

A Place to call Home - OPC Care home review CWM TAF HEALTH AND SOCIAL CARE ECONOMY – Action Plan

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.

During April 2015, we will undertake a baseline audit against the required actions specified for HBs, LAs and Care home providers under key conclusion 1 (Health Boards 2 actions, LAs 1 action, Care home providers 2 actions) . This will inform future work and also the actions identified below.

Outcomes required in report	Actions	Who/Lead	By when	Issues
<p>Older people receive information, advice and practical and emotional support in order for them to settle into their new home beginning as soon as a decision to move into a care home is made (Action 1.1, 1.2).</p> <p>Older people’s physical, emotional and communication needs are fully understood, as are the issues that matter most to them, and these are reflected in the services, support and care that they receive.</p> <p>Older people have real control over and choice in their day-to-day lives and are able to do the things that matter to them, including staying in touch with friends and family and their local community.</p>	<p>Revisit choice procedure to test against OPC requirements and any WG guidance (if issued)</p> <p>Use training opportunities to reinforce key messages to staff to ensure consistent application and personal approach</p> <p>Share relevant information weekly between UHB and LAs (eg vacancies, escalating concerns) to ensure staff have up to date knowledge and awareness of issues which will better inform their discussions with older people around choice of home</p> <p>Review and update/strengthen the joint contract service specification for nursing and residential care to reflect the OPC requirements</p> <p>Review our contract monitoring/joint inspection arrangements to ensure these aspects are actively considered. Monitor</p>			<p>Choice procedures reviewed in 2014 - need to ensure applied consistently and personalised as appropriate to each service user’s situation</p> <p>Dependency on WG Action - OPC Action calls for a national approach</p>

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Outcomes required in report	Actions	Who/Lead	By when	Issues
	<p>compliance/progress towards compliance</p> <p>Review advocacy arrangements and scope for joint commissioning</p>			<p>Current arrangements for advocacy include spot purchase and use of Third Sector service funded short term through Big Lottery.</p>
<p>Older people are aware of their rights and entitlements, and what to expect from the home.</p> <p>Older people are clear about how they can raise concerns and receive support to do so.</p>	<p>Review existing Statement of Purpose and Introduction Guides/Service user packs (required under Care Standards) to ensure consistency where appropriate but also bespoke components for each home.</p> <p>Update contract service specification to reflect requirements for Welcome Packs including concerns/complaints procedures</p>			<p>Dependency on WG Action - OPC requirement for standard format for consistency across Wales</p>
<p>Older people are supported to maintain their continence and independent use of the toilet and have their privacy, dignity and respect accorded to them at all times (Action 1.1, 1.3, 1.5).</p>	<p>Provide training /awareness session for care home staff on current guidance/policies/products and when/how to access specialist support</p>			<p>Specialist continence support is already provided by the UHB but resources are limited. It is not necessarily appropriate to extend this service across all homes as the majority of residents do not meet the criteria for specialist support. It is more important to provide appropriate training for care home staff to ensure they understand and follow current guidance on dignity and continence etc and access more specialist support as needed. Some providers are reluctant to use appropriate products.</p>

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<p>Mealtimes are a social and dignified experience with older people offered real choice and variety, both in respect of what they eat and when they eat (Action 1.1, 1.4).</p>	<p>Update contract service specification to reflect requirements in relation to mealtimes and choice</p> <p><i>(check work previously undertaken by CW – re healthy options/environmental health etc)</i></p>			<p>Dependency on WG Action for national good practice guidance</p>
<p>Older people are treated with dignity and respect and language that dehumanises them is not used and is recognised as a form of abuse (Action 1.1, 1.3, 1.4, 1.5, 4.6).</p>	<p>Review contract monitoring and joint inspection arrangements to reinforce requirements in relation to unacceptable behaviour/abuse.</p> <p>Ensure links to training programmes and courses provided through SCWDP.</p>			<p>Dependency on CSSIW action re list of “never events.”</p> <p>Use of language can be subjective and views will vary amongst service users</p>
<p>Older people living in care homes that are closing, as well as older people that are at risk of or are experiencing physical, emotional, sexual or financial abuse, have access to independent or non-instructed advocacy.</p>	<p>Review advocacy arrangements and scope for joint commissioning</p> <p>Review role of Home Operations Support group as part of escalating concerns procedure to strengthen role of advocacy</p>			<p>Current arrangements for advocacy include spot purchase and use of Third Sector service funded short term through Big Lottery.</p> <p>Use of IMCA under safeguarding arrangements where appropriate.</p> <p>Role of family and friends is important as in many of the circumstances included in the OPC requirements, it would not be helpful to remove them from decisions that affect them and their loved ones.</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.

