, such as diabetic care, tissue viability, pain management and palliative care. Older people are supported to maintain their sight and hearing through regular eye health,	is potentially due in March 2015. Powys tHB will await the WG response in this regard. Any delay in this will impact on the Powys actions. We will: 4.2.a Cooperate with WG officials in the development of a Statement of Intent. 4.2.b Undertake a baseline assessment in Powys to understand the current provision and practice in each locality/cluster, and to identify gaps. 4.2.c Develop a specific project to localise the application of a Statement of Intent. 4.2.d Make clear links between this review and the specific WG Delivery Plans, e.g. Eye Care, Diabetes, Stroke etc.	February 2015 onward March 2015 April 2015 (note – the full implementation of this likely to go beyond the timescales set by OPC)

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.

Link to Welsh Government policy and legislative areas: National Outcomes Framework for the Social Services and Wellbeing Act 2014, Declaration of the Rights of Older People in Wales, A Framework for Delivering Integrated Health and Social Care for Older People with Complex Needs, Integrated Assessment, Planning and Review Arrangements for Older People.

Required Action (from OPC report)	**Outcome (from OPC report)**	Local Action	Lead/Milestones/ Timescales *(* denotes OPC timescale)*
people in nursing homes, in line with Fundamentals of Care Guidance	sight and hearing checks. Older people have full access to dietetic support to prevent or eliminate malnourishment and to support the management of health conditions.		
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	Care staff understand the health needs of older people, and when and how to access primary care and specialist services.	Comment: PtHB currently provides considerable support into care homes and action below therefore looks to strengthen the provision in place. We will: 4.3.a Develop a directory of services (including primary care and specialist services) for Powys including the specific localities information, advice on making contact with the relevant professionals etc. 4.3.b Working through the Providers/Care	**Health Board: Director of Primary and Community Care** (with Director of Nursing) **Nov 2015* June 2015

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.

Link to Welsh Government policy and legislative areas: National Outcomes Framework for the Social Services and Wellbeing Act 2014, Declaration of the Rights of Older People in Wales, A Framework for Delivering Integrated Health and Social Care for Older People with Complex Needs, Integrated Assessment, Planning and Review Arrangements for Older People.

Required Action (from OPC report)	**Outcome (from OPC report)**	Local Action	Lead/Milestones/ Timescales *(* denotes OPC timescale)*
referral.		Home Forum – identify priority areas for training/support, enabling an annual programme of interaction between professionals/services and care homes.	September 2015
4.4 Upon arrival at a care home, older people receive medication reviews by a clinically qualifies professional, with regular medicine reviews undertaken in line with best practice.	Older people receive appropriate medication and the risks associated with polypharmacy are understood and managed.	Comment: Medicine management team and local pharmacists already have input into care homes in Powys. The actions therefore will review and build upon this. We will: 4.4.a Review the current input of pharmacy/medicines management into the MDT discharge planning for people moving from hospital to a care home. 4.4.b Enhance the opportunity for medication planning for people moving from hospital into a care home. 4.4.c Review the current relationships (contractual or otherwise) between community pharmacists and individual care homes. 4.4.d Revise contracts as appropriate to	**Health Board: Director of Primary and Community Care** (with Head of Medicines Management and Asst Director of Family Health services) **Begin April 2015* May 2015 June 2015 May 2015

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.
Link to Welsh Government policy and legislative areas: National Outcomes Framework for the Social Services and Wellbeing Act 2014, Declaration of the Rights of Older People in Wales, A Framework for Delivering Integrated Health and Social Care for Older People with Complex Needs, Integrated Assessment, Planning and Review Arrangements for Older People.

Required Action (from OPC report)	**Outcome (from OPC report)**	Local Action	Lead/Milestones/ Timescales *(* denotes OPC timescale)*
		include a medication review for each patient being admitted into a care home.	September 2015

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.
Link to Social care Workforce Development Programme, Sustainable Social Services for Wales: A Framework for Action, Social Services and Wellbeing Act 2014, National Outcomes Framework, Integrated Assessment, Planning and Review Arrangements for Older People.

Required Action (from OPC report)	**Outcome (from OPC Report)**	Local Action	Lead/Milestones/ Timescales *(* denotes OPC timescale)*
5.6 A National Improvement Service to be established…	Care homes that want/need to improve have access to advice, resources and support…	Comment: This is a Welsh Government lead, therefore the action for Powys County Council and Powys teaching Health Board is to work collaboratively with WG and Care Homes	**Powys County Council: Director of People & Health Board: Director of Workforce and OD** (with Director of Nursing and Director of Primary and Community Care) *September 2016

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

Link to Sustainable Social Services for Wales: A Framework for Action, Social Services and Wellbeing Act, National Outcomes Framework.

