**OPC Requirements for Care Home Providers**

| **Deadline for Care Homes to achieve the Required Actions** | **Action Required from all Care Homes by OPC****[key words highlighted by CFW]** | **Outcome OPC wants Care Homes to achieve** | **CFW Comment** |
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| **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 |
| April 2015 | **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.Annual reporting should be undertaken of how on-going feedback from older people has been used to drive continuous improvement | Commissioners, providers and inspectors have a thorough understanding of the day-to-day quality of life of older people living in care homesOlder people’s views about their care and quality of life are captured and shared on a regular basis and used to drive continuous improvement | * **There is nothing new about quality monitoring, including surveys of residents and including the requirement to evidence action taken on feedback/monitoring activities: these are all in the Regulations and National Minimum Standards.**
* **However, the idea of a specific ‘annual report’ that focuses on quality of life from a resident’s perspective is perhaps a new focus albeit one that we expect to see repeated in the Welsh Government’s forthcoming Inspection and Regulation legislation.**
* **As this annual report is the first of the OPC’s requirements that you have to implement, why not take the opportunity to use it as the structure for fulfilling the other requirements over time? Also, you could use it to report on how other agencies are doing in fulfilling their ‘requirements’. For instance you could report annually on:**
	+ **How your residents (and their families) feel about their access to primary care services [see 4.2 below]: what has improved over the last year, and what still needs to be done, along with a comment from the home;**
	+ **How your residents feel about the advocacy services available to them (and any feedback from the services themselves about quality of life in the home) [see 1.6 below] – again, highlighting improvements made, any ongoing issues, and proposed steps to improve;**
	+ **How caring and compassionate the residents find the staff as a whole, and how much the staff promote and safeguard residents’ dignity, independence, privacy [see 5.3 and 3.2 below] – again setting out any improvements made ongoing issues, and proposed steps;**
	+ **How residents (or perhaps their families especially) feel the home responds to those with dementia [see 5.5 and 3.2 below], especially in terms of making people feel valued and listened to and minimising distress or confusion – set out improvements made, issues still to tackle etc.**
	+ **How residents feel about their ability to maintain contact with family and friends, and about the links with the wider community: do people feel lonely or bored? As above, the annual report can set out improvements made over the past year, issues still to tackle, and a comment from the home about next steps.**
	+ **How residents and families feel the home is doing against the Standard Quality Framework and Supporting Specification [see 6.10 below, or use the Welsh Declaration of the Rights of Older People in the meantime – see 1.2 below] - set out improvements made over the past year, issues still to tackle, and a comment from the home about next steps.**
	+ **How welcome new residents have felt, and how easy to settle in [see 1.2 below] – again, the annual report can set out improvements made in response to comments, issues still to tackle, and a comment from the home about any proposed changes.**
	+ **How residents feel about staffing levels e.g. any particularly difficult times?**

**Possible Response to OPC by 2 February 2015:****Say what you already do, and say what changes (if any) you propose to make to how you assess and publish residents’ views of their quality of life, and the steps you take systematically to try to improve this.** |
| **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. |
| April 2015 | **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 is a document to be developed by the Welsh Government as lead, by March 2015, and covering optical, hearing, dental, dietician, podiatry, specialist nursing, GP, pharmacy, mental health, and reablement.]* This should include: * Referral pathways, including open access
* Waiting times
* Referral and discharge
 | 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 metOlder people in nursing care homes have access to specialist nursing services, such as diabetic care, tissue viability, pain management and palliative careOlder people are supported to maintain their sight and hearing, through regular eye health, sight and hearing checksOlder people are able to, or supported to, maintain their oral health and retain their teethOlder people have full access to dietetic support to prevent or eliminate malnourishment and to support the management of health conditions | * **Whilst you wait for the Welsh Government to produce the Statement of Entitlement, there is nothing to stop you writing to all your providers of the services listed and setting out some simple but reasonable expectations of how you and they will operate, in the best interests of residents. For instance:**
	+ **The information you will provide to them and vice versa**
	+ **How appointments will be made and accompanied**
	+ **How communication will be made so that messages do not get lost**
	+ **Any other local issues you may have.**
* **Then, if the Statement of Entitlement materialises, you can update these letters by reference to the SoE. If it doesn’t appear (or not on time), you will already have complied with the OPC’s Requirement.**

**Suggested Response to OPC by 2 February 2015:****Set out what you already have in place e.g. any specific arrangements with GP surgeries, and any policies or procedures for assessing and referring residents. Summarise any problems you currently face and where the problem appears to lie. Set out any additional steps (e.g. as suggested above) that you will take.** |
| **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. |
| April 2015 | **1.6** Older people are offered independent advocacy in the following circumstances: * 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.

