Review of healthcare support provided by Betsi Cadwaladr Health Board for older people living in care homes in North Wales

November 2018

Mae'r ddogfen yma hefyd ar gael yn Gymraeg.
This document is also available in Welsh.

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1. Background

"A Place to Call Home"

In November 2014 the Older People's Commissioner (OPCW) for Wales published "A Place to Call Home? A Review into the Quality of Life and Care of Older People living in care homes". [1]

The review considered the quality of life and care of older people in care homes and focused on four key areas:

- Day-to-day life;
- Health and wellbeing;
- People and leadership;
- Commissioning, regulation and inspection.

The review drew a number of key conclusions one of which stated:

> *"The current inspection approach adopted in respect of nursing homes means that there is currently not a system-wide approach to ensuring effective scrutiny of the delivery of healthcare within residential and nursing care settings.*
>
> *This means that there is currently not appropriate or effective scrutiny of the delivery of healthcare in nursing care homes"* (p96)

It also concluded:

> *"Access to preventative healthcare and reablement services, such as Physiotherapy, Occupational Therapy, Speech and Language Therapy and Podiatry, is severely limited within care homes. Where such services are available, often people are waiting too long to access them, a delay that means it is often not possible to reverse the physical damage or decline that has already occurred."*

The Commissioner identified a number of requirements for action including

> *"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."* (Action 6.4)

The report also stated:

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[1] http://www.olderpeoplewales.com/Libraries/Uploads/A_Place_to_Call_Home_-_A_Review_into_the_Quality_of_Life_and_Care_of_Older_People_living_in_Care_Homes_in_Wales.sflb.ashx

"Older people want to maintain their physical and mental health for as long as possible. However, formal health promotion is absent from many care homes. Too many older people are not being offered preventative screening or interventions, such as falls prevention, mental health support, speech and language therapy, occupational therapy, physiotherapy and wider reablement, which would enable them to sustain or regain their independence, mobility and overall quality of life. This is a particular issue when older people move into care homes after periods of ill health or following hospital admissions."

"A Place to Call Home: Impact and Analysis"

During the life of this project, the OPC published a follow up report "A Place to call Home: Impact and Analysis". [2]

The Commissioner reported inconsistencies in the outcomes for the health board and Local Authorities across North Wales.

Responses to the Older People's Commissioner request for evidence of progress and the OPC's analysis of this can be viewed here.[3]

"Parliamentary Review of Health and Social Care in Wales"

In January 2018, the Parliamentary Review on Health and Social Care in Wales was published. The review provides an important strategic context for the findings of this project.

The review makes ten recommendations and states "Care and support should be seamless, without artificial barriers between physical and mental health, primary and secondary care, or health and social care".[4]

[2] http://www.olderpeoplewales.com/en/Reviews/chrfollowup.aspx
[3] http://www.olderpeoplewales.com/en/Reviews/chrfollowup.aspx
[4] https://gov.wales/topics/health/nhswales/review/?lang=en

2. Purpose of the review

In response to “A Place to Call Home?”, Care Inspectorate Wales (CIW) and Healthcare Inspectorate Wales (HIW) decided to carry out a pilot project to review how they could work together to ensure the healthcare needs of older people living in care homes are met.

The aim of this work was to investigate:

- how Betsi Cadwaladr University Health Board (BCUHB) meets the healthcare needs of older people living in residential and nursing care homes, either directly through the provision of services, or through its contracting arrangements with primary care providers;
- the experience of care home managers in accessing healthcare support for people from the NHS;
- how CIW and HIW can work in a more integrated way to improve outcomes for people living in care homes.

The pilot was carried out in North Wales. Betsi Cadwaladr University Health Board (BCUHB) is co-terminus with the six counties of Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire and Wrexham. It has a population of approximately 700,000 people, of whom 159,000 are aged over 65 and 21,000 over 85.[5]

There are 210 care homes for older adults registered with CIW across the region providing over 6,155 places. Of these 43 percent are residential care homes, 20 percent are care homes for people with dementia, 25 percent are nursing homes and 12 percent are nursing homes for people with dementia.

BCUHB operates on an area basis for delivery of primary care and community services. The areas are West (Anglesey/Gwynedd), Central (Conwy/Denbighshire) and East (Flintshire/Wrexham).

[5] https://statswales.gov.wales/Catalogue/Population-and-Migration/Population/Estimates/Local-Health-Boards/populationestimates-by-lhb-age

3. Methodology

The work was undertaken in three phases.

Phase I: An advisory group was established which included representatives from:

- Older People's Commissioner's office;
- Lay member of CIW's National Advisory Board;
- Care Forum Wales (representing care home providers);
- Social Care Wales;
- Local authority commissioners;
- Welsh Government health policy;
- Community Health Council;
- Betsi Cadwaladr University Health Board.

The advisory group considered the range of potential healthcare support services that may be within scope of the review and generated a long list for consideration, specifically:

- General practice
- Out-of-hours GP
- Optical and audiology services
- Oral health / Dental services
- Pharmacies
- Community nursing
- Podiatry
- Physiotherapy
- OT
- Dieticians and nutrition
- Continence
- Falls
- End of Life care
- Support for mental health / dementia
- Tissue viability
- Infection control advice
- Speech and language therapy.

A survey was devised based on the above and circulated to all care homes (residential and nursing) for older people in North Wales between August and November 2017. The survey asked providers to rate accessibility, timeliness and effectiveness for each area of healthcare support on a scale of 1-5 (poor – excellent).

Following discussion at the advisory group, questions were added to invite views on effectiveness of discharge from hospital, any gaps in the services being provided by

the NHS and to ask about any training/support needs the health board may be able to assist with.

Phase II: The survey responses were analysed and findings were used to identify problematic areas and opportunities for improvement. These were further investigated though interviews with BCUHB professionals and a question set added on to care home inspections.

- **Interviews with BCUHB**

  An HIW inspector met with lead clinicians/professionals within BCUHB to explore the delivery of healthcare support.

- **Care home inspections**

  CIW identified a sample of 18 care homes (three per county) from their existing routine inspection programme to explore their experience of accessing healthcare support. The sample of homes included a residential care home, a care home with nursing and a care home for people with dementia in each county.

  In addition to carrying out their usual inspection, CIW inspectors discussed with the manager on duty their experience of securing healthcare support and the impact of this on people living at the home.

Phase III: Focus group

Following Phase II, CIW attempted to arrange two focus groups to meet with managers/providers of care homes to discuss their experience of securing healthcare support in more detail. All care homes were invited, but as the number able to attend was low only one group was held. This was attended by 10 people, representing 8 care homes from 5 different counties. Some of those attending the focus group represented the same care homes that had been part of phase II.

To draw together the themes arising from CIW's inspections, a final workshop group was held with the inspectors involved in the individual inspections.

4. Summary of findings

How Betsi Cadwaladr University Health Board (BCUHB) meets the healthcare needs of older people living in residential and nursing care homes.

