



Aneurin Bevan University Health Board (ABUHB)

Older Person Commissioner Review "A Place to Call Home" (APTCH)

Position Statement May 2015

Introduction:

This position statement outlines the current action Aneurin Bevan University Health Board is engaged in with partners that begin to meet the Requirements For Action within the recommendations of the Older Persons Commissioner Review 'A Place to Call Home?'. However, we acknowledge that much more needs to be done to improve the quality of life, improve standards and safeguard older people living in residential care.

An *Implementation Plan* has been developed that provides the governance, accountability framework and actions needed to meet the Older Persons Commissioners Requirements for Action. This Position Statement provides a benchmark of compliance and summaries some key activity and evidence of how Aneurin Bevan University Health Board, working with partners, is working towards implementing the Commissioner's Recommendations. The Position Statement does not indicate key actions to be taken going forward and therefore, must be read in conjunction with the *Implementation Plan*

Denise Llewellyn
Director of Nursing

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

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

Review Point	Principle	Action Required	Position Statement
<p>1.1</p>	<p>A national approach to care planning in care homes should be developed and implemented across Wales.</p>	<p>National Approach Required.</p> <p>In the absence of an all Wales approach, the ABUHB Matrons Forum will agree an interim approach to 'uniform' care planning across all nursing homes. This will include the APTCH recommendations associated with 1.1.</p>	<p>ABUHB will work in partnership with Welsh Government and other partners to support a national approach to care planning in care homes.</p> <p>ABUHB utilises the CHC Assessment and Integrated Assessment to inform multi disciplinary assessment which includes specialist clinical assessment. The assessments provide information relating to personal identity and life preferences. These factors are then taken in to account in an individual's care plan in order to meet health and social care needs and things which matter personally to the individual. In addition, "This is me" is used in many care homes with residents with dementia as suggested by the Alzheimer's society. However, moving to standardisation of care plans with a hierarchy of assessment processes to use across Wales would be a welcome step. This could be linked to Standards for Health Services and Fundamentals of Care; this could then be included in ABUHB's CHC contracts with care homes. (The All Wales Task and Finish Group on Care Homes could include this in one of the work streams). Reviews of individuals in care homes undertaken by nurse assessors or care-co-ordinators, are specifically structured to determine that an individual's social, health needs, personal likes and preference, diversity needs etc are assessed and a care plan in place to assess all needs.</p> <p>Capacity assessments and best interest assessments undertaken for those individuals who may be cognitively impaired are undertaken. Nursing homes have received training in mental capacity, best interest assessments and deprivation of liberty. This training enabled providers to understand an individual's rights versus risk management. Nurse assessors, the Deprivation of Liberty Safeguards Team and care co-ordinators support this principle through clinical review. Where individuals are assessed as not having their basic rights met, this is addressed and where necessary referred to adult safeguarding. Advocates are engaged in a timely manner for those older people who require it. The nursing home providers have received training to understand when an advocate is required.</p>

			<p>Welsh language survey sent to all providers (nursing and residential homes) by ABUHB and Local Authorities to determine compliance with the Act. Joint training arranged for providers regarding this on 21st May 2015. Audit of survey will identify the training required to address <i>More Than Just Words</i>. Training programme will be developed and Providers will receive training to communicate with Welsh Speakers (level of training to be determined) and identify when interpreters are required. CHAaT Volunteers will engage in Welsh language training to support older people through their befriending role.</p> <p>Social Services and Well Being Act- ABUHB are working with Local Authorities and third sector to plan for implementation. Awareness raising session arranged for Providers on 21st May 2015 to include residential, nursing homes and ABUHB staff. Human Rights training provided to nursing home providers in February 2015 by the NHS Centre for Equality and Human Rights.</p> <p>Transition pilot commencing in YYF in June 2015. A pilot will see CHAaT Volunteers working closely with older people, relatives, advocates and ward staff to support older people and relatives needing to make a decision about care home placements. As part of this pilot, clinical psychologist input into the transition process to help people deal with issues of loss will be introduced. The pilot will be evaluated 6 months after implementation with a view to cascade across wards. The results of this pilot will be reported through the Quality and Patient Safety Committee and will be published.</p> <p>There is timely access to primary care health services through GP services (many enhanced services for care homes). Robust referrals to other services such as primary mental healthcare, secondary care, frailty are managed through appropriate referral processes. Where there has been a delay in healthcare services which may have impacted on an individual's health and well being, this is immediately addressed through safeguarding processes. Additionally, the Health Board has dedicated community optician, dietetic services, occupational therapy and community dental services that proactively support older people in care homes.</p>
Review Point	Principle	Action Required	Position Statement
1.2	Provision of Welcome Pack	All older people, or their advocates, receive a standard	Majority of homes in ABUHB contract with, provide information packs which relate to the care home staff teams, contract and the service level agreement. Some nursing homes are already considering how to improve this information and share good practice. To change this

		<p>'Welcome Pack' upon arrival in a care home that states how the care home manager and owner will ensure that their needs are met, their rights are upheld and they have the best possible quality of life.</p>	<p>information to a "Welcome Pack" with additional information enclosed such as what to do if you have concerns to raise, how to access advocacy and information about the CHAaT (Care Home Ask and Talk) scheme. This would add value and a more person centred approach. ABUHB has worked very closely with the Royal Voluntary Service (RVS) who have adopted the CHAaT volunteer model and are providing a similar service in residential homes. This information also needs to be added to the Welcome Pack for residential homes. CHAaT and RVS volunteers prioritise visits to those older people with no/limited family or friends</p> <p>A consistent approach to a standardised Welcome Pack across Wales is very much welcomed. Although this recommendation is the provider's responsibility, contact has been made to Care Forum Wales to determine whether, in the absence of a Welsh standardised approach, a local focus through a dedicated workshop can be utilised to gain a consistent approach to Welcome Packs across the ABUHB geographical area. This would have a specific focus on the Welsh Declaration of the Rights of Older People.</p> <p>The NHS Centre for Equality and Human Rights have attended the Matrons Forum following feedback from older people and relatives about access to the community when older people enter a nursing home. This addresses the recommendation regarding the maintenance of friendships and social contact.</p> <p>A further training session to enable the nursing and residential homes to better understand an older persons rights in line with the Welsh Declaration of the Rights of Older People will be arranged in collaboration with the local authorities.</p> <p>Continence leads have attended the nursing home forum and provided training on a number of occasions. The ABUHB will confirm that this aspect is included within the Home's Welcome pack. Nurse assessors and care co-ordinators review all care and support plans. Where needs are not met or at risk of not being met, these are addressed immediately and through safeguarding processes if necessary.</p> <p>Nursing home staff have received training in assessment and care planning through the Provider Forum.</p>
--	--	--	---