Required Action (from OPC report)	**Outcome (from OPC report)**	Local Action	Lead/Milestones/ Timescales *(* denotes OPC timescale)*
6.2 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 (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.	Commissioners, providers and inspectors have a thorough understanding of the day to day quality of life of older people living in care. Older people's views about their care and quality of life are captured and shared on a regular basis and used to drive continuous improvement.	We will: 6.2.a Build upon current ideas in order to develop a proposal for a new service focused on a) supporting carers/families/friends in choosing care with and for older people, b) in-reaching into care homes to engage and listen to older people in relation to understanding their quality of life (using the ASCOT tool as a basis), and c) encouraging relatives/friends/carers and older people themselves to give views on how care and services can be improved. 6.2.b Pilot the new service, testing out with people in receipt of services and those part of delivering the new service. 6.2.c Review the current contract for care homes and the care home monitoring process and tools to enable a greater focus on quality of life aspects. Ensure openness and transparency on the aspects that will be included (based on ASCOT).	**Powys County Council: Director of People & Health Board: Director of Nursing** **April 2015* April 2015 June 2015 (note – this is outside of the OPC timescales in order to fully test and evaluate) June 2015 (note – this is outside of the OPC timescales as it is envisaged that this work will take longer to test and complete)
6.7 Annual Quality Statements are	Older people have access to relevant	Comment: meaningful information is essential for older people to make	**Powys County Council: Director of People** **September 2015*

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

Link to Sustainable Social Services for Wales: A Framework for Action, Social Services and Wellbeing Act, National Outcomes Framework.

Required Action (from OPC report)	**Outcome (from OPC report)**	Local Action	Lead/Milestones/ Timescales *(* denotes OPC timescale)*
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: - the availability of independent advocacy in care homes -quality of life and care of older people, including 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	and meaningful information about the quality of life and care provided by or within individual care homes and there is greater transparency in respect of the quality of care homes across Wales and the care they provide.	appropriate decisions and we are committed to working collaboratively with our providers to ensure meaningful information is available. We will: 6.7.a. Review our current contract monitoring approach against the criteria set out in 6.7 to ensure we are asking the right questions. 6.7.b. Provide support through our commissioning and contracts team to enable care homes to fulfil the requirements of having a high quality statement. 6.7.b. Ensure that our commissioned care homes publish annual quality statements and test the accessibility of these published documents.	April 2015 May 2015 June 2015

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

Link to Sustainable Social Services for Wales: A Framework for Action, Social Services and Wellbeing Act, National Outcomes Framework.

Required Action (from OPC report)	**Outcome (from OPC report)**	Local Action	Lead/Milestones/ Timescales *(* denotes OPC timescale)*
Local Authority -the views of older people, advocates and lay assessors about the quality of life and care provided in care homes -geographic location of care homes. Further details of reporting requirements should be included as part of the Regulation and Inspection Bill.			
6.8 Health Boards should include the following information relating to the quality of life and care of older people in residential and nursing homes in their existing Annual	Older people have access to relevant and meaningful information about the quality of life and care provided by or within individual care homes and there is	We will: 6.8.a Liaise with WG in relation to expectations for 2014/15 in relation to this required action. 6.8.b Assess the key data requirements to take place to understand/clarify any gaps in information availability, reliability and	**Health Board: Director of Nursing** (with Director of Therapies and Health Science/Quality & Safety)**March 2016* March 2015 August 2015

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

Link to Sustainable Social Services for Wales: A Framework for Action, Social Services and Wellbeing Act, National Outcomes Framework.

Required Action (from OPC report)	**Outcome (from OPC report)**	Local Action	Lead/Milestones/ Timescales *(* denotes OPC timescale)*
Quality Statements: - the inappropriate use of anti-psychotics - access to mental health and wellbeing support - number of falls - access to falls prevention - access to reablement services - support to maintain sight and hearing Further areas for inclusion to be developed as part of the AQS guidance to be published annually.	greater transparency in respect of the quality of care homes across Wales and the care they provide.	consistency. 6.8.c Develop a process(es) for collecting information in line with requirements outlined by OPC. Seek not to add duplication for care homes. 6.8.d Utilise information that could be collected for the Powys Mental Health Partnership Annual Report for the AQS.	September 2015 October 2015

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.

Link to Sustainable Social services: A Framework for Action, Social Services and Wellbeing Act, National Outcomes Framework.

