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Dear Ms Paget

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 clearly demonstrates a commitment to delivering the change required that I outlined in my Care Home Review and clearly details action you have in place or will take to deliver the intended outcomes.

I am particularly pleased that your organisation demonstrated a clear determination to improve its plan to deliver change and has openly welcomed and learned from constructive feedback that I have provided. This has resulted in a marked improvement from the initial conclusions that I drew earlier this year, and all of your responses to my Requirements for Action have now been analysed as 'acceptable'. It is also good 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.

The use of a position statement of current provision alongside an implementation plan demonstrates an awareness of where the organisation is now and how change will be delivered. Your organisation has proposed the proactive development of new services or processes which have the potential to progress as best practice. For example, I welcome that you are undertaking a pilot of volunteers and advocates who will support older people who are making the transition from hospital into a care home (Requirement for Action 6.2). Also, that you will develop a framework that will enable providers to capture and report on quality of life indicators for older people living within their care homes (Requirement for Action 6.8).

I am therefore satisfied that your organisation is already complying with my Requirements of Action or is committed to taking the action necessary to deliver the required change.

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 long, sweeping tail on the final letter.

Sarah Rochira
Older People's Commissioner for Wales

Aneurin Bevan University Health Board

The Health Board accepts unreservedly the initial conclusions that I made when the Health Board submitted its initial response to the relevant Requirements for Action within 'A Place to Call Home?'. I welcome that the Health Board has submitted a position statement of the current provision and alongside this, an implementation plan. In order to progress with this implementation plan, the Requirements for Action will be incorporated into an annual programme of work which will be monitored by the Quality and Safety Committee. 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. Furthermore, I welcome that the Health Board will report on overall progress within its Annual Quality Statement.

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

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 improve its understanding of the current provision of specialist care home continence support services. I welcome that these commitments and actions, in turn, have the potential to better support older people to maintain their continence and independent use of the toilet.

For example, the Health Board commits to undertaking a scoping of the current services, and to take the resultant action that is required to improve the service. The response commits to redesigning the continence care services, to work closely with care homes in order to determine the

level of training and support that they need, and to review the continence support that they provide against national guidelines.

I raised a concern in relation to the Health Board's initial response to this Requirement for Action that there was no reference to the use of best practice. I am pleased that the Health Board has directly responded to this concern, and has stated that best practice seminars and training has been delivered in both the matron and provider forums. This has the potential to drive change in continence care across the whole sector within the region, and not just in pockets.

The response includes clear timelines for the completion of the actions noted, and also identifies an accountable individual that sits alongside a clear governance pathway. The clarity of this approach should enable the 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.

I raised a concern in relation to the Health Board's initial response to this Requirement for Action that there was no information provided regarding the uptake of advocacy and whether the current funding levels are sufficient. Without this information, it is not possible to understand whether older people can really access independent advocacy so that their rights can be secured and their concerns addressed.

There are a number of positive actions that the Health Board has committed to take in order to improve the access that older people in care homes have to advocacy, and to address my previous concerns. For example, these include additional training being provided to care home staff in order to support the recognition of the need for advocacy, and a clear plan to scope whether current provision and funding is sufficient in order to meet local need.

Furthermore, I welcome that the Health Board has committed to reviewing its processes and protocols to ensure that the requirement for advocacy is made explicit in certain circumstances, for example during transition or while a home is under Escalating Concerns. This has the potential to support older people to secure their rights, have their voices heard and concerns addressed in situations where they are potentially vulnerable.

The response includes clear timelines for the completion of the actions noted, and also identifies an accountable individual that sits alongside a clear governance pathway. 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.

I welcome that the Health Board's response to this Requirement for Action provides an overview of the range of multi-disciplinary care and specialist services that are currently provided.

I raised a concern in relation to the Health Board's initial response to this Requirement for Action that the Health Board needed to demonstrate a clearer willingness to proactively develop new services, through open consultation, to meet need in its region. Without this proactive commitment, older people could have reduced mobility, increased frailty and loss of independence.

In response, the Health Board demonstrates an awareness of where there may be current weaknesses in provision of multi-disciplinary care and specialist services. I welcome that the Health Board has committed to reviewing its provision in order to ensure that current capacity can deliver to meet demand. For example, the Health Board commits to scoping the current in-reach provision into care homes over the next four months, with a view to enhancing or developing further in-reach services if necessary, and is undertaking an audit of high numbers of admittance to hospital from one nursing home in order to inform the need for more local services across nursing homes. The response also states that the Health Board will consider service redesign and developing a business case to improve access to these multi-disciplinary and specialist services.

I welcome that these commitments and actions will enable the Health Board to better understand the need for such services, and in turn, have the potential to provide older people with full support, following a period of significant ill health, to enable them to maximise their independence and quality of life.

The response includes clear timelines for the completion of the actions noted, and also identifies an accountable individual that sits alongside a clear governance pathway. 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 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 Health Board's response to this Requirement for Action provides information on the range of in-reach, multi-disciplinary specialist mental health and wellbeing support that is provided by the Health Board. For example, the response details the use of a dedicated care home pharmacist, its referral mechanisms and the use of care plan reviews. The role of a dedicated care home pharmacist has the potential to reduce the incidence of the inappropriate use of antipsychotic drugs.

I raised a concern in relation to the Health Board's initial response to this Requirement for Action that there weren't any proactive actions for the Health Board to undertake and that there was no assessment of whether current service provision was meeting the needs of older people. Without these there is the risk that on-going mental health issues experienced by older people can significantly undermine their quality of life.