Review Point	Principle	Action Required	Position Statement
1.3	Continence Support	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.	<p>Continence pathway shared with care homes. Best practice seminars held at matron's forum. Dignity issues in relation to continence are addressed and where significant, investigated through POVA processes. Care plans reviewed by nursing home and nurse assessors. Any recommendations for improvement are reported and monitored by ABUHB.</p> <p>Some larger providers have specialist advisers for continence (and tissue viability) or gain advice from nurse specialists working for suppliers however this leads to fragmentation. Small or single providers with a much more limited resource are dependent on availability and access to continence nurses from ABUHB's core continence service and this small service is limited in what it can provide to nursing homes in the area. However, support and advice are available from District Nurses and Nurse Assessors and from specialist continence advisors where necessary. Best practice continence training has been provided at the provider forum.</p> <p>To enhance access to specialist advice and support, a new model for continence services is currently being considered by ABUHB which will see an increase of specialist staff within the continence service. The service re-design and proposed model will improve both quality and safety over current prescribing practice as all patients, regardless of their care setting will be offered assessment and review by Specialist Nurses with expertise in this specific area. Once service re-design has been realised, the continence service will be requested to scope the support requirements across all nursing and residential homes.</p> <p>Nurse Assessors, care co-ordinators and Lead Nurses for Governance and Safeguarding review continence support through clinical reviews and contract monitoring processes. Providers have been fully engaged in the Fundamentals of Care audits within care homes which has a focus on continence and dignity. Specialist support gained through referral to specialist continence services.</p>
Review Point	Principle	Action Required	Position Statement
1.4	Mealtimes and Dining Experience	National good practice guidance should be	<p>The recommendation for National good practice guidance is very much welcomed.</p> <p>There is some good practice in some nursing homes, where residents help prepare some food</p>

		<p>developed and implemented in relation to mealtimes and the dining experience, including for those living with dementia.</p>	<p>and the social interaction with dining together, this could be shared through ABUHB's Matron's Forum. Unified Menu Planning training arranged for 21st May 2015.</p> <p>Lead Nurses, Governance and Contracting alongside the Local Authority Contract Monitoring Officers review the dining experience, menu choices, how residents are supported with meals, meal preferences etc and make recommendations for improvement. CSSIW also observe during their inspection visits. This aspect is included within the Fundamentals of Care monitoring tool in use across all care homes. Providers have been fully engaged in the Fundamentals of Care audits within care homes. Where there are concerns raised, these are addressed immediately and where necessary, managed through the safeguarding processes. Weight monitoring and the effects of weight loss for example, on skin integrity is also monitored.</p> <p>ABUHB has a dedicated Community Dieticians service supporting nursing and residential homes, advising on Food First before supplement prescribing. GP's refer into the service and we are currently determining how nursing homes can refer direct to the service. Dieticians and nursing staff refer to Speech and Language Services where individuals may, for example, have swallowing difficulties.</p> <p>Initial discussions have been held with Speech and Language Therapy Services to determine the training available to assist care home staff to assess and manage basic/first stage swallowing difficulties, particularly in those older people with dementia where swallowing is affected as part of the disease process.</p> <p>Nurse Assessors review during clinical assessment. Individual care plans support nutritional needs of individuals. Care plans reviewed by nursing home staff, dieticians and nurse assessors. Significant concerns in relation to diet or the dining experience are referred through POVA processes.</p>
Review Point	Principle	Action Required	Position Statement
1.5	'Never Events' Agreed	An explicit list of 'never events' should be developed and	ABUHB's visiting senior nurses, governance nurses and nurse assessors do monitor, challenge, and correct any witnessed unacceptable practice as well as report and escalate in line with safeguarding procedures. Any such breaches are picked up through Adult Protection Referrals and provider performance meetings.

		<p>published that clearly outlines practice that must stop immediately. The list should include use of language, personal care and hygiene, and breaches of human rights.</p>	<p>ABUHB's visiting senior nurses, governance nurses and nurse assessors do monitor, challenge, and correct any witnessed unacceptable practice as well as report and escalate in line with safeguarding procedures. Any such breaches are picked up through Adult Protection Referrals and provider performance meetings. A number of providers have dismissed staff due to dignity/abuse issues and referred to the relevant bodies.</p> <p>Nursing Homes are now copying ABUHB into any significant events reportable to CSSIW under the Care Standards Act. This allows ABUHB to review such events and act without delay. Themes through such reports are analysed and specific training sessions delivered through the ABUHB Provider Forum. This has included specific training on falls, inappropriate referrals to hospital, infection control (e.g. C.Diff outbreaks), and managing the deteriorating patient.</p> <p>Providers have received training from the NHS Centre for Equality and Human Rights which centred on an individual's basic human rights.</p> <p>Through Datix, ABUHB are able to report 'Never Events' and report on safeguarding issues from the third sector. There is a need to continue to align provider reports to this system where appropriate.</p> <p>There is a need to work with providers to agree a list of 'Never Events' and this will be discussed at the August provider Forum. ABUHB will work with the local authorities, nursing and residential homes, community staff and Care Forum Wales to agree this list. ABUHB will share this nationally.</p>
Review Point	Principle	Action Required	Position Statement
1.6	Access to Independent Advocacy	<p>Older people are offered independent advocacy in particular circumstances</p>	<p>ABUHB acknowledges the positive role of advocates throughout an older person's journey through care and enables staff to access a variety of advocacy services (for example: IMCA's, IMHA's Age Cymru and Alzheimer's Society advocates).</p> <p>Referrals to advocacy services are always offered to patients at such difficult times as care home closures and this is part of our procedure as well as a designated point of contact. There is ongoing awareness and communication with Health Board staff and providers re access to advocacy services. Executive Team and Board to support funding for advocacy services.</p>

			<p>Providers have been trained in mental capacity and Deprivation of Liberty which has included the role of advocacy and when to refer.</p> <p>Training and awareness raising has been provided to nursing home staff by advocates.</p> <p>Transition pilot commencing in YYF in June 2015. A pilot will see CHAaT Volunteers working closely with older people, relatives, advocates and ward staff to support older people and relatives needing to make a decision about care home placements. As part of this pilot, clinical psychologist input into the transition process to help people deal with issues of loss will be introduced. The pilot will be evaluated 6 months after implementation with a view to cascade across wards. The results of this pilot will be reported through the Quality and Patient Safety Committee and will be published.</p> <p>Care co-ordinators assess individual's access to advocacy during clinical reviews.</p> <p>There is funding for advocacy in place and the Health Board has contracts with advocacy services. Contracts are reviewed annually.</p> <p>There is however a need to ensure that the funding is meeting demand, although there is no current indication that it is not. Therefore a review of advocacy services and the need for renewed/amended contracts and service specifications and cost analysis will be undertaken.</p>
<p>Key Conclusion 2: Too often, care homes are seen as places of irreversible decline and too many older people are unable to access specialist services and support that would help them to have the best quality of life.</p>			
<p><i>Link to Welsh Government policy and legislative areas: Social Services and Wellbeing (Wales) Act 2014 and National Outcomes Framework, Sustainable Social Services: A Framework for Action, Together for Health – Stroke Delivery Plan 2012-16</i></p>			
Review Point	Principle	Action Required	Position Statement
2.1	Physical health and well being	A National Plan for physical health and	Progress: ABUHB very much welcomes a National Plan for physical health and well being promotion to improve care in care homes. ABUHB will work with Welsh Government,

