

## **A PLACE TO CALL HOME – CONSULTATION RESPONSE FROM CAERPHILLY COUNTY BOROUGH COUNCIL**

Caerphilly County Borough Council (CCBC) agrees with the key conclusions reached from the review undertaken by the Older Person's Commissioner for Wales and also fully supports the aim of the review which is to ensure that there is a clear focus on promoting and maintaining a good quality of life for people in residential and nursing care – a quality that is fundamental to well being and underpinned by an approach that ensures engagements, sensitivity, empathy and an intent to keep life going for all residents.

Whilst the action plan sets out required actions from different stake holders, CCBC takes the view that as the commissioner of external services, it needs to support providers where necessary and appropriate to make the required changes and respond to necessary actions.

The table below sets out the key conclusion as set out by the review, the action required and also the CCBC response and current position where possible.

### **KEY CONCLUSION 1 TOO MANY OLDER PEOPLE LIVING IN CARE HOMES BECOME QUICKLY INSTITUTIONALISED. THEIR PERSONAL IDENTITY AND INDIVIDUALITY RAPIDLY DIMINISHES AND THEY HAVE A LACK OF CHOICE AND CONTROL OVER THEIR LIVES.**

<b>ACTION REQUIRED</b>	<b>CCBC RESPONSE</b>
<p>1.1 A national approach to care planning in care homes should be developed and implemented across Wales. This must support -</p> <ul style="list-style-type: none"><li>• The full involvement of the older person to ensure</li></ul>	<p>CCBC agrees with the required action and shares the view that it is very easy for residents to become 'lost' in what can be a large home/environment, thereby losing their individual identity – usually it then becomes very difficult for care and nursing</p>

<p>they have an effective voice, including advocacy support where necessary. This may include independent advocacy or advocacy under the Mental Capacity Act.</p> <ul style="list-style-type: none"> <li>• Ensuring the older person's personal history, social and cultural interests, occupation, achievements, likes, dislikes and aspirations are understood and reflected in their future life. This must include meeting the diverse needs of older people who are lesbian, gay, bisexual or trans, those who are Black, Asian or minority ethnic and those with or without religion or belief.</li> <li>• Transitional support once a decision has been made to move to a care home to ensure that the care planning process begins prior to moving into the care home.</li> <li>• Meeting the emotional needs of older people to ensure they feel safe, valued, respected, cared for and cared about.</li> <li>• Meeting the communication needs of people living with dementia and/or sensory loss.</li> </ul>	<p>staff to reverse that situation to one that recognises the residents as individuals with a right to dignified and respectful care and support, although this is far more likely to happen in smaller residential homes.</p> <p>Although the action is for WG, CCBC has worked alongside providers and will continue to do so to develop informative and evidence based documentation that supports good outcomes for people in residential care. Contract Monitoring Officers have supported the improvement of care/service delivery plans, risk assessments and daily records, providing training for providers where necessary.</p> <p>CCBC takes the view that intervention and support from WG in relation to documentation in use by the larger providers would be helpful in order to challenge the corporate approach, which does not always promote individuality.</p>
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<ul style="list-style-type: none"> <li>• The needs of Welsh language speakers and those for whom English is not their first language.</li> <li>• Entitlements to healthcare and assessment for and referral to healthcare services.</li> <li>• Individual rights versus risk management.</li> <li>• Multidisciplinary assessment (across Health Boards, Local Authorities and including specialist third sector organisations) and specialist clinical assessment.</li> </ul> <p>This guidance should clearly align to the new National Outcomes Framework, which underpins the Social Services and Wellbeing (Wales) Act 2014.</p> <p>National reporting of the quality of care plans and care planning against the national guidance and against the intended outcomes of the national Outcomes Framework should be undertaken annually (see action 6.10).</p>	
<p>1.2 All older people, or their advocates, receive a standard 'Welcome Pack' upon arrival in a care home that states how the</p>	<p>CCBC agrees with the required action.</p> <p>Although the action required is</p>

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. The Welcome Pack will make explicit reference to:

- How the care home manager will support the resident as they move into their new home.
- Standard information about their human rights in line with the Welsh Declaration of the Rights of Older People. \*
- A statement of entitlement to health care support. \*
- Support to sustain and promote independence, continence, mobility and physical and emotional wellbeing.
- Ensuring their communication needs are met, including people with sensory loss.
- Maintaining friendship and social contact.
- Support to help them maintain their independence and to continue to be able to do the things that matter to them.

for WG and the care home providers, CCBC would suggest that a universal template is used across Wales for the development of a welcome pack, which includes the Charter Of Rights for Older People and is provided prior to moving to the care home.