For those with fluctuating capacity or communication difficulties, this should be non-instructed advocacy. When a care home is in escalating concerns, residents must have access to non-instructed advocacy. | 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. | * **Current advocacy requirements are set out in the NMS e.g. at 8.3 and 11.2.**
* **What the OPC is suggesting appears to be more proactive, and more event specific e.g. when a home is in ‘escalating concerns’. This could be worrying for care home providers, as some local authorities have a fairly low threshold for ‘escalating concerns’, rather than the ‘accumulating concerns + unresponsive provider’ test in the statutory guidance.**
* **The phrase ‘non-instructed advocacy’ is not defined in the report, but it appears to refer to a style of advocacy where the advocate cannot get specific instructions (e.g. due to lack of capacity) and therefore exercises more personal judgement than in instances where the advocate merely acts as a skilled mouthpiece for the client. Appropriate and client-focussed non-instructed advocacy depends upon the ability of the advocate in question to act objectively and professionally.**

**Suggested Response to OPC by 2 February 2015:****Set out what you already have in place by way of advocacy arrangements, including with families, GPs, social workers etc. Set out also what you do to avoid institutionalisation, loss of identity, individuality, choice and control (see Key Conclusion 1, above). Summarise any problems you currently face. Set out any additional steps that you will take.** |
| **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. |
| From September 2015 | **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. | Older people receive compassionate and dignified care that responds to them as an individual | **THERE IS NO REQUIREMENT TO RESPOND TO THIS ONE NOW. The OPC says this requirement is dependent on legislation by Welsh Government. Therefore no comment is required from care homes at this point but she may return to it.*** **However, mandatory skills and value based competencies’ are already arguably in place in terms of the Care Council for Wales Induction Framework, the CCfW Code of Practice etc.**

**Suggested Response at present:****Set out what you already have in place for ensuring that you only recruit people who are compassionate and who will uphold residents’ dignity and privacy. Summarise any problems you currently face, particularly by reference to the hints in Key Conclusion 5 (above) and investment and support.**  |
| September 2015 | **5.5** All care homes must have at least one member of staff who is a dementia champion. | Older people receive compassionate and dignified care that responds to them as an individual | * **Applies to all home, not just ‘dementia’ or ‘EMI’ homes.**
* **The requirement for a dementia champion is over and above what is required by the Regulations and NMS.**
* **However, against the background that dementia is present in probably every care home for the elderly and is likely to be increasingly so, it is hard to argue against making this a proportionate focus.**
* **Don’t wait until September 2015: appoint someone now if possible. It doesn’t need to be a full-time job.**

**Suggested Response to OPC by 2 February 2015:****Say what you already do / have in terms of dementia expertise. If you have (or just about to) appoint a dementia champion, then say so. Give some details of what difference this should make to residents’ quality of life.** |
| **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. |
| November 2015 | **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. | Older people are supported to retain their existing friendships and have meaningful social contact, both within and outside the care home. Care homes are more open to interactions with the wider community.Older people are able to continue to practice their faith and maintain important cultural links and practices. | * **Again, this is all within the NMS and Regulations.**
* **Strengthening and extending links into the wider community may also assist with the potential risks of crisis-driven advocacy [see 1.6 above] i.e. the more friends the home and its residents have during good times, the easier it will be to find balanced advocates from among those friends at times when residents are required (e.g. by outside forces) to have active advocates.**

**Suggested Response to OPC by 2 February 2015:****As above: say what you do already and set out any additional steps you propose to take.** |
| **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 |
| December 2015 | **6.10** Care home providers report annually on the delivery of quality of life and care for older people. This will include:* Quality of life of older people against the Standard Quality Framework and Supporting Specification *[which is to be developed by the Welsh Government by April 2015]*
 | 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 | * **See 6.2 above.**
* **The emphasis is on ‘relevant and meaningful’ and ‘greater openness and transparency’**

