



Older People's Commissioner for Wales
Comisiynydd Pobl Hŷn Cymru

A Place to Call Home: Impact & Analysis

**Assessing progress to improve the quality of life and care
of older people living in care homes in Wales**

**Driving change for older
people across Wales**



The Older People's Commissioner for Wales

The Older People's Commissioner for Wales is an independent voice and champion for older people across Wales. The Commissioner and her team work to ensure that older people have a voice that is heard, that they have choice and control, that they don't feel isolated or discriminated against and that they receive the support and services that they need.

The Commissioner and her team work to ensure that Wales is a good place to grow older, not just for some but for everyone.

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Foreword

When I published the findings of my 2014 Care Home Review, I was clear that significant change was required to ensure that quality of life for older people was placed at the heart of our care home system, across care delivery, commissioning, regulation and inspection.

Following the publication of my Care Home Review report, which was welcomed by all of the public bodies subject to it, I sought assurances that they would take forward the action needed across a wide range of areas and deliver the improvements that older people and their families told me they wanted to see.

Having received these assurances, I was clear that I would be closely monitoring the implementation of my Requirements for Action and that I would undertake a programme of detailed follow-up work, through which I would seek further evidence regarding the progress being made and the ways in which the required changes were being delivered in a number of key areas.

Since the publication of my Care Home Review, I have engaged extensively with the Welsh Government in respect of the development of new legislation and its underpinning regulations and codes of practice, and worked with many of the public bodies subject to the review to support them in delivering against the Requirements for Action that applied to them. In addition, I held a series of seminars across Wales for care providers and the wider care home sector, to both highlight the changes required and promote the good practice already in place. It is clear that there is a wide range of work and initiatives now underway, at both a national and a local level, focused on improving the quality of life of older people living in care homes.

Through my ongoing engagement and monitoring of progress made against my Requirements for Action, it is clear that the understanding of residential care, particularly in terms of what people have a right to expect, has been reframed significantly at a strategic level. The impact section of this report identifies new legislation, regulations and guidance that have the potential to deliver real change within care homes and make a real difference to the lives of older people.

These include new inspection frameworks that are both values-based and rights-based, new training frameworks for social care staff that have a particular focus on the needs of people living with dementia, and a range of local initiatives that are the result of more effective engagement with older people living in care homes and new standards in social care.

However, through my ongoing engagement and monitoring, I became concerned that there did not appear to be visible action across Wales in relation to a number

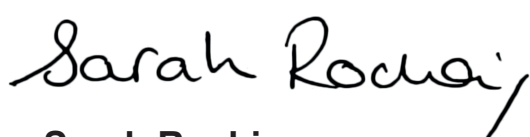
of areas. I therefore wrote to public bodies to request evidence regarding the action they had taken in relation to 15 specific areas. Whilst I recognise that many of these areas are complex and will take time to fully address, I expected to see clear evidence of leadership, ambition and progress moving in the right direction, alongside a clear understanding of why quality of life and outcomes are just so important for older people.

It is clear from the responses provided that, with very few exceptions, progress in these areas is insufficient and that significant action is still required in order for older people to have the quality of life they have a right to expect. As a result, I have no assurance that issues such as continence care, access to rehabilitation support, the prevention of falls and the use of anti-psychotic medication are routinely being managed in line with good practice to ensure the outcomes that older people have a right to.

Furthermore, I have no assurance that a number of key sectoral issues, such as workforce planning, the integration between health and social care inspection and the full involvement of the independent provider base within Wales, are being addressed sufficiently. This is deeply concerning as issues such as these sit at the heart of a number of the challenges faced by our care home sector.

Despite the positive progress made in some areas, my follow-up work makes it very clear that there is still much more to do. Stronger leadership and scrutiny of the action taking place is required from the Welsh Government, and Health Boards and Local Authorities must strengthen their focus on outcomes both at a strategic and a personal level if they are to move away from a task-based approach and deliver the outcomes that older people have a right to. Outcomes matter: they are ultimately what all of the action taking place, whether it be legislation, policy or local action, must be about. Outcomes are ultimately the only way that success can be judged. My Review report made explicit that the price paid by older people when these outcomes are not made real is unacceptably high.

There will always be a need for residential and nursing care, and the people who need this will have more complex health conditions and a greater need for care and support than ever before. Many older people, due to the circumstances in which they find themselves, will be totally reliant upon the people that care for them, totally reliant upon the wider systems in which residential and nursing care operates. They will need our care home system to be consistently at its best, a system that upholds their rights and truly meets their individual needs.



Sarah Rochira
Older People's Commissioner for Wales

Key findings

The key findings are set out in terms of:

- High level observations that relate to the public body submissions as a whole.
- Specific findings that relate to each Requirement for Action. Some of these are grouped as themes.

High level observations

Based on the evidence provided, many Public Bodies failed to demonstrate that the selected Requirements for Action are being driven in a way that makes a meaningful difference to the lives of older people living in care homes. Taken as a whole across sectors, only one third of the responses to my Requirements for Action have been judged as 'Sufficient'.¹ This is particularly disappointing as good progress is clearly achievable, as demonstrated by the four Local Authorities whose responses were judged as sufficient across all the Requirements for Action that were subject to this follow-up work.

The quality of submissions varied significantly; many of the responses lacked detail or did not centrally address the Requirement for Action, instead describing matters that are tangentially related. Overall, the levels of access to services for care home residents were not made sufficiently clear. For example, the data provided by Public Bodies often did not distinguish services provided to care home residents from people receiving support in their own homes. Only half of the submissions from Local Authorities mentioned self-funders at all, and there was generally a lack of clarity concerning access to services for self-funders.

Furthermore, there were disparities within and across the submissions. Some responses, for example, focused on activity within Local Authority homes yet failed to provide sufficient evidence of activity within the independent sector, or focused on nursing homes without reference to the wider residential sector.

The evidence was also highly variable in terms of how 'joined-up' systems appear to be, within and across public bodies, with a view to promoting quality of life and ensuring person-centred approaches. For example, the links and relevant data flow between care management systems, nurse assessors, support plans within the home, contract monitoring and statutory inspections are often not explicit.

¹ Responses are available to view on the on the Older People's Commissioner for Wales website alongside the judgements that have been fed back to them <<http://www.olderpeoplewales.com/en/reviews/chrfollowup/evidence.aspx>>

The meaning of ‘outcomes’ and an ‘outcomes-based approach’ were not fully understood or made explicit. Within the submissions, the language used and evidence provided often related to throughputs and inputs or service outcomes, not person-centred outcomes for individual residents.

Unless the Requirement for Action directly referenced people with specific needs (such as 3.2, related to dementia training), the responses from Public Bodies generally neglected to mention how people living with dementia, sensory loss, or those who may be confined to bed are supported, a significant omission given the impact of these upon individuals.

Whilst these findings show that significant action is still needed to fulfil the specific Requirements for Action I included as part of this follow-up work, there are examples of innovative initiatives and good practice, and these have been included in the relevant sections.

Responses to the Requirements for Action

Continence

Welsh Government

- In its response to my 2014 Care Home Review, the Welsh Government stated that the NHS All Wales Continence Bundle Guidance would be reviewed as a basis for ‘national guidance’ on continence care for the care home sector, but this has not been produced. The Regulated Services (Service Providers and Responsible Individuals) Regulations 2017 and the Statutory Guidance for service providers and responsible individuals on meeting service standard regulations address aspects of dignified continence care, as well as continence supplies. Whilst this is a step forward, this is not accompanied by more explicit guidance for providers or adequate recognition that this is a multi-agency issue.

Health Boards

- Whilst there is some evidence of good practice, the submissions from Health Boards suggest inconsistency in approaches and differential access to specialist services, support and appropriate continence products.
- Very little reference was made to continence care being delivered in person-centered ways that enable residents to have choice and control, which is an essential part of their quality of life.

Re-ablement and rehabilitation

Local Authorities and Health Boards

- Several responses illustrate the trend towards establishing ‘step up’ and ‘step down’ beds within care homes and much of the evidence provided describes re-ablement services that are increasingly focused on hospital discharge and hospital avoidance. Whilst this focus is an understandable priority for the public sector, a ‘two-tier’ system appears to be emerging where there is a differential level of service - and different expectations - depending on an individual’s occupancy status within the care home.
- Little evidence was provided within the submissions of follow-up activity within homes, working with care home staff to ensure that reablement and rehabilitation goals are reinforced and linked to daily routines.
- A lack of explicit information was provided about whether a preventive approach is a reality for care home residents.

Falls prevention

Welsh Government

- The Welsh Government acknowledged the issues that were highlighted in the 2014 Care Home Review, which included the proposal to develop a national falls prevention programme for care homes. However, no evidence was provided to demonstrate that action has been taken to drive this forward.

Health Boards

- The evidence provided described a range of activity related to falls prevention in care homes (for example, staff training and resource packs, specialist falls practitioners, falls risk assessments), but this is piecemeal in some areas and there is not enough focus on preventive activities (for example, using gentle exercise programmes to help to maintain or improve balance, muscle strength and flexibility).

Dementia training

Local Authorities

- There was evidence of an increased focus on workforce development in relation to dementia, and examples of this being taken forward on a regional

or partnership basis. However, it was not always clear from the evidence provided that Local Authorities are addressing this issue comprehensively.

- ‘Good Work: A Dementia Learning and Development Framework for Wales’ provides the overarching framework to drive change in workforce development, and support what matters most to people with dementia regarding their care and support. However, over half of the Local Authority submissions made no mention of the Framework or how this will be implemented and monitored at a strategic level.

Befriending

Local Authorities

- A number of examples of good practice were provided, including inter-generational activities and faith-based support. However, the evidence provided in some areas gives inadequate reassurance that residents are enabled to go outside to connect with their local community, to help maintain and sustain external relationships that are vital to their wellbeing.
- Many of the examples provided by Local Authorities related to group activities, and there was limited evidence of care and support planning processes being actively used to ensure individualised, person-centred befriending activities.

Anti-psychotic medication

Health Boards

- Health Boards have not acted on previous commitments set out in relation to this Requirement and have failed to provide or publish clear accurate data in relation to the use of anti-psychotic medication in care homes.
- Some evidence was provided of good practice and projects leading to reductions in the prescribing of anti-psychotic medication in some areas. However, in some cases, this appears to be focused on nursing care homes or linked to particular services. The uneven level of services across the sector and lack of corporate oversight may pose potential risks to some residents.
- The evidence provided indicated that there are no clear pathways for the reduction of the use of anti-psychotic medication, and there does not appear to be sufficient evaluation of schemes in place.

- Little evidence was provided to indicate that individual outcomes related to quality of life are being followed up when the use of anti-psychotic medication is reduced for individuals.

Medication reviews

Health Boards

- The submissions described a range of systems, processes and interventions for providing medication reviews, but there were inconsistencies and potential gaps. It is not always clear how these are overseen and evaluated, or how individual outcomes are followed up.
- The Health Boards that are planning for the General Medical Services Direct Enhanced Service² stated that this will cover all residents and this will address the issue of medication reviews. However, it is not clear how they plan to address areas where the contractor does not take the option to provide the Direct Enhanced Service.
- The evidence provided suggested insufficient attention to the involvement of residents in their medication reviews.

Quality of life and engagement

CSSIW

- CSSIW's new inspection regime clearly outlines 'what good looks like' in terms of older people's quality of life, which will form the basis of all inspections in the future.
- Guidance for inspectors has been introduced and inspectors are receiving training on how to work within this new methodology, with an acknowledgement of the importance of upholding older people's rights and reference to the United Nations Principles for Older Persons.
- Changes have been made to inspection reports to ensure that they provide clearer conclusions about the quality of care that people receive and how this impacts upon their wellbeing.

Local Authorities and Health Boards

- The evidence provided about systems and processes to engage and involve residents was mixed in terms of quality, equity, consistency of coverage and the range of formats used.

² See Glossary <<http://www.olderpeoplewales.com/en/reviews/chrfollowup/glossary.aspx>>

- Whilst a majority of submissions referenced the availability of independent professional advocacy, in some areas there is limited or no availability of more informal advocacy, or alternative independent provision, to enable residents and families to express their views.
- There are very few tangible examples of how residents' voices feed in to improvement processes and lead to specific changes.

Integrated inspection, governance and transparency

- Since the Welsh Government submission, the Services For the Future: Quality and Governance in Health and Care in Wales white paper has been published, which acknowledges the 'complex and confusing' system of inspection and regulation across Wales. It also demonstrates an intent to ensure that services deliver the same standard of care and support regardless of where they are received. However, there are no proposals about how the healthcare needs of care home residents will be scrutinised and met in terms of future inspection regimes, NHS governance and transparency.
- CSSIW and HIW are conducting a joint review into the availability, and quality of healthcare support for care home residents in North Wales. The findings of this review are intended to shape future joint working between these inspectorates about the health care needs of residents across Wales.

Public information

Health Boards

- None of the Health Boards provided Sufficient responses in relation to this Requirement for Action, and did not provide adequate information related to care homes within their 2016/17 Annual Quality Statements.
- Only four Health Boards mentioned sensory impairment within their responses and this information is either somewhat limited, insufficiently distinct from general community data, or is in the planning process.
- All of the Health Boards described falls management or falls prevention work in hospitals and/or the community within their submissions, but they either fail to distinguish care homes, provide insufficient detail, and/or focus on nursing homes without sufficient reference to the wider care home sector.

Workforce planning and nursing career pathways

Welsh Government

- No evidence was provided of effective national leadership concerning how the needs of the care home workforce, specifically nurses, will be met. There is still no explicit evidence of NHS workforce planning projections that identify the current and future level of nursing staff required within the residential and nursing care sector, including care for older people living with mental health problems, cognitive decline and dementia.
- No planned actions appear to be in place to address national insufficiencies in the availability of nurses in care homes, other than the delegation of nursing tasks. The Regulated Services (Service Providers and Responsible Individuals) Regulations 2017 and Statutory guidance for service providers and responsible individuals on meeting service standard regulations will require staff continuity³ and providers will have to demonstrate how they ensure this where agency staff are used⁴, but this does not actively address the current skill shortages in the sector.

Health Boards

- Health Boards have been directed by the Welsh Government to include the requirements of the care home sector in their Integrated Medium Term Plans. However, the evidence was unclear about the extent to which these needs are captured in partnership with care home providers to ensure that their needs are captured.
- Most Health Boards are working with universities to provide student nursing placements in care homes, and have developed nursing support, such as revalidation and access to training - albeit to different levels - for nurses currently working in the sector.

3 Regulation 22, Regulated Services (Service Providers and Responsible Individuals) Regulations 2017 and Statutory guidance for service providers and responsible individuals on meeting service standard regulations

4 Regulation 34 & 35, Regulated Services (Service Providers and Responsible Individuals) Regulations 2017 and Statutory guidance for service providers and responsible individuals on meeting service standard regulations

The impact of 'A Place to Call Home?'