It would be fair to say that a number of homes already have information available but CCBC will discuss the development of the welcome pack with providers during the quarterly residential and nursing home provider forum meetings in order to understand the approach the providers are taking to the development of a pack or improving the information they already have.

<ul style="list-style-type: none"> <li>• The development and maintenance of their care and support plan and what will be included in it. *</li> <li>• Ensuring a culture of dignity and respect and choice and control over day-to-day life.</li> <li>• The skills and training of staff.</li> <li>• Their right to independent advocacy and how to raise concerns. *</li> </ul> <p>(The areas marked with * should be standard in format to ensure consistency across Wales)</p>	
<p>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.</p>	<p>CCBC agrees with the required action.</p> <p>Action required by Health Boards</p>
<p>1.4 National good practice guidance should be developed and implemented in relation to mealtimes and the dining experience, including for those living with dementia.</p>	<p>CCBC agrees with the required action</p> <p>Action required by WG in order to develop good practice guidance for the mealtime experience, but CCBC is of the view that there should be involvement from community dieticians, managers and catering staff from homes that provide a good quality</p>

	<p>mealtime experience and where nutrition is managed well for older people.</p>
<p>1.5 An explicit list of ‘never events’ should be developed and published that clearly outlines practice that must stop immediately. The list should include use of language, personal care and hygiene, and breaches of human rights.</p>	<p>CCBC has some reservations in respect of this action point – whilst CCBC is of the view that the culture in all homes promotes a person centred approach to care and ensures that all residents are treated with dignity and respect, it is felt that this is a very negative way to do it.</p> <p>It may have been helpful if examples had been given, and who would develop such a list?</p>
<p>1.6 Older people are offered independent advocacy in the following circumstances:</p> <ul style="list-style-type: none"> <li>• When an older person is at risk of, or experiencing, physical, emotional, financial or sexual abuse.</li> <li>• When a care home is closing or an older person is moving because their care needs have changed.</li> <li>• When an older person needs support to help them leave hospital.</li> </ul> <p>For those with fluctuating capacity or communication difficulties, this should be non-instructed advocacy.</p>	<p>CCBC agreed with the required action.</p> <p>CCBC commissions advocacy services that provide support for people in residential care, along with advocacy support for people with a learning disability. CCBC has also used spot purchasing arrangements to secure very specialist advocacy provision such as to support parents with a learning disability.</p> <p>During times of home closure, CCBC ensures that residents have access to IMCA’s and IMHA’s. People who lack capacity also</p>

<p>When a care home is in escalating concerns, residents must have access to non-instructed advocacy.</p>	<p>have access to IMCA's should they need it. In relation to non-instructed advocacy, ultimately all advocacy support has to be paid for and that will fall to CCBC.</p> <p>CCBC has strived to increase public and officer awareness of the need for effective advocacy and will discuss further with providers at the provider forum meeting and audit the current advocacy provision in the homes that is not commissioned by CCBC. Whilst in agreement, there are clear cost implications that need to be considered.</p> <p>In addition, consideration will need to be given as to where additional advocates will come from and also the impact on other areas of the social care workforce who may also advocate on behalf of residents.</p>
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**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**

<b>ACTION REQUIRED</b>	<b>CCBC RESPONSE</b>
<p>2.1            A National Plan for physical health and mental wellbeing promotion and improvement</p>	<p>CCBC agrees with the required action and the conclusion that care homes do not necessarily</p>

