



**Y PWYLLGOR ANSAWDD, DIOGELWCH A PHROFIAD
QUALITY, SAFETY AND EXPERIENCE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	08 October 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Report on care home fragilities and closures
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Jill Paterson, Director of Primary Care, Community & Long Term Care
SWYDDOG ADRODD: REPORTING OFFICER:	Julia McCarthy, Head of Long Term Care

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Gwybodaeth/For Information

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

This paper is to provide the Committee:

- With a summary of the current position of the Nursing and Care Home sector across Hywel Dda
- To update on current projects that are in progress.

Cefndir / Background

Most Care Homes are feeling the pressures of the costs of living and workforce crises, with the care homes regularly reviewing pay in order to attract and retain workers.

Whilst COVID-19 pandemic occupancy level in care homes have increased and largely returned to pre pandemic levels, private care homes with mortgages, purchase and / or development loans are experiencing very significant increases in borrowing rates (for example up to 5.5% above Bank of England base rates) and tighter loan covenants. Within the care homes sector, this is generally related to requirements such as minimum occupancy that must be maintained, minimum weekly incomes (which in turn impacts on the costs that Providers charge) and in some cases a percentage of rooms that should be occupied by self-funders. However, commissioners are increasingly noting diversity and complexity within the care home market.

Public sector commissioners (Local Authorities and Health Boards) are under significant financial strain. Most, if not all commissioners, are experiencing significant budget deficits. Commissioners will require greater levels of transparency regarding operators' business models. Where costs (including planning, procuring, monitoring and managing) of commissioned care equal or increase above the cost of direct provision, statutory commissioners may favour decommissioning in favour of direct provision.

Asesiad / Assessment

The table below outlines the Older Adults Care Home Sector across West Wales and the nursing and residential bed capacity. There are currently 21 Nursing Homes providing a mix of General and Dementia nursing care & residential/residential dementia care. These Care Homes have a potential capacity of 1063 beds (nursing & residential beds combined). There are also 4 Specialist Nursing Homes across the region.

Carmarthenshire		Pembrokeshire		Ceredigion	
Blaenos	38	Meadows	59	Plas Cwmcynfelin	53
Allt Y Mynydd	44	Fairfield	43	Brondesbury Lodge	32
Hafan y Coed	107	Ashdale	43		
Plas y Dderwen	69	Belmont Court	29		
Affalon	46	Brooklands	40		
Parc Wern	59	Park House Cou	97		
Cartreff Annwyl Fan	70	Parc y Llyn	50		
Glasfryn	24	Rickeston Mill	28		
Ty Mair	74	Williamston	34		
		Woodfield	24		

Hywel Dda University Health Board is currently commissioning 545 residents in Nursing Homes. These residents are funded via Community Health Council, Funded Nursing Care (FNC) and Section 117 (S117).

Care Home Residents				
County	CHC	FNC	S117	Total
Carmarthenshire	69	138	34	241
Ceredigion	29	57	11	97
Pembrokeshire	78	91	38	207
Total	176	286	83	545

High-Cost Placements

The presenting needs of people now requiring Long Term Care are significantly higher and often patients are mentally unwell or unstable when moving directly from an acute hospital bed into a Dementia Nursing bed. Without an alternative mid cost provision individuals are eventually admitted into a high-cost placement which is usually proven unnecessary and can on occasion expose this vulnerable cohort to other risks from fellow residents.

However, one Nursing Home in Pembrokeshire has recently approached us to consider an alternative fee structure. This particular home often accepts the more challenging and complex residents and often accepts out of county residents if they cannot be placed in

Carmarthenshire or Ceredigion. Negotiating an intermediate fee structure would also protect those high-cost beds for those who have been assessed as requiring the highest level of care.

Local Developments

Work continues on a 84 bed dementia nursing/residential home in Llwynhendy, Llanelli, with the aim to open in Spring 2025. This Provider has also purchased land in Cross Hands, with the aim to build a further 65 bed dementia nursing/residential home during late 2025.

In January 2024 a nursing home in Ceredigion entered the Escalating Concerns process and a Formal Suspension of placements was implemented. The Long Term Care Team alongside Ceredigion Local Authority closely monitored and supported the home.

Although a corrective action plan was implemented, the home failed to make sufficient improvements to provide assurance that the safety and welfare of the residents were being met. A joint decision was made to terminate our contracts on the 25th March 2024. This home closure has resulted in a loss of 30 care home beds within Ceredigion.

