Cynulliad Cenedlaethol Cymru
National Assembly for Wales

Cofnod y Trafodion
The Record of Proceedings

Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon

The Health, Social Care and Sport Committee

25/10/2017

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Eraill yn bresennol
Others in attendance

Gerry Evans	Cyfarwyddwr Rheoleiddio a Gwybodaeth, Gofal Cymdeithasol Cymru Director of Regulation and Intelligence, Social Care Wales

Swyddogion Cynulliad Cenedlaethol Cymru yn bresennol
National Assembly for Wales officials in attendance

Amy Clifton	Y Gwasanaeth Ymchwil Research Service
Sian Giddins	Dirprwy Glerc Deputy Clerk
Claire Morris	Clerc Clerk

Dechreuodd y cyfarfod am 09:30.
The meeting began at 09:30.

Cyflwyniad, Ymddiheuriadau, Dirprwyon a Datgan Buddiannau
Introductions, Apologies, Substitutions and Declarations of Interest

[1] **Dai Lloyd**: Bore da i chi i gyd a chroeso i gyfarfod diweddaraf y Pwyllgor, Iechyd, Gofal Cymdeithasol a Chwaraeon, yma yng Nghynulliad Cenedlaethol Cymru. A gaf i estyn croeso i fy nghyd Aelodau, gan gyhoeddi bydd Angela Burns yn hwyr ac nid yw Lynne Neagle a Julie Morgan yn gallu bod yma'r bore yma? Rydw i'n falch i groesawu Huw Irranca-Davies fel dirprwy i Julie Morgan, felly, croeso, Huw. Rŷm ni'n edrych ymlaen at dy gyfraniad doeth arferol. A gaf i bellach egluro, yn naturiol, bod y cyfarfod yma'n ddwyieithog? Gellir defnyddio clustffonau i glywed cyfieithu ar y pryd o'r Gymraeg i'r Saesneg ar sianel 1, neu i glywed cyfraniadau yn yr iaith wreiddiol yn well ar sianel 2. A gaf i atgoffa pobl i ddiffodd eu ffônau symudol ac unrhyw offer electronig arall a allai ymyrryd â'r offer darlledu? A allaf i hefyd hysbysu pobl y dylid dilyn cyfarwyddiadau'r tywyswyr os bydd larwm tân yn canu? Hefyd, mae'r microffonau yn gweithio'n awtomatig, felly nid oes eisiau cyffwrdd â nhw o gwbl.

Dai Lloyd: Good morning, everyone, and welcome to the latest meeting of the Health, Social Care and Sport Committee, here in the National Assembly for Wales. May I extend a welcome to my fellow Members and state that Angela Burns will be late and that Lynne Neagle and Julie Morgan are unable to be with us this morning? I am glad to welcome Huw Irranca-Davies as a substitute for Julie Morgan, so, welcome, Huw. We look forward to your contributions, which will be as wise as usual. May I further explain that this meeting is bilingual and you can use the headphones to hear the simultaneous translation from Welsh to English on channel 1, or for the amplification of the floor language on channel 2? May I remind people to turn off their mobile phones or any other electronic devices that could interfere with the broadcasting equipment? May I also let people know that they should follow the instructions of the ushers should the fire alarm sound? Also, the microphones operate automatically, so there's no need to touch them.

09:31

Defnydd o Feddyginiaeth Wrthseicotig mewn Cartrefi Gofal—Sesiwn Dystiolaeth 14—Gofal Cymdeithasol Cymru
Use of Antipsychotic Medication in Care Homes—Evidence Session 14—Social Care Wales

[2] **Dai Lloyd**: Felly, gwnawn ni symud ymlaen i eitem 2, a pharhad ein hymchwiliad i'r defnydd o feddyginiaeth wrthseicotig mewn cartrefi gofal. Hwn ydy sesiwn dystiolaeth rhif 14, a byddwn ni'n derbyn tystiolaeth dros y tri chwarter awr nesaf gan Gofal Cymdeithasol Cymru, ac, yn benodol, rydw i'n falch iawn i groesawu Gerry Evans, cyfarwyddwr rheoleiddio a gwybodaeth, Gofal Cymdeithasol Cymru. Croeso. Bore da, Gerry. Rydym ni wedi derbyn eich tystiolaeth ysgrifenedig ymlaen llaw, ac, yn naturiol, mae'r Aelodau wedi darllen pob gair mewn manylder, ac felly mae yna gwestiynau yn deillio o'r papur yna a'r dystiolaeth arall rydym ni wedi bod yn ei chasglu dros y misoedd diwethaf. Felly, gyda chymaint â hwnnw o ragymadrodd, fe awn ni'n syth i mewn i'r cwestiwn cyntaf, ac mae hwnnw dan ofal Rhun ap Iorwerth.

