

## A Place to call Home - OPC Care home review

### CWM TAF HEALTH AND SOCIAL CARE ECONOMY – Action Plan

This Action Plan has been developed by a multi agency Steering Group which will meet bimonthly to oversee its implementation and monitor progress. The group will report to the Cwm Taf Social Services and Wellbeing Partnership Board who will review performance quarterly.

During April 2015 we reviewed our current position against the required actions specified for Health Boards and Local Authorities. This has informed our future work and the actions identified below. Where actions required by the OPC were allocated to other organisations, we have also considered whether there are any steps we can take at this stage to support her requirements and are committed to working with them in the delivery of their actions.

**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 reviewed our current position against the required actions specified for HBs and LAs under key conclusion 1 (Health Boards 2 actions, LAs 1 action.) This will inform our future work and the actions identified in this plan.

Outcomes required in report and OPC Action numbers	Actions by Cwm Taf UHB and/or RCT and Merthyr Tydfil CBCs	Who/Lead	By when	Issues/Co dependencies
<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 (<b>Action 1.1, 1.2</b>).</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. (<b>Action 1.1</b>)</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. (<b>Action 1.1</b>)</p>	<p>1. We will 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>2. We will develop an information leaflet/checklist "script" for staff to assist them in their conversations with older people and their families about choices and the issues that matter to them</p> <p>3. We will use supervision/team meeting opportunities to reinforce key messages to staff to ensure consistent application and personal approach whilst adhering to procedure and processes</p>	<p>UHB CHC team P and C Team RCT CBC MT CBC – GR</p> <p>RCT CBC (GE)</p> <p>LA &amp; HB TEAMS</p>	<p>Ongoing commencing from April 2015</p> <p>June 2015</p> <p>Ongoing from May 2015</p>	<p>We reviewed our Choice procedures in 2014 but need to ensure they are applied consistently and personalised as appropriate to each service user's situation.</p> <p>OPC Action calls for a national approach to care planning in care homes and guidance by November 2015. We will review any further actions we can take once this is issued.</p>

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	<p>4.. We will review feedback from actions 1- 3 to inform any further changes which may be helpful as part of revised winter planning arrangements so that we continue to highlight the need to focus on choice and control for older people</p> <p>5. We will review and strengthen the joint contract service specification for nursing and residential care to reflect the OPC requirements 1.1 and 1.2</p> <p>6. We will review our contract monitoring/joint inspection arrangements to ensure these aspects are actively considered and monitor progress towards compliance</p>	<p>Care Home Review Steering Group</p> <p>Task and Finish Review Group (SL, GE,GR)</p>	<p>October 2015</p> <p>March 2016</p>	
<p>Older people are aware of their rights and entitlements , and what to expect from the home. <b>(Action 1.2)</b></p> <p>Older people are clear about how they can raise concerns and receive support to do so. <b>(Action 1.2)</b></p>	<p>7. We will work with Care Homes to review existing Statement of purpose and Introduction Guides/Serviceuser packs (required under Care Standards) to ensure consistency where appropriate but also bespoke components for each home.</p> <p>8..We will update contract service specification to reflect requirements for Welcome Packs including concerns/complaints procedures and monitor compliance</p>	<p>Care Homes</p> <p>As part of actions 5 and 6 above</p>	<p>March 2016</p>	<p>Dependency on actions by WG and care home providers by March 2016, including a standard format for consistency across Wales.We will work with our providers to make any improvements we can in the meantime.</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 <b>(Action 1.1, 1.3, 1.5).</b></p>	<p>9. In addition to annual rolling programme of general training to which all homes are invited, the UHB will provide training /awareness sessions for care home staff on current guidance, policies and products and when/how to</p>	<p>UHB Continence Team Localities (SL/LL)</p>	<p>Ongoing</p>	<p>OPC requirement calls for national guidelines from WG by April 2015 which HBs will implement from December 2015. It is hoped that this will be helpful in addressing inconsistencies and influencing care</p>

