Supplementary evidence from the Care Inspectorate

The following document provides further information in response to some of the oral and written evidence to the Health & Sport Committee’s inquiry into the regulation of care for older people.

Commissioning and the care journey

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<th>The regulator does not look at the whole process of the care experience when regulating – from referral to service delivery.</th>
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- The Care Inspectorate now encompasses the functions of the Social Work Inspection Agency (SWIA). We undertake performance inspections of local authorities looking at the quality of assessment, review and commissioning. This allows a more joined up approach as we can follow the care journey of individuals from assessment, review and commissioning to service delivery.

- The regulations outline responsibilities for service delivery. These include, for example, consideration of how health and welfare are promoted, access to health professionals, staff training and expertise and staffing levels.

- The National Care Standards (NCS) for care homes for older people describe expectations prior to moving in and information that should be available to help decide. They also describe expectations on service delivery and when moving on from a care service. The Care Inspectorate will take these NCS into account when inspecting.

Risk and intelligence

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<th>Further development of the original RSA (risk assessment) process is required – it is currently carried out in isolation from both services and providers and at times open to a higher level of subjectivity than is helpful or necessary.</th>
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- The risk tool is based on known outcomes or known changes. It is mainly an objective tool, although inspectors do use their professional judgement.

- The tool takes into account a number of factors, including information from the provider through annual return, self evaluation and notifications. Complaint activity, variation and change to management are also included. Where we receive information from other agencies such as social work and health these are also taken into account.

- The tool is provider facing and they have the opportunity to comment on the assessment and contents. They also have the opportunity to discuss with their inspector.
The Care Inspectorate has embarked on a project to refine and review the risk assessment process to ensure that it is as effective as it can be.

**Must have a wide net to catch risk – complaints, general concerns, whistleblowing.**

- One of the most important ways for us to make sure care services improve is by listening to concerns from the public. We encourage anyone who has concerns to raise these with us, even anonymously.
- Complaints can be made in a variety of ways and can be confidential or anonymous if requested. Our complaints procedure can be accessed at: [www.careinspectorate.com](http://www.careinspectorate.com)
- In addition to this, we contact people who use services and their relatives/carers in a variety of ways, including 1-2-1 meetings, phone calls and questionnaires, to get their views about the services they use.
- We are in the process of further reviewing the information we capture to inform risk and inform our Intelligence Strategy.
- We are also developing stakeholder questionnaires for other visiting professionals that will capture snapshots of a service from other perspectives.

**There is a danger that if you keep going back to poorly performing services and don’t visit a high performing service, you can miss care standards slipping.**

- As part of our risk based approach to inspection, we target poorly performing services for higher levels of scrutiny in order to achieve improvement. In addition to this, services assessed as lower risk will be sampled outwith the identified inspection scheduling to ensure standards are maintained.
- Even if a service has good grades, it may be that due to the frailty or dependency of individuals within the service, we will apply a risk rating of medium to high, which results in more frequent and/or intense inspections throughout the year.
- As we become aware of intelligence from triggers such as complaints, notifications, variation requests, self-evaluation, annual returns, action plans or information from other stakeholders, the inspector will re-assess the risk of the service. They will do this by measuring any change against the previous inspection. This may increase the risk profile of a service that necessitates an inspection more quickly than when an inspection was initially programmed.
• If we deem the service high risk, we may also contact the GP practice and the commissioning department of the local authority for feedback on any issue.

• Due to the very fluid and sometimes fragile nature of delivering care services to vulnerable people, a small change can make a significant impact in a short time. It is therefore important that risk management is recognised as the responsibility of everyone involved in commissioning, delivering and scrutinising these services.

• We encourage anyone concerned about a service when visiting, to raise these concerns with us.

| It is important that in the use of self-assessment a good statistical analyst looks at the statistics coming in, asks the right questions and gets the right information. You must ensure that you get adequate information. |

• We have a Risk, Methodologies and Intelligence team within the organisation that is dedicated to information analysis and intelligence.

• In addition to this, we are reviewing our notifications to include information we deem necessary to inform risk-based judgement.

| There are general problems that are not specific to individual homes. What work is being done to analyse the problems and therefore the solutions? SCSWIS should develop a research capacity. |

• The Care Commission, HMIE and SWIA published various reports detailing analysis and intelligence. This will continue under the Care Inspectorate.

• We are currently developing further integrated methodologies and provider level scrutiny as well as individual service delivery.