This review has looked at the provision of healthcare support for care home residents from the perspectives of the both health and social care providers. Feedback has been variable across most of the service areas considered, but some common issues have emerged across services which need to be addressed in order to provide seamless, good quality care, to individual residents and patients, specifically:

- **Clear roles and responsibilities:** the part that each organisation/ profession/ individual plays in the system of care and support needs to be clearly articulated and understood by all
- **Training:** training should be available to support everybody to play their part in the system effectively and every effort should be made to ensure that staff can be released to undertake that training
- **Access routes:** when additional advice or support is required in response to changing needs, access should be as easy as possible and it should be clear to whoever requests the support the response they should expect
- **Feedback:** processes should be in place to enable ongoing feedback on issues and concerns in order that patterns can be identified and matters resolved
- **Collaboration and partnership:** organisations should work together in the best interests of the populations they serve. When issues arise they should be tackled collaboratively to achieve a practical and sustainable solution.

Support from out-of-hours GP services

The feedback provided by care homes regarding support out-of-hours was mixed, and included reports that residents are sometimes unnecessarily transported to hospital because the out-of-hours GP was unable to visit for conditions which may, with appropriate support, have been managed in their own home.

It is important that the different sectors and bodies work together to ensure that guidance on roles and support available is clear and that everyone is confident and trained to play their part.

Community nursing

Both care homes and the health board reported that there can be confusion amongst some staff regarding the expectations of the community nursing service. This seems to be resulting in variable levels of support and practice across the region and would benefit from further clarification.

The health board's development of Community Resource Teams (CRTs) is welcomed as a way to provide consistent multi-disciplinary support across the region for people living in different types of care home.

Physiotherapy and occupational therapy

Our work indicates that individuals are receiving a positive experience from physiotherapy or occupational therapy services once their support has commenced. However, there appears to be a lack of clarity around arrangements for accessing services as well as long waits for home visits and assessments. Some delays have been reported in people receiving appropriate equipment and this has impacted on mobility and independence of individuals

Continence support

There appears to be a lack of awareness regarding the support, services and products available from the health board regarding continence. This may also be a contributory factor to the low attendance by care home staff at health board led training sessions. Given the concerns raised by some care home managers about quality of the product and the quality of the service it is important that communication is improved.

Support for people with mental health needs or dementia

Waiting times for CPN support were generally considered to be a problem, although the standard of care when support was available was well regarded. Discussions with care home managers illustrated the potential impact of delays on residents and relatives and it is important that systems are in place to ensure ongoing communication with the health board on incidents and issues in order to support service improvement.

Hospital discharge

Significant negative feedback was received regarding the practice of discharging patients to care homes in the North Wales area. This is clearly a challenging area which has been subject to previous review. It is important that the health board works in partnership with the care home sector to ensure that good practice guidelines are implemented and that processes are in place to identify and resolve issues when things go wrong.

Relationship with the health board

Overall the relationship between care homes and the health board was neutral, but there are opportunities to consider how to introduce more consistent and formal mechanisms for care home managers to raise concerns about access to, and quality of, healthcare support.

Learning and development needs

Care homes were generally positive about the training provided and were able to provide many examples of further training that they would find valuable. It was therefore disappointing to note that less than half of the places on training courses made available by the health board during 2017 were taken up.

How CIW and HIW can work in a more integrated way to improve outcomes for people living in care homes.

Section 6 of this report considers how CIW and HIW can learn from this review to tackle issues in a more integrated way. There are important lessons for us in areas such as governance, scope and approach to activity which we will apply in the design of future work of this sort.

Areas for improvement

1 The health board should work with WAST, in consultation with the care home sector, to provide clear guidance on when, and how, to access support out-of-hours. This should include, for example: how to access support; when advice is likely to be available by phone; when a home visit is likely to be appropriate; when it is appropriate to call for an ambulance.

2 The health board should work with the care home sector to identify and support the training needed for care home workers to maintain their confidence and competence to manage the routine health needs of residents and know how and when to seek additional support.

3 Community nursing: The health board should provide greater clarity around the roles and responsibilities of community nurses, particularly in regard to different types of care homes, and ensure consistency of delivery across the North Wales area.

4 Community Resource Teams: As CRTs develop the health board should work closely with the care home sector to ensure that care can be provided as seamlessly as possible in partnership with the care and support being provided by the care homes themselves.

5 Physiotherapy / occupational therapy: The health board needs to take action to ensure that arrangements for accessing therapist support (physio/OT) are clearly communicated.

6 The health board should develop an information pack setting out the services that are available to people living in care homes and how these can be accessed, along with clear guidelines and dedicated points of contact for information and feedback. This should be supported with training.

7 Care home managers should ensure staff are able to attend relevant training, for example in relation to continence care.

8 The health board should work proactively with the care home sector to identify their concerns and issues in relation to continence support and explain how these will be addressed.

9 The health board must ensure that sufficient resources are made available to meet the needs of people with dementia accommodated within care homes and that services are provided in a timely and consistent way across North Wales, in line with the health board's recently published dementia care strategy.

10 Care home providers and the health board should work in partnership to ensure that discharge is managed effectively, in line with good practice guidelines, to ensure the safety and support of each individual patient.

11 The role of the Safer Discharge Group should be reviewed and refreshed to ensure that problem areas can be raised and tackled in a timely manner.

12 The health board should actively encourage care home managers to report concerns regarding the care of their residents whilst in hospital and ensure that processes to do so are clear and that feedback is provided.

13 The health board and its partners should consider whether there is scope to extend the joint quality monitoring tool to become a collaborative tool monitoring relevant issues impacting on the health outcomes of residents.

14 Clear processes should be put in place to enable care home managers to alert the health board, and CIW, to any concerns they have about access to and quality of healthcare support and its impact on residents.

15 The health board, working with Care Forum Wales and providers, should co-produce a learning and development programme on meeting the healthcare needs of older people. This should also be supported by the Regional Partnership Board.

16 Uptake of the opportunities offered through the learning and development programme should be routinely monitored and monitoring information shared with commissioners, the Regional Partnership Board and Inspectors.

5. Findings

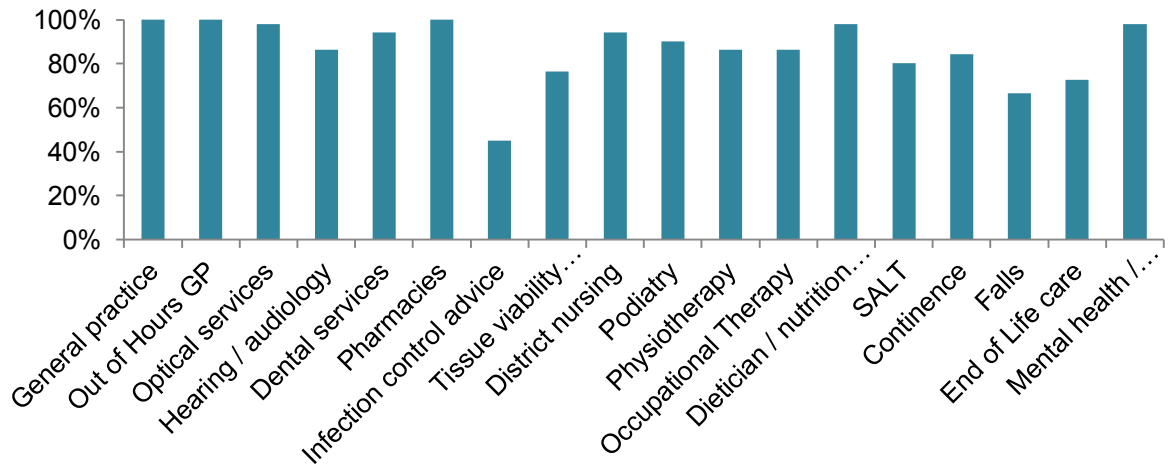
5.1 Summary findings from the survey

Out of the 210 care homes in the sample, 51 completed the survey (24 percent). Of these 36 were residential care homes, 10 care homes with nursing and five dual registered[6] homes. Thirteen were in the East (Wrexham and Flintshire), 15 in the West (Gwynedd and Anglesey) and 23 in the Central (Conwy and Denbighshire) areas of the region.