		<p>mental wellbeing promotion and improvement in care homes is developed and implemented. This draws together wider health promotion priorities, as well as particular risk factors linked to care homes, such as loneliness and isolation, falls, depression, a loss of physical dexterity and mobility.</p>	<p>Public health and other partners in the development of a National Plan.</p> <p>The Care Home Ask and Talk (C.H.A.aT) Volunteer Service has been developed to support older people in nursing homes. Priority for visits is given to those older people with no relatives and at risk of social isolation and loneliness. The Royal Voluntary Service have adapted the CHAaT service model and are delivering a similar service across residential homes.</p> <p>The Community Falls Team has provided training on falls prevention/mobility and all nursing homes are aware of how to refer to their local falls co-ordinator. ABUHB has a dedicated Pharmacist for Care Homes who has provided training on the link between medication and falls as well as good medication management and review.</p> <p>The Immunisation Co-ordinator has provided training to nursing homes on immunisation, the management of the immunisation programme etc.</p> <p>A review and restructuring of the Primary Care and Networks Nursing Team will now see expert Chronic Conditions (CDM) Clinical Nurses supporting CDM management in care homes, with nursing homes being able to refer direct to the team. GP's also provide clinics in care homes to review physical health and well being.</p> <p>Nursing home residents have access to primary mental health care services. There are plans to hold a workshop with all the activities co-ordinators across nursing and residential homes to share those best practices that enhance an individual's sense of mental well being. This has been agreed following feedback from older people and relatives regarding personalised activities and identification in some homes of excellent practice. Additionally, contact will be made with local community support groups to determine how they can support older people in care homes.</p>
Review Point	Principle	Action Required	Position Statement
2.2	Access to MDT and Specialist Services	Older people in care homes have access to specialist services	Specialist service and MDT care – ABUHB does provide in reach services such as complex care occupational therapists, community psychiatric nurses, frailty teams (CRT) and tissue viability nurse in to care homes as assessed and required by individuals. However, the

		<p>and, where appropriate, multidisciplinary care that is designed to support rehabilitation after a period of ill health.</p>	<p>ability of core therapy services to provide this level of service on a continuous basis needs a demand and capacity analysis undertaken to meet the full requirements.</p> <p>The Community Frailty team are proactive in providing clinical support and treatment after a period of ill-health. Additional rehabilitative support is provided by falls co-ordinators and the dedicated occupational therapy team. Some NCN's have included in their annual plan access to physiotherapy services and are looking to fund this through NCN monies. Additionally where older people are cared for in residential homes at the end of life, district nurses, frailty teams, OT's and palliative care nurse in-reach into these services to provide assessment and treatment so that the older person does not need to move to a nursing home.</p> <p>Specialist nurse's e.g. chronic condition nurses, stroke nurses, Community Psychiatric Nurses etc follow up older people in care homes following a period of ill health. The current restructuring of the primary care nursing team will enhance this support for physical health care. Specialist support is also secured for specific clinical conditions e.g. Huntingtons Disease, stoma care, wound management, palliative care.</p> <p>Nurse assessors/care co-ordinators constantly review access to healthcare through clinical reviews. Joint working with local authority in-reach teams such as falls co-ordinators is proactive to need.</p> <p>For older prisoners in prison/custodial settings in-reach primary care services are also provided such as OT's to improve moving and handling issues. A business case has also been developed to ensure new in-reach physiotherapy sessions into the prison setting. This will enable older prisoners to maintain independence. We are also meeting with MacMillan to introduce palliative care to older prisoners.</p> <p>There is a need to scope the current in-reach provision in care homes further and this will be undertaken within the next 4 months. The analysis of this will be reported through the Neighbourhood Care networks (NCN's) with a view to enhancing or developing further in-reach services.</p> <p>An audit of recent high levels of conveyances to hospital from one nursing home is being</p>
--	--	--	---

			<p>undertaken. The results of this audit will be used to inform the need for more local services across the nursing home sector to prevent inappropriate admissions and support older persons choice to receive care in their home environment.</p> <p>For those older persons living in residential care, district nurses provide in reach nursing services. Specialist nurses also review and assess in residential homes such as diabetes nurse specialists, palliative care specialists etc.</p> <p>ABUHB will review the current provision, referral routes and the need for service redesign.</p>
Review Point	Principle	Action Required	Position Statement
2.3	National Falls Prevention	Older people's risk of falling is minimised, without their rights to choice and control over their own lives and their ability to do the things that matter to them being undermined.	<p>Progress: ABUHB welcomes a National Falls Prevention Programme for care homes which could link with ABUHB's falls pathways and health promotion as in point 2.1 . Locally nursing homes manage fall risks and seek assistance from the Complex Care OTs, local falls co-ordinators and Nurse Assessors and utilise appropriate equipment such as fall mats, alarm systems, adapted equipment.</p> <p>In certain extremely high risk cases, 1 to 1 provision may be required to protect older people at high risk of falls and this is funded by the Health Board. Many patients in nursing homes at high risk of falls are referred to the falls clinics for clinical assessment but may have to wait for review. All falls which occur in nursing homes should be reported on to CSSIW as Regulation 38s.</p> <p>ABUHB will continue to monitor falls information when reviewing and monitoring at care homes. Additionally ABUHB will continue to review all received Regulations 38s in Complex Care and provide additional training based on themes. Nursing homes have received training in risk assessment, how to identify those at risk of falls and mental capacity which reinforces the principle that individuals are able to make their own decisions based on informed choice. Care plans are developed to include risk, need and persons wishes.</p> <p>Annual contract monitoring reviews falls data in nursing homes. Nursing/residential homes should be requested to inform commissioners and national bodies of falls data in</p>

			<p>order that ongoing review of falls risks can take place.</p> <p>In the absence of a National reporting matrix, we will develop a local falls data collection tool and report on findings in April 2016.</p>
Review Point	Principle	Action Required	Position Statement
2.4	Aids to Daily Living	<p>The development and publication of national best practice guidance about the care home environment and aids to daily living, such as hearing loops and noise management, with which all new homes and refurbishments should comply. This guidance should also include mandatory small changes that can be made to care homes and outdoor spaces to enable older people with sensory loss and/or dementia to maximise their independence and quality of life.</p>	<p>Best Practice guidance – mandatory changes / refurbishments – these are absolutely the correct thing to do. Providers will need to acknowledge that they have a duty to make reasonable adjustments whilst acknowledging that this may be at a cost to them. Any addition to provider fees as a result will need to be considered by commissioners in discussion with Welsh Government.</p> <p>All nursing homes currently assess whether they are able to meet an individual’s needs prior to admission and this takes into account the providers environment and access requirements. However it is not clearly understood whether providers provide access for sensory loss e.g. through the provision of loop systems. In the absence of National best Practice, ABUHB will secure training for nursing homes, and in partnership with local authorities, also provide training for residential homes so that they better understand their duty regarding access.</p> <p>ABUHB monitoring processes allow for access review. Current process will be reviewed to ensure full scope of OPC review recommendations is considered.</p> <p>Discussion is taking place with the Providers at the Forum on 21st of May to consider training staff in British Sign Language (BSL). Some CHAaT Volunteers will also be trained in BSL.</p> <p>Discussion has taken place with the Alzhiemers society to run a provider workshop on improving communication and activities for those living with dementia. It is anticipated that this will run late Autumn.</p> <p>ABUHB will continue to liaise with Welsh Government, other Health Boards, statutory partners and providers to increase access across the sector.</p>

