

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.

Link to Welsh Government policy and legislative areas: National Outcomes Framework for the Social Services and Wellbeing Act 2014, Declaration of the Rights of Older People in Wales, A Framework for Delivering Integrated Health and Social Care for Older People with Complex Needs, Integrated Assessment, Planning and Review Arrangements for Older People.

Required Action	Outcome	ABUHB Response	ABUHB Action	By Whom	By When
<p>1.1 A national approach to care planning in care homes should be developed and implemented across Wales. This must support:</p> <ul style="list-style-type: none"> • The full involvement of the older person to ensure they have an effective voice, including advocacy support where necessary. This may include independent advocacy or advocacy under the Mental Capacity Act. • Ensuring the older person's personal history, social and cultural interests, occupation, achievements, likes, dislikes and aspirations are understood and reflected in their future life. This must include meeting the diverse needs of older people who are lesbian, gay, bisexual or trans, minority ethnic and those with or without religion or belief. • Transitional support once a decision has been made to move to a care home to ensure that the care planning process begins prior to moving into the care home. • Meeting the emotional needs of 	<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>ABUHB utilises the CHC Assessment and Integrated Assessment to provide information relating to personal identity and life preferences, these factors are then taken in to account in an individual's care plan in order to meet health and social care needs and things which matter personally. In addition, "This is me" is used in many care homes with residents with dementia as suggested by the Alzheimer's society.</p> <p>However, moving to standardisation of care plans with a hierarchy of assessment processes to use across Wales would be a welcome step which could be linked to Standards for Health Services and Fundamentals of Care; this could then be included in ABUHB's CHC contracts with care homes. (The All Wales Task and Finish Group on Care Homes could include this in one of the workstreams)</p>	<p>Continued use of CHH Assessment and Integrated Assessment processes as described in "response".</p> <p>Personal History and what matters to me information is included in care plans and the consistent use of Tools and Documentation such as "This is Me"</p> <p>Transition planning from community hospitals to discharges to care homes will commence with CHAaT volunteers in March 2015</p>	<p>Case Managers</p> <p>Nurse Assessors</p> <p>Care Co-ordinators</p> <p><i>(Welsh Government)</i></p> <p>Divisional Nurse – Primary Care</p>	<p>Commenced and Ongoing</p> <p><i>(November 2015)</i></p> <p>March 2015</p>

<p>older people to ensure they feel safe, valued, respected, cared for and cared about.</p> <ul style="list-style-type: none"> • Meeting the communication needs of people living with dementia and/or sensory loss. • The needs of Welsh language speakers and those for whom English is not their first language. • Entitlements to healthcare and assessment for and referral to healthcare services. • Individual rights versus risk management. • Multidisciplinary assessment (across Health Boards, Local Authorities and including specialist third sector organisations) and specialist clinical assessment. <p>This guidance should clearly align to the new National Outcomes Framework, which underpins the Social Services and Wellbeing (Wales) Act 2014.</p> <p>National reporting of the quality of care plans and care planning against the national guidance and against the intended outcomes of the national Outcomes Framework should be undertaken annually (see action 6.10).</p>					
<p>1.2 All older people, or their advocates, receive a standard 'Welcome Pack' upon arrival in a</p>	<p>Older people are aware of their rights and entitlements, and what to expect from the home.</p>	<p>Majority of homes in ABUHB contract with, provide information packs which</p>	<p>Continuation and roll out of good practice through Matron's Forum and the</p>	<p>Divisional Nurse – Complex</p>	<p>Commenced & Ongoing</p>

<p>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.</p> <p>The Welcome Pack will make explicit reference to:</p> <ul style="list-style-type: none"> • How the care home manager will support the resident as they move into their new home. • Standard information about their human rights in line with the Welsh Declaration of the Rights of Older People.* • A Statement of Entitlement to health care support.* • Support to sustain and promote independence, continence, mobility and physical and emotional wellbeing. • Ensuring their communication needs are met, including people with sensory loss. • Maintaining friendship and social contact. • Support to help them maintain their independence and to continue to be able to do the things that matter to them. • The development and maintenance of their care and support plan and what will be included in it.* 	<p>Older people are clear about how they can raise concerns and receive support to do so.</p>	<p>relate to the care home staff teams, contract and the service level agreement.</p> <p>Some nursing homes are already considering how to improve this information and share good practice. To change this information to a “Welcome Pack” with additional information enclosed such as what to do if you have concerns to raise and ABUHB’s CHAaT (Care Home Ask and Talk) scheme would add value and a more person centred approach.</p>	<p>recommendations made by Governance Team..</p>	<p>Care</p> <p>Divisional Nurse – Primary Care</p> <p>Senior Nurse Governance Team</p> <p>CHC Managers</p> <p>Nurse Assessors</p> <p>Matrons Forum</p> <p><i>(Welsh Government & Care Home Providers)</i></p>	<p><i>(March 2016)</i></p>
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<ul style="list-style-type: none"> • Ensuring a culture of dignity and respect and choice and control over day-to-day life. • The skills and training of staff. • Their right to independent advocacy and how to raise concerns. * <p>(The areas marked with * should be standard in format to ensure consistency across Wales).</p>					
<p>1.3 Specialist care home continence support should be available to all care homes to support best practice in continence care, underpinned by clear national guidelines for the use of continence aids and dignity.</p>	<p>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>Continence support – some larger providers have specialist advisers for continence (and tissue viability) or gain advice from nurse specialists working for suppliers however this leads to fragmentation.</p> <p>Small or single providers with a much more limited resource are dependent on availability and access to continence nurses from ABUHB’s core continence service and this small service is limited in what it can provide to nursing homes in the area.</p>	<p>Continence service to scope out nursing home requirements and introduce continence pathway and implementation.</p>	<p>Consultant Nurse for Continence Service.</p> <p>Director of Nursing</p> <p>Chief Operating Officer.</p> <p>Health Boards Implementation</p> <p><i>(Welsh Government Guidance)</i></p>	<p>Dec 2015</p> <p><i>(April 2015)</i></p>

