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17 April 2015

Dear Mr Roberts

**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.

It is clear from your response that you have given this considerable thought and focussed strongly on the outcomes that I am seeking to secure on behalf of older people.

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**

**Western Bay (Abertawe Bro Morgannwg University Health Board,  
Swansea, Neath Port Talbot, Bridgend)**

**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 provides a detailed statement regarding current care home continence support including for both residential and nursing care home residents. The response demonstrates an awareness of weaknesses in the current provision, for example that the limited choice of continence products may not be suitable for nursing homes residents.

However, there could be more detail provided on the access to, and experience of older people in using continence support services in reality. Despite this, there is a commitment to review provision and to take this forward under the Continence Steering Group.

There is no clear timeframe for the completion of this review, and a commitment to implement any improvements as a result of the review is vague. Although, there is a reference in the cover letter recognising the need for a business case to be developed in order to support further investment in continence care.

**Requirement for Action 1.6**

**Initial 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 Health Board's response to this Requirement for Action includes a detailed assessment of the regions current advocacy provision, which includes an awareness of where provision is not currently strong enough – for example the referrals proves, and regional variation in access.

The response demonstrates an awareness of where further work is needed to determine funding for advocacy, that advocacy is not current available for some of the circumstances noted in the Requirement such as POVA and moving from hospital. The response also recognises that demand for advocacy for people without capacity is going to increase.

There is a commitment to review the regions current advocacy model, assess individuals outcomes and the impact of advocacy to measure its value, and further consideration will be given if additional services are needed to meet demand. There is a reference in the cover letter to the need for a business case to be developed in order to support further investment in advocacy services.

The response also references the situations where non-instructed advocacy is provided, and states that advocacy will be included in a new regional quality framework that will guide commissioning from March 2015.

The detail of the response could have been strengthened by the inclusion of detailed timelines and noted accountable individuals.

## **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 a lot of detail and actions in relation to multi-disciplinary teams and the provision of mental health care. However, it appears that this Requirement has been misunderstood. This Requirement is asking for specialist services and multi-disciplinary care in the realm of rehabilitation following a period of ill health and not in relation to mental health care.

## Requirement for Action 3.2

### Initial 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 provides a great amount of detail in relation to number, type and pick-up of dementia training.

The response, provided as part of the Western Bay Collaborative, recognises that there is regional variation; however, support is provided to develop the skill and competence of the independent sector workforce via its Social Care and Workforce development Programme. This offers a dementia care training course to all contracted providers which **can be** accessed by care home employees free of charge.

Whilst positive, it would be useful to find out if this training is mandatory for staff working with contracted providers.

The response indicates that care homes are expected to provide appropriate Dementia Training to all care staff. It would be useful to know if this is monitored.

### **Requirement for Action 3.3**

#### **Initial 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 response states that examples across the region demonstrate a considerable amount of work being carried out to encourage volunteering and befriending in care homes. Some examples are provided here of specific initiatives in operation.

The response also states how the Western Bay Regional Quality Framework includes a number of standards and targets including encouraging volunteering and befriending at care homes, enabling residents to engage with their local community and participate in community events, promoting and maintaining relationships with friends and family, building new relationships, and meeting cultural and religious needs.

### **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 comprehensive information on the current provision of assessment, referral and medication monitoring for mental health including awareness that there is variation across the region.

There is a willingness to adopt a current training module to better reflect the Requirement, and to better reflect well being. There is also a willingness to improve consistency across the whole region for referral pathways, with the intention to apply the best practice across the region.

There is a reference in the cover letter recognising the need for a business case to be developed in order to support further investment in psychiatric liaison and medicines management.

This intention could have been strengthened by the inclusion of accountable individuals, and specific timelines for the start and completion of actions, for example the implementation of the Quality Assurance Framework and consideration being given to building access to specialist services into contracts.

### **Requirement for Action 3.5**

#### **Initial Conclusion – Partial**

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 an honest assessment of the current ability to comply with the Requirement

for Action, and demonstrates an understanding that they are not able to comply at the moment without new data collection methods.

There is a reference in the cover letter recognising the need for a business case to be developed in order to support further investment in psychiatric liaison and medicines management.

There is a commitment to appraise the best methodology to progress with the Requirement, but there is no clear commitment to go ahead following the appraisal. Instead, there is a suggestion that this work should be done on a national basis. Furthermore, there are no clearly defined timelines or an accountable individual.

## **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 provides information on the current situation in the areas referred to in the Requirement. There is a recognition that progress against this Requirement rests on the action taken by Welsh Government to develop a Statement of Entitlement, but there is also a commitment to seek to comply with any national guidance once it is issued.

## **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 demonstrates an awareness of the current situation regarding the provision of information, advice and training to care home staff. This includes a recognition that there is only partial compliance with the Requirement at present.

The response includes an honest assessment from the perspective of care home providers that training delivered to staff from the Health Board can be last minute, and that they would like to be involved in the planning of this.

The response shows a willingness to consider extending Advanced Nurse Practitioner training in relation to frail elderly to care home staff. However it is not clear of the timeline that this will be delivered against, and how any action will be rolled out. Furthermore, there is no accountable individual noted for the delivery against this Requirement for Action.

#### **Requirement for Action 4.4**

##### **Initial Conclusion – Partial**

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 recognises that medication reviews are not currently delivered according to the Requirement for Action at present. However there is a commitment to review the GP enhanced service specification and to encourage its take up. There is no detail provided on how exactly this will be done, and by when.

Information provided from care home providers states that there is a lack of clarity regarding which GP surgeries provide care home enhanced services and call for more information. There also concerns raised regarding who quality assures the enhanced services, and there is no information provided by the Health Board regarding how this concern will be addressed.

