Inquiry into regulation of care for older people

A City for All Ages Advisory Group

Members of the A City for All Ages Advisory Group of older people and the Today and Tomorrow Task Group of BME elders, linked to the city of Edinburgh Council were invited to a special meeting of the A City for All Ages Advisory Group to give views towards a written submission to the Scottish Parliament Health and Sport Committee inquiry into the regulation of care for older people.

21 people attended the meeting which began with a presentation on the regulation of social care services by the City of Edinburgh Council’s Regulation of Care Manager. The following is a summary of the views expressed by participants.

Does the regulatory system ensure care services for older people are providing good quality and appropriate care?

- Participants expressed concern that the regulatory system does not ensure care services for older people provide good quality and appropriate care. Instances of abuse towards older people in care settings are still highlighted in the press.

- The reasons for the concerns are summarised below.

Can we be confident that the regulatory system is picking up on care services where the quality of care is poor?

- The general response by the Advisory Group to this question is that there is little confidence that the regulatory system is picking up on care services where the quality of care is poor. There is particularly concern for older people with dementia, other mental health issues or have communication difficulties.

- It is suggested that all regulatory visits should be completely unannounced i.e. no period of notice and that information be gathered from the service provider following an unannounced visit and not prior to the visit as is the current practice.

- Perhaps the “mystery shopper” type of arrangement could be considered as a method to gather information about a service? Older volunteers who are part of a well known local voluntary organisation, could be well placed to do such a task?

- It is suggested that all care service providers should undertake a yearly self-assessment and arrange their own in – house quality assurance
system. One voluntary organisation in Edinburgh demonstrates this process very well by using management staff and supported service users to interview other service users about their experiences. Perhaps this model could be considered and adapted?

**Are there any particular weaknesses in the current system?**

- It is perceived that no two inspectors will inspect in the same way and that variations occur when one inspector replaces another.

- As there are a growing number of services commissioned by the Council and registered with SCSWIS to provide care, grave concern was expressed about diminishing resources and that there are too many services for them to be thoroughly and regularly inspected or audited by the local authority.

- Care services awarded Grades 4 and above may be costly to procure, yet people who commission or receive the service should be confident that it is of quality.

- Low status and pay of care service staff means that in some services there is a high staff turn-over and little chance of continuity and in-depth understanding of older people’s needs and wishes, particularly, if staff are not indigenous. If there are to be less frequent inspections how will issues like this be identified and rectified?

- It appears that the aim of regulation is to improve a service on a low grade and leave the services with good grades without an overview for a longer period. Reality shows “good services can change overnight”. It is not good enough to target poorer performing services for more frequent inspections. All services must have their own quality assurance arrangements and have regular inspections, particularly where there is a change of manager or owner.

- Some care homes display notices at the front entrance of the home about the protection of vulnerable adults and the prevention and management of abuse. This is an important but non welcoming message.

- Family or friend carers are well placed to comment on the quality of care provided. Perhaps a phone line could be established for comments rather than having to complain face to face.

- While mainstreaming equalities into all services is welcomed, some services provided to older people of the LGBT and BME communities are insensitive and do not take account of particular needs. Some older people experience isolation and exclusion as a result of the insensitive practice. Perhaps more work is required on equality training?
Does the system adequately take into account the views of service users?

- Older people are still worried about complaining and say that if they do, there could be a ‘comeback.’

- There are high numbers of vulnerable people being cared for with dementia and a range of other disabilities in care homes or living in the community. This makes two-way communication very difficult though not impossible to obtain their views and experiences. The process of communicating with vulnerable older people requires patience and expertise, it is also time consuming. Inspectors may not have the time to do this work in a meaningful way and there is an inherent conflict of interest if care staff undertake this task. A variety of tools are already in use for such work, for example, Dementia Talking Maps, and the use of Advocacy Services and volunteers.

Does the registration and regulatory system provide an appropriate basis for the regulation, inspection and enforcement of integrated social and NHS care in the community?

- Although the common denominator in the provision of all care services is the service user, it is still perceived that systems and services are developed and implemented for the benefit of the provider. There is still resistance by some service providers to share information and work collaboratively for the benefit of the service user.

- The registration and regulatory system could provide an appropriate basis for the regulation, inspection and enforcement of integrated social and NHS care in the community. Though it is recognised that much work is required, in terms of sharing information about budgets, roles and responsibilities for staff and their terms and conditions. Staff will express their anxiety about the integration of services, possible job loss and change through resistant and other negative behaviours, some of which may be projected onto the older person. Adherence to the principles of change management and the engagement of older people is vital in this process.

- There are perceived and experienced difficulties in transferring older people from NHS services such as hospitals, to services provided by the Council under the Health and Social Care Service provided in the home or a care home. There seems to be lack of continuity and a pressure to move people quickly without thorough thought to the implications. Scrutiny of transitional arrangements is important.

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