A 74 bedded Residential Care Home in Ammanford has recently expressed an interest in providing dementia nursing care, with the intention for the Care Home to provide dementia residential and dementia nursing care. Further discussions are ongoing between Carmarthen Local Authority and Hywel Dda University Health Board to consider this application.

Residential and Dementia Residential

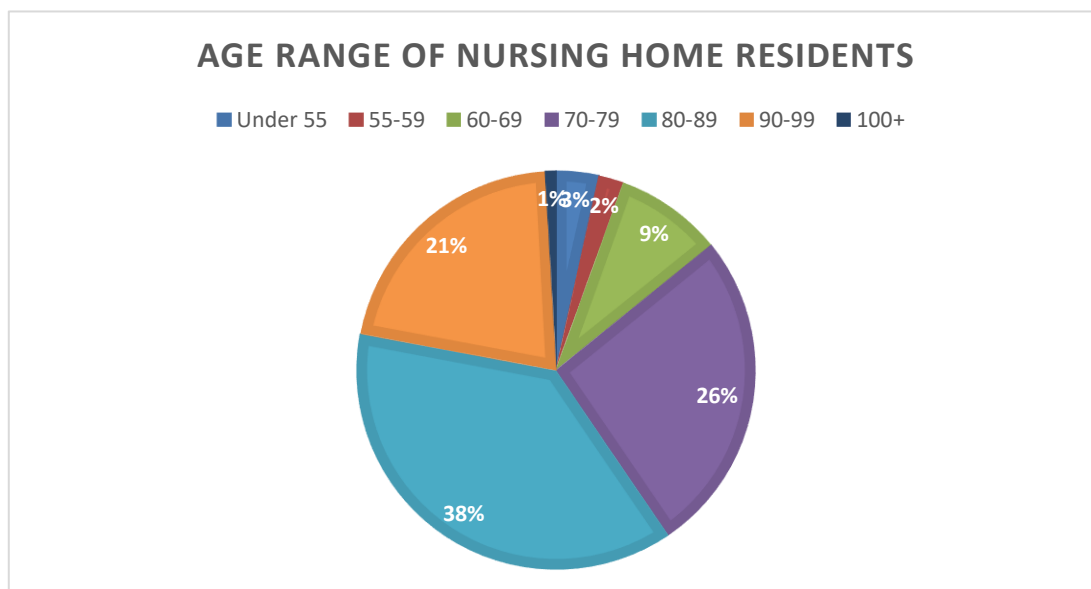
The table below outlines the Residential home Sector across West Wales. There are currently 72 Residential Care Homes providing a mix of General and Dementia Residential Care. These Residential Homes have a potential capacity of 2347 beds.

Carmarthenshire		Pembrokeshire		Ceredigion	
Ashley Court	44	Apley Lodge	24	Bryntirion	15
Cilymaenllwyd	49	Belvedere House	19	Carlton House	16
Glasfryn	24	Blaenmarlais	22	Cartref Henllan	36
The Haven	28	Bush House	36	Cysgod y Coed	15
Bryn Illtyd Care Home	40	Caldey Grange	19	Hafan Deg	20
Brynhelyg	26	Canterbury House	13	Hafan y Waun	90
Llandaff House	21	East Park	21	Liwyndyrys	26
Hafan Y Coed	107	Graylins	15	Maes y Felin	19
Affalon House	46	Havenhurst	22	Min y Môr	28
Ty Mair	74	Highgrove	30	Pennal View	16
Llys Y Bryn	45	Hillside	22	Plas Gwyn	16
Caemaen	30	Hollyland Lodge	14	Tregerddan	28
Y Plas	30	Langton Hall	24	Yr Hafod	28
Y Bwthyn	32	Lynnefield	15		
Allt Y Mynydd	44	Rostley	14		
Annedd	27	Torestin	44		
Blaenos	38	Waungron Mansion	15		
Caeglas	24	Woodland	19		
Cartef Croeso	15	Montrose	10		
Erw Hir	14	Pembroke haven	33		
Glyn Nest	30	Pen Coed	25		
Llanfair Grange	34				
Plas Y Dderwen	69				
Garreg Lwyd	16				
Awel Tywi	38				
Maesllewelyn	40				
Dolyfelin	33				
Cartref Ael y Bryn	49				
Cartref Annwyl Fan	66				
Cartref Llys Fechan	29				
Garnant House	35				
Glanmorfa	24				
Glanmarlais	74				
Gwernllwyn	68				
Llys Newydd	34				
Melbourne House	23				
Parc Wern	59				
Towy Castle	60				

