Inquiry into regulation of care for older people

Glasgow City Council

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

Care Homes - Quality of care

The regulatory system does in balance pick up on care services that are providing poor quality care in relation to care homes, but there are particular issues that require to be addressed as follows:

- High staff turnover in a care home can impact on the quality of care as new staff members require to be trained and supervised. A care home without stable management can have fluctuating quality issues. This applies equally to the Care at Home sector.
- Local authority contract management officers report that communication between Care Commission/SCSWIS inspection officers and local authority contract management staff has improved, that local authority staff are being given good notice in advance of inspections and that better joint working is now developing. This will assist the regulatory system to more adequately pick up on poor services.
- Local authorities welcome SCSWIS’ decision to inspect care homes with poor quality grades on a more regular basis and carry out more in-depth focussed inspections. However, an inspector can only pick up on issues which become apparent in the course of an inspection, which may only be once every 24 months in care homes getting good grades. This can give care homes time to tidy up and present a front, which often does not continue after the visit. In the past there were too many announced inspection visits and not enough unannounced.
- Given the altered inspection frequency and move to proportionate, risk based inspection activity, the self-assessment process for individual units should assume an even higher level of importance.
- As part of the Regulatory Support Assessment (RSA), account should be taken of providers’ Quality Assurance frameworks; the transparency and effectiveness of their reporting, monitoring and management processes for inspection outcomes e.g. the service governance arrangements and committee oversight of same.
- Another indicator to support reduced frequency is SCSWIS evidence on whether the provider organisation has a robust approach to self evaluation across the service.
- Experience has shown that unfortunately there can be Adult Support & Protection allegations coming up in care homes with SCSWIS grades across the spectrum.
- Individual complaints are responded to proportionately but this is inevitably driven by service users/ relatives being aware of how to do this and perceived power relationships do inevitably impact on this: Making a
complaint for such personal services for older people can be problematic as they may fear being penalised.

Care Homes - Quality of environment

- The physical building standards as set out in the National Care Standards are vague and open to interpretation. They do not assist or educate existing or potential providers in what is best practice, where and how to benchmark or how to construct and deliver an efficient and economical building with features that will improve quality of life and maintain independence. As the regulator SCSWIS should lead the way in driving up building standards through supporting organisations to understand the care environment and deliver better renovated and new build properties.
- This could be addressed by SCSWIS developing national guidelines or a web accessed database that could sit behind the core physical standards and bring together openly transparent and freely accessible benchmark material, to assist all providers of care services with good up to date thinking on operating and designing care environments, as at the moment everybody is doing their own thing.
- This guideline or database of material should also reflect survey and market research material quantifying the aspirations and views of service users, carers and staff around physical environments. This would assist providers and designers of these environments in determining the aspects, features and facilities that people wish to have/see in the properties. Many of the features that can improve the care environment do not cost more money, but inclusion could make the building more sellable and attractive to potential users.
- As minimum, local authorities should, possibly through COSLA and with SCSWIS, be thinking of how best to share this type of material to save money, time and energy on the extensive resources required to deliver these internal programmes.

Care at Home

- For care at home we cannot be confident that the regulatory system is picking up on care services where the quality of care is poor, due to the hidden nature of the service and its extensive provision.
- For systematic inspections there are obvious constraints facing regulatory agencies when inspecting the high volume of home care services provided in areas such as Glasgow due to resource constraints and the nature of the services being delivered in the user’s home means there are so many different points of service delivery.

Are there any particular weaknesses in the current system?

Care Homes

- As indicated above, not all care homes will be getting inspected at least once a year to check that quality is being sustained.
• The lack of consistency in grades awarded from one inspection officer to another officer can sometimes be an issue. E.g. Local authority contracting managers have had experience of one inspection officer upgrading a service from a Care & Support grade 2 to a 4 while another would only award a 3, and never straight to a 4. This could be addressed by SCSWIS through training.

• In order to address Adult Support and Protection issues the best way forward is for providers to promote their whistle blowing policy and for SCSWIS to include reference to this in inspection activity.

Care at home

• The inspection of care at home services is a particularly difficult challenge to deliver on for some of the reasons referenced above and also because the nature of the service does not lend itself to any kind of inspection whether announced or unannounced. This then requires the regulatory body to consider how best to gather information that informs about the quality of care being delivered in individuals’ homes.

• Meaningful service user engagement is therefore crucial and methods need to be used that allow this to happen without involving the provider in the process. It is not clear how well care at home providers do this and how they cater in particular for older people with dementia/communication difficulties who may find it difficult to engage with the inspection in the process.

• The ‘branching’ of services, intended to contain the cost of registration to large providers means that a comprehensive assessment of quality will be hard to achieve. To counterbalance this, inspection agencies need to be able to analyse providers’ quality assurance mechanisms/strategies to ensure that they highlight any deficiencies in service and consult with service users.

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

Care Homes

• The current system does strive to take into account the views of service users. Within care home settings day/residential managers undertake with service users to prepare for inspection visits (hopefully not to influence) but really to encourage service users to participate in the inspection process and share concerns about poor quality service.

• The carer to service user relationship is an intimate one and there is a real sensitivity to any changes in this relationship for the service user. This may even lead to a perceived fear of service withdrawal further inhibiting users’ confidence in reporting poor care.

• It is always going to be a challenge to get some service users to feel confident enough to offer criticism of a service where they live, also there are difficulties in getting information from service users who have dementia and who may receive regular private one to one personal care and who may challenge the skills of the staff who work with them.
Care at home

- Unlike day care and residential care there is no group or collective of service users readily available for engagement purposes. Individual care at home service users may feel quite anxious about stating their concerns and there is little opportunity to present a sense of collective perspective on the service unless this is somehow organised and facilitated.

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?

- Yes, it does, although previously it was more weighted towards health care rather than social care. Also, the background of the inspecting officers can influence the weighting in this regard.

Summary of comments

- The local authority welcomes and supports SCSWIS staff prioritising services for inspection where there have been concerns about poor grades.
- High staff turnover is known to have a detrimental effect on stability within care homes and for care at home, as new staff require training and supervision. Management changes affect the overall stability of service provision delivery, which in turn affects the quality of care being given. Frequent staff turnover should act as a trigger for increased inspection activity.
- The local authority has some experience of inconsistent approaches to grading between inspection officers, which unhelpfully gives mixed messages to providers re- what is expected of them.
- Recent experience within GCC has shown that where there is improved communication between inspection officers and contract monitoring staff, then issues of quality of care are better addressed with providers.
- ASP issues are not being picked up by the SCSWIS inspection regime, but due to their nature are more often highlighted through complaint or whistle-blowing activity. This suggests the need to ensure that providers have robust whistle-blowing policies in place, which inspectors can investigate during inspections.

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