**Cyflwynwyd yr ymateb i ymgynghoriad y Pwyllgor Iechyd a Gofal Cymdeithasol ar rhyddhau cleifion o ysbytai ac effaith hynny ar y llif cleifion drwy ysbytai**

**This response was submitted to the Health and Social Care Committee consultation on Hospital discharge and its impact on patient flow through hospitals**

**HD 10**

**Ymateb gan: | Response from: Arolygiaeth Gofal Cymru | Care Inspectorate Wales**

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Care Inspectorate Wales

**Response from Care Inspectorate Wales**
**Consultation on hospital discharge and its impact on patient flow through hospitals**

- Vicky Poole, Deputy Chief Inspector, Care Inspectorate Wales.
- This evidence in submitted on behalf of Care Inspectorate Wales.

1. Thank you for the invitation for Care Inspectorate Wales (CIW) to submit evidence to the Committee's consultation on hospital discharge and its impact on patient flow through hospitals. We confirm our response can be published and do not require the Committee to treat any of this written evidence as confidential.

**The scale of the current situation with delayed transfers of care from hospital**

2. CIW is aware there are approximately 1,000 people who are deemed medically fit for discharge from hospital awaiting discharge this week (w/c 20 December 2021).

**The impact of delays in hospital discharge, both on the individual and the patient flow through hospitals and service pressures**

3. We are particularly concerned the directive on choice that enables people to choose which care home they live in has been suspended throughout the pandemic. This may impact on people's human rights.

**The variations in hospital discharge practices throughout Wales and cross-border, and how they are meeting the care and support needs of individuals**

4. CIW is not in a position to comment on this. We are aware of variations between health boards and between local authorities within a health board footprint. This is exacerbated in the larger regions of Gwent and North Wales. We are also aware some local authorities also have to support people being discharged from hospitals in England, where practice is different again.

**The main pressure points and barriers to discharging hospital patients with care and support needs, including social care services capacity**

5. There is unprecedented pressure across the health and social care system. Whilst the pandemic has exacerbated this, the pressures in the social care system, particularly in relation to recruitment and retention in order to have sufficient capacity, have been building for a number of years.

6. In November 2021, CIW published its national overview report of assurance checks of local authorities during the pandemic: https://careinspectorate.wales/sites/default/files/2021-11/211104-national-overview-report-of-assurance-checks-en.pdf.

7. The report contains examples of positive practice, learning points and areas for improvement. A key finding (page 26) is **Capacity of services insufficient to keep pace with demand:**

   *'Whilst the degree varied across Welsh local authorities and between types of services, most areas reported increasing pressure on services as the pandemic progressed. During our assurance checks we saw an increasing lack of capacity within adult domiciliary support services/reablement services, as well as, early help provision and placement services for children. Already under pressure pre-pandemic, the challenges bought about by COVID-19 have undoubtedly increased pressure on the capacity of services to provide people with choices about the type/volume of care and support needed to promote independence and safety.*

   *We saw waiting lists for domiciliary support services. Practitioners and managers we spoke with expressed concerns about this. People's care and support needs were at times unmet with increased pressures on unpaid carers. Many carers also reported limitations on services due to COVID-19 restrictions had brought them to "breaking point". In some local authorities, people's discharge from hospital was delayed because readily available packages of care were insufficient. Positively, we did see flexible and swift responses where there was an immediate risk to a person's safety. The 'discharge to assess' practice implemented in some local authorities also facilitated the prompt discharge for some people, in line with their wishes.'*

8. In September 2020, CIW published its "Overview of feedback from the social care sector" which summarised the findings from check-in calls with social care providers during the first wave of the pandemic: https://careinspectorate.wales/sites/default/files/2020-09/200925-COVID-19-Overview-of-feedback-from-the-social-care-sector-en.pdf.

9. One of the key findings for future consideration set out in the report was the importance of recognising providers are partners in care, especially in relation to hospital discharge, as are family members for many people. Page 16 of the report contains examples of positive practice and areas for improvement in hospital discharge. Whilst the focus of this report was March – July 2020, many of the issues raised in it remain pertinent today.

10. Whilst care homes may have vacant beds many have insufficient staff to meet the needs of people already living at the care home.

11. Regulation 14 of The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017 states *14.(1) 'The service provider must not provide care and support for an individual unless the service provider has determined that the service is suitable to meet the individual's care and support needs and to support the individual to achieve their personal outcomes.'* https://gov.wales/sites/default/files/publications/2019-04/guidance-for-providers-and-responsible-individuals.pdf

12. The regulation also states *14.(3) 'The determination under paragraph (1) must take into account— (f) any risks to the well-being of other individuals to whom care and support is provided'.* This means a provider must not admit new people to a care home unless it is assured it can meet the needs of people already living there; and that it is able to meet the needs of a new person being admitted to the home from hospital.

13. CIW is aware many people being discharged have complex needs which require high, or additional, staffing levels to safely meet their needs. For example, people who are living with advanced dementia who need assistance to eat their meals or people who need two staff (double handling) to assist them to move, for example between their bed and a chair.

14. The lack of capacity in domiciliary support services is even more acute with significant numbers of people waiting for care at home. The number of people this is affecting changes on a daily basis and so it difficult for CIW to maintain an accurate overview. The extent of the pressures also differs between local authorities.

