Inquiry into regulation of care for older people

Royal Blind and Scottish War Blinded

Royal Blind is a large and long established provider of services to people who are blind or partially sighted. One of our services is Braeside House, a 70 person care home for older people with visual impairments situated in Edinburgh.

We are delighted to have the opportunity to contribute evidence to this enquiry, and hope that our views will be found by the Committee to be of use. Our response to each of the enquiry questions is given below.

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

Our experience is that “paperwork” or written evidence is a strong focus in inspections at the expense of witnessing actual care practices. While written evidence is an essential ingredient of an assured quality service, excessive focus on it can tip the balance of a report or a grading. In itself it does not prove that good care has been carried out. As well as care practice, environmental detail can be missed, e.g. condition of chairs and manual handling equipment, protective clothing for staff use.

As a result, we feel that while the inspection regime is effective in many ways, we are not confident that poor care will always be spotted.

Are there any particular weaknesses in the current system?

Current system is on the one hand subjective with inspectors appearing to concentrate on their own area of expertise/interest. The personal relationship between inspector and the provider/manager can appear to influence the reports and be a barrier when challenging issues are raised. On the other hand, there is an aspect that is too mechanistic – gradings seem to be informed by a fairly inflexible checklist approach, leading sometimes to gradings that seem to contradict the text of the report.

The emphasis in the past few years on client involvement is laudable, but the way it has been applied leads to gradings across all themes being influenced more by the written evidence of user involvement than by the actual quality of care, staffing and environment that is there.

It is difficult to challenge the judgement when a poor grade is given, and often the verbal feedback as well as the written report is not reflective of the grade given. The result of this is that providers may come to feel that there is nothing they will ever be able to do that will secure a grading improvement and so lose the motivation to improve.
The complaints system (both ways) is poor, and is unfairly biased against the provider, with even unfounded complaints remaining on report for long periods of time.

The fact that grades are rounded down and based on the lowest statement outcome within each theme does not give due credit for good grades awarded under other statements (the issue with the scoring of client involvement mentioned above is an example of the effect of this).

Providers we talk to feel that inspections have become fault finding missions rather than a two way venture to ensure that high standards are being delivered. The emphasis is on conformity with a pre-conceived ideal that seems to vary between inspectors. Good practice ideas that the inspector may not have come across before do not seem to be taken into account.

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

While opinions are sought at inspection, and quotes are lifted from them this would appear to have little influence on the report conclusion or the grading.

Comments are taken out of context because they have not been researched by the inspector. For example, a resident may say “I never get walked” and this might be quoted in the report, when by looking into the facts the inspector could have established that the reason for this had to do with the individual’s impairments or recognised specific risk factors. With vulnerable groups, evidence has to be taken with care, patience and understanding if the feedback is to be truly effective.

**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?**

We have no comment to make on this question.

Richard Hellewell  
Chief Executive  
Royal Blind and Scottish War Blinded  
29 July 2011