



Ms Alison Ward  
Chief Executive  
Torfaen County Borough Council  
Civic Centre  
Pontypool  
NP4 6YB

Cambrian Buildings  
Mount Stuart Square  
Cardiff CF10 5FL

Adeiladau Cambrian  
Sqwâr Mount Stuart  
Caerdydd CF10 5FL

10 August 2015

Dear Ms Ward

### **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 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 development of a Community Services

Directory should enable providers to locate services that are provided outside of the Local Authority (Requirement for Action 3.3).

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 is still one area which requires 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 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**

## Torfaen County Borough 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 includes detailed information on when advocacy is made available to older people in care homes, and also outlines the various actions it has committed to take in order to improve the provision of advocacy.

For example, I welcome that the Local Authority explicitly states that advocacy is made available when a care home is closing or when it is in Escalating Concerns and that the requirement for advocacy when a safeguarding referral has been made has been written into their POVA procedures. I note that when an individual is moving from hospital the response states that a social worker can act as their advocate, and I welcome that the Local Authority recognises that this could cause a conflict of interest and an individual is signposted to the independent advocacy provider. However, I would expect for independent advocacy to be offered to all individuals when leaving hospital and not just when representation by their social worker could present a conflict of interest.

There are a number of commitments made by the Local Authority that have the potential to further enable older people to secure their rights and have their concerns addressed, particularly when they are in vulnerable

situations. For example, I welcome that the Local Authority will ensure that more information on advocacy is made available, and awareness raising takes place to improve care home managers and staff understanding of the roll of independent advocacy.

Furthermore, it is good to see that the Local Authority has committed to working with the Health Board to increase the availability of advocacy to older people with health care needs. The response has recognised the 'increasing complexity of need' within its care home population and I am pleased that it is taking proactive steps to ensure that older people have access to the support they need to have their voices heard and concerns addressed.

Finally, I welcome the inclusion of an accountable individual who is responsible for ensuring these commitments are implemented. However, while I note that the timelines provided within the Review Report have been included, it would have been good to see further timeline information for the additional actions identified by the Local Authority. This would ensure that the Local Authority could clearly monitor progress in this area.

## **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.
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The response from the Local Authority provides a description of the current provision of multi-disciplinary and specialist services that are designed to support rehabilitation. I welcome that the response clearly shows ongoing work in partnership with the Health Board in order to deliver these services. For example, the response refers to the Gwent Frailty Project, the existence of delivery of joint reablement services through 'step up/step down beds', and also the creation of care plans that include individual outcomes that can be facilitated by health or jointly.

Despite the provision of detailed information, I do note that there is no assessment given regarding the reality of access that older people have to these services in care homes. Instead, the response states that ‘an individual does have access’ to these services. Even if they are provided within an area, without access to such services older people are at risk of increased frailty, reduced independence and as a result, significant health problems.

However, the response does recognise the need to be more proactive in respect of reablement and does include a number of actions designed to improve the provision of multi-disciplinary services to older people in care homes. For example, the Local Authority will re-launch reablement training to all care home providers, introduce an ‘independence champion’ into each care home to embed a culture of independence, and continue to work with the Health Board to improve the delivery of services. These actions have the potential to ensure that older people can access the support they need after a period of ill health to maximise their independence and quality of life.

Finally, I welcome the inclusion of an accountable individual or team who is responsible for ensuring these commitments are implemented. However, while I note that the timelines provided within the Review Report have been included, it would have been good to see further timeline information for the additional actions identified by the Local Authority. This would ensure that the Local Authority could clearly monitor progress in this area.

### **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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The Local Authority's response to this Requirement for Action demonstrates a commitment to the provision of dementia training to care home staff. For example, dementia training is available for free to staff in all Torfaen care settings and qualifications related to working with people living with dementia are also available to social care staff. Furthermore, the response states that the Local Authority has commenced a pilot with one provider on the 'Butterfly Dementia' project.

For independent care homes, the response states that the requirement to have appropriately trained staff forms part of provider contracts, and that this is monitored via contract compliance visits. While I welcome that any shortfalls in training are identified through these visits and an action plan introduced to improve training provision, the response doesn't explicitly state that dementia training would be needed to meet the requirement of being 'appropriately trained'. Furthermore, while the response states that dementia training forms part of induction for staff in an 'Elderly Mentally Ill' care setting, it states that only 75% of staff are expected to receive this in general nursing and residential care.

