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10 August 2015

Dear Mr Moore,

Care Home Review: Analysis of your final response

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

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

Your response 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 the intended outcomes.

I am particularly pleased that your organisation has shown a commitment to continually improve and develop its plan and has openly welcomed the constructive feedback that I have provided. This has resulted in clear improvement from the initial conclusions that I drew earlier this year. I am also pleased that you have detailed what review and evaluation procedures you have in place to provide assurance at a senior level in your organisation that the required outcomes will be delivered.

Your organisation has proposed the development of new services or processes which have the potential to progress as best practice. For

example, I welcome that you have committed to publishing leaflets annually on the use of anti-psychotic drugs and that these will be circulated to all care homes (Requirement for Action 3.5), and that it is your intention to develop an in-reach dementia service into care homes (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 two 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 not my intention to seek detailed updates on all of the action you have in hand, because of the level of assurance and commitment you have shown in securing these outcomes. It is therefore my intention to undertake a follow up review in 18 months' time at which stage I will be looking for tangible evidence that these outcomes have been consistently delivered across the care homes in your area (your action has been completed). I will, at a later stage, provide you with information on the scope and approach that I will adopt.

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

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

Yours sincerely

A handwritten signature in black ink that reads "Sarah Rochira". The signature is written in a cursive style with a prominent flourish at the end.

Sarah Rochira
Older People's Commissioner for Wales

Hywel Dda University Health Board

The Health Board states that it is very grateful for the constructive feedback that I was able to give when it submitted its initial response to the relevant Requirements for Action within 'A Place to Call Home?'. I welcome this, and that the Health Board has requested to meet to discuss the future of the plan that they have developed. Furthermore, I welcome that the Mid and West Wales Health and Social Care Collaborative, states that it will: "continue to play a key role in disseminating learning and bringing agencies together to address challenges and continue our shared journey of improvement". I would expect that as this programme of work develops, regular reporting takes place through these arrangements, 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

I raised a concern in relation to the Health Board's initial response to this Requirement for Action that there was no assessment of the reality of access to continence care for individuals, and their experiences of these services. Therefore, I welcome that the Health Board has provided information in response to the concerns that I raised. For example, the Health Board states that it has undertaken an audit in acute services, with plans to replicate this within the independent sector. This audit would seek the views of individuals in order to identify weaknesses in the continence services, and to guide improvement.

The Health Board recognises that there are weaknesses in its current continence service provision, and I welcome this knowledge and honesty. I am pleased to note that the Health Board has described actions, and demonstrated a clear commitment to improve provision, for example

through the findings of the audit and an assessment and recommendation paper that will be presented to the Board. Furthermore, the response describes the development of a new contract specification that should support improved quality assurance monitoring.

This action, alongside the additional actions noted above, have the potential to improve the understanding of current continence care services. This understanding can then drive improvement so that older people are supported to maintain their continence and independent use of the toilet. This improvement work has clear timelines for completion and name lead individuals. This approach should enable quality and impact of these services, and any changes made to them to be closely monitored by the Health Board.

Requirement for Action 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 Health Board's response to this Requirement for Action describes how a group has been established to review and assess the current service levels and gaps in the provision of advocacy. I welcome the commitment to improve the Health Boards understanding of the reality of access to independent advocacy for older people in care homes, and am pleased that this directly addresses a concern that I raised in relation to the Health Board's initial response.

I welcome that the Health Board recognises that there is a gap in advocacy provision in the Ceredigion area. I am pleased to note that it has outlined how it is working with other partners to make improvements, because without access to independent advocacy in the situations referenced in the Requirement for Action, older people may be unable to secure their rights, or have their concerns addressed, which places them at an increased risk of harm.

The Health Board recognises that there is currently no process to capture information relating to the use of non-instructed advocacy. Therefore, I welcome the commitment to undertake an exercise to work with providers, individuals and their families in order to better understand where improvements are needed.