Context

In November 2014, my Care Home Review report, 'A Place to Call Home?', outlined the changes required to deliver improvements in care homes that older people want to see and have a right to expect. I was clear that failing to acknowledge and act upon the Requirements for Action set out in my Review report would undermine the good care that currently exists and would prevent us from achieving what we are capable of in Wales.

Following the publication of my Care Home Review, there has been a significant change in the attention given to the care home sector in Wales and the quality of life of the older people who live in care homes. In visiting a number of care homes across Wales, and listening to the voices of older people and their families, I have seen some positive developments. In many cases, the good practice I have seen is linked to strong leadership by individuals such as care home managers, owners, and other front line leaders, who work hard to inspire their teams of staff and ensure that standards are upheld.

My Care Home Review made clear that I expect to see real change delivered for all care homes residents in Wales, and that quality of care and quality of life must not be based on where older people happen to live or where they happen to find themselves in the health and care sector. To secure real change, there not only needs to be effective legislation, policy and guidance, but also effective governance and leadership at all levels. Furthermore, this change must be supported not only through revised systems and processes but through a transformation in culture that is based on a respect for the human rights of care home residents and through developing creative ways to ensure that residents enjoy the best possible quality of life. I have therefore focused on these factors within this follow-up work.

In terms of legislation and policy, I welcome the fact that a range of developments have begun to both directly and indirectly address the issues identified by my Care Home Review and will help to deliver the change that is needed:

- The implementation of the Social Services and Wellbeing (Wales) Act⁵ in April 2016 has helped to ensure there is now a far greater emphasis on prevention and person-centred support within social care.
- The National Outcomes Framework⁶ for people who need care and support

5 Welsh Government (2017) Care and support in Wales is changing <<http://gov.wales/topics/health/socialcare/act/?lang=en>> (webpage accessed 16/01/2018)

6 Welsh Government (2017) Measuring well-being <<http://gov.wales/topics/health/socialcare/well-being/?lang=en>> (webpage accessed 16/01/2018)

emphasises the strengths and capabilities of individuals.

- CSSIW's new inspection regime of Local Authorities acknowledges the importance of upholding older people's rights and makes reference to the United Nations Principles for Older Persons.
- The Regulation and Inspection of Social Care (Wales) Act 2016⁷ introduces new standards for care homes, replacing the current National Minimum Standards from April 2019. It has the potential to provide a new foundation for quality of life, and marks a move away from a framework that focused on 'task-based' care to one that places quality of life more centrally.

This section sets out the wider impact of my original Care Home Review and its relationship to these legislative and policy changes in more detail, including related frameworks and guidance. It is structured around the themes that emerged from the original report:

- Day-to day life
- Health and wellbeing
- People and leadership
- Commissioning, regulation and inspection

Day-to-day life

The best care homes are empowering, enabling, flexible, welcoming and friendly communities in their own right, but are still also part of the wider communities in which they are located. My Care Home Review found that too many older people living in care homes have an unacceptable quality of life and that the view of what constitutes 'acceptable' needed to shift significantly. I therefore welcome the fact that the Regulated Services (Service Providers and Responsible Individuals) Regulations 2017 and the Statutory guidance for service providers and responsible individuals on meeting service standard regulations⁸ should, if fully and effectively implemented, address many of the areas of concern related to day-to-day life that were identified by my Care Home Review.

My Review found that on moving to a care home, older people did not always have accessible, high quality information about what to expect, their rights and entitlements, or how to raise any concerns. I therefore called for the introduction of a Welcome Pack⁹ and I am encouraged that the Regulated Services

7 Welsh Government (2017) Regulation and Inspection of Social Care (Wales) Act <<http://gov.wales/topics/health/socialcare/regulation/?lang=en>> (webpage accessed 16/01/2018)

8 Regulated Services (Service Providers and Responsible Individuals) Regulations 2017 and Statutory guidance for service providers and responsible individuals on meeting service standard regulations

9 Older People's Commissioner for Wales (2014) A Place to Call Home? Requirement for Action 1.2

(Service Providers and Responsible Individuals) Regulations 2017 will create a requirement for all care home providers to issue a 'Written Guide to the Service' to their residents¹⁰. This corresponds to the Welcome Pack that has been issued by the Welsh Government Care Home Steering Group, which includes much of the content I called for, and it is my expectation that this will be used to support implementation.

My Review also found that older people's personal history, likes and dislikes, cultural identity, religious beliefs, achievements and future aspirations were often not given sufficient priority and visibility within the care planning process. I therefore called for a national approach to planning in care homes¹¹ and I welcome the fact that the new regulations and guidance¹² require service providers to produce Personal Plans for each resident, setting out how, on a day-to-day basis, their care and support needs will be met, including sufficient detail to inform and enable staff to know more about each individual and deliver the best possible care for them. Whilst I have provided detailed commentary on how these Personal Plans may be strengthened¹³, I have welcomed the concept, which has the potential to deliver meaningful choice and control for care home residents' day-to-day life.

Mealtimes were also identified by my Review as an area where improvements were needed as they were often a 'clinical operation' and seen as a feeding activity, with residents having little choice about what to eat and when. To address this, I called for the development and implementation of national good practice guidance in relation to mealtimes and the dining experience¹⁴. I therefore welcome that, in addition to the Regulated Services (Service Providers and Responsible Individuals) Regulations 2017 and the Statutory guidance for service providers and responsible individuals on meeting service standard regulations (which makes reference to the importance of positive mealtimes), the Welsh Government has also developed Guidance on the Dining Experience¹⁵, issued by the Welsh Government's Care Home Steering Group. I expect to see this good practice guide used in all care homes in Wales, and for this to be promoted through the new standards of care and support.

As my Review also highlighted that there are often limited opportunities for older

10 Regulation 19, Regulated Services (Service Providers and Responsible Individuals) Regulations 2017

11 Older People's Commissioner for Wales (2014) A Place to Call Home? Requirement for Action 1.1

12 Regulation 15, Regulated Services (Service Providers and Responsible Individuals) Regulations 2017 and Statutory guidance for service providers and responsible individuals on meeting service standard regulations

13 Older People's Commissioner for Wales (2017) Consultation Response: Phase 2 implementation of the Regulation and Inspection of Social Care (Wales) Act 2016 <http://www.olderpeoplewales.com/Libraries/Consultation_Responses_2017/OPCW_response_to_Phase_2_Consultation_Letter_-_July_2017_English_FINAL.sflb.ashx> (webpage accessed 16/01/2018)

14 Older People's Commissioner for Wales (2014) A Place to Call Home? Requirement for Action 1.4

15 Welsh Government (2017) Creating a positive dining experience for care home residents <<http://gov.wales/docs/dhss/publications/170321diningen.pdf>> (webpage accessed 16/01/2018)

people's voices to be heard, I called for care home providers, commissioners and the inspectorate to 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 processes) and ensuring the issues they raise are acted upon¹⁶. Whilst I welcome the requirements in the Regulation and Inspection of Social Care (Wales) Act 2016 to ensure that people's voices are heard and acted upon^{17,18,19,20,21}, this is an area I chose to focus on as part of this follow-up work, as this is of central importance in promoting quality of life.

It was clear from the findings of my Review that the value of independent advocacy, which is critical in improving the quality of life and care of older people by ensuring that their voices are heard and that their rights are upheld, was not sufficiently understood or even recognised by many care homes, Local Authorities and Health Boards. I therefore called for older people living in care homes to have access to Independent Professional Advocacy²². Whilst I have been clear that there are a number of limitations relating to independent advocacy within the Social Services and Well-being (Wales) Act 2014, work is now underway to ensure that the statutory requirement to provide Independent Professional Advocacy is fully implemented, which is a positive step forward.

Furthermore, Regulations will be issued under the Regulation and Inspection of Social Care (Wales) Act 2016 to regulate Independent Professional Advocacy services which I am helping to shape through my involvement in the Welsh Government Technical Group on advocacy.

I am also currently undertaking work to assess the extent to which older people have access to Independent Professional Advocacy and the findings of this will be published in early 2018.

My Review findings showed that the emotional and communication needs of older people living with dementia can be poorly understood and neglected, which can lead to them being labelled as 'challenging' and/or difficult and places them at risk of unacceptable treatment and being prescribed unnecessary anti-psychotic medication. As a result of this, I called for action to be taken to ensure

16 Requirement for Action 6.2 A Place to Call Home? Older People's Commissioner for Wales, 2014

17 Regulation 14(3)(d), Regulated Services (Service Providers and Responsible Individuals) Regulations 2017 and Statutory guidance for service providers and responsible individuals on meeting service standard regulations

18 Regulation 8(2)(a), Regulated Services (Service Providers and Responsible Individuals) Regulations 2017 and Statutory guidance for service providers and responsible individuals on meeting service standard regulations

19 Section 42(2)(b)(ii), Regulation and Inspection of Social Care (Wales) Act 2016

20 Regulation 76(1)(a)(b), Regulated Services (Service Providers and Responsible Individuals) Regulations 2017 and Statutory guidance for service providers and responsible individuals on meeting service standard regulations

21 Regulation 80(3)(a), Regulated Services (Service Providers and Responsible Individuals) Regulations 2017 and Statutory guidance for service providers and responsible individuals on meeting service standard regulations

22 Older People's Commissioner for Wales (2014) A Place to Call Home? Requirement for Action 1.6

that older people are not prescribed anti-psychotic medication inappropriately as an alternative to non-pharmaceutical methods of support. I have welcomed the inclusion of ‘chemical means’ within the definition of ‘restraint’ within the new regulations and guidance²³, which should help to tackle the inappropriate use of anti-psychotic medication. However, I am concerned that the related guidance does not go beyond stating that service providers should follow the statutory principles and provisions of the Mental Capacity Act 2005, and more should have been included related to the responsibilities of Health Boards. This is an important issue that is undermining the human rights of older people and this is why I chose to focus on Requirement for Action (3.5) as part of this follow-up work, specifically the ways in which data about the use of anti-psychotic medication is captured and published. This is also an area in which the National Assembly’s Health, Social Care and Sport Committee chose to undertake an inquiry, which I have contributed to.

Health and wellbeing

Another area of concern highlighted by my Review was primary and specialist health care services. Older people were often unable to access these services, resulting in a significant impact upon their health and wellbeing. I made clear the need for a consistent approach to the provision of these services in order to address this and I therefore welcome the fact that the new regulations and guidance include a requirement for providers to provide information (within the Written Guide to the Service) on the healthcare services available and the support available to access these.²⁴

My Review findings also showed that there was a lack of consideration for the needs of care home residents, particularly those living with dementia and/or sensory loss, in terms of the care home environment and the use of assistive equipment that can support older people to be more independent. I therefore welcome the fact that the new regulations and guidance state that service providers must ensure that individuals are provided with access to aids and equipment that may be necessary to facilitate an individual’s communication.²⁵

My Care Home Review concluded that the emotional frailty and emotional needs of older people living in care homes – particularly those with dementia - are not fully understood or recognised by commissioners, providers or inspectors. I am encouraged that CSSIW have developed a new inspection regime that moves beyond task-based care, focuses on people’s wellbeing outcomes and recognises

23 Regulation 29(5)(b), Regulated Services (Service Providers and Responsible Individuals) Regulations 2017 and Statutory guidance for service providers and responsible individuals on meeting service standard regulations

24 Regulation 19(3), Regulated Services (Service Providers and Responsible Individuals) Regulations 2017 and Statutory guidance for service providers and responsible individuals on meeting service standard regulations

25 Regulation 24(2), Regulated Services (Service Providers and Responsible Individuals) Regulations 2017 and Statutory guidance for service providers and responsible individuals on meeting service standard regulations

that it is the way in which people are cared for that significantly impacts on their emotional wellbeing and quality of life. CSSIW have produced new guidance about their commitment to promote and uphold the rights of people who use care and support services; this includes what good care should look like and what is not acceptable for people who use care and support services²⁶.

People and leadership

The Regulation and Inspection of Social Care (Wales) Act 2016 has established a new workforce regulator, Social Care Wales, and has extended the regulator's remit. Throughout my scrutiny of the Act, I consistently called for the regulation of the care home workforce²⁷ as care staff play such a critical role in whether or not residents have a good quality of life, something made clear throughout my Review report. I welcome Social Care Wales' aim 'to make sure people in Wales can call on a high-quality social care workforce that provides services to fully meet their needs'²⁸.

The Welsh Government announced in 2015 that all care home workers must register with the workforce regulator from 2020. This is a significant change: coupled with the mandatory training that registration will require, it has the potential to drive up standards of care delivered in care homes. Workforce regulation not only increases the skills of the workforce through the training requirements it imposes, but also offers opportunities to raise the professional status of the care home workforce, helping to tackle low morale. However, it must be acknowledged that this is only one facet in addressing the challenges of developing a stable and sustainable sector, which is an attractive place to work.

When I published my Review report, I called for a national mandatory induction and an ongoing training programme for care home staff²⁹ and I therefore welcome the introduction of a new Social Care Induction Framework³⁰ for the sector, which has been developed by Social Care Wales. The revised Framework, which will be aligned to a new suite of qualifications for the health and social care sector currently being developed by Qualifications Wales, incorporates many of the skills and values that I called for, including training in understanding the physical and emotional needs of people living with dementia, and has also been extended to incorporate a new section on healthcare.

26 CSSIW (2017) New guidance about our commitment to promote and uphold the rights of people who use care and support services <<http://careinspectorate.wales/news/170316-human-rights/?lang=en>> (webpage accessed 16/01/2018)

27 Older People's Commissioner for Wales (2014) A Place to Call Home? Requirement for Action 5.7

28 Social Care Wales (2017) Making a positive difference to social care in Wales <<https://socialcare.wales/about>> (webpage accessed 16/01/2018)

29 Older People's Commissioner for Wales (2014) A Place to Call Home? Requirement for Action 5.4

30 Social Care Wales (2017) Learning and development Induction and Continuing Professional Development (CPD), 2017 <<https://socialcare.wales/learning-and-development/social-care-induction-framework-1>> (webpage accessed 16/01/2018)

My Review report also made clear my expectation that care homes should be managed by permanent managers who are empowered to create an enabling and respectful culture of care, and are able to equip staff with the tools and support they need to enable older people to experience the best possible quality of life. I also called for a national recruitment and leadership programme to be developed and implemented, to recruit and train individuals with the right skills and competencies to be effective care home managers.³¹ I am therefore pleased that Social Care Wales is implementing a long term programme of work for the development of social care managers that includes a new qualification and a range of other interventions, such as the successfully piloted ‘step up to management’ programme for social care workers, to give them the confidence to move to managerial roles. It is important that staff within the care home sector are encouraged and enabled to be fully involved in this.

