Older People's Commissioner for Wales
Comisiynydd Pobl Hŷn Cymru

☎ 029 2044 5030
08442 64 06 80
www.olderpeoplewales.com

Cambrian Buildings
Mount Stuart Square
Cardiff CF10 5FL

Adeiladau Cambrian
Sqwâr Mount Stuart
Caerdydd CF10 5FL

Mr Steven Merritt
Chief Executive
Rhondda Cynon Taf Council
The Pavilions, Cambrian Park
Tonypandy, CF40 2XX

10 August 2015

Dear Mr Merritt

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 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 outcomes will be delivered for older people.

Your response demonstrates a commitment to delivering the change required that I outlined in my Care Home Review, and details action you have in place or will take to deliver a number of the intended outcomes. I welcome the Health Board and Local Authorities have taken a collaborative approach to the construction of a joint action plan, and note that each body has also submitted an individual position statement which demonstrates an awareness of the current position of each organisation. I am 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.

Your organisation has openly welcomed and learned from constructive feedback that I have provided, which has resulted in a marked improvement from the initial conclusions that I drew earlier this year. This

includes the development of new services or processes which have the potential to progress as best practice. For example, you are undertaking a piece of work to determine what type of GP service would provide the best support to older people in care homes (Requirement for Action 4.2).

I am therefore satisfied that your organisation is already complying with the majority of my Requirements of Action or is committed to taking the action necessary to deliver the required change. However, I must note that there are still four areas which require further work to assure me that the required change and improvement will be delivered for older people. 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 my intention to undertake a follow up review in 18 months' time at which stage I will be looking for tangible evidence that the outcomes I expect to see have been consistently delivered across the care homes in your area. 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

Sarah Rochira
Older People's Commissioner for Wales

Cwm Taf University Health Board, Merthyr Tydfil County Borough Council and Rhondda Cynon Taf County Borough Council

The Health Board, and two Local Authorities have submitted individual position statements, with a joint action plan. I welcome the collaborative approach these bodies have taken in responding to my Review and the commitment they have shown to working with other partners.

The collaborative states that they appreciate that the response submitted to me previously did not provide me with the assurances I was looking for. I welcome that a multi-agency steering group has been set up to oversee the implementation of, and progress against the action plan. Furthermore, it is good to see that quarterly reporting to the Cwm Taf Social Services and Wellbeing Partnership Board will provide clear governance arrangements. 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 response from the collaborative to this Requirement for Action provides information on the type of continence care and support that is provided to individuals and also the training that is provided to staff. I welcome the inclusion of a number of positive actions that have the potential to upskill staff in care homes to better support older people to maintain their continence and independent use of the toilet, and ensure older people have their privacy and dignity accorded to them at all times. For example, the Health Board has extended its monthly training that is provided by the continence team to care agencies and care home staff.

Furthermore, I welcome that training is being provided on bowel continence by the pharmacy team.

I recognise that there is no thorough information provided on the current uptake by care home staff of this training, or the impact that this training is having on the experiences and outcomes of older people. However, I welcome that there is a firm commitment to monitor the uptake and outcomes of this training, to review the level of specialist resources that are available, develop a business case for increased levels of support and include individual's experiences as part of that review. This could ensure that the Health Board is fully aware of whether the continence care that is provided meets the needs of older people and that the Health Board understands the experiences of older people who need continence support.

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

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 response from the collaborative to this Requirement for Action provides information on the provision of advocacy, and makes a clear reference to the use of Independent Mental Capacity Advocates, Independent Mental Health Advocates and the use of advocacy services that are provided through Age Connects Morgannwg.

There are also a number of positive actions that are included within the response to this Requirement for Action which have the potential to improve the provision of advocacy. For example, the collaborative has committed to review and strengthen advocacy provision, especially as part of Escalating Concerns, and also to implement any new requirements that fall out of the Social Services and Well Being (Wales) Act 2014, such as joint commissioning.

I raised a concern in relation to the collaboratives initial response, that there was no mention of independent advocacy in specific situations, such as moving into a care home from hospital. Therefore, I welcome that the collaborative has responded to this concern by making a commitment that it will commission independent advocacy as required in instances such as the closure of a care home.

These actions have the potential to ensure that older people are supported to secure their rights and have their concerns addressed, particularly in situations where they are vulnerable or at increased risk of harm.

The response includes clear timelines for the completion of the actions noted, and also identifies an accountable team. The clarity of this approach should enable the quality and impact of these services, and any changes made to them to be closely monitored by the Health Board and Local Authorities.

