

Key Conclusion 1: Too many older people living in care homes quickly become institutionalised. Their person identity and individually 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	Impact of not doing	By whom/By when	Proposed Action(s)
<ul style="list-style-type: none"> ➤ 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 reference to: <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 and support. • Support to sustain and promote independence, continence, mobility and physical and 	<p>Older people are aware of their rights and entitlements, and what to expect from the home.</p> <p>Older people are clear about how they can raise concerns and receive support to do so.</p>	<p>Older people are unaware of the support that should be available to them while making the transition into their new home, which can lead to low expectations and a lack of accountability for providers.</p> <p>Older people are at risk of neglect and abuse as they are unaware of who to speak to should they need help in making a complaint or need support to stand up for their rights.</p> <p>Older people are at risk of not receiving that to which they are entitled to, leading to an undermining of their health, wellbeing and quality of life.</p>	<p>Welsh Government & Care Home Providers</p> <p>March 2016</p>	<p>Homes currently have a statement of purpose and service user guide which contains this information, as per the National Minimum Standards. It should reflect the current service provided.</p> <p>Our Contracts and Commissioning Team will review all the statements of purpose and how easily available they are i.e. online, easy read and they reflect the recommendations within this report during their monitoring visits throughout the year.</p> <p>Feedback from new residents/families in September will be sort for the current service user guide in Cwrt Mytton.</p>

<p>emotional wellbeing.</p> <ul style="list-style-type: none"> • 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.* • 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>				
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<p>➤ 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>Older people are unable to secure their rights or have their concerns addressed, which places them at increased risk of harm.</p> <p>An increased risk of adult practice reviews and civil litigation.</p>	<p>Local Authorities & Care Home Providers & Health Boards</p> <p>April 2015</p>	<p>We have a core funding agreement with Age Cymru to provide independent advocacy within care and nursing homes. The advocates attend homes on a weekly basis to proactively promote advocacy and support older people with any required needs.</p> <p>Leaflets are available in all care and nursing homes to promote this service.</p> <p>We also make available independent advocacy when a home is closing or when in the escalating concern procedures if required.</p> <p>Social workers and Care Home Managers have responsibility for ensuring independent advocates are involved in decision making processes, and also including Independent Mental Capacity Advocates or Independent Mental</p>
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				<p>be working on this over the next 12 months.</p> <p>We also want to review our existing advocacy arrangements in time for the implementation of the Social Services and Wellbeing Act. The Contracts and Commissioning Manager will again be undertaking this piece of work within the next 6 months in case we need to re-tender.</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	Impact of not doing	By whom/By when	Proposed Action(s)
<p>➤ 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.</p>	<p>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</p>	<p>Older people have reduced mobility, increased frailty and loss of independence, with an increased risk, due to immobility of significant health problems, such as pressure ulcers, pneumonia and deteriorating mental health.</p>	<p>Health Boards and Local Authorities in partnership July 2015</p>	<p>Input is currently received from Community Psychiatric Nurses, the Frailty Community Resources Team, Dental Services and Chiroprody.</p> <p>In all Homes this is recorded in the individual support plans.</p> <p>In Nursing Homes deteriorating patient information is sent to the Complex Care Team for co-ordination.</p> <p>This is a shared responsibility between the Care Home and Care Manager.</p> <p>We have developed using Intermediate Care Funding, four Reablement intermediate care beds (step up/step down beds) to try and ensure people who are</p>

				<p>able to remain in their own home can do so or if they do require residential or nursing homes they are as independent as possible.</p> <p>We are currently developing a Reablement pilot in one of our Extra Care Supported Housing Scheme. This will commence in the Summer, we hope there are lessons we can learn that may support a Reablement approach within Care Homes. We will monitor the results from the pilot and share these with our providers. We will also be testing whether a Social Worker taking sole care management responsibility for a scheme will provide better continuity of care and greater opportunity for services responsiveness.</p> <p>We recognise our approach is currently more reactive than proactive and we need to</p>
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				develop a much more proactive approach. We will need to work with Health colleagues to improve specialist therapy services to older people in care homes over the next 6 to 12 months to ensure older people receive the support they require. Service Managers currently working with Health around integration will lead on this.
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Key Conclusion 3: The emotional frailty and emotional needs of older people living in care homes are not fully understood or recognised by the system and emotional neglect is not recognised as a form of abuse.