During April 2015, we will undertake a baseline audit against the required actions specified for HBs, LAs and Care home providers under key conclusion 2 (Health Boards 1 action, LAs 1 action) . This will inform future work and also the actions identified below.

Outcomes required in report	Actions	Who/Lead	By when	Issues
Older people benefit from a national and systematic approach to health promotion that enables them to sustain and improve their physical health and mental wellbeing	<p>Implement relevant actions from the Cwm Taf Joint Commissioning Statement for Older People eg Building Community capacity and Health and Wellbeing</p> <p>Develop inreach activities by Third Sector/Communities First etc as appropriate</p> <p>Review Healthy Lifestyles priorities in the Single Integrated Plans for RCT and Merthyr Tydfil to reflect needs of older people</p>			<p>Dependent on WG Action- OPC requirement for a National Plan</p> <p>This would apply to older people in all settings not just care homes and needs to align with other public health frameworks and initiatives</p>
Older people receive full support following a period of significant ill health, eg following a fall, or stroke, to enable them to maximise their independence and quality of life.	<p>Raise awareness for staff in care homes and UHB/LA staff re entitlements and access arrangements which already exist through primary care contracts, GP Local Enhanced Services and under Funded Nursing home guidance</p> <p>Ensure training events and contract specifications consider the need for cultural change amongst staff to focus on person centred approach/outcomes and stronger emphasis on reablement skills</p>			

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Outcomes required in report	Actions	Who/Lead	By when	Issues
	Consider outcome/evaluation of pilot project with 5 nursing homes and the development of CIAS (Community Integrated Assessment Service) which visits care homes.			Pilot funded through Intermediate care fund. Next steps to be determined as part of ICF legacy and new funding streams announced by WG
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>Revise service specifications to include training requirement for risk assessments, reporting and analysis of falls information and actions to minimise risks</p> <p>Awareness raising for care home staff of appropriate responses to a fall eg Falls Pathway with the Ambulance Trust</p> <p>Consider role of Community OTs to provide advice and support</p> <p>Implement relevant actions from the Cwm Taf Joint Commissioning Statement for Older People eg falls prevention programme (primary prevention and targeted)</p>			<p>Dependent on WG action – OPC requirement for national falls prevention programme for care homes</p> <p>Resource implications for additional training requirements</p>
The environment of all care homes, internally and externally, is accessible and dementia and sensory loss supportive.	<p>Review take up of dementia training already provided by SCWDP</p> <p>Review contract monitoring and joint inspection arrangements to assess/ reinforce appropriate response</p>			Dependent on WG action – OPC requirement for national best practice guidance but also reference to mandatory changes? What would be the role of CSSIW.

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Outcomes required in report	Actions	Who/Lead	By when	Issues
				Resource implications for care homes May require a different approach between new builds and refurbishments/older homes and what can reasonably be achieved short/medium/long term

Key Conclusion 3: The emotional frailty and emotional needs of older people living in care homes are not fully understood or recognised by the system and emotional neglect is not recognised as a form of abuse.

During April 2015, we will undertake a baseline audit against the required actions specified for HBs, LAs and Care home providers under key conclusion 3 (Health Boards 2 actions, LAs 2 actions, Care home providers 2 actions) . This will inform future work and also the actions identified below.

Outcomes required in report	Actions	Who/Lead	By when	Issues
All staff working in care homes understand the physical and emotional needs of older people living with dementia and assumptions about capacity are no longer made (Action 3.1, 3.2).	Promote awareness of range of high quality training available through LAs and SCWDP to care home staff and different levels eg basic awareness, advanced for supervisors/managers Review uptake/attendance and outcomes of training through service specifications and contract monitoring eg use of proformas to collect evidence consistently			Dependent on WG action - OPC requirement for national dementia training programme. Is a national programme necessary when there are already a range of training programmes eg Dementia Care Matters, Creative Minds and the Butterfly project locally Such programmes need to be applied in all care settings not just mental health