<p>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>have a very good general reputation for providing older people with opportunities to keep their life going once they enter a care home.</p> <p>CCBC is of the view that 2.1 needs to be cross referenced with 1.4 in order to ensure that good nutrition is promoted with a positive mealtime experience for all residents.</p>
<p>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.</p>	<p>CCBC agrees with the required action</p> <p>Action required by Health boards and CCBC will contribute where appropriate.</p> <p>The Gwent Frailty Programme has worked hard to promote awareness in relation to falls prevention.</p> <p>There are 16 assessment beds in the Caerphilly Borough that are used to support this approach.</p>
<p>2.3 A National Falls Prevention Programme for care homes is developed and implemented. This should include:</p> <ul style="list-style-type: none"> <li>• Enabling people to stay active in a safe way.</li> <li>• Up-skilling all care home staff in understanding and minimising the risk factors associated with falls.</li> <li>• The balance of risk management against the</li> </ul>	<p>CCBC agrees with the required action</p> <p>CCBC is of the view that in terms of the approach to nationally reporting on falls in care homes on an annual basis, (presumably as referenced in 6.8 but Health Boards) that providers are also requested to report on falls, but also on how they respond to</p>

<p>concept of quality of life and the human rights of older people, to ensure that risk-averse action taken by care staff does not lead to restrictive care.</p> <p>National reporting on falls in care homes is undertaken on an annual basis (see action 6.8).</p>	<p>the issue of falls and use 'patterns and trends' to inform their action.</p>
<p>2.4 The development and publication of national best practice guidance about the care home environment and aids to daily living, such as hearing loops and noise management, with which all new homes and refurbishments should comply. This guidance should also include mandatory small changes that can be made to care homes and outdoor spaces to enable older people with sensory loss and / or dementia to maximise their independence and quality of life.</p>	<p>CCBC agrees with the required action</p> <p>It would be pertinent to involve specialist organisations in this work and there are also National Guidelines on equipment provision in care homes (NAEP).</p>

**KEY CONCLUSION 3  
THE EMOTIONAL FRAILITY AND EMOTIONAL NEEDS OF  
OLDER PEOPLE LIVING IN CARE HOMES ARE NOT FULLY  
UNDERSTOOD OR RECOGNISED BY THE SYSTEM AND  
EMOTIONAL NEGLECT IS NOT RECOGNISED AS A FORM  
OF ABUSE.**

ACTION REQUIRED	CCBC RESPONSE
3.1.	

<p>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>	<p>CCBC agrees with the required action</p> <p>CCBC is also of the view that the well-being and emotional neglect of older people in care homes deserves the same recognition as that of physical or sexual abuse. CCBC feels that it would be pertinent to involve specialist organisations in the development of the training programme.</p>
<p>3.2. All care home employees undertake basic dementia training as part of their induction and all care staff and Care Home Managers undertake further dementia training on an on-going basis as part of their skills and competency development, with this a specific element of supervision and performance assessment.</p>	<p>CCBC agrees with the required action</p> <p>It is important that providers are encouraged to think differently about how they recruit new staff in order to ensure that they recruit people who actually 'care' about other people.</p> <p>CCBC is currently working with DCM to address the issue of changing culture in the care home workforce in the Caerphilly Borough, both in CCBC residential care homes and the commissioned sector. DCM is currently supporting 1 CCBC residential home and also 1 commissioned nursing home and 2 residential homes in the borough. Involvement from DCM is for a 12 month period in order to support the homes to achieve Butterfly status. This will help staff to better understand the needs of people with dementia.</p> <p>In addition, CCBC/BG Learning and Development are have</p>

organised training with DCM for commissioned providers to access – this training is 12 months long and held on 1 day every month. The focus of the training is about understanding dementia, recognising good quality care and support, being able to change practice that is inappropriate and create an enjoyable environment for residents. There are also 3 contract monitoring officers from the commissioning team and 5 CCBC residential home managers that will complete the course in February 2015. The learning from the staff has been shared with ACM staff, providers and health colleagues. Managers in day services and learning disability who support people with dementia have also undertaken this qualification, as have members of the Learning and Development Team – this has helped them to ensure that the values and principles promoted by DCM are written in to training programmes, for example, Fundamentals of Care.