Breakdown of beds
Carmarthen beds total 1538
Pembrokeshire total 456
Ceredigion total 353

Source Local Authorities

Age range of Nursing Home Residents



Source HB LTC finance team

- 64% of residents living in a Care home in Hywel Dda are aged between 70 - 89 and 21% are aged over 90, with 1% aged 100+

- Adults who have experienced mental health issues through their life course are living into old age with significant behavioural problems.
- Demand continues for placements in Complex Care environments at a high cost.

Capacity changes over time

As outlined in the table below, since 2019, the Health Board has seen a fluctuation in Nursing Home closures or Nursing beds deregistered. With 2022 seeing two home closures and one home deregistering nursing beds.

2019	2020	2021	2022	2023
Nursing Home closures			Nursing Home closures/Deregistered	Nursing Home closures
37	0	0	86	31

Source HB LTC finance team

Placement Trends

The table below demonstrates a relatively stable caseload overall; since 2019 the numbers of patients in hospital requiring Nursing placements have declined. We believe this is a direct impact of the Long-term Care (LTC) Pathway and the LTC Specialist Nurses being involved from the initial consideration of Long-term Care, ensuring that nursing beds are being appropriately accessed by patients with clearly identified nursing needs.

Placement Profile	Client Numbers 19/20 @ 31/03/2020	Client Numbers 20/21 @ 31/03/2021	Client Numbers 21/22 @ 31/03/2022	Client Numbers 22/23 @ 31/03/2023	Client Numbers 23/24 @ 31/03/2024
CHC Fast Track	31	42	51	53	31
CHC Dementia Nursing	204	192	187	182	166
CHC General Nursing	129	116	116	105	101
CHC Respite	11	0	0	0	0
CHC Community	375	350	354	340	298
Funded Nursing Care	340	266	307	311	297
TOTALS	715	616	661	651	595

