



**Follow-up to 'A Place to Call Home' Review**  
**Health Board Self-evaluation Pro Forma**

<b>Organisation</b>	<b>ABMU Health Board</b>
<b>Accountable officer and job title</b>	<b>Vicky Warner Unit Director, Primary and Community Delivery Unit</b>
<b>E-mail</b>	<u><a href="mailto:Vicky.warner@wales.nhs.uk">Vicky.warner@wales.nhs.uk</a></u>
<b>Telephone</b>	<b>01639 684564</b>
<b>Date</b>	<b>27.03.17</b>
<b>Signed</b>	

**Chief Executive Officer**

Name: Alexandra Howells

Date: 31.03.2017

Signed: 

**Chair**

Name: Andrew Davies

Date: 31.03.2017

Signed: 

**Deadline for responses: 31 March 2017**

**Please email responses to: [review.adolygiad@olderpeoplewales.com](mailto:review.adolygiad@olderpeoplewales.com)**

<p><b>Outcome</b></p> <p><b>Older people receive appropriate medication and the risks associated with polypharmacy are understood and managed.</b></p> <p><b>Older people are not prescribed antipsychotic drugs inappropriately or as an alternative to non-pharmaceutical methods of support and NICE best practice is complied with.</b></p>	
<p><b>Action Required (Requirement for Action 4.4):</b></p> <p><b>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.</b></p>	
<p><b>To what extent do you comply with this Requirement for Action? (300 words)</b></p>	<p><u>GP Enhanced Service</u></p> <p>ABMU Health Board currently has 18 GP practices across the region that are part of the Local Enhanced Service, designed to enhance the level of care to individuals residing in both residential and nursing care settings. The service allows General Practitioners to take a more proactive approach to monitoring people registered with their practice that reside in the care home setting. The service remunerates practices for implementing a programme of assessment and review of their care home practice population, which includes medication reviews. This also encourages the effective use of Primary Care services to reduce inappropriate hospital admission.</p> <p>The service provided to care home residents will be shortly increased due to the planned implementation of the National Direct Enhanced Service. This will significantly increase the number of care individuals benefiting from an enhanced level of service.</p> <p><u>Cluster Pharmacists</u></p> <p>Cluster pharmacists and technicians supplement care home medication reviews delivered by GP practices as part of the GP Enhanced Services</p>

<p><b>On what evidence has this assessment been made? (850 words)</b></p>	<p><u>GP Enhanced Service</u></p> <p>ABMU currently has 18 GP practices across the Health Board that are part of the Enhanced Service.</p> <p>Each of the participating practices submits an annual report, which sets out key learning points from the scheme.</p>
<p><b>What impact has this had on residents' quality of life and care? (850 words)</b></p>	<p>The Annual Report provides a summary of the benefits for the care home residents and provides details of the impact of medication reviews.</p>
<p><b>If further actions are needed to be compliant, please evidence what these will be and provide a timeline for compliance? (500 words)</b></p>	<p>The National Direct Enhanced Service specification is due to be issued shortly and planning has commenced to implement this service for all care homes across the region. The implementation of the service will support the care homes that currently sit outside of the GP Enhanced Service. This service will ensure residents will have a comprehensive review of their mental and physical health within 28 days of being admitted to a care home setting.</p>
<p><b>Action Required (Requirement for Action 3.5):</b></p> <p><b>Information is published annually about the use of anti-psychotics in care homes, benchmarked against NICE guidelines and Welsh Government Intelligent Targets for Dementia.</b></p>	
<p><b>To what extent do you comply with this</b></p>	<p><u>Care Home In Reach Teams</u></p> <p>The Health Board currently has a pharmacist working on</p>

