

**LYNNE RUSSELL**

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From: \_\_\_\_\_ 1>  
To: <HSCCOMMITTEE@wales.gov.uk>  
Sent: 13 November 2011 15:41  
Subject: Independent Contribution to the inquiry Residential Care for Older People  
To HSCC members examining the provision of care for the Elderly in Wales:

November 14th 2011

My name is Lynne Russell and I am a Rgn and Rm ( Registered Nurse and Midwife) living in Wales.

My interest in this provision (or lack ) of care stems from my professional role as well as years of personal caring for my Mother and Mother in law .

For Simplicity I have listed below some points that require serious consideration when preparing the agenda that will hopefully support and identify all stages of care in the older population.

1. Can you remember that Social Services and Health Services SHOULD work together as WAG directed quite a few years ago? Well , that is number 1 priority- to work in unison in the caring for 70years plus ( or an agreed age that represents the ideal base line.
2. GP's are remiss in not regularly tracking the health of the elderly. Therefore, a specialist nurse, in a GP lead team together with Social services, Ot's, Physios et al, should meet and assess all the elderly on a regular basis and discuss and plan care needs.
3. Social services link to offer and support social interaction such as luncheon clubs
4. Day care facilities to be established to include stimulating areas such as computer skills and crafts- so many seem to be 'fusty' and 'off-putting'
5. GP feedback sessions for the team with ongoing case reviews to support policies for the safe provision of the elderly
6. Carers- introduced in a relaxed manner and minimal input in order for the resistance to utilising help is managed diplomatically
7. Audit- the system!!! Random samples from each area by an independent but realistic knowledgeable person
8. Outcomes published- in graph form- easily understood and standard for each area
9. identify early those 'at risk'- ACT
10. Input, as above, introduced early. Supportive but also cost effective
11. Support services to be custom-made for the area and for the identified needs
12. OT support to be regularly updated once involved. This is probably an area that is sadly deficient and falls and house accidents cause many hospital admissions
13. Bathing is so important for self esteem etc but if supported by a carer who can assess bodily needs and identify issues requiring input
14. Training issues identified for staff
15. Very important indeed- the support for carers, particularly education regarding the handling and moving aspects of care, drug side effects, future possible needs, breaks for carers too!

I understand that the necessity to address Nursing Care Homes is a separate issue but in fundamentally supporting the aged population to assist them in staying at home safely and well supported the need for nursing care homes must be reduced.

Please feel free to contact me if I can be of any assistance.

*Ayres McKel*

2 yrs Midwife (NHS)  
9 yrs Specialist Palliative Care Nurse Manager (Hospice/Private)