Inquiry into regulation of care for older people

North Lanarkshire Older Adults Partnership Board

North Lanarkshire Older Adults Partnership Board offers this submission on the understanding that the call for evidence into the regulation of care takes account of the responsibilities of the range of bodies that includes:

- Local Authorities
- NHS, Service Providers
- SCSWI
- The Mental Welfare Commission
- The Office of the Public Guardian
- Health Improvement Scotland
- Healthcare Associated Infection Task Force
- The Police
- Scottish Housing Regulator

All of the above have responsibility for the regulation and monitoring of formally provided care and support services whether provided at home, in day services or in institutional settings including residential and nursing care homes, hospitals (including community hospitals) and services contracted by NHS for continuing care purposes. There is no such regulatory framework for those services provided on an informal basis by unpaid carers.

This submission should be considered alongside the evidence submitted by North Lanarkshire Adult Support and Protection Committee whose evidence will focus specifically on adult protection issues.

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

Recent high profile enquiries and media coverage of failures in health and social care services evidences that the current regulatory system does not provide assurance that poor practice or services that are poor in quality will always and consistently be identified.

While all agencies utilise a range of monitoring, and inspection tools, these in the main focus on the measurement of outputs, timescales and processes against standards and do not always adequately reflect the individual experience of service users and carers. The reorganisation of SWIA, HMI and the Care Commission which formed the single agency, SCSWIS provides an opportunity to develop a similar outcomes focused inspection methodology employed by SWIA in the past. A ‘top down’ approach is not outcomes focused and the profligate use of user/carer questionnaires can be unreliable (due to poor responses and questionnaire fatigue) in terms of establishing representative views of users and carer of service. Work to obtain the views and experience of this group is essential with particular attention paid to use
of validated tools for use in eliciting the views of people with dementia and other vulnerable groups should be considered.

The differing organisational culture, use of language and limited effectiveness of communication systems, competing and conflicting priorities as well as financial constraints can foster confusion about roles and responsibilities in those agencies with responsibility for monitoring quality of health and social care.

Poorly performing care services are picked up through a programme of inspections however there remains a concern about the timing of inspections. If, as predicted by SCSWIS, “good performing” homes are only to be inspected every 18 months/2 years, there is scope for dramatic change within that timeframe. While it is recognised that it reasonable to operate on the basis of proportionate inspections that target poorer performing services, in the absence of greater collaboration and information sharing between agencies that provides early intelligence of poor performance it is felt that a 2 year gap between inspections is excessive.

A generalised monitoring approach is less helpful than detailed case follow up. The investigation of complaints can often highlight issues in more detail.

The current system allows complainants to utilise one from 3 complaints routes – that of the provider, the purchaser or the regulator. This range of options can lead to unnecessary replication of investigation but more importantly can result in key information on complaints and their findings being restricted to the parties that are subject of investigation or undertaking the complaints investigation. Complaints investigation options are arrangements for sharing and publicising findings require to be reviewed by all relevant stakeholders.

Are there any particular weakness in the current system?

The current regulatory system is set up to regulate mass inspection and is not designed in a way that enables it to deal with the personalisation agenda.

More inspection time could be spent communicating directly with service users and families and more weight given to complaints and compliments to measure overall quality.

SCSWIS inspections are currently limited to a single visit or series of visits rather than on the job observations. If it were possible to have an inspector working on shift with provider’s staff over one or more dates this would enable a better understanding of the working environment and care practices / quality of care. An approach like this would require the use of ‘practicing inspectors’.

Currently hospital settings with the exception of mental health wards (Mental Welfare Commission) are not externally inspected. Inspections are carried out by Healthcare Associated Infection whose remit is specific to control of infection. NHS Lanarkshire has internal processes/procedures to monitor
nursing and care provision in hospital settings, there is however no external regulatory body with responsibility for holistic inspection that provides an overview of the quality of care in these services.

Currently there is no existing mechanism or body to regulate the current community health service provision for people receiving health care at home from district nursing services, community psychiatric nursing services. In North Lanarkshire, Locality Planning Groups coordinate care and monitor through care management processes but no external monitoring occurs that would provide assurance of quality and consistency.

The shift toward personalisation and the increasing use of self directed support raises further issues about the complexity and challenges of effective regulation and monitoring of service quality.

Specialist Dementia Units, Mental Health continuing care beds and ARBD units require regulatory bodies to have the knowledge and expertise to inspect the specialist health and social care issues that arise in these care settings.

There is also a need for inspection agencies to ensure that inspectors are equipped to meet this specialised demand through appropriate training or previous experience e.g. health and social work qualifications.

Current regulatory arrangements pay insufficient attention to user outcomes, to observations and direct contact with service users or their carers. The segregation of functions of SCSWIS into individual teams for inspection, registration and complaints could potentially inhibit communication and lessen overall effectiveness.

The length of time between inspection and the publication of reports is an issue. People frequent use SCSWIS report as a basis for decisions about their future care provision and require report to be current and informative.

The use of dynamic grading where on the basis of one complaint grades awarded following measurement of quality against set standards can be reduced has potential could lead to a system that lacks balance.

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

Service users are given the opportunity to discuss their views about the service during the inspection process. However older people can be reluctant to complain about a service for fear of negative consequences.

SCWIS Inspectors might benefit from developing focus groups with service users, and could with the use of independent advocacy using collective advocacy models illicit the views of people about their services.

More use could be made of validated tools such as Talking Mats, Talking Points, as part of the inspection process to obtain the views of service users.
and carers. These tools are particularly helpful in obtaining the views of people with dementia or other communication difficulties.

**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?**

There is currently no single body within the regulatory system that has responsibility for the overview of health and social care services. The range of public bodies listed previously with responsibility for regulation, inspection and monitoring are segregated by function though all have responsibility for ensuring the safety and well being of older people. However as demonstrated by the high profile enquiries and media coverage of failures in health and social care services there can be confusion regarding the roles and responsibilities of the various agencies.

The value of information sharing and joint work between agencies is established, enshrined in legislation and evidenced by good practice. There is less evidence of work between the various agencies in the pursuit of joint monitoring and investigation of complaints and at this time.

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