Which services had been accessed by care homes?

The survey asked care homes about the range of services they had accessed in the previous six months. As illustrated in Figure 1[7], each care home responding had accessed most of the services offered. The exceptions were Infection Control Advice, Falls and End of Life Care

Figure 1: Proportion of care homes accessing each service



The main reason given for not having accessed a service was that at the time, people living in the care home did not need it. It is unclear if this is due to the care home being able to provide the service themselves, or if the residents do not have a demand for this service. In regards to End of Life Care, the former is more likely, with nearly all care homes that provide nursing care accessing this service.

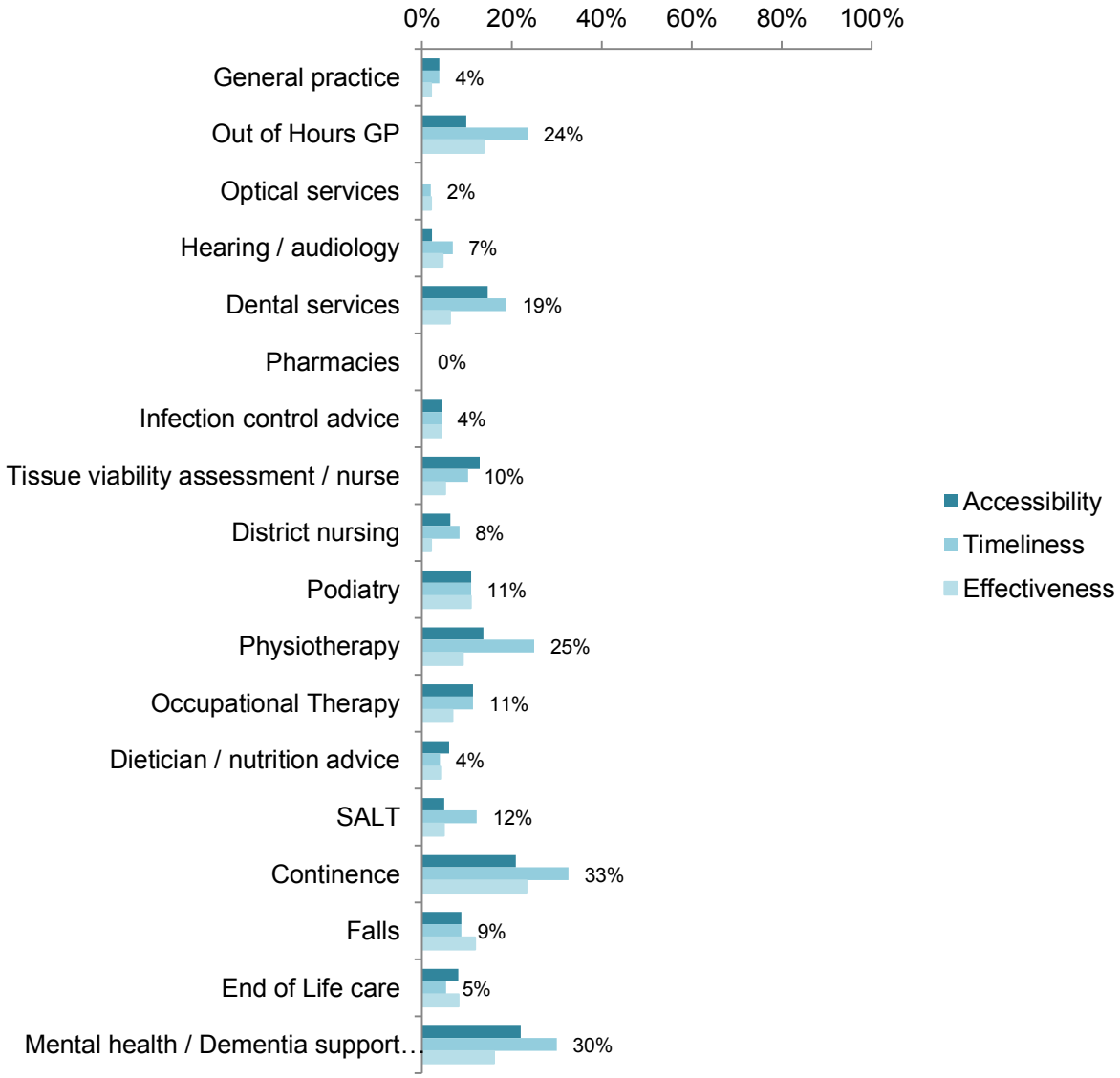
[6] A dual registered home provides places for people receiving care only and also for those receiving care with nursing.
[7] SALT is Speech and Language Therapy.

What was the experience of the quality of services?

The survey asked care homes to rate the services offered in terms of accessibility, timeliness and effectiveness. Most services were rated as at least adequate for the three aspects assessed and care homes were more likely to rate their experience as good or excellent.

Figure 2 shows the proportion of care homes that rated services as poor or requiring improvement after accessing them. Timeliness was the quality aspect most likely to be rated poorly. More detailed analysis of the survey showed that the ratings given to services did not appear to vary significantly in the different areas across the region.

Figure 2: The proportion of services that rated each service as Poor or Requiring Improvement. Data labels indicate levels of Timeliness.



The survey results suggested a need to focus further work on:

- out-of-hours GP;
- dental services;
- physiotherapy;
- continence;
- support for people with mental health needs/dementia.

However, a decision was made to exclude dental services from Phase II of this review as this had already been recognised as an area for improvement and an oral health pilot was being rolled out across the region. Thus a potential solution was already in place.

Access to podiatry was reported as good, but it was felt that this was because the majority of people paid for this privately and did not access NHS provision. This is similar to the situation for many people living in their own home, but there was some frustration expressed at the inability to access this care through a GP. People with diabetes were able to access NHS treatment and in the main this was reported as good.

Are there differences of experience between different types of home?

On the whole, there were not any substantial differences between the different types of care home in regards to the healthcare services being accessed, or their experience of the services. Most care homes surveyed had accessed every service offered and reported relatively positive experience.