Dai Lloyd: So, we will move on to item 2, which is a continuation of our inquiry into the use of antipsychotic medication in care homes. This is the fourteenth evidence session, and we will be receiving evidence for the next three quarters of an hour from Social Care Wales, specifically from Gerry Evans. I'm glad to welcome the director of regulation and intelligence of Social Care Wales. Welcome and good morning, Gerry. We've received your written evidence beforehand and, of course, Members will have read every single word, and so we will have questions following that paper and the other evidence that we have been collecting over the past few months. So, having said those few words, we will dive straight in to the first question and that is from Rhun ap Iorwerth.

[3] **Rhun ap Iorwerth**: Diolch yn fawr iawn, Cadeirydd. Bore da iawn i chi. Ychydig o gwestiynau cyffredinol sydd gennyf fi i ddechrau. Rydych chi'n dweud yn eich tystiolaeth ysgrifenedig nad ydych chi wedi cael unrhyw *referrals* yn ymwneud â defnydd amhriodol o feddyginiaeth wrthseicotig. Os nad ydych chi wedi

Rhun ap Iorwerth: Thank you, Chair. Good morning to you. I have a few general questions to begin with. You state in your written evidence that you have not received any referrals relating specifically to the inappropriate use of antipsychotic medication. If you've haven't dealt with inappropriate use, what dealings

bod yn ymwneud â defnydd amhriodol, pa ymwneud ydych chi wedi ei gael â meddyginiaeth wrthseicotig o gwbl? Fe ddechreuwn ni fanna, i ddechrau.

have you had with any use of antipsychotic medication? Let's start there, to begin with.

[4] **Mr Evans**: Mae'n tystiolaeth ni'n dangos nad ydym ni'n derbyn gwybodaeth am y ardal yma yn gyffredinol. Yn amlwg, rydym ni'n gwybod bod y pethau yma'n digwydd ac felly y cwestiwn rydym ni'n edrych i mewn iddo ydy pam nad yw hyn yn dod trwodd—un ai nad oes systemau yna i bigo i fyny ar ddefnyddio'r feddyginiaeth yn y ffordd yna, neu a ydy o'n ymwneud â nad yw pobl yn gweld hyn yn cyrraedd ein *thresholds* ni i edrych ar ymarfer unigolion a chodi'r cwestiwn a ydy hwn yn ymarfer da neu beidio?

Mr Evans: Our evidence has shown that we do not receive much information in this area in general. Obviously, we know these things happen, so the question that we're examining is why this isn't coming through—is it because there are no systems in place to pick up the use of medication in that way, or is it related to the fact that people don't see this as meeting our thresholds for looking at individual practice and asking whether this is good practice or not?

[5] Felly, yn gyffredinol, rydym ni'n cael cwestiynau ynglŷn â meddyginiaeth a rheoli meddyginiaeth yn gyffredinol, ac nad yw rheolwyr cartrefi efallai wedi bod yn cadw golwg manwl ar hynny a ddim yn rhoi cefnogaeth glir i'w staff am sut i ddefnyddio meddyginiaeth a chadw records o hynny. Ond, yn y ardal seicotig yma, nid ydym ni'n derbyn o gwbl—. Rydw i wedi edrych mewn iddo eto ac nid ydym wedi derbyn unrhyw *referral* yn y ardal yma. Ac, fel rydw i'n ei ddweud, un ai mae'n ymwneud, i weld, â diffiniad y gwaith, y math yna o ddefnydd o'r feddyginiaeth yna, achos mae'r dystiolaeth yn dangos bod y feddyginiaeth yn cael ei defnyddio—

So, generally speaking, we receive questions about medication and the management of medication in general, and care home managers perhaps have not been keeping a close eye on that and have not been offering clear support to their staff about how to use medications and how to keep records and so forth. But, in this area of antipsychotics, we don't receive anything. I have looked into this again and we haven't received any referrals in this area. Now, as I say, this may be because of the definition of the type of work and that type of use of those medications, because the evidence does show that that medication is being used. So, is it to do with the

felly a ydy o'n ymwneud â'r diffiniad, nad ydy defnyddio meddyginiaeth yn y ffordd yma yn cael ei weld fel cymaint o gwestiwn ynglŷn ag ymarfer pobl?

definition—so, using medications in this manner is not seen as such a question in terms of practice?