<p><b>Requirement for Action?</b> <b>(300 words)</b></p>	<p>behalf of the 5 Swansea Clusters to identify patients prescribed antipsychotics who are resident in a care home. These individuals will then be reviewed by the Swansea Care Home In – Reach Team that includes Psychiatrists, Clinical Psychologists and CPN’s. There is also a pharmacist in one care home who undertakes Polypharmacy reviews, attends weekly GP rounds and reviews (and where appropriate, reduces antipsychotic medication) with the provision of providing education to care home staff. As this is a new project, there is no outcome data available as yet.</p> <p>Cluster pharmacists and technician supplement care home medication reviews delivered by practices e.g.as part of GP Enhanced services.</p> <p><u>Care Home In-Reach Team</u></p> <p>Care home In-Reach Teams within older person’s mental health services have been developed in Bridgend and Swansea localities to provide a service to the care homes in their patch - the teams are multidisciplinary in nature with representation from OT, Psychiatry, Nursing, with Psychology in Swansea and Social Work input in the Bridgend area. Within Neath Port Talbot, two dedicated nurses and regular psychiatric cover serve the care homes. For Neath Port Talbot the future plan is to further develop a multidisciplinary care home in-reach team, a paper outlining the proposal has been submitted for consultation. This will develop the existing team to include OT, psychology, physiotherapy, speech and language therapy and support worker allocation to provide non-pharmacological interventions as an alternative to antipsychotic medication and also provide teaching on mental health issues and dementia to the care home staff.</p>
<p><b>On what evidence has</b></p>	<p><u>Care Home In-Reach Teams</u></p> <p>The In- Reach Team in Bridgend carries a caseload of</p>

<p><b>this assessment been made? (850 words)</b></p>	<p>clients with mental health issues who are living within the care home setting and engages in regular reviews of their needs including individuals in receipt of antipsychotic medication from the team. Within Swansea the care home in-reach team was established in June 2016 covering 53 care homes, the clinical psychologist and occupational therapist provide care homes with non-pharmacological intervention plans created following a person centred approach and assessment.</p> <p>There are plans to audit rates of antipsychotic prescriptions made by the Swansea service; this is currently in the process of being agreed with the Health Boards R&amp;D department. This will specifically audit team compliance against NICE guidelines in relation to rate of prescription and evidence that antipsychotic medication is reviewed and reduced at the earliest opportunity. There is also work being undertaken to keep a register of antipsychotic prescribing in the Neath Port Talbot area. Previous audits have also been conducted of antipsychotic prescribing in some care homes in the localities as part of the National Intelligent Target for Dementia (2010) and are available if required. These audits will become part of the routine function of the work of the care home in-reach teams within ABMU Health Board.</p>
<p><b>What impact has this had on residents' quality of life and care? (850 words)</b></p>	<p><u>Care Home In –Reach Teams</u></p> <p>A pharmacist working in one care home undertakes Polypharmacy reviews and attends weekly GP 'rounds', reviews and reduces where appropriate antipsychotic medication, with the provision of education to the care home staff. A locally commissioned community pharmacy Local Enhanced Service for advice and support to care homes, has a medicines reconciliation focus but can sometimes flag issues relevant to medication review and patient safety. The GP Prescribing Clerks Scheme in Bridgend GP Practices provides information to the Mental Health Consultant and his outreach team to target patients prescribed</p>

	<p>antipsychotics including those within a care home setting.</p> <p>Within Swansea, the team's psychologist and OT have begun delivering teaching sessions to care home staff focussing on understanding challenging behaviour from the perspective of unmet needs and how to respond to this in a non-pharmacological manner. Initial outcome measures and feedback forms indicate that staff have found this training helpful in relation to understanding challenging behaviour and has increased staff confidence to manage behaviours using non-pharmacological interventions. Similar plans are in place for this to be rolled out across ABMU Heath Board.</p> <p>The operational policy of the service includes an aim to reduce the inappropriate prescription of antipsychotic medication, in line with A Place to Call Home and The Banjerjee Report.</p>
<p><b>If further actions are needed to be compliant, please evidence what these will be and provide a timeline for compliance?</b></p> <p><b>(500 words)</b></p>	<p>ABMU Health Board is partially compliant in this area and will be fully compliant when the In- Reach Team has been fully established within Neath Port Talbot area, timescale for full compliance by January 2018.</p>
<p><b>Outcome</b></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.</p>	
<p><b>Action Required (Requirement for Action 1.3):</b></p>	