Are there differences of experience between different areas of North Wales?
The only differences in terms of access were in regards to Infection Control, Falls and End of Life Care. Only a quarter of care homes in the East area accessed Infection Control, compared to half in the other areas. Conversely, care homes in the East were more likely to have accessed services for Falls. Lastly, care homes in the Central area were less likely to have accessed End of Life Care services.[8] In regards to out-of-hours GP services, care homes in the Central area were less likely to report issues with accessibility. Care homes in the East were more likely to have had a positive experience of Podiatry than the other areas.

[8] This is potentially due to the higher relative proportion of the responding care homes in the Central area being residential only.

5.2 Specific findings relating to each service area

The following section summarises the findings relating to area which was identified for more detailed review. It draws on qualitative information provided in the survey, face to face interviews with care home managers and lead professionals in BCUHB; and further information provided during the provider focus group.

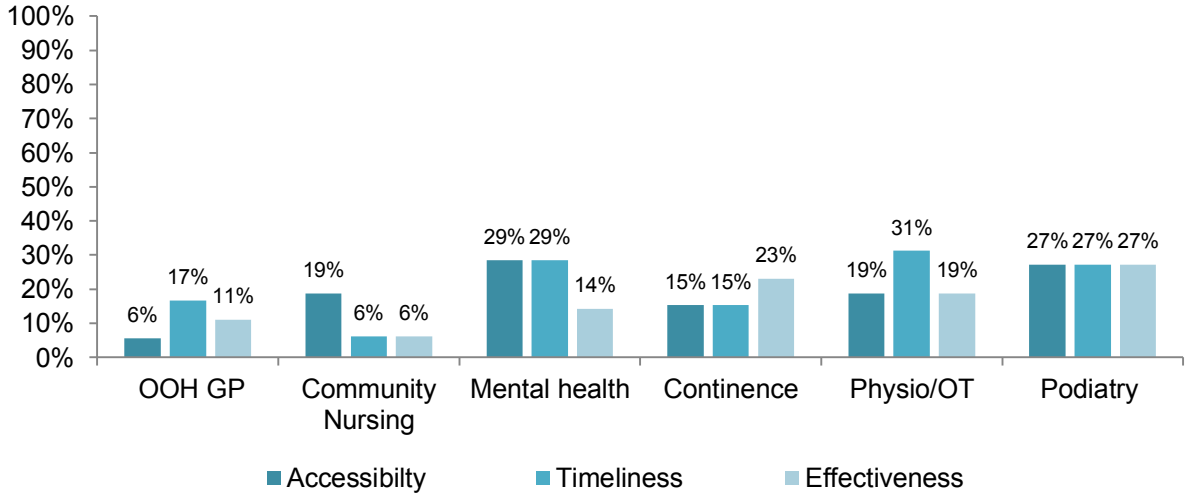
The services reviewed were:

a. support from out-of-hours GPs;
b. community nursing;
c. physiotherapy and occupational therapy;
d. continence support;
e. support with mental health needs;
f. hospital discharge;
g. general feedback on relationship with BCUHB;
h. learning and development needs.

It is important to note that care homes with nursing employ nurses to provide nursing care and so do not access community nursing services to the same extent. Care homes with nursing also supply continence aids themselves.

CIW inspectors interviewed 18 care home managers about their experience of accessing healthcare support. In line with the survey, managers rated access in six key areas. The face to face interviews evidenced similar levels of satisfaction to the survey. The timeliness of support being provided remained an issue for some and overall, support for people with continence and/or mental health or dementia needs remained the areas of greatest concern.

Figure 3: The proportion of services that rated each service as Poor or Requiring Improvement in interviews with Care Home Managers by CIW inspectors



(a) Support from out-of-hours GP services

Summary

The feedback provided by care homes regarding support out-of-hours was mixed, and included reports that residents are sometimes unnecessarily transported to hospital because the out-of-hours GP was unable to visit for conditions which may, with appropriate support, have been managed in their own home.

It is important that the different sectors and bodies work together to ensure that guidance on roles and support available is clear and that everyone is confident and trained to play their part.

Access to care from different types of care homes

People living in care homes can expect to receive the same level of out-of-hours support from GPs as older people living in the community. The degree and nature of support that can be expected is not related to the type of residential accommodation.

Perspectives from care homes

The feedback from care home managers during inspections was mixed. Some of the managers were very pleased with the support that they received from the out-of-hours GP service.

> *"Yes they do visit. Have no concerns regarding their work. They have always been helpful and accessible."*

However, roughly half of those interviewed highlighted problems with the timeliness of response, either because of delays in getting a response to their call or due to the timeliness of the visit.

> *"Sometimes have to call a few times before get through, excuse 'not a good signal'. May need to wait for a visit - 3 hours. Depends on day. When they come they do a good job."*

A small number of interviewees also spoke of incidents in which the home manager was told to phone for an ambulance instead, or of patients being referred to hospital when they might have been able to have been treated in their home. This resulted in people potentially being unnecessarily admitted to hospital or having long waits in emergency departments for treatment.

> *"They don't come out to see people even if they elect to have treatment in the home and not in hospital. It's always an emergency admission."*

"The doctors will visit but more often that not will send people into hospital by ambulance for treatment of chest infection or UTI or if the person is not drinking enough, for IV fluids."

A similar picture emerged from discussions at the focus group

Perspectives from health board interviews

The interviews with the health board noted that out-of-hours GP arrangements were included as part of the health board's Special Measures status and as such improvement plans are already being implemented and additional funding sought.

They are giving consideration to more closely aligning the out-of-hours service with primary care services. Closer links with other services are being developed including the use of Advanced Nurse Practitioners (ANPs). Focus group participants generally welcomed this development. However, the out-of-hours service remains under pressure due to reported difficulties in recruitment and retention of GPs more generally and there is a recognition that more needs to be done.

The health board provided additional data relating to patients taken to Accident and Emergency (A&E) departments from Nursing Homes by the Welsh Ambulance Service Trust (WAST) during 2017. This data is presented in Appendix 3. It shows that (using a broad classification) A&E departments assessed that between 5% and 8% of patients arriving from care homes could potentially have been cared for in their home environment.

Areas for improvement

1 The health board should work with WAST, in consultation with the care home sector, to provide clear guidance on when, and how, to access support out-of-hours. This should include, for example: how to access support; when advice is likely to be available by phone; when a home visit is likely to be appropriate; when it is appropriate to call for an ambulance.

2 The health board should work with the care home sector to identify and support the training needed for care home workers to maintain the confidence and competence to manage the routine health needs of residents and know how and when to seek additional support.

(b) Community nursing

Summary

Both care homes and the health board reported that there can be confusion amongst some staff regarding the expectations of the community nursing service. This seems to be resulting in variable levels of support and practice across the region and would benefit from further clarification.

The health board's development of Community Resource Teams (CRTs) is welcomed as a way to provide consistent multi-disciplinary support across the region for people living in different types of care home.

Access to care from different types of care homes

Care homes are able to access community nursing services in the same way as any person resident in the community. For care homes with nursing, community nurses do not provide the same degree of input as this care is provided by the care home in accordance with the care plans of their residents. They are, however, able to access advice and guidance and may be referred to specialist services such as tissue viability or palliative care by the community nursing service.