In April 2014, CCBC engaged DCM for 2 days to do 2 things –

- ❖ Work with the commissioning team in order to help us challenge our own thinking in relation to the monitoring of residential care and change to more of a focus on quality, the environment and engagement and

	<p>involvement. Also to better understand the different types of care and how they impact on people with dementia</p> <ul style="list-style-type: none"> <li>❖ Facilitate a workshop called 'Feelings Matter Most' – this was run for all the commissioned providers to attend along with health colleagues and the focus of the day, run by David Sheard was to help providers understand the need for a caring, hands on, emotional approach to providing care in care homes.</li> </ul>
<p>3.3 Active steps should be taken to encourage the use of befriending schemes within care homes, including intergenerational projects, and support residents to retain existing friendships. This must include ensuring continued access to faith-based support and to specific cultural communities.</p>	<p>CCBC agrees with the required action</p> <p>CCBC working with partners has undertaken a range of initiatives that support this action.</p> <ul style="list-style-type: none"> <li>• It has promoted involvement with South Wales literature working with care home providers, CCBC Equalities &amp; Menter Iaith - Jan 2015 - march 2015</li> <li>• There are a number of intergenerational projects working with residential homes across the borough</li> <li>• We are working with Royal Voluntary Service on the Care to Listen Listen to Care – Voice of the Valleys project that is supporting residents in care to identify what would improve their</li> </ul>

	<p>quality of life.</p> <ul style="list-style-type: none"> <li>• Our CBC 50+ forum are actively seeking ways to support residents in care homes</li> </ul>
<p>3.4 In-reach, multidisciplinary specialist mental health and wellbeing support for older people in care homes is developed and made available, including:</p> <ul style="list-style-type: none"> <li>• An assessment of the mental health and wellbeing of older people as part of their initial care and support plan development and their on-going care planning.</li> <li>• Advice and support to care staff about how to care effectively for older people with mental wellbeing and mental health needs, including dementia, and when to make referrals.</li> <li>• Explicit referral pathways and criteria for referral.</li> <li>• All residents on anti-psychotics are monitored and assessed for potential withdrawal and reviews are conducted in line with NICE guidelines.</li> </ul>	<p>CCBC agrees with the required action</p> <p>This would significantly improve a home's ability to manage some difficult and challenging issues in terms of behaviour that is causing problems for a resident themselves, other residents and the staff. Experience in CCBC has demonstrated that some homes do not fully understand or are able to recognise deteriorating mental health conditions and make referrals in a timely manner.</p> <p>Recent experience with the promotion of DCM principles has evidenced a reduction in distress levels for some residents and hence the need for medication to manage behaviour.</p>

<p>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.</p>	<p>CCBC agrees with the required action but is of the view that such information should be considered in the context of what the GP's are prescribing and reviewing rather than just the practice adopted in the care homes.</p> <p>Required action by Health Boards</p>
<p>3.6 The development of new safeguarding arrangements for older people in need of care and support in Wales should explicitly recognise emotional neglect as a form of abuse, with this reflected in guidance, practice and reporting under the new statutory arrangements.</p>	<p>CCBC agrees with the required action</p> <p>Required action by WG</p>

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

<b>ACTION REQUIRED</b>	<b>CCBC RESPONSE</b>
<p>4.1 A clear National Statement of Entitlement to primary and specialist healthcare for older people in care homes is developed and made available to older people, including:</p> <ul style="list-style-type: none"> <li>• Access to regular eye health, sight and hearing checks</li> <li>• Dietetic advice and</li> </ul>	<p>CCBC agrees with the required action</p> <p>Linked to this is the need for qualified staff in nursing homes to be able to effectively recognise deteriorating health conditions and respond accordingly and in a timely fashion.</p>

<p>support</p> <ul style="list-style-type: none"> <li>• Access to podiatry and dentistry services</li> <li>• Access to specialist nursing services</li> <li>• GP access and medicines support</li> <li>• Specialist mental health support</li> <li>• Health promotion and reablement support</li> </ul> <p>This must cover both residential and nursing care.</p> <p>Care home providers ensure older people receive information about their healthcare entitlements as part of their 'Welcome Pack' (see action 1.2).</p>	
<p>4.2</p> <p>A Formal agreement is developed and implemented between the care home and local primary care and specialist services based on the Statement of Entitlement. This should include:</p> <ul style="list-style-type: none"> <li>• Referral pathways, including open access</li> <li>• Waiting times</li> <li>• Referral and discharge information</li> <li>• Advice and information to support the on going care of the older person in the home.</li> <li>• Access to specialist services for older people</li> </ul>	<p>CCBC agrees with the required action although recognises that this is a large piece of work.</p> <p>Health Boards and providers to action</p>

