Inquiry into regulation of care for older people

West Lothian CHCP

Further to your email concerning the above, due consideration has now been given to the questions raised, West Lothian Community Health and Care Partnership’s response to each is now summarised below.

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

We would suggest recent evidence confirms further improvements require to be made:

- In particular it is felt the current traffic light system may actually be counter productive in this respect and contribute to a delay in identifying services, which having previously been graded highly then subsequently deteriorated for whatever reason.
- We also note themed inspection visits only focus on particular areas, hence there is the potential to miss areas of poor performance and possible concern if not an inclusive part of the theme under scrutiny at the time.
- Whilst it is appreciated each case which gives cause for concern needs to be considered on an individual basis there is felt to be a degree of inconsistency in any subsequent approach taken to address these concerns.

Are there any particular weaknesses in the current system?

- Experience shows there are some variations in inspection practice, a degree of variation is inevitable however in some instances this can be quite marked.
- We are also of the view the approach would benefit from being more outcomes focused especially with the shift towards personalisation and outcome based commissioning. The approach taken at present appears to be based on a more traditional methodology, inspecting for example policies and procedures rather than the impact on people’s quality of life. It is felt it would be more beneficial for the regulator to spend time shadowing staff and directly observing what is taking place in the care setting.
- There can be a considerable time lag between inspection and the report being available.

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

- System is felt to have improved in this respect, however as highlighted previously views and experiences need to be translated into inspecting outcomes achieved for individuals and service user groups.
Further consideration needs to be given as to how the views of those who have difficulty communicating can be captured – e.g. use of communication aids such as Talking Mats for example may be beneficial otherwise the views of the most vulnerable and hence those most at risk will not be captured by the regulator.

Consideration also needs to be given to capturing the views of those whose first language is not English.

**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 view this area as being particularly challenging on a number of fronts:

- Practice and hence quality of care and support will be influenced by a much wider and more diverse range of professionals which the inspection team does not have the skills or mandate to consider at present, the most obvious examples being the general practitioner and the community pharmacist.
- Unless consideration is given as to how a holistic inspection process can be developed all that will be possible is to undertake a partial inspection which would be of questionable value.

We trust the views of West Lothian Community Health and Care Partnership will be deemed to be of value to the Committee and of use in helping to inform the inquiries findings and any subsequent recommendations.

Jennifer Scott  
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