Perspectives from care homes

The majority of care home managers reported positive working relationships with community nurses where they worked as partners in providing care.

> *"The home has a good relationship with the community nursing service … and they have a foundation of trust. Nurses reply promptly and give good advice and support."*

For care homes, community nurses provide advice in relation to tissue viability and continence, but local differences were reported in what tasks community nurses will undertake e.g. catheter care and insulin injections.

Most frustrations were reported by care homes with nursing and reflected a lack of clarity around what it is reasonable to expect the home's own nurses to provide and what should be provided by the community nursing service. Specific examples of this included ear syringing and provision of pressure equipment.

Confusion can also arise where a care home is 'dual registered' and so some people living there can access support from the nurse employed by the home, whereas others receive healthcare support from community nurses.

A small number of homes reported problems in access, timeliness and lack of coordination. For example, one home noted that they were not informed when Community Nurses were due to attend and so at times this disrupted people's

routines or activities. However, another said that the nurses always rang to say they were coming and were always there to give advice.

Participants in the focus group recognised the added value of Advanced Nurse Practitioners (ANPs) attached to GP surgeries. They were also valued as a source of advice and support for care managers. However, ANPs are currently a very limited resource.

Care homes with nursing were appreciative of the support provided by the nurses in the practice development team. The practice development team was being restructured at the time of this review and there was some concern that the support available may reduce.

Perspectives from health board interviews

The health board confirmed that there is sometimes confusion amongst Community Nurses about whether their input is required in relation to people in receipt of nursing care in care homes.

The health board is collecting data to monitor admissions to hospital from homes to establish whether more support is required in the homes e.g. the intravenous (IV) infusion team in East can provide additional support to homes.

There are variations across the region in the configuration of the community nursing service. This is currently under review as Community Resource Teams (CRTs) are being developed. BCUHB report that CRTs will deliver community-based services across North Wales which are reliable and accessible, irrespective of where people live. CRT members can include registered nurses, generic health care support workers, occupational therapists, physiotherapists, pharmacists, therapy and home care support workers, social workers and the voluntary sector. Teams will be based in a mixture of community hospitals, health centres and local authority premises.

It is envisaged that CRTs will deliver multidisciplinary assessments, rehabilitation, health and wellbeing advice, nutritional and medication advice, Carer support, support with personal care and pressure area management, clinical observations and social care support.

The Community Nursing Teams in the West Area (Anglesey and Gwynedd) are aligned to GP clusters and this alignment will be reflected in Community Resource Teams in the future. In the Central Area (Conwy and Denbighshire) Community Nurses are aligned to primary care practices, which in turn are aligned to the current cluster arrangements and future Community Resource Team structures. In the East area (Wrexham and Flintshire) Community Nurses are aligned to specific GP practices and clusters to facilitate continuity and care close to home.

Project leads and co-ordinators have been appointed and there are pilot projects underway across North Wales.

Areas for improvement

3 Community nursing: The health board should provide greater clarity around the roles and responsibilities of community nurses, particularly in regard to different types of care homes, and ensure consistency of delivery across the North Wales area.

4 Community Resource Teams: As CRTs develop the health board should work closely with the care home sector to ensure that care can be provided as seamlessly as possible in partnership with the care and support being provided by the care homes themselves.

(c) Physiotherapy and occupational therapy

Summary

Our work indicates that individuals are receiving a positive experience from physiotherapy or occupational therapy services once their support has commenced. However, there appears to be a lack of clarity around arrangements for accessing services as well as long waits for home visits and assessments. Some delays have been reported in people receiving appropriate equipment and this has impacted on mobility and independence of individuals.

Access to care from different types of care homes

Residential care homes are able to access physiotherapy and occupational therapy in the same way as any person resident in the community. This could be through referral by GP or District Nurse, through direct access services, or on discharge from hospital.

For care homes with nursing there is an expectation that the specific care needs of the individual will be met by the home in line with their costed care plan. They are, however, able to be referred to specialist therapeutic services which this is over and above their care plan.

Perspectives from care homes

The majority of care homes who responded to the survey were positive about physiotherapy and occupational therapy services. Many respondents said how they received regular visits and the support provided to people is effective.

However, some reported that timely access was problematic, particularly so for physiotherapy in the Central area. The main issues reported are around getting initial home visits and assessments for people, but also a lack of clarity around where people should go in order to access occupational therapy support.

> *"Accessibility to OT and Physiotherapy in Denbighshire is very poor and difficult to access. Forms for OT referral are lengthy and not suited to care homes. It seems impossible to get physiotherapy in the home and for residents able to travel the waiting list is too long."*

This suggests that once a care home has set up support for an individual person, the service provided is effective. However, long waiting times and a lack of clear routes into the service are reported to be creating delays for people living in care homes.

This can have an impact on people's independence, for example, we were told at the focus group about people having to be cared for in bed whilst waiting for an assessment and appropriate equipment to enable them to be supported out of bed.

We also heard about a person waiting for 24 weeks for a wheelchair which meant their mobility and independence was compromised.

The findings from the interviews suggest support provided by both physiotherapy and occupational therapy services is good, but there are occasionally delays in people being provided with required equipment. As part of the Integrated Care Fund (ICF), some Local Authorities had purchased equipment such as specialist beds and aids for care homes to access and this was acknowledged as being helpful.

Perspectives from health board interviews

The national standard for people to be seen by a therapist within 14 weeks of referral was reportedly met. Overall, it was reported there had been a reduction in referrals from GPs for care home patients. It was suggested this may be because care home managers were no longer requesting support because of the waiting times experienced. The health board may wish to explore this further.

The health board reported that there is a falls service in place within all areas but that this was not well understood by care home managers.

It was recognised that there is inconsistent provision of physiotherapy and occupational therapy across the health board; for example, in the West, therapists are now carrying out routine reviews of people in care homes as part of an Multi Disciplinary Team (MDT) approach. In Conwy there is a pilot with four nursing homes using the ICF to develop partnership working with therapies, practice development team, SALT and dieticians.

Areas for improvement

5 Physiotherapy/occupational therapy: The health board needs to take action to ensure that arrangements for accessing therapist support (physio/OT) and equipment are clearly communicated.

(d) Continence support

Summary

There appears to be a lack of awareness regarding the support, services and products available from the health board regarding continence. This may also be a contributory factor to the low attendance by care home staff at health board led training sessions. Given the concerns raised by some care home managers about and the quality of the service it is important that communication is improved.

Access to care from different types of care homes

Care homes should be able to request specialist continence care support and products in the same way as any person resident in the community.

For care homes with nursing there is an expectation that the specific care needs of the individual will be met by the home in line with their care plan. This may include the provision of continence products by the home, although if a person's needs change significantly, care home staff will also be able to access specialist care and support from the health board.

Feedback from providers

Our survey indicated that access to timely and effective advice and products to support people with continence needs was a problem, with over a third of respondents saying that the timeliness of the services was poor or needed improvement. This was echoed during the focus group discussion.