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Outcomes required in report	Actions	Who/Lead	By when	Issues
<p>Older people are supported to retain their existing friendships and have meaningful social contact, both within and outside the care home. Care homes are more open to interactions with the wider community. Older people are able to continue to practice their faith and maintain important cultural links and practices.</p>	<p>Build on existing arrangements for befriending services in homes (eg Red Cross, Communities First groups) and implement relevant actions from the Cwm Taf Joint Commissioning Statement for Older People eg Building Community capacity, Health and Wellbeing</p>			<p>Projects funded under Intermediate Care fund coming to an end March 2015. Next steps to be determined as part of ICF legacy and new funding streams announced by WG</p>
<p>The mental health and wellbeing needs of older people are understood, identified and reflected in the care provided within care homes. Older people benefit from specialist support that enables them to maximise their quality of life.</p> <p>Older people are not prescribed antipsychotic drugs inappropriately or as an alternative to non pharmaceutical methods of support and NICE best practice guidance is complied with (Action 3.4, 3.5).</p>	<p>Promote awareness and understanding amongst care home staff of roles/support available from District Nurses, CPNs and Mental Health liaison team and how to refer to/access services.</p> <p>Review contract monitoring and joint inspection arrangements to include quality of assessment and care planning Review actions put in place to implement the report “Always a last resort.”</p> <p>Continue arrangements put in place for pharmacists to work with primary care/care homes to review medication.</p>			<p>Value of OPC requirement for HBs to publish/benchmark information annually about the use of anti psychotics in care homes is questioned.</p>
<p>Emotional neglect of older people is recognised as a form of abuse and appropriate action is taken to address this should it occur.</p>	<p>Reinforce key messages around this form of abuse through work of newly established Cwm Taf Multi agency safeguarding hub (MASH) ,the Local Safeguarding Board and the actions to implement the SSWB Act.</p>			<p>Dependency on WG action - OPC requirement re new safeguarding and statutory arrangements.</p>

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Outcomes required in report	Actions	Who/Lead	By when	Issues
	Review contract monitoring and joint inspection arrangements to ensure review of home's safeguarding policies.			

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.

During April 2015, we will undertake a baseline audit against the required actions specified for HBs, LAs and Care home providers under key conclusion 4 (Health Boards 3 actions, Care home providers 1 action) . This will inform future work and also the actions identified below.

Outcomes required in report	Actions	Who/Lead	By when	Issues
<p>There is a consistent approach across Wales to the provision of accessible primary and specialist health care services to older people living in care homes and older people's healthcare needs are met (Action 4.1, 4.2, 4.5).</p> <p>Older people in nursing care homes have access to specialist nursing services, such as diabetic care, tissue viability, pain management and palliative care (Action 4.1, 4.2).</p>	<p>Provide information to/promote awareness in care homes about existing primary and specialist services and how to access them</p> <p>Audit use of existing specialist services by care homes to promote awareness and understanding of services available and how to access them.</p> <p><i>? is there something similar we can do to audit primary care/GP and District nurse links with care homes – how they are aligned etc and the inreach?</i></p>			<p>Dependency on WG action - OPC requirement for National Statement of Entitlement. This action is questioned as the entitlement already exists and the timescale is ambitious.</p> <p>Meeting increasing levels of need/demand will have resource implications for the Health Board</p> <p>Clarity is needed on the OPC requirement for a formal agreement between care homes and primary</p>

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Outcomes required in report	Actions	Who/Lead	By when	Issues
<p>Older people are supported to maintain their sight and hearing, through regular eye health, sight and hearing checks (Action 4.1, 4.2, 4.3).</p> <p>Older people are able to, or supported to, maintain their oral health and retain their teeth (Action 4.1, 4.2, 4.3).</p> <p>Older people have full access to dietetic support to prevent or eliminate malnourishment and to support the management of health conditions (Action 4.1, 4.2, 4.3).</p>				<p>care and specialist services. There are already the GMS and LES contracts and appropriate statements could be included in the service specifications/contracts with homes rather than a separate agreement.</p> <p>For many services there should be no difference between what is available to older people in care homes and other settings.</p>
<p>Care staff understand the health needs of older people, and when and how to access primary care and specialist services (Action 4.3, 5.4)</p>	<p>As above</p> <p>Undertake an awareness raising/education event for care home staff</p> <p>Continue training on a 1-1 basis for staff when specific needs of an individual service user have been identified eg stoma care, tissue viability</p>			<p>Resource implications for additional awareness raising and training events</p>
<p>Older people receive appropriate medication and the risks associated with polypharmacy are understood and managed</p>	<p>Continue arrangements put in place for pharmacists to work with primary care/care homes to review medication.</p> <p>Implement areas for improvement following</p>			<p>Clarity is needed on OPC requirement to have a medication review by a “clinically qualified professional” on arrival at a care home. This term is too vague as it</p>