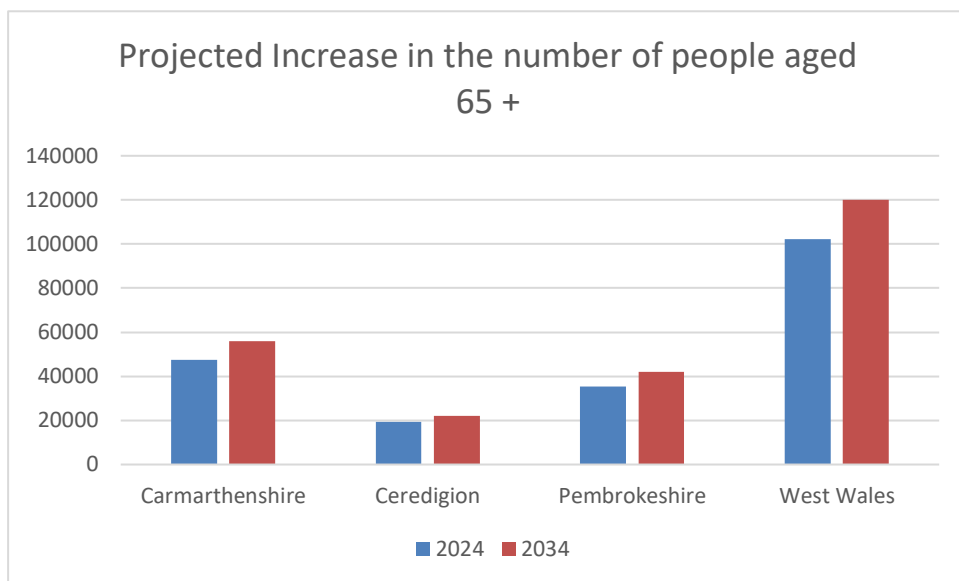
Source HB LTC finance team

Demographic Data

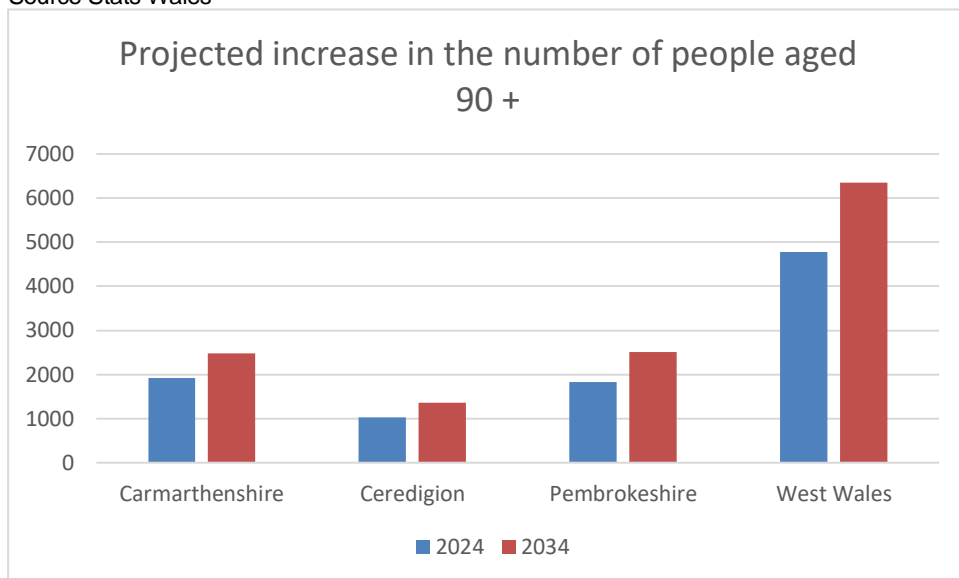
Population Estimates

Hywel Dda University Health Board	Aged 65 to 74	Aged 75 to 84	Aged 85 and over	Aged 65 and over total
2020	51,695	31,619	12,099	95,413
2021	51,986	32,551	12,167	96,704
2022	51,425	34,377	12,304	98,106
2023	51261	35851	12351	99463

Source Stats Wales mid year 2023



Source Stats Wales



Source Stats Wales

Projected increase in the number of people with severe dementia over the next decade*

	2020	2025	2030	Increase (number)	Increase (%)
Carmarthenshire	1,912	2,306	2,697	785	41.1%
Ceredigion	789	942	1,076	287	36.5%
Pembrokeshire	1,407	1,720	2,030	622	44.2%
West Wales	4,107	4,968	5,802	1,695	41.3%

Source: Social Care Wales Population Projection Platform, Daffodil Cymru
*This will include a small number of younger people with dementia

Issues and Gaps

- The aging population means that there will be an increasing demand for care and support services.
- The complexity of needs will also continue to grow as the number of people living with dementia and multiple co-morbidities increases.
- The need to grow community support is even greater, given the fragility of the markets for regulated services.
- Recruitment and retention of staff is a key challenge across social care and is severely impacting both domiciliary and residential care
- A continuing shift towards more specialist residential and nursing care is required; however, in current conditions it is difficult to see the market delivering that at sufficient pace or scale.

Impact upon Length of Hospital Admissions

There are a number of reasons that might impact on the length of stay for those whom have been assessed as requiring Nursing Home placements including:

- Rurality – The Hywel Dda University Health Board (HDUHB) footprint is vast and has areas of high rurality and reduced public transport. Therefore, limiting choices for individuals and their families when deciding on discharge destinations
- Reduced Nursing Home Vacancies – There are a number of reasons for reduced Nursing Home vacancies, including home closures, increased aging population impacting on demand, waiting lists.
- Court of Protection – The Court of Protection process can be lengthy and there are occasions where individuals cannot be discharged until a discharge destination has been agreed by the Court, thus delaying the discharge process.
- Care Home of Choice – Families and individuals often have a strong preference for a specific Nursing Home based on a number of factors. However, if that setting has no vacancies this could delay the discharge from the acute setting
- Individuals with more complex needs – We are experiencing individuals that have more complex needs e.g. significant challenging behaviours, specific medical conditions needing specific training and knowledge that requires more specialised placements. Unfortunately, there are limited specialist facilities within the HDUHB footprint, which could lead to a delay in the discharge
- Cost – The vast majority of Nursing Homes now request a ‘top up’ or ‘additional voluntary contribution (AVC) which many people cannot afford to pay and as such, alternative settings may need to be explored that do not incur this extra charge. However, this may mean that the individual has to move further away from their families or they wait for a vacancy to become available
- Individuals not medically fit for discharge – A Nursing Home might have been sourced, or in the process of being sourced, when the individual becomes unwell and is no longer able to be discharged, resulting in a lengthened stay in hospital.
- Change of Nursing Home – The original Care Home may no longer be the option that a patient and their relatives wish to pursue, therefore, the process may need to change
- Awaiting a domiciliary care package