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	<p>access specialist health support. We will monitor uptake and outcomes to inform work on action 10 below.</p> <p>10. Given the number of care home places in Cwm Taf, we will review the level of specialist resources available and develop a business case for additional support appropriate. As part of the review we will take into account user experience.</p>	Localities Team (LL)	Nov 2015 (to fit with UHB corporate planning process)	home providers, together with the opportunities HBs and LAs have as commissioners have to ensure compliance.
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 <b>(Action 1.1, 1.4).</b>	11. We will strengthen the contract service specification to reflect requirements in relation to mealtimes and choice and monitor compliance	As part of action 5 above	March 2016	We will work with our providers to make any improvements, pending any national good practice guidance issued by WG as required by OPC
Older people are treated with dignity and respect and language that dehumanizes them is not used and is recognised as a form of abuse <b>(Action 1.1, 1.3, 1.4, 1.5, 4.6).</b>	12. We will strengthen contract monitoring and joint inspection arrangements to reinforce requirements and challenge unacceptable behaviour/abuse.	As part of action 6 above	March 2016	Use of language can be subjective and views will vary amongst service users but we will work with CSSIW who were required to develop an explicit list of "never" events by March 2015
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 <b>.(Action 1.6)</b>	<p>13. We will review advocacy arrangements to ensure the role of advocacy is strengthened as part of the escalation concerns and closure procedures as well as hospital discharge.</p> <p>14.. We will take account of the outcomes of the consultation on the Code of Practice in relation to Part 10 of the SSWB Act (Complaints, Representation and Advocacy) and implement any requirements, including consideration of joint commissioning and development of business cases for any additional resources.</p>	Cwm Taf SSWB Act workstream group (Strategic Priority 14 in Cwm Taf SSWB regional action plan)	April 2016	WG will be consulting between May and July on the draft Code of Practice on advocacy linked to SSWB Act Age Connect Morgannwg is using the extension period to the Big Lottery funded project to work with local public sector partners to help us develop our commissioning proposals for independent advocacy from 2016 onwards. Their detailed evaluation report, along with the requirements of the Social Services Act, provide the basis for this work.

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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 reviewed our current position against the required actions specified for HBs and LAs under key conclusion 2 (Health Boards 1 action, LAs 1 action). This will inform our future work and the actions identified in this plan

Outcomes required in report and OPC Action numbers	Actions by Cwm Taf UHB and/or RCT and Merthyr Tydfil CBCs	Who/Lead	By when	Issues/Co dependencies
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 <b>(Action 2.1)</b>	<p>15 We will implement relevant actions from the Cwm Taf Joint Commissioning Statement for Older People . This includes actions on Building Community capacity and Health and Wellbeing.</p> <p>16.. We will review the Healthy Lifestyles priorities which are currently included in the Single Integrated Plans for RCT and Merthyr Tydfil to reflect needs of older people and any issues highlighted in the WG national plan when developed</p>	<p>Cwm Taf SSWB Act workstream (Strategic priority 13 in Cwm Taf regional action plan) (NFD/AE)</p> <p>RCT OSG/MT SIP Steering Group (NFD/AJ)</p>	<p>As per Statement's Action plans and timelines</p> <p>April 2016</p> <p>March 2016</p>	<p>Our view is that the OPC requirement for a National Plan by March 2016 could have benefits to older people in a range of settings not just care homes. It would need to align with other public health frameworks and initiatives .</p> <p>The Cwm Taf Joint Commissioning Statement is currently in draft form. Public engagement will take place from August to September to ascertain the views of older people and their feedback will shape the final document</p>
Older people receive full support following a period of significant ill health, eg following a fall, or stroke, to enable them to maximize their independence and quality of life. <b>(Action 2.2)</b>	17 To promote the timely use of services needed after a period of ill health, accessed appropriately, we will develop an information and signposting tool/directory to raise awareness and understanding for staff in care homes and UHB/LA staff re entitlements and access arrangements eg through primary	UHB ( CHC team, Primary care and Localities team) SL/KC/SR	Sept 2015	

