

Older People's Commissioner for Wales

A Place to Call Home? A Review into the Quality of Life and Care of Older People living in Care Homes in Wales

Flintshire Current Status and Summary of Action Plan January 2015 draft 2

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.		
1.2	Sphere of influence: local (Welsh Government , Health, Care Home Providers)	Risk: medium
<p>Required action: All older people, or their advocates, receive a standard 'Welcome Pack' upon arrival in a care home that states how the care home manager and owner will ensure that their needs are met, their rights are upheld and they have the best possible quality of life. The Welcome Pack will make explicit designated themes, some of which will be in standard format as advised by Welsh Government.</p> <p>Outcome: All older people have a welcome pack that makes them aware of their rights and entitlements, and what to expect from the home. Older people are clear about how they can raise concerns and receive support to do so.</p> <p>Status update: Homes currently provide a range of information to meet registration requirements.</p> <p>Regional North Wales task group formed to develop standard Welcome Pack with all information accessible on the internet. Existing in house documentation will be reviewed and updated to meet new requirements and our Contract Monitoring Team will work in conjunction with Providers to check new standards are adhered to.</p>		
1.6	Sphere of influence: local (LA, Care Home Providers, Health)	Risk: low
<p>Required action: Older people are offered independent advocacy when :</p> <ul style="list-style-type: none"> • They are at risk of / experiencing, physical, emotional, financial or sexual abuse. • A care home is closing or an older person is moving because their care needs have changed. • An older person needs support to help them leave hospital. <p>For those with fluctuating capacity or communication difficulties, this should be non-instructed advocacy. When a care home is in escalating concerns, residents must have access to non-instructed advocacy.</p> <p>Outcome: 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>Status update: Flintshire currently contracts with a range of independent advocacy providers to the region of £130k and independent advocacy is provided to people who do not have capacity as a matter of course when homes are closing or under escalating concerns. We have issued a speculative notice to inform commissioning intentions and to secure provision for up to five years. Our Contract Monitoring Team will work with local Care Providers and Advocacy Services to shape and monitor the required service locally in the first instance.</p> <p>Given the demographics and increasingly complex needs of the target population, further discussion is required with Health regarding the provision of independent advocacy.</p>		
Key Conclusion 2: Too often, care homes are seen as places of irreversible decline and too many older people are unable to access specialist services and support that would help them to have the best quality of life.		
2.2	Sphere of influence: local (Health & LAs in partnership)	Risk: High
Required action: 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.		

Outcome: Older people receive full support, following a period of significant ill health, e.g. following a fall, or stroke, to enable them to maximise their independence and quality of life.

Status Update: Our Reablement Service works into residential homes if a need is highlighted and they invited to do so. We need to be more proactive in approach and will roll out Reablement training to Care Homes and to more independent sector providers.
 We have established Step Up / Step Down beds in local authority and independent sector Care Homes as part of the ICF Grant Funding initiative and are exploring, with Health, means to sustain this service. We are supportive of Health initiatives, including the Falls Prevention agenda, with the aim of highlighting the need for improved access to health services including specialist therapy services, stroke recovery services and regular input from dentistry, hearing and sight loss specialists and ensuring the clinical competencies of clinical needs in nursing homes.

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.

3.2	Sphere of influence: local (LAs & Care home Providers)	Risk: Medium
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Required Action: All care home employees undertake basic dementia training as part of their induction and all care staff and Care Home Managers undertake further dementia training on an ongoing basis as part of their skills and competency development, with this a specific element of supervision and performance assessment.

Outcome: All staff working in care homes understand the physical and emotional needs of older people living with dementia and assumptions about capacity are no longer made.

Status Update: The regional North Wales Specification for Enriched Care Homes for People with Dementia will be launched early in 2015. We have commissioned and delivered specialist training locally and our Contract Monitoring Team seek evidence of person centred approaches including coping and communication strategies in Homes. We will expand and introduce a variety of training opportunities including e learning, distance learning and mentoring schemes that encompass the requirements for induction and continuous professional development in dementia for all staff and for advanced training for care home managers.

3.3	Sphere of influence: regional (LAs & Care home Providers)	Risk: medium
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Required Action:
 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.

Outcome: Older people are supported to retain their existing friendships and have meaningful social contact, both within and outside the care home. Care homes are more open to interactions with the wider community. Older people are able to continue to practice their faith and maintain important cultural links and practices.

Status Update: We have a policy for the use of volunteers in our Care Homes and the Contract Monitoring Team look for evidence of social networking when undertaking visits. We welcome the approaches this action requires and note a partnership approach with CSSIW is required, given the current CSSIW regulatory requirements for the use of volunteers.

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.

4.2	Sphere of influence: regional and national (Health & Care Home Providers)	Risk: high
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Required Action: A formal agreement is developed and implemented between the care home and local primary care and specialist services based on the Statement of Entitlement. In line with the Fundamentals of Care Guidance this should include referral pathways including open access, waiting times, referral and

discharge information, advice and information to support the on-going care of the older person in the home and access to specialist services for older people in nursing homes.