<p>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>To what extent do you comply with this Requirement for Action? (300 words)</p>	<p>Older people are supported to maintain their continence and independent use of the toilet have their privacy, dignity and respect accorded to them at all times.</p> <p>ABMU Health Boards Continence Service currently undertakes continence assessments for individuals in all settings. Residential and care homes have full access to the service, assessments are undertaken by registered Nurses with specialist continence knowledge and skills. The assessments comply with the All Wales Bladder and Bowel care pathway, which is endorsed by Welsh Government.</p> <p>The Development of the Continence Prescription Service within ABMU Health Board is a centrally managed system for those who require drug tariff continence supplies with the aim of focusing on the individual needs of the patient.</p>
<p>On what evidence has this assessment been made? (850 words)</p>	<p><u>Continence Training</u></p> <p>ABMU Health Board have open access for staff within the care home setting to attend various training and update sessions. The feedback from Registered Nurses in care homes across the region was a request to have increased education sessions in relation to Catheterisation; these workshops have been increased to accommodate their requirements with four additional sessions made available to care home staff over recent months. These sessions were supported by the Care Home Interface Nurses as a clinical link to support care home nurses in practice following on from the training.</p>

	The evidence of the residents within care home settings is collated from the clinical portal database on a monthly basis capturing all contacts made by the Continence Service staff.
What impact has this had on residents' quality of life and care?  (850 words)	Within the Continence service, we have developed the process of Trial without catheters within the community so reducing hospital lengths of stay and long-term dependency on catheters. This is equally applicable to care home residents.
If further actions are needed to be compliant, please evidence what these will be and provide a timeline for compliance?  (500 words)	ABMU Health Board is fully compliant with this action, but recognises the need to continually review and expand the service.

<b>Outcome</b>	
Older people receive full support, following a period of significant ill-health, for example following a fall or stroke, to enable them to maximise their independence and quality of life.	
<b>Action Required (Requirement for Action 2.2 &amp; 6.8):</b>	
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.	
To what extent do you comply	ABMU Health Board in partnership with Bridgend, Neath Port Talbot and Swansea Local Authorities fully complies

<p>with this Requirement for Action? (300 words)</p>	<p>with this requirement for action.</p> <p><u>Integrated Teams</u></p> <p>There is a range of extensive integrated multidisciplinary community resource teams across the region, which includes Acute Clinical Teams. The focus for these services is primarily to prevent hospital admission, this runs alongside the reablement and rehabilitative services. These services are available to those at home or in a care home setting.</p> <p>Patients within care homes can also access the Community Resource Teams, for provision of SALT, Dietician, Physio and OT interventions.</p> <p>The Acute Clinical Teams (Geriatrician and Advanced Nurse Practitioner led services) also supports patients to receive medical interventions within the care home setting.</p> <p>The Acute Clinical Teams support individuals both in their own home and in a care home setting, with the aim of providing medical and nursing interventions during an episode of illness that does not require admission to hospital.</p> <p>There are 46 intermediate step up, step down beds available throughout the Health Board. Individuals are actively supported by a therapist led rehabilitation programme with the aim of maximising independence. These beds support individuals to regain a level of independence and provide an opportunity to make informed choices on either returning home or long-term care placement.</p> <p>The Acute Clinical Teams support individuals both in their own home and in a care home setting, with the aim of providing medical and nursing interventions during an episode of illness that does not require admission to</p>
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	<p>hospital.</p> <p><u>Care Home Interface Nurses</u></p> <p>In addition, the Health Board secured funding for two Care Home Interface Nurses, whose role is to provide the care home staff with practical clinical advice and support; they also have a varied training programme to increase skills and knowledge in all aspects of care.</p>
<p>On what evidence has this assessment been made? (850 words)</p>	<p><u>Community Resource Teams</u></p> <p>Referral rates into the CRT for dietician, SALT and Acute Clinical Team evidences service demand. The Integrated Community Resource Teams are an established service and are part of the Section 33 ICF fund arrangements in order to provide the varied multidisciplinary approach required in a community setting.</p> <p>Individuals can self-refer to the Community Resource Teams; however, evidence suggests referrals are received from a variety of sources, such as District Nurses, GP's, care home staff and family members.</p> <p><u>Care Home Interface Nurses</u></p> <p>In addition, ABMU Heath Board secured funding for two Care Home Interface Nurses whose role is to support care home staff. By providing a wide range of education and training opportunities, their current focus is the quality of End of Life Care, syringe driver management, improving oral care in line with the all Wales Care plans, 'Beat Flu' campaigns, catheter and continence care, tissue viability and pressure sore management.</p> <p>The western Bay Leadership Group along with the Community Services board receive regular reports as part of the section 33 agreement on the activity and outcomes for the range of specialist services.</p>