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	<p>care contracts, GP Local Enhanced Services, under Funded Nursing home guidance and specialist teams</p> <p>18. We will strengthen the contract specification to reflect the need for cultural change amongst staff to focus on a person centred approach/outcomes with a stronger emphasis on reablement and independence</p> <p>19. We will act upon the evaluation of the pilot Intermediate Care Fund project with 5 nursing homes and the development of CIAS (Community Integrated Assessment Service) which visits care homes to provide assessments and recommendations of any facilities / care/ equipment that may be required.</p> <p>20. We will establish a network of Care Home Managers to help assess the reality of access and experience, share good practice and support the delivery of any recommendations from CIAS or other professionals</p>	<p>As part of action 5 above</p> <p>UHB Localities Team (LT, LL)</p> <p>CHC Nursing Team/Care homes</p>	<p>Summer 2015</p> <p>July 2015</p>	<p>The Team is currently funded until June 2015. Allocation of the ICF fund for Cwm Taf in 2015/16 is being finalized and agreed by the Cwm Taf SSWB Partnership Board</p>
<p>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. <b>(Action 2.3)</b></p>	<p>21. We will revise the service specification to ensure there are adequate policies in care homes in relation to individual risk assessments to reduce falls and ensure appropriate provision and use of equipment eg for moving and handling</p>	<p>As part of action 5 above</p>	<p>March 2016</p>	<p>The OPC requirement is for a national falls prevention programme for care homes to be developed by WG by November 2015. We will consider its requirements and build into our current plans or develop business cases for additional resources if needed</p>

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	<p>22 We will work with the Welsh Ambulance Service to raise awareness for care home staff of appropriate responses to a fall eg Falls Pathway with the Ambulance Trust</p> <p>23. We will review relevant actions from the Cwm Taf Joint Commissioning Statement for Older People eg falls prevention programme (primary prevention and targeted) to include care home settings</p>	<p>HB/WAST</p> <p>As part of Action 15 above</p>	<p>Nov 2015</p>	
<p>The environment of all care homes, internally and externally, is accessible and dementia and sensory loss supportive. <b>(Action 2.4)</b></p>	<p>24. We will review contract monitoring and joint inspection arrangements to assess/ reinforce appropriate response, taking into account implications of any national guidance if issued</p>	<p>As part of action 6 above</p>		<p>This action is to be led by WG – OPC requirement for national best practice guidance but if there are references to mandatory changes, there may also be a need to involve CSSIW</p> <p>Depending on the guidance, there could be resource implications for care homes. There may be a different approach between new builds and refurbishments/older homes and what can reasonably be achieved in terms of short/medium/long term plans</p>

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**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 reviewed our current position 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 our future work and the actions identified in this plan.

Outcomes required in report and OPC Action numbers	Actions by Cwm Taf UHB and/or RCT and Merthyr Tydfil CBCs	Who/Lead	By when	Issues/Co dependencies
<p>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 <b>(Action 3.1, 3.2).</b></p>	<p>25. We will promote awareness of the range of high quality dementia training available through LAs and SCWDP to care home staff and different levels eg basic awareness, advanced for supervisors/managers</p> <p>26. We will review uptake/attendance and outcomes of induction and training through service specifications and contract monitoring and ensure this is a specific element of supervision and performance assessment. We will develop a proforma/matrix to collect evidence consistently.</p>	<p>SCWDP</p> <p>As part of Action 6 above</p>	<p>Ongoing</p>	<p>The OPC requirement is for a national dementia training programme (lead WG) This would need to take account of existing national and local programmes eg Dementia Care Matters, Creative Minds and the Butterfly project locally Such programmes and could be helpful in all care settings not just mental health.</p>
<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. <b>(Action 3.3)</b></p>	<p>27. We will review the current contract arrangements to include a requirement for all care homes to explore opportunities for intergenerational projects, befriending schemes and faith based support and specific cultural communities as part of their annual service improvement planning.</p> <p>28. We will implement relevant actions from the Cwm Taf Joint Commissioning</p>	<p>As part of action 5 above</p> <p>As part of action 15 above</p>		<p>Community and Third Sector projects funded as part of ICF in</p>