As described above, my Care Home Review highlighted that the emotional and communication needs of people living with dementia are often poorly understood, leading to people being labelled as ‘challenging’ or ‘difficult’. To address the issues that can arise from a lack of understanding of their needs, such as the inappropriate prescribing of anti-psychotic medication, I called for the development of a national dementia training programme³² and I welcome the fact that Social Care Wales has commissioned and produced ‘Good Work: A Dementia Learning and Development Framework for Wales’.³³ This Framework is primarily aimed at people working in the health and social care workforce and identifies three categories of workers relevant to care homes:

- Informed: social and first point of contact workers, for example, receptionists, frontline facing public sector roles, and a requirement for the induction of health and social care workers.
- Skilled: social care workers, nurses and managers.
- Influencer leaders: commissioners and designers of services.

The Framework is a positive step forward as, for the first time in Wales, providers, commissioners of care home services and the general public are able to see the learning outcomes that workers at all levels of the care home sector are expected to deliver to people living with dementia. Social Care Wales has developed a set of resources, launched in late 2017, which organisations can access for free to help them realise the ‘Good Work’ Framework.³⁴ The Framework will also form

31 Requirement for Action 5.1, A Place to Call Home? Older People’s Commissioner for Wales, 2014

32 Requirement for Action 3.1, A Place to Call Home? Older People’s Commissioner for Wales, 2014

33 Social Care Wales (2017) Good work: Dementia learning and development framework <<https://socialcare.wales/resources/good-work-dementia-learning-and-development-framework>> (webpage accessed 16/01/2018)

34 Social Care Wales (2017) Service improvement: People with dementia <www.socialcare.wales/service-improvement/people-with-dementia> (webpage accessed 16/01/2018)

part of the Welsh Government's Dementia Strategy.³⁵

Dementia training is an area I chose to focus on in this follow-up work (Requirement for Action 3.2) and whilst I welcome the progress that has been made, the findings (detailed on page 40) demonstrate the need for continued efforts to ensure these important national developments are implemented across the sector and ultimately lead to positive outcomes for people living with dementia.

Commissioning, regulation & inspection

In my Care Home Review I called for a single outcomes framework of quality of life and care, plus a standard specification to be developed and used by all bodies involved in the regulations, provision and commissioning of care homes³⁶. I therefore welcome the focus on quality of life in the Social Services and Well-being (Wales) Act 2014 and the National Outcomes Framework for people who need care and support services.

My Care Home Review also highlighted that there was a lack of meaningful information available to older people and their families to judge the quality of life, care and safety in individual care homes and I called for a range of related actions. New duties under the Regulation and Inspection of Social Care (Wales) Act 2016 should help to address this:

- All providers³⁷ must produce an annual report on their services. These annual returns will include information on quality of life of older people against the new standards under the Act, as well as information on staff qualifications, staff turnover, the number of formal complaints and whether or not these were upheld. The annual report from the Chief Inspector of Social Services must include information on how the human rights of older people are being upheld³⁸.
- Within their annual reports, Directors of Social Services must now include the views of service users about quality of life and care within their annual reports³⁹.

It is essential that commissioners of care and support work with older people and their families to ensure that care homes can meet individual needs and that providers can be challenged about unacceptable standards of care. I therefore

35 Welsh Government (2017) Draft dementia strategy <<https://consultations.gov.wales/consultations/draft-national-dementia-strategy>> (webpage accessed 16/01/2018)

36 Older People's Commissioner for Wales (2014) A Place to Call Home? Requirement for Action 6.1

37 Section 10, Regulation and Inspection of Social Care (Wales) Act 2016

38 Section 42(4)(c), Regulation and Inspection of Social Care (Wales) Act 2016

39 Section 56, 144A, Regulation and Inspection of Social Care (Wales) Act 2016

called for a national, competency based training programme to be developed for commissioners 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. Work in this area is now underway, with Social Care Wales working in partnership with the National Commissioning Board. Diploma level qualifications have been developed in collaboration with the sector; these are now available at Levels 3, 5 and 7 for social care commissioning, procurement and contracting and include 'understanding the process and experience of dementia' and 'understanding sensory loss'. The five-year strategic plan for Care and Support at Home identifies a clear action for Social Care Wales to develop further learning for commissioners.

My Care Home Review called for new safeguarding arrangements that explicitly recognise emotional neglect as a form of abuse.⁴⁰ Meeting older people's emotional needs - so that they feel safe, valued and respected - must be at the heart of care delivery within our care homes and I therefore welcome the fact that wellbeing sits at the heart of the Regulated Services (Service Providers and Responsible Individuals) Regulations 2017 and Statutory guidance for service providers and responsible individuals on meeting service standard regulations that will replace the old National Minimum Standards. Additionally, in my detailed analysis of the draft Regulated Services (Service Providers and Responsible Individuals) Regulations 2017 and Statutory guidance for service providers and responsible individuals on meeting service standard regulations⁴¹, I called for providers to be required to attend a safeguarding investigation or an Adult Practice Review and for it also to be made an offence under the Act if providers fail to participate. I have written to the Minister separately regarding this issue.

In terms of Primary Care, the new Directed Enhanced Service (DES) for Care Homes, which came into force on 12 April 2017, has a stated aim 'to enhance the care provided for residents in care homes through a proactive, holistic coordinated model of care'. The associated Guidance⁴² makes reference to the findings of my Care Home Review and the review undertaken by Dr Margaret Flynn, In Search of Accountability, which related to Operation Jasmine (2015)⁴³. It is encouraging that the DES addresses many areas of concerns that have been highlighted within these reports, such as ensuring better coordination of care through closer multi-disciplinary working. Whilst the DES applies to both residential care homes and

40 Older People's Commissioner for Wales (2014) A Place to Call Home? Requirement for Action 3.6

41 Regulation 26, Regulated Services (Service Providers and Responsible Individuals) Regulations 2017 and Statutory guidance for service providers and responsible individuals on meeting service standard regulations

42 Welsh Government (2017) Specification and Directions on GMS contract <<http://www.wales.nhs.uk/sites3/documents/480/gms%20contract%202017%2018%20care%20homes%202017%2018%20final%2012%20april%20v1%20%282%291.doc>> (webpage accessed 16/01/2018)

43 Flynn, M (2015) In Search of Accountability: A review into the quality of life and care for older people living in care homes investigated as Operation Jasmine

nursing homes and should be offered to all General Medical Services contractors, I am concerned about what happens where contractors choose not to take up this offer and how the quality of care and safeguarding for all care home residents can be assured. It is therefore essential that Health Boards make concerted efforts to implement this new contract effectively.

My Care Home Review highlighted that the residential and nursing care market in Wales is volatile and fragile and that a lack of registered care home managers and a shortage of appropriately skilled staff pose risks to the quality of care being provided and to the care home market. I was clear in my expectation that forward planning must ensure there is a sufficient number of care homes, of the right type and in the right places. I also called for change through the publication of a national plan to ensure the future supply of high quality care homes. I am therefore pleased that, under the Social Services and Well-being (Wales) Act 2014⁴⁴, Local Authorities are now required to publish an assessment of the current and future care and support needs for their population⁴⁵ and these must be used to prepare area plans by April 2018, working in partnership with Health Boards.⁴⁶ These must also inform Well-being Assessments, which are required under the Well-being of Future Generations (Wales) Act 2015.⁴⁷

Furthermore, I welcome the fact that Local Authorities are also required to produce market position statements for care homes in advance of the requirement (from April 2018) to create pooled budgets for care home accommodation.⁴⁸ Associated with this, the Regulation and Inspection of Social Care (Wales) Act 2016 includes a requirement for Welsh Ministers to prepare and publish a national market stability report (informed by each Local Authority).

The National Commissioning Board has produced a care home Market Analysis report⁴⁹ which captures some baseline management data and helped to identify gaps; this has raised a number of questions for the Welsh Government to address in terms of workforce recruitment and issues of supply and demand to drive market stability, as well as the model of care for older people that Welsh Government wants to be established in Wales.

44 Social Services & Well-being (Wales) Act, Part 9

45 Welsh Government (2017) First published Local Authority Population Needs Assessments <<http://gov.wales/topics/health/socialcare/act/population/?lang=en>> (webpage accessed 16/01/2018)

46 Welsh Government (2016) Welsh Health Circular 028 <<http://www.wales.nhs.uk/sitesplus/documents/1064/WHC-2016-028%20Implications%20of%20the%20Social%20Services%20and%20Well-being%20%28Wales%29%20Act%202014.pdf>> (webpage accessed 16/01/2018)

47 Well-being of Future Generations (Wales) Act 2015, Section 38(3)(e)

48 Social Services & Wellbeing (Wales) Act, Part 9

49 National Commissioning Board Wales (2017) Draft Findings for Discussion: Wales Market Analysis of Care Homes for Older people <<http://www.wlga.wales/SharedFiles/Download.aspx?pageid=62&mid=665&fileid=1220>> (webpage accessed 16/01/2018)

I will be working with the Welsh Government to ensure that the Regulations for the Local Market Stability Reports⁵⁰ reflect my expectations around forward planning and I will also be emphasising the importance of national leadership and oversight of this process.

It is important that in undertaking this work the Welsh Government and public bodies take into account the recent report by the Competition and Markets Authority, which highlights that the care home sector is not currently positioned to attract the investment necessary to build the capacity needed for the future, as well as the Institute of Public Care Report, 'The care home market in Wales: Mapping the Sector' (2015)⁵¹, which stresses that Local Authorities and the Welsh Government need to work in partnership to plan future provision, addressing ownership, financial stability, monitoring, staffing and quality of care.

Of particular importance is the need to assess the impact of existing initiatives and whether further action is needed to deliver the outcomes set out in my Care Home Review report.

It is disappointing that the interim report of the Parliamentary Review on Health and Social Care makes little reference to care homes, instead seeing extra care as a model for the future, particularly as the evidence is clear that there will be an increasing prevalence of frailty, disability and dementia amongst older people. Whilst extra care has a role to play, this will not be an appropriate model for a significant number of older people in Wales in years to come. Care homes will still have a role to play.

It is essential that in shaping future legislation on Quality and Governance in Health and Social Care, and considering the findings of the Parliamentary Review on Health and Social Care, that the Welsh Government listens and acts upon this body of evidence. There will always be older people in need of the care and support that can only be provided in care homes and the Government must drive forward a sustainable future for care homes and a transformation in culture to make sure that older people are supported to have the best quality of life possible, wherever they live.

50 Section 56(1)144B, Regulation and Inspection of Social Care (Wales) Act 2016

51 Institute of Public Care (2015) The Care Home Market in Wales: Mapping the Sector' <http://ipc.brookes.ac.uk/publications/publication_840.html> (webpage accessed 16/01/2018)

How I carried out my Care Home Review follow-up work

Following the publication of my Care Home Review report, *A Place to Call Home?*, in 2014, all of the public bodies subject to my Review welcomed its findings and made specific public commitments to take action in relation to my Requirements for Action. These commitments are available to view on the Older People's Commissioner for Wales website.⁵²

I was clear that I would be closely monitoring the implementation of my Requirements for Action and that I would undertake a programme of follow-up work to scrutinise any areas in which further action was needed to deliver the change required.

The impact section of this report demonstrates that there has been a significant shift in the focus and approach in a number of key areas across all levels of the care home system, with new policy, legislation, regulations and guidance that have the potential to deliver real change within care homes and make a real difference to the lives of older people.

There were, however, a number of areas where I had concerns that further action was needed, which were identified as they fall outside of legislative developments or because they relate to ongoing issues that have been shared with my casework team. These are set out in Appendix 1.

Having written to the public bodies subject to my Review in November 2016 to describe my planned approach to this work, I requested evidence from them in January 2017 regarding the action they had taken in response to the selected Requirements for Action. To support them in providing this evidence, and to ensure they were clear about the type of information and the level of detail I required, I shared a 'model answer' with them, along with a high-level judgement criteria, which set out what 'sufficient' responses should include:

- Explicit evidence about how they comply with the specified Requirements for Action that demonstrates clear progression on previously submitted plans in terms of past, current, and ongoing actions, with timelines and named leads (for future and current actions).
- An evaluation of the impact of action/s on outcomes for residents as laid out in the specified Requirement for Action.

⁵² [ADD LINK ONCE RESPONSES ARE ON WEBSITE etc](#)

- Evidence that the quality of life of residents is now understood as an essential benchmark for the delivery of high quality care and that the public body actively promotes a culture of involvement and engagement in relation to a diverse range of residents.
- Identified future actions to drive cultural change set out within a clear timeline (if analysis of impact demonstrates that this is still needed).
- Evidence of any arrangements in place to ensure that the specified Requirements for Action are actively monitored for progress and reviewed within the public body's Corporate Governance structure.

I requested that responses were submitted using a template I provided (which set out specific questions and format requirements), to be returned by 31 March 2017. Included within the template was a section that allowed examples of good practice to be shared, some of which are included in this report.

The information received was analysed and scrutinised against the judgement criteria and the commitments made by public bodies in response to my 2014 Care Home Review. The 2016/17 Annual Quality Statements published by Health Boards were also examined as they relate to Requirement for Action 6.8. A rating system of 'Sufficient', 'Partially Sufficient' and 'Insufficient' was used in assessing the responses.

The Key Findings Section of this report (page 6) sets out the key themes that have been identified from this analysis across each of the Requirements for Action. Detailed feedback and commentary has also been provided to each of the public bodies based on their responses, highlighting the positive actions that are now being delivered, as well as setting out where further action is needed. I have made clear that a 'Sufficient' rating does not mean there is not room for further progress and that I expect there to be a process of continuous improvement and governance oversight in relation to all of my Requirements for Action.

The responses provided by public bodies and my feedback/commentary are available to view in full on the Older People's Commissioner for Wales website.

Findings of my review follow-up work

This section presents the key findings of this follow-up work, related to the Welsh Government, CSSIW, Health Boards and Local Authorities.

The findings are presented here in relation to:

- Contenance
- Reablement and rehabilitation
- Falls prevention
- Dementia training
- Befriending
- Anti-psychotic medication
- Medication reviews
- Quality of Life and engagement
- Integrated inspection, governance and transparency
- Public information
- Workforce planning and nursing career pathways

Continence care

Requirement for Action 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.

Contributing to the following outcome:

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.

Responsibility:

**Welsh Government
Health Boards**

Review Findings

Health Boards:

Sufficient	2
Partially Sufficient	1
Insufficient	4

Welsh Government: Partially Sufficient

New regulations and guidance under the Regulation and Inspection of Social Care (Wales) Act 2016 do address aspects of dignified continence care and continence supplies. Whilst this is a step forward, this is not accompanied by more explicit guidance for providers, or adequate recognition that this is a multi-agency issue⁵³. Also, the proposed revision of the NHS All Wales Continence Bundle Guidance for care homes has not yet been actioned.