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 response from the collaborative to this Requirement for Action provides information on the range of specialist services that are available to older people within care homes, such as Occupational Therapists, and details a number of positive actions that demonstrate a commitment to improving access to specialist services and multidisciplinary care that is designed to support rehabilitation.

For example, I welcome that the collaborative has committed to developing an information and signposting tool. This could mean that care home staff are better equipped to access primary and specialist services for the individuals that live in care homes, and in particular those who need full support to maximise their independence following a period of ill health. Furthermore, the collaborative has committed to strengthening their contract specification, such as the GP Local Enhanced Services, to include a stronger emphasis on re-ablement and independence and there is reference to a Community Integrated Assessment Service that emphasises a person-centred approach.

It is also good to see that the Health Board has piloted a multi-disciplinary service, the ‘At Home Service’ to prevent hospital admissions from care homes. However, the response does not provide any further information on whether this pilot will be continued or expanded to additional homes across the region.

I raised a concern in relation to the collaboratives initial response to me, that there was no reference to the current access that older people have to these services and whether there are any shortfalls in the provision of these services in light of the findings of my Review. I am pleased to note that the collaborative responds to this concern by committing to assess the reality of access, and experiences of individuals through a network of Care Home Managers. However, I would have welcomed the provision of stronger assurances that this process will achieve the desired outcomes for older people, and that this would strategically inform the joint plans of both the Health Board and Local Authorities.

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

Requirement for Action 3.2

Final Conclusion – Partial

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 response from the collaborative to this Requirement for Action provides details on the current provision of dementia training from basic dementia awareness to a more advanced two day, Level 3 course is available to supervisors and managers.

I welcome that the collaborative commits to promoting dementia awareness training. It also proposes to review of the uptake and outcomes of induction and training through service specification and contract monitoring, and to develop a proforma to collect evidence consistently. This should give the Local Authorities an informed view on the effectiveness of this training across the whole region, however there is no clear timescale for the development and completion of this work.

However, it is not made clear whether this dementia awareness training is actually compulsory as part of an induction process or whether the advanced training is compulsory for managers as part of ongoing performance management. Without basic dementia training being part of induction for all care home employees, staff will experience great pressure, there will be a continued risk of incidents of unacceptable care and a potential increase in hospital admissions due to residents needs being misunderstood.

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.

The response from the collaborative to this Requirement for Action provides details on the range of befriending provision within the region, such as services from the Red Cross and Communities First, who receive referrals directly from care homes. I also welcome that the response from Merthyr Tydfil County Borough Council states that faith is encouraged through links with churches and that residents are supported to participate in services in the community, with in house faith services being arranged when required. Access to befriending schemes or support to maintain existing relationships and links with the community are essential in order to support the health and wellbeing of older people and to prevent loneliness and isolation.

However, I would have liked the response to demonstrate an understanding of how many older people access these services, and what impact they have on their quality of life. Therefore, it is good to see that the collaborative has committed to reviewing the current contract arrangements to include a requirement for all care homes to explore opportunities for intergenerational projects, befriending schemes and links with cultural communities. This review has the potential to identify the uptake and impact of such befriending schemes.

The response includes clear timelines for the completion of the actions noted, and also identifies an accountable team. The clarity of this approach should enable the 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 collaboratives response to this Requirement for Action provides information on, and a number of positive actions that have been taken to improve the multidisciplinary specialist mental health and wellbeing support that is available to older people living in care homes.

For example, I welcome that the Health Board will continue to promote awareness within care staff of the roles and support that is available across the region, and that additional funding has been provided for dementia care training to be delivered to care home staff within the independent sector. Furthermore, details are provided on the recently established Mental Health Support Team that provides support and will build the knowledge and skills of care home staff. These actions have the potential to ensure that older people are able to access mental health support services, and that as a result, the mental health and wellbeing needs of older people are understood, identified and reflected in the care provided.

The response states that all individuals would have a comprehensive assessment which involves a number of health care professionals. However according to the response, access to a mental health professional during that assessment will be ‘as required’ when they have a formal mental health diagnosis, in comparison to as a standard part of the wider assessment. However, in light of the known low diagnosis rates for dementia across Wales, I had expected to have seen a more definitive commitment to mental health assessments.

I raised a concern in relation to the collaboratives initial response to this Requirement for Action that there was no demonstrated understanding of

the current access that older people have to such services, and the success of these. Without this understanding, older people could experience ongoing mental health issues that could significantly undermine their quality of life and the Health Board would be unable to recognise these instances and identify whether the services are able to effectively support them.