<p>1.4 National good practice guidance should be developed and implemented in relation to mealtimes and the dining experience, including for those living with dementia.</p>	<p>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>There is some good practice in some nursing homes, where residents help prepare some food and the social interaction with dining together, this could be shared through ABUHB's Matron's Forum.</p> <p>However, ABUHB visiting senior nurses, governance nurses and nurse assessors do monitor dining experiences when visiting homes and offer suggestions and recommendations for improvements as appropriate; in addition CSSIW inspectors observe and monitor mealtimes when their inspectors visit homes.</p>	<p>Continuation and roll out of good practice through Matron's Forum and recommendations from the Governance Team.</p>	<p>Divisional Nurses – Complex Care</p> <p>Divisional Nurses – Primary Care & Networks</p> <p>Governance Team</p> <p>CHC Managers & Nurse Assessors</p> <p>Matrons Forum <i>(Welsh Govt)</i></p>	<p>Commenced and ongoing</p> <p><i>(April 2015)</i></p>
<p>1.5 An explicit list of 'never events' should be developed and published that clearly outlines practice that must stop immediately. The list should include use of language, personal care and hygiene, and breaches of human rights.</p>	<p>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>ABUHB's visiting senior nurses, governance nurses and nurse assessors do monitor, challenge, and correct any witnessed unacceptable practice as well as report and escalate in line with safeguarding procedures. Any such breaches are picked up through Adult Protection Referrals and provider performance meetings.</p>	<p>ABUHB's visiting senior nurses, governance nurses and nurse assessors do monitor, challenge, and correct any witnessed unacceptable practice as well as report and escalate in line with safeguarding procedures. Any such breaches are picked up through Adult Protection Referrals and provider performance meetings.</p>	<p>ABUHB visiting professionals</p> <p>Complex Care Governance Team</p> <p>CHC Managers</p> <p>Nurse Assessors</p> <p>OT's <i>(CSSIW)</i></p>	<p>Commenced and Ongoing</p> <p><i>(March 2015)</i></p>

<p>1.6 Older people are offered independent advocacy in the following circumstances:</p> <ul style="list-style-type: none"> • When an older person is at risk of, or experiencing, physical, emotional, financial or sexual abuse. • When a care home is closing or an older person is moving because their care needs have changed. • When 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.</p> <p>When a care home is in escalating concerns, residents must have access to non-instructed advocacy.</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>ABUHB acknowledges the positive role of advocates throughout an older person's journey through care and enables staff to access a variety of advocacy services (for example: IMCA's, IMHA's Age Cymru and Alzheimer's Society advocates). Referrals to advocacy services are always offered to patients at such difficult times as care home closures and this is part of our procedure as well as a designated point of contact.</p>	<p>Ongoing awareness and communication with Health Board staff re access to advocacy services.</p> <p>Executive Team and Board to support funding for advocacy services.</p>	<p>Training Depts.</p> <p>Executive and Board</p> <p>Health Boards</p> <p><i>Local Authorities & Care Home Providers</i></p>	<p>Apr 2015</p> <p><i>(April 2015)</i></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.

