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Mr Simon Dean
Interim Chief Executive
Betsi Cadwaladr University Health Board
Ysbyty Gwynedd
Penrhosgarnedd
Bangor, LL57 2PW

10 August 2015

Dear Mr Dean,

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 clearly details action you have in place or will take to deliver a number of the intended outcomes.

I am pleased that your organisation has demonstrated an open and committed attitude to improvement and change within the sector, and that it used the constructive feedback that I provided to improve its response. This includes the development of new services or processes which have the potential to progress as best practice. For example, you have committed to the development of a competency framework for nurses and care staff, and also the development of an older persons specific

practitioner qualification (Requirement for Action 7.3). It is also good to see that the Health Board has made links with its Local Authority colleagues to commence joint working and communication.

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 three areas which require further work to assure me that the required change and improvement will be delivered for older people. Furthermore, your response does not clearly show 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.

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

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 final letter.

Sarah Rochira
Older People's Commissioner for Wales

Betsi Cadwaladr University Health Board

The Health Board has welcomed the constructive feedback which I provided, and has accepted and acknowledged the initial conclusions that I made when the Health Board submitted its initial response to the relevant Requirement for Action within 'A Place to Call Home?'. I welcome that the Health Board has made links with its Local Authority colleagues to commence joint working and communication to support the Review.

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

There are a number of positive commitments that the Health Board had made and actions that it will take that should enable the Health Board to better support older people to maintain their continence and independent use of the toilet. For example, I welcome that the Health Board has delivered of clinical skills training to all nursing home staff, and has undertaken audit work in order to monitor the quality of services.

I raised a concern in relation to the Health Board's initial response to this Requirement for Action that there was insufficient understanding demonstrated of the experiences of older people and the reality of their access to continence care. I am pleased that the Health Board has accepted that my initial conclusion of their response was that it was partially acceptable, and that they have directly responded to my concern by stating that work is now underway in order to capture individual's experiences and to regularly monitor individuals' access to the continence services. While I welcome these commitments and actions, I would expect to see clear timelines for the completion of this work, and it would have

been beneficial for any early findings from this work to be included in the response.

The response states that a lead responsible individual has now been nominated and that person is working up an implementation plan. While this approach should enable the Health Board to closely monitor progress in the quality and impact of these services, I would expect that in the longer term the individual or post would be identified in the response itself.

Requirement for Action 1.6

Final Conclusion - Partial

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

- when an older person is at risk of, or experiencing, physical, emotional, financial or sexual abuse.
- when a care home is closing or an older person is moving because their care needs have changed.
- when an older person needs support to help them leave hospital.

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

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

There are a number of positive commitments that the Health Board has made, and actions that it will take that have the potential to improve the access to advocacy for older people living in care homes.

For example, I welcome that through partnership working with local authorities, a regional Escalating Concerns policy has been developed to include the requirement of advocacy. The Health Board also states there is a regional scoping exercise led by the North Wales Commissioning Hub in order to assess the accessibility of advocacy services across North

Wales. These actions have the potential to improve the knowledge of access to advocacy across the region, and in turn, support older people to secure their rights, have their voices heard and concerns addressed in situations where they are potentially vulnerable.

I welcome these actions, the clear commitment to joint working with partners across the region and also the acceptance from the Health Board of my initial conclusion of partial acceptance. However, I expect to see a clear timeframe and an implementation plan to ensure that independent advocacy is accessible in all of the situations listed in the Requirement for Action. It is disappointing that the response does not provide clarity regarding the timeframes for the work referred to and there is also still no reference to non-instructed advocacy.

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.

I welcome that the Health Board recognises my initial conclusion that their response was unacceptable, and that its response to this Requirement for Action now demonstrates a clear commitment to improve access to specialist and multi-disciplinary care that enables older people to maximise their independence and quality of life, particularly after a period of ill health.

It is good to see that a review of access and service provision is currently underway and that a new service model will be implemented in order to ensure equitable access to these services across the region. Without equitable access, there will be a continued risk that in some areas across the region older people may have reduced mobility, increased frailty and loss of independence, with an increased risk of significant health problems.

The response includes clear timelines for the completion of the actions noted, and states that a project plan with a nominated lead is now in place. While this approach should enable the Health Board to closely monitor progress in the quality and impact of these services, I would expect that in the longer term the individual or post would be identified in the response itself.

Requirement for Action 3.4

Final 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 details some positive actions that are underway that could support improved understanding of the mental health and wellbeing needs of older people, and access to specialist support that enables them to maximise their quality of life.