• We also have the potential to inspect particular themes and focus areas that arise from areas of concern. These may look at issues relating to service delivery but also, for example, social care commissioning and its impact.

| Suggestion that self-assessment can be a procedural exercise that may mask underlying problems and can be completed in such a way as to make the service appear better than it is. |

• Self-assessment is only one part of our risked based approach. The regulatory regime ensures tests evidence to verify or challenge statements made by the provider on the performance of the service.

• Self-assessment is an important part of our scrutiny as it challenges providers to think and evaluate their own performance. This is a sign of
their effectiveness, which can be measured when looking at a service’s quality.

- We intend to develop support tools for providers to assist in their understanding and completion of self-assessment. This is consistent with our responsibility to drive up improvements.

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<th>Self-assessment does not ask about staff turnover, only vacancies. Staff turnover can often indicate an underlying problem that the self-assessment form would not be able to pick up.</th>
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- The annual return seeks to identify staff turnover as well as changes to the service population. This would identify, when assessing risk, if there was an issue that required closer scrutiny, including support to staff, recruitment practice and training issues.
- Providers also assess dependency of individuals in their service and notify us on the impact to staffing.
- The process of self-assessment and other inputs can and will be developed further.

Involvement of people who use care services and their carers

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<th>There needs to be a much more focussed attempt to involve service users and carers in the whole process of regulation.</th>
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<th>The organisation must ensure there is full and meaningful involvement in the inspection process by people who use care services, including people with communication difficulties.</th>
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- Services do not receive good grades unless they have strong arrangements for the involvement of people who use the services and their families.
- We involve people in a variety of ways:
  - An Involving People Group
  - Membership of people who use care services and their carers on the Care Inspectorate Board
  - Regular contact with advocacy and umbrella bodies
  - Involvement in inspection as lay assessors/inspectors.
  - We include young people in inspections of services for children (SWIA)
  - Gathering views at inspection through discussion with the inspector, observation of practice and the use of Care Standards Questionnaires (CSQs). These give people the opportunity to give confidential feedback.
o We are currently undertaking an Involvement Review that will inform our organisational Involvement Strategy.

o As part of our development of self-evaluation, people who use care services and their carers will also be involved in verifying information.

o People who use services are involved in our staff qualification.

o Members of the Care Inspectorate staff team are currently undergoing ‘Talking Mats’ training with a view to rolling this out on a wider basis for our inspectors/lay assessors. Talking Mats is a communication tool designed to help people with communication difficulties.

• The Care Inspectorate is dedicated to involving people who use services, their carers and other stakeholders in our regulatory work.

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<th>Concern about how people are listened to and how that person will be protected if they make a complaint</th>
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<td>• Our complaints procedure allows for names to be withheld, for anonymous complaints and for concerns to be expressed at inspection if the person feels vulnerable by way of the complaints process.</td>
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<td>• Complaints are an important part of our risk-based approach to scrutiny and the intelligence we receive from complaints – including whistleblowing from care service staff – is crucial to alerting us when the quality of care in a service has deteriorated.</td>
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<td>• We are currently strengthening the ways in which the organisation receives information on services and would encourage everyone to provide information on the quality of all types of services for older people.</td>
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<td>• Ensuring that services take into account the views of people using the service and their carers runs through all our quality themes and statements for inspection. Our statements focus on making sure that services involve people using care services and their carers in assessing and improving the quality of care within the service.</td>
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<td>• We believe a robust and accessible complaints procedure is an essential part of our duty as a fair and effective regulator.</td>
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Healthcare needs

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<th>There is a risk that unmet healthcare needs may not be picked up by the regulator given the low prominence of health within the quality themes and statements.</th>
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<td>• We employ a number of professional advisors and consultants specialised in health issues to help inform inspection, provide guidance and carry out awareness raising activities.</td>
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• These include professional advisors who have expertise in a range of health-related disciplines including infection control, tissue viability, pharmacy, general practice and food and nutrition. They provide trigger tools for the inspectors to identify serious issues and then offer more ‘hands on’ input where required.

• Our Scottish Government funded posts of nurse consultant on dementia, nurse consultant on infection control and rehabilitation consultant also work alongside our professional advisors helping to develop leadership in care services and promoting good health care practice.

• Health professionals are often regularly in contact with people using care services and have a crucial role in identifying issues.

Care at Home

How do we ensure that the regulator is fit for the job that it is doing now, but also for the regulation of the increasing amount of care at home?

• We know that care at home is a high-risk area as people are receiving care in their own homes and can be isolated. Staff are often lone workers and unsupervised.

• As the Care Inspectorate has the power to look at both the assessment of need and commissioning of services, we will now be able to look not just at the service delivery but the assessment of need and the commissioning of services to provide care at home in local authority areas.

