

**Older People’s Commissioner for Wales – Residential Care Review**

**Written Submission from the Chartered Society of Physiotherapy (CSP) in Wales**

**Introduction**

The Chartered Society of Physiotherapy (CSP) in Wales is pleased to contribute to the Residential Care Review being undertaken by the Older People’s Commissioner for Wales and has canvassed views from CSP members working with older people in both the NHS and the private sector.

The profession is unable to provide specific examples on individual residential homes. However, based on the feedback from members the CSP hopes the insight and reflections of physiotherapy staff may be useful to the Commission in its review. Issues raised by the CSP may be explored, perhaps, by the Commission in visits to residential homes as part of the review.

**Comments from the CSP**

1. **Please would you provide a very brief summary about your organisation’s role and your day to day interaction with older people in residential and /or nursing care?**

**About Physiotherapy and the CSP**

Physiotherapists use manual therapy, therapeutic exercise and rehabilitative approaches to restore, maintain and improve movement and activity. Physiotherapists and their teams work with a wide range of population groups (including children, those of working age and older people); across sectors; and in hospital, community and workplace settings. Physiotherapists facilitate early intervention, support self-management and promote independence, helping to prevent episodes of ill health and disabilities developing into chronic conditions.

Physiotherapy delivers high quality innovative services in accessible, responsive and timely ways. It is founded on an increasingly strong evidence base, an evolving scope of practice, clinical leadership and person centred professionalism. As an adaptable, engaged workforce, physiotherapy teams have the skills to address healthcare priorities, meet individual needs and to develop and deliver services in clinically and cost-effective ways. With a focus on quality and productivity, physiotherapy puts meeting patient and population needs, optimising clinical outcomes and the patient experience at the centre of all it does.

The Chartered Society of Physiotherapy is the professional, educational and trade union body for the UK’s 52,000 chartered physiotherapists, physiotherapy students and support workers. The CSP represents more than 2,000 members in Wales.

In relation to day to day interaction with older people in residential and/or nursing care, the CSP as a professional body does not have direct interaction but within Wales, physiotherapists will treat older people with physiotherapy either in their residential/nursing home or the resident may travel to access physiotherapy as appropriate (and if they are able).

**Moving into a care home**

1. **What information, assistance or advocacy services do you currently offer older people and/or their relatives about moving into residential or nursing care in Wales?**

Physiotherapists do not routinely offer information, assistance or advocacy services for older people and/or their relatives about moving into residential or nursing care in Wales.

Members have reported, however, that they are involved in multi-agency teams where part of their role is preventing unnecessary placements into residential care. Feedback indicates that some members consider that there is knowledge about “better” residential and nursing homes and ones that are not so good but it is not felt that this is made transparent when individuals are choosing homes. They consider it is pressure to find a bed, any bed, which may override the opportunity to have time to make an informed choice.

**I live in a place that suits my needs**

1. **From your interaction with older people who live in care homes, their families and friends, what is your overall assessment of the ability of care homes to deliver quality care?**

Feedback from CSP members appears to indicate that, in their experience, care homes vary enormously in their ability to deliver quality care. They report places where nothing is too much trouble and the atmosphere feels like being in a family but other examples where people are often left alone with little interaction.

1. **From your interaction with older people who live in care homes, their families and friends, what is your overall assessment of the ability of care homes to deliver quality of life?**

Feedback from CSP members once again appears to indicate that, in their experience, there is great variation. They point out how quality of life can be inextricably linked to quality care and that interaction and communication is critical. An example is given of client with Parkinson’s disease who had difficulties with expression and voice. Consequently people spoke over the gentleman, and when he was spoken to directly it was in a loud and childish manner.

**I am safe and well cared for**

1. **What is your overall assessment of the safety of older people in care and nursing homes across Wales? By safety, we mean being and feeling physically secure, and free from the risk of physical or emotional harm or neglect.**

Feedback from CSP members highlights that they do consider homes can be risk averse when it comes to physical security and this can be to the detriment of the individual, disabling them by not allowing them the time they need to undertake activities or to try activities with supervised risk, such as walking with a mobility aid where balance is unsteady. However, where this support is provided, increased mobility enables access to other activities and a level of independence and ability. An illustration is given of staff using a wheelchair to transfer a client to the toilet because it is “safer” and quicker than spending the extra time to walk with them so that they also exercise when accessing the toilet.

1. **What is your overall assessment of access to primary care for older people living in care and nursing homes across Wales? By primary care we mean GP, podiatrist, nurse, dentist, psychiatrist, community pharmacist, occupational therapist, physiotherapist etc.**

Physiotherapists and their staff are not directly employed by primary care but provide services within community care. This is an important distinction. Physiotherapists were directly employed by GP practices in the past when practices were ‘fund holding’ but now, in order to access physiotherapy, GPs must refer to Local Health Boards, the independent sector or to private physiotherapy practitioners.