Required Action (from OPC report)	**Outcome (from OPC report)**	Local Action	Lead/Milestones/ Timescales *(* denotes OPC timescale)*
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.	Forward planning and incentivised recruitment and career support ensures that there are a sufficient number of specialist nurses, including mental health nurses, to deliver high quality nursing care and quality of life outcomes for older people in nursing homes across Wales (links to action 7.2 for WG)	We will: 7.3.a Develop a proposal for a buddying scheme between ward Sisters in Community Hospitals and registered care Managers in Care Homes to enable peer and professional support, including learning from each setting. 7.3.b As part of the Revalidation programme for Nurses and Midwives, enable the scope to include Care Homes, supporting nurses to understand and develop their revalidation process/practice. 7.3.c Continue to engage with Care Homes to extend training and development opportunities (including Nursing and other conferences) to staff in Care Homes. 7.3.d Explore ways in which nursing workforce planning and recruitment can be joined up – linking with Workforce and Education Service – enabling the support for the care home sector.	**Health Board: Director of Nursing** (with Director of Workforce and OD)**March 2016* July 2015 February 2015 June 2015 October 2015

Commitment and Accountability for delivering the agreed actions

The actions outlined in the this action plan have been developed by Powys teaching Health Board and Powys County Council working together. The following outlines the tiers of accountability:

- Independent Board Member 'Champion' & Portfolio Holder – Board and Cabinet oversight of the plan
- Quality & Safety Committee – Board level committee assurance and scrutiny of progress with the action plan
- Health and Adult Social Care Integrated Leadership Board, specifically the Integrated Care Pathways for Older People work stream – Director level leadership and oversight.
- Leadership and input from the following services/functions: Workforce, Quality & Safety, Primary and Community care, Medicines management, Commissioning.

Key Findings of the Review **Appendix 1**

Day-to-Day Life

Social Participation

• There is a lack of social stimulation within care homes that can lead to older people withdrawing, both physically and emotionally, which has a significant impact on their health, wellbeing and quality of life.
• Residents often do not have choice and control over the activities that they are able to participate in and are not supported to do the things that they want to do when they want to do them.
• There is a lack of awareness amongst care staff about the specific communication needs of people living with dementia and/or sensory loss, as well as the needs of Welsh language speakers, which can significantly reduce opportunities for social participation.

Meaningful Occupation

• Only a small number of care homes enable residents to participate in meaningful occupation, activities that are essential to reinforce an individual's identity, such as making tea, baking, gardening, setting the table, keeping pets, taking part in religious services and helping others.
• In many cases, risk-aversion and a misunderstanding of health and safety regulations act as barriers and prevent opportunities for meaningful occupation.

Personal Hygiene, Cleanliness and Comfort

• While residents' basic hygiene needs are generally being met, the approach to personal care is often task-based and not delivered in a person-centred way that enables an individual to have choice and control

The personal hygiene needs of residents with high acuity needs, such as those living with dementia or a physical disability, are sometimes not met, with care staff reporting that they found it difficult or lacked the training to provide personal care in these circumstances.

• There are significant variations in the ways in which residents are assisted in using the toilet. Some care homes take a tasked-based approach, which can have a detrimental impact both on an individual's independence and their dignity, while others respond to residents' needs in a respectful and dignified way, assisting them to use the toilet as and when they require.
• Incontinence pads are often used inappropriately, with residents being told to use them, despite the fact they are continent and

able to use the toilet. Pads are also not changed regularly. This causes significant discomfort and has a disabling impact on mobility and independence, stripping people of their dignity entirely in some cases.

Personal Appearance

• Residents are generally supported to choose which clothes and accessories they wear in order to maintain their personal appearance. This is essential to reinforce an individual's identity and ensure that they feel comfortable, relaxed and at home.

The Dining Experience

• Mealtimes are often a 'clinical operation', seen only as a feeding activity, a task to be completed, which means there is very limited positive interaction between staff and residents and a lack of a positive dining experience.
• Residents often have little choice about what to eat, and when and where to eat, which can lead to residents having no control over a fundamental aspect of their daily lives.
• There is a lack of positive communication and interaction between residents and care staff, which is essential to ensure that residents' choices and preferences are taken on board and they are encouraged to eat.
• In many cases the dining experience does not reflect the needs of the individual or enhance quality of life, instead it is structured to be functional and convenien for the care home.

Care Home Environment

• Many care homes have a functional, institutional and clinical feel, with a design and layout that is often unsuitable, rather than being homely, comfortable and welcoming

Care homes are often not dementia friendly, lacking in helpful features such as pictorial signage or destination points, which can result in increased confusion, anxiety and agitation among residents living with dementia.