Review Point	Principle	Action Required	Position Statement
3.1	National Dementia Training	A national, standardised values and evidence based dementia training programme is developed that covers basic, intermediate and advanced levels of training, which draws on the physical and emotional realities of people living with dementia to enable care staff to better understand the needs of people with dementia.	<p>ABUHB welcomes a National Approach to Dementia Training and will work with Welsh Government and other partners to support the dementia training programme. Standardised values and evidence based dementia training programme – ABUHB would suggest direction be included for providers to consider use of accredited /validated methodologies for example, those provided by Alzheimer’s Society, Dementia Care Matters or University of Stirling Dementia training modules.</p> <p>Currently monitoring visits by health board staff, local authorities and CSSIW identify these “misunderstandings” and direct providers to learning aides for their workforce. ABUHB will continue to identify gaps in knowledge and signpost to good practice and training resources.</p> <p>Nursing Home providers have received dementia training. In the absence of a National Dementia Training Strategy, discussions will take place with the Older Adult Mental Health Services, Local Authorities, Care Forum Wales and providers to scope immediate training needs. An initial training strategy will be developed to support residential and nursing home staff and this strategy will encompass the recommendations of the OPC review. Progress will be shared across Wales.</p> <p>CHAAAT Volunteers have received dementia training form Age Cymru to enable them to communicate more effectively with older/younger people living with dementia. Discussion has taken place with the Alzhiemers society to run a provider workshop on improving communication and activities for those living with dementia. It is anticipated that this will run late Autumn.</p>
Review Point	Principle	Action Required	Position Statement
3.2	Local Dementia Training	All care home employees undertake basic dementia training as	As 3.1. Training and development is a key priority across the health and social care sector. We absolutely support the need to enhance opportunities for the independent sector to access statutory body training especially as they provide services on behalf of the NHS. Nursing Home providers have received dementia training. In the absence of a

		<p>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.</p>	<p>National Dementia Training Strategy, discussions will take place with the Older Adult Mental Health Services, Local Authorities, Care Forum Wales and providers to scope immediate training needs.</p> <p>An initial training strategy will be developed to support residential and nursing home staff and this strategy will encompass the recommendations of the OPC review. Progress will be shared across Wales. CHAaT Volunteers have received dementia training from Age Cymru to enable them to communicate more effectively with older/younger people living with dementia.</p> <p>Discussion has taken place with the Alzhiemers society to run a provider workshop on improving communication and activities for those living with dementia. It is anticipated that this will run late Autumn.</p> <p>Contract compliance processes need to ensure provider induction processes include dementia training. Discussion will take place with Local Authority Contract Compliance Leads to ensure consistency across residential and nursing homes and domiciliary care providers (community placements).</p>
Review Point	Principle	Action Required	Position Statement
3.3	Befriending	<p>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.</p> <p>This must include</p>	<p>Befriending schemes, intergenerational projects and faith - there are some nursing homes who are able to positively link with their communities and should be encouraged to share their good practice and these often involve consistent support from relatives and friends of the residents.</p> <p>ABUHB monitoring processes assess an individual's ability to access befrienders and the wider support e.g. from their church/faith organisation. All nursing homes operate an open door policy with no restrictions to visiting times. Some homes have established 'Friends of.....' nursing home committees and this practice should be shared as it gives the nursing home population a voice and continued access to support. There is a potential for all partners to work together to share best practice and maximise befriending opportunities across the sector.</p>

		ensuring continued access to faith based support and to specific cultural communities.	<p>There is a wealth of experience, for example, in the NHS Retirement Fellowship and these members continue to be encouraged to joining the CHAaT Service to maximise befriending input into nursing homes. The RVS are also continuing with recruitment. In ABUHB area, the continued growth of the CHAaT befriending scheme, the Royal Voluntary Service (similar to the CHAaT Service) in to residential care homes as well as the development of "Friends of x care home" can really make a difference and assist in delivering this outcome.</p> <p>We will host a best practice partnership event in event in December 2015.</p>
Review Point	Principle	Action Required	Position Statement
3.4	In- Reach Mental Health Support	In-reach, multidisciplinary specialist mental health and wellbeing support for older people in care homes is developed and made available.	<p>In-reach, MDT mental health and well being is currently supported. Nursing homes in ABUHB area do receive support from In-Reach CPNs. In addition, support from the RMNs from the Complex Care Nurse Assessors team is used to ensure on-going mental health issues are managed appropriately. There are robust referral mechanisms in place.</p> <p>Provider's asses and plan care for those with mental health needs. Nursing homes are aware of how to refer to mental health services. As part of the ongoing review, medication is reviewed. The dedicated care home Pharmacist has provided training on the use of medication in the elderly and this has included the use of anti-psychotics and over prescribing and best interest considerations. Nursing homes have also received training in the application of covert medication administration and the pharmacist has developed a local protocol in conjunction with GP's to ensure appropriate management and prevention of abuse. Any agreement that covert administration being in the best interest of individuals is supported by an MDT care plan and is subject to continuous review.</p> <p>Care plans are reviewed monthly by nursing homes. Nurse assessors review care plans in accordance with FNC and CHC reviews. Any concerns in regards to mental health management or for example, the overuse of medication are immediately addressed and where necessary escalated through safeguarding procedures.</p> <p>CPN's assess in nursing homes and work with older people, their relatives and providers to agree a support plan. These are reviewed monthly by the nursing homes to determine</p>

		<p>the mental health and well being of the older person. Where necessary, CPN's will visit to review earlier than the planned review date.</p> <p>Specialist nurse's e.g. chronic condition nurses, stroke nurses, Community Psychiatric Nurses etc follow up older people with dementia who have physical health needs in care homes following a period of ill health. The current restructuring of the primary care nursing team will enhance this support for physical and emotional health care. Specialist support is also secured for specific clinical conditions e.g. Huntingtons Disease, stoma care, wound management, palliative care.</p> <p>Nurse assessors/care co-ordinators constantly review access to healthcare through clinical reviews. Joint working with local authority in-reach teams such as falls co-ordinators is proactive to need. There are dedicated mental health nurse assessors who regularly review and 'advocate' on behalf of an older person with dementia.</p> <p>For older prisoners in prison/custodial settings in reach mental health and physical health services are also provided. A review of mental health provision is currently being undertaken in partnership with mental health and prison services.</p> <p>There is a need to scope the current in-reach mental health provision further and this will be undertaken within the next 4 months. The analysis of this will be reported through the Neighbourhood Care networks (NCN's) with a view to enhancing or developing further mental health in-reach services.</p> <p>An audit of recent high levels of conveyances to hospital from one nursing home where patients predominantly have dementia is being undertaken. The results of this audit will be used to inform the need for more local mental health and physical health services across the nursing home sector.</p> <p>There are plans to deliver dementia training as a continuous cycle of professional development. This training will be jointly run for staff in nursing and residential homes.</p> <p>Deprivation of Liberty Safeguard Assessors make recommendations for the least restrictive options to promote an individual's ability to live with the minimum of</p>
--	--	---

