Inquiry into regulation of care for older people

Methodist Homes (MHA)

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

While it is hard to assess the work of a body that has been in existence for so short a period of time as the SCSWIS, their methodology of regulation is fairly standard and very similar both to their predecessor the Care Commission, to the SCSWIS equivalent for England and Wales the CQC and to its predecessor CSCI.

This system of a combination of announced and unannounced inspections coupled with continuing monitoring where a service has been identified to fall short of its statutory requirements; has many things to commend it. Announced Inspections give an opportunity for Care Providers to ensure that all relevant documentation is readily available and to assist Residents and staff for any possible interactions with Inspectors – the experience can be daunting for some. Unannounced Inspections give the SCSWIS an unvarnished view of daily lives, the provision of care and support and how management interact when Care Providers have had little time to adjust patterns to present a more flattering view of the standard of operations and working practises. This is of course important to ensure accurate reporting to the public and, even more importantly, that service users receive the care and support they need and to which they are entitled.

Are there any particular weaknesses in the current system?

Despite all the advantages of the current system mentioned above, there is one inherent weakness, namely that Inspections, whether announced or unannounced, only provide a snapshot of the provision of care and support at any given service. It may well be that the quality of care and support varies dramatically between the time at which the inspection takes place and the 6 hours after the inspection has ended. This may be due to any number of reasons.

It would of course be both impractical and undesirable to have an SCSWIS inspector monitoring every Care Service 24 hours a day, seven days a week. The SCSWIS, however, should ensure that it works closely to and is integrated with the internal audit and review processes of Care Providers and also is accessible to service users, their carers or their relatives; this will safeguard the continuing quality of care and support.

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

The SCSWIS must be commended for regularly seeking the views of service users both through the use of questionnaires and via informal verbal
interviews. Problems arise, however, when a service caters to users who have
difficulty communicating or who may be *non compos mentis*. This naturally
makes it difficult for inspectors to gauge the feelings of users on the quality of
their care. In these situations the first recourse is usually to relatives of service
users who, as well as having their own views on the service may also be able
to better judge the feeling of users themselves.

This may in some cases be an adequate litmus, but no relative can have a
complete experience of the Care provided to a service user. For this reason I
would suggest that this is an area which merits further consideration.

**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?**

While we recognise the purpose of limiting the system to incorporate
registered providers only, we would suggest that the definition of a “support
service” within the Regulation of Care Act does not provide adequate scope
for the regulation of care provided by non registered individuals or bodies
within the home and is a matter that requires further examination.

Rachel Fletcher
Media & Copywriter
MHA
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