<p>in nursing homes, in line with the Fundamentals of Care Guidance.</p>	
<p>4.3 Care staff are provided with information, advice and, where appropriate, training to ensure they understand and identify the health needs of older people as well as when and how to make a referral.</p>	<p>CCBC agrees with the required action</p> <p>This is linked closely to 4.1 and it is vital if older people in long term care get a timely response to ill and deteriorating health conditions.</p> <p>Consideration needs to be given to including mandatory training in relation to this that is included in NMS and overseen by CSSIW.</p> <p>The Learning and Development Team are reviewing training to include basic DCM principles as referenced in point 3.2.</p> <p>In addition to Health Boards taking the lead, CCBC will consider how this can be monitored and also whether or not any training can be added to the programme provided by CCBC/BG that is already available to providers free of charge.</p>
<p>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.</p>	<p>CCBC agrees with the required action</p>
<p>4.5</p>	

<p>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.</p>	<p>CCBC seeks clarification in relation to this action and queries the appropriateness and how the role of community health councils will fit with the role of CSSIW and the local authorities and health boards. This is another layer of scrutiny that is proposed for introduction in addition to what already exists – is this necessary?</p>
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**Key Conclusion 5: The vital importance of the role and contribution of the care home workforce is not sufficiently recognised. There is insufficient investment in the sector and a lack of support for the care home workforce.**

<b>ACTION REQUIRED</b>	<b>CCBC RESPONSE</b>
<p>5.1 A national recruitment and leadership programme is developed and implemented to recruit and train future Care Home Managers with the right skills and competencies. The programme should include accredited continuous professional development for current and future care home managers and should support them to be leaders of practice and champions of a positive care home culture.</p> <p>Annual national reporting on the availability of skilled and competent Care Home Managers in care homes</p>	<p>CCBC agrees with the required action</p> <p>CCBC is of the view that it is crucial that the issue/area of leadership and management in long term care is addressed as a matter of urgency and priority. It is vital that the role of home manager is subject to ongoing development and scrutiny, along with their registration. CCBC hold a strong view that the registration process for managers be reviewed, particularly where there are longstanding performance issues or a home that has been identified as a service of</p>

<p>across Wales, including the impact of vacancy levels upon older people's quality of life and care.</p>	<p>concern by CSSIW themselves.</p> <p>Also, it is important that a harder stance is taken by CSSIW where homes are without a stable management arrangement for long periods of time.</p>
<p>5.2 The development and implementation of a national standard acuity tool to include guidelines on staffing levels and skills required to meet both the physical and emotional needs of older people.</p>	<p>CCBC would request clarification on who would use such a tool – would it be for the provider, for CSSIW and/or the commissioner?</p> <p>In terms of the staffing levels, this would need to closely link with the overall dependency level of the residents living at the home and this can be subject to fluctuation depending on individual resident circumstances and situations at the home.</p>
<p>5.3 A standard set of mandatory skills and value-based competencies are developed and implemented, on a national basis, for the recruitment of care staff in care homes.</p>	<p>CCBC agrees with the required action</p> <p>The introduction of mandatory skills and values competencies would make sense only if they can be recognised in staff that actually care about the well being of the residents they support. Compassion, empathy and a genuine care for people are intrinsic to good care staff and cannot be taught – this has to be linked with the way recruitment of care staff is managed.</p> <p>It would be pertinent to involve</p>

	national organisations that have developed different recruitment styles/methods.
<p>5.4 A national mandatory induction and on-going training programme for care staff is developed and implemented. This should be developed within a values framework and should include:</p> <ul style="list-style-type: none"> <li>• The physical and emotional needs of older people, including older people living with dementia.</li> <li>• Adult safeguarding, emotional neglect and 'never events'.</li> <li>• How to raise concerns.</li> <li>• Good communication and alternative methods of communication for those living with dementia and / or sensory loss.</li> <li>• Supporting without disabling.</li> <li>• The rights and entitlements of older people.</li> <li>• Care, compassion, kindness, dignity and respect.</li> </ul>	<p>The Care Council for Wales has an induction framework that is used in many homes, if it proposed that it becomes mandatory, then it would need to be reviewed – the ongoing training and development for staff would be of great benefit but CCBC is of the view that the large amount of E Learning is reviewed and consideration given to certain training being 'classroom' based only – some of the larger providers rely heavily on computer packages, releasing staff for an hour or half an hour during their working day to complete the training. Many commissioners feel that this way of learning/training is being reflected in the poor practice demonstrated in some homes. It does not allow for the sharing of information, experience, the giving of examples or the opportunity to ask questions.</p> <p>CCBC is also of the view that more emphasis should be placed on training/development taking place in supervision, team meetings and direct observation by the management team. Training isn't always the answer in every situation.</p>
<p>5.5 All care homes must have at</p>	CCBC agrees with the required