<p>What impact has this had on residents' quality of life and care? (850 words)</p>	<p><u>Community Resource Teams</u></p> <p>These services predominately aim to maintain individuals within their current setting, whether in their own home, residential or nursing home.</p> <p>Individuals can access specialist care and treatment from a whole range of professionals working within the Intermediate Care Team across Western Bay.</p> <p>This is particularly valuable for those who reside in their own home or in a residential setting, prior to this service commencing, the episode of care would have been provided in a hospital setting or the individual would have been moved to a nursing home.</p> <p><u>Care Home Interface Nurses</u></p> <p>This unique role has made an impact on the quality of life for those individuals residing in a care home setting. The aim is to support Registered Nurses and non-registered care staff to enable them to manage the level of acuity individuals now have when entering a care home setting from a hospital environment. Feedback from providers has been very positive and this is supported by the evaluations following training sessions.</p>
<p>If further actions are needed to be compliant, please evidence what these will be and provide a timeline for compliance? (500 words)</p>	<p>ABMU Health Board is fully compliant in this area but with a view to continually review the demand for these service areas. From a Western Bay perspective, further work is ongoing in relation to capturing outcomes for individuals and the impact that rehabilitative services have on people's lives.</p>



<p><b>Outcome</b></p> <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 a greater openness and transparency in respect of the quality of care homes across Wales and the care they provide.</p>	
<p><b>Action Required (Requirement for Action 6.8):</b></p> <p>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>• Number of falls</li> <li>• Access to falls prevention</li> <li>• Support to maintain sight and hearing</li> </ul>	
<p>To what extent do you comply with this Requirement for Action? (300 words)</p>	<p><u>The Regional Quality Framework</u></p> <p>The development of the Regional Quality Framework is currently under review following the pilot undertaken in the Neath Port Talbot area throughout 2016. Following on from the pilot further work is commencing on the reporting mechanisms and how this data can influence future developments on areas such as falls prevention. The development group are also currently considering a self-assessment document for care homes in the Swansea area.</p> <p>It is expected the data will inform an annual report for the Quality and Safety Board covering the aspects detailed above.</p> <p><u>Non-Injurious Falls Service</u></p> <p>The Western Bay Health and Social Care Programme have commissioned a piece of work to map out the current position of non-injurious falls services in the region for community based services. The review will map best practice locally and nationally and provide recommendations on service models for development</p>

	<p>and potential implementation, with a focus on community based services for older people. The final report is expected by the 31<sup>st</sup> March 2017.</p> <p>The Health Board is committed to working in partnership with WAST to support care homes in managing non-injurious fallers.</p> <p><u>ISTUMBLE/ELK Pilot</u></p> <p>ISTUMBLE/ ELK pilot is a trial aimed at giving care homes the tools to triage their possible non- injury fallers and prevent unnecessary ambulance requests. In addition to the two residential care homes currently undertaking the 6 month pilot a further nine care homes across the Heath Board have been provided with ELK lifting cushions to assist then with their non-injury fallers.</p>
<p>On what evidence has this assessment been made? (850 words)</p>	<p><u>Regional Quality Framework</u></p> <p>The Regional Quality Framework monitoring tool includes reviewing how individual care homes manage falls, if they have adequate pathways and policies in place to support staff in managing fallers appropriately.</p> <p>WAST collate data in relation to falls, which evidences areas of high volume and the reduction in unnecessary requests. The Health Board is working in partnership with the Welsh Ambulance Service on how to manage those individuals that may have fallen, looking at care home trends in order to avoid reoccurrence.</p>
<p>What impact has this had on residents' quality of life and care?</p>	<p><u>I-STUMBLE</u></p> <p>The I-Stumble Flowchart and toolkit is provided to all staff, this assists care staff to carry out a series of checks that can prevent an unwarranted 999 call and a potential</p>

<p>(850 words)</p>	<p>admission to hospital.</p> <p>The pack is arranged in a two-step process, Pre-Fall identifies fallers on admission, Post- Fall utilises the flow chart to ascertain if a 999 call is required.</p>
<p>If further actions are needed to be compliant, please evidence what these will be and provide a timeline for compliance?</p> <p>(500 words)</p>	<p>ABMU Health Board is partially compliant in this area. Pilot for ISTUMBLE is currently in place for two care homes, ELK lifting cushions have been supplied to a further 9 care homes to date, however, it is recognised this work will be ongoing.</p> <p>Western Bay have commissioned an options appraisal to be undertaken, with a view to map out the current position of non- injurious falls services in the region for community based services. This will include a review of best practice locally and nationally in order to provide recommendations for potential cost effective service models for development and potential implementation.</p>

