



Mr Steve Moore
Hywel Dda
Hywel Dda Health Board Headquarters
Merlins Court
Winch Lane
Haverfordwes

Cambrian Buildings
Mount Stuart Square
Cardiff CF10 5FL

Adeiladau Cambrian
Sqwâr Mount Stuart
Caerdydd CF10 5FL

17 April 2015

Dear Mr Moore

Formal written notice issued under the Commissioner for Older People (Wales) Act 2006: Additional Information Required

I would like to take this opportunity to thank you again for providing a timely response to my Requirements for Action, which were published alongside the findings of my Care Home Review.

I have now had an opportunity to review all of the responses from the bodies subject to my Review and I enclose my evaluation of your response.

If you raised specific questions with me about my Requirements for Action, please find attached my response to these.

In analysing the responses received, I was looking for assurance, through the information provided and action in hand or planned, that my Requirements for Action will be implemented and the intended outcome will be delivered.

Overall I am disappointed by your response as it suggests a lack of focus on the outcomes I am seeking to secure on behalf of older people and in many instances provides me with little information in respect of tangible action you have in hand or are proposing to take to deliver these outcomes.

As you will see from my analysis, I have clearly set out whether each element of your response is 'acceptable', 'partial' (further information needed) or 'unacceptable'. Acceptable means that my assurance levels based in the information provided are sufficient, partial and unacceptable means that I require further information to be assured that the Requirement for Action will be implemented and its intended outcome delivered.

Where I have concluded that an element of your response is either partial or unacceptable, I require further information or a revised approach in order to be satisfied that your organisation is already complying with the Requirement for Action or is committed to taking the action necessary to deliver the required change. This information should be provided to me by **Friday 15 May 2015**, in line with the timescales specified in the Commissioner for Older People (Wales) Act 2006. If you are unclear about any aspect of your response, in particular what would provide the level of assurance that I am looking for, or have any detailed questions regarding the Requirements for Action, you are welcome to contact me.

I am obliged by the Commissioner for Older People (Wales) Act 2006 to keep a register of responses to my Requirements for Action and therefore all of the responses from the bodies subject to my Review will be published on my website together with the analysis of each response. I will also be publishing an overall commentary on whether I consider, based on the further information I receive, that the change I expect to see on behalf of older people will be delivered. In addition to this information being published on my website, I will also be making a formal public statement, both in respect of an overview of action underway and action intended by individual bodies subject to the Review.

If you require any further information, please contact my Director of Wellbeing and Empowerment, Daisy Cole, on 08442 640670.

Yours sincerely



Sarah Rochira
Older People's Commissioner for Wales

Hywel Dda University Health Board

Requirement for Action 1.3

Conclusion - Partial

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 recognised need to support continence care through the Health Board, and a clear statement of the current provision from the perspective of the Health Board.

However, there is no assessment of the reality of access for individuals and their experiences of these services. There is no clear analysis or insight provided into its ability to support best practice or its mechanisms for quality assurance. Furthermore, despite this understanding of the need to support continence care there is no clear commitment to improve or to determine whether improvement is needed.

The Health Board does not identify any accountable individuals who are responsible for delivering in this Requirement for Action.

Requirement for Action 1.6

Initial Conclusion - Unacceptable

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

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

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

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

The Health Board's response to this Requirement for Action provides a small amount of information regarding the two organisations that individuals can be referred to for advocacy. However, there is no analysis of need for the service, of the reality of access for individuals and how the Health Board quality assures the independent advocacy that is provided.

The response does not make reference to the different circumstances in which independent advocacy should be available, and does not refer to the use of non instructed advocacy. Furthermore, the response does not provide a commitment to discover if independent advocacy provision needs to be improved in light of the findings of the Review.

The Health Board does not identify any accountable individuals who are responsible for delivering in this Requirement for Action.

Requirement for Action 2.2

Initial 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.

The Health Board's response to this Requirement for Action provides a short statement that services are present, and that where there is a gap in service the Care Home Support Team will help to facilitate referrals or support.

However there is no analysis of the reality of access and experiences for older people and no information provided regarding how current provision is quality assured. There does not appear to be a willingness to assess the need for improvement in light of the Review.

The Health Board does not identify any accountable individuals who are responsible for delivering in this Requirement for Action.

Requirement for Action 3.4

Initial 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 provides information about the positive actions that the Health Board is taking to provide mental health services, such as dementia leads that can provide training and support in care homes, the development of a toolkit for dementia care, and support for care staff through the older adult specialist mental health services.

However, the response does not provide any information on the reality of access to these services for staff and the impact that this has on the quality of life of older people.

The Health Board's response does provide information on successful pilots that have been undertaken to monitor and improve the use of antipsychotic drugs. Furthermore, there appears to be an intention to develop a new strategy for the 'management of dementia'. However, there is no further information on the commitment to roll out pilots across the region and when this new strategy will be developed and implemented.

The response does not provide any information in relation to mental health and well being assessments.

