



Older People's Commissioner for Wales
Comisiynydd Pobl Hŷn Cymru

A Place to Call Home?

A Review into the Quality of Life and Care
of Older People living in Care Homes
in Wales

Summary Document



Foreword

When older people move into a care home, all they are doing in effect is moving from one home to another. The word 'home' should mean something special, a place that we hope will be filled with friendship, love and laughter.

Regardless of where we live when we are older, or how frail we are, we will all want to feel respected and valued and be able to do the things that matter to us. We all want, regardless of our age or frailty, or where we call home, to have the very best quality of life. This is why I chose to focus my Review on the quality of life and care of older people in the place they should be able to call home.



At our best, and I have personally seen much of our best, we are ambitious, bold, challenging of ourselves, creative and innovative. At our best, our care homes in Wales, our care staff and our services, give people the best quality of life they could have. However, many of the older people and families that I have supported and those who have contacted me as part of my Review have shared with me examples of care that not only fall below the standard of care that people have a right to expect, but are also unacceptable.

My Review has been the biggest inquiry ever undertaken in Wales into the quality of life and care of older people in care homes and the lives they live. Led by me, with the support of an advisory board of experts in the field of residential and nursing care, as well as older people and carers, it combined a national questionnaire, to which over 2,000 people responded, and extensive written and oral evidence from 93 organisations. I also met and heard directly from care home owners and managers. At its heart, however, were visits to 100 care homes across Wales to meet with residents, their families and staff to ensure I was able to deliver what I promised my Review would do: give a voice back to older people, their families and those who care for and care about them.

The findings of my Review make for hard reading, but in failing to acknowledge the changes required we undermine the good care there is and prevent ourselves from achieving what we are capable of in Wales. My Review makes very clear the impact of failing to get it right upon the people living in care homes and the price that is paid when failures occur, which, for too many, is simply too high.

A simple concept needs to be reclaimed across residential care: that it is not just about being safe or having basic physical needs met, essential as these are, it is also about having the best quality of life, in whatever way that is defined by an individual older person. Within the current social care system, there is no formal way to recognise or reinforce crucial values such as compassion, friendship and kindness,

self-determination, choice and control. Yet these values are key to quality of life and must now be placed at the heart of the residential and nursing care sector.

I recognise that there are many changes to our health and social care services underway, both at a strategic and local level in Wales, through legislation, modernisation programmes and collaborative approaches. Whilst I strongly welcome this progress, a key question I have asked throughout my Review is a simple one: are the changes underway sufficient to deliver the change that older people want and have a right to see? In determining the areas where further action is required, I have been conscious of current constraints without losing the ambition that we should have in Wales. I have linked my action back to the current and developing policy agenda in Wales, in particular to the Social Services National Outcomes Framework.

My Review is about people and the lives they lead, the value we place on those lives and the value we place, as a nation, on older people. We should be ambitious as a nation on behalf of older people, not just because we are in public service, or because the people I am representing through this Review are some of the most vulnerable people in our society, but because of who older people are. They are not a group apart, they are our family and friends, the people who raised us and taught us, the people we care about and who care about us. They still have much to contribute and should be seen as important members of our communities.

My Review follows shortly after the adoption and launch, by the Welsh Government, of the Declaration of the Rights of Older People in Wales, which reminds us all of our duties towards older people. Through my Review I want to set a new benchmark in respect of the duty of care owed to older people. In doing this, a strong and clear signal is sent: that older people living in care homes in Wales are valued.

I would like to thank all of the older people who have responded to my calls for evidence and helped to shape the outcome of this Review. I would also like to thank my amazing team of Social Care Rapporteurs. Together they have helped me to keep my promise to give a voice back to older people living in care homes in Wales.

All of us who work within public service in Wales have both a responsibility and a real opportunity, through our collective effort, to make good practice standard practice. Based on the good practice that I have seen through my Review, the passion and dedication of so many public service staff and care home providers and the opportunities afforded to us by new legislation, I have no doubt that this is achievable.