<p><b>Outcome</b></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.</p> <p>Older people’s views about their quality of life are captured and shared on a regular basis and used to drive continuous improvement</p>	
<p><b>Action Required (Requirement for Action 6.2 &amp; 6.8):</b></p> <p>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 the issue 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.</p>	
<p>To what extent do you comply with this Requirement for Action? (300 words)</p>	<p>As part of the monitoring process under the Regional Quality Framework, questionnaires are distributed to care home staff, individuals residing in the care home, families and those professionals who may have visited the care home. Analysis from the questionnaires is included in the care homes report. Any emerging themes, areas for improvement and good practice are also identified.</p> <p><u>Advocacy Services</u></p> <p>In response to “A Place to call Home”, the Western Bay Community Services Subgroup has reviewed the Health Board’s current position in relation to advocacy services. The report acknowledged there was a wide range of independent third sector advocacy services operating across the region, with a number supporting individuals within the care home setting.</p>
<p>On what evidence has</p>	<p><u>Advocacy Services</u></p> <p>Given there are 3,610 care home beds across Western</p>

<p>this assessment been made? (850 words)</p>	<p>Bay and of those 1,420 are subject to DoLs, this indicates there are a large number of individuals who currently have an additional voice in relation to their care and support through RPR and IMCA appointments as part of the process.</p> <p><u>Regional Quality Framework</u></p> <p>Evidence of the analysis produced from the joint monitoring questionnaires is included in the completed care home joint monitoring reports.</p> <p>Below are some examples of extracts taken from the joint monitoring reports in relation to the Resident and Family Feedback Questionnaires :-</p> <p>“73% of family responses stated that they have the option of becoming involved in all aspects of the care home should they wish to do so”</p> <p>“100% of family questionnaires confirmed they are involved in their relative’s care as much as they would like and feel that they have sufficient voice, choice and control over this aspect of their care”</p>
<p>What impact has this had on residents’ quality of life and care? (850 words)</p>	<p>As described in the work undertaken by the Western Bay Community Services Care Home Sub Group there are a large number of individuals that are currently subject to DoLs.</p> <p>In addition, each Local Authority in the region is working to deliver a commissioned “Independent Professional Advocacy” service as per the requirements of the Health &amp; Social Wellbeing Act 2014.</p> <p>Swansea and Bridgend are receiving support from the Golden Thread Advocacy programme to implement part 10 of the Social Services and Well Being Act. Bridgend</p>

	<p>will shortly be in a position to pilot a service, Swansea aim to tender for a service by September 2017.</p>
<p>If further actions are needed to be compliant, please evidence what these will be and provide a timeline for compliance? (500 words)</p>	<p>ABMU is partially compliant with this action; however, there is further work underway across Western Bay to develop a more systematic approach to understanding the quality of life that older people are experiencing in care homes.</p>

<p><b>Outcome</b></p> <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.</p>	
<p><b>Action Required (Requirement for Action 7.2 &amp; 7.3):</b></p> <p>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>To what extent do you comply with this Requirement for Action? (300 words)</p>	<p>There is a recognised general lack of registrants available to both the NHS and private providers; the number of care homes deregistering their nursing beds over the last 12 months evidences this. The Health Board is exploring the potential of co-producing campaigns to attract nurses to the care home sector.</p> <p><u>Student Nurses</u></p> <p>ABMU Health Board is working in partnership with Swansea University and the private care providers to broaden the experience of student nurses by offering alternative placements within the care home sector. Caring for the elderly and frail challenges the student nurse to use skills of observation, creative problem solving, interacting with carers, family and friends. The private sector care environments are often very different from NHS facilities, with their own challenges and examples of innovation. Placements within these environments also help student nurses to form their own opinions about career prospects within these organisations.</p> <p><u>Care Home Support Team</u></p> <p>The Health Board has a team consisting of two End of Life Training Coordinators and two Care Home Interface Nurses, the aim of these roles is to support care home</p>

