



Adam Cairns
Chief Executive
Cardiff & Vale University Health Board
Cardigan House, University Hospital of Wales
Heath Park, Cardiff, CF14 4XW

Cambrian Buildings
Mount Stuart Square
Cardiff CF10 5FL

Adeiladau Cambrian
Sqwâr Mount Stuart
Caerdydd CF10 5FL

10 August 2015

Dear Mr Cairns

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 am pleased that you have detailed the joint lead Directors for delivering this work, and would expect this to include review and evaluation procedures to provide assurance at a senior level in your organisation that the required outcomes will be delivered.

It is good to see that you have made links with your Local Authority colleagues to commence joint working, and I welcome the inclusion of a transparent 'RAG' status as this openly demonstrates how your organisation evaluates its progress against each Requirement for Action. Your response demonstrates an improvement since the constructive feedback that I provided earlier this year. This includes the development

of new services or processes which have the potential to progress as best practice. For example, the implementation of a new specialist continence service (Requirement for Action 1.3) and the appointment of a Dementia Care Advisor (Requirement for Action 3.4).

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 five 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

A handwritten signature in black ink that reads "Sarah Rochira". The signature is written in a cursive, flowing style.

Sarah Rochira
Older People's Commissioner for Wales

Cardiff and Vale University Health Board

I am pleased that I was able to provide the Health Board with constructive feedback in order to support their response to my Review Report, 'A Place to Call Home?'

I welcome that the Health Board has made links with its Local Authority colleagues to commence joint working to support the Review, and that they are considering how the structures across Cardiff and the Vale of Glamorgan might be aligned to facilitate region-wide monitoring and commissioning of care homes. Finally, it is positive that the Director of Nursing and Director of Public Health will take a joint lead in ensuring delivery of the action plan. I would expect that as this programme of work develops, regular reporting takes place through these Directors, or another appropriate channel, 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 demonstrates a positive commitment to improving continence services through a commitment to implement a new Specialist Continence Service, which will include the provision of training, assessments and audit of patient outcomes. I welcome that this commitment, and the actions contained within, have the potential to better support older people to maintain their continence and independent use of the toilet.

I raised a concern in relation to the Health Board's initial response to this Requirement for Action that there was no analysis of the quality and availability of specialist support and the impact this had on the experiences of older people. I am pleased that the Health Board has

directly responded to this concern by providing assurance that the new service will include the use of quality of life questionnaires and patient experience tools.

Furthermore, I welcome that there is an evaluation programme built into the Health Board's plans to monitor the service's effectiveness, quality and individuals experiences. The clarity of this approach, alongside the inclusion of an accountable lead, 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 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.

The Health Board's response to this Requirement for Action provides comprehensive information on the provision of support services within the region. For example, information is provided on a specialist advocacy service that is available to individuals with a learning disability, a discharge liaison service that provides support and advice and also trials for a similar service within stroke care, and people living with a sensory loss.

However, it is not clear from the information provided to what extent these discharge, translation and information services are able to provide

independent advocacy to older people in all of the situations reflected within the Requirement for Action. Without access to such advocacy there is a continued risk that older people will be unable to secure their rights, or have their concerns addressed.

I welcome the commitment that the next annual review of advocacy arrangements will include a requirement to provide advocacy to individuals where a care home is experiencing difficulties. Furthermore, the Health Board has stated that it has already put in place joint arrangements with Local Authorities to monitor advocacy arrangements as part of the Social Services and Well Being (Wales) Act. These actions do have the potential to support older people to secure their rights, have their voices heard and concerns addressed in situations where they are potentially vulnerable. It is also welcome that there is now a group, and forum listed as accountable leads for the completion of this work.

However, despite these positive actions and a lot of information of types of services, there is no position statement provided by the Health Board on the reality of access to advocacy services in the specific situations listed within the Requirement for Action, and there is still no reference to non-instructed advocacy.

Requirement for Action 2.2

Final Conclusion - Partial

2.2 Older people in care homes have access to specialist services and, where appropriate, multidisciplinary care that is designed to support rehabilitation after a period of ill health.

I raised a concern in relation to the Health Board's initial response to this Requirement for Action that the Health Board provided no reference to the adequacy of current provision of specialist, multidisciplinary care that is designed to support rehabilitation, and the reality of access to these services for individual older people. Without this information, it would not be possible to understand where improvements are needed to ensure that older people receive full support to maximise their independence and

quality of life. Therefore, I welcome that the Health Board's response states that there is now ongoing dialogue with providers regarding the need for specialist support and the adequacy of provision, and that a series of meetings has been organised to support this.

The Health Board states that from July there will be a programme of work to assure the Health Board of equity of service from primary care to all care homes. This is to be welcomed, and has the potential to ensure that older people do not receive a variation in multidisciplinary, rehabilitation care because of the particular area, or care home in which they live. However, while I welcome that this work is in progress, there is no further information provided on the expected completion of this work.

I welcome that a funding bid has been submitted to enhance the provision of multi-disciplinary Community Resource Team support. However, it is not clear how the provision of this care will be improved if the funding bid is not successful. Nor is it clear from the response exactly how the Health Board intends to enhance this provision and the individual outcomes the Health Board expects to see as a result.