Sarah Rochira
Older People's Commissioner for Wales



Key Findings

This section presents the key findings of my Review in respect of four key areas related to the quality of life of older people living in care homes in Wales.

- Day-to-Day Life
- Health and Wellbeing
- People and Leadership
- Commissioning, Regulation and Inspection

These key findings draw together the evidence from my questionnaire, Social Care Rapporteurs' visits to 100 care homes and written and oral evidence submitted to me through the Review.

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 convenient 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.

Factors Influencing Day-to-Day Life

- Care homes are often characterised by institutional regimes, where a task-based approach to delivering care concentrates on schedules, processes and checklists, rather than the needs of an individual.
- There are clear variations in the quality of care provided, even within individual care homes, which means that older people are often not receiving the level of care they have a right to expect.
- Older people and their families can have low expectations about quality of life in a care home.
- Older people did not expect anything more than an adequate quality of life in a care home.
- The role of independent advocacy and its importance is neither fully understood nor recognised and there are significant variations in the availability of and access to advocacy services. There is little evidence that independent advocacy services are being actively promoted within care homes.
- The ability of third sector organisations to deliver independent advocacy services is often affected by unstable and unreliable funding.

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 requires 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.

Key Conclusions and Required Change

My key conclusions, which are drawn from the key findings of my Review, as well as my own casework and on-going engagement with national and local government across Wales, provide a high level assessment of those areas where change is required. This change is underpinned by clear outcomes to ensure that Wales, in taking forward the action contained within this report, stays focused on the overall aim of my Review: that quality of life sits at the heart of residential and nursing care in Wales.

The overall conclusion of my Review is clear: Too many older people living in care homes have an unacceptable quality of life and the view of what constitutes 'acceptable' needs to shift significantly.

Our best care homes are empowering, enabling, flexible, welcoming and friendly, communities in their own right but also still part of the wider communities in which they are located. The older people who live in these homes have the very best quality of life that they could. In our best care homes, older people are safe, can regain their independence, have a sense of identity and belonging, and are supported to live better lives. This care is a tribute to the many dedicated care home staff across Wales, as well as others who work within our social care system.

However, this is not the case for all care homes. Too many simply focus on the functional aspects of care, with a reliance on a task-based approach, rather than delivering care that is person-centred. Too many care homes are focused on an unchallenged dependency model that prevents older people from maintaining their health, wellbeing and independence for as long as possible. For too many older people their lives in care homes can be without love or friendship and people can be lonely and sad.

Too often, there is an acceptance by organisations and the 'system' of an overall level of care that is simply not good enough. Much of what is now considered to be acceptable should be considered unacceptable in 21st century Wales and falls below the standard that older people have a right to expect. Care delivered without abuse or neglect is not the same as good care.

Through undertaking my Review I have drawn the seven conclusions below. Underneath each conclusion I make clear the change that needs to take place and the outcomes that must be delivered. The actions required, including lead responsibilities and time scales, are contained in the Requirements for Action section.



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.

When older people move into a care home, too often they quickly lose access to the things that matter to them that give their lives value and meaning and are an integral part of their identity and wellbeing, such as people, places and everyday activities. Older people are often not supported to do the things that matter to them but instead have to fit into the institutional regime often found in care homes, losing choice and control over their lives.

This is due, in part, to a risk-averse culture, but is also indicative of a system in which the dignity and respect of older people is not sufficiently protected and older people are not seen as individuals with rights. This is exacerbated by de-humanising language too frequently used, such as ‘toileting’, ‘feeding’, ‘bed number’ or ‘unit’ that further strips older people of their individuality, their dignity and the concept of the care home as their home. For too many, a daily culture of inactivity and a task-based approach to delivering care, centred around the functional aspects of day-to-day life such as getting up, eating, formalised activity hours and going to bed, leads to institutionalisation and a loss of value, meaning and purpose to life.

The change I expect to see:

Older people are supported to make the transition into their new home, are seen and treated as individuals, have choice and control over their lives, enabling them to do the things that matter to them, and are treated at all times with dignity and respect.