The response sets a clear deadline for the completion of this work and also names an accountable lead individual. The clarity of this approach should enable quality and impact of these services, and any changes made to them to be closely monitored by the Health Board.

Requirement for Action 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 Health Board's response to this Requirement for Action includes a reference to a number of ongoing or planned reviews of service provision that would support the Health Board to better understand the level of access to specialist, multi-disciplinary care services that support rehabilitation. For example, the response states that the Health Board is working with Local Authority partners to review reablement services in Ceredigion, an analysis of gaps will take place on gaps in service through established forums such as Falls Group, and there is a review of Occupational Therapist/Physiotherapist training.

I welcome these, as without truly understanding whether individuals can access such services, the Health Board will not be able to shape provision in order to provide full support to older people following ill health, that enable them to maximise their independence and quality of life.

The response sets a clear timescales for the development and completion of this work, and also names an accountable lead individual. The clarity of this approach should enable quality and impact of these services, and any changes made to them to be closely monitored by the Health Board.

The Health Board recognises that more work is needed in order for it to understand the experiences of service users, and that processes need to be developed in order to capture experiences. While I welcome the recognition that further work is needed, I would have expected some further information regarding the start, completion and outcomes of this work.

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 raised a concern in relation to the Health Board's initial response to this Requirement for Action, that there was information provided on the current provision of in-reach, multi-disciplinary specialist mental health

and wellbeing support, but no assessment made of the reality of access to those services by older people living in care homes.

I welcome, therefore, that the Health Board recognises that there are weaknesses in its current mental health and wellbeing support and identifies clear actions that it will take in order to address these. For example, it commits to undertaking a review of access to mental health services for older people in care homes to discover and ensure that there is consistency of services for all patients in the community and care homes. Without this support, there is the risk that ongoing mental health issues experienced by older people can significantly undermine their quality of life – but that this impact could be greater depending on the area, or setting that an individual happens to reside in.

I welcome that the Health Board recognises that dementia diagnosis rates are particularly low in its region, and as a result - signals its intention to develop an in-reach dementia service into care homes. This has the potential to improve the understanding of the needs and experiences of older people living with dementia. The commitment to develop a care home designated mental health practitioner would also have the potential to improve the understanding of the wider mental health and wellbeing needs of all older people living in care homes.

It is good to see that the Health Board also plans to enhance pharmacist support to care homes which will include the management of anti-psychotic medication. The enhanced role of pharmacist support has the potential to reduce the incidence of the inappropriate use of anti-psychotic drugs.

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 Health Board has committed to publishing information on the use of anti-psychotics in care homes annually. Furthermore, I am pleased to note that the Health Board has committed to publishing leaflets annually on anti-psychotic use on older people that will be circulated to all care homes. These actions could support increased openness and transparency, and potentially reduce the inappropriate use of anti-psychotic drugs.

Requirement for Action 4.2

Final Conclusion – Partial

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 states that General Practitioners are required to deliver all core contractual services for patients within the independent sector, such as care homes. However despite this broad statement, there is no information provided on the reality of access to these primary and specialist services for older people living in care homes.

However, the Health Board does recognise that there are perceived gaps in some primary care services, and that it is not known how equitable access to specialist services really is. I welcome that the Health Board commits to finding out more by scoping access to specialist services through a Task & Finish Group, and similarly use a review of the Community Dental Service to expand training in mouth care for care home staff.

These actions have the potential to improve access to primary care and specialist care services, and in particular the access that older people living in care homes have to dental health services. I welcome the inclusion of a named accountable individual to oversee and be accountable for the completion of this work. However, I am disappointed to note that there is still no explicit commitment to work towards a formal agreement between local primary care and care homes that is based on the Requirement for Action.

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 did not appear to be any clear plan of action, nor a demonstrated commitment to scope the quality of current provision with a view to improvement.