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				<p>As suggested by AWTTTC the UHB will use this measure in conjunction with data on the number of patients living in care homes to support our benchmarking work.</p> <p>It is our understanding that in the past CSSIW inspection teams included a pharmacist which was helpful in highlighting problems relating to medication. However this no longer appears to be the case and may be useful for the OPC to query the position.</p> <p>Trusted to Care Spot checks by WG in HBs indicated there may in fact be an issue with underprescribing of antipsychotics in secondary care.</p>
<p>Emotional neglect of older people is recognized as a form of abuse and appropriate action is taken to address this should it occur. (Action 3.6)</p>	<p>32. We will 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>33. We will review contract monitoring and joint inspection arrangements to ensure training matrix builds in staff awareness/training in relation to the All Wales Safeguarding policy and local arrangements in the Cwm Taf Multi Agency Safeguarding Hub (MASH)</p>	<p>Cwm Taf Adult Safeguarding Board</p> <p>As per action 6 above</p>	<p>Ongoing</p>	<p>Dependency on WG action – OPC requirement re new safeguarding and statutory arrangements.</p>

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**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 reviewed our current position 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 our future work and the actions identified in this plan.

Outcomes required in report and OPC Action numbers	Actions by Cwm Taf UHB and/or RCT and Merthyr Tydfil CBCs	Who/Lead	By when	Issues/Co dependencies
<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>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>34. As part of the Directory of information and signposting (action 17) we will provide information to care homes to promote awareness and understanding about existing primary and specialist services and how to access them</p> <p>35. We will monitor access and issues around experience through various mechanisms eg POVA referrals, individual annual care plan reviews, escalating concerns , next round of Practice Development Visits 2015/16</p> <p>36. Once WG have issued the National Statement we will set up a local implementation project to develop local agreements. A range of stakeholders will be involved including care home providers</p>	<p>As part of action 17 above</p> <p>CHC Nursing team, Primary care team</p>	<p>Sept 2015</p> <p>Ongoing and Practice visits Oct 2015- March 2016</p>	<p>OPC requirement for a National Statement of Entitlement to be developed by WG by March 2015 was ambitious. Since this is not yet available, the HB cannot meet the timescale of April 2015 for development of the formal agreements we need. As part of this work however, we will need to provide assurance on reality of access and experience.</p>

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<p>Care staff understand the health needs of older people, and when and how to access primary care and specialist services <b>(Action 4.3, 5.4)</b></p>	<p>37. We will launch the new information/signposting directory as part of an awareness raising/education event for care home staff</p> <p>38. We will review training matrices for staff as part of supervision to identify training gaps and encourage the same consistency within the private sector through contract review and monitor uptake</p> <p>39. We will continue training on a 1-1 basis for staff to meet specific needs of an individual service user eg stoma care, tissue viability; share best practice/training opportunities across all homes; review training opportunities provided by HB specialist services and monitor uptake</p>	<p>As part of action 17 above</p> <p>UHB CHC Team</p> <p>UHB CHC Team and Localities team</p>	<p>October 2015</p> <p>March 2016</p> <p>March 2016</p>	<p>There may be resource implications for additional awareness raising and training events and for care homes to release staff to attend. We would want to work with the Care Council for Wales in the development of any national mandatory induction and training programme</p>

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Older people receive appropriate medication and the risks associated with polypharmacy are understood and managed <b>(Action 4.4)</b>	<p>40. We will act upon the evaluation of the ICF funded project that included a pharmacist as part of the team working with care homes and continue to support audits of medication reviews undertaken in care homes using agreed toolkit and Care Home Medication Review Resource Pack (due for review in January 2016).</p> <p>41. We will discuss medication reviews in care homes with every GP Practice as part of the next round of Practice Development Visits to assist in judging the reality of experience and make recommendations for improvement where necessary</p>	<p>As part of action 19 above</p> <p>Primary care team (KC)</p> <p>Pharmacy team</p>	<p>Oct 2015- March 2016</p>	<p>Timing a review automatically on arrival at a care home may not be appropriate if medication has been reviewed as part of a hospital stay/on discharge and care home staff are assured this has occurred and have access to the relevant information.. We will discuss with GPs sharing of timely discharge information etc</p>
Older people are able to challenge, or have challenged on their behalf, failures in meeting their entitlements . <b>(Action 4.5)</b>				<p>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</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.**

During April 2015, we reviewed our current position 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 the actions identified below.