Link to Welsh Government policy and legislative areas: Social Services and Wellbeing (Wales) Act and National Outcomes Framework, Sustainable Social Services: A Framework for Action, Together for Health – Stroke Delivery Plan 2012-16

Required Action	Outcome	ABUHB Response	ABUHB Action	By Whom	By When
2.1 A National Plan for physical health and mental wellbeing promotion and improvement in care homes is developed and implemented. This draws together wider health promotion priorities, as well as particular risk factors linked to care homes, such as loneliness and isolation, falls, depression, a loss of physical dexterity and mobility.	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.	Physical Health and mental well being - Support for national minimum standards around activities, enabling continuation of physical interests / activities to continue as well as health promotion and well being in care homes as part of communities would be welcomed.	Support and involvement from Public Health service via health promotion and formal support from local communities activity groups.	Director of Public Health GAVO NCNs <i>(Welsh Government)</i>	<i>(March 2016)</i>
2.2 Older people in care homes have access to specialist services and, where appropriate, multidisciplinary care that is designed to support rehabilitation after a period of ill health.	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.	Specialist service and MDT care – ABUHB does provide in reach services such as complex care occupational therapists, community psychiatric nurses, frailty teams (crt) and tissue viability nurse in to care homes as assessed and required by individuals. However, the ability of core therapy services to provide this level of service on a continuous basis is not achievable within current resources.	Demand and capacity work to be undertaken to inform this requirement.	Chief Operating Officer Director of Therapies Business Planning Manager	July 2015
2.3 A National Falls Prevention Programme for care homes is developed and implemented. This should include:	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	ABUHB welcomes a National Falls Prevention Programme for care homes which could link with ABUHB's falls pathways and health	Extend ABUHB's Falls pathway in to Nursing Homes whilst awaiting further National Guidance.	ABUHB visiting professionals Complex	

<ul style="list-style-type: none"> • Enabling people to stay active in a safe way. • Up-skilling all care home staff in understanding and minimising the risk factors associated with falls. • The balance of risk management against the concept of quality of life and the human rights of older people, to ensure that risk-averse action taken by care staff does not lead to restrictive care. <p>National reporting on falls in care homes is undertaken on an annual basis (see action 6.8).</p>	<p>being undermined.</p>	<p>promotion as in point 2.1</p> <p>Currently nursing homes manage fall risks and seek assistance from the Complex Care OTs and Nurse Assessors and utilise appropriate equipment such as fall mats.</p> <p>In certain extremely high risk cases, 1 to 1 provision may be required and funded by the health board. Many patients in nursing homes at high risk of falls are referred to the falls clinics for assessment but may have to wait for review. All falls which occur in nursing homes should be reported on to CSSIW as Regulation 38s.</p>	<p>Continue to monitor falls information when reviewing and monitoring at care homes.</p> <p>Review of received Regulations 38s in Complex Care</p>	<p>Care Senior Nurse for Governance & Team</p> <p>CHC Managers</p> <p>Nurse Assessors</p> <p>OT's</p> <p>ABUHB's Falls Lead</p> <p><i>(Welsh Govt)</i></p>	<p><i>(Nov 2015)</i></p>
<p>2.4 The development and publication of national best practice guidance about the care home environment and aids to daily living, such as hearing loops and noise management, with which all new homes and refurbishments should comply. This guidance should also include mandatory small changes that can be made to care homes and outdoor spaces to enable older people with sensory loss and/or dementia to maximise their independence and quality of life.</p>	<p>The environment of all care homes, internally and externally, is accessible and dementia and sensory loss supportive.</p>	<p>Best Practice guidance – mandatory changes / refurbishments – these are absolutely the correct thing to do but will come at a cost.</p> <p>Who will fund these requirements? Providers will not be willing to fund unless placements fees are increased and Welsh Government need to consider how to support this initiative.</p>	<p>Await WG guidance and support for this initiative.</p>	<p>ABUHB Executives</p> <p><i>(Welsh Govt)</i></p>	<p><i>(July 2015)</i></p>

	and maintain important cultural links and practices.	the residents. In ABUHB area, the continued growth of the CHAaT befriending scheme, the Royal Voluntary Service of the CHAaT scheme in to residential care homes as well as the development of “Friends of x care home” can really make a difference and assist in delivering this outcome.		Networks Senior Nurse for Governance and Team Nurse Assessors <i>(Care Home Providers & Local Authorities)</i>	(Nov 2015)
3.4 In-reach, multidisciplinary specialist mental health and wellbeing support for older people in care homes is developed and made available, including: <ul style="list-style-type: none"> • An assessment of the mental health and wellbeing of older people as part of their initial care and support plan development and their on-going care planning. • Advice and support to care staff about how to care effectively for older people with mental wellbeing and mental health needs, including dementia, and when to make referrals. • Explicit referral pathways and 	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>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>	In-reach, MDT mental health and well being support – nursing homes in ABUHB area do receive support from In-Reach CPNs. In addition, support from the RMNs from the Complex Care Nurse Assessors team is used to ensure on-going mental health issues are managed appropriately.	Continued working as described in response.	Divisional Nurse MH and LD Divisional Nurse, Complex Care CMHT Nurse Assessors Governance Team Complex Care Pharmacist	Commenced and Ongoing & by Nov 2015.

