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Ms Carol Shillabeer
Chief Executive
Powys Teaching Health Board
Mansion House
Bronllys
Brecon, LD3 0LS

10 August 2015

Dear Ms Shillabeer,

Care Home Review: Analysis of your final response

I am writing to thank you for providing a final response to my Requirements for Action, which I have now had an opportunity to analyse.

In analysing the response 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 outcomes will be delivered for older people.

Your response clearly demonstrates a commitment to delivering the change required that I outlined in my Care Home Review and clearly details action you have in place or will take to deliver the intended outcomes.

I am particularly pleased that the Health Board and Local Authority have taken a strong collaborative approach, and developed a clear and structured strategy to drive forward change across the sector. Your organisation has shown a determination to continue to improve its plan and has openly welcomed the constructive feedback that I have provided. This has resulted in all of your responses to my Requirements for Action being analysed as 'acceptable'. I am also pleased that you have detailed

what review and evaluation procedures you have in place to provide assurance at a senior level in your organisation that the required outcomes will be delivered.

Furthermore, your organisation has proposed the proactive development of new services or processes which have the potential to progress as best practice. For example, I welcome the commitment to develop a new service for engaging with and listening to older people in relation to their quality of life and how services can be improved (Requirement for Action 6.2), and also the development of collection methods to publish information on the use of anti-psychotic drugs in care homes (Requirement for Action 3.5).

I am therefore satisfied that your organisation is already complying with my Requirements of Action or is committed to taking the action necessary to deliver the required change.

Please find attached a detailed analysis of the additional information you have provided in response to my request.

As you are aware, 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.

As I have already advised, I will be publishing an overall commentary on whether I consider that the change I expect to see on behalf of older people will be delivered across Wales and I intend to make a formal public statement in respect of this and action intended by individual bodies subject to the review. These statements will be made on 11 August.

It is not my intention to seek detailed updates on all of the action you have in hand, because of the level of assurance and commitment you have shown in securing these outcomes. It is therefore my intention to undertake a follow up review in 18 months' time at which stage I will be looking for tangible evidence that these outcomes have been consistently

delivered across the care homes in your area (your action has been completed). I will, at a later stage, provide you with information on the scope and approach that I will adopt.

However, there are a number areas for which I will require interim updates and assurance and I will write separately to you in respect of what these are and how I will require this to be provided.

I look forward to continuing to work with you to ensure that older people living in care homes in Wales have the best possible quality of life and receive the highest standards of care.

Yours sincerely

A handwritten signature in black ink that reads "Sarah Rochira". The signature is written in a cursive style with a long, sweeping tail on the letter 'i'.

Sarah Rochira
Older People's Commissioner for Wales

Powys Teaching Health Board and Powys County Council

The Health Board and the Local Authority have submitted a collaborative response to my Review, 'A Place to Call Home?', and I welcome their committed approach to integrated working. Furthermore, I welcome the decision to review and monitor progress of this work through the joint Integrated Pathway for Older People forum that reports directly to the joint Integrated Health and Social Care Board. These arrangements should ensure that progress is closely monitored and that change is driven forward consistently across the region. I would expect that as this programme of work develops, regular reporting takes place through these arrangements, or another appropriate channel, within the Authorities corporate governance structure, to the Health Board and to the public.

Requirement for Action 1.3

Final 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 was previously determined to be acceptable. Therefore no further analysis has been undertaken.

Requirement for Action 1.6

Final 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 collaborative's response to this Requirement for Action was previously determined to be acceptable. Therefore no further analysis has been undertaken.

Requirement for Action 2.2

Final 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 collaborative's response to this Requirement for Action was previously determined to be acceptable. Therefore no further analysis has been undertaken.

Requirement for Action 3.2

Final 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 Health Board's response to this Requirement for Action was previously determined to be acceptable. Therefore no further analysis has been undertaken.

Requirement for Action 3.3

Final Conclusion – Acceptable

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.

I welcome that the response from the collaborative to this Requirement for Action includes a number of positive commitments or actions that have the potential to enable older people to be supported to have meaningful social contact and to continue to practice their faith and maintain cultural links.

For example, I am pleased to note that the Local Authority commits to conducting joint contract monitoring visits that will assess schemes that are designed to enhance befriending, such as those involving intergenerational's, the cultural needs of the community and spiritual needs. The Local Authority should then be able to understand the quality and impact of such schemes and also identify where there are gaps in provision.

I noted in relation to the collaboratives initial response that it does appear to rely on the Third Sector to deliver befriending services. However, I welcome that the collaborative has committed to reviewing the support that the current third sector officers provide to community care homes, and to sharing best practice through their provider forum. Without access to such services or schemes, older people will continue to be at risk of loneliness and isolation, which can undermine the health and wellbeing of individuals.

The response includes clear timelines for the completion of the actions noted, and also identifies an accountable individual that sits alongside a clear governance pathway. The clarity of this approach should enable quality and impact of these services, and any changes made to them to be closely monitored by the Health Board.

