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17th April 2015

Dear Mr Chapman

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

Cwm Taf UHB, Merthyr Tydfil and Rhondda Cynon Taf

The response submitted by the Cwm Taf Health and Social Care Economy does not respond directly to the numbered Requirements for Action laid out in the Review report. Instead, actions and issues are laid out against the Outcomes for older people that need to be achieved. Therefore, the initial conclusions against the Requirements for Action have been developed by reading across from the outcomes to the relevant Requirement.

Requirement for Action 1.3

Initial 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 response to the Requirement appears to demonstrate a recognition of this need to support the provision of continence care, for example through the provision of training and awareness sessions for care home staff on the current provision and ways to access specialist support. However, there is no further information provided on when and how these training and awareness sessions will take place.

There is also the recognition that although specialist continence care is provided by the Health Board, resources are limited. However, there is no further information provided on the impact of these limited resources on the access to specialist continence care by older people living in residential settings and their experiences. Nor is there any commitment to take action to mitigate any impact of limited resources.

The response recognises that some providers are reluctant to use appropriate products. However, it is worrying that there is no further expansion on this. It is not apparent from the response why this is happening, and what the statutory bodies are going to do to ensure that

older people have access to appropriate products and most importantly, what the impact of this is on individuals.

It is noted that during April 2015 a baseline audit will take place against the Requirements to inform future work. However, it is not entirely clear how this fits into the actions and issues already identified in the response.

Requirement for Action 1.6

Initial 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 response to this requirement appears to demonstrate some awareness and understanding of the need for independent advocacy provision; however, while the response refers to areas set out in the Commissioner's Requirements for Action, the response would benefit from specific reference to core elements of the required actions and include in the response a clear action plan with timelines and a designated lead officer. There is brief reference to the use of IMCAs under safeguarding arrangements, but there is no reference to key points such as the need for independent advocacy when moving an older person from a hospital into a care home.

There is no judgement provided regarding the quality of current provision, and the ability for older people to access and use these services in reality.

There is reference to some proposed Actions and the Local Authority indicates that it will review advocacy arrangements and scope for joint commissioning. However there is no further information on the timeframe for this or a plan to implement any findings. It is noted that during April 2015 a baseline audit will take place against the Requirements to inform future work.

The response also states that the Local Authority will review the role of Home Operations Support group as part of escalating concerns procedure to strengthen role of advocacy; however, the Commissioner seeks assurance that the required action will be met in reality. The response would therefore benefit from a summary of how the Local Authority plans to implement its action plan.

Requirement for Action 2.2

Initial Conclusion - Unacceptable

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.

It is difficult to determine where the response to this Requirement can be found as there is no direct reference to 2.2.

The response to this requirement appears to demonstrate a lack of understanding about the range and scope of specialist services and does not provide a response that meets in full the required actions. Content relating to support following a period of ill health does not provide any substantial information regarding the current provision of specialist services and multi disciplinary care for older people.

The response states that it will raise awareness for staff in care homes and UHB/LA staff regarding entitlements and access arrangements which already exist through primary care contracts, GP Local Enhanced

Services and under Funded Nursing home guidance. The Local Authority also indicates that it will ensure training events and contract specifications consider the need for cultural change amongst staff to focus on person centred approach/outcomes and stronger emphasis on reablement skills. There is an action to consider the evaluation of pilot projects but not from commitments to act upon the findings of these evaluations. Although, it is noted that during April 2015 a baseline audit will take place against the Requirements to inform future work.

However, there is no specific reference to current access to or provision of multi-disciplinary services. The response does not identify shortfalls in provision and does not provide a clear indication of an action plan addressing the Commissioner's Requirements for Action. This approach is vague and makes it difficult to assess the reality of access, and quality of such services for older people across the region.

The response would benefit from the inclusion of this information along with a clear summary and assurances of how the Local Authority intends to ensure full compliance with the Commissioner's required actions.

Requirement for Action 3.2

Initial 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 Local Authority states in its response that it plans to promote awareness of a range of high quality training available through the Council and the Social Care Workforce Development Partnership (SCWDP) to care home staff. Provision will include different levels, for example, basic

awareness, advanced training for supervisors/managers, but the response does not identify any specific programmes..