Outcome: 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.

Status Update: There are examples of good practice and we are working with Health to explore how ICF initiatives can be sustained. However, there are gaps in the accessibility of some primary and acute health services to residential and nursing home residents. In addition some of the issues raised are not specific to care home residents. Contracts for primary care are negotiated at both regional and national level with particular historical contracting and finance arrangements. Discussion needs to happen at regional as well as local level with BCUHB, both as a provider of services and contracting organisation for primary care workers, to ensure local authority requirements are met.

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.

5.2	Sphere of influence: national and regional (Welsh Government & Care Home Providers)	Risk: medium
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Required Action: 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.

Outcome: Older people are cared for by care staff and managers 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.

Status Update: Assessment is based on knowledge of individual need and our Contract Monitoring Team currently expects providers to complete a "dependency tool" and provide / deploy staff to meet that level of need.

National lead by Welsh Government required taking forward discussion, including the impact an acuity tool might have on fee setting. Social Services and Health need to work together locally and regionally to collate available information to develop a methodology to guide Contract Monitoring Officers regarding dependency and staffing levels.

5.3	Sphere of influence: regional and national (CCW & Care Home Providers)	Risk: medium
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Required Action: 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.

Outcome: Older people receive compassionate and dignified care that responds to them as an individual.

Status Update: We current offer training across the sector to meet existing requirements. A national lead will be required from CCW required working in partnership with care home providers and the local authorities regionally

5.5	Sphere of influence: local (Care Home Providers)	Risk: medium
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Required Action: All care homes must have at least one member of staff who is a dementia champion.

Outcome: Older people receive compassionate and dignified care that responds to them as an individual.

Status Update: We have commissioned and delivered specialist dementia training locally and our Contract Monitoring Team seeks evidence of person centred approaches in Homes. We note that whilst there is value in having a dementia champion in each Home, it is everyone's job to ensure people are treated with compassion and dignity and the regional North Wales specification for Enriched Care Homes for People with Dementia will be launched early in 2015. We will continue to work with specialist trainers

including Helen Sanderson Associates to role out person centred planning and support across the residential sector and award successful Homes accreditation in 2015 /16		
5.6	Sphere of influence: regional and national (Welsh Government, LAs, Health, Care Home Providers)	Risk: medium / high
<p>Required Action: 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>Outcome: 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.</p> <p>Status Update: Our Contract Monitoring Quality Monitoring Report process and Quality Circles approach have been recognised as good practice by the OP Commissioner. We are supportive of the BCUHB Practise Development Teams work to improve the quality of delivery of nurses and clinical staff in Nursing Homes and a management leadership course will be delivered in the spring 2015. We are supportive of a national and regional approach across all partners led by Welsh Government.</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.		
6.2	Sphere of influence: regional (Care Home Providers, LAs, Health, CSSIW)	Risk: medium
<p>Required Action: 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. 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>Outcome: Commissioners, providers and inspectors have a thorough understanding of the day-to-day quality of life of older people living in care homes. Older people's views about their care and quality of life are captured and shared on a regular basis and used to drive continuous improvement.</p> <p>Status Update: We have a good working relationship with CSSIW locally and our Contracts Monitoring Team has established regular open meetings with care providers enabling us to develop good working relationships with the market in Flintshire. The North Wales Commissioning Hub has established a task group to look at better ways of engaging with the care home population and their families and we need to ensure that CSSIW's evaluation framework is consistent with the regional framework. Reports are not currently in the public domain but once frameworks are in synergy we would want to take this forward. Care Home providers to produce an annual report to evidence how feedback from older people has been used to secure continuous improvement and feed this into the Directors Annual Quality Statement (6.7) Increase the use of lay visitors to visit independent sector care homes in Flintshire and role out rota visits by elected members to the independent sector homes</p>		
6.7	Sphere of influence: local (LAs)	Risk: low
<p>Required Action: 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. The content and format of AQS's will be further defined.</p> <p>Outcome: Older people have access to relevant and meaningful information about the quality of life and care provided by or within individual care homes and there is greater openness and transparency in respect of the quality of care homes across Wales and the care they provide.</p> <p>Status Update: Our Joint Interagency Monitoring Panel (JIMP) meets quarterly and will provide information to inform the AQS when the format of that report is further defined by the Regulation and inspection Bill.</p>		

6.10	Sphere of Influence: local (Care Home Providers)	Risk: low
Required Action: Care home providers report annually on the delivery of quality of life and care for older people. Areas for inclusion are defined.		
Outcome: Older people have access to relevant and meaningful information about the quality of life and care provided by or within individual care homes and there is greater openness and transparency in respect of the quality of care homes across Wales and the care they provide.		
Status Update: Homes are expected to meet current CSSIW reporting requirements and our Contract Monitoring Team will work with providers to meet new requirements.		

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