<p>criteria for referral.</p> <ul style="list-style-type: none"> All residents on anti-psychotics are monitored and assessed for potential withdrawal and reviews are conducted in line with NICE guidelines. 					
<p>3.5 Information is published annually about the use of anti-psychotics in care homes, benchmarked against NICE guidelines and Welsh Government Intelligent Targets For Dementia.</p>		<p>Use of anti-psychotic benchmarked against Nice guidelines – The pharmacist on secondment to the Complex Care Team is working with nursing homes to improve medicines management and is also working with GPs and local Pharmacists to ensure that prescribers and dispensers are aware of medicine management requirements.</p>	<p>Prepare Business Case for consideration for the ongoing funding / employment of Complex Care’s pharmacist.</p>	<p>Chief Operating Officer</p> <p>Divisional Director - Community Services</p> <p>Chief Operating Officer</p>	<p>Sept 2015</p>
<p>3.6 The development of new safeguarding arrangements for older people in need of care and support in Wales should explicitly recognise emotional neglect as a form of abuse, with this reflected in guidance, practice and reporting under the new statutory arrangements.</p>	<p>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>Recognising emotional neglect as a form of abuse - ABUHB consider emotional neglect as a form of abuse and staff are made aware of this through PoVA training and do report this through the use of Adult Protection Referrals.</p>	<p>Ongoing POVA training and awareness for staff across the Health Board.</p>	<p>ABUHB POVA Leads & Line Managers</p> <p>All ABUHB staff involved in case management and care delivery</p> <p><i>(Welsh Govt)</i></p>	<p>Commenced and Ongoing</p> <p><i>(Nov 2015)</i></p>

Key Conclusion 4: Some of the most basic health care needs of older people living in care homes are not properly recognised or responded to.
Link to Welsh Government policy and legislative areas: Fundamentals of care, National Service Framework for Older People, Together for Health: a Five Year Vision for NHS Wales, Setting The Direction, Together for Health: Eye Health Care Delivery Plan for Wales 2013-2018, NHS Wales Delivery Framework 2013-14 and Future Plans, Rural Health Plan – Improving Integrated Service Delivery across Wales, Together for Health: A National Oral Health Plan for Wales 2013-18, National Outcomes Framework for the Social Services and Wellbeing (Wales) Act 2014

Required Action	Outcome	ABUHB Response	ABUHB Action	By Whom	By When
<p>4.1 A clear National Statement of Entitlement to primary and specialist healthcare for older people in care homes is developed and made available to older people, including:</p> <ul style="list-style-type: none"> • Access to regular eye health, sight and hearing checks. • Dietetic advice and support. • Access to podiatry and dentistry Services. • Access to specialist nursing Services. • GP access and medicines Support. • Specialist mental health support • Health promotion and Reablement Support 	<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>ABUHB is aware of developments in the areas listed in some of the nursing homes with support from core services. All nursing homes ensure their residents are registered with GPs.</p> <p>In some instances, private ophthalmology, audiology and podiatrists providers' visit care homes to enable residents to purchase their services but these are not entitlements funded by the NHS. Many patients (or via their relatives), express their concerns about long NHS waiting lists for such services and thus seek private providers. It is worth noting that podiatry is not provided free in the community if a</p>	<p>All nursing homes to ensure patients are registered with local GPs.</p> <p>ABUHB Executives to ensure all listed service leads are made aware of the need to enable access to their service by older people in nursing homes.</p>	<p>Matrons</p> <p>GPs through NCNs</p> <p>Divisional Nurse – Primary Care / NCNs</p> <p>Divisional Nurse Complex Care</p> <p>Director of Therapies</p> <p>Director of Health</p>	<p>Ongoing and commenced</p>

<p>This must cover both residential and nursing care. Care home providers ensure older people receive information about their healthcare entitlements as part of their 'Welcome Pack' (see action 1.2).</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>person has a package of care at home.</p> <p>The community dental service is working pro-actively with nursing homes and has provided oral health care training for HCSWs in nursing homes. Assessment, review and support by ABUHB's dietetic service is only accessed through stringent referral criteria.</p>		<p>Promotion</p> <p>Clinical Director of Community Dental Services</p> <p>Chief Operating Officer</p> <p><i>(Welsh Govt)</i></p>	<p><i>(March 2015)</i></p>
<p>4.2 A formal agreement is developed and implemented between the care home and local primary care and specialist services based on the Statement of Entitlement. This should include:</p> <ul style="list-style-type: none"> • 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. • Access to specialist services for older people in nursing homes, in line with the Fundamentals of Care Guidance. 		<p>Developing a formal agreement between the care homes, local primary care and specialist services is progressing through Neighbourhood Care Networks but is in its infancy and more work is required on referral pathways and open access.</p>	<p>Development of NCN's and dialogue with care home providers.</p>	<p>Divisional Director of Primary Care</p> <p>Divisional Director of Community Services</p> <p>Providers (owners and matrons)</p> <p><i>(Health Boards & Care Home Providers)</i></p>	<p>Apr 2015</p> <p><i>(April 2015)</i></p>
<p>4.3 Care staff are provided with information, advice and, where appropriate, training to ensure they understand and identify the health</p>	<p>Care staff understand the health needs of older people, and when and how to access primary care and specialist services (Action</p>	<p>Ongoing training and awareness is required to assist in the development and roll out of this action.</p>	<p>Continued support for roll out of Matrons' requested education programme.</p>	<p>Divisional Nurse Complex Care</p>	<p>November 2015</p>

