Inquiry into regulation of care for older people

Dumfries and Galloway Partnership

Does the regulatory system ensure care services for Older People are providing good quality and appropriate care?

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

In general terms we believe that the current regulatory arrangements do pick up if care provision is poor over a sustained period of time. National care standards still offer a good basic foundation for service delivery (Care homes document last updated in 2007, care at home issued 2005) but the set of documents could be enhanced to take into account developments such as personalisation.

Current inspection processes assume that good performance will be sustained i.e. good performing providers will require less frequent inspection than poorly performing ones. Whilst we recognise there is a need to proportionately allocate resources, in the context of increasing financial pressures on provision, and the sensitivity of particular providers to changes in key managers and staff, it is our experience that on occasion Providers can rapidly experience changes in quality which may not be picked up soon enough by current arrangements. The amalgamation to form SCSWIS is still to be tested but the potential for improvement and increased public confidence in services is immense.

Similarly we believe that there is some evidence that the consistency of existing quality gradings could be improved as on occasion we believe that re-inspection has produced overly optimistic estimates of improvement in quality.

Alongside the Inspection regime we believe that the process of regulating the Social Care Workforce has produced anomalies that are contrary to the potential range of risks associated with care provision. In particular these arise because the care at home workforce is the last to be registered resulting in the fact that those services that are most isolated and difficult to supervise being the last where the workforce is regulated. Similarly difficulties with the implementation of the Protection of Vulnerable Groups scheme has on occasion restricted the supply of care as it has caused unacceptable delays in staff checks under safe recruitment processes.

Are there any particular weaknesses in the current system?

We believe that there are the following particular weaknesses in the regulation regime:

(a) In the context of financial volatility within the care market we believe there are particular weaknesses in the regulatory
regimes ability to proactively identify Providers in financial difficulty and to adequately respond to other financially driven events such as companies going in to administration or the sale and purchase of care providers in the independent sector market. In particular it is important to ensure that financial problems do not result in rapid and unpredictable closures of services to the detriment of service users wellbeing.

(b) The coordination between statutory inspection processes carried out by SCSWIS and Local Authority Contractual processes to ensure contractual compliance could be better coordinated to ensure that contractual penalties can be used to incentivise improvements in quality particularly in the gap between inspection requirements and formal enforcement action. The National Care Home Contract provides a good example of the potential of such a coordinated approach e.g. linking quality grades to financial consequences. Notwithstanding this it is important to ensure that national contracts remain effective and are not hijacked by particular interest groups. In our experience where inspection requirements have not been met the move to enforcement can be slow and cumbersome and improvement could be more swiftly achieved through a coordination of the contractual and purchasing incentives and penalties available through Local authority contracts.

(c) As noted above we believe that the phased process of registration of the Social Care Workforce has led to anomalies in that the least supervised staff in care at home services are the last to be registered. However addressing this needs to take into account the level of resources within the market to sustain a consistent registration process for these staff. An Adult Support and Protection incident, locally has also demonstrated that SSSC needs to rethink its previous position in regard to staff being registered with other bodies & therefore not needing to be registered with SSSC & this needs a sharp focus on staff who are in management roles.

(d) Particularly in rural areas the relationship between capacity and quality needs to be better recognised. In a range of services where the provider is the only one serving particular Localities there needs to be opportunities to proactively intervene to ensure effective quality where it is recognised that alternative provision cannot be secured. It is important to make sure that concerns about quality do not lead to a softening of quality expectations or a failure to intervene strongly.

(e) In the context of personalisation, it is clear that the force of Local Authority Contracting may change as more services are commissioned on the basis of individual budget allocations. In this context having a responsive and effective regulatory regime
will become even more important. There is also a need to ensure that National Care Standards are kept up to date to deal with innovative and changing models of service and to set clear expectations for personalised services in terms of what they entail for services users so that they could make the best use of the opportunities and responsibilities they bring. This may also include Care Standards for Brokerage Services and Advocacy Services as these could be advantageous in ensuring that there are effective checks and balances in the quality of support services that enable individuals to inform the regulatory regime and assist in its effective operation.

**Does the system adequately take in to account the views of Service Users?**

The efforts to capture the views of service users within the current inspection regime are important and are useful in ensuring that service users and their carers can contribute to the results of inspections. In the context of the changing frequency of inspections across different services thought needs to be given to ensuring that service users views are collected in a systematic and continuous basis as this may be the most important of picking up on any changes in quality.

In the context of outcome based commissioning and personalisation it is essential to move beyond satisfaction into processes which allow service users to be at the centre of determining if outcomes have been achieved.

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

The fact that existing registration arrangements apply to Local Authority commissioned and directly provided social care and not to NHS provided services in the community is an anomaly which will need to be addressed. We have current experience of developing an integrated Re-ablement Service using both NHS community staff and Local Authority care at home staff where the Local Authority element of the service requires registration and the NHS element does not. In general terms we believe that care standards provide a useful basis for the development of any community service and would welcome opportunities to ensure there consistent application across integrated services.

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