Inquiry into regulation of care for older people

Social Care Alba Ltd

Thank you for the opportunity to contribute to your inquiry. My background is as a Manager who has worked within the independent sector, NHS and for the past 9 years with the Care Commission. I am currently the Managing Director of Social Care Alba, a Care at Home and Housing Support provider.

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

No. The regulator uses a method of risk assessment and current grades to determine where resources are to be used. This risk assessment incorporates intelligence gained from sources such as, but not limited to, the provider, public, local authority and regulator.

The regulator is currently heavily reliant upon the providers own self-assessment and annual return to determine the risk. Where a risk is deemed to be low because of an adequate annual return and self-assessment, and grades are deemed to be appropriate then a service may not be inspected for up to 2 years in the case of older peoples’ services.

Given the financial climate providers are attempting to make savings in key areas such as staffing numbers, training and recruitment standards. The impact to service users can be dramatic. Often the first the regulator hears of deteriorating standards is when a complaint is received, by which time people have already experienced poor care and support.

Are there any particular weaknesses in the current system?

Yes. There are some areas which if improved would make a significant difference to the quality of service provision in Scotland, these include:

a) **Higher quality of intelligence gathering and analysis.** In order to accurately make the critical decision if contact with a service is to be made, then the information given to the Inspector needs to be comprehensive. Information gathering should be done in partnership with local authority commissioning departments to ensure that a single comprehensive return that meets both the regulator and commissioners needs is requested. Ideally this return should be a dynamic on-line form, with an expectation of being updated not less than quarterly by the provider.

The facility for commissioners to upload onto the form and access information from it would ensure transparency, reduce duplication and streamline the assessment of service quality. By ensuring the provider keeps the form updated more regularly then it becomes a dynamic tool rather than one that looks retrospectively.
The regulator should ensure that information gathered is from a variety of sources, and is weighted according to their source. Where information is solely available from the provider then the weighting given to it should be less as it is uncorroborated. The information should be managed and analysed by a unit of trained analysts who can present the Inspector with an evaluative summary from which to work. Inspectors are not skilled in intelligence or data analysis, but are skilled in making evaluative professional judgements from quality information.

b) **Greater public awareness of service grades.** The understanding of the National Care Standards, service grades, inspection report and the role of the regulator is low. Effort should be made by all stakeholders to raise the profile of each of these areas. In so doing, the public are more likely to choose a high quality service from the outset, have a clear understanding of the standards they should expect and where these are not delivered feel confident about whom they should contact to raise their concerns.

The use of market forces through an informed and empowered public, would enhance the work of the regulator and commissioner as well as encouraging providers to raise standards if only for economic reasons.

c) **Facilitating learning for providers and service users.** Over my years regulating services across Scotland I was often faced with a lack of knowledge from service providers and their staff as to best practise within their sector.

The regulator in partnership with the NHS, Educational establishments, High quality Care Services, Service Users and Carers should promote greater awareness of best practise. Inspection reports are key to delivering meaningful educational support to the sector. Where common areas of concern have been highlighted then these should be the same areas of learning which are promoted nationwide.

Currently the regulator will follow up any requirements and recommendations at the next inspection; this would be an ideal opportunity to evaluate whether learning has resulted in improved care and support.

d) **Working to the strengths of the workforce.** Many regulators have been in post for a number of years and over that time have worked outwith their area of expertise, often this is referred to as Generic working. To ensure inspections highlight the greatest areas of concern and best practise the Inspector should have a background relevant to the type of service being inspected. This specialist approach would not only generate more in depth reports, but facilitate greater sharing of best practise with providers.
Due to the way in which Inspectors have been utilised to date they have not received training within their field of expertise, and consequently their pool of knowledge and expertise has been diluted. By maintaining and enhancing the Inspectors skills and expertise a more credible, knowledgeable and helpful service could be delivered.

e) Medication practise across service types. Whilst the regulator does take into account the process of storage, administration and audit of medication, this is mainly done by Inspectors without medication training. Given the impact poorly prescribed or administered medications have, it would seem appropriate that the skills to detect poor practise are enhanced.

The regulator currently has two excellent pharmacists who are able to provide such expertise. However they have a number of commitments to their time which totals 70 hours per week. A thorough medication review within all care services by qualified professionals would highlight national concerns, areas for improvement, areas of best practise and the need for educational support. Such an audit could be done in partnership with community pharmacists.

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

Yes. There has been a significant effort on behalf of the regular to take into account the views of service users. The use of lay assessors has been of great benefit in achieving this. The grades awarded to services are heavily weighted to the importance of service users.

There are however always further improvements which could be made.

Inspectors could be required to involve lay assessors in all poorly performing services, to assist gathering the views of service users. Investment in alternative methods of gaining opinions of service users or their families’ outwith of the inspection could be considered e.g. a simple free post card that can be sent in at any time with comments or concerns, a suggestions box on the website, or a text messaging/email service.

Often the most innovative approaches to gathering service users comments are from high quality service providers, and involving them in the process would be beneficial.

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?

No. There are significant areas where changes would be beneficial, these include:
a) **Increased registration standards.** The level of competency required at the point of registration is currently too low. It does not adequately address the range of requirements or areas of inspection which will be covered post registration. Whilst it is not possible to require evidence of practise prior to registration it is possible to require evidence of preparation and knowledge of each area.

The greater the preparation by the provider the more likely they are to achieve a high level of service provision from the outset. Key areas for greater consideration include, staff recruitment, training, supervision, appraisal, awareness of best practise, quality audit, service user/carer involvement, person centred principles and values.

b) **Greater communication and integration.** The current model adopted by the regulator has split its functions into a number of departments i.e. registration, inspection/enforcement & complaints. It is reliant upon developing good communication between each department to ensure areas of concern or best practise are passed between them.

The current software used to facilitate the storage and sharing of information is called PMS. It has been inadequate and unreliable since it was commissioned. Given the importance of information in the process of regulation the need for a system that can support this is crucial.

Staff from HMIE, Care Commission and SWIA who now form SCSWIS have not been fully integrated. To successfully succeed in regulating services in an integrated manner there requires a strong, cohesive integrated Inspection team.

The current divisions between social work and NHS funding lead to unnecessary delays. By focusing on individual service users from point of contact through social work, NHS and independent provider we would highlight the areas for improvement. I believe there would be evidence to show unnecessary delays, funding problems, inaccurate referrals, duplication of assessments, poor documentation, a lack of outcome based planning, lack of support for service users and carers, poor quality care provision and a system which promotes dependency rather than independence.

Thank you again for the opportunity to contribute to your inquiry, and I hope my contribution has been useful. Should you require further inform or clarification by means of oral evidence then I am more than happy to oblige.

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