Requirement for Action 3.5

Initial Conclusion – Unacceptable

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 notes that patients are assessed and monitored for withdrawal, and that reviews are conducted which adhere to NICE guidance. The response states that this is currently audited through medical notes. However, the response does not provide a commitment or intent to publish information about the use of anti-psychotics.

Requirement for Action 4.2

Initial Conclusion – Unacceptable

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 provides positive information about the support that is provided to care homes, and the use of the Fundamentals of Care tool. However, this is not sufficient to be understood as a commitment to develop a formal agreement as set out in the Requirement. The response does not provide any information, or signal an intention to develop and implement a formal agreement between care homes, primary care and specialist services.

Requirement for Action 4.3

Initial Conclusion – Partial

4.3 Care staff are provided with information, advice and, where appropriate, training to ensure they understand and identify the health needs of older people as well as when and how to make a referral.

The Health Board's response to this Requirement for Action provides a small amount of information on training and support that is given to care home staff. There is information given on the Health Board's plans to develop improved support and training by two Local Authorities within the region.

However, there is no clear plan of action and implementation for the work that is already planned nor is there a demonstrated commitment to scope the quality of current provision and any need to improve from the Health Board's perspective.

The Health Board does not identify any accountable individuals who are responsible for delivering in this Requirement for Action.

Requirement for Action 4.4

Initial Conclusion – Partial

4.4 Upon arrival at a care home, older people receive medication reviews by a clinically qualified professional, with regular medicine reviews undertaken in line with published best practice.

The Health Board's response to this Requirement for Action demonstrates a recognition that there needs to be an improvement in the delivery of medication reviews. The Health Board is aware that pockets of good work exist in some areas and that these are not currently extended across the whole region. However, there is no clear implementation plan regarding how this good practice will be extended to the whole region.

The Health Board does not identify any accountable individuals who are responsible for delivering in this Requirement for Action.

Requirement for Action 5.6

Initial Conclusion – Unacceptable

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 states that frontline staff with specialist skills are already support nursing and residential homes, and that where there are gaps the Health Board will seek to address these by September 2016. Whilst this commitment is welcome, there is no information provided on how those gaps will be identified and addressed.

The response provides information on the training and improvement actions that have been taken by the Health Board, such as working with the Local Authority to provide documentation training and the development of the Care Home Support Team.

However despite these positive examples there is no explicit commitment to support the development of a National Improvement Service.

Requirement for Action 6.2

Initial Conclusion – Unacceptable

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 provides information on the work that Nurse Assessors carry out to monitor quality and concerns.

The response demonstrates a willingness to improve links with the Local Authorities and CSSIW where there are gaps and inconsistencies. However, there is no information provided on how the Health Board

listens directly to older people outside of formal complaints and how they plan to develop or improve this. Furthermore, the response makes no reference to annual reporting to demonstrate how listening to older people has driven continuous improvement.

Requirement for Action 6.8

Initial Conclusion – Unacceptable

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 states that it is exploring whether it would be appropriate to include this information within the Annual Quality Statement. The response gives no commitment to include any of the information relating to quality of life referred to in the Requirement in the AQS.

Requirement for Action 7.3

Initial Conclusion – Partial

7.3 The NHS works with the care home sector to develop it as a key part of the nursing career pathway, including providing full peer and professional development support to nurses working in care homes.

The Health Board's response to this Requirement for Action provides information about positive and proactive action that it is taking to improve the nurse career pathways into the care home sector. For example, they have undertaken a scoping exercise to identify the workforce profile and are working with Swansea University to encourage nursing placements. The response also recognises the reality of the situation, and why nurses may not want to work in the sector at present.

However, there is no further information provided or commitment made to work directly with the care home sector in order to improve recruitment. For example, there are no clear timelines provided for the work with Swansea University. Furthermore, there is a suggestion made regarding work that the care home sector could undertake such as advertising on social networks. However there is no commitment to work collaboratively with them to achieve this.

The Health Board does not identify any accountable individuals who are responsible for delivering in this Requirement for Action.

Appendix 1:

Hywel Dda University Health Board, questions raised

Requirement for Action 6.8

Question:

“The HB is exploring whether this is appropriate to be included in the Annual Quality Statement. If it is to be included would it improve outcomes? The Health Board feel it needs to link with the all Wales work on the metrics relating to older people, and needs an All Wales and Regulatory approach going forward.”

This question has been interpreted as relating to the inclusion of information relating to quality of life within their existing Annual Quality Statement.

It is the Commissioner’s view that there is a need for greater openness and transparency in respect of the quality of care homes across Wales. Older people need to have access to relevant and meaningful information about the quality of life and care provided by or within individual care homes, and this includes information on healthcare entitlements and experiences. A lack of transparency undermines older people’s ability to make appropriate decisions, wider public confidence and acts as a barrier to systematic change.

The Commissioner recognises that some quantitative data may not be readily available yet; however, in the meantime this should not inhibit robust and transparent narrative reporting on the quality of life and care of older people living in care homes. Furthermore, the Commissioner would expect information contained within the Annual Quality Statement and any work that sits behind this to be linked to related work that is ongoing, such as the ‘all Wales work on the metrics relating to older people’.