Inquiry into regulation of care for older people

NHS Borders

Having discussed this with my staff the general feeling is that the current regulatory system is fit for purpose although there is room for improvement.

When reviewing the inquiry documentation some of my staff reported that it was overly text heavy and would have benefited from a succinct summary. Here is a summary of the responses received for the specific questions:

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

Not entirely. While it may be in England, the Winterbourne View case highlighted how some care homes can circumvent the regulatory authorities. However, the Scottish Commission for the Regulation of Care rated 1 in 10 care homes poor in 2009, so clearly there are issues that need addressed. However, the media focus is often on abuse not quality. The people who will recognise quality are the people who experience it and there could be better systems in place for getting feedback from the service users and their families.

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

The reviews can be text heavy which discourages people reading them. A summary and easy read version would make the review more accessible to a greater range of people, including service users.

We are not aware that routinely the views of visiting professionals are sought and that there is any direct contact by the Care Commission to the GP practice responsible for the patient. Certainly, GPs / Community Nurses / Community Psychiatric Nurses would all have an informed view on the quality of care provided by a specific care home.

Improvements could be made in reporting back the findings of investigations to staff, statutory providers and service users. Improvements in communicating the outcomes of investigations could also improve the quality of care provided.

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

We certainly feel that it tries to. Reports do include consultation with residents and relatives, but it can be very difficult to get sufficient people to contribute effectively. It may be worth considering whether or not visiting professionals, with skills in this area, could participate in gathering the views of service users. There is an argument that staff from regulatory bodies may not be best placed to gather the views of service users because of the perceived impact that any negative comments may have on the service users care.
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, we think it does.

Additional comments

An additional suggestion which may be of help when considering how to improve/strengthen the inspection regime would be to inspect in a similar way to the Healthcare Environment Inspectorate (HEI) inspection programme, with random unannounced visits being made specifically to explore quality issues within any given care setting.

It might also be helpful if more explicit thought could be given to devising a brief but meaningful set of quality of life criteria (which we feel service users/carers would be keen to help with), against which services could be benchmarked. This would be about user/carer generated quality of life issues, for example: leisure activities, access to own food/drink, fabric and furnishings, social interaction opportunities etc, as opposed to service-devised perspectives which are already in existence.

We feel it is also important that when questionnaires are issued as part of any inspection regime, that feedback is provided to questionnaire responses.

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