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17 April 2015

Dear Ms Shillabeer

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.

It is clear from your response that you have given this considerable thought and focussed strongly on the outcomes that I am seeking to secure on behalf of older people.

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

Powys Teaching Health Board & Powys County Council

Requirement for Action 1.3

Initial Conclusion - Acceptable

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 includes a statement on the type of current provision of continence care. There is no analysis of the current reality of access to such services, and their quality. However there is a clear plan and commitment to assess the availability, support needed by care homes and intention to monitor provision to ensure access and quality going forward.

The response names accountable individuals, and proposes clear timeframes for each stage of the planned action.

Requirement for Action 1.6

Initial Conclusion - Acceptable

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 provides a statement that advocacy is available within the region, however there is no further information provided on the type or levels of independent advocacy and its quality.

Despite this, there is a clear plan and commitment to assess its availability, identify any action that is required to meet the Requirement for Action and builds in monitoring and evaluation to the plan to ensure that access to independent advocacy and quality is maintained.

Furthermore, the response includes a commitment to link 'wherever possible directly with recipients of the advocacy service' when reassessing advocacy provision arrangements.

The response names accountable individuals for the delivery of the Requirement for Action that are joint between the Health Board and the Local Authority. Although some of the timelines are outside of the set time within the Requirement for Action, clear timeframes for each stage of proposed action are outlined.

Requirement for Action 2.2

Initial Conclusion - Acceptable

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 statement that community rehabilitation and specialist services are available. However, there is no further information of the type, or levels of current provision and its quality.

Despite this, there is a clear plan and commitment to assess its availability, to map any gaps and take the action needed to meet the Requirement. There is also monitoring and evaluation of the provision build into the plan to ensure access and quality. There is a commitment and plan to work with care home managers and GPs.

The response names accountable individuals for the delivery of the Requirement for Action that are joint between the Health Board and the Local Authority. Although some of the timelines are outside of the set time within the Requirement for Action, clear timeframes for each stage of proposed action are outlined.

Requirement for Action 3.2

Initial Conclusion - Acceptable

3.2 All care home employees undertake basic dementia training as part of their induction and all care staff and care home managers undertake further dementia training on an on-going basis as part of their skills and competency development, with this a specific element of supervision and performance assessment.

The Local Authority's response to this requirement appears to demonstrate an awareness and understanding of the importance of dementia training and states that training and development of the workforce across the whole sector is a key commitment of the Health and Adult Social Care Leadership Board.

The response also provides an outline of future plans, stating that the Local Authority will ensure all care homes have access to the current training that is available and promote this through provider forums.

However, the local Authority response does not give specific detail on what the level and pitch of the training provided. Reference to a timeline with regard to future plans would be useful.

Requirement for Action 3.3

Initial Conclusion – Partial

3.3 Active steps should be taken to encourage the use of befriending schemes within care homes, including intergenerational projects, and support residents to retain existing friendships. This must include ensuring continued access to faith based support and to specific cultural communities.

The Local Authority's response to this requirement appears to demonstrate some understanding of the importance of befriending, stating a commitment to work with the 3rd Sector to assist Care Homes in maintaining links with the community.

The Local Authority also plans to review the support that the current 3rd Sector officers provide to community care homes via its Single Point of Access.

The statement appears not to consider the full range of and meaning of befriending - including the role of intergenerational work. The statement would be improved if more detail was included to explain proposed actions more clearly.

Whilst there is an action plan in place, this could be more inclusive in terms of the range of befriending initiatives and not so reliant on only the 3rd Sector.

In addition, the local authority's response appears not to refer to some of the specifics of the Commissioner's Requirements; namely, other aspects of befriending such as cultural need, spirituality and the need to reach out to faith based groups.

Requirement for Action 3.4

Initial Conclusion - Acceptable

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 includes a statement regarding the current provision of specialist mental health support, this includes considering mental health and wellbeing as part of care planning upon initial admission. There is a stated willingness to improve and develop this practice.

There is a clear plan outlined, with timescales to review a sample of case notes and assess the adequacy of in-reach support in care homes. There is a commitment to put in place mechanisms to better support non mental health staff in order to improve the identification of specialist need. There is also a clear plan to assess and evaluate current in reach services, and to quality assure provision and update their processes if necessary – including an audit of processes to ensure they're reflective of NICE.