[6] **Rhun ap Iorwerth**: A allaf i ofyn y cwestiwn yma? Nid ydw i'n gwybod os oes yna ateb iddo fo. Rydych chi'n ei gweld hi'n od nad ydych chi wedi cael *referrals.* Mae hynny'n awgrymu i fi eich bod yn ymwybodol bod yna broblem yn fan hyn. A ydy hynny'n deg?

Rhun ap Iorwerth: Could I ask this question? I don't know if there's an answer. You see it as strange that you haven't had any referrals. That suggests to me that you're aware that there is a problem here. Is that fair?

[7] **Mr Evans**: Wel, mae'n amlwg bod yna dystiolaeth o gwmpas yn dangos bod defnydd o'r meddyginiaeth yma yn weddol uchel mewn cartrefi, ond nid oes gwybodaeth bendant. Rydw i'n meddwl mai hynny yw un o'r problemau mwyaf rydym ni'n ei wynebu. Roeddwn i'n gweld bod tystiolaeth Comisiynydd Pobl Hŷn Cymru yn dangos ei bod hi'n mynd i adrodd yn ôl yn weddol fuan rŵan ar y wybodaeth sydd wedi dod o'r bwrdd iechyd. Felly, rydw i'n meddwl, heb y wybodaeth yna am y lefel mae'r feddyginiaeth yma yn cael ei defnyddio, mae'n mynd i fod yn anodd codi cwestiwn ynglŷn ag a ddylai'r *referrals* yma i fod yn dod trwodd neu beidio. Felly, rydym ni'n dibynnu ar wybodaeth *anecdotal* i raddau. Felly, rydw i'n meddwl y buasai Gofal Cymdeithasol Cymru yn gweld cael gwybodaeth bendant ar yr ardal yma, pe buasem ni'n gallu bod â sicrwydd yn ei chylch, yn ardal

Mr Evans: Well, it's obvious that there is evidence showing that the use of this medication is relatively high in homes, but we have no definite information. I think that is one of the greatest problems that we do face. I saw the evidence from the Older People's Commissioner for Wales showing that she was going to report back quite soon on information that has come in from the health boards. So, I think that, without that information on the level of use of these medications, it's going to be difficult to raise questions as to whether these referrals should be coming in or not. So, we do depend on anecdotal evidence to some extent. So, I think that Social Care Wales would see that receiving definite information in this area, information we could have assurance about, would be an extremely important area for development.

hollol bwysig i'w datblygu.

[8] **Rhun ap Iorwerth:** Mae o'n faes, rydw i wedi dysgu mewn ychydig o wythnosau'r ymchwiliad yn fan hyn, lle mae yna risg sylweddol, yn amlwg. A ydych chi'n meddwl bod staff mewn cartrefi gofal yn ymwybodol o beth ydy'r risg o orbresgripsiynu neu roi'r presgripsiynau yna yn amhriodol?

Rhun ap Iorwerth: It is an area where, in the few weeks of this inquiry, I have learned that there are significant risks, clearly. Do you think that staff in care homes are aware of the risk of overprescribing or inappropriate prescribing?

[9] **Mr Evans:** Buaswn i'n dweud bod yna ddwy ardal, ac rydw i wedi sôn am y data yn barod, sy'n hollbwysig, a'r ochr arall ydy staff cartrefi a staff gofal cymdeithasol yn gyffredinol. Rydw i'n gwybod bod hwn yn sector sydd dan bwysau; mae braidd yn fregus rŵan. Mae recriwtio staff yn anodd. Mae recriwtio rheolwyr i'r cartrefi yn anodd. Ac mae trosiant staff hefyd yn uchel, rydym ni'n gwybod—mae yna sôn am 30 y cant o drosiant mewn blwyddyn mewn rhai llefydd. Felly, yn y sefyllfa yna, mae'n mynd i fod yn anodd sicrhau bod y staff yn deall yn glir bwysigrwydd deall y maes yma a deall effaith y feddyginiaeth y maen nhw'n ei darparu.

Mr Evans: I would say that there are two areas, and I have talked about the data already, which is essential, but the other side is the staff of care homes and social care staff in general. I know that it is a sector under pressure; it is rather vulnerable at present. Recruitment of staff is difficult. Recruitment of managers for care homes is difficult. And staff turnover is also high, as we know—there has been mention of a 30 per cent turnover per year in some places. So, in that situation, it is going to be difficult to ensure that staff understand clearly the importance of having a full grasp of this area and understanding the effects of the medications they provide.

