Inquiry into regulation of care for older people

NHS Grampian

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

1. There are many different forms of Care for Older People:
   - Unpaid care by family or friends
   - Paid care contracted privately by the older person, family or friend
   - Care in own home assessed for and contracted for by the local authority which in turn may be provided by the local authority, third sector or independent sector provider
   - Care in own home delivered by NHS community nurses, community therapists, GPs or other primary care providers e.g. dentists.
   - Residential care in a care home
   - Hospital care

   Some but not all of these are regulated some not.

2. Where regulation exists there may two levels, the inspections formerly carried out by the Care Commission and now SCSWIS and also the contract monitoring undertaken by the Local Authority. This is quite extensive and can be a considerable burden for care providers, particularly where they may provide more than one type of service and therefore be subject to more than one type of inspection.

3. There is a high probability that with this level of inspection, poor quality of care can be detected where regulation exists.

4. Beyond regulation, the increasing levels of joint working between health and social care has resulted in an increase of reporting of poor standards of care by one profession to another.

5. In the NHS, regulation is more ‘piecemeal’ with standards being set for a wide variety of parameters e.g. healthcare associated infection, environment, individual diseases or conditions, waiting and access, nutrition etc. Does assuring the population that each of these standards is met provide assurance that ‘care’ is high quality?

6. The unregulated section relates to where people have entered into private arrangements for care provision. The only protection older people have in this area is the Adult Support and Protection Act. This is a recent Act and it is yet to be demonstrated how effective it will be in protecting older people. Our limited experience to date has led us to believe it is sometimes difficult to access evidence and get a true picture of the issues that are causing concern, particularly when it relates to a family member.

Are there any particular weaknesses in the current system?

7. In the regulated care provision sector detection is usually as a result of older people demonstrating the effects of poor quality care either through referral to another part of the system or inspection. Therefore the question
must be asked as to whether or not an alternative type of regulation could assist care providers to focus on the risk of standards of care declining?

8. Does the level of regulation and inspection reduce the responsibility of care providers and where relevant the owners of such businesses to have high quality internal monitoring which they base decisions upon, based on a process of continuous service improvement and lean methodologies as demonstrated by the Patient Safety Initiative being undertaken by the NHS? Do they rely too heavily on external regulation?

9. The complexity of the standards, inspection and monitoring system within the NHS around individual aspects of care, may detract from the more holistic/subjective definition of care, with each standard being fully met, but in a manner which service users may describe as ‘uncaring’.

10. The NHS regulatory processes are mainly focused on hospital based care.

11. With regards to private arrangements made by older people, their family or friends is there sufficient easy to access information to raise awareness of the standards that should be met, the benefits of contracting with a registered provider and the risks of not doing so?

12. Are older people or their families sufficiently aware of the Adult Support and Protection Act and what to do if they believe they or their older family member is experiencing poor quality care in breach of the Act? Or is the system dependent on potential victims being on the case lists of a public agency? How many people actually do a PVG check before entering into a private arrangement?

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

13. Service user views are extremely important and we feel that the most relevant opinions on the adequacy of this should come from service users rather than a provider such as ourselves.

14. This does however raise the issue of the personal preferences of someone as to what constitutes good care. One older person may believe good quality care was rapid assessment, treatment and a well planned discharge to home, where rehabilitation and re-enablement services were provided. Another may feel that this process was too rushed and that the service was uncaring in that it did not provide a period of convalescence.

15. We have however witnessed good examples of care home providers establishing users groups that input directly to the self assessment processes within the inspection framework.

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?

16. Integrated community health and social care services provided in the person’s own home are presently very difficult to regulate. There is no ward to inspect, no robust data sets to review. The system is largely dependent on peer review, clinical audit and staff supervision to ensure compliance with standards of care and the professional codes of conduct.
17. The failure to overcome the difficulties with establishing a robust information system that enables generation of monthly performance data seeking outliers is a risk within the system.
18. Failures in care tend to be detected by either another professional such as a GP visiting the person at home and detecting a deterioration in health, or admission to hospital and an alert professional raising concerns with the relevant managers.
19. The move towards more widespread adoption of integrated anticipatory care plans for older people will help. There is still a difficulty within this process of identifying people unknown to the system but who are at risk.
20. The situation surrounding someone living in their own home is very different to someone residing within a care home or hospital. The competent older person must be enabled to retain as much independence as possible and be supported in the decisions they make about their own care. Therefore the regulation applied to hospital or residential care settings is not appropriate for people residing in their own homes.

Heather Kelman
Lead General Manager – Change Fund/Reshaping Care for Older People
NHS Grampian
25 August 2011