The Health Board has identified swallowing and nutrition as a key area of focus, and I strongly welcome this. However, I would expect to see more detailed information on the timeframes and expected outcomes of this work in order to monitor the progress of improvement in this area in the long term.

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.

I welcome that the response from the Health Board includes a number of positive and proactive actions that it is taking to improve specialist mental health and wellbeing support. For example, I welcome the appointment of a Dementia Care Advisor to provide education and advice to care home staff, and also that a consultant psychiatrist will be joining the Care Home Liaison Team.

Care staff should receive improved advice and support about how to care effectively for older people with mental wellbeing and mental health needs. These actions have the potential to ensure that the mental health and wellbeing needs of older people are understood, identified and reflected in the care provided. They also have the potential to ensure that older people benefit from specialist support that enables them to maximise their quality of life.

I raised a concern in relation to the Health Board's initial response to this Requirement for Action regarding how the Health Board will monitor the adequacy and quality of provision. Therefore, I welcome that the response has included plans to incorporate ongoing assessment and scrutiny into the Quality Assurance Nursing Home Group, and that timescales for ongoing review and roll out of an antipsychotic medication pilot project will be set in August 2015.

While I welcome that an accountable lead has now been identified to oversee the completion of this work, in the longer term I would expect to see more information provided on when these actions are estimated to be completed.

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.

There are a number of positive commitments that the Health Board has made and actions that it will take that should enable the Health Board to create opportunities for care home staff to access information, advice and training, which should support them to understand the health needs of older people, and when and how to access primary care and specialist services.

For example, the Health Board is providing financial assistance to staff to undertake a palliative care module at Cardiff University, care home staff have open access to the Health Board training and development portfolio and it states that it is planning to roll out improved training on nutrition and swallow assessments. Furthermore, the Health Board states that discussions will take place regarding ongoing training assurance as part of joint commissioning practices over the coming year.

While I welcome these positive actions, and the inclusion of accountable leads, I must note that the response would be strengthened by the inclusion of an assessment of how the Health Board's training and development portfolio is accessed and used by care staff, and what impact this has on individual's health needs and outcomes.

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.

I raised a concern in relation to the Health Board's initial response to this Requirement for Action, that while I welcomed the review of the Locally Enhanced Service to ensure equity of medication reviews across the region, there was no timeline for this work. I welcome that the Health Board has responded directly to my concern, by providing a clear timeline for the completion of this work.

Furthermore, I welcome the commitment made by the Health Board to include pharmacists as part of the multi-disciplinary teams. These commitments and related actions have the potential to ensure that older people receive appropriate medication, and the risks associated with polypharmacy are understood and managed.

However, the Health Board does not provide information on the current provision of medication reviews to older people in line with the Requirement for Action, and the impact that access, or lack of access, can have on older people. Nor is it made clear whether the planned actions outlined in the response will ensure that individuals receive a medication review by a clinically qualified professional upon arrival to a care home, as outlined within the Requirement for Action.

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 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 6.2

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).

I raised a concern in relation to the Health Board's initial response to this Requirement for Action that there was no specific mention of listening directly to the voices of older people in order to better understand the quality of life of older people. Without listening directly to the voices of older people, there will be a continued risk that opportunities to make small changes that can make a significant difference to quality of life are missed, and can become significant, impactful and costly to remedy.

The response from the Health Board does refer to the dialogue it has with the 50+ Forum and other stakeholders, and also states that it will consider how initial work in communicating with stakeholders could be built upon. However, I am disappointed to note that no further detail is provided regarding how this will be done and the timescales of future work.

Furthermore, there is no information provided regarding how the direct voices and experiences of older people living in care homes are listened

to and acted upon, not as part of a formal stakeholder group such as the 50+ Forum, or as part of a consultation, but as an ongoing, informal but central part of the improvement process. It is disappointing that while the Health Board does make some commitments to improve communication with stakeholders, there is no clear demonstration of how truly listening to the voices and experiences of older people can improve the understanding and delivery of quality of life.

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 includes a commitment to endeavour to include reference to the issues listed in the Requirement for Action within their 2015-16 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.

I recognise, and welcome that the response commits to undertaking additional work to ensure the appropriate monitoring of each area to ensure compliance with this Requirement for Action. The response identifies an accountable individual for this work.

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.
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The Health Board's response to this Requirement for Action includes a number of developments which have the potential to improve working in the care home sector as part of the nursing career pathway. For example, the Health Board developing stronger peer support relationships through the Matron's Forums and Joint Workshops. I also welcome the commitment to include assurance of re-validation of nurses as part of partner wide commissioning arrangements.

However, it is disappointing to note that the response does not provide enough information for me to be confident that the stated changes will have a sufficient impact on the nursing career pathway. For example, there is no information provided on what the Health Board is doing to encourage new entrants into the sector, nor any proactive efforts to improve their understanding of why the sector is perhaps not currently seen as an attractive option. Therefore, there could be the continued risk that there is an insufficient number of specialist nurses to deliver high quality nursing care and quality of life outcomes for older people in nursing homes across Wales.