It was interesting to note that in our discussions with care home managers during inspections, most assessed the accessibility, timeliness and effectiveness of support with continence care to be good or excellent. However, the detailed comments made highlighted a number of issues that should be explored further with the health board, specifically:

- A number of interviewees were unaware of the support that could be available from the health board.
- A number of interviewees referred to buying their own continence products, or families purchasing additional products, because insufficient continence aids had been allocated or they felt the quality was inadequate.
- A number of other interviewees referred to concerns about limited numbers of pads being provided or long waits for products.
- A small number of care homes with nursing reported they relied on their own supplier of continence aids to provide them with advice, rather than the NHS.

A range of comments were made by care home managers and this is an area that the health board and care home sector should explore further in order to understand the reasons for the differing perceptions.

> *"They do provide advice and support once referrals made - some delays. Quality of products are poor - cheap quality products and low numbers of pads provided. Families are asked to provide more pads where needed and if they dislike quality provided."*

> *"Continence advisors very approachable. Good quality products provided. Give good advice and follow up."*

> *"Refused to supply pads for residential care people – home have to buy them. No advice offered to staff (dual registered home)."*

Interviews with health board

Demand for the continence service was reportedly not high at the time of the interviews and it was recognised that a more proactive approach might be needed. The lead nurse would welcome this. The continence team reported they were happy to work with homes to ensure evidenced-based personalised continence care is being delivered. This appears to confirm the lack of awareness regarding support available directly from the health board's continence service, as referenced by some care home managers, who were under the impression they could only access continence advice via the community nursing service.

We were told that training sessions were arranged for care home staff last year, but unfortunately, due to low attendance, some had to be cancelled.

The health board is currently running a pilot in Central area with ANPs supporting 18 care homes via a GP Cluster. In total, 64 continence related calls have been dealt with by ANPs, and these would have otherwise been dealt with by GPs. It is hoped that this will improve access to this service.

Areas for improvement

6 The health board should develop an information pack setting out the services that are available to people living in care homes and how these can be accessed, along with clear guidelines and dedicated points of contact for information and feedback. This should be supported with training.

7 Care home managers should ensure staff are able to attend relevant training, for example, in relation to continence care.

8 The health board should work proactively with the care home sector to identify their concerns and issues in relation to continence support and explain how these will be addressed.

(e) Support for people with mental health needs or dementia

Summary

Waiting times for CPN support were generally considered to be a problem, although the standard of care when support was available was well regarded. Discussions with care home managers illustrated the potential impact of delays on residents and relatives and it is important that systems are in place to ensure ongoing communication with the health board on incidents and issues in order to support service improvement.

Access to care from different types of care homes

Care homes should have personal plans in place for each person, which identify the needs of the individual for care and support, and how these will be met. In the case of specialist homes for older people with dementia, this could include support for their identified mental health or dementia care needs. If a person's needs change it may be necessary for the care home to access additional support or advice in order to meet those needs.

Perspectives from care homes

Alongside continence care this area received the most negative feedback in our initial survey with approximately a quarter of respondents assessing accessibility as poor or requiring improvement, a third assessing timeliness on the same basis.

Feedback during inspections was mixed with no clear regional pattern across North Wales. Care home managers reported that in order to get access to a Community Psychiatric Nurse it was necessary to be referred through the GP and that this could sometimes cause delays.

> *"CPNs - once referred support is good - problem is with timeliness of getting referred in the first place."*

However, once CPN support was accessed, most care home managers reported this to be effective.

> *"Very good service - easy to access and are responsive."*

We also received some reports of challenging situations around accessing specialist mental health support for people with dementia.

> *"In the main, fine, for general things. If it's a complex problem - there are no psychiatric beds - they are then not helpful or supportive. We are told, "You're a nursing home, and you should cope."*

"There have been occasions when the hospital have asked the home to send staff [to assist with care]. But home unable to. Recently a son of a resident took two weeks off work to be with mum in hospital as staff weren't managing needs eg basic care – feeding."

The impact of this on people and their families can be distressing and may result and some people experiencing unnecessary hospital admissions or being unable to access support until crisis point is reached.

It is important that arrangements are put in place to enable the health board and care homes to share feedback and adverse experiences in order to inform improvements in service delivery.

Perspectives from health board interviews

During interview the health board reported there had been some issues during the recent move to area teams which had negatively affected the service's ability to respond effectively to requests for support. They reported that there was currently a waiting list for assessment in Conwy and Denbighshire and ongoing issues with staff resources and funding.

We were told that there is a Dementia Care Strategy now in place with funding agreed. A training package is being developed with dementia awareness training currently being rolled out. Upcoming training events are fully booked. There is a recognised need to provide additional, more specialised training to up-skill staff in care homes and it will be important for care homes to work with the health board in the development of this training and to release staff to attend.

It was felt that Community Resource Teams (CRT) may lead to improvement in service provision through improved multidisciplinary working. However, mental health services became involved in the CRT planning/development process at a late stage and so input may take longer to develop.

It was recognised that relationships between the dementia service and care homes was variable across North Wales, due in the main to staff resource issues. In some areas, where there is only one specialist dementia care home, the relationships and support is very good as a designated CPN is allocated to the home.

Personal relationships and communication between ward staff and care home staff are recognised as important drivers to enhancing the quality of care provided. It was acknowledged that more could be done to improve this by involving care home staff to a higher degree when people are admitted into hospital and in terms of improved information sharing at point of admission/discharge back into the care homes.

Areas for improvement

9 The health board must ensure that sufficient resources are made available to meet the needs of people with dementia accommodated within care homes and that services are provided in a timely and consistent way across North Wales, in line with the health board's recently published dementia care strategy.

(f) Hospital discharge

Summary

Significant negative feedback was received regarding the practice of discharging patients to care homes in the North Wales area. This is clearly a challenging area which has been subject to previous review. It is important that the health board works in partnership with the care home sector to ensure that good practice guidelines are implemented and that processes are in place to identify and resolve issues when things go wrong.

Perspectives from care homes

Within the survey and during interviews, care home managers were asked to describe their experiences of residents being discharged from hospital. The majority of respondents had a range of negative experiences, which focused on lack of communication, incorrect or absent documents and medication, poor quality care while in hospital and antisocial discharge times. However, some respondents did say the service they had received was good quality, or had been improving lately. The experience of people being discharged from community hospitals was also more positive.

One of the key issues identified was the lack of necessary transfer of care documentation and correct medication. Respondents commented that discharge letters had not been issued, transfer of care forms had not been properly completed, medication was not provided with the resident, information around dosing was missing or that the wrong medication was provided.

Another issue highlighted was the antisocial hours of discharge. Discharge during the night or over the weekend was described as distressing for the person and disruptive for care home.

> *"Very often service users are discharged from hospital without full transfer of care. At times, medication has not arrived with the service user. At other times, hospitals have attempted to discharge service users at unsociable times eg. late at night. Hospitals are very reluctant to accept our policy of not accepting discharges from hospital on Fridays."*

Many care homes also reported that hospitals did not always meet the individual needs of people. It was suggested that hospital staff could find people with dementia challenging and thus their personal care, such as washing and fluid intake, could be neglected.

