Fife Elderly Forum Executive was established in 1990 to provide a platform for older people to campaign for better rights, services and facilities for older people in Fife. There are 8 Forums meeting on a monthly basis throughout Fife, tackling issues such as housing, transport, home care, poverty etc. The Forums also participate in local and national consultation exercises and are provided with information and advice by the Executive.

Fife Elderly Forum User Panels are groups of older people who are, in general, over 70 years and have impaired mobility and who are users of Fife Council and / or NHS Services. Like the Forums, the Panels offer opportunities for older people in this category to raise issues, participate in local and national consultation exercises and obtain information. There are 6 groups in Fife and members are brought to monthly meetings by accessible transport. The Panels are used by Fife Council and by other agencies to gauge opinion of current provision and to inform the future direction of services to ensure their relevance and appropriateness to the people for whom they are being developed.

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

Evidence from the press would suggest that this is not an area in which the public can have confidence. It would appear that in some cases, issues causing concern had already been highlighted - either by individual staff or family members - and brought to the attention of the regulatory authority. Either no action was taken or it did not address the root cause of the problems.

It is alarming to note that there will be an extended period between inspections for those deemed to be at “lower risk”. The performance of a service can be affected by numerous factors and a service which has been achieving good quality grades may not continue to do so. We are assuming that information obtained from the self-assessment form will form the basis on which a decision whether or not to inspect will be taken: the ability to complete paperwork to a high standard does not always translate to an ability to deliver a high quality care service. Without regular inspections, it may be easier for underperforming services to slip through the net - this is of great concern to older people and to those working with them.

In response to this question, members of Fife Elderly Forum User Panel felt that they could not be confident that this was the case - there are far too many reports in the press of instances where care has been very poor and people in care have been ill-treated. Even in cases where staff had tried to raise the
alarm, evidence would suggest that this was not always taken seriously and acted upon.

The response from the regulator is effective when complaints, issues etc are raised or become evident through inspections. However there is evidence of care providers not always reporting serious incidents to the regulator or the commissioning body e.g Local Authorities.

Greater penalties should be used in cases of failure to report incidents.

Unannounced inspections will enable better oversight as care providers will not be able to ‘prepare’ for inspection.

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

There are weaknesses in the process for dealing with incidents which fall within the Adult Protection legislation. For example the police are not always informed when suspected abuse issues are reported to the regulator body. There can be confusion over roles and responsibilities in abuse investigations.

Extended periods between inspections.

Over-reliance on paperwork as the basis for risk assessment / inspection frequency.

**Does the system adequately take account of the views of service users?**

Reports issued from the regulator details comments from service users, however the over reliance on questionnaires is problematic given the frailty of the client group.

As we understand it, questionnaires are used at inspection to gather the views of residents and their families. As an independent organisation, we have been invited by various care homes to assist their service users to complete questionnaires as part of internal evidence-gathering exercises. We feel that the involvement of an external, independent organisation in the process of gathering comment on the service is to be welcomed. However, as many of the service users are very elderly people, we have questioned the value of relying primarily on questionnaires as a means of obtaining feedback. We have found in many cases that the questionnaires devised by organisations are unwieldy, stretching in some cases to 5 or 6 pages and giving far too many possibly confusing multiple-choice answers. Most older people, in our experience, were unwilling to complain about any aspect of their care.

We feel that similar issues may arise at inspection and when evidence is gathered to support the completion of self-assessment paperwork.

An open question and answer session may prove more fruitful in obtaining a more accurate picture of life within the care home.
There is also the added issue of trying to ascertain the views of those residents with dementia or impaired cognitive function. Residents with no family members (who may have completed the questionnaires on their behalf) may have no voice.

User Panel Members felt that service users do not seem to play a major part in any assessment of how well – or otherwise – they are being looked after by staff in a care home. The questionnaire-type assessment may be too unwieldy for some residents and there did not seem to be a more accessible alternative for those who may struggle to complete this type of document. Members suggested that a star-rating system may be a useful means of assessing quality for both prospective residents and their families.

**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?**

I think the regulation of integrated care is problematic. Experience of complex complaints which involve a range of health and social care support needs have shown weaknesses in skills and knowledge of inspection and those dealing with complaints.

There have been issues in terms of regulation of services in care homes which are provided by NHS staff team e.g. NHS Intermediate Care in a private care home.

The move to ensure staff are qualified to SVQ standards is to be welcomed, but many homes still operate at basic staffing levels, thus potentially impairing the quality of care residents can receive. We have heard anecdotally of members of one resident’s family who went to help feed them at meal times as there were too few staff available to guarantee the one-to-one attention which this particular resident required.

12 hour shifts are also becoming the norm – this can also be of concern. Patients with dementia can have periods in the early evening when they may require more attention – this can coincide with an increasing level of tiredness in staff who are coming to the end of a long shift, perhaps impairing the quality of care the resident may receive.

An increase in the staff: resident ratio required for registration may help alleviate these types of concerns.

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