Inquiry into regulation of care for older people

Midlothian Council

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

Scrubity of Corporate Bodies: We have experienced significant difficulties where care services have had low grades over long periods of time and where any improvements achieved following inspections have not been sustained. These problems are largely attributable to inadequate support from corporate managers and a lack of focus on sustaining the delivery of quality services at a corporate level. This dynamic has been particularly marked in the care home sector where a combination of high demand for care home placements, the exercise of service user choice and the vulnerability of the service user group (particularly in relation to service change where any change of provider involves a change of residence) has, in some cases, reduced the impact that poor grades would have had on demand for the service. An immediate drop in earnings arising from low occupation would lead to a more focused response from providers. It may be that some form of financial sanction should be considered for care providers that achieve weak grades in care and support similar to that used by other regulatory bodies building on the existing system of quality payments through the Care Home Contract. Poor grades in themselves are not providing a strong enough incentive in these situations to bring about the sustainable changes that are required.

Are there any particular weaknesses in the current system?

1. Adult Protection: In addition to the above comments a recurring feature of large scale adult protection investigations, has been the professional competence and accountability of nursing staff. This has become an increasing concern as the population of care home residents has changed in recent years. Residents in care homes are frailer with an increasing complexity of needs. Good professional nursing skills are vital to the health and well being of residents. It is important that social care staff are supported by a professional and competent nursing workforce. Over reliance on agency staff and the recruitment of nursing staff with inadequate experience and skills in the care of older people together with poor professional support for nurses contribute to these difficulties.

2. Support Planning: One of the key areas of focus across the regulation of older people’s care in all settings is the quality of support planning. There is little attention to personal outcomes approaches within this. The language of the regulatory framework consistently misses opportunities to ‘raise the bar’ e.g. talking about people being ‘involved’ rather than ‘leading’; talking about ‘balancing risk’ rather than supporting positive risk taking and challenging presumptions etc.
Overall this contributes to the perpetuation of a tokenistic culture around participation and personalisation.

3. “Golden Thread”: There appears to be a lack of scrutiny at present around the relationship between individual work-plans, team plans; and organisational plans, including the aims and goals of commissioning bodies. This would help establish whether actual practice can be related, and understood to relate, to policy, vision and values.

4. Outcomes Approach: There is little in the way of establishing to what degree individual outcomes are used to shape organisational approaches – again, the sense is of an opportunity missed to incentivise change of culture and use statutory process to promote the personalisation and co-production agenda.

5. Value Driven Services: There is a lack of scrutiny around how services go beyond merely delivering services to a certain standard, but how they embody the values that should be inherent in social care delivery and critically, how they ensure these values are brought to life in day-to-day practice. This is particularly evident in the lack of evaluation around the broader or ‘softer’ elements of good-quality social care delivery e.g. promoting social justice; challenging cultural and societal constraints; community-capacity building

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

1. Information: In order to get good engagement from service users and families around the quality of care, we need to ensure that service users and family carers have good information on the standards and what they should mean in terms of day to day care for individuals before they engage with a service. Our experience suggests that in some situations service users and carers find it difficult to make objective assessments of care services because of low expectations and in many situations they find it difficult to articulate concerns once they have formed relationships of trust with service providers. Again we have found this to be a feature in our communication with family carers during large scale adult protection investigations in care homes for older people.

2. Checklist Approach: The system also lends itself to a checklist approach, with an imperative to meet standards rather than exceed them. As described above, the system can be argued to incentivise services to meet the letter, rather than the spirit, of regulations.
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?

As new and innovative integrated services develop the registration and regulatory service will need to increase its capacity to regulate services that are delivered by a range of professionals including allied health professionals focused on the provision of rehabilitative services. By extension, the regulatory framework will therefore need to be equipped to evaluate capacity and quality around partnership working, or integrated service delivery at an organisational and operational level.

Tom Welsh
Head of Planning and Performance
Midlothian Council
24 August 2011