Promoting individual continence for as long as possible is essential to personal wellbeing and small enabling changes, such as walking with someone to the toilet rather than moving and transferring them in a wheelchair, can help residents to stay independent. National guidance that specifically addresses the needs of residents in the care home sector – as set out in this Requirement for Action – will help ensure that care home staff are clear about good practice in creating

⁵³ The Regulated Services (Service Providers and Responsible Individuals) Regulations 2017 and Statutory guidance for service providers and responsible individuals on meeting service standard regulations

enabling environments and promoting preventive approaches that enable people to be independently continent as far as possible.

The Care Inspectorate in Scotland has developed a resource, 'Promoting continence for people living with dementia and long term conditions'⁵⁴, which is based on the principle that dignity is compromised without appropriate continence care. Research related to this resource is also available, outlining its development and early implementation, and outlining a range of strategies that can help people to remain continent⁵⁵.

Health Boards:

All Health Boards stated in their responses that they have continence specialists in place, in the form of continence teams/services, Continence Nurse Specialists and/or nurses with a special interest. However, these forms of support also cover the wider community. Most Health Boards simply stated that all care home residents have access to them, but failed to provide evidence to support this assertion. Little was also said about levels of service availability.

The responses also suggest inconsistencies in approach across different areas. For example, one Health Board stated that it has provided access to care homes to a locally adapted All Wales Bladder and Bowel Care Pathway, whilst another 'encourages care homes to use this kind of tool'. Others make no mention of the pathway at all.

The approach to continence care was often described in terms of task-based support or was related to product supplies (such as pads) and infection control. Although some Health Boards made clear that they promote a range of treatment and management options and do not just offer 'containment', there was very little reference to continence care being delivered in person-centred ways that enable residents to have choice and control, which is an essential part of their quality of life.

A small number of Health Boards mentioned that they have implemented preventive initiatives, such as improving hydration amongst residents.

Initiatives like this can not only make a huge difference to older people's quality of life (as outlined in an All Party Parliamentary Group for Continence Care report (2015)⁵⁶), but also offer the potential for Health Boards to make significant financial

54 Care Inspectorate (Scotland) (2015) Promoting continence for people living with dementia and long term conditions <<http://www.careinspectorate.com/index.php/guidance/9-professional/2613-promoting-continence-for-people-living-with-dementia-and-long-term-conditions>> (webpage accessed 16/01/2018)

55 Dennis J (2016) Changing our view of older people's continence care. *Nursing Times*; 112: 20, 12-14.

56 All Party Parliamentary Group for Continence Care (updated 2015) Cost Effective Commissioning for Continence

savings. For example, Aneurin Bevan University Health Board have enabled their Continence Nurse Specialist to be employed on a permanent basis because of the associated savings linked to waste reduction, better housekeeping and contract management.

One Health Board stated that some care home providers can be reluctant to use its Continence Service. The reasons for this are not made clear, but it raises concerns that this might be an issue across other areas. Aneurin Bevan University Health Board has started promoting catheter awareness amongst care home staff as part of a broader campaign, and this has helped to promote contact with independent providers:

Good Practice: Catheter Awareness Week

Aneurin Bevan University Health Board

The Health Board first learned about Catheter Awareness Week (CAW) from the Innovations Network in London, which has run similar programmes. The aim is to improve catheter care by informing nursing staff about what the Health Board is able to provide relating to both continence care and catheter care, and is an opportunity to share best practice. This year's CAW included the community and the Commissioner's Care Home Review report, *A Place to Call Home?*, reinforced the Health Board's concern to target care homes.

The programme included stands, banners, posters and stickers. Two seminars were made available to staff from all areas and included white boards and photo shoots for delegates to make pledges to improve catheter care. The Health Board worked to ensure they had a strong presence on Facebook and Twitter, which was useful for sharing good practice.

There was a good attendance from care home staff at the seminars. One of the organisers said this was very positive in creating an 'inroad' to private sector care homes as the Continence Service do not always have a strong relationship with them.

Staff training was mentioned in a majority of the submissions. This includes the training of care home staff on an informal basis related to the needs of individuals, provided through the continence services and specialists. Several Health Boards stated that more formalised training is also made available, to enhance the skills and knowledge of care home staff, and Cardiff and Vale University Health Board is looking to develop e-learning modules as an additional resource. It is clear from the evidence that there is a need to ensure such training takes place. For example, one Health Board stated it undertook an audit at the beginning of 2017

that found poor knowledge amongst nursing and residential care home staff in relation to continence (which it is working to address); another submission stated that care home staff requested continence training because there was felt to be a gap. Furthermore, many of the responses focused upon the training of nursing staff, but it was not clear what level of training is provided to different types and levels of staff.

It is essential that continence care training is not simply task-based but addresses dignity, choice and control, and raises awareness of the environmental factors that can impact on individuals in relation to continence (such as colour contrasts and signage). This is especially important for people living with dementia⁵⁷, but most of the submissions fail to make any reference to people with living dementia, or to people who have specific access requirements or different cultural needs. It is of key importance that the diverse needs of care home residents are properly taken into account, as this has implications for quality of care and health outcomes.

⁵⁷ Social Care Institute for Excellence (2015) When people with dementia experience problems related to using the toilet <<http://www.scie.org.uk/dementia/living-with-dementia/difficult-situations/using-the-toilet.asp>> (webpage accessed 16/01/2018)

Reablement and rehabilitation

Requirement for Action 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.

Contributing to the following outcome:

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.

Responsibility:

Local Authorities
Health Boards

Review Findings

Health Boards:

Sufficient	2
Partially Sufficient	2
Insufficient	3

Local Authorities:

Sufficient	6
Partially Sufficient	8
Insufficient	8

A large number of Local Authorities and Health Boards did not provide robust evidence of progress with respect to this Requirement for Action. Whilst a range of roles and teams are described (for example, Community Resources Teams, District Nurses, Integrated Services Teams and Frailty Services), there is little critical analysis regarding the performance of these services, of the availability or reality of access for care home residents. Where associated data was provided, it often related to community-based services and it is therefore difficult to assess the level of support available to care home residents. Only half of the submissions provided any information about access to services for self-funders, and in many cases these details were limited. In several submissions reference was made to

recent changes in structures in health and/or social care services (such as patch-based systems, GP clusters, dedicated care home GPs and Liaison Nurses, and Enhanced Service contracts for care homes) that aim to ensure better care co-ordination. However, the benefits and outcomes for care home residents are yet to be tested and realised, and in some cases these new systems only provide partial coverage.

A large number of submissions related to this Requirement for Action provided detailed evidence of falls and/or falls prevention programmes, and these are referenced on page 37. Some Health Boards and Local Authorities also described activity that is associated with general health care, for example:

- **Vale of Glamorgan Council** has established a foot care programme in partnership with Cardiff and Vale University Health Board, Age Cymru and the Society of Chiropodists and Podiatrists, which is resulting in benefits for care home residents in terms of their mobility and has contributed to falls prevention.
- In **Cwm Taf University Health Board**, there is dedicated care home dietician support, as part of the 'At Home' service. This post was made permanent after the benefits of providing enhanced dietetic support were demonstrated in an initial cohort of care homes. This work not only targets individuals referred for treatment but the health and wellbeing of the care home community as a whole.
- **Torfaen County Borough Council** has introduced an oral health programme, with 100% uptake from care homes.^{58,59} The evidence suggests that this has resulted in a number of benefits for care home residents, particularly those with dementia, who can enjoy eating a greater variety of foods again. There is also less reliance on food supplements, and the need for dental treatment has been reduced.

Whilst these programmes are all positive, taken by themselves they do not constitute sufficient supporting evidence related to this Requirement for Action concerning access to specialist reablement and rehabilitative services following a period of ill health.

Several submissions described how care homes are now being used to provide short-term reablement support/step up down beds to facilitate hospital discharge

58 The significant impact of poor oral health on quality of life related was evidenced in a report published by the Royal College of Surgeons: "Improving the Oral Health of Older People" (August 2017)

59 Specific work on oral health in care homes in Wales has been undertaken as part of a review of Special Care Dentistry in Wales: <http://gov.wales/topics/health/professionals/dental/dentistry/?lang=en> (webpage accessed 16/01/2018)

and/or provide transitional reablement support. Many of the submissions suggest that this is the main focus of reablement activity and it is unclear whether permanent, longer term residents get the same kind of attention or service ethos. One Health Board made this disparity in approach clear:

“Assessment beds [intermediate care] in the residential homes operate differently from the standard residential bed, with service users encouraged to undertake as many of their acts of daily living for themselves under the supervision of the community staff, therefore promoting self-independence.”

This evidence suggests that a ‘two-tier’ approach is emerging in relation to reablement and rehabilitation services, where there is a differential level of service and different expectations depending on an individual’s occupancy status within the care home. Whilst there is an understandable focus on avoiding hospital admissions and facilitating effective discharge, a lack of attention to care home residents creates dependency and risks the spiraling of further ill health. This has significant personal and cost consequences (as indicated by examples provided by the British Geriatrics Society).⁶⁰ A recent interim findings report related to the ‘Optimal NHS service delivery to care homes’ research highlighted some of the risks and potential benefits of delivering NHS services through care homes, which underlines the need to be concerned about this observation.⁶¹

A small minority of submissions made reference to support for people with dementia, in the form of specific dementia support services, such as memory clinics or dementia intervention teams. However, this was solely related to cognitive and behavioural support or drug regimes, and there was no reference within the submissions to ensuring access to the range of rehabilitative or reablement therapies for people with dementia, which is particularly important following a period of ill health. This can make a critical difference⁶². As Comorbidities amongst people with dementia are common⁶³, it is important that health services do not operate in silos when delivering support, or operate eligibility criteria (either explicit or informal) that lead to individuals being excluded from vital support which can prevent deterioration and aid wellbeing.

It is also concerning that there are a number of examples of inappropriate

60 British Geriatric Society (2015) Physiotherapy and older people <<http://www.bgs.org.uk/nursepublications/nursing/nursepublications/consultation-physio-and-older-people>> (webpage accessed 16/01/2018)

61 Goodman, D et al (2017) Optimal NHS service delivery to care homes: a realist evaluation of the features and mechanisms that support effective working for the continuing care of older people in residential settings (The Optimal project is funded by the National Institute for Health Research [HS&DR Project: 11/1021/02])

62 Social Care Institute for Excellence (2013) Maximising the potential of reablement; Supporting people living with dementia (Guide 49), 2013 <<https://www.scie.org.uk/publications/guides/guide49/dementia.asp>> (webpage accessed 16/01/2018)

63 International Longevity Centre UK / Scrutton, J and C.U. Brancati (2016) Dementia and Co-morbidities; ensuring parity of care <http://www.ilcuk.org.uk/images/uploads/publication-pdfs/ILC-UK_-_Dementia_and_Comorbidities_-_Ensuring_Parity_of_Care.pdf> (webpage accessed 16/01/2018)

terminology linked to dementia (such as ‘challenging behaviour’) within some of the submissions. This indicates a lack of awareness about the impact of language and its role in driving positive change in practice and culture.

Whilst a small number of Local Authorities briefly stated that they provide staff training in enabling approaches, the vast majority of submissions from both Local Authorities and Health Boards provided little sense of an enabling ethos in line with the current policy direction. Descriptions are generally service driven and rooted in the language of ‘doing to’ rather than ‘working with’ the person.

Where actions are underway, evidence of impact or improvement provided within the submissions is generally anecdotal and vague, or relates to service outcomes/destination (for example, avoidance of hospital admissions/diversion from residential care). Little reference was made to personal outcomes that are robustly linked to care plans/reviews or considered as part of contract monitoring arrangements. Although there were some references to quality checks and satisfaction surveys, this evidence was often combined with wider community data and it is therefore difficult to get a sense of the impact these are having upon care home residents. With a few exceptions, there was little mention of how care plans are being used to help reinforce reablement goals through daily routines and proactive reinforcement, or of working together with the resident and family members within the framework of a personalised risk assessment to improve health and wellbeing.

Whilst there are clearly significant gaps in the provision of reablement and rehabilitation services, a few examples were provided that demonstrate the significant difference preventive approaches can make to care home residents’ health and quality of life (and implicitly to health service budgets):

Good Practice: Prevention

The Stars Project

The STARS Project is a partnership based initiative in Rhondda Cynon Taf (between Leisure, Culture and Tourism and Community Care), which provides a programme of activity in care homes with the aim of improving mood, mobility, circulation and psychological wellbeing. Participation and progress is assessed through care plan reviews, individual risk assessments, a Health & Safety Database, personalised activity plans, behaviour charts and a falls screening assessment tool. The project is a dedicated care home resource available free to Local Authority homes and private homes are able to access it at a charge. This has shown improved balance and mobility, and a reduction in falls.

“I sometimes feel like I’ve run a marathon.... She really gets us going.”

“I really enjoy all of us getting together and having a laugh.”

(words of residents using the STARS service)

Dementia Go

The Dementia Go scheme is a partnership initiative in Gwynedd. This scheme has provided positively evaluated physical exercise sessions for people living with dementia and their carers in leisure centres since 2015. An officer has now been seconded from Leisure Services for two years to expand and develop the scheme within Local Authority care homes, which will be open to all residents. It will be delivered through staff, who will be trained, with the aim to ensure that activity is ongoing and incorporated into daily routines, and not just focused on occasional exercise classes. It will also take account of work that has been led by the British Heart Foundation National Centre for Physical Activity at Loughborough University and the Care Inspectorate in Scotland.⁶⁴

As recognised in one of the examples referenced above, prevention can be achieved through a range of means, and enabling care home residents to keep mobile through small everyday activities can make a huge difference to their wellbeing, overall health and resilience.

There was little mention of the use of assistive technologies within the submissions, though Gwynedd Council and Betsi Cadwaladr University Health Board did make reference to a telemedicine project that will give access to specialist medical opinion through ‘virtual’ appointments via video conferencing for older people in the communities⁶⁵. This approach can help to avoid the need to travel to health facilities, which can be very stressful for older people, and can be of particular benefit to people living in rural communities. Evidence of the benefits of assistive technology for people with dementia is also growing⁶⁶ and it is therefore important that assistive technology options are fully explored and evaluated at both a strategic and individual level to ensure they meet the desired outcomes of care home residents⁶⁷.