As noted above, there are numerous reasons that impact the duration of hospital admissions. For clinically optimized individuals who require a nursing home placement, the Long Term Care Team will continue to review their care needs whilst in hospital to ensure an

appropriate placement is sourced. We also encourage individuals/families to identify at least 3 Nursing Homes, in accordance with the Care Home of Choice Policy, and we provide accurate information regarding nursing home waiting lists. The Long Term Care Team work across all the acute sites, supporting the wards to identify individuals with nursing needs at the earliest opportunity, in order to expedite discharge.

Governance of Commissioned Placements

Following a resident's placement, a robust review is carried out at 12 weeks and thereafter annually, as a minimum, by the Long Term Care Team to ensure that the care meets the individual needs of the resident. This is a statutory process as set out in the National Framework for NHS Continuing Health Care. Over the last couple of years, the service has found that owing to increasingly complex needs of some residents, it has become necessary to undertake more regular reviews as many residents' needs fluctuate throughout the year; as yet this has not been recognised within the Welsh Government Performance Framework. The newly revised National Framework makes no reference to the population shift in terms of complexity and as such the statutory guidance continues to outline a 3 and 12 month review and as such this will be what Health Board's are measured against.

In addition to the assessment and review processes, the Long-Term Care Team undertake 3 monthly monitoring visits of their allocated Nursing Homes. The monitoring visit is based on the Regulation and Inspection Act (RISCA) and includes reviewing Well-being, Care and Support, Environment and Leadership.

Where the Health Board commission placements outside of Hywel Dda, there is still an obligation to review 3 monthly and annually, as a minimum. As these are Nursing Homes we may not be familiar with, in order to ensure the governance and appropriateness of the Placement, the Long Term Care Team check the latest Care Inspectorate Wales (CIW) inspection report, confirm with the Long Term Care Team in that area that there are no concerns, no ongoing safeguarding reports and that they are able to support residents that present with the needs of the individual we are seeking placement for. . We also request a preadmission assessment from the prospective care setting to ensure that it accurately reflects the needs of the patient and request confirmation that they are able to meet the individual's needs based on the evidence provided. There will also be occasions when the Long Term Care Team are required to travel out of area in order to undertake face to face assessments/reviews

Following the recent closure of a Nursing Home, a joint Learning Event was held with Ceredigion Local Health Authority. Following this, we have reviewed our documentation and have amended the Nursing Home monitoring reports requiring an update following every contact with the Home so trends can be easily identified and actioned promptly.

Long Term Care have also recently established bi-monthly Quality Assurance meetings with each individual Local Authority to review all homes in the County and to share intelligence of good practice or highlight any concerns that require further monitoring. Where possible, monitoring visits are undertaken jointly with the Local Authority Contracting teams.

Current Challenges for the Health Board/Local Authorities which may have an impact on quality, safety and experience

- Inaccurate vacancy lists
- Increasing Delayed Transfers of Care (DToC's)
- Minimal capacity specialist high-cost placements

- Very limited capacity in neighbouring Health Boards, who have the same issues
- Providers are reluctant to offer respite
- Reduced Domiciliary Care capacity to support care breakdown at home or hand backs from Agencies
- Increasing social admissions
- Possible business failure
- Reluctance of ward staff to implement the Care Home of Choice Policy

Challenges for the Care Home Sector which may have an impact on quality, safety and experience

Recruitment and Retention

- Retail: conditions of employment and rates of pay
- Reduced European workers seeking employment
- Inability to recruit skilled managers
- High numbers of nurses and carers reaching retirement
- Agency costs (carers and nurses)
- Staff shortages impacting on staff morale
- Staff unwilling to work overtime
- Increasing Complex Needs of residents
- Requests for 1:1 care

Property/Estate

- Ageing properties and disrepair
- Many not purpose built
- Poor or no outdoor space that is safe for residents
- Higher staffing required due to layout
- Low confidence of the financial institutions in loaning money

Fees

- Many providers state that applied fees are insufficient to maintain Sector
- Increasing providers applying AVC's/third Party Top Ups
- Providers accepting Residential or Privately funded, not nursing and CHC due to no differential fee
- Two Tier system - standard and high-cost. No intermediate/enhanced fee rate.