**Possible Response to OPC by 2 February 2015:****If you are able to prepare by 2 February 2015 a simple annual report for 2014 along the lines described under 6.2 above, you could send it to the OPC by way of a demonstration of the sort of report you propose to publish each year in the future. This would also give you a starting point from which to measure progress.** |
| **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. |
| Begin January 2016 | **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 ongoing basis as part of their skills and competency development, with this a specific element of supervision and performance assessment. | All staff working in care homes understand the physical and emotional needs of older people living with dementia and assumptions about capacity are no longer made | * **This goes slightly beyond the NMS in requiring dementia training even for ‘non-dementia’ homes. However, as indicated above, it is probably reasonable.**
* **The intention is probably also that this is one key objective for the ‘dementia champion’ [5.5 above] to have overseen.**

**Possible Response to OPC by 2 February 2015:****Perhaps tie in with your response regarding the ‘dementia champion’. However, note the separate ‘further dementia’ training required for all managers: perhaps say what training s/he has already had in this respect, and say what further training will be undertaken. Flag up any difficulties with obtaining suitable training.** |
| **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. |
| March 2016 | **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:* 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.\*
* 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. \*

(The areas marked with \* should be standard in format to ensure consistency across Wales) | Older people are aware of their rights and entitlements, and what to expect from the home.Older people are clear about how they can raise concerns and receive support to do so. | * **This is just a slight extension of the current requirement for a Service User’s Guide (see regulations 4 and 5 of the Care Homes (Wales) Regulations 2002.**
* **Once you have developed the requirements above as to the ‘Statement of Entitlement’, advocacy services etc, the new Welcome Pack should fairly much write itself.**
* **However, note the first bullet point: an explicit requirement that the care home manager supports the new resident. Most homes at present just have a paragraph about a trial period, and another about people bringing in their own possessions. Something a little more detailed is required e.g. setting out what people can expect on the first day, in the first week, especially in terms of the manager checking everything is going as it should.**
* **The Welsh Declaration of the Rights of Older People is here:** [**http://wales.gov.uk/topics/health/publications/health/strategies/rights/?lang=en**](http://wales.gov.uk/topics/health/publications/health/strategies/rights/?lang=en)

**Possible Response to OPC by 2 February 2015:****If you already have a good, attractive and helpful Service User’s Guide (whether or not you call it that), you could send it to the OPC and say you propose to review it over the next year to amplify the areas highlighted by the OPC in her report and any new regulatory requirements.** |
| **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. |
| April 2016 | **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. | 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. | **THERE IS NO REQUIREMENT TO RESPOND TO THIS ONE NOW. The OPC says this is dependent on Welsh Government and therefore there is no need for you to respond at this stage. However it indicates:*** **A possible reintroduction of minimum staffing levels (after CSSIW staffing notices were abolished several years ago).**
* **Obviously, there are resourcing implications if the tool were to suggest levels above what is currently provided.**
* **On the other hand, a tool like this (if accurate and reasonable) could assist with fees negotiations.**

**Possible Response to OPC at present:****You could give an indication of your current staffing levels, along with information about difficulties you face e.g. the nurse shortage, or retention of staff when other local employers pay more? Also details of any LA or Health Board fees that are particularly low, not allowing for realistic pay? However, the OPC will want to hear a commitment to safe staffing in accordance with your existing obligation under regulation 18 of the Care Homes (Wales) Regulations 2002** |
| [Led by Welsh Government. in partnership with LAs, HBs and Care Homes]September 2016 | **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.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.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. | 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. | **THERE IS NO REQUIREMENT TO RESPOND TO THIS ONE NOW.** * **The requirement here is simply that you will co-operate with and support (so far as reasonable) the development of this National Improvement Service.**

**Possible Response to OPC at present:****If you have any comments about how current ‘improvement’ mechanisms work e.g. CSSIW inspections, LA/HB contract monitoring, safeguarding procedures, escalation concerns, or CSSIW’s ‘service of concern’ process, you could add them here. But remember that your response will be published on the OPC website and linked to your home.** |