

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	Compliance/Evidence	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 	<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</p>		<p>Welsh Government November 2015</p>

<p>needs of older people who are lesbian, gay, bisexual or trans, those who are Black, Asian or minority ethnic and those with or without religion or belief.</p> <ul style="list-style-type: none">• 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 older people to ensure they feel safe, valued, respected, cared for and cared about.• 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	<p>the things that matter to them, including staying in touch with friends and family and their local community.</p>		
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<p>management.</p> <ul style="list-style-type: none"> • 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 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:</p> <ul style="list-style-type: none"> • How the care home manager will support the resident as they move into their new home. 	<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>Welsh Government & Care Home Providers March 2016</p>

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| <ul style="list-style-type: none">• 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.*• Ensuring a culture of dignity and | | | |
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<p>respect and choice and control over day-to-day life.</p> <ul style="list-style-type: none"> • 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 Services are available within the HB to support both Residential and Nursing Homes. There is a Specialist Continence Service as well as support regarding assessment from DNs who will make referrals to the Specialist Services as appropriate. The All Wales Continence Pathway is advocated for use within Nursing homes by all teams. Assessments are available from Continence services for residential homes and they also work with and liaise very closely with residential homes in relation the appropriate use of continence pads. (HDUHB)</p>	<p>Welsh Government Guidance April 2015 Health Boards Implementation December 2015</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>Welsh Government April 2015</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>CSSIW March 2015</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</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>Advocacy services are available in the area for patients and referrals are made on an individual basis through Eiriol and Alzheimer’s Society. (H DUHB)</p>	<p>Local Authorities & Care Home Providers & Health Boards April 2015</p>

<p>be non-instructed advocacy.</p> <p>When a care home is in escalating concerns, residents must have access to non-instructed advocacy.</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 sustain or regain their 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	Compliance	By whom /By when
<p>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.</p>	<p>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.</p>		<p>Lead Welsh Government March 2016</p>
<p>2.2 Older people in care homes have</p>	<p>Older people receive full</p>	<p>Specialist services are available</p>	<p>Health Boards</p>

<p>access to specialist services and, where appropriate, multidisciplinary care that is designed to support rehabilitation after a period of ill health.</p>	<p>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>to the Nursing Homes and where there is a gap in service the Care Home Support Team will help facilitate the referral process or provide the relevant support and training in a particular field. Therapists are also supporting patients that the HB are commissioning services for.</p>	<p>and Local Authorities in partnership July 2015</p>
<p>2.3 A National Falls Prevention Programme for care homes is developed and implemented. This should include:</p> <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</p>	<p>Older people's risk of falling is minimised, without their rights to choice and control over their own lives and their ability to do the things that matter to them being undermined.</p>		<p>Welsh Government November 2015</p>

action 6.8).			
<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.</p> <p>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>	The environment of all care homes, internally and externally, is accessible and dementia and sensory loss supportive.		Welsh Government July 2015

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	Compliance	By whom /By when
3.1. A national, standardised values and evidence based dementia training programme is developed that covers	All staff working in care homes understand the physical and emotional needs of older		Welsh Government November 2015

<p>basic, intermediate and advanced levels of training, which draws on the physical and emotional realities of people living with dementia to enable care staff to better understand the needs of people with dementia.</p>	<p>people living with dementia and assumptions about capacity are no longer made (Action 3.1, 3.2).</p>		
<p>3.2 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>			<p>Local Authorities & Care Home Providers Begin January 2016</p>
<p>3.3 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 with the wider community.</p> <p>Older people are able to continue to practice their faith and maintain important cultural links and practices.</p>		<p>Care Home Providers & Local Authorities November 2015</p>
<p>3.4 In-reach, multidisciplinary specialist mental health and wellbeing support for</p>	<p>The mental health and wellbeing needs of older</p>	<p>Dementia leads have been established across the HB who</p>	<p>Health Boards</p>

<p>older people in care homes is developed and made available, including:</p> <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 criteria for referral. • All residents on anti-psychotics are monitored and assessed for potential withdrawal and reviews are conducted in line with NICE guidelines. 	<p>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> <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>	<p>provide training and support the Nursing Homes and Residential Homes.</p> <p>A Toolkit for Dementia Care is also being developed by the HB which has a wide range of advice covering management, medication, environments, etc. In Pembrokeshire there is a Care Home Forum for dementia, run twice yearly, with talks provided and information circulated for care staff. Carmarthenshire have also been involved in the JRF project, promoting a positive risk/human rights based approach to dementia care for a number of care homes in the area</p> <p>Pilots have been undertaken within the HB to monitor the use of antipsychotic drugs and the potential inappropriate use of such drugs and in some instances where the studies have been undertaken there have been good results and their use has dropped significantly. The HB are</p>	<p>November 2015</p>
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		<p>currently considering a strategy for the management of dementia in line with the principles of the Dementia Strategy for Wales and a workshop has been helped which will result in a steering group to establish a robust interagency delivery plan. This will include pathways of care and a commissioning strategy for the organisation (HDUHB)</p> <p>Support for carers is provided by link nurses from the Older Adult Specialist Mental Health Services Advice and support is given to both the residential and nursing homes. The link nurses can also facilitate referrals to the appropriate services as required.</p>	
<p>3.5 Information is published annually about the use of anti-psychotics in care homes, benchmarked against NICE guidelines and Welsh Government</p>		<p>All patients are monitored and assessed for potential withdrawal within the sector. Reviews are conducted which adhere to the</p>	<p>Health Boards September 2015</p>

