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17 April 2015

Dear Mr Cairns

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

Cardiff and the Vale University Health Board

Requirement for Action 1.3

Initial Conclusion - Unacceptable

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 provides a statement that specialist continence service exists. However, there is no clear identification of what current issues the service faces. There is no analysis of the quality and availability of specialist support and the experiences of individual older people.

There is a reference to the Health Board's contribution to national work with the independent sector, but this is in relation to value for money procurement and standardisation. There are no timescales for the implementation of any changes as a result of this work. Nor is there any insight into how these factors will explicitly link to improvement for the individual's experiences and outcomes, and how quality assurance processes will be developed. There is no reference to best practice.

The Health Board does not identify any accountable individuals who are responsible for delivering in this Requirement for Action.

Requirement for Action 1.6

Initial Conclusion - Unacceptable

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 states that it is proactive in providing advocacy, and that this does include Independent Mental Capacity Advocates. Furthermore, the Health Board works with third sector partners such as Age Connect in order to support individuals who have moved from hospital. However, there is no reference to the other situations where independent advocacy should be available that are mentioned in the Requirement, such as when a care home is closing nor is there any reference to non instructed advocacy.

The response does not provide any analysis of the reality of access to and availability of independent advocacy services as experienced by older people, nor does it provide information on how the services that are provided are quality assured. There is no commitment made to scope the adequacy of current provision in order to identify any weaknesses and develop a plan for improvement in light of the findings of the Review.

The Health Board does not identify any accountable individuals who are responsible for delivering in this Requirement for Action.

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 provides a brief statement on the specialist and multi-disciplinary support that is available, such as 'Locality based community resources services' and investment in training and provision of resources to staff, particular in the areas of nutrition and speech and language therapy.

However, there is no explicit link made between these services and their role in rehabilitation. There is no reference to the adequacy of current provision and the reality of access to these services for individual older people. There is no information in relation to methods of quality assurance, and the impact that these services have on the experiences and outcomes of older people. There is no commitment made to scope the adequacy of current provision in order to identify any weaknesses and develop a plan for improvement in light of the findings of the Review.

The Health Board does not identify any accountable individuals who are responsible for delivering in this Requirement for Action.

Requirement for Action 3.4

Initial Conclusion - Partial

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 states that primary care liaison services within its mental health for older people

service provides support and advice to care homes. However, this appears to focus on a medical approach and does not provide sufficient focus on well-being needs.

There is no self assessment, or analysis regarding the reality of access for individual older people, their experiences, and the impact of the service on their outcomes. The Health Board does not commit to scope the adequacy of provision in response to the findings of the Review, nor is there any information provided on the methods of quality assurance that are used.

The response does provide brief information on a pilot project being undertaken with the independent sector, GPs and the Liaison Team regarding anti-psychotic medication. Therefore, there is clearly an intention to improve the use of drugs. However, although the Health Board states that it hopes the roll this out across the region, there is no timeline provided for the completion of this work.

The Health Board does not identify any accountable individuals who are responsible for delivering in this Requirement for Action.

Requirement for Action 3.5

Initial Conclusion – Acceptable

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 demonstrates a clear commitment to publish information regarding the use of antipsychotics by September 2015.

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 demonstrates a clear commitment to work with Local Authorities, CSSIW and care home providers to develop a formal agreement based on the national Statement of Entitlement.

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 demonstrates a commitment to work in partnership with Local Authorities, CSSIW and care home providers in order to monitor the provision of training to staff as part of care home performance monitoring.

The response states that in house training will continue to be offered to the sector. However, there is no explicit reference to the identification of health needs and how staff are supported to make a referral. No clear information is provided regarding what the current priority training needs for care home staff are, how they are identified and how the Health

Board's actions will meet those needs. There is no information provided in relation to the quality assurance processes of training that is delivered.

The Health Board does not set a clear plan of action, with an accountable individual in order to ensure the needs of staff are identified and met.

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 states that enhanced services, which include a focus on medication reviews, are being reviewed to ensure equitable access across the Health Board area.

This provides a brief insight that access to medication reviews may now currently be equitable across the region, and a commitment for these to be reviewed. However, there is no explicit analysis of provision and access. Nor is there the explicit recognition of that impact that poor access to a review may have on an individual and their outcomes.

The Health Board does not provide a timeline for the work of reviewing the enhanced services, and there is no accountable individual identified for ensuring that older people receive medication reviews.

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 this Requirement for Action demonstrated a clear commitment to work with Welsh Government, Local Authorities, CSSIW and care home providers to develop a National Improvement Service.

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 this Requirement for Action demonstrates a willingness to work with statutory bodies to develop and implement ways to better understand quality of life. However, this commitment does

not specifically mention that this would include directly listening to the voices of older people.

The Health Board states that it is working to commission a framework contract with nursing homes, which would include elements of resident feedback. However, it does not clarify what elements these will be and how they will be used.

The response does not provide any evidence of how the actions of the Health Board are enabling the voices of older people to contribute to continuous improvement, and how the planned actions will facilitate conversations with older people.

The response does not make any reference to annual reporting.

The Health Board does not provide a timeline for the work of developing a framework contract, and there is no accountable individual identified for ensuring that the voices of older people are heard and directly contribute to improving quality of life.

Finally, a number of comments have been included within the Health Boards response that perhaps should not have been included in the final submitted version, these were in relation to the Requirement for Action timeframe that has been set and the work of the Community Health Council.

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 did not provide a response to this Requirement for Action.

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 this Requirement for Action demonstrated a clear commitment to work in partnership with the care and further education sector to integrate it as part of the nursing career pathway.

However, the response does not provide any further information on how the Health Board intends to do this, by when and who the accountable individual for its delivery would be.

The response does refer to the support that is provided by Nurse Assessor Teams, and commits to develop these links more formally. However there is no further information provided on how this will be implemented and by when.