Evidence of this will include:

Older people receive information, advice and practical and emotional support in order for them to settle into their new home, beginning as soon as a decision to move into a care home is made (Action 1.1 & 1.2).

Older people’s physical, emotional and communication needs are fully understood, as are the issues that matter most to them, and these are reflected in the services, support and care that they receive (Action 1.1).

Older people have real control over and choice in their day-to-day lives and are able to do the things that matter to them, including staying in touch with friends and family and their local community (Action 1.1).

Older people are aware of their rights and entitlements and what to expect from the home (Action 1.2).

Older people are clear about how they can raise concerns and receive support to do so (Action 1.2).

Older people are supported to maintain their continence and independent use of the toilet and have their privacy, dignity and respect accorded to them at all times (Action 1.1, 1.3, 1.5).

Mealtimes are a social and dignified experience with older people offered real choice and variety, both in respect of what they eat and when they eat (Action 1.1, 1.4).

Older people are treated with dignity and respect and language that dehumanises them is not used and is recognised as a form of abuse (Action 1.1, 1.3, 1.4, 1.5, 4.6).

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 or financial abuse, have access to independent or non-instructed advocacy (Action 1.6).

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.

Older people want to maintain their physical and mental health for as long as possible. However, formal health promotion is absent from many care homes. Too many older people are not being offered preventative screening or interventions, such as falls prevention, mental health support, speech and language therapy, occupational therapy, physiotherapy and wider re-ablement, which would enable them to sustain or regain their independence, mobility and overall quality of life. This is a particular issue when older people move into care homes after periods of ill health or following hospital admissions.

The lack of this specialist support, which would be more readily available if they were still living in their own home, can hasten frailty and decline, both physical and mental.

The change I expect to see:

Older people living in care homes, through access to health promotion, preventative care and reablement services, are supported to sustain their health, mobility and independence for as long as possible.

Evidence of this will include:

Older people benefit from a national and systematic approach to health promotion that enables them to sustain and improve their physical health and mental wellbeing (Action 2.1).

Older people receive full support, following a period of significant ill health, for example, following a fall, or stroke, to enable them to maximise their independence and quality of life (Action 2.2).

Older people's risk of falling is minimised, without their rights to choice and control



over their own lives and their ability to do the things that matter to them being undermined (Action 2.3).

The environment of all care homes, internally and externally, is accessible and dementia and sensory loss supportive (Action 2.4).

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.

Older people living in care homes need to feel safe, reassured and that they are cared for and cared about. The current focus on task-based care, together with the absence of a values-based approach, can lead to care and compassion, simple kindness and friendship, too often being missing from older people's lives in care homes. Their emotional and communication needs are often misunderstood and neglected, with the needs of older people with dementia frequently poorly understood. As a consequence, they are too frequently labelled as 'challenging' or 'difficult', which places them at risk of unacceptable treatment and the inappropriate use of antipsychotics. The absence of emotional care is not recognised as emotional neglect, which, in turn, is not recognised as a form of abuse.

The change I expect to see:

Older people in care homes receive the care and support they need to sustain their emotional and mental wellbeing and anti-psychotic drugs are not inappropriately used. Residents feel safe, valued, respected, cared for and cared about, and care is compassionate and kind, responding to the whole person.

Evidence of this will include:

All staff working in care homes understand the physical and emotional needs of older people living with dementia and assumptions about capacity are no longer made (Actions 3.1 & 3.2).

Older people are supported to 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 (Action 3.3).

Older people are able to continue to practice their faith and maintain important cultural links and practices (Action 3.3).

The mental 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 (Action 3.4, 3.5).

Older people are not prescribed antipsychotic drugs inappropriately or as an alternative to non-pharmaceutical methods of support and NICE best practice guidance is complied with (Actions 3.4 & 3.5).

Emotional neglect of older people is recognised as a form of abuse and appropriate action is taken to address this should it occur (Action 3.6).

