Inquiry into regulation of care for older people

Alzheimer Scotland

Alzheimer Scotland is Scotland’s leading dementia voluntary organisation. We work to improve the lives of everyone affected by dementia through our campaigning work nationally and locally and through facilitating the involvement of people with dementia and carers in getting their views and experiences heard. We provide specialist and personalised services to people with dementia and their families and carers in over 60 locations and offer information and support through our 24 hour freephone Dementia Helpline, our website (www.alzscot.org) and our wide range of publications. We welcome the opportunity to respond to the inquiry into regulation of care services for older people.

Dementia

Dementia is the second highest\(^a\) contributor to years lived with a disability in people aged over 60\(^1\). An estimated 82,000 people have dementia in Scotland in 2011, around 3,500 of whom are under the aged of 65\(^2\). As our population ages, the number of people with dementia in Scotland is set to double over the next 25 years. Around 40% of people with dementia live in care homes; 70% of the care home population is estimated to have dementia.

People with dementia have the same rights as anyone else; however, the nature of the illness means they are more at risk of having their rights overlooked. This is of particular concern when the person does not have someone to advocate on their behalf. People with dementia and their carers can also feel they are treated with less respect, dignity and understanding because of stigma and lack of knowledge of the illness.

Focus of inquiry

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

Inspection reports do not represent the quality of everything the service does. They represent the quality of what has been considered at a particular inspection. In addition to this it is more challenging to inspect home care services and what is actually happening in an individual’s home.

The relationship between the inspector and service provider is important; it should be one that allows for development and improvement, outlining areas of weakness and advising on how services can be improved upon.

The inspection methodology does provide an onus on service providers to involve people who use services and carers in both their own care arrangements and also in assessing and improving all aspects of the services. Higher grades are attained by providers who are able to evidence such

---

\(^a\) Second to blindness, dementia contributes 11.9% of all years lived with a disability for those aged over 60 years for chronic non-communicable illness.
involvement. However, opportunity for inspectors to engage directly with service users is also important.

The *Remember I’m still me* report highlighted serious concerns with the standard of care in care homes for people with dementia following the joint Care Commission and Mental Welfare Commission inspections in 2009. This demonstrated what was happening in practice, as opposed to policies and objectives. The outcome of this report provided an impetus for improving practice.

The report highlighted the poor response in care home settings to behaviours that staff and carers find challenging. It found evidence of multiple and inappropriate prescribing of psychoactive medication. The Scottish Government has commissioned a specialist academic baseline assessment on current use of psychoactive medication for those with dementia. This will provide a benchmark for measuring reduction in the inappropriate use of this medication. However, it will also be important to measure the development of alternatives to medication.

The *Dementia Care Inspection Tool* provides a useful guide for inspectors in identifying good practice in service provision for people with dementia. The tool covers awareness of the individual, environment, activities, medication, staff knowledge and skills and access to health care.

There are a number of measures that should lead to improvement; however, time is required for their impact to be established. In addition to this there has been a change to the regulating body and inspection methodology, with a greater focus on unannounced inspections and proportionate inspections based on risk. Frequency of inspections being determined by the assessed risk and history of performance of the service should provide greater opportunity to pick up where service providers are performing poorly.

Whilst the National Care Standards provide the basis of inspection, the *Standards of Care for Dementia in Scotland* will also be crucial to measuring service quality for people with dementia. The regulatory body will have an important role in measuring the extent to which these Standards and *Promoting Excellence* are implemented by service providers. Those working with people with dementia need to be equipped with the right set of skills and understanding of the illness to deliver appropriate care that respects dignity and improves quality of life and wellbeing.

Lindsay Kinnaird, Policy & Research Officer
Alzheimer Scotland, 24 August 2011

---

4 Scottish Government (2011) *Standards of care for dementia in Scotland: action to support the change programme* Edinburgh
5 Scottish Government (2011) *Promoting excellence: a framework for all health and social services staff working with people with dementia, their families and carers* Edinburgh