Therefore, it is welcome that the Health Board's responded to this by committing to scope and analyse the access to services that provide information, advice and training to care home staff. For example, the Health Board commits to running a workshop to identify gaps within the information, advice and training provision, to draw up a training agenda and to develop a new contract that includes service specifications that will enhance the standards of training for staff. These actions have the potential to support care staff to better understand the health needs of older people, and when and how to access primary care and specialist services.

These actions have clear timelines for completion and a name lead individual. This approach should enable quality and impact of these services, and any changes made to them to be closely monitored by the Health Board.

Requirement for Action 4.4

Final Conclusion – Acceptable

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

I raised a concern in relation to the Health Board's initial response to this Requirement for Action that there was a lack of a clear implementation plan to extend good practice in medication reviews across the whole Health Board region. This could mean that although older people in some areas within the Health Board could receive appropriate medication, there could be others that are at risk of potentially dangerous interactions between multiple medications purely because they reside in a different area.

The Health Board recognises that although Community Pharmacy can provide a medicines reconciliation service for an individual on arrival to a care home, they can't undertake a full clinical review due to a lack of access to clinical information. However, the Health Board responds to my concern by stating that the newly created role of a locality pharmacist will focus on care home patients, undertaking clinical medication reviews in several areas before being expanded to encompass the whole Health Board over the next twelve months.

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 raised a concern in relation to the Health Board's initial response to this Requirement for Action that, although there being a number of positive examples such as the development of the Care Home Support Team, there was no explicit commitment to support the development of a National Improvement Service.

Therefore, I welcome that the Health Board has committed to supporting this, so 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).

I raised a concern in relation to the Health Board's initial response to this Requirement for Action that there was no information provided on how the Health Board listens directly to older people outside of formal complaints, and how they plan to develop and improve this. 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.

Therefore, I welcome that the Health Board has responded to my concern, and has recognised that informal and systematic listening is needed in order to drive improvements in care and quality of life. The response demonstrates an awareness of the current weaknesses in how the views of older people are sought and acted upon, and recognises that improved processes need to be put in place with partner organisations to improve its listening.

For example, the response states that the Regional Integrated Services Board will develop plans to ensure appropriate mechanisms to engage the voice of citizens. However, there is no firm detail provided of when or how any changes or improvements that are identified will be implemented.

I recognise that the Health Board sees this Requirement for Action as a shared responsibility with its partners. However, it is vital that all partners understand what quality of life really means, and how listening to the voices of older people can be used to better understand the lived experiences of older people in care homes to ultimately drive change and improvement.

Requirement for Action 6.8

Final Conclusion – Acceptable

6.8 Health Boards include the following information relating to the quality of life and care of older people in residential and nursing care homes in their existing Annual Quality Statements:

- the inappropriate use of antipsychotics
- access to mental health and wellbeing support

- number of falls
- access to falls prevention
- access to reablement services
- support to maintain sight and hearing.

Further areas for inclusion to be developed as part of the AQS guidance published annually.

The Health Board's response to this Requirement for Action states that it fully endorses the principle of making this information publicly available, and that it is working with providers and others to improve data collection and develop information that can be meaningfully used by older people and their families to judge quality of life and care in care homes. I welcome that the Health Board will include such information within its 2015/16 Annual Quality Statement, this will ensure there is greater openness and transparency in respect of the quality of care homes within the region.

Requirement for Action 7.3

Final Conclusion – Acceptable

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

There are a number of actions that the Health Board is taking in order to develop the care home sector as part of the nursing career path. For example, I welcome that the Health Board is meeting across departments, with Care and Social Services Inspectorate Wales, Swansea University and providers to discuss how to address recruitment issues within the sector. Furthermore, Swansea University is now placing students in care homes and care homes are being included in training for nurse revalidation. These actions have the potential to, in the long term, 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.

I welcome that a named individual is listed as being responsible for delivery in this area. However, the response would have been strengthened if more clarity could have been provided on the work that the Health Board is undertaking with Swansea University regarding the professional development of nurses in the sector.