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Outcomes required in report	Actions	Who/Lead	By when	Issues
	review undertaken as a result of medication errors in one care home. Recommendations were specific to one care home but implications/lessons learnt will be applied across Cwm Taf			would have to be a pharmacist or independent prescriber. Timing a review on arrival may not be appropriate if medication has been reviewed as part of a hospital stay/on discharge
Older people are able to challenge, or have challenged on their behalf, failures in meeting their entitlements.				Dependent on WG action – OPC requirement for Community Health Council visits/spot checks. This would need to be negotiated and agreed in terms of standards/ consistency of approach and role of other inspectorates. The capacity of CHCs to deliver and the training needs of members would need to be addressed.

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.

During April 2015, we will undertake a baseline audit against the required actions specified for HBs, LAs and Care home providers under key conclusion 5 (Health Boards 1 action, LAs 1 action, Care home providers 3 actions) . This will inform future work and also the actions identified below.

Outcomes required in report	Actions	Who/Lead	By when	Issues
Care homes have permanent managers who are able to create an enabling and	Review the contractual requirements for managers and work with partners including			Dependent on action by Care Council for Wales – OPC

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Outcomes required in report	Actions	Who/Lead	By when	Issues
respectful care culture and support paid carers to enable older people to experience the best possible quality of life.	CSSIW and RI to ensure safer operation of home			requirement for national recruitment and leadership programme. Other partners would need to be involved in workforce planning issues and to make the sector attractive.
Older people are cared for by care staff and managers who are trained to understand and meet their physical and emotional needs, including the needs of people with dementia and sensory loss, and who have the competencies needed to provide dignified and compassionate care	Review service specification and monitoring arrangements to reflect this requirement Consider feasibility of recognition/award schemes			Dependent on WG action - OPC requirement for a national standard acuity tool including staffing levels and skills Potential implications for staffing levels in homes and resource requirements. Registration can be costly
Older people receive compassionate and dignified care that responds to them as an individual (Action 5.3, 5.4, 5.5).	Revise service specification to include requirement for at least one dementia champion in each care home. Clarify role of champion (which does not obviate need for all staff to be dementia aware/friendly) and work with Third Sector eg Alzheimers Society to develop and support role .			Dependent on Care Council action - OPC requirement for a national standard set of mandatory skills and value based competencies. Similarly in relation to a national mandatory induction programme. Clarity needed on how this is different from what is already available eg the Social Care Induction framework has been issued by Care Council for all new staff.
Care homes that want and need to improve the quality of life and care of older people have access to specialist advice, resources and support that leads to improved care and reduced risk.	Promote role of SCWDP and training programme to assist care homes Implement new quality audit tool in Merthyr Tydfil (developed following an independent review of LA residential homes) and			Dependent on WG lead - Clarity needed on role of possible National Improvement service vis a vis role of CSSIW and role of Commissioners dealing with contractual breaches. Issues of

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Outcomes required in report	Actions	Who/Lead	By when	Issues
	consider feasibility of roll out across Cwm Taf			professional responsibility and liability. Alternative approach could be use of independent review when needed eg action in Merthyr Tydfil to reconfigure EMI residential home service
Older people are safeguarded from those who should not work within the sector.	Ensure appropriate arrangements eg DBS checks are in place as part of contract monitoring.joint inspection arrangements			Dependent on WG action - Regulation and Inspection Bill
The true value of delivering care is recognised and understood	Undertake analysis of current process for setting fee levels			Dependent on WG action- OPC requirement for a cost benefit analysis into terms and conditions Could also apply to other settings eg domiciliary care How could any recommendations/changes be implemented/enforced

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.