Outcomes required in report and OPC Action numbers	Actions by Cwm Taf UHB and/or RCT and Merthyr Tydfil CBCs	Who/Lead	By when	Issues/Co dependencies
Care homes have permanent managers who are able to create an enabling and respectful care culture and support paid carers to enable older people to experience the best possible quality of life.( <b>Action 5.1</b> )	42. We will review any changes needed as a result of any national work undertaken by Care Council, including the contractual requirements for managers and work with partners including CSSIW and RI to ensure safer operation of homes	As part of action 5 and 6 above	Mar 2016	Dependent on action by Care Council for Wales – OPC requirement for national recruitment and leadership programme. We would want to work with them and other partners who would also 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 ( <b>Action 5.2</b> )	43. We will review training offered by SCWDP to support care homes and assist in meeting OPC review requirements. We will use a training matrix as part of service specification and monitoring arrangements to help assess uptake and evaluation of training activities and identify gaps.  44. We will consider the feasibility of introducing a local recognition/award scheme	SCWDP  As part of action 5 and 6 above	March 2016  April 2016	Dependent on WG action - OPC requirement for a national standard acuity tool including staffing levels and skills. Although there may be clear benefits, there are potential implications for staffing levels in homes and therefore resource requirements with increased registration and salary costs.
Older people receive compassionate and dignified care that responds to them as an individual ( <b>Action 5.3, 5.4, 5.5</b> ).	45.. We will strengthen our service specification to include requirement for at least one dementia champion in each care home and clarify role of champion	As part of action 5above	April 2016	Dependent on Care Council action - OPC requirement for a national standard set of mandatory skills

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	(which does not obviate need for all staff to be dementia aware/friendly} We will work with Care homes and Third Sector eg Alzheimers Society to develop and support staff in this role and hold an annual event for dementia champions			and value based competencies. Similarly in relation to a national mandatory induction programme. Whilst it would be helpful to clarify how this is different from what is already available (eg the Social Care Induction framework which has been issued by Care Council for all new staff) we will work with partners to support any new initiatives
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. <b>(Action 5.6)</b>	46. We will continue to promote the role of SCWDP, uptake of training programmes and use of a Network/Provider Forum to assist care homes in making improvements that drive up standards and share best Practice, including holding an annual learning event  47. We will 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	As per action 20 above  MT CBC - AW	Sept 2016  May 2016	Dependent on WG lead but we are committed to working with partners on any initiatives (including the development of a National Improvement Service) that are aimed at driving up standards and sharing national learning
Older people are safeguarded from those who should not work within the sector. <b>(Action 5.7)</b>	48. We will review contract monitoring and joint inspection arrangements to ensure robust recruitment procedures are in place in care homes in line with safeguarding policies	As part of action 6 above	March 2016	Dependent on WG action - we will undertake any necessary action as a result of the introduction of the Regulation and Inspection Bill due in April 2018
The true value of delivering care is recognised and understood <b>(Action 5.8)</b>	49. We will undertake an analysis of the current process locally for setting fee levels and take account of any implications of a national cost benefit analysis due by January 2016.	RCT CBC	Summer 2016	The OPC requirement for a cost benefit analysis into terms and conditions could also be helpful in other settings eg domiciliary care. It would need to be clear how any recommendations/changes could

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	50. We will consider any implications of the recent Judicial review decision	UHB		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 reviewed our current position 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.