Link to Welsh Government policy and legislative areas: Together for Mental Health – a Strategy for Mental Health and Wellbeing in Wales, National Outcomes Framework 2014, Mental Health (Wales) Measure 2010, National Dementia Vision for Wales 2011 and the Intelligent Targets for Dementia. NICE Dementia Quality Standard 2010, NICE Dementia Quality Standard (2010) and NICE Clinical Guideline 42. November 2006 (amended March 2011)

Required Action	Outcome	Impact of not doing	By whom/By when	Proposed Action(s)
<ul style="list-style-type: none"> ➤ 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 on-going basis as part of their skills and competency development, with this a specific element of supervision and performance assessment. 		<p>Older people feel anxious and fearful, confused and disorientated and their ability to have control over their lives is undermined.</p> <p>An increase in hospital admissions and a greater need for health</p>	<p>Local Authorities & Care Home Providers</p> <p>Begin January 2016</p>	<p>In Care Homes throughout the County Borough staff have been offered and in the main received basic dementia care training. However we will undertake an audit of dementia training in homes to ensure all staff have undertaken this training. The workforce</p>

		<p>care as a result of older people's needs not being understood or met. A greater risk of incidences of unacceptable care. A significant increase in the pressures faced by the care home workforce.</p> <p>A wider perception across society that residential and nursing care lacks compassion</p>		<p>development Team and commissioning team will undertake this review over the next 6 months, whilst continuing to rollout dementia training.</p> <p>The Workforce Development Team have produced a Dementia Training Plan for the sector consisting of 4 levels i.e. awareness raising; approaches supporting people with dementia; advanced approaches to supporting people with dementia and managerial level training. They will be working across the sector to support homes access this training in the near future.</p> <p>We will as part of 12 monthly cycle of contract monitoring check appraisals and supervision records. Ensuring care home managers are supporting staff to develop their skills in dementia.</p>
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				<p>In Blaenau Gwent we have trained a number of trainers to deliver Positive Response Training. This is offered and delivered to all care home providers.</p> <p>In addition Senior staff are currently undertaking Dementia Matters training, this was offered to commissioned Care Home providers and one or two providers have sent staff to be trained. In addition a member of staff from the Contract and Commissioning Team is undertaking this training.</p> <p>There are challenges for Blaenau Gwent Workforce Development team, the overall SCWDP grant may provide insufficient resources to meet the current demand for the sectors training requirements especially now 15% of the grant has been top sliced for training around the Social Services and Wellbeing Act, and the demands being made on it to use</p>
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				<p>the grant for CPEL training for social workers.</p> <p>We have prioritised dementia training this year so what grant we have available will be used to improve staff skills and knowledge through dementia training as well as looking at other opportunities to deliver training other than the classroom style such as e-learning, distance learning or mentoring. The Workforce Development Team will be looking at this over the next 6 months.</p>
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Required Action	Outcome	Impact of not doing	By whom/By when	Proposed Action(s)
<p>➤ 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.</p>	<p>Older people are supported to retain their existing friendships and have meaningful social contact, both within and outside the care home. Care homes are more open to interactions within</p>	<p>Older people living in care homes are lonely and socially isolated, lack opportunities for meaningful social contact and their ability to practice their faith and important cultural practices is lost. Care homes are isolated within and from their</p>	<p>Care Home Providers & Local Authorities.</p> <p>November 2015</p>	<p>Currently there are schemes in place to offer befriending in care homes:-Care Home Ask and Talk (CHAT), a Health funded project within Nursing Homes which is widely promoted across the County Borough</p>