• There is a lack of consideration of the needs of residents with sensory loss, with a lack of assistive equipment, such as visual alarms, hearing loops, stairwell lighting, handrails and clearly marked ramps, essential to allow residents to move around the care home as safely and as independently as possible.

Health and Wellbeing

Prevention and Reablement

• Inadequate staff resources and training can lead to risk averse cultures developing that can result in inactivity and immobility amongst residents. Similarly, restrictive applications of health and safety regulations can prevent an individual moving freely around the care home. Immobility can actually contribute to a fall, which is inevitably more damaging to an older person's physical and emotional wellbeing.
• Access to preventative healthcare and reablement services, such as Physiotherapy, Occupational Therapy, Speech and Language Therapy and Podiatry, is severely limited within care homes. Where such services are available, often people are waiting too long to access them, a delay that means it is often not possible to reverse the physical damage or decline that has already occurred.
• The culture of care homes is often built upon a dependency model, where it is assumed that people need to be 'looked after'. This approach often fails to prevent physical decline and does not allow people to sustain or regain their independence.

GPs

• There are significant variations in how older people living in care homes are able to access GP services, with particular issues around appointment processes and out of hours services.
• There is often a reliance on telephone diagnoses from GPs, which can lead to medications being prescribed incorrectly and potentially dangerous polypharmacy.
• There are often delays in the transfer of medical records, which impact upon the ability of GPs to assess an older person's health needs when they move into a care home. This is a particular issue when an older person is discharged from a hospital in one Health Board area to a care home in another.

Sensory Loss

• Older people are not routinely assessed for sensory loss upon entry into a care home and there is also a lack of on-going assessment for sensory loss for older people living in care homes. This can result in many older people living with an undiagnosed sensory loss, leading to difficulties in communication that can often be misinterpreted as dementia and lead to a failure to meet an individual's care needs.
• There is limited awareness in care homes about sensory loss and its impact, which means that a large number of older people could be missing out on essential assistance and support.
• There are issues around the basic maintenance of sensory aids and care staff are often unaware of how to support individuals to use them. This can mean long delays and avoidable visits to hospital to carry out basic maintenance.

Diet

• There are significant variations in the quality of food provided to residents in care homes, from meals that included fresh produce and lots of fruit and vegetables to meals with a 'ready meal' appearance.
• There is a limited understanding within care homes about the dietary needs of older people, in particular the importance of meeting an individual's specific dietary needs, and a 'one size fits all' approach to residents' diets is often adopted.
• There is a lack of support to assist and encourage older people to eat, something particularly important for people living with dementia and/or sensory loss. This is often due to care staff being unaware that an individual require assistance and can result in older people struggling to feed themselves, which has a detrimental impact on their health and wellbeing and can lead to malnutrition in some cases.

Oral Hygiene

• Many care home residents rarely or never have access to a dentist, which results in a significant deterioration of people's oral health.
• Care staff rarely receive training on oral hygiene and are therefore unable to maintain the oral health needs of older people effectively or are unaware of how to identify a problem that needs to be referred to a dentist.

People and Leadership

Care Staff

• Working with emotionally vulnerable, cognitively impaired and frail older people is emotionally, mentally and physically challenging and demanding. Many care staff are generally kind and committed and are trying their best to deliver high standards of care in a pressured environment with limited resources and support.
• Care work currently has a particularly low social status, reflected by low pay, long working hours, poor working conditions and a lack of opportunities for professional development and career progression.
• Registration and regulation of care staff would be an effective way of driving up the status, identity and value placed on delivering residential and nursing care for older people.
• Many care homes are understaffed, sometimes chronically, which can significantly increase the pressure placed on care staff and can result in them having less time to interact with residents as they become more task-orientated to ensure that their

essential core duties are undertaken.
• The recruitment and retention of high quality care staff is vital to older people's quality of life. Many of the best care homes are those with high morale among care staff and low staff turnover.
• Current basic mandatory training for care staff, which consists only of manual handling, fire safety and health and safety training, does not sufficiently prepare individuals to understand the needs of older people and provide the appropriate support. Furthermore, a significant number of care staff (estimated to be 40% of the workforce) are delivering care without even this most basic of training.
• Values based training, which includes themes such as dignity and respect, attitudes and empathy and equality and human rights, is essential to ensure that care staff not only fully understand the needs of older people living in residential care, but can also understand what it feels like to be an older person receiving such care. This is essential to be able to provide truly person-centred care and not simply follow a task-based approach.

