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10 August 2015

Dear Mr Mehmet

### **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, you will ensure that information on the new

advocacy service is included care home in 'welcome packs and home brochures' (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 signature is written in a cursive style with a prominent flourish at the end of the name.

**Sarah Rochira**  
**Older People's Commissioner for Wales**

## Denbighshire County Council

### 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 demonstrates a clear commitment to offering independent advocacy to older people in the circumstances referenced in the Requirement. The provision of advocacy to older people in these circumstances has the potential to enable them to secure their rights and have their concerns addressed in situations where they are particularly vulnerable.

For example, the Local Authority provides information on the role of the Age Connects advocacy service that is jointly commissioned with Conwy County Borough Council and gives residents the confidence to 'speak up' and also raises awareness of advocacy with care home staff. I raised a concern in relation to the Local Authority's initial response that it was not clear whether the Age Connects advocacy service was made available to older people in both Local Authority and independent sector care homes. I am therefore pleased to note that the Local Authority's response confirms that this service is available in both types of care homes. Furthermore, I welcome that the response confirms that advocacy can be offered to older people when a care home is closing and also when they are moving to hospital from a care home. The response clearly demonstrates an

understanding of positive reasons for the provision of independent advocacy and the outcomes that can be achieved for older people as a result.

However, I must note that there are still a few areas in which the response could be strengthened. For example, the response recognises that there can be difficulties for older people accessing the advocacy service when the Health Board and Local Authority need to facilitate an early hospital discharge. I welcome the Local Authority's recognition of this shortfall, and commitment to work with the Health Board to improve provision. However, there is no clear action plan for this work that I would expect to see so that I could be confident of improvement to this provision within a tangible timescale.

I welcome that the response provides clarification on the offer of advocacy provision during POVA concerns. However, there appears to be a caveat that this is provided where the older person 'has no one else to support them'. This may be appropriate in many cases but there are older people for whom this would be inappropriate and I would expect further clarity regarding how this judgement is made.

Finally, I welcome that the Local Authority has committed to providing information on a new Age Connect advocacy service in 'welcome packs and home brochures' by 31<sup>st</sup> July. This has the potential to ensure that older people are aware of the availability of advocacy and as a result better enabled to use the service to have their voice heard and concerns addressed.

## **Requirement for Action 2.2**

### **Final Conclusion - Partial**

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.
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I welcome that the Local Authority has taken a collaborative approach with the Health Board for its Local Authority run homes to ensure that

older people can access specialist services and multi-disciplinary care, including support with reablement and rehabilitation, and I note that the Local Authority is monitoring the provision of services and existence of effective joint work with the Health Board through inspection reports. This should have the potential to ensure that older people have the support they need to enable them to maximise their independence and quality of life following a period of ill health. However, the response itself does not provide any further information on whether the inspections have revealed the sufficiency of access to, and quality of such services.

I recognise that the Local Authority knows that it needs to further explore the extent to which these services are made available and monitored in independent sector homes, and that it intends to undertake this work with Health Board colleagues and independent sector representatives by October 2015.

However, there is no further detail provided regarding how the Local Authority intends to take possible action to improve provision following this work. Without access to such services, older people are at risk of reduced mobility, increased frailty and loss of independence and future significant health problems. Therefore, without such detail I cannot be fully assured that older people living in independent sector homes have equitable access to specialist and multi-disciplinary care.

### **Requirement for Action 3.2**

#### **Final Conclusion - Partial**

<p>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.</p>
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I welcome that the response to this Requirement for Action from the Local Authority demonstrates a commitment to delivering dementia training across the social care workforce. For example, it states that a large number of dementia courses have already been delivered and that it is

exploring suitable advanced dementia training for inclusion within the 2015/15 Training Plan. Furthermore, although not specifically related to dementia training, reference is made to the provision of fundamentals of care training within nursing homes.

However, it is disappointing to note that while this information demonstrates an awareness to improve provision, it does not provide any information regarding the current uptake of dementia training by care home staff and does not include an explicit commitment to provide basic dementia training as a mandatory part all care home staff induction. Without this, all staff working in care homes will not be fully equipped to understand the physical and emotional needs of older people living with dementia.

Furthermore, the reference to exploring options for advanced dementia training demonstrates an ability to listen to the training needs of the sector and amend provision as a result. However, it does not make it explicit that undertaking further dementia training will form part of the skills and competency development and ongoing performance assessment of care staff and care home managers. Therefore, while I recognise the clear commitment to improving the availability of dementia training to the sector I cannot be fully assured that the Requirement for Action will be met.

### **Requirement for Action 3.3**

#### **Final Conclusion – Acceptable**

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 includes examples of befriending schemes that currently operate within the area, such as Gofal, and commits to exploring how this can be made more available to care home residents. I raised a concern in relation to the Local Authority's initial response that although there was a demonstrated understanding of

the importance of befriending, and included positive examples such as arranging church services within care homes, there was further work needed to ensure that the social and cultural needs and circumstances of all residents were addressed.

Therefore, I welcome that the Local Authority's response to the Requirement for Action states that 'every attempt is made at the point of admission into care to establish an individual's interest', and goes on to explain how community resources are accessed whilst recognising the need for appropriate befriending within the care setting to minimise social isolation for those older people with restricted mobility. It is good to see that the need to improve befriending schemes will be addressed within the Ageing Well in Denbighshire Plan, and I fully expect that when this plan is finalised in October 2015 for it to include intergenerational projects, continued access to faith based support and to specific cultural communities.

This is needed to ensure that older people are supported to retain their existing friendships, have meaningful social contact and are able to continue to practice their faith and maintain important cultural links. Without access to meaningful social contact, there is a risk that older people living in care homes may be lonely and socially isolated.

## **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 – 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 response from the Local Authority to this Requirement for Action demonstrates a clear commitment to ensuring that the voices of older people are heard and used to help drive improvement.

For example, I welcome that the response includes a detailed example of how a meeting with residents of one care home resulted in a number of changes to the provision of meals and activities. Furthermore, information is provided about the use of 'Have you say' questionnaires and also the role of Age Connects 'Speak up' project so that issues can be raised with care homes where the residents may not feel comfortable doing so.

This information demonstrates that the Local Authority is able to capture the views that residents have and used them to drive improvement. However, I must note that the approaches provided within those examples are formal. While they have a role in understanding quality of life, the

inclusion of less formal and more ad hoc approaches to listening and learning from the experiences of older people would provide commissioners and providers with a more 'day to day' understanding that would strongly complement that gained through questionnaires and residents meetings.

I welcome the commitment to develop a clear statement about the outcomes for older people and their quality of life through listening and acting on this to be included within the Ageing Well in Wales Plan for Denbighshire. However, I would expect this to be updated annually in order to fully comply with the Requirement for Action to 'annually report on how on-going feedback from older people has been used to drive continuous improvement'.

### **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 demonstrates a willingness to comply and produce annual

information on the quality of life and care provided by or within individual care homes that can be accessed by older people. This will ensure that older people have access to relevant and meaningful information, and there is greater openness and transparency in respect of the quality of care homes.