Intelligent Targets For Dementia.		NICE Guidance. Currently this would be audited through medical notes (HDUHB)	
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.	Emotional neglect of older people is recognised as a form of abuse and appropriate action is taken to address this should it occur.		Welsh Government November 2015

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	Compliance	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>This must cover both residential and nursing care.</p> <p>Care home providers ensure older people receive information about their</p>	<p>There is a consistent approach across Wales to the provision of accessible primary and specialist health care services to older people living in care homes and older people's healthcare needs are met (Action 4.1, 4.2, 4.5).</p> <p>Older people in nursing care homes have access to specialist nursing services, such as diabetic care, tissue viability, pain management and palliative care (Action 4.1, 4.2).</p> <p>Older people are supported to maintain their sight and hearing, through regular eye health, sight and hearing checks (Action 4.1, 4.2, 4.3).</p> <p>Older people are able to, or supported to, maintain their oral health and retain their teeth (Action 4.1, 4.2, 4.3).</p>		<p>Lead Welsh Government March 2015</p>

<p>healthcare entitlements as part of their 'Welcome Pack' (see action 1.2).</p>	<p>Older people have full access to dietetic support to prevent or</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>eliminate malnourishment and to support the management of health conditions (Action 4.1, 4.2, 4.3).</p>	<p>Care/Nursing Home Support Team has been established to provide training advice and support for the Nursing Homes (NH) throughout the HB footprint. District Nurses (DNs) provide support for residential homes with pockets of good practice where training has been established.</p> <p>A Fundamentals of Care Audit was undertaken by the HB (the first in Wales in NH) to determine a baseline as to what support was required for the independent sector. This demonstrated to a degree what services could be accessed and some of the requirements that the HB would need to consider when improving practice in NHs. This with baseline evidence collated by the CHST gave an indication of the support required for care homes.</p> <p>The intention is to replicate the FOC annually following some revisions to the tool. This will</p>	<p>Health Boards & Care Home Providers April 2015</p>

		also be discussed with the All Wales Working Group to understand how the tool could be rolled out in Wales (HDUHB)	
4.3 Care staff are provided with information, advice and, where appropriate, training to ensure they understand and identify the health needs of older people as well as when and how to make a referral.	Care staff understand the health needs of older people, and when and how to access primary care and specialist services (Action 4.3, 5.4).	Support for NHs is provided in specific areas of expertise by the CHST and Specialist Services. DNs support Residential Homes with regard to some training and will refer to Specialist Services as required. A further plan to develop more robust support for residential homes with regard to training and development is currently being considered in Ceredigion and Carmarthenshire (HDUHB)	Health Boards November 2015
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.	Further work needs to be undertaken. Currently this is provided through community pharmacies. There are pockets where there are more rigorous reviews undertaken by HB pharmacists particularly in Carmarthenshire. However this needs to be extended across the	Health Boards Begin April 2015

		HB footprint. (H DUHB)	
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.		Welsh Government November 2015

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	Compliance	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>Care Council for Wales April 2016</p>
<p>5.2 The development and implementation of a national standard acuity tool to include guidelines on</p>	<p>Older people are cared for by care staff and managers who are trained to understand and</p>		<p>Welsh Government &</p>

<p>staffing levels and skills required to meet both the physical and emotional needs of older people.</p>	<p>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>Care Home Providers April 2016</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>Care Council for Wales & Care Home Providers From September 2015</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. 			<p>Care Council for Wales December 2015</p>

<ul style="list-style-type: none"> • 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. <p>Care, compassion, kindness, dignity and respect.</p>			
<p>5.5 All care homes must have at least one member of staff who is a dementia champion.</p>			<p>Care Home Providers September 2015</p>
<p>5.6 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</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>Most frontline staff with specialist skills already support the nursing homes and residential homes - where there are gaps the HB will seek to address this by September 2016. The CHST has already been established to provide training and support across the HB footprint to all NHs. The team is composed of generalist nurses with specialist skills in tissue viability, diabetes, end of life care, documentation management etc. Dietetics is</p>	<p>Welsh Government Lead in partnership with Local Authorities, Health Boards, Care Home Providers September 2016</p>

standards of quality of life and care for residents as well as to prevent and mitigate future safeguarding risks.