Requirement for Action 3.4

Final 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 was previously determined to be acceptable. Therefore no further analysis has been undertaken.

Requirement for Action 3.5

Final 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 was previously determined to be acceptable. Therefore no further analysis has been undertaken.

Requirement for Action 4.2

Final 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 was previously determined to be acceptable. Therefore no further analysis has been undertaken.

Requirement for Action 4.3

Final Conclusion – Acceptable

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.

While I welcomed a number of the actions that were outlined in the initial response from the collaborative to this Requirement for Action, I did raise a concern that it was not clear whether the Health Board was fully committed to developing new and additional training programmes so that

care staff were better equipped to understand the health needs of older people.

Therefore, I am pleased to note that the response from the collaborative addresses this concern by stating that care home providers will have full access to the joint training programme, and that additional dementia awareness sessions will be rolled out to all care homes. These actions have the potential to ensure that care staff understand the health needs of older people, and also when and how to access primary care and specialist services.

The response includes clear timelines for the completion of the actions noted, and also identifies an accountable individual that sits alongside a clear governance pathway. The clarity of this approach should enable quality and impact of these services, and any changes made to them to be closely monitored by the Health Board.

Requirement for Action 4.4

Final Conclusion – Acceptable

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.

I previously welcomed the positive actions that had been outlined in the initial response provided by the collaborative to this Requirement for Action. For example, a commitment to review the current process of medication management and reviews for people leaving hospital and entering a care home. However, I did raise a concern that was little information provided for individuals who were not entering a care home directly from hospital. These individuals may still be at risk of potentially dangerous interactions between multiple medications.

Therefore, I am pleased to note that the response from the collaborative responds directly to this concern by providing information on the Local Enhanced Service that has to provide a full medical review (including a medication review) within fourteen days of admission. This has the

potential to reduce the risks associated with polypharmacy. The response also states that an audit of the service is fed into the Joint Interagency Monitoring Panel.

The response includes clear timelines for the completion of the actions noted, and also identifies an accountable individual that sits alongside a clear governance pathway. The clarity of this approach should enable quality and impact of these services, and any changes made to them to be closely monitored by the Health Board.

Requirement for Action 5.6

Final 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 collaborative's response to this Requirement for Action was previously determined to be acceptable. Therefore no further analysis has been undertaken.

Requirement for Action 6.2

Final Conclusion – Acceptable

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 response to the Requirement from the collaborative demonstrates a clear commitment to gaining service user feedback, and I welcome the commitment to developing a new service for engaging and listening to older people in relation to quality of life.

I raised a concern in relation to the initial response from the collaborative to this Requirement for Action that there were no details on how the Health Board and Local Authorities will work jointly with CSSIW to listen to, and act upon issues raised by older people. Therefore, I welcome that the response from collaborative now states that monitoring visits are conducted in conjunction with CSSIW, and that all concerns are reviewed through the joint monitoring team. However, the response would have been strengthened by the provision of more information on how the joint monitoring can directly increase the understanding of quality of life.

Furthermore, I raised another concern that the initial response did not make it clear how the collaborative would use annual reporting to demonstrate how listening to feedback from older people has driven continuous improvement. In response to this concern, the collaborative states that 'annual reports are review re. feedback from all sources'. However, I must note that it is unclear from this whether this is a reference to an annual report on quality of life and resident feedback as per the Requirement for Action.

The response includes clear timelines for the completion of the actions noted, and also identifies an accountable individual that sits alongside a clear governance pathway. The clarity of this approach should enable quality and impact of these services, and any changes made to them to be closely monitored by the Health Board.

Requirement for Action 6.7

Final 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 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 collaborative's response to this Requirement for Action was previously determined to be acceptable. Therefore no further analysis has been undertaken.

Requirement for Action 6.8

Final 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 was previously determined to be acceptable. Therefore no further analysis has been undertaken.

Requirement for Action 7.3

Final Conclusion – Acceptable

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.

There are a number of positive actions within the response to this Requirement for Action that have the potential to improve forward planning and career support to ensure that there are a sufficient number of nurses to deliver high quality nursing care and quality of life outcomes for older people in nursing homes.

For example, I welcome that the collaborative has committed to exploring opportunities of placing pre-registration students in care home settings and to explore the opportunities for joint recruitment. Furthermore, current

nurse staff should have an improved access to continued professional development through the full access to the Health Board and Local Authorities joint training programme and increased dementia awareness training.

I raised a concern in relation to the initial response that there was no insight into the current barriers presenting to individuals that may prevent them from entering the profession. That particular concern wasn't addressed in the response, and therefore it would have been strengthened should this issue have been included.

The response includes clear timelines for the completion of the actions noted, and also identifies an accountable individual that sits alongside a clear governance pathway. The clarity of this approach should enable quality and impact of these services, and any changes made to them to be closely monitored by the Health Board.