There appears to be a lack of an overall strategic approach in relation to this Requirement for Action in the majority of areas. Whilst a range of different projects

64 British Heart Foundation National Centre for Physical Activity / Care Inspectorate (Scotland) (2014) Care...about physical activity; Promoting physical activity in care homes in Scotland – a good practice resource pack <<http://www.careinspectorate.com/images/documents/2732/Physical%20activity%20guidance%20booklet.pdf>> (webpage accessed 16/01/2018)

65 This work forms part of a Bevan Exemplar site

66 AT Dementia <<https://www.atdementia.org.uk/>> (webpage accessed 16/01/2018)

67 Telehealth has been actively championed in Scotland for some years, and is supported by the Joint Improvement Team, whose website sets out related research: <http://www.jitscotland.org.uk/action-areas/telehealth-and-tele-care/> (webpage accessed 16/01/2018)

related to reablement and rehabilitation are being delivered – many as part of a partnership approach – there is little sense of this work taking place within a high level, structured and prioritised framework that is focused on prevention and promoting enabling, person-centred approaches that specifically address the needs of care home residents.

Falls prevention

Requirements for Action 2.3 and 6.8

A National Falls Prevention Programme for care homes is developed and implemented. This should include:

- **Enabling people to stay active in a safe way**
- **Up-skilling all care home staff in understanding and minimising the risk factors associated with falls**
- **The balance of risk management against the concept of quality of life and the human rights of older people, to ensure that risk-averse action taken by care staff does not lead to restrictive care**

National reporting on falls in care homes is undertaken on an annual basis.

Contributing to the following outcome:

Older people's risk of falling is minimised, without their rights to choice and control over their own lives and their ability to do things that matter to them being undermined.

Responsibility:

Welsh Government (2.3)

Falls information provided by Health Boards across their submissions (mainly related to Requirement for Action 6.8 and 2.2) has also been referenced here.

Review Findings

Welsh Government: Insufficient

The evidence submitted fails to demonstrate that the Welsh Government has taken sufficient action to develop a National Falls Prevention Programme in care homes across Wales. The response does make reference to funding for Low Impact Functional Training (LIFT), but this in itself will not drive the change in culture and practice needed to ensure that residents' mobility is actively promoted as part of daily life and is understood as a way of improving their quality of life and reducing risk.

The Welsh Government submission also makes reference to the 'Managing

Falls and Fractures in Care Homes for Older People' good practice resource⁶⁸ (produced by NHS Scotland and the Care Inspectorate Scotland), though there are no clear commitments or timescales associated with this.

The evidence does not include any evaluation of the potential impact that the Welsh Government's inaction is having upon residents' wellbeing, in terms of the human costs of loss of independence, risks of hospitalisation and serious health decline, and the significant financial impact on the NHS.

Health Boards

A range of work related to falls prevention was described by Health Boards, including:

- developing specific resources, such as Falls Packs, available for use by care homes;
- using specialised equipment, with some areas involved in a pilot of inflatable moving and handling equipment⁶⁹;
- delivering training for care home staff in the form of workshops, tailored provision and/or e-learning packages;
- undertaking promotional activities, such as the establishment of Falls Champions within care homes; and
- focusing on anti-psychotic and other medication reviews, which was described as having a positive impact in reducing falls.

Several Health Boards also described investment in specialist falls practitioners and/or support from services, such as Practice Development Teams, Falls Teams and Falls Prevention Clinics. However, these were generally community-based and it was therefore difficult to ascertain the level of access to these services for care homes.

Aneurin Bevan University Health Board described how they are making the link between falls and sensory loss and are planning a range of activities associated with this, including hosting a multi-agency event and delivering related training to care home staff. They are also rolling out a 'Pimp My Zimmer' programme:

68 Care Inspectorate and NHS Scotland (2016) Managing Falls and Fractures in Care Homes for Older People – a good practice resource Revised edition <<http://www.careinspectorate.com/images/documents/2712/Falls%20and%20fractures%20new%20resource%20low%20res.pdf>> (webpage accessed 16/01/2018)

69 Provided by Mangar ELK

Good Practice: Pimp my Zimmer

Aneurin Bevan University Health Board

Pimp My Zimmer first started in a care home in Essex where the matron recognised that people with dementia do not easily identify the colour grey, and made the decision to engage residents in 'pimping' their zimmers. Decorating the zimmers with bright colours makes them more easily recognisable as well as being fun for the individual. This initiative has seen a 60% reduction of falls in a number of care homes in Essex where this scheme was rolled out.

The Health Board has introduced this initiative across 110 nursing and residential homes and in housing complexes, hospital wards etc. Awareness sessions have also been held with Activities Coordinators and pre-fall data is also being used to help evaluate the impact of this programme.

In addition to this good practice, the majority of Health Boards described how they are developing processes and systems to monitor and respond to falls more effectively by, implementing falls pathways and/or undertaking routine audits of falls, for example. Two Health Boards (Cwm Taf University Health Board and Abertawe Bro Morgannwg University Health Board) stated that they are working with Local Authorities and providers to introduce changes to contracts, requiring care homes to routinely record and report on falls. Some evidence was also provided of strategic partnership based approaches, such as a Falls Steering Group in Aneurin Bevan University Health Board and a Falls Prevention Group in Cwm Taf University Health Board.

Whilst a range of falls management and prevention activity within care homes is in place or is in the process of being developed, the evidence provided is inconsistent across Health Boards. Furthermore, due to the lack of evidence reported within all of the 2016/17 Annual Quality Statements published by Health Boards (outlined on page 64), it is difficult to assess the level of support that is available to care home residents or understand how falls prevention and the number of falls are being monitored and recorded.

Dementia training

Requirement for Action 3.2

All care home employees undertake basic dementia training as part of their induction and all care staff and Care Home Managers undertake further dementia training on an ongoing basis as part of their skills and competency development, with this a specific element of supervision and performance assessment.

Contributing to the following outcome:

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.

Responsibility:

Local Authorities

Review Findings

Local Authorities:

Sufficient	10
Partially Sufficient	4
Insufficient	8

The majority of Local Authorities have made progress in this area, though even amongst those judged 'Sufficient' a number of areas of weakness were identified, as highlighted in this section. There were, however, some excellent examples of proactive development work, where staff training is approached as one aspect of workforce development and culture change, as exemplified below:

Good Practice: Dementia Care Matters

Merthyr Tydfil Counry Borough Council and Rhondda Cynon Taf County Borough Council

The Local Authorities are working in partnership to shift the whole culture in relation to dementia, and care home staff training is a key part of this. A leadership training course, which includes managers from the independent sector, has been commissioned from Dementia Care Matters.

Commissioning staff are also undertaking the training and are applying it to their monitoring activity, where they utilise the Quality of Interactions Schedule (QUIS) observation tool.

“Our experience is that quality of care is directly affected by the quality of leadership at a care home and this is an area for specific attention during the Contract Monitoring Officers visits and observations. Contract Monitoring Officers also liaise with the training team to monitor where opportunities for leadership and management training have been accepted and declined.”

(Rhondda Cynon Taf County Borough Council)

The training is supported and reinforced through the Training and Development Team, with a view to embedding learning and sharing best practice. The approach promotes positive risk taking and Health and Safety staff are advised of this in order to reduce conflicting expectations around the promotion of independence.

A new contract is being developed to further embed this approach, and there is an incentive scheme for providers in relation to staff training in the form of vouchers. The joint Cwm Taf Social Care Workforce Development Partnership also receives bi-monthly reports, and there is a commitment to fully rolling out the leadership programme.

Whilst some examples of good practice were provided, the majority of responses lacked detail in terms of the level and type of training that care home staff are currently receiving. Induction training is often referred to generally, and the level of dementia training within this is not always made clear. Where Local Authorities mention that care home managers are provided with specific training, this appears in some cases to be inadequate to provide the kind of knowledge and leadership that is necessary.

Despite the importance of all people in the care home environment who have contact with people living with dementia having an awareness of its impact and being able to respond positively, very few responses mentioned whether auxiliary staff (such as cooks and caretakers) receive any training. Flintshire County Council has, however, begun a research study with Bangor University (Creative Conversations), which focuses specifically on skills and competency development that includes domestic and auxiliary staff, with a view to ensuring that all staff working in care homes understand the physical and emotional needs of people living with dementia.

Responses from several Local Authorities stated that they are becoming Dementia Friendly and/or are establishing Dementia Friendly Communities. This is very positive in principle: care homes are part of the wider community and Local Authorities have a responsibility to drive forward cultural change so that people living with dementia are included and treated with understanding and respect. However, in some areas, the ‘Dementia Friends’ awareness raising associated with these initiatives appears to be targeted at care home staff. This is an inadequate level of dementia training for staff who have daily contact with people living with dementia and a responsibility for providing quality care and support.

The reinforcement of training through wider workforce development is essential to ensure that learning needs are identified, learning outcomes are achieved, learning is sustained and staff are provided with the opportunity to reflect on their practice. However, only a minority of Local Authorities mentioned what they are doing to promote this (for example, through supervision and appraisal, implementing mentoring schemes, deploying observation tools, and backing up face-to-face training with e-learning tools and relevant videos). Others mentioned that they deliver additional specific forms of training related to specific activities for people living with dementia, such as ‘Never Ending Story’ and ‘Dance Circles’. Whilst these are all very positive steps, one Local Authority recognised the ongoing work and leadership that is required to ensure a real shift in culture that respects older people’s human rights:

“At present there is still a poor understanding about how human rights interact with the need to provide a safe environment and what steps need to be taken in practice. Although there are some areas of good practice, many care settings are still driven by a culture of risk aversion. Further training, modelling, mentoring, supervision, appraisal and reassurance are required to ensure managers are confident that they will not be penalised for encouraging people to take measured risk.”

The responses provided suggest that some Local Authorities do not have a sufficiently strategic overview in relation to this Requirement for Action. Whilst there is some indication that ‘Good Work: A Dementia Learning and Development Framework for Wales’ (2016) is being implemented at a regional level, there is a lack of reference to this at a local level, with more than half of the responses not mentioning it at all. Some of the evidence provided also raises concerns about forward planning and preparedness in relation to dementia. One Local Authority stated, for example, that they have little idea of the quality and level of dementia training being commissioned by independent sector homes, while others provided information that showed the independent sector only sourced a relatively small percentage of dementia training from their Local Authority workforce development

team. The delivery of the 'Good Work' Framework will require that training is delivered to a certain standard and public bodies will need to understand the training provider market and profile of need to be in a position to support the effective implementation of this.

Befriending

Requirement for Action 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.

Contributing to the following outcome:

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

Responsibility:

Local Authorities

Review Findings

Local Authorities:

Sufficient	8
Partially Sufficient	2
Insufficient	12

The Care Home Review set out the need to promote more befriending activities in care homes, and the wide ranging benefits of befriending support are clear, as outlined in a summary of research evidence by the Mentoring and Befriending Foundation⁷⁰.

There was limited progress in relation to this Requirement for Action and the evidence provided often failed to offer assurance about the type and level of befriending activity available to care home residents.

Where examples of practice were described, the extent of this within the locality was often not clear within and across Local Authority and independent sector care

⁷⁰ Mentoring and Befriending Foundation (2012) Older People; Research Summary 3
<<http://www.mandbf.org/wp-content/uploads/2011/03/Research-summary-3-older-people-updated-Oct-2012.pdf>>
(webpage accessed 16/01/2018)

home settings. In several submissions, all of the activities described took place within the care home and there was little sense that residents are enabled to engage with the wider community to establish and/or sustain relationships. Where contract monitoring systems were described in relation to this issue, these did not always appear to be sufficiently robust. For example, looking at a list of group-based activities and events provided by care homes does not provide meaningful information about whether the activities being delivered are sufficiently person-centred.

Very few of the submissions went into any detail about how they assess and review residents' individual needs in relation to this Requirement for Action, through Local Authority care management processes or through care planning processes within the home. However, evidence was submitted in response to Requirement for Action 3.2 (dementia training) where some Local Authorities described how they deployed various tools that help care staff to get to know the person (such as 'This Is Me'). It is important that these tools - which capture people's profiles, needs, preferences and aspirations - are actively used. They need to be 'joined up' to care management and contract monitoring processes and linked to the delivery of related outcomes.

Whilst evidence about befriending activities was often limited and lacking in detail, the majority of responses from Local Authorities did set out how they support residents to access faith-based support and activities. Rhondda Cynon Taf County Borough Council, for example, has been piloting a creative approach to enabling faith-based activities within one of its care homes:

Good Practice: Faith-based support

Rhondda Cynon Taf County Borough Council

The Local Authority has been running a pilot scheme with the staff at Bronllwyn Care Home, with regard to the faith needs of residents. The intention was to provide a multi-sensory experience which could be accessed on a variety of levels. Care home staff had already received training on understanding meaningful activity as an important human need, and the Manager has undertaken a range of development work to ensure that this becomes a core part of her staff's practice. This was important groundwork in the faith-based initiative, which has been developed in partnership with the Local Authority training department.

A small number of staff received further training from an experienced special needs teacher, and the sessions include, for example: use of hand bells; spiritual

story books and CDs; musical instruments and tactile objects; large print hymn and song books with illustrations to provide prompts and stimulate conversations. Large scale pictures of local points of interest are also used, which are selected by residents.

The Manager attends the sessions and ensures that the same staff are available to support them. The expectation is that this will be a regular activity that is structured but flexible, and residents can participate as they wish.

Some creative examples of intergenerational activity were also described, such as:

- **Blaenau Gwent:** A 'Digital Heroes' programme is being planned that includes younger generations; this will provide training to care home residents and staff to enable people to, for example, Skype friends and relatives.
- **Flintshire:** Following the provision of Dementia Friends training in schools, 15 selected pupils have been involved in creative arts workshops looking at communication. Following this, the pupils are involved with care home residents in a creative story session called 'Never Ending Story'.
- **Bridgend:** The Olympage Games is an annual intergenerational event with an emphasis on having fun, where teams take on the identity of competing countries. It emerged from development work with day services, care settings and community groups.
- **Gwynedd:** Children have been working with residents of Bryn Seiont Newydd care home and a textile artist to create a project called 'Perthyn', which celebrates the links between Caernarfon and Patagonia.
- **Swansea:** A care home takes residents to visit a local café set up by schoolchildren to cater for older people, which offers arts and crafts and pamper sessions.

Some of these examples are arts-based, and a recent review of evidence published by the SCIE and the All Parliamentary Group on Arts, Health and Wellbeing in 2017⁷¹ sets out the benefits of the arts in meeting some of the major challenges facing social care, including social benefits that can counter isolation and loneliness.

Recognising these benefits, the Scottish Care Inspectorate has launched an arts

⁷¹ SCIE All Parliamentary Group (2017) The Role of the Arts in Social Care July 2017 <<http://www.art-shealthandwellbeing.org.uk/appg-inquiry/Briefings/SCIE.pdf>> (webpage accessed 16/01/2018)

based Resource Pack specifically related to care homes.⁷² Age Cymru has also published an evaluation report of cARTrefu (which means to reside in Welsh), a four year programme which aims to improve access to quality arts experiences for older people in residential care within Wales.⁷³

In addition to providing examples of good practice such as those set out above, several Local Authorities described development work linked to national policy changes⁷⁴ that have the potential to have a positive impact on care home residents' community connectedness, such as:

- Establishing policies that enable older people to live in care homes close their community networks
- Capacity building within the community with the ambition to create stronger links with care homes and maximize the volunteer base
- Promoting co-productive approaches

However, the submissions from a couple of Local Authorities implied that such policy changes were being implemented with unrealistic assumptions about their potential impact. For example:

“The Authority considers that fundamentally its level of care home provision throughout the county means older people choose where they wish to live and that as a consequence are able to maintain existing relationships within their locality.”