Regional Work

Quality Assurance Framework (QAF)

Work is nearly complete on the QAF which will provide a framework for identifying and ensuring there are "well-run homes" across the region, delivering quality services to residents. The purpose of this Framework is to assure Providers, Commissioners and others that services are of a good quality and to ensure that, where services are falling short of the required standards, effective help and support is provided to Providers

Specifically, this framework helps commissioners to:

- Monitor the quality of service in care homes in a proportionate and consistent manner.
- Make judgements about the quality of care and outcomes for people living in care homes.
- Provide a basis for partnership between care home providers and local authority/ health board commissioners to work together to improve quality.

This framework is endorsed by all commissioning organisations across the region and has been developed in conjunction with older people's care home providers. Whilst recognising that each commissioning organisation has its own responsibilities, we view the securing of quality services as a collective and collaborative responsibility.

Public Sector Nursing Home

The Regional Partnership Board continues to explore the possibility of a public sector Nursing Home based at Pentre Awel, Llanelli as well as a 50 bedded home (Plas Y Bryn) in Carmarthen, likely to open in Autumn 2026.

Pre-Placement Agreement (PPA)

All commissioning organisations are working on a shared 'Contract Agreement and Specification for the Provision of Services for Older People in Care Homes. Soft engagement on the Pre Placement Agreement (PPA) began in 2021, with mixed responses per county. The revised timescale for implementation was 31/03/2022, however, Provider feedback meant this was not possible. Work has continued on the PPA and feedback has been gathered from Care Forum Wales. The PPA is now in its final stages and will shortly be going out to a six-week consultation period to the Providers with the aim to impellent early January 2025.

Conclusion

Older adult Care Homes across the region remain at risk from a financial perspective. Care Home Providers have expressed concerns to commissioners about the current cost of living crisis and the impact this is having upon their financial sustainability. Care Home fees have significantly increased over recent years in recognition of the increased costs of food, fuel and inflation, however, one Provider within the Hywel Dda footprint remains unwilling to accept our fee rates.

The demand remains for high cost placements for individuals with complex behaviours/health needs. Coupled with the increase in the ageing population, it is anticipated that there will be further demand for care and support services including a range of housing options. The complexity of need will also continue to grow as the number of people living with dementia and multiple co-morbidities increases. A continuing shift towards more specialist residential and nursing care is required but in current conditions it is difficult to see the Market delivering that at sufficient pace or scale.

Recruitment and retention of staff is a key challenge and this is impacting upon both domiciliary and residential care. The Sector remains fragile and the impact which rising costs has on sustainability of services is a national concern. Together these factors can have a significant impact on individuals and their care, (and also their families) where there are challenges in accessing the appropriate Care Home provision. This may mean that individuals are supported through longer lengths of stay in hospital which can have an impact on longer term functionality and independence, or they may be waiting in the Community with limited support .

The Health Board continues to work with Providers and Local Authorities in line with Market Stability Report to explore alternative options of nursing care which can create more sustainable options for the future.

Argymhelliad / Recommendation

The Committee is asked to:

- **NOTE** the information provided and recognise the current challenges within the Sector, and the resulting impact on the overall Care system, and individuals.
- **NOTE** the population projections, which will require increased capacity in future years.
- **NOTE** the areas identified as future opportunities and recognise the support required locally, regionally and nationally to address these, in order to achieve the aspired level and type of service provision for our population

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	7 Primary and community strategic plan
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	Continuing NHS Healthcare: The National Framework for Implementation in Wales
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Rhestr Termiau: Glossary of Terms:	Contained within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ceisiadau Gofal Sylfaenol: Parties / Committees consulted prior to XXXX Committee:	All Wales Long-Term Care Leads HDdUHB Executive Team National Commissioning Board Local Authority Lead Directors

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	
Ansawdd / Gofal Claf: Quality / Patient Care:	No Impact identified
Gweithlu: Workforce:	
Risg: Risk:	
Cyfreithiol: Legal:	
Enw Da: Reputational:	
Gyfrinachedd: Privacy:	No Impact identified
Cydraddoldeb: Equality:	No Impact identified