[10] Rydym ni, fel Gofal Cymdeithasol Cymru, wedi datblygu hyfforddiant a chymwysterau sy'n delio â'r mater yma, ond, os ydy'r staff yn gadael heb fynd drwy'r hyfforddiant yna yn gyfan, mae'n amlwg na fyddan nhw yn deall beth y mae'n rhaid iddyn nhw fod yn ofalus

We, as Social Care Wales, have developed training and qualifications in relation to this area, but, if staff leave and have not undertaken that training in full, it's obvious that they may not understand what they have to be careful about.

amdano.

[11] **Rhun ap Iorwerth**: Rydw i'n meddwl bod y bloc nesaf o gwestiynau yn mynd i ddelio yn benodol â hyfforddiant i staff ac ati.

Rhun ap Iorwerth: I think that the next block of questions is going to deal specifically with staff training and so on.

[12] Un cwestiwn olaf sydd gyda fi. Rydym ni wedi clywed awgrymiadau bod y gweithwyr iechyd proffesiynol efallai yn dod o dan bwysau i roi meddyginiaethau gwrthseicotig er mwyn gwneud bywyd yn haws iddyn nhw, i gadw rhywun 'trafferthus' yn dawel. A ydych chi wedi gweld, drwy eich gwaith chi, unrhyw dystiolaeth o hynny?

One final question from me. We've heard suggestions that professional health workers are perhaps under pressure to prescribe antipsychotics in order to make life easier for them, and to keep somebody with 'challenging behaviour' quiet. Have you seen, through your work, any evidence of that?

[13] **Mr Evans**: Nac ydw. Rhaid i mi ddweud nad ydw i wedi gweld tystiolaeth bendant eto. Mae yna storïau o gwmpas. Rydym ni'n gwybod bod yna hanes o ddefnyddio meddyginiaeth mewn ffordd sydd yn gadw pobl yn ddistaw i adael i staff fynd ymlaen â beth maen nhw angen ei wneud ac, fel yr oeddwn i'n dweud, mewn sector sydd dan bwysau, efallai fod yna fwy o debygrwydd y bydd hynny'n digwydd. Nac oes, nid oes gen i ddim tystiolaeth glir bod hynny'n digwydd.

Mr Evans: No. I have to say that I have not seen any definite evidence as of yet. There are stories out and about there. We do know that there is a history of using medications as a way of keeping people quiet so that staff can go ahead and do what they need to do and, as I've said, the sector is under pressure and perhaps that may mean that there is more likelihood of that happening. But there is no definite information that that is taking place.

[14] **Rhun ap Iorwerth**: Diolch yn fawr.

Rhun ap Iorwerth: Thank you very much.

[15] **Dai Lloyd**: Dyna ni. Wel, symudwn ymlaen rŵan i faterion hyfforddiant staff, ac mae Caroline Jones yn mynd i ofyn cwestiynau.

Dai Lloyd: There we go. Well, we'll move on to staff training issues, and Caroline Jones has questions for us on that.

[16] **Caroline Jones**: Diolch, Chair. Good morning, Gerry.

[17] **Mr Evans**: Good morning.

[18] **Caroline Jones**: We've heard much evidence that the workforce is not currently equipped to deal with the complexities of dementia and challenging behaviour associated with dementia. Your remit states that—you know, it involves developing the workforce so that they can deal with the complexities involved. So, can you tell me how this can be addressed at a national level?

[19] **Mr Evans**: Right, okay. We've been undertaking a lot of work with Qualifications Wales over the last year at least, if not longer, and that's developing a whole new suite of qualifications for the care sector, and those are joint health and social care qualifications. And those range from an initial induction for staff in health and social care, which covers things like medicines management and also dementia, albeit not at a hugely in-depth level, because we are talking about an induction for staff. Moving on from there, manager qualifications are being developed that provide more detail about what they need to be aware of in terms of managing medicines and, again, dementia, and there are specialist modules being developed for managers at the sort of post-initial qualifying level for homes that want to specialise in dementia care. So, those are coming on-stream in the near future.