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 provides a commitment to develop the data collection methods that are needed to begin publishing information on the use of anti-psychotics, with a clear timescale. There is a further commitment to include this data, including an assessment against NICE guidance and WG intelligence targets in the Powys Mental Health Partnership Annual Report.

Although there is no commitment to include this within the Annual Quality Statement in response to this Requirement, there is a commitment in response to Requirement for Action 6.8 to utilise the information collated in the Powys Mental Health Partnership Annual Report for the AQS.

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 commitment to cooperate with the Welsh Government in the development of a Statement of Entitlement. This also includes a commitment, including timescales, to begin undertaking a baseline assessment of current service delivery and to develop a project to localise the application of the Statement. The response includes an accountable individual for the delivery of this work.

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 includes a proactive and unique idea, including timelines, to develop a directory of services which includes primary and specialist services in the region and localities for care home staff to use.

There is a commitment to work with providers to identify priority areas for training and support, with a commitment to enable an annual programme of interaction between professionals and care homes.

However, it is unclear if this means the development and delivery of new and further training and support to care home staff once priority areas and gaps have been identified.

The response includes an accountable individual for the delivery of this work.

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 provides a clear commitment to review the current process of medication management and reviews for people leaving hospital and entering a care home. There is also a commitment to revise contracts between pharmacists and care homes to include medication reviews upon

admissions – with clear timescales against these actions. The response includes an accountable individual for the delivery of this work.

However, the response appears to be weighted towards an individual moving into a care home from hospital and not from their home. There is no information explicitly provided in this regard.

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 provides a commitment to work collaboratively with Welsh Government and care homes to support the development of 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 proactive commitment to develop a new service to listen to, and engage with older people to hear views on how services can be improved. There is also a commitment to pilot the new service with individuals to ensure that it is delivering on its desired aims, and to review the current contract for care homes and the care home monitoring process and tools to enable a greater focus on quality of life aspects. There are timescales for the delivery of these actions, and although some are outside of the Requirements time frame, this is to complete full evaluation.

However, there is no reference made to working with CSSIW, or to annual reporting on how listening to feedback has actually driven improvements.

The response names accountable individuals for the delivery of the Requirement for Action that are joint between the Health Board and the Local Authority.

Requirement for Action 6.7

Initial Conclusion – Acceptable

6.7 Annual Quality Statements are published by the Director of Social Services in respect of the quality of life and care of older people living in commissioned and Local Authority run care homes. This should include:

- the availability of independent Independent Advocacy in care homes

- quality of life and care of older people, including specific reference to older people living with dementia and/or sensory loss
- how the human rights of older people are upheld in care homes across the Local Authority
- the views of older people, advocates and lay assessors about the quality of life and care provided in care homes
- geographic location of care homes

Further details of reporting requirements should be included as part of the Regulation and Inspection Bill.

The Local Authority's response demonstrates a commitment to address the Requirements for Action with a reasonably clear idea of planned development to progress this.

In order to do this, the Local Authority will review its current contract monitoring approach against the criteria set out in 6.7 to ensure it is asking the right questions. It will also provide support through its commissioning and contracts team to enable care homes to fulfil the requirements of having a high quality statement.

The response also indicates that the Local Authority will ensure that its commissioned care homes publish annual quality statements and test the accessibility of these published documents.

Requirement for Action 6.8

Initial Conclusion – Acceptable

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 this Requirement for Action sets out a clear plan for the data that needs to be collected, outlines processes for collecting this and also clear timelines for delivery and an accountable individual.

There is also a commitment to utilise information from other sources for inclusion within the AQS, such as the Powys Mental Health Partnership Annual Report.

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 includes a proactive and original suggestion to develop a buddying scheme between ward sisters and managers to enable peer and professional support within a defined timeframe.

There is a commitment to engage with care homes to extend training and development. However, this is vague and provides no insight into how this

will be done or what the current issues and barriers are to individual choosing to enter the profession.

There is a commitment to explore ways in which the nursing workforce planning and recruitment can be joined up to support the care home sector , for example linking with Workforce and Education Service. However there is no information regarding what this would mean in practice. Furthermore, there is no explicit commitment to implement any changes or defined actions after this exploration has taken place.