



Judith Paget  
Aneurin Bevan Health Board  
St Cadoc's Hospital  
Lodge Road  
Caerleon  
Newport

Cambrian Buildings  
Mount Stuart Square  
Cardiff CF10 5FL

Adeiladau Cambrian  
Sqwâr Mount Stuart  
Caerdydd CF10 5FL

17 April 2015

Dear Ms Paget

**Formal written notice issued under the Commissioner for Older People (Wales) Act 2006: Additional Information Required**

I would like to take this opportunity to thank you again for providing a timely response to my Requirements for Action, which were published alongside the findings of my Care Home Review.

I have now had an opportunity to review all of the responses from the bodies subject to my Review and I enclose my evaluation of your response.

If you raised specific questions with me about my Requirements for Action, please find attached my response to these.

In analysing the responses received, I was looking for assurance, through the information provided and action in hand or planned, that my Requirements for Action will be implemented and the intended outcome will be delivered.

As you will see from my analysis, I have clearly set out whether each element of your response is 'acceptable', 'partial' (further information needed) or 'unacceptable'. Acceptable means that my assurance levels based in the information provided are sufficient, partial and unacceptable means that I require further information to be assured that the Requirement for Action will be implemented and its intended outcome delivered.

Where I have concluded that an element of your response is either partial or unacceptable, I require further information or a revised approach in order to be satisfied that your organisation is already complying with the Requirement for Action or is committed to taking the action necessary to deliver the required change. This information should be provided to me by **Friday 15 May 2015**, in line with the timescales specified in the Commissioner for Older People (Wales) Act 2006. If you are unclear about any aspect of your response, in particular what would provide the level of assurance that I am looking for, or have any detailed questions regarding the Requirements for Action, you are welcome to contact me.

I am obliged by the Commissioner for Older People (Wales) Act 2006 to keep a register of responses to my Requirements for Action and therefore all of the responses from the bodies subject to my Review will be published on my website together with the analysis of each response. I will also be publishing an overall commentary on whether I consider, based on the further information I receive, that the change I expect to see on behalf of older people will be delivered. In addition to this information being published on my website, I will also be making a formal public statement, both in respect of an overview of action underway and action intended by individual bodies subject to the Review.

If you require any further information, please contact my Director of Wellbeing and Empowerment, Daisy Cole, on 08442 640670.

Yours sincerely



**Sarah Rochira**  
**Older People's Commissioner for Wales**

## **Aneurin Bevan University Health Board**

### **Requirement for Action 1.3**

#### **Initial Conclusion - Partial**

1.3 Specialist care home continence support should be available to all care homes to support best practice in continence care, underpinned by clear national guidelines for the use of continence aids and dignity

The Health Board's response to this Requirement for Action appears to provide a realistic assessment of the current provision of continence support. This includes the perceived strengths of provision, but also the current weaknesses the services experiences that mean the provision is limited, particularly in smaller or single providers. The Health Board identifies actions that its continence service needs to take, such as to scope the requirements of nursing homes and introduce the continence pathway.

However, there is no further detail provided on how identified demand will be met despite there being a recognition that service is limited in relation to smaller providers. There is no reference to best practice, or meeting the desired outcomes for older people.

It is welcome that accountable individuals are listed, and the Requirement for Action timeline is referenced. However, there is no information provided on how progress against this target will be monitored and judged.

### **Requirement for Action 1.6**

#### **Initial Conclusion - Partial**

1.6 Older people are offered independent advocacy in the following circumstances:

- when an older person is at risk of, or experiencing, physical,

emotional, financial or sexual abuse.

- when a care home is closing or an older person is moving because their care needs have changed.
- when an older person needs support to help them leave hospital.

For those with fluctuating capacity or communication difficulties, this should be non-instructed advocacy.

When a care home is in escalating concerns, residents must have access to non-instructed advocacy.

The Health Board's response to this Requirement for Action appears to demonstrate an awareness of the role of independent advocates, and briefly refers to the range of services and providers in the area.

Although, there is a statement in relation to current provision, there is no information regarding its update and the quality assurance processes that are in place. There is also no reference made to the desired outcomes for older people.

It does identify an action for the Health Board, for ongoing awareness and communication with staff. However, there is no detail provided regarding what this means in practice, for example over and above what is already provided. Another action that is identified for the Health Board is 'to support funding'. However, it is unclear if this means to support the current funding levels or an increase.

It is welcome that accountable individuals are listed, and the Requirement for Action timeline is referenced. However, there is no information provided on how progress against this target will be monitored and judged.

## **Requirement for Action 2.2**

### **Initial Conclusion - Partial**

2.2 Older people in care homes have access to specialist services and,

where appropriate, multidisciplinary care that is designed to support rehabilitation after a period of ill health.

