

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 31

Ymateb gan: | Response from: Fforwm Gofal Cymru | Care Forum Wales





RESPONSE TO THE SENEDD HEALTH & SOCIAL CARE COMMITTEE CONSULTATION ON HOSPITAL DISCHARGE AND ITS IMPACT ON PATIENT FLOW THROUGH HOSPITALS

Who are we?

Care Forum Wales is the leading professional association for independent sector social care providers in Wales with over 450 members. Our membership includes those who provide care homes and domiciliary care services. Our members come from both the private and third sectors and we aim to engage and professionally support independent providers, to spread good practice, and help members provide a high quality service.

Our members include a variety of structures: large corporate groups, home-grown small and medium enterprises (SMEs), registered social landlords, and voluntary and charitable organisations.

Background

As the First Minister himself said the sector was fragile going into the pandemic. The majority of social care in Wales is commissioned by the public sector (local authorities and health boards), rather than by private payers, and fees have been set based on the assumption that workers in the sector will be paid at or just above the legal minimum wage. There have been long been difficulties in recruiting and retaining staff and these have been exacerbated by the pandemic.

Current position

At the time of writing in early January with high omicron rates in the community both the NHS and the social care sector are under immense staffing pressure with increasing numbers of staff isolating after having tested positive for covid variant or waiting for PCR test results to return to work after being in contact with someone with covid. The pressures the sector is under have also limited our capacity to gather information from providers to contribute to this response. However, both homecare providers and care homes report being unable to take on care of new people due to staffing pressures. While this has been the case for some time in domiciliary care it is only relatively recently, during the pandemic, that it has become a significant issue in care homes too.

However, there are other structural issues too. Care homes are registered with Care Inspectorate Wales and have a Statement of Purpose detailing what types of care they can



provide and are required to only admit residents whose needs they are satisfied they can meet. This is often poorly understood by colleagues in the Health Service who think that if a bed in a care home is available then the care home should just admit the person who is the highest priority for discharge and if the care home is not prepared to do that they are simply being difficult.

What needs to improve

As previously detailed there can be tensions between care homes and hospitals about discharge policies. What is needed is an ongoing and trusted working relationship. People's needs are not necessarily easily pigeon hole and there will be many borderline cases where care homes are uncertain whether they could meet an individual's needs. They are more likely to have confidence they can do so after performing an individual assessment, when they have a relationship with and confidence that the member of hospital staff who is providing them with information is doing so fairly and when they know that appropriate primary and community support is available if they need it. The worst example we have heard recently from a member is where they were told a potential resident with dementia would need to be nursed in bed: when the care home manager went to the hospital to assess her needs she was standing at the nurses station shouting! Both sets of needs can be met but a care home needs to understand accurately what an individual's needs are before committing to meet them. Care homes will also need to balance the needs within the home: it may be that they can take a certain number of people with very high needs, but not more than that while providing safe care. Finances will come into this too of course: some potential residents may need additional staff support and this will need paying for. The smoother the process the better for everyone. We sadly often hear of potential admissions to care homes being delayed, perhaps while funding is confirmed and the person involved becoming ill again or passing away while waiting to move.

The most important thing is an ongoing, partnership based and mutually respectful relationship between Health Boards and care homes. Issues can be overcome together.

*Mary Wimbury
Chief Executive
7 January 2022*

I can confirm that we understand our evidence may be published.