I note that the response from the collaborative does not address this directly in relation to current access. However, it does commit to the publication of an annual report from the Mental Health Support Team. I welcome this commitment, and recognise that this report will include information on the services progress, future development needs, and in particular, case studies and the quality of these services for individuals living with dementia in care homes.

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.

I welcome that the collaboratives response to this Requirement for Action recognises the challenges that it would face in collecting and publishing information on the use of anti-psychotics in care homes. As a response to these challenges, the Health Board commits to developing a template for use by the care homes providers by September 2015 so that they can capture this information and publish it as required. Furthermore, I welcome that the Health Board commits to including this template within its service specification so that compliance with the data collection can be monitored. These actions could support increased openness and transparency, and potentially reduce the inappropriate use of anti-psychotic drugs.

The response includes clear timelines for the completion of the actions noted, and also identifies an accountable team. The clarity of this

approach should enable the quality and impact of these services, and any changes made to them to be closely monitored by the Health Board.

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

I welcome that the collaboratives response to this Requirement for Action includes an explicit commitment to work with Welsh Government to develop a formal agreement with care homes, local primary care and specialist services, that will then be localised for the Health Board's footprint.

In addition to this, the response outlines a number of positive actions that the Health Board will take in order to improve the access that older people in care homes have to primary and specialist care. For example, it is good to see that the Health Board is undertaking a piece of work to determine what type of GP service would provide the best support to care homes, such as a dedicated care home GP service. However, this information would have been strengthened if the timescale for this particular work stream was set out. The Health Board has also committed to developing a new directory of information on existing services so that care home staff are better supported to enable older people to access these services.

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.

I raised a concern in relation to the collaboratives initial response that there was no information provided on the current knowledge and skills of care home staff to identify health needs and make the appropriate referrals. Therefore I welcome that in response to this concern, the Health Board has committed to review training matrices for staff, identify any training gaps and monitor the uptake of training that is offered. The Health Board also states that it wants to encourage the same consistency in the private sector though its contract reviews.

It is good to see that the response commits to developing a directory which contains information on primary and specialist services. This, and the actions in relation to staff training, should provide care staff with the information that they need so that they are better able to identify the health needs of older people, and can support older people to access health services.

Furthermore, the collaborative demonstrates a willingness to work with the Care Council for Wales in the development of any national mandatory induction and training programme for care staff. The response includes clear timelines for the completion of the actions noted, and also identifies an accountable team. The clarity of this approach should enable the 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 –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.

There are a number of positive actions included within the collaboratives response to this Requirement for Action which are aimed at improving medication reviews for older people living in care homes. For example, the response states that pharmacists have developed a medication review template that GPs can use, and there is an upcoming review of the Care Home Medication Review Resource Pack. Furthermore, the Health Board's pharmacy team has undertaken a number of reviews on the use of medication and antipsychotics within care homes. These actions could reduce the risk of older people receiving inappropriate medication.

The response states that it may not be necessary to undertake a medication review if an individual has just been discharged from hospital and has received a review at discharge. Therefore, there is no commitment to undertake a review upon admission. However, I am aware that there can be significant delays in passing on discharge information from within a Health Board and also across Health Board boundaries.

I recognise that there is a commitment to raise the sharing of timely discharge information with GPs during Practice Development Visits, and to make recommendations for improvement where necessary. However, this does not provide me with a concrete and clear plan of action to ensure that medication reviews and discharge information is swiftly communicated. Furthermore, there is no reference to individuals who have not moved into a care home from hospital but could still benefit greatly from a swift medication review.

While the response does provide further information, and a number of positive action in comparison to the collaboratives initial response, I am disappointed to note that there is not sufficient information provided to ensure that this is robust enough for everyone entering a care home.

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.

I welcome that the collaborative has demonstrated a clear commitment to the development of a National Improvement Service. Furthermore, I am pleased to see a number of actions that the Health Board and Local Authorities have committed to undertaking which would drive improvement locally, for example, the development of an annual joint health and social care learning event. This would mean that care homes that want and need to improve the quality of life and care of older people have access to specialist advice, resources and support that leads to improved care and reduced risk.

Requirement for Action 6.2

Final 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 collaboratives response to this Requirement for Action recognises that the Health Board and Local Authorities currently only have formal methods of engagement with and listening to older people living in care homes, such as through annual consultations. The collaborative recognises that it needs to do more to capture people's voices and experiences through a variety of means, with Local Authority and Health Board partners but also the Care and Social Services Inspectorate Wales. I welcome this awareness because without listening to older people directly, there will be a continued risk that issues are not addressed before they become significant, impactful and costly to remedy.