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.

also part of the team who also support the NHs. There are also links with the dental service that provide oral healthcare training to the homes. A programme of Infection Control Training has also recently been provided to the nursing and residential homes in the region. Provider Forums have been established by the HB are held quarterly which have provided training with regard to Deprivation of Liberties, Care of the Dementia patient to name but a few of the sessions set up. The HB also works very closely with the LAs and has worked together on documentation training for staff within the NHs. There is also a drive by the HB to ensure that all qualified nurses are aware of the Revalidation process being initiated by the NMC. All qualified nurses are invited to the Revalidation Training Days established by the HB as well as ensuring that all senior staff within the homes are aware that they can attend the Confirmer training. This training is

		established on an individual basis for each care home. (H DUHB)	
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.	Older people are safeguarded from those who should not work within the sector.		Welsh Government April 2018
5.8 A cost-benefit analysis is undertaken into the terms and conditions of care staff. This analysis should include the impact of the introduction of a living wage and/or standard employment benefits, such as holiday pay, contracted hours and enhancements.	The true value of delivering care is recognised and understood.		Welsh Government January 2016

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: A Framework for Action, Social Services and Wellbeing Act, National Outcomes Framework

Required Action	Outcome	Compliance	By whom /By when
<p>6.1 A single outcomes framework of quality of life and care, and standard specification, is developed for use by all bodies involved in the regulation, provision and commissioning, and inspection of care homes and should flow through to become a defining standard within the future Regulation and Inspection Act. It must include references to the following*:</p> <ol style="list-style-type: none"> 1. Independence and autonomy 2. Control over daily life 3. Rights, relationships and positive interactions 4. Ambitions (to fulfill, maintain, learn and improve skills) 5. Physical health and emotional wellbeing (to maintain and improve) 	<p>Quality of life sits consistently at the heart of the delivery, regulation, commissioning and inspection of residential and nursing care homes.</p>		<p>Welsh Government April 2015</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</p> <p>*Source: Flintshire Outcomes Framework</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>Nurse Assessors (NAs) are allocated to specific NHs throughout HDUHB area and a traffic light system is used in each County to establish any issues at an early stage within the sector. If there are problems that can be addressed, before more formal procedures are followed, meetings are established with the Manager/Clinical Lead of the Nursing or Residential Home to address the problem prior to going through formal procedures. NAs liaise with the staff from the LA and joint visits are undertaken and action plans established for the care homes to adhere to. If the issues are not resolved it maybe that formal procedures are then instigated. The HB and</p>	<p>Care Home Providers & Local Authorities & Health Boards & CSSIW</p> <p>April 2015</p>
<p>6.3 Lay assessors are used, on an on-going basis, as a formal and significant part of the inspection process.</p>			<p>CSSIW</p> <p>April 2015</p>

		LA have very good links with CSSIW in the HB area. Where there are inconsistencies/ gaps in the system the HB and the LA will liaise and work together across the sector and with the regulator to ensure processes are robust by April 2015 (H DUHB)	
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).		Welsh Government lead (Action 6.4, 6.5, 6.6) December 2015
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.			
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.			
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	Older people have access to relevant and meaningful information about the quality of life and care provided		Local Authorities - Outline AQS September

<p>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 <p>Further details of reporting requirements should be included as part of the Regulation and Inspection Bill.</p>	<p>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).</p>		<p>2015</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>		<p>The HB is exploring whether this is appropriate to be included in the Annual Quality Statement. If it is to be included would it improve outcomes? The Health</p>	<p>Health Boards September 2015</p>

<ul style="list-style-type: none"> • the inappropriate use of anti- psychotics • 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>Board feel it needs to link with the all Wales work on the metrics relating to older people, and needs an All Wales and Regulatory approach going forward.(H DUHB)</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 bed- bound • the quality of life of older people in care homes living with dementia 			<p>CSSIW Annual Report</p>

<ul style="list-style-type: none"> • 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>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 • Number of POVA referrals, complaints and improvement notices, including full details on 			<p>Care Home Providers December 2015</p>

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.		Care Council for Wales December 2015

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.

Required Action	Outcome	Compliance	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. • a national analysis of barriers to market entry. • a clear statement on investment to 	<p>Forward planning ensures there is a sufficient number of care homes, of the right type and in the right places, for older people.</p>		<p>Welsh Government January 2016</p>

<p>grow social enterprise and co-operative social care sectors, particularly in areas with a low provider base.</p> <ul style="list-style-type: none"> • 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>A scoping exercise has been undertaken by the HB and it has identified that the average age of general qualified nurses in NHs in the area is between 50 and 75 years of age. The HB is currently working with Swansea University to identify appropriate placements in the sector to help encourage nurses to consider the sector when considering employment post qualification. Currently the sector is often not considered by newly qualified nurses as they often see it as less attractive than the NHS due to pay and conditions. Perhaps the sector should also be involved with considering alternative ways to</p>	<p>Welsh Government March 2015</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>Health Boards March 2016</p>

		<p>recruit and think about advertising differently on social networks etc. This is something that the NHS is also undertaking due to the competitive market. There also need to be an all Wales approach if there is a shortage of qualified nurses per se. (HDUHB)</p>	
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