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

Too many older people living in care homes do not have access to the basic functional screening and primary healthcare that would have been available to them while living in their own home, such as regular access to GP services, eye health, sight and hearing tests, podiatry services, oral health advice, medication reviews and specialist nursing care.

Older people are unable to access services to which they are entitled, undermining their health and wellbeing. As a result of this, their ability to do the things that matter to them and communicate effectively can be significantly compromised.

The change I expect to see:

Older people living in care homes clearly understand their entitlements to primary and specialist healthcare and their healthcare needs are fully met.

Evidence of this will include:

There is a consistent approach across Wales to the provision of accessible primary and specialist health care services for older people living in care homes and older people's healthcare needs are met (Actions 4.1, 4.2 & 4.5).

Older people in nursing care homes have access to specialist nursing services, such as diabetic care, tissue viability, pain management and palliative care (Action 4.1, 4.2).

Older people are supported to maintain their sight and hearing, through regular eye health, sight and hearing checks (Actions 4.1, 4.2 & 4.3).

Older people are able to, or supported to, maintain their oral health and retain their teeth (Actions 4.1, 4.2 & 4.3).

Older people have full access to dietetic support to prevent or eliminate malnourishment and to support the management of health conditions (Actions 4.1, 4.2 & 4.3).

Care staff understand the health needs of older people and when and how to access primary care and specialist services (Action 4.3, 5.4).

Older people receive appropriate medication and the risks associated with polypharmacy are understood and managed (Action 4.4).

Older people are able to challenge, or have challenged on their behalf, failures in meeting their entitlements (Action 4.5).



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.

Care staff and Care Home Managers play a fundamental role in ensuring that older people living in care homes have the best quality of life and should be seen as a national asset to be invested in.

However, despite working in highly challenging and difficult circumstances, they currently receive low pay, often have poor terms and conditions, work long hours, lack training and work in a sector that is rarely seen as having a valuable status.

There is insufficient support available to care staff to ensure that they have the skills, knowledge and competencies required to deliver both basic and high quality care and there are limited opportunities for continued professional development and career progression.

Despite the high acuity levels of many older people living in care homes, there is no standard approach to staffing levels and required competencies and, for many care home providers, support is only available to them once the quality of their services has declined to an unacceptable level.

The change I expect to see:

There are sufficient numbers of care staff with the right skills and competencies to meet the physical and emotional needs of older people living in care homes.

Evidence of this will include:

Care homes have permanent managers who are able to create an enabling and respectful care culture and support care staff to enable older people to experience the best possible quality of life (Action 5.1).

Older people are cared for by care staff and managers who are trained to understand and meet their physical and emotional needs, including the needs of people with dementia and sensory loss, and who have the competencies needed to provide dignified and compassionate care (Action 5.2).

Older people receive compassionate and dignified care that responds to them as an individual (Action 5.3, 5.4, 5.5).

Care homes that want and need to improve the quality of life and care of older people have access to specialist advice, resources and support that leads to improved care and reduced risk (Action 5.6).

Older people are safeguarded from those who should not work within the sector (Action 5.7).

The true value of delivering care is recognised and understood (Action 5.8).

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

At present, there is an inconsistent and geographically variable focus on quality of life within commissioning, which is too often seen as a functional task-based process. Although there is action being taken at a local level in Wales to better recognise quality of life and the Welsh Government has published a new Social Services National Outcomes Framework, this has yet to translate into a consistent and systematic approach to the commissioning, regulation and inspection of care that has quality of life at its heart and is reflected in the way that commissioning, regulation and inspection are implemented.

There are competing and inconsistent demands upon providers, both in relation to standards and reporting, as well as an inconsistent approach to joined-up working, information sharing and the use of information to better evaluate quality of life and care.

Within nursing care homes there is also a lack of independent inspection from a healthcare perspective and there is currently not sufficient scrutiny of access to healthcare within residential care settings.

There is a lack of information that can be meaningfully used by older people, their families and those who care for and support them, to judge the quality of life, care and safety in individual care homes. There is also a lack of information in the public domain from commissioners and providers about the quality of care they provide or are accountable for.