In introducing these approaches, it is important that Local Authorities do not make assumptions about people's capacity to maintain their community and cultural links. People should be assessed as individuals and provision made to ensure that effective support is in place, particularly those who have dementia or a specific communication need, people who are confined to bed, and those who do not have family members or friends living nearby.

Failing to support the needs of these residents places a large number of them at risk of social isolation and loneliness, which poses significant risks to their overall health and wellbeing⁷⁵. It is therefore concerning that the majority of submissions failed to mention how Local Authorities are meeting, or plan to meet, the diverse needs of residents in relation to this Requirement for Action, particularly as there is clear evidence of the range of benefits that befriending support can bring.

72 Care Inspectorate (Scotland) (2016) Arts in Care <<http://hub.careinspectorate.com/improvement/arts-in-care/>> (webpage accessed 16/01/2018)

73 Age Cymru (2015) cARTrefu <<https://www.ageuk.org.uk/cymru/health--wellbeing/cartrefu/>> (webpage accessed 16/01/2018)

74 Linked to the Social Services and Wellbeing (Wales) Act and Wellbeing of Future Generations (Wales) Act

75 Holt-Lunstad J, Smith TB, Baker M, et al (2015) Loneliness and social isolation as risk factors for mortality: a meta-analytic review. *Perspectives on Psychological Science* 2015;10:227–37

Anti-psychotic medication

Requirement for Action 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.

Contributing to the following outcome:

Older people are not prescribed anti-psychotic drugs inappropriately or as an alternative to non-pharmaceutical methods of support and NICE best practice guidance is complied with.

Responsibility:

Health Boards

Review Findings:

Health Boards:

Sufficient	1
Partially Sufficient	0
Insufficient	6

The majority of Health Boards failed to meet the criteria for a Sufficient rating as they are not publishing the required information about the use of anti-psychotic medication in care homes. Despite the fact that all seven Health Boards had made clear commitments to publish this information following the publication of 'A Place to Call Home?' in 2014, only one is publishing very limited information which relates solely to nursing homes. Based on the evidence provided, none of the others appear to have corporate overview of this area and there are no clear commitments to publish the required information.

The responses did show, however, that some proactive work is underway to reduce the inappropriate use of anti-psychotic medication. Examples were provided of different teams and structures to support prescribing and reviews, such as care home in-reach services, care home dementia and mental health intervention teams and dedicated pharmacists. There were also examples of efforts to support more effective multi-disciplinary working and to support data sharing, which can be seen below.

The majority of Health Boards described audit and review tools that are being employed (or were in the planning stages), to promote benchmarking and to ensure more systematic and evidence based approaches. For example, Cwm Taf University Health Board described the active use of STOPP START⁷⁶ and Aneurin Bevan University Health Board stated it is introducing the International Consortium on Health Outcomes Measures (ICHOM)⁷⁷ within its memory assessment services. Similarly, the Prescribing Observatory for Mental Health (POMH) UK⁷⁸ audit tool is under consideration by Hywel Dda University Health Board, and the pharmacy teams within Betsi Cadwaladr University Health Board have been working with primary care practitioners to develop a data collection tool based on the POMH UK tool.

Several of the Health Boards stated they are looking at alternatives to anti-psychotic medication, and developing intervention plans to negate the need for a prescription. A good example of this was provided by Cwm Taf University Health Board:

Good Practice: Care Home Dementia Intervention Team

Cwm Taf University Health Board

The Care Home Dementia Intervention Team (CDIT) was set up in 2014. An audit of the patients on the inpatient mental health wards indicated that when people with dementia were admitted from residential and nursing care they were unlikely to return and many did not leave hospital at all. The predominant reason for admission was to address behaviour that was considered challenging within their residential placement. CDIT was developed from existing resources following a service redesign with the aim of increasing community support for this group of people.

The CDIT team is made up of psychologists, specialist mental health nurses and health care support workers who are highly skilled in the area of dementia care. The team provides a 12-week programme of holistic assessment, psychosocial formulation and intervention, offering a person-centred, staff-focused model of care. Non-pharmacological interventions are used to reduce patient distress, which include doll therapy, music therapy, life story work, role modelling and validation therapy.

76 CGA Toolkit Plus / O' Mahony, D (2015) Screening Tool Of Older People's Prescriptions (STOPP) Screening Tool to Alert to Right Treatment (START) <<https://www.cgakit.com/m-2-stopp-start>> (webpage accessed 16/01/2018)

77 The International Consortium for Health Outcomes Measurement <<http://www.ichom.org/>>

78 Royal College of Psychiatrists, Prescribing Observatory for Mental Health (POMH-UK) <<http://www.rcpsych.ac.uk/quality/quality,accreditationaudit/prescribingobservatorypomh/templatehomepage.aspx>> (webpage accessed 16/01/2018)

Outcome data has routinely shown improvements in terms of behavioural factors and wellbeing, and feedback from staff and relatives has been positive:

“The [CDIT] team involvement has given... staff the knowledge to help an individual have a more fulfilled life.”

(comment from care home staff member)

Further evidence to support alternatives to anti-psychotic medication is available through the Social Care Institute for Excellence.⁷⁹

Although a range of practice was described that aims to address the issue of the inappropriate use of anti-psychotic medication, some service interventions or teams focused only on one geographical area within the Health Board, focused only on nursing homes, or targeted specific care homes. This is concerning as it demonstrates that inequitable and inconsistent approaches are being delivered.

The understanding of quality of life as a benchmark for the delivery of high quality care was also generally poorly evidenced within the submissions. The use of tools to evidence individual wellbeing was mentioned (for example, Cwm Taf University Health Board CDIT is using the Bradford Well-Being Profile⁸⁰ and ICHOM that Aneurin Bevan University Health Board is introducing includes a quality of life measure), but the evidence indicates that use of such tools is not widespread or consistently deployed in relation to this issue.

Approaches to data capture did not appear to be comprehensive or consistent across teams, geographical areas or residential and nursing homes. The evidence provided makes clear that Health Boards are still struggling with identifying relevant data, and it was noted by a two Health Boards that the prescribing data for patients with a dementia diagnosis taking anti-psychotic medication cannot easily be isolated from general prescribing, and manual audits at a GP practice level need to be undertaken to obtain this information. It was suggested that consideration should be given to developing a national mechanism by which this data could be more easily and routinely captured and used to compare prescribing across practices and Health Boards. However, where Health Boards do not take the required action it potentially leaves care home residents in a vulnerable situation.

⁷⁹ Social Care Institute for Excellence (2015) Alternatives to antipsychotic medication: The case against antipsychotics <<https://www.scie.org.uk/dementia/living-with-dementia/difficult-situations/antipsychotic-medication-alternatives.asp>> (webpage accessed 16/01/2018)

⁸⁰ University of Bradford (2008) The Bradford Well-Being Profile <<http://www.bradford.ac.uk/health/dementia/re-sources/the-bradford-well-being-profile/>> (webpage accessed 16/01/2018)

Health Boards also failed to provide a clear timeframe for publication about the use of anti-psychotic medication in care homes or providing evidence of governance structures to actively monitor this area at a corporate level.

NB: Alongside this follow-up work, the National Assembly for Wales' Health, Social Care and Sport Committee has undertaken an inquiry into the use of anti-psychotic medication within care homes. The Older People's Commissioner for Wales submitted evidence to this inquiry, partly based on the information provided by Health Boards within their responses.⁸¹

81 Older People's Commissioner for Wales (2017) Consultation Response: Inquiry into the use of antipsychotic medication in care homes <http://www.olderpeoplewales.com/en/publications/consultation-responses/17-09-29/Consultation_Response_-_Inquiry_into_the_use_of_antipsychotic_medication_in_care_homes.aspx>

Medication reviews

Requirement for Action 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.

Contributing to the following outcome:

Older people receive appropriate medication and the risks associated with polypharmacy are understood and managed.

Responsibility:

Health Boards

Review Findings:

Health Boards:

Sufficient	4
Partially Sufficient	2
Insufficient	1

Some progress was evident in relation to this Requirement for Action across the majority of Health Boards. Whilst the amount of detail provided within the submissions varied considerably, a range of services and systems were described, such as dedicated community and care home pharmacists and Older Adult Mental Health Teams, Care Home Support Teams, Medicines Management Teams and GP practices and clusters. An example of the approach to medication reviews being taken by one primary care cluster is outlined below:

Good Practice: Amman Gwendraeth

Hywel Dda University Health Board

In the Amman Gwendraeth cluster, a GP-led frailty service has been developed that also focuses on undertaking advanced care plans for patients in care homes. As part of the care plan, a medication review is conducted with each registered patient on admission, as clinically indicated. This review is followed up at least

once every six months thereafter. The team has also adopted the NO TEARS⁸² approach to reviewing medication, which is referenced by NICE.

A lead GP is responsible for the implementation of this service in each nursing home within this cluster, with support from an advanced nurse practitioner and cluster pharmacist.

The team adopts a multi-disciplinary approach, engaging with residents and their families and there has been positive feedback relating to improved coordination and quality of care for the residents.

This is a model that is being considered for wider roll out.

The submissions suggest that the majority of Health Boards already have a General Medical Services (GMS) Local Enhanced Service (LES) in place to support medication reviews, but details about these were lacking. The responses from Health Boards were written before the introduction of Directed Enhanced Service⁸³ (DES) for Care Homes, which came into force on 12 April 2017, and the Health Boards that are planning for this state that this will cover all care home residents. However, it is unclear how they plan to address areas where the contractor does not take the option to provide this.

One Health Board stated it is considering registering residents with one GP practice on the basis that care homes residents are often registered with different practices and not all of these are signed up to the LES. It is stated that this decision is being made on the basis of ensuring an equitable approach, but this does raise fundamental questions around the extent to which care home residents are able to exercise choice and around continuity of care.

Where a number of different processes and services for carrying out reviews were described within an area, it was generally not clear how these communicate with each other, how data is shared and whether reviews are always carried out in a consistent manner and at an appropriate frequency using NICE or Welsh Government approved tools. In a few submissions, the services and/or staff training described were focused on nursing homes, and it was therefore not clear what is available for residential homes.

82 NO TEARS is a mnemonic of a structured approach to reviewing medication <<http://www.bmj.com/content/329/7463/434>> (webpage accessed 16/01/2018)

83 The new DES states that “A GP employed pharmacists, or cluster based health board employed pharmacist, or community pharmacist providing services to the relevant care homes will undertake at least one medication review, with particular reference to polypharmacy, antipsychotic prescribing and other high risk medicines, for each resident in the care home. Further medication reviews will be undertaken by pharmacists as clinically appropriate.” (Welsh Government Circular, 12 April 2017)

Similarly, two Health Boards described processes for medication reviews in place when residents are discharged from hospital, but no details were provided about procedures covering people entering residential or nursing care homes from the community. This is of particular concern as there was generally a lack of clarity concerning how these different services and processes are overseen and evaluated, and little sense of corporate oversight as a whole. This uneven approach and lack of awareness may create potential risks for some residents.

The evidence provided does suggest some positive progress is being made in terms of medication reviews, which has resulted in a reduction of adverse events, such as inappropriate prescribing. A few Health Boards also referred to research that resulted in positive outcomes for patients, but, similar to the responses relating to Requirement for Action 3.5 (prescribing anti-psychotic medication), the majority of the submissions did not make clear how Health Boards are monitoring the impact of medication reviews upon the quality of individual residents.

Analysis of the evidence also highlighted another concerning gap regarding the lack of involvement of individual residents in decisions relating to their medication review. Despite the importance of medication reviews, defined as ‘a structured, critical examination of a patient’s medicines with the objective of reaching an agreement with the patient about treatment, optimising the impact of medicines, minimising the number of medication-related problems and reducing waste’⁸⁴, and the importance of involving patients (as set out in NICE clinical guidelines CG76)⁸⁵, almost no reference was made by Health Boards to how they are involving individual residents.

84 Shaw J (2002) Room for review: A guide to medication review. Pharmaceutical Press, Wallingford

85 National Institute for Health and Clinical Excellence (2009) Medicines adherence: involving patients in decisions about prescribed medicines and supporting adherence <<https://www.nice.org.uk/guidance/cg76/chapter/1-guidance>>(webpage accessed 16/01/2018)

Engagement and quality of life

Requirements for Action 6.2, 6.7 & 6.8

Care home providers, commissioners and CSSIW should develop informal and systematic ways in which to ensure that they better understand the quality of life of older people, through listening to them directly (outside of formal complaints) and ensuring the issues they raise are acted upon (6.2)

Annual reporting should be undertaken on how ongoing feedback has been used to drive continuous improvement (6.7/6.8)⁸⁶

Contributing to the following outcome:

Commissioners, providers and inspectors have a thorough understanding of the day-to-day quality of life for older people living in care homes.

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.

Responsibility:

Local Authorities

Health Boards

CSSIW

Review Findings

Health Boards:

Sufficient	3
Partially Sufficient	2
Insufficient	2

Local Authorities:

Sufficient	10
Partially Sufficient	7
Insufficient	5

CSSIW: Sufficient

⁸⁶ These Requirements for Action relate to Local Authorities and Health Boards

CSSIW's new inspection regime clearly outlines 'what good looks like' in terms of older people's quality of life. A key driver in this is CSSIW's Inspection Framework for the inspection of care homes for older people. This framework describes the outcomes that older people should expect to receive in residential care homes in a series of 'I statements', which are accompanied by examples of what good looks like and the evidence that inspectors should use to evaluate the extent to which older people's wellbeing is promoted by staff.

Guidance for inspectors has also been introduced that explains how to implement this, and this has been accompanied by increased discussions with care providers and statutory bodies. Observations of resident interactions and direct conversations with residents and family members about their quality of life and care will be a key part of this.

In addition to the guidance, inspectors are receiving training on how to work within this new methodology, which acknowledges the importance of upholding older people's rights and makes reference to the United Nations Principles for Older Persons. Training is also provided to inspectors on dementia care, falls, triangulation of evidence and the reporting of wellbeing outcomes.

Changes are also being made to inspection reports to ensure that they provide clearer conclusions about the quality of life and care that people receive and how this impacts upon their wellbeing against four key themes. Regulations under the Regulation and Inspection of Social Care (Wales) Act 2016 mean that the Inspection Framework will need further consultation, particularly in terms of whether the public should be able to see clear ratings such as 'poor' or 'good' care against each theme or narrative conclusion.