15. This lack of capacity in domiciliary support services places additional pressures on family carers. In some cases it means people are moving into a care home when they want to go to their own home. Whilst this is intended as a short-term measure, many care homes lack capacity to continue to promote people's independence so they can live at home when a domiciliary support package is available. Our concern is this is reversing the policy objective of many years of supporting people to live at home.

**The support, help and advice that is in place for family and unpaid carers during the process**

16. Our national overview report of assurance checks of local authorities also reported on the impact of the pandemic on carers.

17. Carers should be treated as partners in care and also offered an assessment about what matters to them as a carer in addition to an assessment of the care and support needs of the person they cared for. We found practice was variable across Wales with some positive practice and areas for improvement.

**What has worked in Wales, and other parts of the UK, in supporting hospital discharge and improved patient flow, and identifying the common features**

18. CIW is not in a position to provide a detailed answer to this question. However, in 2018, CIW and HIW (Healthcare Inspectorate Wales) published a review of healthcare support for older people living in care homes. This report included consideration of hospital discharge and it is our view the findings in this review remain pertinent today: https://careinspectorate.wales/sites/default/files/2018-11/181115-joint-hiw-ciw-healthcare-support-en.pdf.

19. We are aware there have been a significant number of studies carried out on hospital discharge over the last decade, many of which have contained similar recommendations.

20. The case studies contained in Hospital to Home Community of Practice (May 2021) provide examples of effective practice: https://gov.wales/sites/default/files/publications/2021-08/hospital-to-home-community-of-practice-key-learning-and-practice-examples.pdf.

**What is needed to enable people to return home at the right time, with the right care and support in place, including access to reablement services and consideration of housing needs**

21. Again, these are well set out in Hospital to Home Community of Practice. The Social Services and Well-being (Wales) Act 2014 emphasises the importance of people being able to have 'what matters' conversations. These are a skilled way of working with people to establish the situation, their current well-being, what can be done to support them and what can be done to promote their well-being and resilience for the better: https://socialcare.wales/service-improvement/what-matters-conversations-and-assessment#section-30985-anchor.

22. When a person is in hospital and may have ongoing care and support needs, it is important these conversations are held by hospital staff as well as with social workers. We have found people cannot be confident 'what matters' to them will be captured in hospital and shared with practitioners in the community. Too often we have seen the 'what matters' assessment template completed by hospital staff to record their professional view, as to what should happen next.

23. In September 2020, CIW published its national report 'Listen and then listen again' on prevention and promotion of independence for older adults: https://careinspectorate.wales/sites/default/files/2020-09/200909-Prevention-promotion-of-independence-for-older-adults-en.pdf.

24. One of the report's key findings (number 18, page 9) states:

*'There are some very good multi-disciplinary reablement and 'hospital discharge' teams across Wales. They have a breadth of skills, and a good understanding of how their work makes a positive difference to the people who need their support; some reduce demand on services. They are clear where they are most effective and efficient and where to target their resources. They make good use of IT, aids and adaptations, step-down beds, advanced nurse practitioners and enhanced care teams. There is good practice in supporting people with dementia to manage risk and remain independent at home. Not all services are performing to this high level. Strategic partnerships should ensure all reablement and 'discharge teams' are sharing existing good practice and learning from the many years of experience that is available across Wales. Health boards must improve the consistency and quality of hospital discharge.'*

25. Key finding (number 21, page 9) states:

*'There are projects across Wales where community occupational therapists go into hospitals to support hospital occupational therapists with assessments for discharge. The intention is to ensure requests for unnecessarily large care packages are not preventing or delaying discharges. Sharing learning is positive. However, ensuring hospital staff understand how care packages can be reduced with up-to date manual handling techniques and equipment is not the responsibility of professional staff in the community. Pulling limited community resources into hospitals is not a step in the right direction.'*

26. We are concerned that whilst there are examples of positive practice as outlined in our national report, we also continue to be told about 'pilot projects' and 'new innovative services' that promise to change service delivery and be more outcome-focused, some of which have been 'innovative' for the past six years but were yet to be mainstreamed. This included 'Home from hospital' type services, virtual wards in the community and the role of community hospitals in supporting older people.

27. Some local authorities have developed 'step up and step down beds' using the Integrated Care Fund (ICF). Others have used ICF money to support discharge teams, information services and types of reablement. It is not always clear to practitioners who work in the area how they all fit together. Terminology is also a challenge. The range of different names for the same, or almost the same services creates a minefield of misunderstanding. It became clear when we were reviewing services some services described with the same terminology have very different approaches.

28. Our national report also states (page 23):

*'Inconsistency in the quality of arrangements for hospital discharge is having a negative impact on health and social care resources in the community. Challenges include requests for unnecessarily large double-handed packages of domiciliary care, failures to communicate with families and carers, missing medication and missing personal effects, sometimes false teeth or spectacles. Any of these occurrences cause distress and inconvenience to the person and more work for families, carers and community services. When people are already vulnerable, the consequences are magnified and the tipping point into loss of independence and carer breakdown can be triggered. There are projects across Wales where local authority occupational therapists are going into hospitals to support with assessments and share learning about single handed care packages. Sharing learning is positive….. Localised difficulties in recruiting occupational therapists and social workers is resulting in increasing use of agency staff. We have seen there is a point at which the number of agency staff in a team creates instability, reduces the quality of information, advice and assistance offered, and opportunities to offer preventative responses were missed.'*