Too many older people struggle to raise concerns and feel that their concerns are acted upon in an unsatisfactory way. There is also, too often, a lack of any evaluation of the quality of care outside of formal inspections.

The change I expect to see:

Quality of life sits in a consistent way at the heart of regulation, provision and commissioning, inspection and reporting. Providers, commissioners and the inspectorate have a thorough and accurate understanding of the day-to-day lives of older people living in care homes and this information is shared effectively to promote on-going improvements and reduce the risk of poor care. There is greater public reporting on the quality of care homes within Wales and older people have access to meaningful information in respect of the quality of care provided within individual care homes. There are effective ways in which the views of residents and their families are sought and used to support continuous improvement.



Evidence of this change:

Quality of life sits consistently at the heart of the delivery, regulation, commissioning and inspection of residential and nursing care homes (Action 6.1).

Commissioners, providers and inspectors have a thorough understanding of the day-to-day quality of life of older people living in care homes (Action 6.2, 6.3).

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 (Action 6.2, 6.3).

The quality of life and healthcare of older people living in nursing homes is assessed in an effective way with clear and joined up annual reporting (Action 6.4, 6.5, 6.6).

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 greater openness and transparency in respect of the quality of care homes across Wales and the care they provide (Action 6.7, 6.8, 6.9, 6.10).

Older people are placed in care homes that can meet their needs by commissioners who understand the complexities of delivering care and are able to challenge providers about unacceptable care of older people (Action 6.11).

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

There is not a clear national understanding of what the future need for residential and nursing care will be, nor an understanding of how acuity levels within care homes are likely to further change as a result of wider changes in the model of health and social care within Wales and the potential for further development of other models that combine housing and care, such as extra care, has not been fully explored.

This means that there is a lack of effective forward planning for, and action to ensure, the future supply of appropriate, high quality care home places in Wales with the appropriate numbers of specialist staff required, in particular in respect of nursing care.

There are already parts of Wales that are unable to meet current demand, in particular in respect of care of older people with high levels of dementia and nursing care needs.

The change I expect to see:

There are sufficient numbers of care homes in Wales, or alternatives to traditional care homes, in the places that older people need them to be, that are able to provide high quality care that meets the needs of older people.

Evidence of this change:

Forward planning ensures there is a sufficient number of care homes, of the right type and in the right places, for older people (Action 7.1).

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 (Action 7.2, 7.3).

Impact of not delivering the change required

If we fail to deliver the change I have outlined in my report, we fail older people. We fail those who need us, expect us and require us, through our collective leadership, to act on their behalf. If we fail, the price will not be paid by those of us in public service, it will be paid by some of the most vulnerable people in society and the price that they will pay will be too high.

Within my Requirements for Action I make clear what the impact of this failure will be upon older people. This should drive all of us in public service to do everything that needs to be done to support, protect and stand up for those who are most vulnerable and ensure that older people living in care homes in Wales have the very best possible quality of life.



Why I Carried out my Review

In 2013, I published my priorities as Commissioner, based on extensive engagement with older people across Wales, in effect their priorities. In my Framework for Action, I clearly signalled that I expected to see significant improvements in the quality of, availability of and access to, health and social care. Specifically, that quality of life sits at the heart of residential and nursing care, that people with dementia and other groups of older people needing specific support have their needs met and that older people have voice, choice and control over how they receive services, care and support.

Whilst residential care is not an option for everyone, and increasingly need not be as a result of significant work within Wales to support people in their own homes, for many older people it continues to be a key way in which they receive the care and support they need and, in years to come, will be particularly important for our frailest and most vulnerable older people.

The majority of older people living in a care home will have moved there as a result of complex health conditions, disability or frailty, which meant that they could no longer live safely in their own homes. Many of these people, just a few years ago, would have been cared for in community hospitals or long-term care of the elderly wards.