	<p>the wider community.</p> <p>Older people are able to continue to practice their faith and maintain important cultural links and practices.</p>	<p>communities, undermining the care and wellbeing of older people and access to wider community resources and support</p>		<p>There is also a big lottery funded scheme run via the Royal Voluntary Service that goes into residential homes to offer befriending again which is widely promoted.</p> <p>One of the difficulties Care Homes experience is the requirement of the CSSIW for recruitment to follow a similar process for a volunteer as a staff member. This can be off putting for volunteers.</p> <p>Many of our Homes have good links with schools and community groups where intergenerational work occurs, however this is not consistent across all homes and this is an area we need to monitor during our next cycle of contract monitoring visits over the next 12 months.</p> <p>All Homes do try and retain existing friendships were possible.</p> <p>All Homes offer access to faith based support and</p>
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				<p>specific cultural communities dependent on the individual requests. This is another area that the Commissioning and Contract Monitoring Team will focus on during their there next 12 months cycle of monitoring visits.</p> <p>The above information is collated and will be part of the Director's Annual Quality Statement.</p> <p>In addition we undertake on an annual basis a report to the Social Services Scrutiny Committee to provide the results of our contract monitoring visits throughout the previous year.</p>
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Key Conclusion 4: Some of the most basic health care needs of older people living in care homes are not properly recognised or responded to.

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 2013-2014 and Future Plans, Rural Health Plan – Improving Integrated Service Delivery across Wales, Together for Health: A National Oral Health Plan for Wales 2013-2018, National Outcomes Framework for the Social Services and Wellbeing (Wales) Act 2014.

Required Action	Outcome	Impact of not doing	By whom/By when	Proposed Action(s)
<p>➤ 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>Health Boards & Care Home Providers</p> <p>April 2015</p>	<p>This would be the responsibility of ABUHB.</p> <p>As a Care Home provider we would be happy to work with the Health Board to ensure the necessary pathways are in place. We will raise at meetings with our Health Board.</p>

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

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	Impact of not doing	By whom/By when	Proposed Action(s)
<ul style="list-style-type: none"> ➤ 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. 	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.	A lack of time and skills places pressure on care staff that impacts upon the quality of life of older people and leads to a focus on task-based care, which increases the risk of potential emotional neglect.	Welsh Government & Care Home Providers. April 2016	There is currently a Welsh Government Task group that is working on how to raise the profile of social care workers.
<ul style="list-style-type: none"> ➤ A standard of set mandatory skills and value based competencies are developed and implemented, on a national basis, for the recruitment of care staff in care homes. 	Older people receive compassionate and dignified care that responds to them as an individual.	Older people are cared for by people who do not understand and are not able to meet their needs.	Care Council for Wales & Care Home Providers From September 2015	Homes are encouraged to use the Care Council for Wales Induction Framework and to use them for support if required.
<ul style="list-style-type: none"> ➤ All care homes must have at least one member of staff who is a dementia champion. 			Care Home Providers September 2015	Dementia Champions to be encouraged, although need to work on their roles and responsibilities.

Required Action	Outcome	Impact of not doing	By whom/By when	Proposed Action(s)
<p>➤ 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>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>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>Older people live in care homes where poor practice continues, their quality of life is poor and they are at risk of emotional abuse and neglect.</p> <p>The resources of commissioning teams are diverted to supporting failing care homes.</p> <p>An increase in workload and pressure for care staff.</p>	<p>Welsh Government Lead in partnership with Local Authorities, Health Boards, Care Home Providers</p> <p>September 2016</p>	<p>Local Authorities and other partners currently put a significant resource in to support Care and Nursing Homes whose practice and quality is poor. Therefore, this would be welcomed to support the current Escalating Concerns process.</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.

Link to Welsh Government policy and legislative areas: Sustainable Social Services for Wales: Framework for Action, Social Services and Wellbeing Act, National Outcomes Framework

Required Action	Outcome	Impact of not doing	By whom/By when	Proposed Action(s)
<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 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.</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 care and quality of life are captured and shared on a regular basis and used to drive continuous improvement.</p>	<p>Issues are not addressed before they become significant, impactful and costly to remedy.</p> <p>Opportunities to make small changes that can make a significant difference to quality of life and care are missed.</p> <p>Safeguarding issues are not identified at an early stage.</p> <p>Older people feel ignored, powerless and unable to influence issues that affect their lives.</p>	<p>Care Home Providers & Local Authorities & Health Boards & CSSIW</p> <p>April 2015</p>	<p>We know Quality of Life is notoriously difficult to define, it spreads a range of aspects of everyday life in significant and complex ways. Quality of life is individual to that person, but it is a key concept and whether we can be precise about it or not, we can see how important it is and it needs to be as high as possible.</p> <p>We have been working to create a Quality of life framework which takes account of all factors such as:</p> <p>kind, knowledgeable and helpful staff; a friendly atmosphere; care and companionship; everyone has their own room; the building feels cared for; food is well cooked and presented;</p>