			<p>restrictions. These conditions are reviewed regularly.</p> <p>There is a need to determine the need for dedicated psychology input into the care of older people in residential care. This will be considered through a pilot due to be undertaken in Y16.</p> <p>We will work with MIND to develop Mental health First Aid Training for residential and nursing home staff as well as ABUHB staff who have a role in supporting older people with dementia or have psychological needs.</p>
Review Point	Principle	Action Required	Position Statement
3.5	Anti Psychotic Use	Information is published annually about the use of anti-psychotics in care homes, benchmarked against NICE guidelines and Welsh Government Intelligent Targets For Dementia	<p>Use of anti-psychotic benchmarked against Nice guidelines – The pharmacist on secondment to the Complex Care Team is working with nursing homes to improve medicines management and is also working with GPs and local Pharmacists to ensure that prescribers and dispensers are aware of medicine management requirements. All activity is benchmarked against NICE Guidelines and in consideration of the Intelligence Targets for Dementia.</p> <p>Recognising the essential role of pharmacist support in Care Homes, the ongoing funding for the Care Home Pharmacist has been included in the Primary Care and Networks 3 Year Plan. As in 3.4- Nursing homes have also received training in the application of covert medication administration and the pharmacist has developed a local protocol in conjunction with GP's to ensure appropriate management and prevention of abuse. Any agreement that covert administration being in the best interest of individuals is supported by an MDT care plan and is subject to continuous review. Abuse of the use of anti-psychotics would be immediately addressed and managed through safeguarding processes.</p> <p>Currently ABUHB does not publish information annually on the use of anti psychotics in care homes. We will work with Providers and Care Forum Wales to develop an appropriate audit and monitoring tool and agree the format for annual reporting. This will be agreed through the Medicines and Therapeutic Committee.</p>

			As an interim position, the dedicated Pharmacist for care homes will audit current use and produce a report by September 2015.
Review Point	Principle	Action Required	Position Statement
3.6	Safeguarding	The development of new safeguarding arrangements for older people in need of care and support in Wales should explicitly recognise emotional neglect as a form of abuse, with this reflected in guidance, practice and reporting under the new statutory arrangements.	<p>ABUHB work within the Welsh policy and procedure for the protection of vulnerable adults.</p> <p>Recognising emotional neglect as a form of abuse- ABUHB already consider emotional neglect as a form of abuse and staff are made aware of this through PoVA training. Any incidents are immediately addressed and reported through the use of Adult Protection Referrals.</p> <p>CHAA volunteers have all received POVA training and additional training in whistle-blowing, mental capacity and the Deprivation of Liberty Safeguards in order for them to recognise potential or actual emotional abuse within their befriending role. Escalation processes are established.</p> <p>The lead local authority representative for co-ordinating a regional provider forum in readiness for the implementation of the Social Services and Well Being Act and associated statutory requirements is attending the Pan Gwent Provider Forum on 21st of May. Residential and Nursing Homes will be in attendance.</p> <p>More recently work is progressing with members of the Prison Partnership Board to ensure older prisoners have access to social care and safeguarding support under the Social Services and Well Being Act.</p>
Review Point	Principle	Action Required	Position Statement
4.1	Access to specialist and primary healthcare	A clear National Statement of Entitlement to primary and	Progress: ABUHB is aware of developments in the areas listed in some of the nursing homes with support from core services. All nursing homes ensure their residents are registered with GPs and other primary care services such as dentists and opticians. ABUHB will work in partnership to forward the work required for a National Statement of

		<p>specialist healthcare for older people in care homes is developed and made available to older people</p>	<p>Entitlement.</p> <p>In some instances, private ophthalmology, audiology and podiatrists providers' visit care homes to enable residents to purchase their services. Many patients (or via their relatives), express their concerns about long NHS waiting lists for such services and thus seek private providers. It is worth noting that podiatry is not provided free in the community if a person has a package of care at home.</p> <p>The community dental service is working pro-actively with nursing homes and has provided oral health care training for registered nurses and HCSWs both at training events and within the provider establishment.</p> <p>Assessment, review and support by ABUHB's dietetic service is accessed through GP referral criteria and discussions have taken place in regards to nursing homes being able to refer direct. This work is ongoing.</p> <p>Community opticians and dental services review older people in the care home. Specialist nursing services such as district nurses, Community Psychiatric Nurses, Clinical Nurse Specialists, stoma specialists, palliative care nurses etc all make home visits. Additionally medics employed within the Frailty Service also assess and treat in care homes where this is possible and falls co-ordinators and OT's assess and treat in the care homes where they can.</p> <p>In anticipation of a National Statement of Entitlement, ABUHB Executives and Divisional Nurses need to ensure all listed service leads are made aware of the need to enable access to their service by older people in nursing homes.</p>
Review Point	Principle	Action Required	Position Statement
4.2	Formal Agreement on Statement of Entitlement	A formal agreement is developed and implemented between the care home and local	ABUHB will work with Welsh Government to develop and implement a Statement of Entitlement. Developing a formal agreement between the care homes, local primary care and specialist services is progressing through Neighbourhood Care Networks. This is in its infancy and more work is required on referral pathways and open access. There is ongoing dialogue at NCN level and access to secondary care services are raised through

		primary care and specialist services based on the Statement of Entitlement	<p>the Local Medical Committee.</p> <p>However older people residing in care homes do have access to primary and secondary care services through core NHS provision. These services support the older person's rights under the Fundamentals of Care.</p> <p>Further scoping is required to determine what services are currently not accessible to care home residents. This will be completed by September 2015.</p>
Review Point	Principle	Action Required	Position Statement
4.3	Staff Training	Care staff are provided with information, advice and, where appropriate, training to ensure they understand and identify the health needs of older people as well as when and how to make a referral.	<p>There is an established provider forum within ABUHB that has provided training to nursing homes over the past 3 years. Training sessions are all day events every 2 months. Where it has been appropriate, the forum membership has included an extended invitation to residential care homes. Such training has included:</p> <ul style="list-style-type: none"> • Contenance care • Recognising the deteriorating patient • Management of specific chronic conditions e.g. diabetes, COPD • NEWS assessment • Immunisation training • Assessment and care planning • Management of infectious diseases • Advance Care Planning • Equality and human rights • Communication • Protection of Vulnerable Adults • Mental capacity • Deprivation of liberty • Diet/weight management • Falls management • Dementia training • Service specific including how to refer • Advocacy

