

**Health and Social Care Committee  
Inquiry into residential care for older people**

**RC31 – RCN Wales**

**Royal College of Nursing**  
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15 December 2011

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Dear Mark

Thank-you for the opportunity to contribute to the Committee's Inquiry into Residential Care for Older People. Ensuring the highest possible standard of care in this sector is a significant issue and we welcome this Committee's Inquiry.

The Royal College of Nursing in Scotland contributed evidence in this Summer to a similar Inquiry by the Health and Sport Committee of the Scottish Parliament and we would draw your attention to the final report of this Committee which makes relevant and interesting reading.

The Royal College of Nursing in Wales has the following areas of concern:

- 1) The provision of primary and community healthcare in residential care.

Older people in residential care require at least the same level of access to primary care services as people of any age living independently e.g. public health advice, preventative health checks, advice on self-management etc.

We would expect Care & Social Services Inspectorate Wales (CSSIW) to inspect arrangements and provision for this. We would also expect Local Health Boards to develop and oversee a primary care strategy that included residential homes.

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We are concerned at the increasing pressure on community nursing services. This pressure may be reducing the availability of district nurses to support older people in residential care.

One particular issue is access to equipment designed to maintain the individuals' independence e.g. a hoist or wheelchair. Too often the address of a residential home is mistakenly understood by local authority social services as meaning the older person is not eligible to apply for such equipment (or perhaps that it is the sole responsibility of the home to provide such equipment). In fact a residential home is of course simply their home and the older person living here is as eligible as any other.

- 2) The availability and accessibility of alternative community-based services, including reablement services and domiciliary care:

The increasing pressure on community nursing services that we refer to above also reduces the possibility of older people being supported in their own homes.

Community nurses usually spend at least a third of their time assisting clients to request and be assessed for various forms of support such as domiciliary care or equipment to maintain their independence. The paperwork (and systems are not electronic) is extremely burdensome and difficult to navigate. Eligibility criteria and forms differ in each local authority adding to the complexity and time consuming nature of the process. In October 2010 RCN Wales responded to a Welsh Government consultation on this issue and we would urge the Committee to ask the Welsh Government for a progress update as part of the evidence gathering for this Inquiry.

- 3) Residential *Nursing Care*

We are concerned that in some areas of Wales residential nursing care and in particular residential nursing care for people with dementia is very limited. This, combined with the intense pressure on bed space in hospitals (with bed occupancy across Wales running at around 90%) may be resulting in the

dangerous situation of some older people being inappropriately discharged into residential care rather than nursing care.

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The limited provision in some geographical areas is also causing some to fear that the ultimate sanction of CSSIW to close down a poor service is no longer realistic because of the dependence of the NHS. It is important this issue (including the perception) is addressed by CSSIW.

The legal separation of the two categories of care; nursing and 'personal' care has long been criticised by the RCN. This false distinction has created a time consuming and bureaucratic process of assessment which delays care and may also add to the risk of an inappropriate placement.

#### 4) Regulation and other workforce issues within residential care

Too little is still known about the workforce in residential and nursing care. The RCN would expect CCSIW to be investigating numbers, qualifications and continuous professional development of staff. It is important to note that CSSIW is the regulator of the services provided rather than of the professionals. The Care Council for Wales keeps a register of some types of social workers. The Nursing & Midwifery Council regulates registered nurses.

It is regrettable that recently the Welsh Government has begun insisting that registered nurses working in care homes register a second time with the Care Council for Wales (in marked contrast to the mutual recognition arrangements of Scotland) this double layer of bureaucracy does not address the real area where public protection should be increased – the need to regulate health care support workers.

The services this workforce provide are essential to the operation of the NHS and if a particular area is vulnerable (e.g. a large proportion of nurses due for retirement at the same time or emigrating) it is important to forecast this.

Moreover the provision of residential care in the Welsh language needs to be addressed. Too often this issue is ignored by commissioners and planners.

Several countries, including the United States and Canada, have commissioned extensive surveys of this sector using their equivalent of the Nursing & Midwifery Council's Register in order to inform their workforce planning processes and we would recommend this option be considered by the Welsh Government.

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In Spring 2009 the Integrated Workforce Planning Implementation Board finished a report with recommendations for beginning the work of scoping the independent sector and utilising information already held by regulatory agencies such as the CSSIW. The RCN would recommend the Committee follow up on progress on this work.

Finally we are concerned that cuts to the budget of CSSIW may be imperilling adequate and necessary inspections of residential care in Wales.

#### 5) Whistle blowing

The Royal College of Nursing launched a whistle blowing hotline<sup>1</sup> for staff who were anxious about issues affecting patient safety. This initiative also has provided members with clear advice on how to raise issues with their employer and other appropriate authorities. We would recommend that CSSIW/Care Council for Wales consider how they could promote and provide opportunities for older people, professionals and members of the public to raise their concerns and have these concerns acted upon.

Kind regards

Yours sincerely



**TINA DONNELLY**  
**DIRECTOR, RCN WALES**

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<sup>1</sup> [http://www.rcn.org.uk/support/raising\\_concerns\\_raising\\_standards](http://www.rcn.org.uk/support/raising_concerns_raising_standards)