Whilst future actions are dependent on the implementation of the Regulation and Inspection of Social Care (Wales) Act 2016 and the development of its underpinning regulations, it is clear that CSSIW is taking strategic action as an organisation to strengthen their inspection regime in terms of understanding and promoting residents' quality of life.

Health Boards and Local Authorities

With a small number of exceptions, Health Boards and Local Authorities have generally provided better evidence of progress in relation to this Requirement for Action compared to other Requirements that have been examined as part of this follow-up work. However, the fact that many of them provided poor evidence related to quality of life in their responses to other Requirements for Action (and on occasion used disabling language, especially in relation to dementia) suggests an uneven approach to this issue.

This suggests that whilst progress is being made, quality of life is not being sufficiently understood and change is not being driven at a cultural level.

A significant number of submissions provided detailed descriptions of changes to engagement systems and structures, but convey little sense of how this is translating into practice. Quality of life is commonly described in terms of specific services, inputs or processes, and it is not clear from the evidence provided how personally defined outcomes are being linked to continuous improvement systems, or leading to positive changes for residents.

The importance of ensuring a shared understanding of what quality of life means and relating this to system development was expressed by one Health Board:

“Through a whole system review...we recognised that ... Quality of life standards were subjective between agencies, highlighting the need to develop a consistent and joined up annual contract monitoring process that triangulates feedback from the resident/family, the Provider and partner agencies.”

A small number of responses were quite comprehensive, setting out how public bodies are addressing this Requirement for Action at a practice, systems and cultural level. For example, in the Cwm Taf University Health Board area the Health Board and Local Authorities are applying Dementia Care Matters tools and principles to contracting arrangements at a broader level, and are also looking to incorporate the recommendations of the Care Home Review. Similarly, Flintshire County Council, with support from Bangor University, is developing a programme of cultural change and promoting person-centred practices in care homes through ‘Creating A Place Called Home; Delivering What Matters’, a partnership-based approach involving providers, staff and residents.

Almost all Local Authorities and Health Boards described how contract monitoring, quality assurance, and/or assessment and review processes are being improved to capture evidence related to quality of life. Examples were provided of how contract monitoring staff are being trained to use observational tools, such as QUIS and SOFI⁸⁷. There is also a greater focus on external professionals being required to observe and report on their encounters with care home staff and residents in a more systematic way. Some of this work is quite closely linked to safeguarding, but examples were also provided of how these kinds of approaches are being enabled at a more holistic level:

- Aneurin Bevan University Health Board has embedded quality of life standards (based on My Home Life Cymru) into the visiting nurses

87 SOFI- Short observational framework for inspection

assessment framework and nurse assessors are 'allocated' a group of care homes, to help them develop trusting relationships.

- Age Connects, jointly commissioned by Cardiff Council and Vale of Glamorgan Council to provide independent advocacy support across Local Authority and Health Board settings of care, routinely contribute to Joint Quality Management Meetings and liaise directly with the Nurse Assessor Team.

A majority of Health Boards and Local Authorities stated that they use annual surveys in some form, often care home specific surveys or wider service user experience surveys. Whilst some provided data associated with these surveys, this often does not convey much meaningful information as it does not include details about response rates and/or the care home data was not extracted from general community data. There was also generally no description of the methods of managing these surveys. It would be of value to know exactly how they are deployed within care homes and what support is provided to residents to participate, particularly those with communication difficulties. Vale of Glamorgan Council was the only respondent to provide a more detailed description of the mechanics of their regular resident consultation, which reflects some good practice:

- Consulting with each care home, including residents, about the best methodology to employ
- Including a mix of structured interviews, with a minimum of 5 in each home
- Responding to access needs (for example, providing questionnaires in large print)

Overall, very little attention seemed to be paid to the issue of confidentiality, and how this would be severely compromised if staff members are the only people available to provide support for residents to express their views or complete questionnaires. In some cases, the only apparent external support available is in the form of contract monitoring officers or nurse assessors, but it is questionable to what extent these professionals are truly independent - from an actual or perceived perspective.

It was also often unclear how people who might have particular communication needs, including people living with dementia, are enabled to express their views. Some of the work that is described by Local Authorities in response to Requirement for Action 3.2 (dementia training) has contributed positively here, but there was generally very little reference to this issue amongst Health Boards.

A minority of Health Boards and Local Authorities made reference to specific external services, but in some cases this is limited to independent professional advocacy, without consideration of the wider mechanisms that can enable people to have a voice. Where more informal external inputs were described, these were quite varied, as demonstrated in the examples below:

- Council Members acting as lay assessors (in Neath Port Talbot, for example)
- Independent visitor projects (such as the Care Home Ask and Talk (CHAAaT) service provided by Aneurin Bevan University Health Board, developed in partnership with the NHS Retirement Fellowship)
- Peer interviews (for example, Powys Teaching Health Board is in the process of piloting individual interviews with care home residents that are undertaken by trained members of their 50+ Forum)

However, even where these external services are in place, they generally do not cover all care homes or the level of coverage is not made clear within the submission.

Some references were made to collective forms of engagement, most commonly in the form of residents' meetings. These will not suit everyone, and can be dominated by people who are more confident or able to share their views - but if managed well they can be an important option, providing a different dynamic and enabling people to debate issues and share ideas. The Speak Up project operating in Conwy and Denbighshire (provided by Age Connects) has been facilitating a self-advocacy group session for residents to help them to build or regain their confidence so that they feel able to 'speak up' for themselves.

Similarly, Flintshire County Council has developed a programme that combines individual perspectives and group-based priority setting with residents and staff:

Good Practice: Working Together for Change

Flintshire County Council

'Working Together for Change' is an approach that Flintshire County Council has piloted within one of their care homes, Llys Gwenffrwd. It is a structured approach to engaging with residents, to review their experiences and help to determine the priorities for change.

Residents at Llys Gwenffrwd, as well as care staff, recorded 'what's working', 'what's not working' and 'what needs to change in the future' on individual paper records. This was collated and shared. People were then asked to vote on their

three highest priorities of things that were ‘not Working’, which would have the greatest possible impact on the residents.

These issues were then explored from the perspective of providers, commissioners, and those using the services. An impact assessment was undertaken to identify what would be a ‘quick win’, a ‘major project’, a ‘thankless task’ or a ‘medium term strategy’. An action plan was produced and shared with residents, with a commitment to meeting again to review the progress made.

The process has provided a useful insight into what is working and what is not working at Llys Gwenffrwd Care Home, as well as highlighting the aspirations of residents for the future. This approach will now be rolled out to other care homes, clustered in geographical areas and there is an intention to link the approach to contract monitoring processes.

A number of Local Authorities mentioned how they are promoting the Welsh language, and many recognised how important this is to enable people with dementia to engage, because it is not unusual for them to revert to their first language. There were several examples of staff or volunteers being supported to speak Welsh at different levels. Blaenau Gwent County Borough Council also provided evidence of how it is taking a more strategic approach:

Good Practice: Promoting the Welsh Language

Blaenau Gwent County Borough Council

In Blaenau Gwent, ‘More Than Just Words’ has been actively promoted with care home providers following the implementation of the Welsh Language Standards. An Addendum has been applied to the Local Authority’s contract with care homes that requires them to comply with the legislation and make an ‘Active Offer’ to people who live within their homes.

In response to the research, and recognising the difficulties citizens face when living with dementia when English is not their first language, an audit has been undertaken of care home staff to establish the availability and opportunity for people to engage through the medium of Welsh and other languages.

There was a sense of progress in a small number of areas, where there were efforts to embed quality of life into quality assurance, care management and commissioning reporting mechanisms and importantly this change is also being driven at a cultural level. A joint contract and specification has been developed within the Cwm Taf University Health Board area, for example, which includes

quality of life. Monitoring of this is actively supported by Dementia Care Matters observation tools and there is recognition of the need to make ongoing improvements in this area, with plans to consider how quality of life can be more effectively embedded within these systems. However, the submissions suggest that there is significant variation in the way in which Local Authorities and Health Boards are reporting on the quality of life in care homes, both internally and directed at the public.

In terms of public reporting, Health Boards are required to produce Annual Quality Statements, but across all Health Boards these publications for 2016/17 did not directly address quality of life for older people in care homes. There is a requirement that Local Authorities publish a Population Needs Assessment⁸⁸, Wellbeing Assessment and associated Wellbeing Plan⁸⁹. These new requirements linked to these Acts and the introduction of the Regulation and Inspection of Social Care (Wales) Act 2016 (as outlined in the Impact section within this report) should help to strengthen public reporting and fill some of the gaps that currently exist. For example, Directors of Social Services must now include the views of service users about quality of life and care within their annual reports⁹⁰.

Internal monitoring and reporting related to quality of life was variably described by public bodies in their responses to this Requirement for Action, either at a specific service level, linked to specific themed strategies (e.g. engagement) or related to broader quality assurance systems and/or commissioning processes. However, in many cases the level and type of reporting related to these was unclear, did not appear to be very comprehensive and/or did not have sufficient oversight at a senior level. Furthermore, a number of public bodies described these functions in terms of 'quality of care' with little sense that it is meaningfully associated with 'quality of life'. It is important that these terms are not confused and conflated.

88 Social Services and Well-being (Wales) Act 2014

89 Well-being of Future Generations (Wales) Act 2015

90 Section 56, 144A Regulation and Inspection of Social Care (Wales) Act 2016

Integrated inspection, governance and transparency

Requirements for Action 6.4, 6.5 and 6.6

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 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 the fundamentals of care

Contributing to the following outcome:

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.

Responsibility:

Welsh Government

Review Findings

Welsh Government:

Requirement 6.4: Partially sufficient

Requirement 6.5: Insufficient

Requirement 6.6: Insufficient

‘A Place to Call Home?’ identified that the scrutiny of healthcare of older people in care homes, particularly nursing homes, was insufficient. The report described how older people may be at increased risk of unacceptable medical practices or harm, or may not receive the healthcare to which they are entitled, because of a lack of independent clinical oversight from the healthcare inspectorate.

Some progress has been made in relation to Requirement for Action 6.4: CSSIW and HIW have initiated a joint pilot inspection to look at the health needs of

residents in North Wales, for example. The project (no details of which were provided in the Welsh Government response, but have been subsequently communicated by CSSIW) aims to test whether there is a need for joint work across the inspectorates regarding care homes and primary health provision across Wales. Recommendations about this will be provided in the project's final report, which will be published in Spring/Summer 2018.

Given the complex needs of care home residents, the Commissioner has an expectation that forthcoming legislation will address the current disconnect between the two inspectorates. This should provide the legal basis for HIW to work alongside CSSIW in care homes to ensure that residents' quality of healthcare, as well as quality of life, are inspected in a robust and transparent way.

In terms of Requirements for Action 6.5 and 6.6, the Welsh Government supplied no evidence of any action underway or plans to take these forward.

Public information

Requirement for Action 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:

- Number of falls
- Access to falls prevention
- Support to maintain sight and hearing⁹¹

Contributing to the following outcome:

Older people have access to relevant and meaningful information about the quality of life and care provided by or within care homes and there is greater openness and transparency in respect of the quality of care homes across Wales and the care they provide.

Responsibility:

Health Boards

Review Findings

Health Boards

Sufficient	0
Partially Sufficient	0
Insufficient	7

In carrying out the analysis of this Requirement for Action, the 2016/17 Annual Quality Statements recently published by Health Boards were considered in addition to the written responses requested as part of this follow-up work. None of the Health Boards provided sufficient responses in relation to this Requirement for Action, as they all failed to provide an adequate level of information related to care homes within their 2016/17 Annual Quality Statements and/or did not make sufficiently clear their plans for the future.

⁹¹ Note: this is a partial version of the full Requirement from Action, focusing on specific areas of concern to the Older People's Commissioner for Wales

Only four Health Boards mentioned sensory impairment within their responses and this information was either somewhat limited, insufficiently distinct from general community data or vague about planned actions. The data that four Health Boards included in their Annual Quality Statements (not the same four that mentioned sensory loss in their submissions) is also insufficient for the same reasons. This general lack of focus on sensory loss is of particular concern as the Care Home Review included evidence that showed that 70% of 70 year olds have some form of sensory loss, something that increases significantly with age, and that many care home residents do not have a diagnosis. Sensory loss significantly increases the risk of falls, and the combined impact of sensory impairment and dementia can contribute to a sense of confusion and disorientation for the individual.

In relation to falls and falls prevention, all of the Health Boards describe services and/or development work in hospitals and/or the community within their Annual Quality Statements for 2016/17, but they either fail to distinguish care homes, provide insufficient detail, and/or focus on nursing homes without reference to the wider care home sector. Relevant information on falls provided by Health Boards within their response to Requirement for Action 6.8 has been included in the section on Falls Prevention within this report.

The importance of this Requirement for Action is made clear in the related outcome (included above), which is reinforced by the NHS Wales Health and Care Standards (2014):

Governance, leadership and accountability

Effective governance, leadership and accountability in keeping with the size and complexity of the health service are essential for the sustainable delivery of safe, effective person-centred care (p8).

In 2014, the Commissioner also published a detailed critique of each Health Board's Annual Quality Statement⁹², using seven questions to scrutinise whether they delivered their aims and communicated with older people effectively (Appendix 2). A Wales wide overview was also published.⁹³ The responses to this follow-up work demonstrate that significant improvement is still required in relation to this Requirement for Action to ensure that the public are able to access meaningful information about the quality of life and care provided by care homes in their area.

92 Including Velindre NHS Trust's Annual Quality Statement

93 Older People's Commissioner for Wales (2015) Scrutiny of Health Board Annual Quality Statements <http://www.olderpeoplewales.com/en/publications/scrutiny/15-03-26/Scrutiny_of_Health_Board_Annual_Quality_Statements.aspx>

Workforce planning and career pathways

Requirements for Action 7.2 & 7.3

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 and cognitive decline and dementia (7.2).

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 (7.3)

Contributing to the following outcome:

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.

Responsibility:

**Welsh Government
Health Boards**

Review Findings

Health Boards:

Sufficient	2
Partially Sufficient	0
Insufficient	5

Welsh Government: Insufficient

'A Place to Call Home?' highlighted a shortage of nurses in care homes (in particular specialist mental health nurses) and raised concerns that the care home sector is unable to meet the need for EMI nursing and nursing care beds in regions of Wales. Following this (and in response to a number of calls from older people and contacts from Assembly Members in 2013) the Commissioner asked Local Authorities and Health Boards to provide evidence about the availability

and planning for EMI provision for older people in Wales. This provided further evidence that there is a lack of a skilled workforce within the care home sector, an issue that was raised directly with the Welsh Government in 2014.

