



Trevor Purt
Betsi Cadwaladr University Health Board
Ysbyty Gwynedd
Penrhosgarnedd
Bangor
Gwynedd

Cambrian Buildings
Mount Stuart Square
Cardiff CF10 5FL

Adeiladau Cambrian
Sqwâr Mount Stuart
Caerdydd CF10 5FL

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Dear Mr Purt

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.

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

Betsi Cadwaladr University Health Board

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 Health Board's response to this Requirement for Action demonstrates a welcome shift from managing incontinence to the promotion of continence.

The response clearly states the current service provision from the perspective of the Health Board, however it does not provide any indication of the reality of access for individuals and their experiences of continence services and support.

There is an action for the Health Board to review its current resources available within the community to support the increased and proactive work in care homes, which is to be welcomed. There are also a number of other positive actions to improve provision such as 'regular continence training'. However, there is no explicit timeline for the completion and implementation of these actions. Furthermore, the inclusion of accountable individuals is inconsistent, there are name individuals for the delivery of some actions but not all.

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 Health Board's response to this Requirement for Action provides an assessment of the current level of advocacy provision across North Wales, identifies a greater need for provision in the West Region, and includes evidence of working with Local Authorities. There is reference made to the specific situations listed for the provision of independent advocacy, and a number of actions to ensure it is available such as 'a review of discharge policy underway with regard to advocacy services'.

The response also includes some clear actions to improve independent advocacy, such as including advocacy provision within contracts and producing a new public information document. However, the use of clear timelines for the start and completion of actions, and the inclusion of accountable individuals are too inconsistent to be able to see a clear and structured plan.

There is no reference to non instructed advocacy.

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.

The Health Board's response to this Requirement for Action includes information on the types of services that are provided and there is evidence of the range of professionals who are involved in delivery. However, there is no information provided on what the reality of access is like for older people. The language used in the response means that it is difficult to understand whether there are any current gaps in the provision of specialist services and multidisciplinary care.

The response makes a clear commitment to review existing provision. However, there is no clear timeline for this work and no explicit commitment to act as a result of the findings of their review.

Requirement for Action 3.4

Initial Conclusion - Partial

3.4 In-reach, multidisciplinary specialist mental health and wellbeing support for older people in care homes is developed and made available, including:

- An assessment of the mental health and wellbeing of older people as part of their initial care and support plan development and their on-going care planning.
- Advice and support to care staff about how to care effectively for older people with mental wellbeing and mental health needs, including dementia, and when to make referrals.
- Explicit referral pathways and criteria for referral.
- All residents on anti-psychotics are monitored and assessed for potential withdrawal and reviews are conducted in line with NICE guidelines.

The Health Board's response to this Requirement for Action provides a detailed and clear outline of the current provision of specialist mental health and wellbeing support. However, there is no assessment of the reality of access for older people to these services – for example whether access to assessment is in a timely manner.

There are clear and positive actions outlined for change such as a commitment to review the current support that is provided to care homes and develop a service specification for dementia.

However, there are no timelines or implementation plans set out for the start of completion of this work and there are no accountable individuals noted.

Requirement for Action 3.5

Initial Conclusion – Unacceptable

3.5 Information is published annually about the use of anti-psychotics in care homes, benchmarked against NICE guidelines and Welsh Government Intelligent Targets For Dementia.

The Health Board's response to this Requirement for Action provides information on prescribing across the Health Boards in Wales and national GP practices that is published quarterly. However, from the information provided there is no way to determine if this data is collected at a care home level. There is no explicit commitment to begin collecting the care home data and put this information into the Annual Quality Statement.

Requirement for Action 4.2

Initial 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 demonstrates a commitment to work further to develop formal systems to ensure older people can access primary care and specialist services, including a timeline for commencement.

There is also a demonstrated commitment to work further to improve the audit of the success of GP interventions within care home settings. However, more information in terms of specialist services as well as that provided on primary care would have been beneficial.

Requirement for Action 4.3

Initial Conclusion – Partial

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

The Health Board's response to this Requirement for Action provides a clear description of the current system, and provision of information and training for care home staff. However, there is a focus on nursing home staff and identifying health needs through the continuing healthcare process – which will not be accessed by all older people living in care homes.

The response makes a number of positive statements and outlines actions that demonstrate a commitment to improving staff skills such as 'standardised access to training...', and to 'strengthen links with universities to support the development of bespoke training'.

However despite these positive statements, there is no clear implementation plan, with no timelines or accountable individuals who are responsible for ensuring these actions happen.

Requirement for Action 4.4

Initial Conclusion – Unacceptable

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

The Health Board's response to this Requirement for Action states that individuals receive medication reviews through the GP direct enhanced services. However there is no analysis of the reality of current access for older people.

The response does not provide a commitment to take steps to identify any gaps in the provision of medication review, for example how does the Health Board find out if individuals did not receive a review? It is not known from the information provided how the Health Board quality assures the medication reviews that are undertaken.

Requirement for Action 5.6

Initial Conclusion – Unacceptable

5.6 A National Improvement Service is established to improve care homes where Local Authorities, Health Boards and CSSIW have identified significant and/or on-going risk factors concerning the quality of life or care provided to residents and/or potential breaches of their human rights.

The national improvement team should utilise the skills of experienced Care Home Managers, as well as other practitioners, to provide intensive and transformational support to drive up the standards of quality of life and care for residents as well as to prevent and mitigate future safeguarding risks.

This service should also develop a range of resources and training

materials to assist care homes that wish to improve in self-development and on-going improvement.

The Health Board's response to this Requirement for Action provides detailed information on how intelligence and risk management is conducted within the Health Board. This includes a number of positive actions that will support risk assessment, and risk management on a regional basis for example 'joint risk assessment between LA and HB by December 2015'.

However, there is no explanation about how this work could support the development of a National Improvement Service, nor is there a commitment to work towards this.

Requirement for Action 6.2

Initial 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).

The Health Board's response to this Requirement for Action provides an honest assessment of the current ability to gain residents feedback with regard to their experiences, and an acknowledgement that this does not happen at the moment. It is welcome that there is a commitment and clear actions to improve listening to patient experience such as the use of questionnaires and comment cards. Furthermore, there is a commitment to include care home information in an annual report to the Board.

However, it would have been beneficial to have seen more detail timelines against the actions and accountable individuals.

Requirement for Action 6.8

Initial Conclusion – Partial

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 appears to imply that the collation of necessary information is possible as it states that this was included in the Health Board's response to the 'Trusted to Care' review. However, although the Health Board does not commit to including the information within the Annual Quality Statement it does state that it is 'exploring whether it is appropriate' to do so.

There is a commitment to broaden the content of the AQS to look at provided and commissioned care, however there is no firm commitment of intent shown to include all of the outlined information within the AQS.

Requirement for Action 7.3

Initial Conclusion – Partial

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

The Health Board's response to this Requirement for Action provides information on some of the support that is available to nurses working in nursing homes. The response demonstrates a commitment to work with all care homes to develop the nursing career pathways and recognises that this will require resources.

However, there is no identification of the current reach of professional support and development into all care homes and the reasons why it is not currently an attractive career option. Furthermore, there is no clear timeline or accountable individuals named in order to deliver on the commitment to improve the care home sector as part of the nursing career pathway.