Inquiry into regulation of care for older people
NHS Greater Glasgow and Clyde

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

Not in all cases. It is difficult for a system which relies on point-in-time inspection and self assessment to be responsive enough to identify deterioration and risk. For example, in the NHS we come across specific instances where care home residents are admitted to hospital with symptoms which may raise concerns about quality of care, for example dehydration, malnutrition and pressure sores. Any such incidences are reported back to the home and if appropriate to the SCSWIS for further action.

Are there weaknesses in the current system?

As the current system is in transition with the creation of SCSWIS, it is difficult to fully assess weaknesses and the extent to which they may be addressed by the recent changes. However, we would highlight the following issues:

- There is a need to more clearly define the relative role of scrutiny bodies and other organisations such as Local Authorities and NHS Boards who may have responsibility for ensuring high quality of care, either as commissioning organisations or through their duty of care to individuals who receive services from private or voluntary sector organisations as part of their package of care. There is real potential to strengthen the role of Local Authority commissioners and care managers for individuals, to provide better oversight of care, the majority of which is funded by public money. The current system is based on self assessment, and needs to be appropriately supported by an inspection process where there is sufficient time and robust scrutiny to confirm the accuracy of self assessment.
- The current system seeks evidence of documentation on policy and process but less on the quality of care planning, outcomes and user satisfaction.
- There are a number of indicators which could be more routinely reviewed as markers of quality, including admissions to hospital, falls, end of life care measures in line with national guidance and toolkits such as the falls resource and Liverpool Care Pathway.

Are service user views taken into account adequately?

Service user feedback is generally gathered through questionnaires. This method may exclude users with incapacity and frailty who are unable to complete the questionnaire, or individuals with no family to raise issues on their behalf. Patient and relative feedback, on an ongoing basis, needs to be much more visible and important in assessing the quality of care.
Do systems provide appropriate basis for regulation, inspection and enforcement of integrated social work and NHS care in the community”?

There is not currently a single coherent process for regulation of integrated social work and NHS care in the community. In NHSGGC there are three integrated health and social care Community Health and Care Partnerships. The creation of SCSWIS and HIS as separate bodies means that there is a risk of parallel processes and duplication. We would welcome greater focus and detail on the arrangements for inspection and scrutiny of both joint and fully integrated services and on the relationship between the two new bodies. It remains our view that the failure to establish a single scrutiny structure is a missed opportunity which it will be even more essential to address if there is integration of NHS and social care.

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