Nursing Staff

• There is often disparity between the standards of nursing in the NHS and the standards found in nursing care homes. This can be due to a number of factors, including limited clinical supervision, a lack of peer support in nursing homes and a lack of opportunities for professional development.
• It is more difficult to recruit nurses to work in nursing care homes due to a lower standard of pay and conditions, more isolated working environments and a general negative perception of nursing care homes.
• There can be confusion about roles and responsibilities for clinical treatment and care between the NHS and nursing care homes due to assumptions that nurses working in nursing care homes can 'do everything'. This means that the NHS often does not provide support in a proactive way.

Care Home Managers

• Effective leadership is a common factor amongst good care homes and strengthening management and leadership skills delivers better outcomes. A Care Home Manager plays a key role in modelling person centred care on a daily basis and is essential to improve the quality of interactions between residents and care staff to ensure that a task-based approach is not used in the delivery of care.
• The breadth of a Care Home Manager's role, as well as competing priorities and demanding workloads, can result in a lack of time to drive the cultural change often required within care homes.

• There is a clear need for effective and on-going support for Care Home Managers, both in the form of additional training and specialist and peer support, due to the increasing demands and expectations that are now placed on this role.
• The role of a Care Home Manager can be too much for one individual to balance and a more equitable balance between the Care Home Manager and the responsible individual (e.g. care home owner) can deliver better outcomes for older people.

Workforce Planning

• Workforce planning is challenging due to a lack of demographic projections about future demand for, and acuity levels within, care homes. It is therefore not possible to quantify the 'right' number of care staff needed in the future.
• The unregulated nature of the care home workforce in Wales, which means that data is not held on the number of care home staff in Wales, can also lead to difficulties around effective workforce planning.
• In relation to nursing staff, workforce planning is not effective as it is based only on the needs of Health Boards and does not consider the needs of residential care. This can cause particular issues around the recruitment of qualified and competent nurses to work in EMI (Elderly Mentally Infirm) settings.
• There are issues around the recruitment of qualified and competent Care Home Managers and there is a lack of effective planning for current and future needs.

Commissioning, Inspection and Regulation

Commissioning

• The statutory focus of commissioning processes has been on contractual frameworks and service specifications rather than the quality of life of older people living in care homes.
• There is a lack of shared intelligence and joint working in contract monitoring to ensure that older people are safe, well cared for and enjoy a good quality of life.
• Commissioners are often experts in procurement but are often not experts in social care and do not fully understand the increasingly complex needs of older people.

National Minimum Standards

• The National Minimum Standards1 (The Standards) are reinforcing a culture of tick box compliance, rather than creating an enabling culture where older people are supported to have the best quality of life.

• The Standards are insufficient to meet the needs of the emotionally vulnerable and frail older people now living in care homes.
• The Standards do not explicitly outline how to provide enabling care and support to older people with sensory loss and/or cognitive impairment and dementia.

Availability of Care Homes

• The residential and nursing care market in Wales is volatile and fragile. There are a number of barriers that can discourage providers from entering the market in Wales.
• A lack of registered Care Home Managers and a shortage of appropriately skilled nursing staff are risk factors to both the quality of care being provided and the ability for a provider to continue provision.
• The choices available to older people are often restricted by a lack of capacity in some areas, which can result in older people having to move away from their family and communities or live in a care setting that is not entirely appropriate for their needs or life.
• There is no overview at a strategic level to ensure sufficient and appropriate care home places for older people in Wales, both now and in the future.

Self-funders

• The current lack of knowledge about the number of self-funders in Wales living in care homes has an impact on the quality of life of older people as it is not clear what support and advice individuals are receiving and the extent to which or how the quality of care that self-funders receive is monitored.
• Residents who are self-funders and their families are fearful about raising concerns and complaints with a provider because of the perceived risk that they may be asked to leave the residential home and would not know how to manage such a situation without support.
• The health and care needs of self-funders are not sufficiently monitored and are therefore often not recognised and acted upon by visiting Local Authority and Health Board staff because they only monitor the individuals who are funded by their bodies.
• Local Authorities and Health Boards are unable to fully plan for the future needs of the older population and required provision of residential and nursing care if they are unaware of the total number of self-funders living in care homes, or how many self-funders are likely to live in care homes in the future.

Regulation and Inspection

• Quality of life is not formally recognised by the system in the way that it implements regulation and inspection at present and there is too great a reliance simply on formal inspection.
• The current inspection approach adopted in respect of nursing homes means that there is currently not a system-wide approach to ensuring effective scrutiny of the delivery of healthcare within residential and nursing care settings.
• The potential for the regulation and inspection system to be strengthened through the use of Community Health Councils and Lay Assessors to monitor healthcare and wider quality of life within care homes has not yet been fully explored.