[20] And then, similarly, we are looking at a range of modules for staff to develop their understanding and their skills in both areas of dementia and medicines management, including the use of antipsychotic drugs. So, the work is being developed, the qualifications are being developed, and they're now an awarding body that's looking to develop the detail of those qualifications. They will come into being in 2019, but there are already significant amounts of training and resources available. I think it comes back to my earlier point about: we can have the resources, we can have the training, but, if there are pressures on staff teams, releasing staff to undertake the training can be difficult. Recruitment, as I say, can be difficult, and then you get the turnover—so, once you've trained somebody up, they move on. I don't suppose we can avoid talking about terms and conditions of employment. One feature we do encounter is that homes or the care sector can train staff up and then those staff will possibly move over to the health sector, just because the pay and conditions of employment are better.

[21] I think the foundations of the training and the qualifications are all

there and we're geared up to actually delivering those over the next few years, in terms of an overall plan to professionalise the care sector. That will also involve doing work around raising the profile of the social care sector, working on recruitment for the sector, working with schools, people who may be older who might want to come in to the care sector to do some hours of work—those areas—to actually boost the profile of this sector and make everybody aware that it's possible to have a very worthwhile, positive career in this sector. That will need to be primarily focused at school level to show that actually there are career structures and people can achieve, as I say, a very rewarding career—because that's the feedback we get back, unless the pressure gets such that the rewards actually are diminished because of the pressures of the work.

[22] So, I think we believe that the infrastructure to support those sorts of developments are there and they're developing all the time. There is a joint health and social care infrastructure, which has been extremely positive. As I say, it's actually how you make sure that that is embedded within the care homes that's the significant challenge at the moment. Some homes are clearly doing it and are able to address that challenge in a very positive way; others may be struggling for a whole variety of reasons.

[23] **Caroline Jones**: You've partly answered some of my next question. CSSIW have stated that, across all the care homes, the training varies so much and that in some places even managers have no basic training on how to deal with a person with dementia, and therefore the staff are not involved either. How can we bring everyone up to, perhaps, a basic standard, and then move on to improving upon that basic standard?

[24] **Mr Evans**: Mangers of care homes are registered with Social Care Wales, so they will have achieved a qualification that means they should have an understanding of working with people with dementia, if it's applicable to their role. They will need to have completed their qualification before they can come on to the register.

[25] **Caroline Jones**: Is this relatively new? Have they all had this opportunity or is it something that's just been implemented? Or has it been mandatory?

[26] **Mr Evans**: I'll try and recall—I think, certainly, it's been over the last five years or so that they've been required to register with us. I've indicated that recruitment to manager roles can be difficult—particularly recruiting

nursing staff to care homes, again, is providing quite a challenge, particularly in some parts of Wales. It's been a requirement and we've had to balance that very carefully, because when there's recruitment difficulties you're often left with: do you go for somebody who may not be fully qualified and therefore potentially leaving a home without a manager, or do you actually have to support getting managers into those roles?

[27] So, it is a challenge for providers. But we are very clear that anybody who comes onto the register for us will have achieved the required qualification. Therefore, to manage a care home, they will have to be on that register. So, that structure is there. So, it should be being addressed, but, potentially, I think what may be undermining some of that is that actually things have moved on. We may have managers who've been in post for quite a long time and maintaining knowledge and skills in this area is potentially a challenge.

[28] But, as I say, the infrastructure is there to support that, and that's where we're working with managers quite closely—establishing managers' fora et cetera—to bring people together to discuss these issues and to get them actively involved in discussing what the standards of good practice may be.

[29] **Caroline Jones:** So, do you think there are a percentage that haven't done this course?

[30] **Mr Evans:** Everybody will have achieved the minimum required qualification as a manger. As I say, some will have achieved that possibly some time ago. I'm not entirely familiar with the extent to which dementia would have been covered appropriately and, indeed, antipsychotic medication at that time. But there are modules available to support people to develop that knowledge. As I say, where we want to move now is actually post that initial qualification, so that people can specialise—

[31] **Caroline Jones:** They just need to refresh—

09:45

[32] **Mr Evans:** Refresh and develop a greater depth of knowledge and skills, since it's now such a significant part of the role of the care home sector.

[33] **Caroline Jones**: I see. Thank you.

[34] **Dai Lloyd**: Symudwn ymlaen— mae'r cwestiynau nesaf o dan law Jayne Bryant. **Dai Lloyd**: Moving on—the next questions are from Jayne Bryant. Jayne Bryant.

[35] **Jayne Bryant**: Thank you, Chair. Good morning. CSSIW also said the new pathway published by Social Care Wales was helpful, but it did question whether the awareness of the pathway was high enough for people, and they felt that it had yet to be applied in many care homes. So, what are your plans to ensure that the pathway is adopted consistently across care homes in Wales?

