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10 August 2015

Dear Mr Burns

### **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, and all of your responses to my Requirements for Action have now been analysed as 'acceptable'. 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, I particularly welcome the understanding of the impact and benefits of befriending and intergenerational work that the

Local Authority has demonstrated in its response (Requirement for Action 3.3).

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. However, 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 prominent flourish at the end of the name.

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



## Caerphilly 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 was previously determined to be acceptable. Therefore, no further analysis has been undertaken.

### 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 Local Authority response to this Requirement for Action provides an overview of the range of multi-disciplinary care and specialist services that are provided in the area. For example, information is provided on the assessment and reablement beds that are available in the area.

I raised a concern in relation to the Local Authority's initial response that it could have been more explicit about its links to, and work with the Health Board to achieve the desired outcomes for older people.

Therefore, I am pleased to note that the response demonstrates a clear commitment to taking a proactive approach to the development of multi-disciplinary care and specialist services in close partnership with the Health Board. For example, the Local Authority recognises that work is needed to ensure that services such as SALT and dentistry are accessible to older people.

I welcome that the Local Authority is committed to scope specialist support that is available to care home to identify concerns, and to contribute to a new service specification if necessary to improve access to specialist provision for older people living in care homes. These actions have the potential to enable the Local Authority to better understand the need for such services, and in turn, to provide older people with full support, following a period of significant ill health so that they can 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. 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 Local Authority.

## **Requirement for Action 3.2**

### **Final Conclusion - Acceptable**

<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 was previously determined to be acceptable. Therefore, no further analysis has been undertaken.

## 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 from the Local Authority to the Requirement for Action provides a much clearer picture of the current provision of befriending services for older people in care homes and demonstrates a commitment to improving these over the next year. For example, there is detailed information provided on a befriending scheme that is run by the Royal Voluntary Service. This scheme has the potential to enable older people to have meaningful social contact and reduce the risks of them becoming lonely and isolated.

I raised a concern in relation to the Local Authority's initial response that there was no demonstrated understanding of, or plan to evaluate the impact and outcomes of befriending. Therefore, I particularly welcome the understanding of the impact and benefits of befriending and intergenerational work that the Local Authority has demonstrated in its response. One example was given where a gentleman was supported to visit war graves in France with pupils of a local school and a traditional tea party run by RVS. Not only has the response identified the positive outcomes for individuals, but it has recognised how improved relationships can result in older people feeling more confident and supported to raise concerns and changes being made to care homes as a result. Furthermore, it is good to see that the RVS is planning to receive feedback on its work and that this will be shared with the Local Authority.

The response provides a date for when the actions will be completed, and also states that it plans to measure the outcomes of these initiatives. While I recognise that many of the initiatives are relatively new, the response could have been strengthened by the inclusion of befriending schemes that include access to faith based support and to specific

cultural communities, and would expect work in these areas to be developed in the near future.

## **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 response to this Requirement for Action explicitly states its support for the principles of a national approach to service improvement. Such an approach would mean that care homes that want and need to improve the quality of life and care of older people have access to specialist advice, resources and support that leads to improved care and reduced risk.

I welcome this commitment and note the concerns that the Local Authority has raised, such as the need to retain the responsibility of providers and commissioners and to ensure the appropriate governance arrangements are in place. It is my expectation that Welsh Government leads on the development of the National Improvement Service, in partnership with Local Authorities, Health Boards and care home providers. I have not stipulated the required structure for the National Improvement Service, and look forward to continuing my work with bodies in the development of such a service.



## 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).

There were a number of positive actions that the Local Authority had committed to taking in its initial response to this Requirement for Action that demonstrated an understanding of the importance of listening to the voices of older people and ensuring that the issues raised are acted upon. For example, the Local Authority is in the process of reviewing and developing a new monitoring tool with a focus on quality of care, emotional wellbeing with a greater focus on engaging with residents and asking for feedback differently.

These actions have the potential to ensure that commissioners and providers have a thorough understanding of day to day life, and that older people's views are used to drive continuous improvement. However, I did raise a concern that the information provided did not form a sufficiently detailed plan, and I note that these actions mainly relate to formal methods of listening to the views of older people.

The response from the Local Authority states that this piece of work needs to be developed on a regional basis, and that discussions have begun to identify a course of action. I welcome the commitment to collaborative working and the desire to ensure consistency of approach across the whole region. This commitment has the potential to deliver beyond the remit of the Requirement for Action. However, I would expect to be kept informed of the regional approach as it develops to be assured that this Requirement for Action will be fully implemented.

## **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 the clear commitment from the Local Authority to the publication of Annual Quality Statements by the Director of Social Services in the manner outlined within the Requirement for Action. This will ensure that older people have access to relevant and meaningful information about the quality of life and care provided by or within individual care homes, and there is greater openness and transparency in respect of the quality of care homes.