<p>least one member of staff who is a dementia champion.</p>	<p>action</p> <p>It is important that anyone identified to be the champion for people with dementia in a care home has the right attributes, emotion, skills, values, principles and understanding of the impact of living with dementia – it's not simply about naming a member of staff as the dementia champion. CCBC feels strongly that any champion must be a person that is able to inspire and influence best practice whilst instilling a solid value base across the service.</p>
<p>5.6 A National Improvement Service is established to improve care homes where Local Authorities, Health Boards and CSSIW have identified significant and / or on-going risk factors concerning the quality of life or care provided to residents and/or potential breaches of their human rights.</p> <p>The national improvement team should utilise the skills of experienced Care Home Managers, as well as other practitioners, to provide intensive and transformational support to drive up the standards of quality of life and care for residents as well as to prevent and mitigate future safeguarding risks.</p>	<p>CCBC requires further clarification on the role of such an improvement service, how it would operate, be managed and supported. Also, how it would link to the role of the LA commissioners, the Health Boards and CSSIW, as the contractual arrangements lie very clearly with the LA and HB commissioners, and responsibility for compliance with CSSIW. How would such a service be funded?</p> <p>Is it possible that such a service could be a virtual network drawing together intelligence from established bodies in essence ensuring that information is shared in a timely manner?</p> <p>There is often criticism directed</p>

<p>This service should also develop a range of resources and training materials to assist care homes that wish to improve in self-development and on-going improvement.</p>	<p>by providers at a lack of consistency in approach/feedback relating to monitoring visits between CSSIW, the LA and the HB often accusations of conflicting feedback for example the structure and content of a service delivery/provider care plan or a risk assessment. This would introduce another 'body' in to the relationship with the regulatory and contractual relationship with the providers in what is the resident's home.</p> <p>Whilst the time and intervention of the commissioners from both the LA and the HB can be stretched due to performance issues, the local relationships can have a very positive effect on most providers.</p> <p>Finally, there must be an expectation that the provider takes responsibility for making sure that their service promotes on going development for the benefit of the residents, and they become less reliant on external prompting to recognise and address the poor practice that reduces the quality of life for older people.</p>
<p>5.7 The Regulation and Inspection Bill should strengthen the regulatory framework for care staff to ensure that a robust regulation of the care home</p>	<p>CCBC agrees with the required action</p> <p>WG to action</p>

workforce is implemented for the protection of older people.	
<p>5.8 A cost-benefit analysis is undertaken into the terms and conditions of care staff. This analysis should include the impact of the introduction of a living wage and / or standard employment benefits, such as holiday pay, contracted hours and enhancements.</p>	<p>CCBC is of the view that such an exercise would simply reinforce the common view that care staff are amongst the lowest paid workers, that care work is the only option available to some workers and that the role is undervalued in general terms. However, it should be noted that there is no correlation between the amount of money care staff are paid and the quality of the care and support they deliver.</p> <p>In reality, what would be the benefit of the exercise?</p>

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

<b>ACTION REQUIRED</b>	<b>CCBC RESPONSE</b>
<p>6.1 A single outcomes framework of quality of life and care, and standard specification, is developed for use by all bodies involved in the regulation, provision and commissioning, and inspection of care homes and should flow through to become a defining standard within the future Regulation and Inspection Act. It must include references to the following*:</p>	<p>CCBC agrees with the required action although would seek clarification as to this replacing existing tools rather than being in addition to them.</p> <p>CCBC welcomes a move away from a task based approach to care, to ensuring a focus on quality of life in care. This has the potential to</p>