				<p>that activities are quality; they have opportunities to get out of the home; Staff continuity; As well as more individual issues that matter to the person residing there.</p> <p>We want to be collating information from residents on all of these aspects and more to develop a Quality of life framework aligned to the Social Services and Wellbeing Act to aid residents, families and carers shape the future development of individual homes and improve their quality of life. This work will be lead by the Contract and Commissioning Team and will be completed for the implementation of Act or sooner if finalised.</p> <p>Our Commissioning and Contracts Monitoring team regularly attend the 'Matron's Forum' for Nursing Homes across Gwent. We have been actively promoting this to Care Home Managers for</p>
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				<p>them to attend so we can avoid duplication. These meetings have fostered good working relationships with the market. They regularly provide updates on legislation and regulations. They also focus on sharing good practice and have become an avenue for open debate. We will continue to promote the 'Matron's Forum with all our providers.</p> <p>Our Commission and Contract team currently jointly monitoring with our Health partners the Nursing Homes within the County Borough. Whilst the team also regularly monitor the Care Homes.</p> <p>We undertake a mix of announced and unannounced visits during the year, the monitoring officers as part of these visits will seek the views of residents which can assist with the focus of our visit and contribute to</p>
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				<p>the recommendations within our report.</p> <p>We liaise closely with CSSIW and share findings from our visits, whilst also ensuring we avoid duplication.</p> <p>From a Health perspective we send regular returns to the Complex Care team detailing ongoing issues at homes, i.e. wounds, falls, dietary needs.</p> <p>All Care Homes are using a number of informal mechanisms to obtain feedback from residents and their families including residents meetings, resident and family meetings.</p> <p>We are currently seeking permission from residents and families for a member of the Commissioning and Contract Monitoring Team to attend such meetings to hear what residents have to say about the quality of life within their Home.</p>
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				<p>We also receive on a quarterly basis an update from Age Cymru Independent Advocacy Service from their visits to Care and Nursing Homes, particularly the issues that residents have raised with them.</p> <p>We receive feedback from</p> <p>In addition on a Gwent wide basis we have introduced a “Think About Me”: Good Care Guide this is a local web based feedback system where residents and relatives can rate a care home. This development has been driven by relatives of older people already living in care homes.</p> <p>We hope to use the above information and other ways to capture the quality of life of a home, which will enable us to report it within the Director’s Annual Quality Statement.</p>
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Required Action	Outcome	Impact of not doing	By whom/By when	Proposed Action(s)
<p>➤ 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:-</p> <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 and/or sensory loss • 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 • Further details of reporting requirements should be included as part of the Regulation and Inspection Bill 	<p>Older people have access to relevant and meaningful information about the quality of life and care provided by or within individual care homes and there is greater openness and transparency in respect of the quality of care home across Wales and the care they provide.</p>	<p>A lack of transparency undermines older people's ability to make appropriate decisions, undermines wider public confidence and acts as a barrier to systemic change.</p>	<p>Local Authorities – Outlines AQS</p> <p>September 2015</p>	<p>Care Homes produce annual Quality Assurance reports as required by the minimum standards, these will need to be provided in an agreed format so we can collate and feed into the new Annual Quality Statements by the Director of Social Services. Our Performance Management Section and Contract and Commissioning Section will be focussing on this over the next 4 – 6 months.</p> <p>We will therefore need to ensure our contract monitoring quality assurance report are more outcomes focussed and reflect more on the quality of life of residents in individual homes. Our Commissioning and Contract Section will focus on this over the next 4 -6 months.</p>

<p>➤ 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. • Number of POVA referrals, complaints and improvement notices, including full details on improvement action when a home is in escalating concerns. 			<p>Care Home Providers December 2015</p>	
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