	<p>staff in all aspects of care. One of the coordinator roles is jointly supported with Macmillan. The team offer a range of training and support to care home staff as evidenced below.</p> <p><u>Care Home Provider Meetings</u></p> <p>Care Home provider meetings are held on a regular basis, the Health Board and Local Authority manage these jointly. Care home providers manage part of the agenda as a Communities of Practice meeting allowing for speakers that are relevant to their service, for example, the Acute Clinical Team and Welsh Ambulance service have both presented. There is positive engagement particularly in the Neath Port Talbot area where this has been established for some time, this format has been rolled out across the region.</p>
<p>On what evidence has this assessment been made? (850 words)</p>	<p><u>Student Nurses</u></p> <p>Across the region three care homes have been accommodating student nurses for some time, this year four brand new placements have just received their first students this week.</p> <p><u>Care Home Support Team</u></p> <p>The Health Boards Care Home Support Team provide a wide range of training opportunities for all care home staff, for example:</p> <p>Sage and Thyme- Foundation Level Communication Training:-</p> <p>A total of 771 staff trained, includes Registered Nurses and care staff from residential and nursing homes, Local Authority community care staff and social work assistants. This piece of work is currently being prepared for publication.</p> <p>Registered Nurses 3 day Palliative and End of Life</p>

	<p>Course:-</p> <p>222 Registered Nurses trained from the care home sector and community Health Board staff.</p> <p>Care Staff 2 Day Palliative and End of Life Course:-</p> <p>556 staff trained from the private sector, community and private agencies.</p> <p>Fundamentals of Care (Falls Prevention and Management, Skin Integrity and Continence Management):- 313 trained across the region including care home staff.</p> <p>Oral Hygiene Training jointly with the Dental Service, 540 trained with half of these undergoing the 'Train the Trainer Programme' of these 297 are care home staff.</p> <p>The above is a sample of the courses available for care home staff, the registered nurses find the support of the team extremely valuable particularly for palliative and End of Life Care. In order to support care home staff a pilot group led by the End Of Life coordinator and a small number of care home staff are developing End of Life Care Plans for use in a care home setting which will work alongside the Care Decisions for the Last Days of Life document.</p> <p><u>Care Home Provider Meetings</u></p> <p>Across the region the Health Board and Local Authority work in partnership to hold Care Home Provider Meeting on a regular basis, these provide an opportunity for learning, providers manage part of the agenda to allow for speakers relevant to their services for example, Welsh Ambulance Service and the Consultant Geriatrician from the Clinical Acute team have attended</p>
<p>What impact has this had on residents'</p>	<p><u>Student Nurses</u></p> <p>Student nurses who have undertaken these placements</p>

<p>quality of life and care? (850 words)</p>	<p>will have a better understanding of the care provided in these settings. This will hopefully have an impact when they return to the hospital setting and improve their skills in areas such as discharge planning and caring for those individuals with Dementia.</p> <p><u>Care Home Support Team</u></p> <p>Feedback and evaluation forms from attendees at training, supports the view that this team provides Registered Nurses working within the private sector with an opportunity to increase their knowledge and skills. This has a direct impact on the quality of care for individuals residing in a care home setting.</p>
<p>If further actions are needed to be compliant, please evidence what these will be and provide a timeline for compliance? (500 words)</p>	<p>The Health Board is compliant in this area, however, recognises the challenges facing both the NHS and private sector in relation to the lack of registrants. The Health Board will continue to work in partnership with Swansea University and the private sector to promote all areas of opportunity for student nurse placements.</p>

## **Sharing good practice and organisational achievements that have made an impactful difference to the quality of life and care of older people in care homes in Wales**

Please use this space to describe any new, different and innovative approaches that the Health Board has invested in to improve the quality of life and care of older people in care homes in Wales, and the impact that this has achieved for older people. References to good practice may reflect any area relevant to the Commissioner's original Care Home Review.

Free text statement: 1,000 word limit.

Care Home Interface Nurse is a recently established role; these combined with the existing End Of Life Coordinators provide additional support to both Registered Nurses and care staff in the private sector. The aim of this approach is to improve the quality of care for those individuals residing either in their own home or in a care home setting.

Mental Health Care Home In-Reach Teams have made significant progress with the expansion of a newly established team in Swansea with firm plans to extend the Neath Port Talbot team in the near future.

Acute Clinical Team currently has two care home beds commissioned for their use within the Neath Port Talbot area. This is a three month project; the clinical team will evaluate the outcomes on completion.

The Western Bay region has co produced a commissioning strategy for care homes for older people which aims to develop an effective and sustainable care home market for the future.