			<p>Ongoing training and awareness is required to further embed the requirements of the OPC review and an annual training programme will now be developed, the content of which will cover the principles and recommendations of the POC review and its associated recommendations.</p> <p>There will be continued support for the ongoing roll out of Matrons' education programme and ABUHB will work with the local authorities and Care Forum Wales to determine how we maximise opportunities for all care staff to access training. We will continue to assist care home providers in sourcing appropriate training to support this requirement.</p> <p>Raising awareness and understanding of the gaps in knowledge is part of a planned process via the Matron's Forum. To this end we have recently sent out a training needs analysis to determine the training needs. The Director of Nursing has established a working group to take forward the professional training agenda.</p> <p>Introduction of the NEWS tool for deteriorating patients has been undertaken. A pilot to embed Advance Care Planning is commencing in June and the results of this pilot will inform the training requirements and roll out across all nursing homes. This is being supported by ongoing audit of inappropriate conveyances to hospital in partnership with WAST.</p>
Review Point	Principle	Action Required	Position Statement
4.4	Medication Reviews	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.	<p>Majority of nursing home providers in ABUHBs area arrange medication reviews by GPs on admission to their home. The seconded pharmacist in the complex care team works with nursing and residential homes to increase awareness of poly-pharmacy and published best practice.</p> <p>Complex Care Governance Team and seconded pharmacist to ensure process and plan is in place with care homes, GPs and local pharmacists to monitor and review. Medication is reviewed prior to discharge.</p> <p>As in 3.4- Nursing homes have also received training in medication management, the need for reviews and the application of covert medication administration and the</p>

			<p>pharmacist has developed a local protocol in conjunction with GP's to ensure appropriate management and prevention of abuse. Any agreement that covert administration being in the best interest of individuals is supported by an MDT care plan and is subject to continuous review. Abuse of the use of anti-psychotics would be immediately addressed and managed through safeguarding processes.</p> <p>Community pharmacists also undertake medication reviews in nursing and residential homes. Care co-ordinators, including CPN's and nurse assessors also undertake medication reviews during clinical reviews. Primary care pharmacists have audited the use and management of controlled drugs across nursing homes and have provided training on the management and destruction of these medications.</p> <p>Where medication errors may have occurred, pharmacists investigate through safeguarding processes. All medication errors are recorded via DATIX regardless of the care setting in which the error may have occurred.</p> <p>There is a need to further scope the pharmacy support required across residential settings. This will be undertaken and if necessary a business case prepared to secure additional pharmacy support.</p>
Review Point	Principle	Action Required	Position Statement
4.5	Community Health Council Spot Checks	Community Health Councils implement a rolling programme of spot checks in residential and nursing care homes to report on compliance with the National Statement of Entitlement and Fundamentals of Care.	ABUHB welcomes the role of the Community Health Council in care homes. It is recommended that timely engagement with the CHC to facilitate and introduce a joint monitoring programme of visits is agreed. This will also avoid any duplication.

Review Point	Principle	Action Required	Position Statement
5.1	<p>National Recruitment and Leadership</p>	<p>A national recruitment and leadership programme is developed and implemented to recruit and train future Care Home Managers with the right skills and competencies. The programme should include accredited continuous professional development for current and future care home managers and should support them to be leaders of practice and champions of a positive care home culture.</p> <p>Annual national reporting on the availability of skilled and competent Care Home Managers in care homes across Wales, including the</p>	<p>National Responsibility</p> <p>ABUHB recognises this as a key development by the Care Council for Wales. Locally we have provided training (and continue to provide training) to address the key themes that have evolved/been identified by nursing home staff, emerging policy, identified through safeguarding, or informed by patient and relative feedback. Discussions have taken place with Care Forum Wales around developing a local training strategy. A training needs analysis is currently being collated.</p> <p>In ABUHB the Director of Nursing has established a Professional Group with a cohort of providers from the Matron's Forum to establish an understanding of workforce requirements in nursing homes, training, education plans, competency frameworks, career pathways and links with educational establishments.</p> <p>This work will feed in to the National Care Home Task and Finish Group workforce working group.</p> <p>ABUHB will continue to monitor recruitment and staff turnover as this has the potential to affect older people's well being, safety and security through its escalation, contract monitoring and feedback processes</p> <p>CHAaT and RVS volunteers through their befriending role ask older people and relatives whether they have any concerns about recruitment, staff retention etc. Escalation processes are in place to alert ABUHB and local authorities to concerns.</p> <p>NHS visiting professional feedback forms have been introduced across ABUHB so that any issues in relation to staff turnover, recruitment or leadership and training deficits are quickly identified. This prompts immediate discussion with providers and where necessary regulators.</p>

		impact of vacancy levels upon older people's quality of life and care.	
Review Point	Principle	Action Required	Position Statement
5.2	National Acuity Tool	The development and implementation of a national standard acuity tool to include guidelines on staffing levels and skills required to meet both the physical and emotional needs of older people.	<p>ABUHB welcomes the recommendation for a National acuity tool. At times of concerns in Nursing Homes in the area such as Escalating Concerns / Provider Performance, ABUHB has provided direction and support on the use and implementation of recognised acuity tools. Formalising the use of acuity tools as part of standard practice in nursing homes should ensure safe staffing levels on a continuous basis.</p> <p>Local training will be needed to implement national acuity tool and there will be a need to scope the skills set required to implement National Standards. This will be undertaken by identified Divisional Nurses and any associated training built into the training programme.</p>
Review Point	Principle	Action Required	Position Statement
5.3	National Mandatory Skills and Competencies	A standard set of mandatory skills and value based competencies are developed and implemented, on a national basis, for the recruitment of care staff in care homes.	<p>ABUHB welcomes the introduction of a National Mandatory Skills and Competency Framework. Recruitment and training of Care Home Managers – ABUHB recognises this as a key development by the Care Council for Wales. Locally we have provided training (and continue to provide training) to address the key themes of a mandatory nature e.g. safe moving and handling, that have evolved/been identified by nursing home staff, emerging policy, identified through safeguarding, or informed by patient and relative feedback. Discussions have taken place with Care Forum Wales around developing a local training strategy. A training needs analysis is currently being collated.</p> <p>In ABUHB the Director of Nursing has established a Professional Group with a cohort of providers from the Matron's Forum to establish an understanding of workforce requirements in nursing homes, training, education plans, competency frameworks, career pathways and links with educational establishments. Divisional Nurses will be</p>

			<p>represented on the National Working Group on workforce and retention. This work will feed in to the National Care Home Task and Finish Group workforce working group.</p> <p>Local training will be needed to implement mandatory skills and value based competencies once developed. Discussion will take place with Local Authorities and Care Forum Wales to determine how we can utilise best use of resources for joint training.</p>
Review Point	Principle	Action Required	Position Statement
5.4	National Induction and Training Programme	A national mandatory induction and on-going training programme for care staff is developed and implemented. This should be developed within a values framework.	<p>ABUHB welcomes the recommendation for a National Induction and Training Programme. This would ensure a consistent measure for induction and training for care delivery and monitoring contracts in nursing homes. There is currently a great deal of variance across the sector.</p> <p>As in 5.3 locally we have provided training (and continue to provide training) to address the key themes of a mandatory nature e.g. safe moving and handling, that have evolved/been identified by nursing home staff, emerging policy, identified through safeguarding, or informed by patient and relative feedback. Discussions have taken place with Care Forum Wales around developing a local training strategy. A training needs analysis is currently being collated. We will work with local authorities, Care Forum Wales and all our local providers to determine how we can support adherence to a national induction and training programme, supporting joint training activities. Local training will be needed to implement national induction and training programme.</p>
Review Point	Principle	Action Required	Position Statement
5.5	Dementia Champions	All care homes must have at least one member of staff who is a dementia champion.	<p>ABUHB welcomes this recommendation and notes that some nursing homes in the area already promote this ethos and have champions or leads for key significant areas of care provision.</p> <p>Dementia Champion training will be provided to residential and nursing homes by the end of the year. We will work in partnership with the Alzhiemers society to secure an increase in dementia champions.</p>