needs of older people as well as when and how to make a referral.	4.3, 5.4).	Currently ABUHB's nursing home providers are more reactive to accessing primary and specialist care services dependent on need. Moving to a pro-active model will require much more development in this area.	Assist care home providers in sourcing appropriate training to support this requirement. Raising awareness and understanding the gaps in knowledge is part of a planned process via the Matron's Forum. Introduction of the NEWS tool for deteriorating patients has commenced.	Divisional Nurse Primary Care & NCNs Matrons and providers Governance Team and Nurse Assessors	
4.4 Upon arrival at a care home, older people receive medication reviews by a clinically qualified professional, with regular medicine reviews undertaken in line with published best practice.	Older people receive appropriate medication and the risks associated with polypharmacy are understood and managed.	Majority of nursing home providers in ABUHBs area arrange medication reviews by GPs on admission to their home. The seconded pharmacist in the complex care team works with nursing homes to increase awareness of polypharmacy and published best practice.	Complex Care Governance Team and seconded pharmacist to ensure process and plan is in place with care homes, GPs and local pharmacists to monitor and review.	Senior Nurse for Governance Team Complex Care Pharmacist GPs and local pharmacy	Will commence from April 2015
4.5 Community Health Councils implement a rolling programme of spot checks in residential and nursing care homes to report on compliance with the National Statement of Entitlement and Fundamentals of Care.	Older people are able to challenge, or have challenged on their behalf, failures in meeting their entitlements.	Spot checks by Community Health Councils - ABUHB welcome this role developing for the CHC and their reporting on compliance with National Statement of Entitlement & Fundamentals of Care.	Timely engagement with the CHC to facilitate and introduce a joint programme of monitoring visits as part of care home governance processes.	Divisional Nurse-Complex Care The CHC Chief Officer/rep Senior Nurse for Governance	November 2015

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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.

Link to Welsh Government policy and legislative areas: Social Care Workforce Development Programme, Sustainable Social Services for Wales: A Framework for Action, Social Services and Wellbeing Act, National Outcomes Framework, Integrated Assessment, Planning and Review Arrangements for Older People

Required Action	Outcome	ABUHB Response	ABUHB Action	By Whom	By When
<p>5.1. A national recruitment and leadership programme is developed and implemented to recruit and train future Care Home Managers with the right skills and competencies. The programme should include accredited continuous professional development for current and future care home managers and should support them to be leaders of practice and champions of a positive care home culture.</p> <p>Annual national reporting on the availability of skilled and competent Care Home Managers in care homes across Wales, including the impact of vacancy levels upon older people's quality of life and care.</p>	<p>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.</p>	<p>Recruitment and training of Care Home Managers – ABUHB recognises this as a key development by the Care Council for Wales.</p> <p>In ABUHB the Director of Nursing has established a Professional Group with a cohort of providers from the Matron's Forum to establish an understanding of workforce requirements in nursing homes, training, education plans, competency frameworks, career pathways and links with educational establishments.</p> <p>This work will feed in to the National Care Home Task and Finish Group workforce working group.</p>	<p>Continuation of Professional Group established by Director of Nursing</p> <p>Identify representatives for National Working Group on workforce recruitment and retention.</p>	<p>Director of Nursing</p> <p>Divisional Nurse – Complex Care</p> <p>Divisional Nurse – Primary Care /NCN</p> <p>Care Council for Wales</p> <p>Matrons</p> <p>Universities <i>(Care Council for Wales)</i></p>	<p>Commenced & ongoing</p> <p><i>(April 2016)</i></p>