This means that the 23,000 care home residents in Wales² are amongst the most vulnerable people in society, often as a result of significant levels of cognitive impairment, sensory loss and emotional frailty, as well as physical ill-health, which, too often, can leave them without an effective voice and powerless.

For example, 80% of older people living in residential care will have a form of dementia³ or cognitive impairment. Similarly, it is estimated that 70% of people aged over 70 have some form of sensory loss, a figure that rises significantly among people aged 80 and over^{4,5}.

Older people in care homes, however, must not be categorised by their health conditions or be seen as a homogenous group. Older people living in care homes are diverse, with individual needs and wishes. The diversity of older people, which covers the breadth of race, gender, language, disability, sexual orientation, trans status and religion or belief, must be recognised and the care they receive must be sensitive to their individual needs.

I travel the length and breadth of Wales meeting with many older people living in care homes, as well as care staff, and I have seen for myself the impact that high quality care, which meets people's individual needs, can have on their lives. I have spoken frequently about the many excellent examples of health and social care in Wales and the many dedicated staff in both the public and private sector.

However, I have also received an increasing amount of correspondence about the quality of life and care of older people in care homes across Wales and I have had to provide individual support to older people and their families who have found themselves in the most distressing and unacceptable of circumstances to ensure that they are safe and well cared for.

As a result, I have spoken publicly many times about what I consider to be unacceptable variations in the quality of life and care of older people in care homes. I have been clear that we fail to keep too many older people safe and free from harm, that too many older people are not treated in a compassionate and dignified way and that, for some, their quality of life is unacceptable.

I recognise that much work has been undertaken and is taking place within Wales to address specific aspects of social care. The National Assembly for Wales' Health and Social Care Committee's Residential Care Inquiry, for example, examined how effective the residential care sector was at meeting older people's needs, with a focus on the process by which older people enter residential care. Similarly, the Social Services and Wellbeing (Wales) Act 2014 aims to transform the way that social services are delivered in Wales. Furthermore, forthcoming legislation in the form of the Regulation and Inspection Bill offers a real opportunity for quality of life to become a key part of regulation and inspection processes. There is also work underway across Wales, in some places significant, at a local level, both within Local Authorities and Health Boards and by care home providers, to address a wide range of aspects of residential and nursing care.

However, despite this work, I wanted, and required, a higher level of assurance that the action being taken would ultimately translate to safer, high quality care for older people living in care homes and that having the best quality of life would become the outcome that sits at the heart of residential and nursing care across Wales.

It is for the reasons outlined above that I took the decision to undertake a Review into the quality of life and care of older people living in care homes in Wales, using my powers under Section 3 of the Commissioner for Older People (Wales) Act 2006.

Focusing on and Defining Quality of Life

My extensive engagement with older people and care staff in care homes has made it clear to me that life is precious and life is for living, regardless of your age or how frail you may be. It is not sufficient for older people to be just safe and physically well cared for in care homes, essential as these are. Despite the importance of quality of life, through my engagement with older people, it became clear to me that this was systematically missing from our residential and nursing care sector.

Our quality of life as we grow older is hugely important to all of us and should be formally recognised and sit at the heart of the residential and nursing care sector in Wales to ensure that older people living in care homes have lives that have value, meaning and purpose. It is for this reason that my Review focuses on quality of life.

Older people have told me that their lives have value, meaning and purpose when they:

- Feel safe and are listened to, valued and respected
- Are able to do the things that matter to them
- Are able to get the help they need, when they need it, in the way they want it
- Live in a place which suits them and their lives

Figure 1. Quality of Life Model



Older people are very clear that they want to have a strong voice and meaningful control over their lives, both in their day-to-day life and how they are supported and cared for. The extent to which they do will have a direct impact on their quality of life and, in many cases, increase the positive impact of services.

How I Carried out my Review

In order for my Review to achieve its aims, I drew together a number of different approaches, including an extensive literature review, a questionnaire for older people, their families and carers, focus groups, written and oral evidence and visits to care homes to observe and understand the day-to-day lives of older people. To support me in these visits, I recruited a team of 43 Social Care Rapporteurs from a wide range of backgrounds and selected an observation tool that considers a range of quality of life factors such as control over daily life, personal safety and social participation and aligns with my own quality of life model.