[36] **Mr Evans**: As I've indicated, we're undertaking a number of pieces of work, particularly focusing on the manager role. Similarly, a lot of this is dependent on close working with CSSIW to support them in their inspection regimes and also ensuring that when people register to become care home providers, the appropriate knowledge and skills amongst the staff are there. So, there is quite a bit of joint work that we're doing there. I think it's at a point in time, and that that is developing. I think you get a sense that the bedding in is happening but, as I say, at a time when there are other challenges around. But those, I think, we are working through, but there are those fundamental issues around recruitment to the sector, which undermine it and undermine the developments that we want to see happening. That's why Social Care Wales, along with partners, is shifting its focus to that issue of the profile of care work, and also careers in the care sector being a positive option. So, it does involve a lot of close work with CSSIW, and more so into the future, actually.

[37] **Jayne Bryant**: Brilliant, thank you. We also heard last week, in particular, some calls for mandatory dementia training for all care home staff, including a section on antipsychotics, and I know you've mentioned that there are plans for that as well. But what are your views on the mandatory dementia training, and for the national training standards that some also mentioned? Do you think that that would be a positive step forward?

[38] **Mr Evans**: Yes. The induction that everybody has to go through is mandatory, in that sense, albeit we're aware that sometimes the nature of that training can vary, and perhaps it's worth mentioning that the other piece of work that we're doing with Qualifications Wales is around the regulation of

social care worker training. We're aware that sometimes corners have been cut in this area. We've anecdotally had information that suggests that the full-blown training isn't been wholly provided, so we're currently in discussion with Qualifications Wales. Under the Regulation and Inspection of Social Care (Wales) Act 2016, Social Care Wales now has the powers to regulate social care worker training, and we're looking to focus our role primarily at that service end, at the care home in particular, and those people who are providing the training, and the assessment of the individuals in that home, to actually strengthen the training there.

[39] So, in a sense, the training is, to a degree, mandatory, and I think the Act actually reinforces the need for providers to actually demonstrate that, actually, their staff are skilled, given that the minimum standards are going and the statement of purpose of care homes, in particular, is going to be critical. So, any home that advertises itself as providing dementia care—. One of the many ways they'll be able to demonstrate that is by showing that their staff have the skills to deliver that care. So, that's the route we're trying to use to drive that agenda forward. It'll be in the providers' interest to make sure that their staff can demonstrate those skills.

[40] **Jayne Bryant**: Okay. Thank you, Chair. That's fine. I think you've covered my question on qualifications in the answer to Caroline.

[41] **Dai Lloyd**: Indeed. Well picked up, young Jayne. [*Laughter.*] The next questions are from Dawn.

[42] **Dawn Bowden**: Thank you, Chair. Good morning. You've mentioned a couple of times in your responses, and we've heard it in previous evidence, about the high turnover of staff. So, I take it that, to deal with that, it is important that you have a regular and ongoing training programme. Are there any recurrent requirements about how often staff need to be trained and updated with their training? So, we have two things, really. We have the high turnover, so you're obviously going to have situations where you've got trained staff working alongside staff not trained. So, my question falls into two parts: one, is there a regular programme so that we make sure that we capture everybody, and, secondly, how often does that training need to be refreshed and updated?

[43] **Mr Evans**: I think the answer is that it's variable. There are clearly, probably, a majority of providers that actually have that ongoing training programme, much of it brought into the service, and including the

assessment of the individuals that go through that training. As I indicated earlier, it is variable though, and I think if you look at the CSSIW reports and, frequently, the referrals that come to us around managers of care homes, it is a failure to actually support staff through provision of training.

[44] So, I think, on the whole, there are some excellent examples of training that's recurring and constant and developing the skills of staff. There are others that are, yes, meeting the requirements, and there are others, potentially, that aren't for a whole range of different reasons. So, in that sense, it is a variable picture. We need to get much more conformity across the whole sector, and that, again, is a piece of work that we will need to do with CSSIW, as well as working directly with the managers of the care homes through these fora that we've already established and working through. We hit the same problem, though, that actually the ones that potentially need to be involved in that are the ones who don't turn up. But we are monitoring that at the moment, and just making sure how broad attendance is at these sorts of events and other similar events.

[45] In relation to renewing training, that, as I understand, relates primarily to things like manual handling and first aid and those sorts of things. At the moment, there isn't a requirement that people go through new training on a regular basis around some of the modules, but, again, I think that will change as the new suite of qualifications and the post-qualifying levels that we're trying to develop come in in a modular form, so providers can say, 'Well, actually, we want to make sure our staff are trained'—in, I don't know, autism, or something like that.