<b>Outcomes required in report and OPC Action numbers</b>	<b>Actions by Cwm Taf UHB and/or RCT and Merthyr Tydfil CBCs</b>	<b>Who/Lead</b>	<b>By when</b>	<b>Issues/Co dependencies</b>
Quality of life sits consistently at the heart of the delivery, regulation, commissioning and inspection of residential and nursing care homes <b>(Action 6.1)</b>	51.. We will review contract monitoring and joint inspection arrangements to ensure emphasis on quality of life (eg Care home's Statement of Purpose reflects quality of life issues) and consider implications of any national outcomes framework if issued by WG and future Regulation and Inspection Act	As part of action 6 above	March 2016	Dependent on WG action – OPC requirement for single outcomes framework and standard specification by April 2015.  It will be helpful to understand how this would fit with existing national outcome frameworks and requirements eg SSWB Act
Commissioners, providers and inspectors have a thorough understanding of the day-to-day quality of life of older people living in care homes <b>(Action 6.2, 6.3)</b> .  Older people's views about their care and quality of life are captured and shared on a	52. We will strengthen contract monitoring and inspection arrangements to ensure information captured in annual consultations and service user/family questionnaires is analysed, acted upon and included in the home's annual business planning /	As part of action 6 above	March 2016	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  Is there a role here for Community

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regular basis and used to drive continuous improvement ( <b>Action 6.2, 6.3</b> ).	<p>performance management framework</p> <p>53. We will use the quarterly Provider Forum more effectively to share best practice identified from the above action. We will use feedback from the Forum as a means to drive future improvements.</p> <p>54. We will develop a resident/user voice involvement framework in order to ensure that residents' opinions are incorporated into quality assurance across the homes and help us to better understand the quality of life experienced in our homes. We will work with CSSIW to share resident experiences.</p>	<p>As per action 20 above</p> <p>UHB/LAs</p>	<p>May 2016</p>	<p>Health Council members?</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 ( <b>Action 6.4, 6.5, 6.6</b> ).				<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 several annual reports which could still lead to duplication and a lack of coordination. The role of CSSIW needs to be recognized</p>
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 ( <b>Action 6.7, 6.8, 6.9, 6.10</b> ).	<p>55. We will ensure that future annual quality statements by the Directors of Social Services and the UHB include reference to the requirements of the OPC actions.</p> <p>56. We will review contract monitoring and joint inspection arrangements to reflect outcomes from process and feed these into quality statements and improvement plans as appropriate</p>	<p>UHB &amp; LAs</p> <p>As part of action 6 above</p>	<p>May 2016</p>	<p>We are committed to producing individual organisational Annual Quality Statements as required by the OPC and will then debate further locally to see if we can improve the value and accessibility of these for service users and the public by a combined partnership/regional approach.</p>



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

Outcomes required in report and OPC Action numbers	Actions by Cwm Taf UHB and/or RCT and Merthyr Tydfil CBCs	Who/Lead	By when	Issues/Co dependencies
	57. We will consider use of proformas for care homes to capture performance information and evidence more consistently, taking into account how performance dashboards used by larger care home providers could inform the process and be adapted for use in smaller homes	As part of action 6 above		
Older people are placed in care homes that can meet their needs by commissioners who understand the complexities of delivering care and are able to challenge providers about unacceptable care of older people.(Action 6.11)				<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>

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

### 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 reviewed our current position 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 and OPC Action numbers	Actions by Cwm Taf UHB and/or RCT and Merthyr Tydfil CBCs	Who/Lead	By when	Issues/Co dependencies
Forward planning ensures there is a sufficient number of care homes, of the right type and in the right places, for older people. <b>(Action 7.1)</b>	58. We will implement relevant actions from the Cwm Taf Joint Commissioning Statement for Older People eg the actions relating to Accommodation with Support	As per action 15 above		<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. Any national approach must be flexible enough to meet local need and guarantee delivery/supply 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 <b>(Action 7.2, 7.3).</b>	59 We will audit placements available/uptake in care homes for students to raise awareness of nursing career pathway in the sector			<p>Whilst recognising there are resource implications, we are committed to working in partnership between WG, HBs and Universities across all client needs, not just mental health, to improve workforce planning and career pathways.</p> <p>Development of a staffing tool for workforce planning including educational commissioning numbers would be helpful</p>

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