> *"Most of our clients need assistance with diet & fluid intake, & also repositioning to ensure preservation of their pressure areas - in hospital, we find that these*

areas get neglected, so many of our clients come back with pressure sores and/or poor nutritional & fluid intake."

It was acknowledged that BCUHB had established a Safer Discharge group but it was reported that meetings are frequently cancelled or representation was poor (including from care home providers).

Perspectives from health board interviews and wider context

There is a multiplicity of guidance to support good discharge planning. However, work undertaken in 2016 by the NHS Wales Delivery Unit (the Delivery Unit) at all Welsh hospitals showed that there are opportunities to improve the discharge planning process, release significant inpatient capacity and improve patients' experiences and outcomes. Specific areas for improvement included:

- better working with community services;
- clearer and earlier identification of the complexity of the discharge to enable;
- better facilitation of the discharge process;
- greater clarity around discharge pathways;
- better information and communication with patients and families.

The NHS Delivery Unit assessed the written evidence in case notes against specific requirements set out in 'Passing the Baton' 2. The findings for BCUHB show that the patient discharge process was largely poor across its district general hospitals (DGHs) when assessed against expected practice.

Many of the issues highlighted by the Delivery Unit had prevailed for a number of years with limited evidence to suggest that discharge planning processes had seen any real improvement. This led Wales Audit Office to carry out a review of the governance and accountability arrangements in relation to discharge planning. The work focused specifically on whether the health board has:

- A sound strategic planning framework in place for discharge planning;
- Effective arrangements to monitor and report on discharge planning;
- Taken appropriate action to manage discharge planning and secure improvements.

The report, published in November 2017, concluded the health board can demonstrate its intention to improve patient flow and discharge planning, but staff confidence and training remains challenging and performance remains poor.[9]

[9] https://www.audit.wales/system/files/publications/betsi_cadwaladr_health_board_discharge_planning_english.pdf

Areas for improvement

10 Care Home Providers and the health board should work in partnership to ensure that discharge is managed effectively, in line with good practice guidelines, to ensure the safety and support of each individual patient.

11 The role of the Safer Discharge Group should be reviewed and refreshed to ensure that problem areas can be raised and tackled in a timely manner

12 The health board should actively encourage care home managers to report concerns regarding the care of their residents whilst in hospital and ensure that processes to do so are clear and that feedback is provided.

(g) Relationship with health board

Overall the relationship between care homes and the health board was neutral, but there are opportunities to consider how to introduce more consistent and formal mechanisms for care home managers to raise concerns about access to, and quality of, healthcare support.

Fewer than half of care homes said that they had a helpful relationship with the local health board, but very few found it to be unhelpful. The majority found their relationship to be neutral. The main points raised were that residents with dementia have fluctuating needs, which are often not appreciated. Also, staff at the care homes felt they were not always respected as health care professionals and partners.

The health board is has been identified as an exemplar by the Bevan Commission to develop multi-disciplinary team involvement in care homes e.g. OT, physiotherapy, pharmacy. This is currently being piloted and it will be important to evaluate the impact of this in addressing the issues identified in this review.

There was praise for the practice development team but this was only available to care homes with nursing and due to limited resources is often crisis driven to support where problems have emerged. Positive feedback was provided on link nurses and practice development support where it was in place. The health board should ensure that all homes are clear about their key contacts to support effective practice development.

The health board's practice development team has worked closely with local authorities to develop a joint quality monitoring tool which includes 10 key performance indicators covering areas including urine infection, pressure area, concerns and falls. Whilst this tool is designed to assess the quality of care being provided by the care home, it might also be used to flag issues of access to healthcare support provided by the health board where this is impacting on outcomes for residents.

Areas for improvement

13 The health board and its partners should consider whether there is scope to extend the joint quality monitoring tool to become a collaborative tool monitoring relevant issues impacting on the health outcomes of residents.

14 Clear processes should be put in place to enable care home managers to alert the health board, and CIW, to any concerns they have about access to and quality of healthcare support and its impact on residents.

(h) Learning and development needs

Care homes were generally positive about the training provided and were able to provide many examples of further training that they would find valuable. It was therefore disappointing to note that less than half of the places on training courses made available by the health board during 2017 were taken up.

Many care homes reported access to training was available through local authority led workforce partnerships and the role of the BCUHB Practice Development team was commended. The health board confirmed that training is available to all care homes. It is recognised that homes can have problems releasing staff for training and this view was supported by BCUHB who confirmed low take up of some courses with only 812 staff accessing the 2000 available places during 2017. This has an adverse impact for the health board as specialist nurses are released to provide the training. All homes can access the health board's eLearning packages.

There were requests for training in some specific areas including:

- wound care;
- diabetes;
- continence care;
- tissue viability;
- dementia.

The full list of training suggested is given in Appendix 3 and includes suggestions they may be of interest to other bodies such as Social Care Wales.

Given the increasing fragility of older people in all care homes, not just care homes with nursing, there was a general view that training and support was needed across the sector and not just for nurses in nursing homes. There was clearly a recognition that well-trained staff can enhance the well-being and care for residents and can also help to reduce the pressure on the health service.

The health board should work with the care home sector to develop a programme of learning and development that addresses the most important issues and is delivered in a way which helps care homes ensure that their staff can be released to attend.

Areas for improvement

15 The health board, working with Care Forum Wales and providers, should co-produce a learning and development programme on meeting the healthcare needs of older people. This should also be supported by the Regional Partnership Board.

16 Uptake of the opportunities offered through the learning and development programme should be routinely monitored and monitoring information shared with commissioners, the Regional Partnership Board and Inspectors.

6. Reflections on the pilot

Governance

It proved valuable to have an Advisory Board of relevant stakeholders to comment on and advise the work and we would advise that similar Boards are considered for future work of this nature.

HIW and CIW established a project group to assist in managing practical issues relating to timing of work and availability of inspectors, and to make key decisions on matters such as the content and format of reporting. However, it is recognised that it would have been beneficial to have planned the inclusion of the work in the respective organisations' 2017/2018 work plans at an earlier point. This would have maximised the options available for delivering the joint review, as outlined below, under Planning.

Scope

The questions to be answered by the review were clear and are set out in section 2 of this report.

In undertaking this work, we have had to work within the scope of HIW and CIW's remits. In relation to healthcare, CIW's role is to assess whether care homes are facilitating the provision of healthcare in order to meet people's needs. HIW's role in assessing the quality of healthcare is limited to services provided for or by NHS, or within healthcare services regulated under the Care Standards Act 2000. Neither organisation has a remit to generally review the quality of healthcare in homes with nursing care. It has not therefore been possible to deliver the "system-wide approach to ensuring effective scrutiny of the delivery of healthcare within residential and nursing care settings" that was doubtless envisaged by the Older People's Commissioner. This raises some interesting questions regarding the assessment of the quality and effectiveness of healthcare provided by nurses in working in care homes and will need to be considered further.

Planning

There are three different ways to undertake joint work between inspectorates.