Access to this training does have the potential to ensure that staff working in care homes understand the physical and emotional needs of older people living with dementia. However, there is no information provided by the Local Authority regarding the uptake of this training by care staff nor is there any insight provided on the impact that this has on the quality of life of older people with dementia in care homes. The response does not reference how supervision and performance assessment is used to monitor the skills and competencies of care staff and care home managers. However, it is good to see that training needs will be a standing item on the agenda for Provider Forums going forward.

Finally, I welcome the inclusion of an accountable individual or team who is responsible for ensuring these commitments are implemented. However, while I note that the timelines provided within the Review Report have been included, it would have been good to see further timeline information for the additional actions identified by the Local Authority. This would ensure that the Local Authority could clearly monitor progress in this area.

## 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 Local Authority's response to this Requirement for Action appears to demonstrate a commitment to the provision of befriending, and provides details of how befriending schemes are provided within the area. Befriending is essential in order to support older people to retain friendships and have meaningful social contact regardless of the location in which they live.

For example, the response states that links with schools within the community and also faith and cultural communities are currently present, and the development of a Community Services Directory should enable providers to locate services that are provided outside of the Local Authority. I welcome that the social workers and contract monitoring team will monitor the extent to which befriending services are used.

I raised a concern in relation to the Local Authority's initial response that more information was needed on any gaps or shortfalls in the provision of befriending. While that information does not provide an insight into the reality of access to befriending opportunities for older people, I welcome that the Local Authority will carry out an audit of what is currently provided in care homes, publicise the good practice, and facilitate peer learning between providers. This should enable the Local Authority to better understand the need for such opportunities and in turn, be in a better position to encourage and shape access to befriending. Without such a knowledge, there is a continued risk that older people living in care homes could become lonely and isolated without meaningful social contact and the ability to practice their faith and remain involved within their community.

I note the concern raised by the Local Authority regarding the CSSIW requirements for recruiting volunteers, and welcome that it has committed

to approaching CSSIW to develop a proportional approach to the recruitment and use of volunteers in care homes.

Finally, I welcome the inclusion of an accountable individual or team who is responsible for ensuring these commitments are implemented. However, while I note that the timelines provided within the Review Report have been included, it would have been good to see further timeline information for the additional actions identified by the Local Authority. This would ensure that the Local Authority could clearly monitor progress in this area.

### **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 Local Authority's response to this Requirement for Action provides information on a number of methods that it uses to listen to the voices and experiences of older people in order to improve care home services.

For example, the response describes how surveys and reviews are used to capture quality information from older people, including those whose 'voice may struggle to be heard' through the use of advocates. Part of the monitoring visits undertaken by the Local Authority includes observing and talking with older people during their visit, and the response describes how this information is used to inform future Market Position Statements and commissioning. Therefore, the quality of provision and the Local Authority's understanding of individuals quality of life should be improved through this process.

However, I must note that these appear to constitute formal processes that may not give the Local Authority a thorough understanding of the day to day quality of life of older people living in care homes. Therefore, there could be a risk that opportunities to make small changes that could make a significant difference to quality of life and care are missed and they then become significant, impactful and costly to remedy.

However, I do welcome the promotion of the Health Board's 'trip advisor style feedback' system. This has the potential to give residents and their families the opportunity to feedback to the care home and Local Authority in real time, and not through formal monitoring processes. However, while I recognise that this initiative is in early stages, I would expect that older

people themselves are supported to access this feedback system through a variety of means and that evidence of impactful change and improvement on quality of life can be demonstrated as a result. Furthermore, the importance and value of everyday, informal listening to the voices and experiences of older people should not be underestimated.

Finally, I welcome the inclusion of an accountable individual who is responsible for ensuring these commitments are implemented. However, while I note that the timelines provided within the Review Report have been included, it would have been good to see further timeline information for the additional actions identified by the Local Authority. This would ensure that the Local Authority could clearly monitor progress in this area.

### **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.

The Local Authority's response to this Requirement for Action was previously determined to be acceptable. Therefore, no further analysis has been undertaken.