The Health Board's response to this Requirement for Action appears to demonstrate an awareness of the range of multi-disciplinary care and specialist services that are currently provided. There is a recognition of the current weaknesses in its provision, and links these to resources.

The response outlines a clear action for the Health Board to undertake demand and capacity work. However, the response could further commit and clearly display a willingness to proactively develop new services – for example to openly consult in order to achieve the desired outcomes for older people.

The Health Board could have made more explicit their links to Local Authorities when responding to this Requirement.

It is welcome that accountable individuals are listed, and the Requirement for Action timeline is referenced. However, there is no information provided on how progress against this target will be monitored and judged.

### **Requirement for Action 3.4**

#### **Initial Conclusion - Unacceptable**

3.4 In-reach, multidisciplinary specialist mental health and wellbeing support for older people in care homes is developed and made available, including:

- An assessment of the mental health and wellbeing of older people as part of their initial care and support plan development and their on-going care planning.
- Advice and support to care staff about how to care effectively for older people with mental wellbeing and mental health needs, including dementia, and when to make referrals.
- Explicit referral pathways and criteria for referral.

- All residents on anti-psychotics are monitored and assessed for potential withdrawal and reviews are conducted in line with NICE guidelines.

The Health Board's response to this Requirement for Action provides a brief description of current provision of mental health support. However, no information on quality assurance processes nor any assessment of whether current provision is meeting the needs of older people in care homes.

The response does not provide any proactive actions for the Health Board to undertake. This gives the impression that it will continue to work in the same way without adapting its service provision in response to the findings of the Review.

There is no reference to the achievement of individual's outcomes, and no explicit link is made to mental health, and the wellbeing and quality of life of individuals – instead, providing an impression that there is a larger focus on a medical approach. There is no reference to a referral process.

There are accountable individuals listed, but no clear link provided between how those individuals will shape and improve provision.

### **Requirement for Action 3.5**

#### **Initial Conclusion – Unacceptable**

3.5 Information is published annually about the use of anti-psychotics in care homes, benchmarked against NICE guidelines and Welsh Government Intelligent Targets For Dementia.

The Health Board's response to this Requirement for Action states that the use of anti-psychotics are benchmarked against NICE guidelines, and outlines an action for the Health Board to prepare a business case for the ongoing funding of a pharmacist within the complex care team.

However, there is no specific commitment to publish information annually. There are accountable individuals listed, but there is no clear link between how those individuals will work to comply with the Requirement of annual publication.

## **Requirement for Action 4.2**

### **Initial Conclusion – Acceptable**

4.2 A formal agreement is developed and implemented between the care home and local primary care and specialist services based on the Statement of Entitlement. This should include:

- Referral pathways, including open access
- Waiting times
- Referral and discharge information
- Advice and information to support the on-going care of the older person in the home
- Access to specialist services for older people in nursing homes, in line with the Fundamentals of Care Guidance

The Health Board's response to this Requirement for Action states that a development of a formal agreement between care homes, primary care and specialist services is progressing already. It recognises that more work is needed to be undertaken on referral pathways and open access. However, more information on when and how this will be done would have been useful.

It is welcome that accountable individuals are listed, and the Requirement for Action timeline is referenced. However, there is no information provided on how progress against this target will be monitored and judged.

## **Requirement for Action 4.3**

### **Initial Conclusion – Partial**

4.3 Care staff are provided with information, advice and, where appropriate, training to ensure they understand and identify the health needs of older people as well as when and how to make a referral.

The Health Board's response to this Requirement for Action recognises the nature and gaps of its current provision of information and training to care home staff. The Health Board recognises that nursing home providers are currently reactive in accessing health services. A proactive approach to information, advice and training will need more development – however there is no clear plan of action of how to move this forward.

There is a clear action to assist care home providers in sourcing training. However, there appears to be a bias towards nursing homes and not the whole care home sector within the region. Therefore, little is known about how the residential care home staff are able to identify health needs.

It is welcome that accountable individuals are listed, and the Requirement for Action timeline is referenced. However, there is no information provided on how progress against this target will be monitored and judged.

#### **Requirement for Action 4.4**

##### **Initial Conclusion – Partial**

4.4 Upon arrival at a care home, older people receive medication reviews by a clinically qualified professional, with regular medicine reviews undertaken in line with published best practice.

The Health Board's response to this Requirement for Action demonstrates an awareness of the current situation in relation to medication reviews and states that the majority of nursing home providers arrange for a medication review. There are examples of current good work to increase awareness of poly-pharmacy and published best practice through a pharmacist. However, there is no information provided on the experiences of individuals within care homes.



There is a commitment to develop a new process to monitor and review medications with care homes, GPs and pharmacists. However, it is unclear whether this means all care homes in the area, including both residential and nursing, to ensure that all individuals receive a medication review.