Whilst the response does not provide detailed information regarding whether provision is currently adequate, I welcome a commitment from the Health Board to review in-reach mental health services and take action to enhance services if that is deemed necessary.

In addition to this, there are a number of clear positive actions
Furthermore there are a number of clear positive actions – such as including dementia training as part of a continuous cycle of professional development and the use of a pilot study in order to determine the need for dedicated psychological input into residential care.

These are welcome steps towards ensuring the Health Board is able to understand the mental health and well-being needs of older people, and that these needs are identified and reflected in the care provided within care homes.

The response includes clear timelines for the completion of the actions noted, and also identifies an accountable individual that sits alongside a clear governance pathway. 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 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.
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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 publish information annually on the use of anti-psychotics in care homes. For example, the Health Board has committed to working with providers and Care Forum Wales to develop an appropriate monitoring tool, and to agree the format for annual reporting about the use of anti-psychotics in care homes. This is good to see, as is the commitment for the care home pharmacist to produce an interim report on the current use of anti-psychotics in care homes by September 2015. These actions could support increased openness and transparency, and potentially reduce the inappropriate use of anti-psychotic drugs.

The response includes clear timelines for the completion of the actions noted, and also identifies an accountable individual that sits alongside a clear governance pathway. 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 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 better support care home staff to understand the health needs of older people, and when and how to access primary care and specialist services.

For example, the Health Board has committed to undertake a survey of care home staff, by September 2015, in order to better understand the training needs of nursing staff and has committed to working with Local Authorities and care homes in order to determine how opportunities for care staff to access training could be maximised. Both of which have the potential to identify and provide staff with the appropriate information, advice and training. I also welcome the inclusion of a simple action that could greatly improve the awareness of available services and how care home staff can access these through the development of an existing services directory.

The response includes clear timelines for the completion of the actions noted, and also identifies an accountable individual that sits alongside a clear governance pathway. 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 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 welcome that the Health Board's response to this Requirement for Action provides an overview of the provision of medication reviews to older people in care homes. This includes useful information on the role of community pharmacists, and also outlines a number of positive actions that the Health Board has undertaken. For example, that nursing homes have received additional training on medication management and that a

local protocol for medication reviews has been set up with GPs. These actions have the potential to ensure that older people receive appropriate medication, and the risks associated with polypharmacy are understood and managed.

The information that the Health Board has provided on medication reviews and support does focus on the provision within nursing homes. In recognition of the increasingly complex needs of older people in residential care homes, without a strong focus on the use and review of medications in both nursing and residential care homes, there is a risk that older people will continue to be at risk of potentially dangerous interactions between multiple medications. Therefore, I welcome the recognition from the Health Board of the need to scope pharmacy support across all residential settings and a commitment to support additional funding if necessary.

The response includes clear timelines for the completion of the actions noted, and also identifies an accountable individual that sits alongside a clear governance pathway. 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 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 – Acceptable

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 welcome that the Health Board's response to this Requirement for Action provides comprehensive information on the actions that the Health Board takes in order to listen to the voices of older people, and to use this to drive improvement in quality of life and care.

The Health Board describes work of its 'Care Home Ask and Talk' service in nursing homes, and states that this is being rolled out to all nursing homes in the area. There is also information provided on a comparable programme that is being run in residential homes. It is good to see that a number of key areas for improvement were identified as a result of listening to the voices of older people, and actions have been taken as a result. For example, the Health Board is committed to a pilot of volunteers

and advocates supporting older people who are making the transition from hospital to a care home.

These programmes and actions have the potential to ensure commissioners, providers and inspectors have a thorough understanding of the day to day life of older people living in care homes, and that their views about their care and quality of life are captured and shared on a regular basis and used to drive continuous improvement.

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 the production of an annual report to show how on-going feedback from older people has been used to drive continuous improvement. Therefore, it is good to see that in response to this, the Health Board has committed to producing an annual report, which will be included in the Annual Quality Statement.

The response includes clear timelines for the completion of the actions noted, and also identifies an accountable individual that sits alongside a clear governance pathway. 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 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 commits to including information relating to quality of life in its 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 that the response states there is no current mechanism to collect or analyse the data required. Without this, a lack of transparency could undermine older people's ability to make appropriate decisions and undermines wider public confidence in the sector. Therefore, I welcome the commitment to develop an audit framework that would enable providers to capture and report on quality of life indicators. It is good to see that the Health Board is committed to working with other bodies, such as CSSIW, local authorities, Care Forum Wales and Age Cymru to ensure a uniform approach is developed.

The response includes clear timelines for the completion of the actions noted, and also identifies an accountable individual that sits alongside a clear governance pathway. 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 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.

I raised a concern in relation to the Health Board's initial response to this Requirement for Action that there was insufficient information on the clear plan that the Health Board would undertake to meet this Requirement for Action. Without this, there is a continued risk that nursing care homes may close due to difficulties in recruiting qualified and competent nurses, or older people are placed in care homes that are unable to meet their needs.

I am pleased that the Health Board has responded to this concern by demonstrating a clear commitment to support providers and staff to enable access to NHS training and peer support. The Health Board commits to extending the current professional development resources, such as the development of a standardised appraisal framework for registered nurses, and the extension of a professional development forum to be extended to the unregistered workforce. I welcome that the Health Board has committed to exploring opportunities for shadowing in ward setting (and vice versa), and that it will scope the training needs for the registered and unregistered workforce to develop a training strategy. These actions have the potential to ensure that high quality nursing care is delivered, and that quality of life outcomes for older people in nursing homes are improved.

The response includes clear timelines for the completion of the actions noted, and also identifies an accountable individual that sits alongside a clear governance pathway. 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.