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10 August 2015

Dear Mr Westley

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 your organisation has used the constructive feedback that I provided earlier in the year to improve your response. It is good to see that the Local Authority is working with the Health Board within some Requirements for Action.

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

practice. For example, the provision of advocacy will now be signposted on safeguarding public information leaflets (Requirement for Action 1.6). 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. I would also expect to see the development of clear review and evaluation procedures to provide assurance at a senior level in your organisation that the required outcomes will be delivered.

Please find attached a detailed analysis of the additional information you have provided in response to my request.

As you are aware, I am obliged by the Commissioner for Older People (Wales) Act 2006 to keep a register of responses to my Requirements for Action and therefore all of the responses from the bodies subject to my Review will be published on my website together with the analysis of each response.

As I have already advised, I will be publishing an overall commentary on whether I consider that the change I expect to see on behalf of older people will be delivered across Wales and I intend to make a formal public statement in respect of this and action intended by individual bodies subject to the review. These statements will be made on 11 August.

It is my intention to undertake a follow up review in 18 months' time at which stage I will be looking for tangible evidence that the outcomes I expect to see have been consistently delivered across the care homes in your area. I will, at a later stage, provide you with information on the scope and approach that I will adopt.

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

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

Yours sincerely

A handwritten signature in black ink that reads "Sarah Rochira". The script is cursive and fluid, with the first letter of each word being capitalized and larger than the others.

Sarah Rochira
Older People's Commissioner for Wales

Pembrokeshire County Council

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”.

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 Local Authority’s response to this Requirement for Action appears to demonstrate an understanding of the role of advocacy, to support those who use it and to speak out on their behalf when appropriate. The response states that a general advocacy service is provided, and includes a description of the situations when advocacy is made available.

I raised a concern in relation to the Local Authority’s response that I required information on whether advocacy was provided in the circumstances noted within the Requirement for Action. Therefore, I welcome that the response responds specifically to this. The response states that the service is provided during times of specific ‘community change’ or individual events, such as when an individual is being discharged from hospital or during a potential home closure. Furthermore,

it is good to see that stronger links have been made between safeguarding and advocacy, and that the provision of advocacy will now be signposted on safeguarding public information leaflets. The availability of advocacy in these circumstances has the potential to enable older people to secure their rights and have their concerns addressed when they are in potentially vulnerable situations.

The Local Authority is introducing a new advocacy service and states that it has been working with local specialist advocacy providers to ensure a seamless service is available. Furthermore, it is good to see that awareness raising is taking place to ensure that both individuals and also the sector itself are aware of the availability of advocacy.

I welcome that the Local Authority has committed to monitoring advocacy activity and referrals, as this should enable them to understand the reality of access to advocacy services for older people in care homes within their area, and as a result has the potential to support and inform future advocacy service development.

The response sets timelines for the completion of this work and also names an accountable lead individual, this should enable any changes made to these services to be closely monitored by the Local Authority.

Requirement for Action 2.2

Final Conclusion - Acceptable

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

I raised a concern in relation to the Local Authority's initial response to this Requirement for Action, that there was little information provided on what specialist services are currently going into care homes to support rehabilitation. The Local Authority's response to this Requirement for Action responds to this and provides an overview of the range of multi-disciplinary care, community and specialist services that are currently

provided within the area, and states that older people living in care homes have access to these.

The response also describes how multi-disciplinary professionals work within a Community Resource Team to provide health and social care support to individuals with complex needs. In addition to this, the response describes how it is amending its service provision to increase its focus on intermediate care and reablement services to reduce reliance on long term care and hospital admissions.

The response states that it will monitor the effectiveness and impact of the current targeted reablement provision (a commissioned service). This exercise has the potential to identify good practice and highlight any gaps or shortfalls where in that particular commissioned service. However, the Local Authority response does not appear to demonstrate that it is taking this approach for the provision of all specialist and multi-disciplinary services.

Despite this, the response does cross reference to the Health Board's response. Therefore, I welcome that the Health Board references 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. 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 timelines for the completion of this work and also names an accountable lead individual, this should enable any changes made to these services to be closely monitored by the Local Authority.