It is welcome that accountable individuals are listed, and the Requirement for Action timeline is referenced. However, there is no information provided on how progress against this target will be monitored and judged.

### **Requirement for Action 5.6**

#### **Initial Conclusion – Acceptable**

5.6 A National Improvement Service is established to improve care homes where Local Authorities, Health Boards and CSSIW have identified significant and/or on-going risk factors concerning the quality of life or care provided to residents and/or potential breaches of their human rights.

The national improvement team should utilise the skills of experienced Care Home Managers, as well as other practitioners, to provide intensive and transformational support to drive up the standards of quality of life and care for residents as well as to prevent and mitigate future safeguarding risks.

This service should also develop a range of resources and training materials to assist care homes that wish to improve in self-development and on-going improvement.

The Health Board's response to the Requirement for Action provides a clear support and commitment for a National Improvement Service. The Health Board identifies an action for itself to ensure that staff are supported to become involved in its development.

## **Requirement for Action 6.2**

### **Initial Conclusion – Partial**

6.2 Care home providers, commissioners and CSSIW should develop informal and systematic ways in which to ensure they better understand the quality of life of older people, through listening to them directly (outside of formal complaints) and ensuring issues they raise are acted upon.

Annual reporting should be undertaken of how on-going feedback from older people has been used to drive continuous improvement (see action 6.10).

The Health Board's response to the Requirement for Action demonstrates that there is ongoing work in this area, and shows a commitment to extend this work from nursing homes to care homes. It also demonstrates a willingness to proactively develop new methods to understand quality of life.

However, it is not evident how this ongoing work is currently being used to drive service improvement and how the voices of older people are central to delivery and improvement.

The response makes no reference to annual reporting, nor does it explicitly refer to joint working with other statutory bodies.

It is welcome that accountable individuals are listed, and the Requirement for Action timeline is referenced. However, there is no judgement regarding the predicted progress of their ongoing work by this date.

## **Requirement for Action 6.8**

### **Initial Conclusion – Unacceptable**

6.8 Health Boards include the following information relating to the quality of life and care of older people in residential and nursing care homes in

their existing Annual Quality Statements:

- the inappropriate use of antipsychotics
- access to mental health and wellbeing support
- number of falls
- access to falls prevention
- access to reablement services
- support to maintain sight and hearing.

Further areas for inclusion to be developed as part of the AQS guidance published annually.

The Health Board's response to the Requirement for Action provides a commitment to include a statement on the required data in the Annual Quality Statement where the data is available. However, there is also a statement that the collection of all required data is not possible and there are no mechanisms to do so. There is an acknowledgement that investment would be needed to meet this requirement. However, there is no commitment to do so, or plan of action to change the situation.

### **Requirement for Action 7.3**

#### **Initial Conclusion – Partial**

7.3 The NHS works with the care home sector to develop it as a key part of the nursing career pathway, including providing full peer and professional development support to nurses working in care homes.

The Health Board's response to the Requirement for Action demonstrates the Health Boards support for the Requirement, and shows that there is action in place to work with care home to identify training and professional development needed.

Although a previous response (to Requirement for Action 5.1) states that this work will feed into the National Care Home Task and Finish Group,

Workforce Working Group, there is no further information on the clear plan for the Health Board.

There are no evident identification of the barriers to entering the nurse workforce in care homes.

It is welcome that accountable individuals are listed, and the Requirement for Action timeline is referenced. However, there is no judgement regarding the predicted progress of their ongoing work by this date.

## **Appendix 1:**

### **Aneurin Bevan University Health Board, questions raised**

#### **Requirement for Action 2.4**

Question:

“Best Practice guidance – mandatory changes / refurbishments – these are absolutely the correct thing to do but will come at a cost. Who will fund these requirements?”

This question has been interpreted as relating to the cost impact of implementing national best practice guidance about the care home environment and aids to daily living.

It is the Commissioner’s expectation that Welsh Government will lead on the development of such best practice guidance, in conjunction with relevant partners where appropriate. The intention behind this Requirement for Action is to ensure that the environment of care homes, internally and externally, is accessible and dementia and sensory loss supportive.

The Commissioner notes your comments in relation to cost impact. It is the Commissioner’s view that if this Requirement for Action is not implemented, then older people may be unable to move around the care home safely and independently, increasing personal safety risks, such as

falls, and struggle to communicate with each other and staff, leading to isolation and withdrawal. The long term cost impact of this, both in terms of individual outcomes and the ability of the health and social care services to deliver positive outcomes are likely to be far higher than investing in the proposed early interventions.

The Commissioner would encourage your Health Board to open an early dialogue with Welsh Government, Local Authorities, and other Health Boards across Wales to discuss the options regarding implementation as the national best practice guidance is developed.