- **Consecutive:** in which one inspectorate would undertake work in its inspected bodies, and the second inspectorate would then test the issues emerging in its own inspected bodies.
- **Concurrent:** in which each inspectorate would undertake separate linked work in their inspected bodies simultaneously.
- **Integrated:** in which the two inspectorates would bring together a joint team to undertake a single joint review.

On this occasion, the work was undertaken concurrently. By running in parallel, an opportunity was missed for HIW to follow up on some of the issues raised by care home managers. If the pilot is to be further rolled out, the work should be undertaken in three stages: an initial stage in which HIW establishes the way in which the health board is intending to provide healthcare support to people living in care homes; a second stage in which CIW and HIW can test with their inspected bodies the extent to which these expectations are being met and the extent to which services are meeting the needs of people and the outcomes being achieved; and a third stage in which the issues raised can be responded to by both the health board and the care home sector.

Approach

It proved challenging for CIW and HIW to work in a truly integrated way due to our different regulatory frameworks. CIW's inspection framework for care homes is aligned to the Social Services and Well-being (Wales) Act, with an explicit focus on promoting wellbeing. HIW does not regulate the NHS in Wales, and uses the Welsh Government's Health and Care Standards as its framework for inspection of NHS services. Independent healthcare providers in Wales are subject to the National Minimum Standards for Independent Healthcare Services in Wales. Whilst there are some common themes across these different standards frameworks, they are different in their presentation and application, and this presents difficulties when inspecting and assessing an integrated service. There is therefore important learning for the inspectorates in how we work together to examine the delivery of care in an integrated manner which has the person receiving care and support at its heart

It became clear during the review that the experience of care home staff in obtaining the timely and effective healthcare support for people could be a useful source of intelligence both to the health board and HIW. This information has not been captured consistently in the past and in future CIW will ensure access to healthcare support is considered as part of all inspections of care homes and any issues identified will be collated and reported to the relevant health board and to HIW.

Timing

We were disappointed in the level of engagement from care home providers to support this work as evidenced by the low completion rate of the questionnaire and the low attendance at the focus group.

However, we note that the timing of the pilot coincided with CIW's preparations to introduce new legislation; this limited the capacity of CIW to adapt its methodology to consider healthcare support issues across a wider sample of care homes. This may also have contributed to the low engagement by care home providers as they were being asked by CIW to complete a detailed self-assessment at the time the survey was being run.

Future reviews should take into consideration exceptional pressures on inspected bodies during planning to maximise provider engagement.

Appendix 1

About us

About Care Inspectorate Wales (CIW)

CIW is the independent regulator of social care and childcare. It registers, inspects and takes action to improve the quality and safety of services for the well-being of the people of Wales.

CIW's inspection framework for care homes[10] is aligned to the Social Services and Well-being (Wales) Act National Outcomes Framework for people who need care and support and carers who need support and at the time of this review underpinned by the Care Standards Act.

About Healthcare Inspectorate Wales (HIW)

HIW regulates and inspects independent healthcare providers and inspects NHS services throughout Wales to highlight areas requiring improvement. .

HIW's inspection and investigation framework[11] for the NHS in Wales is designed to measure the extent to which services are meeting the Welsh Government's Health and Care Standards 2015.

HIW carries out the regulatory functions of Welsh Ministers in relation to independent healthcare in Wales. Independent Healthcare providers must register with HIW under the Care Standards Act 2000 and the Independent Health Care (Wales) Regulations 2011.[12]

Independent healthcare providers are subject to the National Minimum Standards for Independent Healthcare, and HIW's inspection framework for independent healthcare measures compliance with these standards.[13]

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[10] http://careinspectorate.wales/docs/cssiw/general/170406olderadultsen.pdf

[11] http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf

[12] http://www.legislation.gov.uk/wsi/2011/734/contents/made

[13] http://gov.wales/legislation/subordinate/nonsi/nhswales/2011/4927892/?lang=en

Appendix 2

Data from Welsh Ambulance Service Trust (WAST)

In 2017 there were 2,359 requests for an ambulance from Nursing Homes across North Wales:

East	Central	West
1042	923	394

Of the calls made they were incident categorised as follows.

Incident Category	East	Central	West
Red	45	44	25
Amber	571	635	267
Green	426	244	102

On arrival at the hospital patients were triaged and categorised by the hospital as follows (some had no category recorded).

Area	1 Immediate attention required	2 Life Threatening to be seen within 10 minutes	3 To be seen within 1-2 hours	4 Can wait up to 4 hours not urgent/minor injuries	5 Could have stayed at home/gone to chemist
East	8	438	329	44	0
Central	16	329	280	47	8
West	5	145	150	18	0

The Accident & Emergency department consideration is that for the 'Number 5' triage ratings the patient probably did not need to attend hospital, whilst for a high percentage of the 'Green 4' triage ratings the patient could possibly also have been dealt with by GPOOH or remained at the nursing home to receive treatment. However, this is not a sophisticated analysis and only intended to provide an initial overview.

Appendix 3

Training needs identified by survey respondents

Comments received in response to survey question 54: **Is there any support or training that you / your staff would like to be available in relation to meeting the healthcare needs of people living at the care home?**

- "Some senior staff indicated they would like to be able to support community nurses by having more of an awareness of dressings and changing them when necessary."
- "Wound care including tissue viability; skin tears (I have been asking the D/N's for a few years now. This is something which is not covered in first aid training). Training on applying dressings - which dressing to apply to different wounds."
- "We are also asked to take residents blood pressure from out-of-hours GP, but we have not had training (residential homes)."
- "Care of a resident who is on oxygen."
- "Diabetes and taking blood sugar levels."
- "Training to recognise the signs and symptoms of sepsis."
- "IV medication training to reduce the amount of hospital admissions."
- "Continence care including urine infection and catheter care."
- "Dementia and behaviour that challenges."
- "More mental health training covering functional needs."
- "Korsakoff training would be useful as a stand alone course."
- "Parkinson's disease."
- "Stroke."
- "Nutrition."
- "The general wellbeing and aging process of an elderly person, signs symptoms to be aware of that may lead to changes physically or mentally."
- "CHC funded care."
- "Anaphylaxis and resuscitation training not available yet we are expected to administer winter flu vaccinations."
- "Our nursing staff need DOLS training."
- "More appropriate end of life training that meets the needs of registered nurses."
- "Lifting and handling of people."
- "I think it would be a good idea to train staff to taking blood pressures, temperatures, oxygen levels, BMs, wounds and dressings, to check urine for infections. This would save on GP visits and out-of-hours services."
- "More dementia training and more training on, for instance, strokes, heart attacks, sensory loss, end of life/bereavement support, diabetes, Parkinson's disease etc."

- “Financial help and support available for individuals who have no family support etc.”
- “Training on dealing with emergencies and protocols to this, i.e. risk vs emotional well being for service user - it is very difficult to have a line regarding emergency services. It can be very detrimental for an elderly resident especially when they live with dementia to attend A&E for hours on end which is the norm, they find it’s a distressing experience and often these visits could be considered as unnecessary and potentially could be avoided.”
- “Suction.”