In its response to this follow-up work, the Welsh Government provided insufficient evidence of progress on NHS Workforce planning projections for the care home sector as set out in this Requirement for Action. Educational commissioning numbers are referred to, as is an increase in pre-registration nurse training places, but this does not explicitly address the needs of the care home sector. Without projected planning that acknowledges the reality of where people receive care and the type of nursing care that they need to receive, progress towards securing safe staffing levels in the NHS might risk further depletion of nursing levels across the care home sector.

Furthermore, whilst 'preliminary discussions' with the Workforce Education Development Service are referenced in the Welsh Government's submission, no timeline has been provided for the completion of this or the development of related actions.

Action has been initiated by the Welsh Government to increase the number of Welsh Government funded places on return-to-nursing practice courses⁹⁴, as well as the 'trainworklive.wales'⁹⁵ nursing recruitment campaign. However, this is aimed at the Welsh NHS rather than the care home workforce specifically, and is therefore not equal to a programme of strategic actions to measure and address the current shortages of nurses and specialist mental health nurses in the care home sector.

Since the Welsh Government's submission, a written statement by the Cabinet Secretary for Health, Wellbeing and Sport has been released, outlining the proposed remit of a new organisation, 'Health Education and Improvement Wales', to consolidate current activity on workforce planning in health through joining two organisations (NHS Wales' Workforce, Education and Development Services and the Deanery within Cardiff University). It is stated that the new organisation will aim to address strategic workforce planning to 'ensure the promotion of the full range of NHS careers'⁹⁶, but it is not currently clear whether this body (which will begin work in April 2018) will cover care homes.

94 Welsh Government (2015) New plan to develop frontline NHS Wales workforce <<http://gov.wales/newsroom/health-and-social-services/2015/workforce/?lang=en>> (webpage accessed 16/01/2017)

95 Train Work Live Wales (2016) Nursing Careers in Wales <<http://www.trainworklive.wales/page/this-is-nursing-working>> (webpage accessed 16/01/2017)

96 Welsh Government (2017) Written Statement - Health Education and Improvement Wales Transition Update <<http://gov.wales/about/cabinet/cabinetstatements/2017/healtheducationimprovementwales/?lang=en>> (webpage accessed 16/01/2017)

Health Boards

The evidence from all but two Health Boards was weak and demonstrated a failure to acknowledge how serious the current nursing situation is, in particular the shortage of nurses to staff nursing care homes. The practice support teams referred to within responses from Health Boards (whilst a positive method of support) have rarely been evaluated in terms of the impact upon and/or the practice of care home staff. According to the responses, most Health Boards are working with universities to provide student nursing placements in care homes, and have developed nursing support such as revalidation and access to training - albeit to different levels - for nurses currently working in the sector. However, in some areas it is difficult to tell whether the current offering is sufficient to provide the support needed to all care homes in a Health Board's regional area.

Overall, there was a clear distinction between the few Health Boards that had a clear plan to deepen their relationship with care homes and provide additional support and training for nurses working in the sector, and those whose evidence was lacking in recognition of the actions that need to be taken.

Next steps

It is clear from the evidence submitted to me that the pace of change across Wales is variable. A small number of Health Boards and Local Authorities have demonstrated significant progress and were able to provide examples of excellent practice that they have developed.

However, the majority of Health Boards and Local Authorities were not able to provide me with the assurances I was looking for, particularly in respect of the impact of the work underway upon the lives of older people living in care homes. The good practice that has developed across Wales makes it clear the challenges laid out in my care home review report are achievable, and I have included examples of this within this report. This good practice needs to be routine, and not just because it improves the lives of care home residents - it can also serve to motivate staff and improve morale.

However, whilst highlighting this good practice, the evidence has shown that there are significant areas where change has not taken place and this will have a detrimental impact on older people. I am disappointed and concerned that three years since the publication of my Care Home Review, basic yet crucial issues like continence care and medication reviews are still found wanting in many parts of Wales, and care home residents still face a lottery in terms of where they live in relation to key aspects of their quality of life and care.

I have outlined in this report how a number of legislative and policy developments are directly and indirectly addressing many of the issues that my Care Home Review raised. Wales has a new inspection regime and new safeguarding arrangements; there are changes to commissioning processes and requirements related to integration and more joined-up ways of working, plus there is a clear steer towards person-centred approaches. This is generally positive.

However, as far as older people are concerned – which is my concern – it is all about the implementation; it is all about a real transformation in culture; it is all about positive outcomes for care home residents.

In looking forward, I acknowledge the work that is being done by the Welsh Government, including the NHS White Paper and Parliamentary Review on Health and Social Care. As I have previously outlined, this must address the future of care homes and this in turn must translate to informed choices, a stable market and – most importantly - positive outcomes for care home residents.

It is important that all public bodies take further action now to improve the quality of life for older people in the key areas highlighted in this report.

I have written to the Cabinet Secretary for Health and Social Services to make clear my expectations that the Welsh Government must address the shortfalls in action identified in this report. I have also been clear that the Welsh Government must strengthen its leadership across the whole care home sector and strengthening the ways in which it monitors and evaluates the impact of any changes that have been introduced, including through legislation, to ensure that the required improvements and outcomes are secured.

Specifically, the Welsh Government must:

- Ensure that the market stability report developed under the Regulation and Inspection of Social Care (Wales) Act 2016 effectively delivers the following:
 - a national demographic projection of need, including anticipated trends in, and changes to, the type of provision required as a result of increasing acuity and dependency;
 - a clear statement on the preferred type of provider base/ market in Wales;
 - a national analysis of barriers to market entry;
 - a clear statement on investment to grow social enterprise and co-operative social care sectors, particularly in areas with a low provider base;
 - a clear action plan to deliver the preferred provider base/market; and
 - a clear roadmap with key outcomes for Wales over the next 10-15 years.
- Ensure that the care home workforce is included in any strategic workforce planning, and confirm that 'Health Education and Improvement Wales' will address the whole healthcare family, including the care home workforce.
- Develop programmes and guidance to ensure consistent approaches across the care home sector, including related support services (specifically related to falls prevention and continence care).
- Recognise and act on the issues raised in my evidence to the Health, Social Care and Sport Committee's inquiry into the use of anti-psychotic medication in care homes.
- Ensure that inspection processes are properly supported by an independent voice, such as lay assessors.

- Ensure, through CSSIW's strategic reporting, that robust information is in the public domain regarding the quality of life and care of older people living in care homes in Wales and key areas where improvement is needed.

Health Boards and Local Authorities need to look again at the Requirements for Action, together with the individual feedback I have provided, and take further action. It is crucial that the outcomes that are set out in the Care Home Review serve as a benchmark.

I have therefore also written to the Cabinet Secretary and the Chief Executive of the NHS in Wales making clear my expectation that this action will be taken, and to the Chief Executives of all Health Boards requesting that my feedback is debated at a full board meeting.

I have also written to the leaders and Chief Executives of all Local Authorities in Wales, making clear my expectations in relation to further action and requesting that my response is debated at a full council meeting and shared with their older people's forums.

On the basis of the responses received following these letters, I will determine what further action I need to take.

Furthermore, I have shared my findings with CSSIW, HIW and Social Care Wales as the bodies responsible for regulating and inspecting health and social care in Wales to inform their ongoing work.

CSSIW and Social Care Wales must continue the positive work that they have begun, ensuring that through regulation and inspection - of providers, commissioners and the care home workforce - quality of life and personalised outcomes are made a day-to-day reality for older people living in care homes, that staff working in care homes have the skills, knowledge and competencies required and that human rights are embedded throughout the care home sector.

I reserve the right to undertake further follow-up work to seek further assurances that public bodies are driving change and delivering outcomes for care home residents. This will be influenced by issues raised by older people, including through my casework and the response received to this follow-up work.

It is incumbent upon all public bodies and independent care providers to make this a reality.

Notwithstanding the progress that has been made, I expect there to be more ambition and strengthened action to ensure a more transformative and outcomes-

based approach. If we can get it right for some, we should be getting it right for all older people across Wales. It is what they have a right to and if we fail to do so the price paid by them will continue to be too high, as will the price paid by our public services.

Appendix 1: Requirements for Action within the follow-up to the Commissioner's Care Home Review

Requirement for Action 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.

Responsibility

Welsh Government
Health Boards

Contributing to the following outcome

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.

Impact of not doing

Poor practice goes unchallenged due to a lack of appropriate education and training.

Older people become incontinent unnecessarily and their dignity is significantly undermined.

Requirement for Action 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. (In partnership with Health Boards)

Responsibility

Local Authority
Health Boards

Contributing to the following outcome

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.

Impact of not doing

Older people have reduced mobility, increased frailty and loss of independence, with an increased risk, due to immobility of significant health problems, such as pressure ulcers, pneumonia and deteriorating mental health.

Requirement for Action 2.3

A National Falls Prevention Programme for care homes is developed and implemented. This should include:

- Enabling people to stay active in a safe way
- Up-skilling all care home staff in understanding and minimising the risk factors associated with falls
- The balance of risk management against the concept of quality of life and the human rights of older people, to ensure that risk-averse action taken by care staff does not lead to restrictive care

National reporting on falls in care homes is undertaken on an annual basis.

Responsibility

Welsh Government

Contributing to the following outcome

Older people's risk of falling is minimised, without their rights to choice and control over their own lives and their ability to do things that matter to them being undermined.

Impact of not doing

Older people are at an increased risk of falls leading to reduced mobility, increased frailty and loss of independence, with an increased risk, due to immobility, of significant health problems, such as pressure ulcers, pneumonia and deteriorating mental health. Significant financial impact on the NHS due to increased admissions.

Requirement for Action 3.2

All care home employees undertake basic dementia training as part of their induction and all care staff and Care Home Managers undertake further dementia training on an ongoing basis as part of their skills and competency development, with this a specific element of supervision and performance assessment.

Responsibility

Local Authorities

Contributing to the following outcome

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.

Impact of not doing

Older people feel anxious and fearful, confused and disorientated and their ability to have control over their lives is undermined. An increase in hospital admissions and a greater number need health care as a result of older people's needs not being understood or met. A greater risk of incidences of unacceptable care. A significant increase in the pressures faced by the care home work force. A wider perception across society that residential and nursing care lacks compassion.

Requirement for Action 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.

Responsibility

Local Authorities

Contributing to the following outcome

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

Impact of not doing

Older people living in care homes are lonely and socially isolated, lack opportunities for meaningful contact and their ability to practice their faith and important cultural practices is lost. Care homes are isolated within and from their communities, undermining the care and wellbeing of older people and access to wider community resources and support.

Requirement for Action 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.

Responsibility

Health Boards

Contributing to the following outcome

Older people are not prescribed anti-psychotic drugs inappropriately or as an alternative to non-pharmaceutical methods of support and NICE best practice guidance is complied with.

Impact of not doing

Older people living with dementia are at risk of accelerated cognitive decline and the inappropriate use of antipsychotic drugs. Ongoing mental health issues significantly undermine their quality of life. An increase in workload and pressure upon care staff. An earlier need for specialist residential care and an increase in Continuing Healthcare Costs.

Requirement for Action 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.

Responsibility

Health Boards

Contributing to the following outcome

Older people receive appropriate medication and the risks associated with polypharmacy are understood and managed.

Impact of not doing

Older people are at risk of potentially dangerous interactions between multiple medications.

Requirement for Action 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 the issue 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.

Responsibility

CSSIW
Local Authorities
Health Boards

Contributing to the following outcome

Commissioners, providers and inspectors have a thorough understanding of the day-to-day quality of life for older people living in care homes.

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.

Impact of not doing

Issues are not addressed before they become significant, impactful and costly to remedy. Opportunities to make small changes that can make a significant difference to quality of life and care are missed. Safeguarding issues are not identified at an early stage. Older people feel ignored, powerless and unable to influence.

Requirement for Action 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.

Responsibility

Welsh Government

Contributing to the following outcome

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.

Impact of not doing

Poor practice is not identified and older people are placed at increased risk of harm or do not receive that to which they are entitled.

Requirement for Action 6.5

Annual integrated reports should be published between inspectorates that provide an assessment of quality of life and care of older people in nursing homes.

Responsibility

Welsh Government

Contributing to the following outcome

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.

Impact of not doing

Poor practice is not identified and older people are placed at increased risk of harm or do not receive that to which they are entitled.

Requirement for Action 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 the fundamentals of care.

Responsibility

Welsh Government

Contributing to the following outcome

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.

Impact of not doing

Poor practice is not identified and older people are placed at increased risk of harm or do not receive that to which they are entitled.

Requirement for Action 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.

Contributing to the following outcome

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.

Responsibility

Local Authorities

Impact of not doing

A lack of transparency undermines older people's ability to make appropriate decisions, undermines wider public confidence and acts as a barrier to systemic change.

Requirement for Action 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:

- Number of falls
- Access to falls prevention
- Support to maintain sight and hearing

Responsibility

Health Boards

Contributing to the following outcome

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.

Impact of not doing

A lack of transparency undermines older people's ability to make appropriate decisions, undermines wider public confidence and acts as a barrier to systemic change.

Requirement for Action 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.

Responsibility

Welsh Government

Contributing to the following outcome

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.

Impact of not doing

Nursing care homes close due to difficulties in recruiting qualified and competent nurses or older people are placed in care homes that are unable to meet their needs.

Requirement for Action 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.

Responsibility

Welsh Government
Health Boards

Contributing to the following outcome

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.

Impact of not doing

Nursing care homes close due to difficulties in recruiting qualified and competent nurses or older people are placed in care homes that are unable to meet their needs.

Appendix 2: Seven questions to scrutinise Annual Quality Statements

1. Does the Annual Quality Statement demonstrate a fundamental understanding about who its patients are and how they use its services (Know me)?
2. Does the Annual Quality Statement cover or make reference to the entire spectrum of healthcare covered by the Health Board and does it include joint working with other agencies (Be relevant to my use of services) (NB – inc primary care)?
3. Does the Annual Quality Statement show that the Health Board has a clear and concise understanding of what constitutes high quality patient care and that this is their core business (Reassure me you know what ‘good looks like’)?
4. Does the Annual Quality Statement demonstrate that the Health Board truly understands what it is like to be a patient and that knowledge of patients’ needs and experiences influence the ongoing delivery and development/improvement of services (Be me and learn from me)?
5. Does the Annual Quality Statement evidence strong understanding of the organisation’s strengths and weaknesses in respect of quality or care in clearly identified areas and clearly identify where improvements are required (Get it right for me)?
6. Does the Annual Quality Statement show that when things go wrong they are identified, action is taken to put it right and ensure it does not happen again (Protect me)?
7. Are the Annual Quality Statements written in an accessible and easy to understand language that communicates directly to older people and is there evidence that older people have been asked what they want to see included (Be understandable by me)?