During April 2015, we will undertake a baseline audit against the required actions specified for HBs, LAs and Care home providers under key conclusion 6 (Health Boards 2 actions, LAs 2 actions, Care home providers 2 actions) . This will inform future work and also the actions identified below.

Outcomes required in report	Actions	Who/Lead	By when	Issues
Quality of life sits consistently at the heart of	Review contract monitoring and joint			Dependent on WG action – OPC

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Outcomes required in report	Actions	Who/Lead	By when	Issues
<p>the delivery, regulation, commissioning and inspection of residential and nursing care homes</p>	<p>inspection arrangements to ensure emphasis on quality of life</p> <p>Review Care home's Statement of Purpose to ensure quality of life is reflected</p>			<p>requirement for single outcomes framework and standard specification.</p> <p>Clarity needed re how this would fit with existing national outcome frameworks and requirements eg SSWB Act and timescale unrealistic.</p>
<p>Commissioners, providers and inspectors have a thorough understanding of the day-to-day quality of life of older people living in care homes (Action 6.2, 6.3).</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>Ensure information captured in annual consultations and service user/family questionnaires is analysed and acted upon to inform contract monitoring and inspections.</p> <p>Consider how to use Provider Forum more effectively to share best practice and drive improvements</p> <p>Implement new quality audit tool in Merthyr Tydfil (developed following an independent review of LA residential homes) and consider feasibility of roll out across Cwm Taf</p>			<p>Clarity needed re OPC requirement for use of lay assessors – their role and added value needs to be agreed and difficulties in recruiting appropriate individuals addressed</p> <p>Is there a role for Community Health Council members?</p>
<p>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>				<p>Dependent on WG action – OPC requirement for an integrated system of health and social care inspection which suggests a single system but other actions refer to more than one inspectorate and</p>

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Outcomes required in report	Actions	Who/Lead	By when	Issues
				several annual reports which could still lead to duplication and a lack of coordination. The role of CSSIW needs to be recognised
Older people have access to relevant and meaningful information about the quality of life and care provided by or within individual care homes and there is greater openness and transparency in respect of the quality of care homes across Wales and the care they provide (Action 6.7, 6.8, 6.9, 6.10).	<p>Review of contract monitoring and joint inspection arrangements to reflect outcomes from process as appropriate in quality statements/improvement plans etc</p> <p>Consider use of proformas for care homes to capture performance information and evidence more consistently</p> <p>Consider how performance dashboards used by larger care home providers inform the process and how they can be adapted for use in smaller homes</p>			The OPC requirements refer to a number of annual quality statements produced by different organisations (LA, HB, Care homes, Chief Inspector SS etc) We suggest to avoid duplication, provide more consistency, impact and clarity for service users/the public, there could be one combined report per LA area or HB footprint from CSSIW as the regulator and one joint report from the Commissioners.
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>Dependent on action by Care Council – OPC requirement for national training programme for commissioners</p> <p>Training is welcome but will have resource implications - any initiatives should be undertaken jointly across health and social care commissioners</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

During April 2015, we will undertake a baseline audit against the required actions specified for HBs, LAs and Care home providers under key conclusion 7 (Health Boards 1 action) . This will inform future work and also the actions identified below.

Outcomes required in report	Actions	Who/Lead	By when	Issues
Forward planning ensures there is a sufficient number of care homes, of the right type and in the right places, for older people.	<p>Consider care home contingency planning arrangements eg to cope with specific problems eg sickness during winter pressure period etc</p> <p>Implement relevant actions from the Cwm Taf Joint Commissioning Statement for Older People eg Accommodation with Support</p>			<p>Dependent on WG action – OPC requirement for national plan to ensure future supply of high quality care homes</p> <p>It is agreed that the sustainability and growth of the sector to meet future demand is extremely challenging. However it is unclear how a national approach will be flexible enough to meet local need and how delivery/supply can be guaranteed when providers are independent contractors. The sector must be actively engaged in any discussions/planning.</p>
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).	Audit of placements available/uptake in care homes for students to raise awareness of nursing career pathway in the sector			<p>Resource implications</p> <p>Requires partnership approach between WG, HBs , Universities across all client needs not just mental health</p> <p>Development of a staffing tool for</p>

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Outcomes required in report	Actions	Who/Lead	By when	Issues
				workforce planning including educational commissioning numbers would be helpful

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