			Compliance with the recommendation will be assessed through contract compliance processes.
Review Point	Principle	Action Required	Position Statement
5.6	National Improvement Service	A National Improvement Service is established to improve care homes where Local Authorities, Health Boards and CSSIW have identified significant and/or on-going risk factors concerning the quality of life or care provided to residents and/or potential breaches of their human rights.	<p>ABUHB supports the recommendation to establish a National Improvement Service. ABUHB will work in partnership with Welsh Government and other partners to support this. This service would add value to the commissioning bodies existing contract and quality mechanisms already in place and will also support the role of the regulator.</p> <p>Where there are continuous occasions of escalating concerns, it is assumed that the National Improvement Service will support those care homes more intensely. ABUHB suggests that existing best practice currently used to support care homes is audited for adoption by a National Service.</p>
Review Point	Principle	Action Required	Position Statement
5.7	Regulation and Inspection Bill-Safeguarding	Older people are safeguarded from those who should not work in the sector	<p>Strengthening the vetting and barring procedures to safeguard and protect older people in nursing homes is very much welcomed. This should also provide a speedier response to concerns about staff by agencies such as the DBS.</p> <p>ABUHB currently complies with the All Wales safeguarding Vulnerable Adults policy and procedures.</p> <p>Staff in nursing homes have been trained in the protection of Vulnerable Adults and are</p>

			<p>able to attend ABUHB and Local Authority training. All areas of concern that meet the thresholds of abuse are managed through the safeguarding processes and safeguarding plans developed.</p> <p>The NMC risk assessment for registered nurses who may have breached their code of conduct has been shared with nurses and referrals have been made to the NMC.</p> <p>ABUHB will continue to monitor abuse, escalate through safeguarding procedures and report to the regulators.</p>
Review Point	Principle	Action Required	Position Statement
5.8	Cost benefit analysis- living wage	The true value of delivering care is recognised and understood	<p>ABUHB very much welcomes this recommendation. ABUHB will continue to support the National Care Home Task and Finish Group work-stream leading this initiative.</p> <p>ABUHB will monitor any potential impact through contract monitoring processes</p>
Review Point	Principle	Action Required	Position Statement
6.1	Single Quality Outcomes Framework and Service Specification	Quality of life sits consistently at the heart of the delivery, regulation, commissioning and inspection of residential and nursing care homes.	<p>ABUHB very much welcomes the recommendation for a National Quality Outcomes Framework. This will ensure a consistent quality standard across Wales. ABUHB will ensure representation on the all Wales working group.</p> <p>ABUHB will work with partner organisations and support training to implement a National Framework and Service Specification once developed. ABUHB commissioning and monitoring processes will be revised to ensure compliance with National Framework and Service Specification.</p>
Review Point	Principle	Action Required	Position Statement
6.2	Listening and responding to	Commissioners, providers and	ABUHB very much supports the recommendation to listen to service user feedback both formally and informally.

	<p>Feedback</p>	<p>inspectors have a thorough understanding of the day-to-day quality of life of older people living in care homes (Action 6.2, 6.3).</p> <p>Older people's views about their care and quality of life are captured and shared on a regular basis and used to drive continuous improvement (Action 6.2, 6.3)</p>	<p>The ABUHB has a Patient Experience Strategy that embeds the principles of using feedback to improve services and patients quality of life. We have worked with Age Cymru in developing a unique volunteers service (CHAAAT) that offers older people living in nursing homes (and their relatives/friends) an opportunity to talk in private about their care experiences. This was developed in response to Winterbourne View and Operation Jasmine. Best practice is shared at the pan Gwent Matrons Forum. Any feedback where an individual's quality of life is at risk' is immediately addressed and training has been provided where key themes have been identified for example, involving older people in care decisions, end of life care planning, improving activities and transition. CHAAAT has now been rolled out across all nursing homes within the geographical area. Additionally, the Royal Voluntary Service has adopted the CHAAAT service model and have a dedicated volunteer service to support older people in residential homes. This is enabling a collective view on the actions needed to drive forward continuous improvement. Additionally, nursing home staff have participated in the Bronze Level- Improving Quality Together training.</p> <p>This work has been shared on the national stage, including presentations at the recent Royal College of Nursing and British Geriatric Society National Conference. It has also been showcased at the Wales Audit Office Best Practice Learning Event.</p> <p>Feedback identified 4 key areas for improvement:</p> <ul style="list-style-type: none"> • Transition: our actions to address this feedback and improve quality of life is identified below • Access to the community: The NHS Centre for Equality and Human Rights have provided training on 'A Right to a Family Life' • Involvement in care decisions: Nursing homes have been trained in advance care planning and the need to involve older people and those who are important to them • Activities: best practice has been shared at the provider forum. There are now plans to hold a workshop to bring all activities co-ordinators together to share best practice and develop a programme of meaningful activity for individuals and groups. The Alzhiemers society have been asked to support this event.
--	------------------------	--	---

			<p>The principles of My Home Life Cymru best quality indicators for good quality of life have been embedded into nursing assessments. This enables nurse assessors to monitor how quality of life indicators are being applied across the care sector. There are now plans to provide the Senses Framework and quality indicators training across the care home sector.</p> <p>More recently and arising out of older people and relative feedback, a web based 'Trip Advisor' feedback system for care homes was launched on March 9th by the Minister for Health and Social Services. This system was named by older people and relatives as 'Think About Me: Good Care Guide' and is allowing people to publically share their experiences of living in a care home. The system allows providers to respond quickly to feedback and celebrate what they do well. This was developed in partnership with:</p> <ul style="list-style-type: none"> • Older people • Relatives • Providers (residential and nursing) • All 5 local authorities • Age Cymru Gwent • Good Care Guide • Public Health Wales • Care Forum Wales • Royal Voluntary Service • NHS Retirement Fellowship <p>There are plans to extend Think About Me: Good Care Guide nationally once the pilot is completed and a presentation has already been provided to the Carmarthen Provider Forum and showcased at the Medi Wales and Improving Quality Together Gold event.</p> <p>Some nursing homes have developed resident and relatives support groups, use of suggestion boxes and books and improvements to notice boards. We will work with the sector to ensure that this is adopted across all nursing and residential homes.</p> <p>We have worked with care home matrons to develop feedback groups, "Friends of"</p>
--	--	--	---