Commencing in October 2013, the process for my Review comprised five phases:

Phase 1: (October 2013 – January 2014)

- Review team undertakes comprehensive review of research literature about residential and nursing care.
- Adoption of ASCOT, the Adult Social Care Outcomes Toolkit (Appendix 6), as the framework against which to consider quality of life factors for older people living in care homes.
- Development of a detailed questionnaire for older people, their families and the general public to share their experiences of residential and nursing care. The questionnaire considered factors such as physical and psychological health, social relationships, and the care home environment.
- Formal launch of the Review process, with extensive media coverage across Wales.
- Wide distribution of the questionnaire to every care home in Wales, third sector organisations, older people's groups, 50+ forums and Assembly Members to reach as many older people and their families as possible across Wales. Alongside this, the Review team undertook work with the media, particularly local newspapers, to promote the Review and call for evidence.
- Review team receives over 2,000 questionnaire responses.
- Review team gathers written evidence from the bodies subject to the Review (Appendix 3), with a particular focus on current systems in place and action underway to promote the quality of life of older people living in care homes.
- Review team also gathers extensive written evidence from a wide range of organisations that represent and work on behalf of older people, including professional bodies, third sector organisations and recognised experts in the delivery of residential and nursing care.

- Review team receives a total of 53 written submissions (Appendix 4).
- Review team recruits and trains 43 Social Care Rapporteurs (Appendix 2) to prepare them for visits to care homes during Phase 2.

Phase 2: (January 2014 – May 2014)

- Review team selects 100 care homes at random for visits by Rapporteurs. The selection process ensures that the care homes represent the diverse cultural and demographic context of Wales.
- Rapporteurs make unannounced visits to 100 care homes across Wales, seven days a week, to observe older people and to hear directly from them about their experiences and expectations.
- Review team undertakes a series of engagement events and focus groups across Wales to capture the views and experiences of the families of older people living in residential and nursing care, those providing independent advocacy and representatives of groups whose voices are seldom heard.
- Review team gathers oral evidence at roundtable discussion sessions with organisations that represent and work on behalf of older people, including professional bodies, third sector organisations and recognised experts in the delivery of residential and nursing care.
- Review team undertakes an analysis of the extensive evidence received.

Phase 3: (May 2014 – September 2014)

- Review team undertakes evidence and scrutiny sessions with bodies subject to the Review to discuss and consider the written evidence provided in greater detail and to obtain further information about their understanding of the day-to-day realities of living in residential and nursing care, the change required to improve quality of life and whether current action (planned or underway) is sufficient to deliver this change.
- Review team undertakes a second round of evidence and scrutiny sessions with bodies subject to the Review in order to cross-reference against evidence gathered from the Review questionnaires and care home visits.
- Review team analyses oral evidence from a total of 82 bodies gathered during roundtable discussion sessions and formal evidence / scrutiny sessions (Appendix 5).
- Writing of Review report and development of Requirements for Action.

Phase 4: (November 2014)

- Review report published.
- Requirements for Action issued to public bodies subject to the Review that state what must be improved, changed or implemented to ensure that quality of life sits at the heart of residential and nursing care across Wales.

Phase 5: (February 2015)

- Deadline for responses to Requirements for Action. The public bodies to whom Requirements for Action are directed must demonstrate what action they will take to comply with them.
- Publication of a register detailing Requirements for Action and what action will be taken by public bodies.
- Agreed action is implemented and mechanisms agreed and adopted to provide assurance that this action has delivered the intended outcomes.



Requirements for Action

My required actions range from system changes to changes around very specific aspects of care. In formulating these actions, I have sought advice from a wide range of experts and I have focussed on action that will have the most impact, clearly linking my actions to intended outcomes. I have linked my required actions back to the current and developing policy agenda in Wales, in particular to the National Outcomes Framework, as well as the opportunities afforded to us by forthcoming legislation and the good practice that already exists in Wales.