<ol style="list-style-type: none"> <li>1. Independence and autonomy</li> <li>2. Control over daily life</li> <li>3. Rights, relationships and positive interactions</li> <li>4. Ambitions (to fulfil, maintain, learn and improve skills)</li> <li>5. Physical health and emotional wellbeing (to maintain and improve)</li> <li>6. Safety and security (freedom from discrimination and harassment)</li> <li>7. Dignity and respect</li> <li>8. Protection from financial abuse</li> <li>9. Receipt of high quality services</li> </ol> <p>*Source: Flintshire Outcomes Framework</p>	<p>support providers to adopt a more flexible and individual response to need.</p>
<p>6.2 Care home providers, commissioners and CSSIW should develop informal and systematic ways in which to ensure they better understand the quality of life of older people, through listening to them directly (outside of formal complaints) and ensuring issues they raise are acted upon.</p> <p>Annual reporting should be undertaken of how on-going feedback from older people has been used to drive continuous improvement (see action 6.10).</p>	<p>CCBC agrees with the required action and wholeheartedly promotes the need to understand what quality of life means to older people in long term care and their families.</p> <p>CCBC is in the process of reviewing and developing a new monitoring tool with a focus on quality of care, emotional well being and engagement with and for residents. It will have far more focus on engaging with residents and asking for feedback differently in order</p>

	<p>to test the quality and outcomes for residents, rather than the processes in existence at the home – emphasis will be that of ‘tell me, show me’ with increased opportunities for direct observation at the home and much more time spent with residents. CCBC is also exploring the prospect of holding resident meetings as part of the monitoring process as well as feedback meetings for relatives and families away from the home. The nature and frequency of these meetings is currently under discussion.</p> <p>CCBC will also consider how the need to report on ongoing feedback from residents is being used to make progress and drive improvement as part of the QA system implemented by the provider.</p> <p>Discussion will take place with ABuHB as to the feasibility of further doing work in partnership in relation to these points.</p>
<p>6.3 Lay assessors are used, on an on-going basis, as a formal and significant part of the inspection process.</p>	<p>CCBC agrees with the required action as long as the role is clearly defined. The only other comment would relate to the fact that it would be another person to visit what is the residents’ home -</p>

	<p>this would require careful management.</p> <p>CCBC is currently exploring the potential for elected members to visited commissioned services as they currently do with in house provision.</p> <p>CSSIW to action</p>
<p>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.</p>	<p>CCBC agrees with the required action</p> <p>WG to action</p>
<p>6.5 Annual integrated reports should be published between inspectorates that provide an assessment of quality of life and care of older people in individual nursing homes.</p>	<p>Clarification required on what is meant by 'inspectorates'</p>
<p>6.6 An annual report on the quality of clinical care of older people in nursing homes in Wales should be published, in line with Fundamentals of Care.</p>	<p>CCBC agrees with the required action</p> <p>Health Boards to action</p>
<p>6.7 Annual Quality Statements are published by the Director of Social Services in respect of the quality of life and care of older people living in commissioned and Local Authority run care homes. This should include:</p> <ul style="list-style-type: none"> <li>• The availability of</li> </ul>	<p>CCBC agrees with the required action</p> <p>Currently CCBC publishes monitoring reports for individual establishments on the internet so that they can be viewed by anyone trying to make a decision about a</p>

<p>independent advocacy in care homes</p> <ul style="list-style-type: none"> <li>• Quality of life and care of older people, including specific reference to older people living with dementia and/or sensory loss.</li> <li>• How the human rights of older people are upheld in care homes across the Local Authority</li> <li>• The views of older people, advocates and lay assessors about the quality of life and care provided in care homes</li> <li>• Geographic location of care homes</li> </ul> <p>Further details of reporting requirements should be included as part of the Regulation and Inspection Bill.</p>	<p>residential/nursing care home.</p> <p>The format and content of the report will be reviewed in line with the monitoring tool and amendments made as necessary in order to have an improved focus on the quality of life at the home.</p> <p>CCBC has developed a DVD called 'No Place Like Home' in an attempt to help people make a decision about residential care and support them to understand that residential care is not a last resort, but that the right home can provide them with stimulation, engagement and a way to keep life going. This DVD includes a lot of feedback and opinion from relatives and families as well as residents.</p>
<p>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:</p> <ul style="list-style-type: none"> <li>• The inappropriate use of anti-psychotics</li> <li>• Access to mental health and wellbeing support</li> <li>• Number of falls</li> <li>• Access to falls prevention</li> <li>• Access to reablement services</li> </ul>	<p>CCBC agrees with the required action</p> <p>Health Boards to action</p>