Requirement for Action 3.2

Final Conclusion - Acceptable

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's response to this Requirement for Action provides information on the provision of dementia training to care home staff and demonstrates a commitment to prioritising dementia training.

I welcome that the response states that person centred dementia awareness training has been provided to all care home staff, including those in the independent sector. Furthermore, the continuation and expansion of this will be prioritised in the Social Care Workforce Development Partnership training plan. While it is good to see that discussions will be held with care homes to embed this training into the induction for all staff, I would expect to see this happen to ensure that all future staff working in care homes understand the physical and emotional needs of older people living with dementia.

The response includes information on a number of additional dementia training that is being explored, such as that offered by Dementia Care Matters and the Alzheimer's Society. I am pleased that the Local Authority is considering a range of dementia training, however I note that the commissioning of such courses is subject to SCWDP grant allocation and there is no guarantee that this will be provided to care staff.

The Local Authority is commissioning higher level and more targeted training which has the potential to ensure that both care home staff and managers improve their skills and competencies on an ongoing basis. Likewise, I welcome that the Hywel Dda regional strategy group for dementia will train managers and undertake a needs analysis for training within the sector. I would expect that this training would include all care home managers, and that part of the strategy would be to include skills and competencies in this area as a specific element of supervision and performance assessment.

The response sets timelines for the completion of this work and also names an accountable lead individual or team, this should enable any changes made to these services to be closely monitored by the Local Authority.

Requirement for Action 3.3

Final 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 response to this Requirement for Action from the Local Authority provides an honest assessment of the befriending schemes and activities that are available to older people living in care homes.

For example, the response states that a Pembrokeshire County Council visitors room is provided, activities and transport are arranged, such as to visit friends or the church and that befriending schemes operate in the locality. However, the response also states that they are unaware of any befriending schemes actually being operated within a care home setting.

For some older people it will be beneficial and appropriate to travel to an activity, and this could enable older people to have meaningful social contact and retain their faith and cultural links. However, there will be some older people for which this is not possible. Without access to befriending opportunities within the care home setting, there will be a continued risk that older people living in a care home are lonely, social isolated and lack opportunities for meaningful social contact.

The response states that this, and other gaps in services can be addressed through the Older Person's Strategy Voluntary Sector Forum and supported in the Older Person's Strategy which is currently being developed. However, it also states that there is difficulty in recruiting sufficient numbers of volunteers. While I note there is a marketing campaign to increase volunteers, and that reducing social isolation and

increased social participation are key outcome areas for the Older Person's Strategy, there does not appear to be a sufficiently strong assurance provided within the response that the Requirement for Action will be fully met at a tangible point in time.

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 Local Authority'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).

The Local Authority's response to this Requirement for Action provides detailed information on how the Local Authority, along with partners, uses its Quality Assurance Framework to listen to the views and experiences of older people in order to learn from this and drive improvement.

I welcome that talking with residents forms a central part of the Quality Assurance visits, and that a variety of methods are used that are most suitable to the individual in order to maximise the opportunity to listen to them. Furthermore, the response clearly describes how this process results in the sharing of good practice and also how it has driven changes in policies and guidance to improve services.

However, I must note that this response only appears to describe formal methods of collecting the views of older people as part of the structured Quality Assurance process. Furthermore, the response references quality assurance and how the Local Authority listens to older people to understand their view on the quality of service. It does not appear to demonstrate an understanding of how informal listening can provide commissioners and providers with a thorough day to day understanding of quality of life, as distinct from the quality of service and the quality assurance process.

Without this understanding, there is a continued risk that older people's views about their quality of life won't be captured on a regular basis, and that opportunities to make small changes that can make a significant difference to quality of life are missed. I do welcome that using engagement with individuals to drive service improvement will be included within the annual Quality Assurance report. However without the understanding as described above, I am not fully assured that this will comply with my Requirement for Action.

Requirement for Action 6.7

Final Conclusion – Acceptable

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.

I welcome that the Local Authority's response to this Requirement for Action commits to the publication of an Annual Quality Statement that will include information on the quality of life and care of older people living in commissioned and Local Authority run care homes. This will ensure that older people have access to relevant and meaningful information about the quality of life and care provided by or within individual care homes, and there is greater openness and transparency in respect of the quality of care homes.