## **Requirement for Action 5.6**

### **Initial 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 demonstrates a clear commitment by the Health Board and Local Authorities to contribute to the development of a National Improvement Service, that Welsh Government is leading on.

## **Requirement for Action 6.2**

### **Initial 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 Health Board's response to this Requirement for Action provides a detailed description of the current work that is underway to listen to older people in an informal way, outside of complaints systems. The information provided includes the positive development of a quality assurance questionnaire for residents to listen to their day to day experiences. The response is also honest that this has had a limited success at present, however more information could have been provided on what the statutory bodies are going to do to improve the impact of the questionnaire.

The response includes a reference to the use of the 'senses framework', and a positive commitment to implement a 'Quality Assurance Framework' that focuses on quality of life, and relationships. However, there is no further detail on when this will be done.

The response included a commitment to explore the options to improve feedback and monitoring quality standards. However, there is no commitment to take any action forward following this exploration.

## **Requirement for Action 6.7**

### **Initial 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 response demonstrates a clear commitment to developing Annual Quality Statements; however, more information could be provided with regard to how this will be taken forward. There is also mention of a common format being developed; some detail here would be useful, along with a timeline for implementation.

## **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 demonstrates agreement that there should be a national system to collate information on the quality of life for care home residents. However, the response requests a further discussion regarding this Requirement to ensure that it delivers real improvements in care and quality of life.

There is no commitment to publish the information on the areas listed in the Annual Quality Statement, and there is a statement that the data is not currently collected in the format that is needed. However, there is an offer to further discuss the Requirement.

### **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 includes an honest appraisal of the current situation regarding the care home sector as part of the nursing career pathway. The response states that there is no formal arrangement for the careers development of nurses in residential homes.

The response includes a statement that training has been offered to nurses in the care home sector but that this has been on an ad hoc basis and only when there has been spare capacity in courses that are already run for Health Board employees. There is no training or career development offered proactively for nurses in residential care homes.

The response states that the NHS does now consider the needs of nursing homes when workforce planning. However, there is no further information on what the impact of this has been on nurse workforce numbers.

The information provided by care home providers recognises how hard it is to fill nursing vacancies in the sector, and that it would welcome the establishment of defined career pathways.

There is a commitment from the statutory bodies to continue offering opportunities for professional development and working with providers to ensure they're targeted. However, in light of the knowledge that the Health Board stated it currently offers training when there are spaces left over, rather than a proactive programme of development, it is difficult to be confident that this approach will result in the sector becoming more attractive to nursing staff.

The response stated that a national approach to nursing within the care home sector is needed, but there is no information provided regarding how this will be done.

## **Appendix 1:**

### **Western Bay (ABMU Health Board, Neath Port Talbot, Swansea, Bridgend), questions raised**

#### **Requirement for Action 1.2**

Question:

“Need clarification regarding the correct wording as per Older Persons Declaration.”

This question has been interpreted as coming from care home providers, and relating to clarification regarding the correct wording as per Older Persons Declaration, to be contained within a ‘Welcome Pack’.

It is the Commissioner’s expectation that the development of Requirement for Action 1.2 is led by Welsh Government, in conjunction with care home providers and other relevant bodies. The Requirement for Action states that this is to be a standard ‘Welcome Pack’, and references to the Welsh Declaration of the Rights of Older People should be standard in format to ensure consistency across Wales. It is the Commissioner’s view that this wording will be developed alongside the development of the rest of the Welcome Pack.

#### **Requirement for Action 4.4**

Question:

“LES service is a good service but how do we know which surgeries offer this service? Who monitors that the service is being delivered to a high standard? Could we advise our residents so that they have a choice

of GP that offers this service?”

This question has been interpreted as coming from care home providers and relating to the GP surgeries that offer the ‘LES’ service and the quality of that service.

It is the Commissioner’s expectation that Requirement for Action 4.4 is led by Health Boards. Care home providers may wish to contact the Health Board directly in order to seek further information on the provision, and quality of ‘LES’ service in their areas.

### **Requirement for Action 5.5**

Question:

“One Dementia Champion per home may not be enough to change the culture of a home. What training is needed and is there consideration to the size of the home?”

This question has been interpreted as coming from care home providers and relating to o Dementia Champions.

A dementia champion is a vehicle for promoting care home ownership of good practice in the quality of life and care of older people living with dementia in care homes.

The Commissioner’s review found that where individuals or teams were supported to understand, engage and champion the rights and lived experiences of people with dementia: that residents were happier, ‘challenging’ behaviour reduced and staff reported higher levels of



satisfaction in their work. Most importantly, these homes were found to deliver great outcomes for all residents.

The Commissioner is not wedded to a specific way of implementing a dementia champion or programme within care homes but she will want to see what action you have taken or will take to ensure the delivery and ongoing improvement of quality of life and care outcomes for older people living with dementia and emotional frailty . This could be through the support of an external or internal change programme or supporting a nominated, enthusiastic and motivated individual who you will empower to drive organisational change, be a model of good practice and challenge poor care outcomes.

### **Requirement for Action 5.6**

Question:

“To obtain clarity around the role of the National Improvement Service and the way in which each agency is required to participate in the development and operation of this service”

This question has been interpreted as relating to the National Improvement Service.

It is the Commissioner’s expectation that Welsh Government leads on the development of the National Improvement Service, in partnership with Local Authorities, Health Boards and care home providers.

In order to take this Requirement for Action forward, an initial meeting was held on Monday 30<sup>th</sup> March to gain information and feedback from sector

representatives about how a National Improvement Service could be most effectively deployed and utilised by all stakeholders. Directors of Social Services were represented in the meeting by Dave Street.