<ul style="list-style-type: none"> <li>• Support to maintain sight and hearing</li> </ul> <p>Further areas for inclusion to be developed as part of the AQS guidance published annually.</p>	
<p>6.9 The Chief Inspector of Social Services publishes, as part of her Annual Report, information about the quality of life and care of older people in care homes, which includes the following:</p> <ul style="list-style-type: none"> <li>• The quality of life of older people in care homes who are bed-bound</li> <li>• The quality of life of older people in care homes living with dementia</li> <li>• The quality of life of older people in care homes living with sensory loss</li> <li>• The implementation of care plans in older people's care homes</li> <li>• The accuracy of external statements from independent providers</li> <li>• How the human rights of older people are upheld in care homes across Wales</li> </ul>	<p>CCBC agrees with the required action</p> <p>The point about reporting on the quality of life for older people who are bed bound should be reported on by all organisations not just CSSIW.</p>
<p>6.10 Care home providers report annually on the delivery of quality of life and care for older people. This will include:</p> <ul style="list-style-type: none"> <li>• Quality of life of older people against the Standard Quality Framework and Supporting</li> </ul>	<p>This information is requested already by CSSIW as part of inspection and the pre inspection questionnaire.</p>

<p>Specification.</p> <ul style="list-style-type: none"> <li>• Levels and skills of staff including staff turnover, use of agency staff and investment in training</li> <li>• Number of POVA referrals, complaints and improvement notices, including full details on improvement action when a home is in escalating concerns.</li> </ul>	
<p>6.11 A national, competency based, training programme for commissioners is developed, to ensure that they understand and reflect in their commissioning the needs of older people living in care homes, including the needs of people living with dementia.</p>	<p>CCBC agrees with the required action</p> <p>CCBC currently has 3 contract monitoring officers attending a 12 month long course facilitated by Dementia Care Matters, the focus of which is to ensure that they are able to recognise good quality, positive and interactive care and support as well as challenge poor practice and the use of inappropriate terminology. Following the course they will be in a position to offer advice and support to provider about the home environment also. Another contract monitoring officer is due to start the training in the next couple of months.</p> <p>1 contract-monitoring officer has completed Level 3 in Commissioning. Contracting and Procurement and the Service Manager is currently undertaking Level 7, Diploma</p>

	<p>in Commissioning, Contracting and Procurement.</p> <p>All monitoring officers are able and do access training which is service/operations based for specific client groups such as older people, for example, 'Changing the Culture in Dementia Care'.</p> <p>All commissioning staff are supported to challenge poor practice whenever they visit a home and must provide verbal feedback to the manager/person in charge before leaving. This is then followed up by an email and then the full report.</p>
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**Key Conclusion 7: A current lack of forward planning means that the needs of older people in care homes will not be met in the future.**

<b>ACTION REQUIRED</b>	<b>CCBC RESPONSE</b>
<p>7.1 A national plan to ensure the future supply of high quality care homes is developed, which includes:</p> <ul style="list-style-type: none"> <li>• 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.</li> </ul>	<p>CCBC agrees with the required action</p> <p>For all 3 points in the conclusion, this will need to link in to the population analysis in line with the Act.</p> <p>Consideration needs to be given to the size of some of the homes that secure planning permission – they should not be too large – homes should</p>

<ul style="list-style-type: none"> <li>• A clear statement on the preferred type of provider base / market in Wales.</li> <li>• A national analysis of barriers to market entry.</li> <li>• A clear statement on investment to grow social enterprise and co-operative social care sectors, particularly in areas with a low provider base.</li> <li>• A clear action plan to deliver the preferred provider base/market.</li> </ul>	<p>be much smaller and more conducive to home life.</p>
<p>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.</p>	<p>Health Boards to action</p>
<p>7.3 The NHS works with the care home sector to develop it as a key part of the nursing career pathway, including providing full peer and professional development support to nurses working in care homes.</p>	<p>Health Boards to action</p>

CCBC is of the view that action plan should include an action that relates to people who self fund their own care – there is nothing in the action plan that references a need to address quality for people who are not paid for by the LA or the HB – it would be very helpful if providers had an obligation to notify the LA and HB of people that move in to the home that self fund their own care so that reviews can be offered. CCBC would want all homes to

provide the same standards and opportunities to their residents regardless of the way care and support is arranged and paid for.