<p>5.2 The development and implementation of a national standard acuity tool to include guidelines on staffing levels and skills required to meet both the physical and emotional needs of older people.</p>	<p>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.</p>	<p>Acuity tool and staffing levels guidelines – At times of concerns in Nursing Homes in the area such as Escalating Concerns / Provider Performance, ABUHB has provided direction and support on the use of recognised acuity tools. Formalising the use of acuity tools as part of standard practice in nursing homes should ensure safe staffing levels on a continuous basis.</p>	<p>Continued support by Complex Care Nurse Assessors & Governance Team in use of validated acuity tools.</p>	<p>Nurse Assessors Governance Team</p> <p><i>(Welsh Government & Care Home Providers)</i></p>	<p>Commenced and ongoing</p> <p><i>(April 2016)</i></p>
<p>5.3 A standard set of mandatory skills and value based competencies are developed and implemented, on a national basis, for the recruitment of care staff in care homes.</p>	<p>Older people receive compassionate and dignified care that responds to them as an individual (Action 5.3, 5.4, 5.5).</p>	<p>Recruitment and training of Care Home Managers – ABUHB recognises this as a key development by the Care Council for Wales.</p> <p>In ABUHB the Director of Nursing has established a Professional Group with a cohort of providers from the Matron’s Forum to establish an understanding of workforce requirements in nursing homes, training, education plans, competency frameworks, career pathways and links with educational establishments.</p> <p>This work will feed in to the National Care Home Task and Finish Group workforce working group.</p>	<p>Continuation of Professional Group established by Director of Nursing</p> <p>Identify representatives for National Working Group on workforce recruitment and retention.</p>	<p>Director of Nursing</p> <p>Divisional Nurse – Complex Care</p> <p>Divisional Nurse – Primary Care /NCN</p> <p>Care Council for Wales</p> <p>Matrons & Universities</p> <p><i>(Care Council for Wales & Care Home Providers)</i></p>	<p>Commenced & ongoing</p> <p><i>(From September 2015)</i></p>

<p>5.4 A national mandatory induction and on-going training programme for care staff is developed and implemented. This should be developed within a values framework and should include:</p> <ul style="list-style-type: none"> • The physical and emotional needs of older people, including older people living with dementia. • Adult safeguarding, emotional neglect and 'never events'. • How to raise concerns. • Good communication and alternative methods of communication for those living with dementia and/or sensory loss. • Supporting without disabling. • The rights and entitlements of older people. • Care, compassion, kindness, dignity and respect 		<p>Values based framework and mandatory induction programme developed by the Care Council for Wales is welcomed by ABUHB and would ensure a consistent measure when care delivery and monitoring contracts in nursing homes as currently there is a great deal of variance across the sector.</p>	<p>Identify key staff from ABUHB to attend & input to any related working groups.</p>	<p>Divisional Nurses from Complex Care and Primary Care.</p> <p>Senior Nurse/Educationalist – Complex Care</p> <p><i>(Care Council for Wales)</i></p>	<p>Dec 2015</p> <p><i>(Dec 2015)</i></p>
<p>5.5 All care homes must have at least one member of staff who is a dementia champion.</p>		<p>ABUHB supports this suggestion and notes that some nursing homes in the area already promote this ethos and have champions or leads for key significant areas of care provision.</p>	<p>Monitor through contract compliance and validation process</p>	<p>Complex Care Governance Team</p> <p>Matrons</p> <p><i>(Care Home Providers)</i></p>	<p>September 2015</p> <p><i>(Sept 2015)</i></p>
<p>5.6 A National Improvement Service</p>	<p>Care homes that want and need</p>	<p>ABUHB welcomes this</p>	<p>Ensure skilled and</p>	<p>Director of</p>	<p>September</p>

<p>is established to improve care homes where Local Authorities, Health Boards and CSSIW have identified significant and/or on-going risk factors concerning the quality of life or care provided to residents and/or potential breaches of their human rights.</p> <p>The national improvement team should utilise the skills of experienced Care Home Managers, as well as other practitioners, to provide intensive and transformational support to drive up the standards of quality of life and care for residents as well as to prevent and mitigate future safeguarding risks.</p> <p>This service should also develop a range of resources and training materials to assist care homes that wish to improve in self-development and on-going improvement</p>	<p>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>development and considers this would add value to Complex Care’s monitoring of quality of care and contracts with nursing homes and the role of CSSIW as the regulator.</p>	<p>Knowledgeable staff are supported to participate in activity & development of a National Improvement Service Team.</p>	<p>Nursing</p> <p>Divisional Nurses from Complex Care and Primary Care.</p> <p>Senior Nurses/Managers in Complex Care</p> <p><i>(Welsh Government Lead in partnership with Local Authorities, Health Boards, Care Home Providers)</i></p>	<p>2016</p> <p><i>(Sept 2016)</i></p>
<p>5.7 The Regulation and Inspection Bill should strengthen the regulatory framework for care staff to ensure that a robust regulation of the care home workforce is implemented for the protection of older people.</p>	<p>Older people are safeguarded from those who should not work within the sector.</p>	<p>Strengthening the vetting and barring procedures to safeguard and protect older people in nursing homes from unsafe staff in the ABUHB area is supported, in addition to a speedier response to concerns about staff by agencies such as the DBS.</p>	<p>Ensure all staff are knowledgeable of any new regulation and inspection requirements when introduced.</p>	<p>Director of Nursing</p> <p>Chief Operating Officer</p> <p>Divisional Nurse - Complex Care & key staff from teams.</p>	<p>April 2018</p>