[46] **Dawn Bowden:** And presumably as new guidance comes through on best practice and so forth, and that sort of thing.

[47] **Mr Evans:** Yes. And I think the way we anticipate that happening is the guidance will actually come through us to the practitioners, to the staff, and to the providers and the employers through CSSIW, so that the two are joining up in that way.

[48] **Dawn Bowden:** Sure. And just on that point about the type of training, one of the pieces of evidence we heard from the health boards—. Because we've been focusing, obviously, on the use of antipsychotics and trying to minimise that, some of the evidence we received from the health boards was that, in some ways, it would be better if staff were trained on de-escalation and restraining techniques as an alternative to turning to antipsychotics as a

first resort. You're nodding, so I'm assuming that you kind of agree with that, but do you know if there are many homes that are providing that type of training at the moment?

[49] **Mr Evans**: Yes. I mean, we've issued guidance and resource around promoting positive behaviour, which is actually developed from the learning disability sector but which is applicable for care of people with dementia as well, essentially around behaviours that challenge. I think, again, it is variable. There are certain homes where staff will be aware of that, but, again, I think we do come back to that point about the pressures on staff and the sector, and de-escalation, I'm sure, happens. The extent and the depth of knowledge that staff have of those techniques, I'm not wholly aware of at the moment, but certainly it's an area that we would want to pursue. Indeed, we're currently working on the research agenda, and researchers, particularly from the Swansea University, are doing lots of close work with care homes, and My Home Life is now based at Swansea University, as there is an 'enrich' programme, which works with care homes. So, we're encouraging and working with universities and researchers to work alongside staff, both to evaluate and to bring in ideas around those sorts of techniques. There is a significant demand or need for techniques of working with people with dementia, so that's a whole area, I think, that is ripe for much better work, much more positive work about how we work on an individual basis.

[50] **Dawn Bowden**: That's a very different type of training and—

[51] **Mr Evans**: And then that leads through to the training at the end, so we develop models—

[52] **Dawn Bowden**: It's a very different approach, isn't it?

[53] **Mr Evans**: It is, yes, and it's got to be the individual approach as opposed to the blanket sort of, 'We've got a group of 30 residents and—'.

[54] **Dawn Bowden**: Okay, thank you for that. That's very helpful. My final question, Chair, really relates to the CSSIW's requirement for documented evidence of medicines or medicines monitoring. The Royal Pharmaceutical Society told us that nobody is inspecting what's going on with medicines. I just wonder whether you agree that that's a gap in the scrutiny in homes. Would you agree with that statement or not? I don't know.

[55] **Mr Evans**: I'm aware that medicines management is examined through

CSSIW inspections because we get referrals that raise issues of where they've raised issues with care homes around medicines management. Whether it needs more, and perhaps more careful, examination, particularly in the area of prescribing and the level of prescribing, particularly around antipsychotics—I suspect that that probably isn't as carefully monitored or as clearly. As I said at the beginning, having data about the scale of that—. I know that you've been discussing potentially having targets for reductions in the numbers of people on antipsychotic medication, or whatever, has been proposed elsewhere. Before we know the scale of the problem and we're clear that there are good monitoring processes that give us accurate data, then there will always be dangers in addressing this area.

[56] **Dawn Bowden**: How difficult will it be to get that information, then, as a starting point, because you've got to have your baseline information, haven't you?

[57] **Mr Evans**: Yes, and I think that's why the report from the older people's commissioner about the progress that's been made following her review will be interesting, to see the extent to which maybe health boards now are picking up on this area. In the absence of that report, it's difficult to judge. I know that, actually, a number of the health boards have been in conversation with us around much closer working between the NHS and the care home sector, so that's a positive. So, it shows that moves are being made, but in terms of monitoring on a regular basis, I'm afraid I don't know what position we're at at the moment.

[58] **Dawn Bowden**: That's okay. Thank you. Thank you, Chair.

[59] **Dai Lloyd**: Mae'r cwestiynau olaf o dan law Huw Irranca-Davies.

[60] **Dai Lloyd**: The final questions will come from Huw Irranca-Davies.

[61] **Huw Irranca-Davies**: Diolch, Cadeirydd. First of all, in terms of the training, you mentioned the variability with standards, and you mentioned earlier on in response to an earlier question that dementia training was, to a degree, mandatory. Do you think there's any argument for a more robust, external validation of what training is going on, as opposed to this feel that there's variability out there and it may be good or it may be bad in patches? Does that not demand, surely, in the work that you do with CSSIW, that there is some sort of external validation?