I raised a concern in relation to the collaboratives initial response, that although there was a reference to the introduction of a quality audit tool that reference was very vague. The response does respond to this concern, and provides more information that a resident/user voice involvement framework will be developed to incorporate residents' opinions into quality assurance and to better understand quality of life experienced in homes by May 2016. I welcome that this framework is to be called a resident/user voice involvement framework, as it signals a potential to really involve all residents, including those who may not be able to communicate through traditional methods.

However, it is not made clear in the response that the bodies really understand that quality of life is distinct from the quality assurance process, and that informal and systematic listening can be used to drive improvements and result in real change outside of the formal quality assurance processes and work of CSSIW. I would need further information about this framework in order to be fully assured that it will deliver the outcomes outlined in this Requirement.

Furthermore, the accountable individuals for this work stream are listed as the Health Board and Local Authorities as a whole. This is not specific enough to realistically track progress and accountability.

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.

I welcome that the response from the collaborative makes a commitment to include the areas contained within the Requirement for Action within the Director of Social Services Annual Quality Statement.

This should ensure that older people have access to relevant and meaningful information about the quality of life provided by care homes, and that there is greater openness and transparency in respect of the quality of care homes across Wales.

The response includes clear timelines for the completion of the actions noted which should enable progress to be closely monitored by the Local Authorities.

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.

I welcome that the collaboratives response explicitly commits to using the production of an Annual Quality Statement as required within this Requirement for Action. Furthermore, it is good to see that the Health Board commits to developing this document further to improve its accessibility, and that it will review contract monitoring and joint inspection arrangements in order to reflect the outcomes from this process in their quality statements.

These actions should ensure that older people have access to relevant and meaningful information about the quality of life provided by care homes, and that there is greater openness and transparency in respect of the quality of care homes across Wales.

Finally, I would be interested in the outcome of the Health Board's consideration of whether to use pro-formas for care homes to capture data and any potential roll out across the region.

Requirement for Action 7.3

Final 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 collaboratives response to this Requirement for Action states that it offers support to care homes in their recruitment of nurses through assistance in the development of job descriptions, and by facilitating peer support and buddying with other care homes. Furthermore, I welcome that the Health Board recognises the difficulties in recruiting nurses to the care home sector, for both registered general and registered mental health nurses, and the barriers that the sector faces such as remote care settings and poor terms and conditions.

I welcome these actions and the Health Board's awareness of the barriers that need to be overcome. It is clear that the Health Board is committed to working in partnership with other statutory bodies and Universities to improve workforce planning and career pathways. These actions do have the potential to improve the recruitment of nurses into the sector 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 across Wales.

However the response does not provide any further detail, such as a firm plan for engagement with other bodies, and when additional action of changed will be realised. For example, I raised a concern in relation to the initial response that while there was a positive commitment to audit the placements available in care homes for student nurses, there was no firm plans of when this will be done and a commitment to act on the results. I am disappointed to note that the second response does not provide any further information in this regard. Furthermore, while buddying with other care homes could provide valuable peer support, it is not clear how the response intends to address access to continued professional development for existing nurse staff within the sector.

Annex 1:

Requirement for Action 6.2

Question: “Clarity needed re OPC requirement for use of lay assessors – their role and added value needs to be agreed and difficulties in recruiting appropriate individuals addressed. Is there a role for Community Health Council members?”

This question has been interpreted as relating to the role of lay assessors, and Community Health Council members.

It is my expectation through Requirement for Action 6.3, that CSSIW will lead on the introduction of lay assessors, on an ongoing basis as a formal and significant part of the inspection process. This is intended to bring a much needed lay perspective to the quality of life and care of older people in care homes in Wales, and to ensure that older people’s views about their care and quality of life are understood. The use of lay assessors is not intended to be an additional layer, but rather, complement and fit within the existing programme of regulation and inspection.

Requirement for Action 4.5 calls on the use of Community Health Councils to implement a rolling programme of spot checks to report on compliance with the National Statement of Entitlement and Fundamentals of Care. I see a role for Community Health Council members, to enable a lay perspective to the quality of life and care of older people in care homes in Wales, particularly in relation to healthcare entitlements.

I would encourage your Local Authority and Health Board to open an early dialogue with CSSIW and other statutory bodies regarding the role and recruitment of lay assessors, including through Community Health Councils.