<p>2. Control over daily life.</p> <p>3. Rights, relationships and positive Interactions.</p> <p>4. Ambitions (to fulfil, maintain, learn and improve skills).</p> <p>5. Physical health and emotional wellbeing (to maintain and improve).</p> <p>6. Safety and security (freedom from discrimination and harassment).</p> <p>7. Dignity and respect.</p> <p>8. Protection from financial abuse.</p> <p>9. Receipt of high quality services. *Source: Flintshire Outcomes Framework</p>				<p>teams.</p> <p><i>(Welsh Govt)</i></p>	<p><i>(April 2015)</i></p>
<p>6.2 Care home providers, commissioners and CSSIW should develop informal and systematic ways in which to ensure they better understand the quality of life of older people, through listening to them directly (outside of formal complaints) and ensuring issues they raise are acted upon.</p> <p>Annual reporting should be undertaken of how on-going feedback from older people has been used to drive continuous improvement (see action 6.10)</p>	<p>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>In ABUHB this has already commenced with the development of the CHAaT service and sharing changes in practice through the Matron's Forum.</p> <p>Some nursing homes have developed, resident and relatives support groups, use of suggestion boxes and books and improvements to notice boards.</p>	<p>Further roll out and development of CHAaT scheme to all care homes in ABUHB area.</p> <p>Development & implementation of web-based opinion tool re care home provision & standards of care "care home advisor" for use by residents, relatives and visitors.</p> <p>Work with care home matrons to develop feedback groups, "Friends of" and regular resident and relative meetings, possibly</p>	<p>Divisional Nurses from Primary Care & Complex Care.</p> <p>Senior Nurse Governance Team & Divisional Nurse - complex care.</p>	<p>Commenced & ongoing</p>

			supported by representatives from complex care.	<i>(Care Home Providers & Local Authorities & Health Boards & CSSIW)</i>	<i>(April 2015)</i>
6.3 Lay assessors are used, on an ongoing basis, as a formal and significant part of the inspection process.		As above	ABUHB supports this aligned purpose as part of the inspection process and report on clinical care in line with Fundamental of Care.	Divisional Nurse - Complex Care & Senior Nurse Governance Chief Officer the CHC <i>(CSSIW)</i>	April 2015 <i>(April 2015)</i>
6.4 An integrated system of health and social care inspection must be developed and implemented to provide effective scrutiny in respect of the quality of life and healthcare of older people in nursing homes.	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).		Develop joint inspection and monitoring processes between organisations	Chief Operating Officer Directors of Social Services Chief Officer from the CHC <i>(Welsh Govt lead)</i>	Dec 2015 <i>(December 2015)</i>

				(Action 6.4, 6.5, 6.6))	
6.5 Annual integrated reports should be published between inspectorates that provide an assessment of quality of life and care of older people in individual nursing homes.			Develop joint annual report mechanisms between organisations.	Chief Operating Officer Directors of Social Services Chief Officer from the CHC	Dec 2015
6.6 An annual report on the quality of clinical care of older people in nursing homes in Wales should be published, in line with Fundamentals of Care.			Develop joint annual report mechanisms between organisations for publication in line with the Fundamentals of Care.	Chief Operating Officer Directors of Social Services Chief Officer from the CHC	Dec 2015
6.7 Annual Quality Statements are published by the Director of Social Services in respect of the quality of life and care of older people living in commissioned and Local Authority run care homes. This should include: <ul style="list-style-type: none"> • The availability of independent advocacy in care homes. • Quality of life and care of older people, including specific reference to older people living with dementia 	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).	For Social services	N/A	N/A	N/A

<p>and/or sensory loss.</p> <ul style="list-style-type: none"> • How the human rights of older people are upheld in care homes across the Local Authority. • The views of older people, advocates and lay assessors about the quality of life and care provided in care homes geographic location of care homes. <p>Further details of reporting requirements should be included as part of the Regulation and Inspection Bill.</p>					
<p>6.8 Health Boards include the following information relating to the quality of life and care of older people in residential and nursing care homes in their existing Annual Quality Statements:</p> <ul style="list-style-type: none"> • The inappropriate use of antipsychotics. • Access to mental health and wellbeing support. • Number of falls. • Access to falls prevention • Access to Reablement services. • Support to maintain sight and hearing. <p>Further areas for inclusion to be developed as part of the AQS guidance published annually.</p>		<p>The collation of all data required is not possible. More work is required through the All Wales work on metrics relating to older people and would suggest requires an ALL Wales Regulatory approach going forward.</p> <p>(Much of this is the role of the regulator – CSSIW)</p>	<p>ABUHB will include statements on the required key points where data is available in its' Annual Quality Statement.</p> <p>NB there is no mechanism in place to collect or analyse all these data points from nursing homes in the ABUHB area. A significant investment is required to implement this requirement. Care home owners need to commit to this process and understand the information requirements they may need to invest in.</p>	<p>Director of Nursing.</p> <p>Chief Operating Officer</p> <p>Head of Informatics.</p> <p>Care Home Owners.</p> <p><i>(Health Boards)</i></p>	<p>Sept 2015</p> <p><i>(Sept 2015)</i></p>

