Inquiry into regulation of care for older people

Perth & Kinross Council Housing & Community Care Service

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

Local knowledge and ground level intelligence in relation to care services for older people is critical for ensuring that poor quality of care is highlighted. Local authorities are responsible for the monitoring of care services within the contractual framework and gather intelligence in a number of ways:

- processes for social work staff reviewing the individual care plans of people placed in services.
- dedicated contract monitoring arrangements carried out by Commissioning and Contracting teams, which includes self assessment, monitoring visits, stakeholder and user feedback.
- partnership working via provider fora.
- general market intelligence in relation to managerial and staffing changes and capabilities.

In Perth & Kinross Council there is a developed approach for contract monitoring for care services which are commissioned by the Council, and this approach is based on a sound working partnership between operational staff and social care commissioning and contracting staff, backed up by sound governance arrangements.

In our view, the regulatory system for ensuring quality of care previously operated by the Care Commission was not as robust as it could have been because of a weak working relationship with local authorities. Care Commission reports at best represent a snap shot in terms of quality of care and the failure of the Care Commission to develop a clear working relationship with local authorities was a great weakness.

Any independent regulatory system such as that now operated by SCSWIS (previously the Care Commission) must acknowledge the remit and role of local authority contract monitoring processes as part of a “whole system” approach.

Are there any particular weaknesses in the current system?

As indicated above, the lack of partnership working between the Care Commission and local authorities has been a weakness in the current system. Early discussions with SCSWIS and Perth & Kinross have indicated that there is a greater openness about the new organisation and a willingness to exchange information with local authority community care staff, in relation to quality issues and service user feedback and engagement. It will take time to build this dialogue and develop information sharing systems and joint working because SCSWIS staff are settling into a new organisation and structure.
Early feedback from provider agencies has also indicated that there is a rubbing point in the area of complaints, which are now being dealt with by specialised officers within SCSWIS. It will be necessary for SCSWIS to communicate with providers about the new processes for dealing with complaints, and the criteria and rationale for decisions which, in turn, affect gradings.

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

It is our view that the Care Commission was not resourced to engage with service users on a meaningful basis. The situation where the provider agencies were tasked with sending out questionnaires was always unlikely to gather the most qualitative responses from services users.

Again, local authorities have experience at ground level where specific staff involved in monitoring services have the opportunity to talk directly to service users and to gather more meaningful feedback.

**Does the registration and regulatory system provide an appropriate basis of the regulation, inspection and enforcement of integrated social and NHS care in the community?**

Indeed, the registration and regulatory system should be an appropriate basis for delivering these functions for integrated social and NHS care in the community. However, again there needs to be a whole system approach and the processes for regulating care require to gather intelligence from local authority and NHS staff on the ground, and work alongside local monitoring arrangements.

Glenn Peters
Commissioning & Contracting Team Leader
Perth & Kinross Council Housing & Community Care Service
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