Any change, particularly systemic change that reboots the system and redefines an approach to care, needs strong leadership and drive to ensure that it delivers in a way that is meaningful to the older people that the change is intended to benefit. Without taking away from the leaders in their own fields that there are across Wales, there is a clear role for the Welsh Government to lead from the front, both in respect of expected change and providing support to our wider services and the organisations under my Review to ensure not just that the change outlined in my report is delivered, but that the intended outcomes are delivered as well.

Following formal agreement, in line with the requirements of the Commissioner for Older People (Wales) Act, of the action that will be taken by the bodies subject to my Review, I will also agree how compliance against these actions will be reported and how assurance will be provided that the intended outcomes have been delivered.

Whilst there will be some resource implications to implement the required actions, I have been conscious of constraints on public finances and realistic in laying out my expected outcomes and action.

If the change required that has been identified in my Review is not delivered, the price that is paid by older people will be too high. Increasingly, in the years to come, a failure to act will expose public bodies and independent providers to litigation, reputational damage, time spent undertaking remedial action or formal investigations into failures in care and will further increase pressures upon the NHS and social services.

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.

1.1 A national approach to care planning in care homes should be developed and implemented across Wales.

1.2 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.

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.

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.

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.

1.6 Older people are offered independent advocacy in the following circumstances:

- 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.

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 sustain or regain their quality of life.

2.1 A National Plan for physical health and mental wellbeing promotion and improvement in care homes is developed and implemented.

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.

2.3 A National Falls Prevention Programme for care homes is developed and implemented.

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.



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.

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.

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 on-going basis as part of their skills and competency development, with this a specific element of supervision and performance assessment.

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.

3.4 In-reach, multidisciplinary specialist mental health and wellbeing support for older people in care homes is developed and made available.

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.

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.

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.

4.1 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.

4.2 A formal agreement is developed and implemented between the care home and local primary care and specialist services based on the Statement of Entitlement.

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.

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.

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.

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.

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.

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.

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.

5.4 A national mandatory induction and on-going training programme for care staff is developed and implemented. This should be developed within a values framework.

5.5 All care homes must have at least one member of staff who is a dementia champion.

5.6 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.

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.

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.



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

6.1 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.

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 directly (outside of formal complaints) and ensuring issues they raise are acted upon.

6.3 Lay assessors are used, on an on-going basis, as a formal and significant part of the inspection process.

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.

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.

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.

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.

6.8 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:

- 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

6.9 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.

6.10 Care home providers report annually on the delivery of quality of life and care for older people.

6.11 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.

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.

7.1 A national plan to ensure the future supply of high quality care homes is developed.

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.

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.

Next Steps

Requirements for Action

The Commissioner's Requirements for Action clearly outline the change that is needed to drive up the quality of life and care of older people living in care homes across Wales.

The Commissioner expects, as do older people and the large number of individuals and organisations that responded to her Review, that the public bodies subject to her Review will take concerted action to deliver the change required and through this to embed quality of life at the heart of residential and nursing care within Wales and ensure that older people receive that to which they are entitled.

Implementation of the Commissioner's Requirements for Action

The Commissioner has requested, in line with the Commissioner for Older People (Wales) Act 2006, that the bodies subject to the Requirements for Action in this report provide, in writing, by 2 February 2015, an account of:

- How they have complied, or propose to comply with the Commissioner's Requirements for Action; or
- Why they have not complied with the Requirements for Action; or
- Why they do not intend to comply with the Requirements for Action.

Formal written notices will be issued to any bodies that fail to respond or provide inadequate information. If the response received is not deemed satisfactory after this process, the Commissioner reserves the right to draw it to the attention of the general public.

Requirements for Action / Recommendations Register

The Commissioner is obliged to keep a register of the recommendations made in the report and the actions taken in response. The register must be available for the general public to view. It will be published on the Commissioner's website and made available to individuals on request.