The response also indicates that the Local Authority will review uptake/attendance and outcomes of training through service specifications and contract monitoring via the use of pro-formas to collect evidence consistently.

Whilst there are some positives in the Local Authority response, it does not directly address all of the key elements of the required action. It does not state whether there is current provision for basic dementia training for all care home employees, nor does it refer to a timeline or lead officer with regard to its implementation of a range of different types of training.

The response would benefit from a clear summary of existing provision and of an action plan that includes a summary of the proposed training, along with a clear reference to on-going supervision and performance assessment in order to provide the Commissioner's with assurances of compliance.

Requirement for Action 3.3

Initial Conclusion – Partial

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 Local Authority response demonstrates some understanding and awareness of the need for befriending initiatives and refers to existing arrangements with the Red Cross and Communities First Groups; however, there is no brief overview of how these arrangements work in practice. The Local authority states that it plans to build on these existing arrangements for befriending services in homes and implement relevant actions from the Cwm Taf Joint Commissioning Statement for Older People, for example, Building Community capacity, Health and Wellbeing.

Whilst this is encouraging, there is little in the response that provides evidence to support that the Local Authority is taking active steps to encourage use of befriending schemes within care homes. The response would benefit from not only a summary of existing and planned initiatives, but also a clear indication of how these directly support residents. In order to comply fully with the required action, the response could also include assurances that other key elements, such as ensuring continued access to faith based support and to specific cultural communities, will be reflected in future provision plans. In addition, the response needs to include a clear timeline for implementation and named lead officers.

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 response does not provide any commentary that can be directly attributed to the Requirement. However, based on information that has been provided in relation to the outcomes it is not clear what the current awareness of, and access to specialist mental health and wellbeing care is for both staff and older people. For example, the response includes a commitment to promote awareness of the support that is available from

specialists but gives no indication of current access and awareness levels.

The response commits to continuing arrangements with pharmacists for review medications but provides no judgement regarding its quality and the reality of access for individuals.

Finally, the response states that the contract monitoring and joint inspection will be reviewed, and to include quality of assessment and care planning. However, this information is vague and provides no insight into the current experience of older people.

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 response to this Requirement questions the value of this Requirement, however there is no further information provided regarding why this is the case and whether or not the Health Board is in a position to do so.

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 response to this Requirement does not provide a commitment to develop a formal agreement between care homes and local primary care and specialist care services. The response states that such an entitlement already exists through the GMS and LES contracts and that additional statements could be included within these. However there is no commitment to work on this.

The response correctly states that for many services there should be no difference between what's available for older people in care homes and other settings. However, this statement does not recognise that the Review evidence revealed that in many cases there is already a difference in access to such services for older people living in a residential setting and the Requirement for Action seeks to address this imbalance.

The response commits to undertaking an audit of specialist services and questions whether similar could be done for primary care. However there is no further information provided on when this will be completed and no commitment to carry out any actions as a result.

It is noted that during April 2015 a baseline audit will take place against the Requirements to inform future work. However, it is not entirely clear how this fits into the actions and issues already identified in the response.

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 response to this Requirement commits to undertaking an awareness raising event for staff. However, there is no information provided on when this will take place and the reach of staff that they plan to deliver such an

event for. Furthermore on a broad scale, there is no information provided on the current reality of care home staff knowledge and abilities, how potential gaps will be identified and subsequently addressed.

There is a statement that 1:1 training will continue to be provided for the needs of individual older people. However, there is no information provided on any proactive and systematic approach that may be needed in light of the findings of the Review and the Requirement.

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 response to the Requirement for Action states that the current arrangements of a pharmacist working with care homes to review medication will continue. However there is no further information or judgement provided regarding the sufficiency or quality of the current service, and what the individuals' experiences are of this.

The response demonstrates an intention to improve provision of reviews by stating that lessons learnt from medication errors in one home will be applied across the region. However, there is no further detail provided regarding what these issues were, how they will be addressed and what the impact on the individual will be.

The response states that a review may not always be most relevant if a recent review has taken place in hospital. However there is no information included regarding how the care home would ensure that that review had taken place, that there are no changes in circumstance that would mean a review is needed, and that the relevant individual within a care home would have swift access to the necessary information following review.

The response seeks clarity in relation to the term 'clinically qualified professional'. In the context of the Review, this would mean an appropriately qualified and relevant individual.