			<p>and regular resident and relative meetings. We will extend out activity around this and suggest that early implementation is supported by representatives from complex care.</p> <p>Last year the ABUHB participated in the national review of Operation Jasmine. We were able to inform relatives of the actions we have taken to try to ensure this type of abuse does not happen again. We do recognise that once the review is made public, we will again need to review our support and monitoring mechanisms to ensure the voice of the most vulnerable in our area is heard and their concerns acted upon.</p> <p>A Listening Event for older people was held in 2014. This event was supported by statutory, voluntary and third sector organisations.</p> <p>In light of feedback from older people and relatives, in June 2015, a pilot where CHAaT Volunteers and advocates will support older people on hospital wards needing to choose a care home will commence. CHAaT volunteers have received training and the operational policy is being developed. Monies have been secured to provide psychology support to older people and relatives during the transition process.</p> <p>ABUHB would very much like to promote the work of CHAaT in partnership with the NHS Retirement Fellowship across Wales and would be willing to support other Health Board areas to develop a similar befriending service.</p>
Review Point	Principle	Action Required	Position Statement
6.3	Lay Assessors	Lay assessors are used, on an ongoing basis, as a formal and significant part of the inspection process.	<p>ABUHB very much welcomes the appointment of lay assessors. Work plan to be developed with the ABUHB CHC representatives.</p> <p>It is proposed that an agreed training programme be developed Nationally to support the role of Lay Assessors.</p>

Review Point	Principle	Action Required	Position Statement
6.4	Joint Inspections	The quality of life and healthcare of older people living in nursing homes is assessed in an effective way with clear and joined up annual reporting (Action 6.4, 6.5, 6.6).	<p>ABUHB very much welcomes an integrated system of health and social care inspection and will work collaboratively to achieve this outcome.</p> <p>Locally, ABUHB has worked in partnership with local authorities to develop and undertake annual joint monitoring processes. Joint visits are undertaken wherever possible. This is very effective when there are issues of escalating concerns or home closures.</p> <p>However there is a need to review local joint monitoring arrangements and develop systems in which joint reports are shared and made public.</p>
Review Point	Principle	Action Required	Position Statement
6.5	Annual Integrated Reports	Development of joint annual reports	ABUHB will work in partnership with Local Authority partners to develop and publish joint monitoring reports.
Review Point	Principle	Action Required	Position Statement
6.6	Fundamentals of Care Annual Report	Develop annual report on Fundamentals of Care	ABUHB as an organisation are able to report on the Fundamentals of Care through an electronic tool. ABUHB will look at whether this tool could be used in care homes. This would allow for the production of a robust annual report. All Fundamental of Care Audits will be published.
Review Point	Principle	Action Required	Position Statement
6.8	Health Boards Annual Quality Statement	Health Boards include information relating to the quality of life and care of	Work is required to ensure this data can be collected. ABUHB will then include statements on the required key points where data is available in its' Annual Quality Statement. To date, there is no mechanism in place to collect or analyse all the data points identified within the OPC review recommendations. Care home owners need to commit to this

		<p>older people in residential and nursing care homes in their existing Annual Quality Statements</p>	<p>process and understand the information requirements they may need to invest in. We will therefore ensure that a Quality of Life audit Framework is developed. Outcomes will be included in the Health Boards Annual Quality Statement.</p> <p>We will commence discussions with Care Forum Wales, CSSIW and the local providers to ensure data can be captured and that data sets are aligned to the OPC review recommendations. Additionally we will ensure that quality information gathered from care homes now is included in the ABUHB Annual Quality Statement. A report on the evaluation of the CHAaT Volunteer Service and the CHAaT Pilot in YYF will be published in January 2016.</p> <p>All Fundamental of Care Audits will be published by January 2016.</p>
Review Point	Principle	Action Required	Position Statement
6.11	Commissioning	<p>Older people are placed in care homes that can meet their needs by commissioners who understand the complexities of delivering care and are able to challenge providers about unacceptable care of older people.</p>	<p>A National Competency based training programme for commissioners is very much welcomed. This would ensure a consistent and values based approach to commissioning across health and social care.</p> <p>Currently for all new placements a provider checklist is sent out to determine a home is able to meet an individual's needs. This will include the Health Board looking at staff skill mix, the registration status of the home, financial viability, staff competency etc.</p> <p>In the absence of accredited training, the Health Board has developed an operational policy and guidance for staff when commissioning with external providers. This clearly sets out the responsibilities of the MDT prior to placement and during placement. The policy also indicates the actions to be taken if there are escalating concerns, if residents are at risk etc. This has been shared across Wales and the operational implementation has been subject to external audit with satisfactory assurance.</p> <p>There are numerous processes within the Health Board to ensure placements are appropriate and this includes a weekly Quality Assurance Panel</p> <p>The Health Board regularly monitors care homes, challenges unacceptable standards of</p>

			care, makes full use of safeguarding processes and has developed a process for NHS visiting professionals to escalate concerns. A copy of the Operational Procedure is available on request.
Review Point	Principle	Action Required	Position Statement
7.1	National Plan for Future Supply	Forward planning ensures there are a sufficient number of care homes, of the right type and in the right places, for older people.	ABUHB very much welcomes a National Plan for future supply to ensure availability of appropriate care home placements in the market. The National Care Home Task and Finish Group and subgroups will action this work supported by representatives from ABUHB. We will ensure that we have knowledgeable staff represented to support the National Working Group developing the National Plan. We will continue to analyse local need through joint planning groups to inform National work.
Review Point	Principle	Action Required	Position Statement
7.2	NHS Workforce Projections	Forward planning and incentivised recruitment and career support ensures that there are a sufficient number of specialist nurses, including mental health nurses, to deliver high quality nursing care and quality of life outcomes for older people in nursing homes across Wales (Action 7.2, 7.3).	<p>ABUHB very much welcomes the recommendation to better understand workforce implications and the effects on older persons `services. The National Care Home Task and Finish Group and subgroups will action this work supported by representatives from ABUHB. We will identify knowledgeable staff to support the National Working Group developing the National Plan. ABUHB will work with the Royal College of Nursing and Care Forum wales to develop ways to attract registered nurses into nursing homes. This will include the need to ensure a dedicated induction and training programme is in place for registered nurses.</p> <p>We will also develop a competency based framework for independent sector nurses and an accredited Foundation Course for nurses new to independent sector nursing. Additionally, NHS nurses will support the NMC revalidation requirements of registered nurses in the independent sector.</p> <p>Work has already started with Care Forum Wales and local nursing home providers to better understand workforce projections.</p>

Review Point	Principle	Action Required	Position Statement
7.3	Career Pathway	Established nursing career pathway.	<p>Professional Group established by Director of Nursing representative of nursing home staff and this is continuing. Divisional Nurse Primary Care and Networks has responsibility to establish strategy for professional development. Peer support already offered and this will continue.</p> <p>Providers themselves will need to ensure they have a robust professional development strategy for its workforce. ABUHB will support providers with this, enabling access to NHS training and providing NHS peer support. ABUHB will be represented on National Working Group for professional development.</p> <p>The Primary Care Nursing Team has been restructured to enable better support and peer review to independent sector nurses and will also support through NMC revalidation. A competency framework for Health Care Support workers is being finalised. A standardised appraisal framework for registered nurses has been developed and will be 'signed off' at the May provider forum. This will then be shared across Wales.</p> <p>An established forum for professional development is embedded. This will be extended to support the unregistered workforce. Discussions have already taken place with the sector and Care Forum Wales regarding the development of a professional CPD programme and providers are fully engaged. Discussions have also been held with the Royal College of Nursing (RCN) to support this work, with some providers and Care Forum Wales discussing professional development direct with the RCN. Close working with Care Forum Wales and the RCN will continue. Any work developed in ABUHB will be shared across Wales</p>