

Dear Chair and Committee

Additional Evidence from the College of Occupational Therapists and Royal College of Psychiatrists following the Health and Social Care Committee meeting 16.5.12

Thank you for the opportunity to submit additional evidence on points we were not able to reach during the above session. We have tried to keep these as succinct comments and identify a short recommendation of how these might be achieved in the hope that is helpful. However, please do ask for any further information if more detail would assist.

- **Categorisation of Homes**
We do not believe that the current categorisation of homes is helpful. It would be useful to recommend that homes should be registered to provide services based on needs not diagnosis. Older people can have a range of conditions and designating a home as for those with dementia or not can lead to unnecessary transfers of residents and can lead to separation of life partners. We recommend that all staff should have an awareness and a capability to work with people with dementia. It may be helpful for some homes to specialise and develop expertise, but categorised registration does not assist.
- **Equipment and Adaptations/ Telecare and other practical support**
We did not get an opportunity to discuss the importance of practical, sometimes simple equipment in supporting people. We are aware that hospital discharge can be delayed because simple equipment is not provided, admission to residential care may occur because the home environment is not adapted effectively. The right environment can make a significant difference to people's ability to live in their own home. The simple availability of an 'Out of Hours' carer provision, night sitting, emergency respite or befriending services and fast track adaptations can offer an alternative to crisis admissions. We recommend that these services need to become more widely used. We further recommend that equipment and adaptations are recognised as an integral part of a holistic response for people. The College of Occupational Therapists, in its response to the consultation 'Meeting the Housing Challenge' is calling for a single, tenure blind, non means tested adaptation system in place of the current myriad of systems across Wales. The College is happy to forward the committee the response if that would be useful. It will be important that the new social services legislation does not remove the duty on local authorities to provide such assistance.
- **Sharing excellence and improve quality across Wales**
All registered practitioners should be expected to demonstrate their continuing professional development and use of evidence for best practice. Services, such as care homes could be inspected on their creation of a learning environment and expectation that services will be based on evidence and best practice.

- **Improving quality and level of activity in homes**
 This needs to be a requirement when commissioning services from providers. There needs to be a clear balance between quality and cost in selecting a provider. Meaningful, personalised activity provision must be explicitly required in a quality service specification. Service specifications must also identify how general (local) health services, including reablement and advice for managing difficult behaviour is accessed. All staff must be given training and access to continuing development. This does not mean all care staff need to go on courses, but that they are supervised and supported to consider the quality of their work and the way they interact with service users/ residents. All this can then be examined at inspections and inspectors need to be aware of the importance of activity, dignity and quality of social interaction including a culture of enabling and access to community health care services. The College of Occupational Therapists further recommends that access to occupational therapy advice and reablement services can support these developments.
- **End of life Planning**
 This is important in ensuring a positive approach for people living in care homes who have dementia and/or are nearing the end of life. This can be life affirming for residents, families and carers and supports staff to provide quality care with dignity and respect as people approach the end of their life.
- **Dementia**
 Every member of health and social care staff working with older people must have at least a basic awareness of working with someone with dementia. There should be a process for then accessing specialist advice and support to help manage any specific difficulties that a person experiences. We have found already that providing this access enables staff to continue to manage someone in their own home and adds to the knowledge and capability of staff for future situations. Completing the life story book with every resident is vitally important in helping to keep their history alive, for care staff as well as individuals and their families. It helps to tailor their care according to their preferred style of life. Attention needs to be given to minimising the use of tranquillising medication in care homes by the introduction of clear medication monitoring arrangements, involving care home-held documentation, and primary care, community pharmacy and Community Mental Health Team support. This can then be inspected by HIW/CSSIW.
- **Regulation of support workers**
 Support workers work under the supervision and management of registered professionals who delegate work to those staff and remain responsible for that activity. The regulation of support workers alone will not deliver improved quality. It is our view that the quality of training, supervision and delegation, leading to good management of those staff alongside quality service specifications and a thorough inspection regime is a more holistic solution to improving quality.
- **Workforce planning**
 In addition to the answers given during the session we would like to add that there is a significant problem with the time lag in workforce planning. The decisions to cut places now will be felt in three or more year's time and at that time we may become seriously

short of staff to provide the community/ primary and reablement services that are so needed.

- Improved integration and understanding across health and social care
In our experience staff rotations across health and social care really assist in improved understanding and joint working. We recommend that wherever possible access to staff rotations or secondments are used to enable hospital/ NHS staff to better understand the issues and complexities of community provision. For example, all occupational therapy staff in Bridgend social services/ ABMU LHB have the opportunity to work in both organisations to improve service delivery.

We hope this additional evidence is useful to the committee and look forward to the final report into the inquiry.

Yours sincerely

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