Feedback from CSP members indicates that some physiotherapists are seeing improvements as services are being reorganised to promote the development of Community Resource Teams and as services across health and local government are integrating health and social care professionals into inter-agency teams.

**I have voice, choice and control**

1. **Based on your interaction with older people in care homes and their families and friends, are care homes listening and responding to the voices of older people to ensure that they can make choices and exercise control in their daily lives?**

**Where necessary, is independent advocacy made available to assist older people to speak out to ensure their wellbeing? If not, please state why not.**

The CSP does not have experience on this issue and therefore is unable to provide a response to this question.

**I feel my life has value, meaning and purpose**

1. **What could care homes do to ensure that older people are able to continue leading lives that have value, meaning and purpose and do things that matter to them?**

Feedback from CSP members points to the value of care homes having more staff so that they have time to better support the residents. This means, for example, more time to practice mobility and exercise, also to be able to support them with engagement in activities and leisure pursuits in which they may wish to participate.

A problem reported to the CSP by community physiotherapists is that they perceive clients to be too inactive throughout the day. Very often people decline activities and whilst this is their choice, it can become the norm. Furthermore, many of the activities offered are seated and do not present a challenge to posture and balance.

Progressing mobility can take time and CSP members report a number of people who leave hospital mobile with two carers and a walking frame, but when they are followed up in the residential/nursing home they find them being moved around using a hoist as there are not enough staff to provide two people to assist them with the walking frame.

CSP members consider that access to physiotherapy input to promote independence is very important and is currently limited across Wales. There are some care homes within Wales that do employ private physiotherapy to come into the home to treat residents (an example given is LINC Homes in Cardiff) and work on mobility/independence and some of these can advise on mobility, exercise and activity for a range of residents but in the main, physiotherapy will be confined to intervention for the resident who has been referred.

Paying for private physiotherapy will be a service that care homes would factor into their overall costs or may in some instances be paid for by families. Some may have private physiotherapy costs met with Continuing Health Care funding but this will be determined on an individual basis. The profession understands that changes in funding in the early 2000s meant many homes could no longer afford to employ a physiotherapist directly.

The current provision from the NHS is by referral, usually from the GP or other health professional and usually because a resident’s mobility has deteriorated. Many relate to falls and balance, walking aid provision or manual handling queries/advice. Some Health Boards will respond to a referral via a reablement team and some may provide a ‘community physiotherapist’ from, for example, a Community Resource Team. The intervention will involve an assessment and then a course of treatment which may involve several visits. Where possible (and applicable), a resident may be encouraged to attend a hospital department with a carer or family member. Feedback indicates there are some day units that take referrals into them from residential and nursing homes if there is any potential for improvement. An assessment will be undertaken to determine this possibility either in the home or in the day unit. One Health Board which operates ‘Physio Direct’ takes self-referral (from the client or a family member) to the physiotherapy service.

CSP members make the point that sadly, referral to physiotherapy may sometimes be too late and actually, if the resident had accessed physiotherapy earlier, or been encouraged to be more mobile, some of the mobility problems might have been prevented. One member highlights the concern that all too often patients are referred too late and contractures are occurring due to lack of activity. She reports there to be a “massive issue” with applying splints and the management of contractures. Some homes take on board advice from the physiotherapist and have a designated member of staff to assist with physiotherapy activities. Others do not.

The CSP would be very interested in the Commission’s findings in relation to physical activity in residential and nursing homes and access to physiotherapy. Ideally, the profession would like to see enhanced access to physiotherapy and in addition to contributing to improving physical activity in the home physiotherapists can provide advice, education and training on manual handling for care staff and maintaining wellbeing of residents before they become unsteady or unwell. Of particular importance is falls prevention and hospital admission avoidance. Some Health Boards are looking at this, for example Cwm Taf looking to use ‘Invest to Save’ funding.

Physical activity including active mobility is an area where the profession would like to see care homes doing more. Some do, for example using EXTEND instructors to provide exercise classes. But physical health is more than just undertaking an exercise class.

**I am treated with dignity and respect**

1. **What is your overall assessment of how older people are treated in care and nursing homes across Wales?**

Feedback from CSP members is that it varies although it must be noted that this evidence is based on anecdotal feedback. One member reports that she comes across patients who are not being weighed despite obvious weight loss and have lost their teeth (dentures) or the teeth are broken, footwear is inadequate (sloppy slippers) and their glasses are broken. However, others report a respectful environment where great friendships are made, residents appear happy and it is clear that they are treated with dignity in all aspects of their lives.

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