<p>6.9 The Chief Inspector of Social Services publishes, as part of her Annual Report, information about the quality of life and care of older people in care homes, which includes the following:</p> <ul style="list-style-type: none"> • The quality of life of older people in care homes who are bedbound. • The quality of life of older people in care homes living with dementia. • The quality of life of older people in care homes living with sensory loss. • The implementation of care plans in older people's care homes. • The accuracy of external statements from independent providers. • How the human rights of older people are upheld in care homes across Wales. 		<p>For CSSIW</p>	<p>N/A</p>	<p>N/A</p>	<p>N/A</p>
<p>6.10 Care home providers report annually on the delivery of quality of life and care for older people. This will include:</p> <ul style="list-style-type: none"> • Quality of life of older people against the Standard Quality Framework and Supporting Specification. • Levels and skills of staff including staff turnover, use of agency staff and investment in training. 		<p>In ABUHB, majority of Nursing Homes report these facts to CSSIW and ABUHB request s this information to validate during contract monitoring visits.</p>	<p>Governance Team in Complex Care will include in monitoring reports, recognise and share good practice</p>	<p>Senior Nurse Complex Care Governance Team (<i>Welsh Govt lead (Action 6.4, 6.5, 6.6)</i>)</p>	<p>Dec 2015 (<i>Dec 2015</i>)</p>

<ul style="list-style-type: none"> • Number of POVA referrals, complaints and improvement notices, including full details on improvement action when a home is in escalating concerns. 					
6.11 A national, competency based, training programme for commissioners is developed, to ensure that they understand and reflect in their commissioning the needs of older people living in care homes, including the needs of people living with dementia.	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>Understanding the full requirements of this proposal and further detail is required.</p> <p>The wording suggests that commissioners are unable to challenge poor practice and this is not an accurate reflection of current monitoring and inspection processes.</p>	Identify knowledgeable staff to support the development of a National Competency Framework for Commissioners.	Divisional Nurse & Business & Performance Manager – Complex Care (CSSIW)	Dec 2015 (Dec 2015)

<p>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. Link to Welsh Government Policy and legislative areas: Sustainable Social Services for Wales: A Framework for Action, Social Services and Wellbeing Act, National Outcomes Framework.</p>					
Required Action	Outcome	ABUHB Response	ABUHB Action	By whom	By When
<p>7.1 A national plan to ensure the future supply of high quality care homes is developed, which includes:</p> <ul style="list-style-type: none"> • A national demographic projection of need, including anticipated trends in and changes to the type of provision required as a result of increasing acuity and dependency. • A clear statement on the preferred type of provider base/ market in Wales. 	Forward planning ensures there are a sufficient number of care homes, of the right type and in the right places, for older people.	Meeting future needs in care homes – the National Care Home Task and Finish Group and subgroups will action this work supported by representatives from ABUHB.	Identify knowledgeable staff to support the National Working Group developing the National Plan.	Chief Operating Officer Divisional Nurse – Complex Care (Welsh Govt)	Jan 2016 (Jan 2016)

<ul style="list-style-type: none"> • A national analysis of barriers to market entry. • A clear statement on investment to grow social enterprise and co-operative social care sectors, particularly in areas with a low provider base. • A clear action plan to deliver the preferred provider base/market. 					
<p>7.2 NHS Workforce planning projections identify the current and future level of nursing required within the residential and nursing care sector; including care for older people living with mental health problems, cognitive decline and dementia.</p>	<p>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).</p>	<p>Meeting future workforce requirements in care homes – the National Care Home Task and Finish Group and subgroups will action this work supported by representatives from ABUHB.</p>	<p>Identify knowledgeable staff to support the National Working Group developing the National Plan.</p>	<p>Director of Nursing</p> <p>Divisional Nurses – Complex Care & Primary Care/NCNs</p> <p><i>(Welsh Govt)</i></p>	<p>Mar 2015</p> <p><i>(March 2015)</i></p>
<p>7.3 The NHS works with the care home sector to develop it as a key part of the nursing career pathway, including providing full peer and professional development support to nurses working in care homes.</p>		<p>– ABUHB supports this development, reference back to 5.1</p>	<p>Continuation of Professional Group established by Director of Nursing</p> <p>Identify representatives for National Working Group on workforce recruitment and retention.</p>	<p>Director of Nursing</p> <p>Divisional Nurse – Complex Care</p> <p>Divisional Nurse – Primary Care /NCN</p> <p>Care Council for Wales</p>	<p>Commenced & ongoing</p>

				Matrons Universities <i>(Health Boards)</i>	<i>(March 2016)</i>
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