• Inspection of care at home services currently includes observation of practice, visits to some people in their own home and talking to relatives and carers.

Involvement of healthcare professionals

Pharmacists are not engaged at all by the regulator in feeding into and commenting on services.

• Pharmacists and doctors have played a crucial role in alerting the regulator to concerns about the standard of health care, and in particular medicines management, in care homes. These have tended to come from pharmacists or doctors working in the NHS managed service with a role in care homes, or from pharmacists attached to GP practices.

• In April of this year, the pharmacy advisors of the Care Inspectorate met with the largest supplier of pharmacy services to care homes to reiterate the need to alert us to any concerns.
• We believe our methodology engages the views of such professionals and we are developing a questionnaire for such use. We are also discussing engagement with various interested parties.

The regulator does not feed back to pharmacists on their input in that care home, instead getting information second-hand from the care service itself.

• We can confirm that in addition to this, our pharmacy advisors are often contacted by community pharmacists seeking advice on best practice for medicines management to the care home sector. Our professional advisors will signpost any enquirer to relevant best practice documents. It might be useful to note that since January 2011 our pharmacy advisers have responded to approximately 135 external email enquiries, 80 of which have come from pharmacists.

• In addition, where medicines issues are found on inspection and it is appropriate to contact the supplying pharmacist, this has been done by the pharmacy advisors.

• There are examples in public inspection reports, where the Care Inspectorate’s pharmacy advisors have included the recommendation to a care service to make their community pharmacist aware of the issues about medicines management identified in the report.

Inspection

Most scrutiny activity takes place during ‘office hours’.

• All inspections are unannounced and can take place at any time of the day or night or at weekends. This ensures we gather evidence of different staff teams, at hand-over times and at weekends.

The current system seeks evidence of documentation on policy and procedures but less on the quality of care planning, outcomes and user satisfaction.

• While we seek documentation on policies and procedures, at inspection we will also assess staff understanding, awareness and implementation and make a judgement on how this is impacting on the delivery of care in general and individuals specifically.

• We also look at how services obtain views from people in their care on satisfaction and service development.


Registration

The registration process is not a test of a provider's capacity to deliver quality.

- The registration process is designed to help us assess whether the applicant is suitable to provide a care service, whether s/he will make all the necessary provisions to meet the needs of people who will use the service.

- The registration process cannot guarantee the delivery of a good quality service. However, applicants make certain 'promises' as to the service they will provide. Through the inspection process we hold them to those promises.

Inspection staff

Inspectors should have a practice background relevant to the type of service being inspected.

- All Inspectors are required to complete the Regulation of Care Award (RoCA). The award is an academic programme involving theory and practice assessments which leads to a Graduate Certificate (equivalent level to an ordinary degree). As part of this award, Inspectors choose a specific area of care delivery and research and share their findings on a specialist area of care that they regulate.

- Inspectors also undergo mandatory Care Inspectorate Induction, which includes Introduction to Regulation, Equality and Diversity and Protecting People. In addition, all Inspectors receive an average of 8.6 days of training per annum.

- All inspectors who regulate care homes for older people have also received training in the following areas:
  - Regulating Well – focussing on health issues in care settings including infection control, nutrition and medication.
  - Adult Support and Protection.
  - Adults with Incapacity.
  - Meaningful Activity (including dementia).
  - Human Rights in Older People’s Settings.
  - Remember I’m Still Me and Dementia Awareness – an updated workshop on Dementia Care is currently being rolled out.
  - In addition to this, all Inspectors involved in registering adult services have undergone training in risk assessment, environment and staffing.
Grading

The biggest issue that providers raise about Care Inspectorate is the lack of consistency in grading throughout the country.

- We have an internal quality assurance process to look at consistency of grading and are developing forums for feedback and debate with providers.

- No one service is the same as another, even if provided by a large corporate provider.

- We welcome feedback on our performance, which we take into account in our internal Quality Assurance system.

- We are a learning organisation and where there are issues of consistency rather than professional judgment we will deal with those.

It appears that the regulator will reduce a care home’s grades from a ‘5’ or ‘4’ to a ‘2’ based on one inspection, but is not happy to do likewise in the opposite direction.

- We have examples of services that have improved to a high level within one inspection. We are happy to provide further information on this if you require.

The use of dynamic grading where, on the basis of one complaint, grades awarded following measurement of quality against set standards can be reduced has potential to lead to a system that lacks balance.

- There is not an automatic reduction in grades. The outcome of the complaint is considered by the inspector and their manager. If there is a finding that the service needs to improve, the grade may be reduced as it reflects the most current assessment.