For example, the Health Board currently undertakes regular audits through the Quality Monitoring Tool within the nursing care sector to monitor the use of pathways and adherence to guidelines, and to provide appropriate training to staff as a result of the audit. I therefore welcome that the Health Board is conducting a scoping exercise to assess the

development of a similar model within residential homes. Furthermore, it is good to see that the Health Board has developed a joint service specification for people with dementia between the Local Authorities and Health Board.

I raised a concern in relation to the Health Board's initial response to this Requirement for Action that the Health Board did not demonstrate an understanding of the reality of access for older people to these services, for example whether access to assessment is in a timely manner. I am disappointed to note that the response from the Health Board does not address that concern.

While I welcome that the Health Board accepts my conclusion that their initial response was only partially acceptable, and that an accountable individual has been named to drive through the work, the final response does not provide me with the full assurance that older people will be able to access in reach, multi-disciplinary specialist mental health and wellbeing support as specified in the Requirement for Action.

Requirement for Action 3.5

Final Conclusion – Acceptable

<p>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.</p>

The Health Board's response to this Requirement for Action commits to reviewing the commissioning contracts with nursing homes, and establishing the monitoring system that is needed in order to collate data on the use of anti-psychotics in care homes within the next six months. I welcome this because it will enable information on the use of anti-psychotics in care homes to be published and this transparent approach should support the reduction in inappropriate use of antipsychotic drugs.

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.

I raised a concern in relation to the Health Board's initial response to this Requirement for Action that there was a focus on nursing home staff and identifying health needs only through the continuing healthcare process, and that this process will not be accessed by all older people living in care homes. Without access to information, advice and training for staff in both residential and nursing care home settings, care staff may not be able to understand the health needs of older people, and when and how to access primary care and specialist services.

I am pleased that the Health Board has accepted my initial conclusion of partially acceptable, and that they have responded to this concern by stating that a small pilot has taken place to provide training education and advice to residential homes. Furthermore, I welcome that the Health Board commits to undertaking a review of the existing resource available, with the aim to ensure a standard approach across all care homes in North Wales.

Another positive action is that an annual rolling programme for training in specialist areas has now been developed and has been made accessible to all care home staff. In the long term, it would be necessary for the Health Board to demonstrate an understanding of how well this has been accessed, and what difference it has made to the quality of life of older people.

The response states that a responsible individual has been charged with the implementation with key timescales set. While this approach should enable the Health Board to closely monitor progress in the quality and impact of these services, I would expect that in the longer term the individual or post would be identified in the response itself.

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.

The Health Board's response to this Requirement for Action explains how the Community Pharmacies, General Practitioners and Primary Care Support Unit works to provide and support the provision of medication reviews. I welcome the recognition from the Health Board that further quality assurance is needed regarding the medication reviews that are undertaken by GP's under the enhanced service, and that the Health Board is committed to progressing work in this area through the Chief

Pharmacist and Area Teams. These actions have the potential to improve the quality of medication reviews delivered through this service.

However, while I welcome that the Health Board accepts my initial conclusion of unacceptable and provides some welcome commitments, there is still a lack of certainty regarding the access to a medication review for older people upon arrival at a care home, and the timescales within which I can expect to see improvements.

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 Health Board's response clearly welcomes the development of a National Improvement Service. The development of such a service has the potential to ensure 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.

The Health Board's response to this Requirement for Action also includes a number of positive actions that should enable poor practice to be identified and supported to improve. For example, joint intelligence sharing and risk assessments are undertaken and a monthly intelligence report on the position of nursing homes across North Wales is provided to the Board.

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 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 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 Health Board's response to this Requirement for Action commits to including information relating to quality of life in its 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.

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.

I welcome that the Health Board accepts my initial conclusion of partially acceptable, and has demonstrated a clear commitment to integrate the nursing and care home sectors into the nursing career pathway. Without this commitment, there would be a continued risk that nursing care homes will close due to difficulties in recruiting qualified and competent nurses – or that older people are placed in care homes that are unsuitable to meet their needs.

The Health Board's response to this Requirement for Action includes a number of positive actions, such as placing student nurses within nursing

homes, the development of a competency framework for nurses and care staff, and the development of an older persons specific practitioner qualification. Furthermore, I welcome that the Health Board has committed to undertaking a workforce analysis in order to better understand the reasons for individuals not entering the nursing home workforce.

The actions have the potential to improve the forward planning, recruitment and career support to ensure that there are a sufficient number of specialist nurses to deliver high quality nursing care and quality of life outcomes for older people in nursing homes across Wales.

The response states that a responsible individual has been charged with the implementation with key timescales set. While this approach should enable the Health Board to closely monitor progress in the quality and impact of these services, I would expect that in the longer term the individual or post would be identified in the response itself.