It is noted that during April 2015 a baseline audit will take place against the Requirements to inform future work.

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 response to this Requirement seeks clarity on the role of a National Improvement Service, and recognises that this is to be lead by Welsh Government.

Whilst the Local Authority response includes a significant amount of information including reference to plans to promote role of SCWDP and training programme to assist care homes and the implementation of a new quality audit tool in Merthyr Tydfil, there is no direct indication of compliance with the Requirement for Action.

The response suggests the use of an ad hoc independent review as an alternative. However, this appears to be a localised approach that may not achieved the desired aims of a National Improvement Service. However, there is insufficient information to be able to judge the sufficiency of such an alternative.

It is noted that during April 2015 a baseline audit will take place against the Requirements to inform future work. The response would benefit from assurances that the Local Authority intends to comply in full and will support and engage in the development of a National Improvement Service.

Requirement for Action 6.2

Initial 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 response to this Requirement includes a positive intention to ensure that information captured in annual consultations and questionnaire is analysed and acted upon to inform contract monitoring and inspections. The response demonstrates some understanding of the importance of collecting and acting upon information gathered directly from care home residents, stating that the Local Authority will ensure information captured in annual consultations and service user/family questionnaires is analysed and acted upon to inform contract monitoring and inspections.

However, whilst the response reflects some compliance with the required action, the information provided does not constitute a concrete plan for

truly listening to the voices of older people and using these to drive improvements in quality of life. Furthermore, this does not provide any information on the regions current success at listening and acting upon the voices of older people.

There is no reference to annual reporting on the use of feedback from older people. Nor is there any reference to systematic joint working with CSSIW in order to better understand the experiences of older people outside of formal complaints.

There is a statement to consider how to use the Provider Forum to share best practice. However there is no detail attached to this, and no firm plans regarding any action that could be taken as a result of such a consideration.

A reference to the introduction of a quality audit tool is too vague to provide an insight into the intended action, and does not make any reference to the use of the voices and experiences of older people.

It is noted that during April 2015 a baseline audit will take place against the Requirements to inform future work.

Requirement for Action 6.7

Initial Conclusion – Unacceptable

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.

The Local Authority's response does not appear to comply with this requirement and it is unclear whether the Local Authority intends producing Annual Quality Statements.

The response indicates that the Local Authority will review contract monitoring and joint inspection arrangements to reflect outcomes from process as appropriate in quality statements/improvement plans. The Local Authority will also consider use of proformas for care homes to capture performance information and evidence more consistently

The LA states that it will also consider how performance dashboards used by larger care home providers inform the process and how they can be adapted for use in smaller homes

Whilst some positives can be taken from the Local Authority response, it does not directly refer to a number of key elements of the required actions. For example, there is no mention of independent advocacy, no reference specific to older people living with dementia and/or sensory loss, and no reference to upholding the human rights of older people.

The response would benefit from a clear indication that the Local Authority intends to comply fully with the Requirement for Action and provide assurances that it will produce Annual Quality Statements. The response would also benefit from consideration and response to the specific requirements as presented above.

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 response to this Requirement includes no commitment to include the noted health information relating to older people in care homes in the Health Boards Annual Quality Statement. The response includes an alternative suggestion regarding the use of a report from CSSIW covering the region, and a joint commissioner's report. However, the production of a report from CSSIW fulfils a distinct and different function from that desired from an Annual Quality Statement. Furthermore, the use of a report from commissioners carries the risk of only including health need and health outcome information on those individuals whose care and support is commissioned either through the local authority or the Health Board. This could leave out valuable information and an insight into the current health experiences of those individuals who live in residential care homes, or who do not have their care home commissioned by a statutory body. More information would be needed on this alternative proposal to be able to ascertain its sufficiency in lieu of the Requirement.

It is noted that during April 2015 a baseline audit will take place against the Requirements to inform future work.

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 response to this Requirement does not demonstrate an understanding of the current levels of nurse staffing within care homes, nor does it demonstrate an understanding of the reasons or barriers for individuals entering this sector.

There is a positive action to audit the placements available to nursing students however there is no information provided on when this will take place and any action that will be undertaken as a result.

The response recognises that a partnership approach will be required between Universities, Health Board and Welsh Government however there is no firm commitment to begin this partnership.