[62] **Mr Evans**: That's a conversation we're having at the moment with

ourselves. Qualifications Wales and bodies such as Estyn need to be brought in to look at the quality of those providing the training, the Education Workforce Council around the further education sector, and CSSIW and ourselves to look at what models might work in being clear, as you say, about the quality of that provision at that front-line level. So, we're looking to introduce something around 2019 with the new qualifications. In the meantime, there's been a lot of work done with the advent of Qualifications Wales, and there'll be one awarding body now for the health and social care qualifications, so that brings a certain tightness around it. We're monitoring that, and Qualifications Wales will be monitoring that from the awarding body end. So, we're monitoring how that happens, to address some of those issues, to get that picture, and then seeing where our efforts and those of other inspectorates will be most usefully placed in terms of making sure that delivery is of a standard on the ground.

[63] **Huw Irranca-Davies**: That's really helpful, thank you. If I can simply turn to part of your overall remit, which includes working with others to improve services for areas agreed as a national priority, a very straightforward question: with the focus of this committee's work on antipsychotics, do you believe that reducing the inappropriate use of antipsychotics should be a national priority for social care in Wales?

[64] **Mr Evans**: Dementia care is one of the national priorities that we have, and, within that, we're looking at where that focus should lie. We're initially doing some work around the needs of carers of people with dementia, but clearly the care home sector in general, and potentially this area, could well be an area of interest. As I indicated, it is an area where I think there's some good research work that needs to be done, really, to support the care home sector in their work. Therefore, yes, I think within that breadth we would need to look at where antipsychotic medication would best lie. Whether it comes through the social care end or whether it's a health focus initially I'm not sure, but clearly it's an area of interest generally about how we support staff within those settings to get things right.

[65] **Dai Lloyd**: Happy?

[66] **Huw Irranca-Davies**: Diolch.

[67] **Dai Lloyd**: Wel, dyna ni. A oes yna unrhyw gwestiwn arall? Mae pawb yn hapus, felly diolch yn fawr.

Dai Lloyd: Well, there we are. Are there any further questions? Everybody's content, therefore thank

Dyna ddiwedd y sesiwn. Diolch i chi am eich presenoldeb y bore yma, Gerry, a hefyd am ddod â'r dystiolaeth ysgrifenedig ymlaen llaw. Diolch yn fawr iawn i chi. Fe alla i'n bellach ddweud wrthych chi y byddwch chi'n derbyn trawsgrifiad o'r trafodion yn fan hyn er mwyn ichi allu gwirio eu bod nhw o leiaf yn ffeithiol gywir. Allwch chi ddim newid eich meddwl ynglŷn ag unrhyw beth, ond fe allwch chi wirio eu bod yn ffeithiol gywir. Diolch yn fawr iawn i chi.

you very much. That concludes our session. Thank you for attending here this morning, Gerry, and also for your written evidence beforehand. Thank you very much. I can further tell you that you will receive a copy of the transcript of these proceedings so that you can check them for factual accuracy. You won't be able to change your mind about anything, but you can check to make sure that everything is factually correct. Thank you very much.

[68] **Mr Evans:** Diolch yn fawr iawn.

Mr Evans: Thank you very much.

Cynnig o dan Reol Sefydlog 17.42 i Benderfynu Gwahardd y Cyhoedd o Weddill y Cyfarfod
Motion under Standing Order 17.42 to Resolve to Exclude the Public from the Remainder of the Meeting

Cynnig:

bod y pwyllgor yn penderfynu gwahardd y cyhoedd o weddill y cyfarfod yn unol â Rheol Sefydlog 17.42(vi).

Motion:

that the committee resolves to exclude the public from the remainder of the meeting in accordance with Standing Order 17.42(vi).

Cynigiwyd y cynnig.
Motion moved.

[69] **Dai Lloyd:** Symudwn ni ymlaen at eitem 3 a chynnig o dan Reol Sefydlog 17.42 i benderfynu gwahardd y cyhoedd o weddill y cyfarfod. A yw fy nghyd-Aelodau yn fodlon efo hynny? Diolch yn fawr.

Dai Lloyd: We move on to item 3 and a motion under Standing Order 17.42 to resolve to exclude the public from the remainder of the meeting. Are my fellow Members content? Thank you very much.

Derbyniwyd y cynnig.
Motion agreed.

Daeth rhan gyhoeddus y cyfarfod i ben am 10:00.
The public part of the meeting ended at 10:00.