Inquiry into regulation of care for older people

Scotland Patients Association (SPA)

SPA wish to thank the Health and Sport Committee for inviting our views on the question: does the regulatory system ensure care services for older people are providing good quality and appropriate care?

It is important that we care for our elderly people who have contributed so much in their early healthier years. The aim should be that we treat older people the way we would like our elderly relatives to be treated and of course ourselves, when our time comes to need that care. Service users should feel safe within the care system at all times but some do not and SPA is very concerned that standards of care vary. It is very important that any regularity system does ensure quality care and appropriate care whether in the NHS, local authority or the private sector.

SPA deals with patients and relatives who have raised a number of concerns regarding provision of information in finding appropriate care services and once found concerns regarding the quality of care in some cases provided. With these shared experiences and perceptions in mind SPA will do its best to answer your questions.

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

The short answer to this question is no, because it is not always easy to do so and therefore we cannot be confident.

It is easy to be confident where care is very good or excellent which is usually due to the personal commitment of the management and staff who make sure that they meet the highest quality of care standards at all times, because they could not live with themselves to do otherwise. The management and staff providing the best care understand the need for quality of life of those they care for and their relatives too. The staff providing such care are excellent advocates for those whom they care for when they have occasion to leave their care temporarily such as for stays in hospitals.

When care is good or excellent inspections can be unannounced because there is nothing to hide therefore SPA believes that all inspections should always be unannounced to see how care is provided when there has been no warning of an inspection.

When quality of care is poor it may not be easily seen as poor quality of care. Here are some examples:

- A person may be seen to be well in bed or to be sound asleep but it could be on closer inspection of the drug Kardex/record that this person has not had a review of their medication for some time and
may be heavily sedated. Perhaps a review to consider having their pain controlled better could reduce sedative drugs, thus allowing them to be wider awake rather than to sleep their life away.

- An elderly person may have a stoma, but do they have specialist stoma care nurse provided as part of their care package and do they have the appropriate fitting of stoma bags of the correct size bag made available which is necessary to take care of their stoma?

- Elderly people who have had falls may not be noted as having had them if not recorded. A fall could be in part due to dehydration and poor nutrition. Reasons why patients fall can be many and could be due to poor supervision and or lack of adequate staffing levels. Checking the number falls may be an indicator of good or bad care but if records are not kept how an inspector would know?

- Would an inspector recognise if patients were washed regularly and had their clothes/night attire changed frequently?

- People who have Parkinson’s disease need their medication on time and availability of a specialist nurse can be useful to explain to staff as to why timely medication improves quality of care. If medication is written in the drug record for the best times how could an inspector know if there was laxity in timing of medications? No all care facilities have access to specialist nurses and if they do they may not always abide by their advice.

- Many service users need special diets such as “gluten free” but there may be a poor selection on offer and a person may have to live on yogurts and porridge as substitutes, or perhaps not even that. How would an inspector be able to know if special diets, hydration and nutrition were being followed? This would need to be honestly reported by care staff to an inspector.

- It is difficult to inspect quality of record keeping when no written record is kept, such as recording falls and dietary problems.

- It is difficult to assess the quality of communication among the staff (carers) and between staff and those cared for and their relatives, without feedback from carers and their relatives. Most complaints are around poor communication and poor staff attitudes so this is an important area to inspect.

**Are there any particular weaknesses in the current system?**

- Announced inspections are a weakness and SPA would suggest that inspections should be all unannounced, as HEI do.

- There are many care facilities and it would require an army of inspectors, fully trained in all aspects of care and social work to cover, more than just adequately, the regulation of care of older people. Who checks the doctors who look after patients/service users and the Mental Health Commission?

- It is difficult to get a true impression from service users if full documentation is not kept.
• It is difficult to get a true impression of care if service users /and/or their relatives are not required to independently give feedback of their concerns to inspectors as mandatory.

• It is difficult to get a true impression from service users if they are afraid to speak about their concerns to their relatives or to staff regarding poor care. Relatives may be unaware of what is truly happening since they are not always present at all times of the day. Worse still is that some elderly and those who are demented have difficulty in explaining their concerns and some may not have relatives or friends who can be their advocate. The elderly are extremely vulnerable.

• Service users may have Power of Attorney or Guardianship orders set up to appoint someone of their choice, in whom they trust to look out for them, when they cannot do this for themselves. This is of no help to them or those who inspect if the carers do not understand the significance, or the legality of such orders.

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

• We do not think the account of service users views are taken into account often enough. Many service users will be capable to give feedback but many more may be too frail or too tired and weary to take on this responsibility, important as it is, so their advocates such as relatives and friends, some with Power of Attorney and Guardianship Orders should be able to do so and communication should be with them. How would the inspectors make sure that they knew this was taking place?

• Feedback from service users and their advocates should be mandatory to the regulating authority/inspector and examined carefully in every case. It may be the only evidence they obtain to warn them that they should have grave concerns about any care provided. Sadly there have been examples in England where concerns were not followed up immediately and service users suffered.

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?

• It is to be hoped that it will, but integrated social and NHS care in the community covers a very large area of diverse working, areas of work and types of care and service user, not forgetting it involves service user’s relatives, friends and legal representatives. It should be a one-stop-shop for all concerns to be shared and appropriate action taken. It needs the staffing levels of appropriately trained staff to carry out its function.

• Since service users are an aging population living longer, with more complex medical conditions and treatment, this requires a higher standard of nursing and medical care to be provided, with specialist qualifications, in order to give a more than adequate service to the care of the elderly. If we do not wish our elderly to wet themselves because
they have to wait too long for assistance to the toilet or decline for want of appropriate care, food and drink we will need more staff to “CARE” if this word has to mean what it says.

- With the determination to reduce NHS Continuing Care for service users there is a much heavier demand on quality nursing which SPA predicts will increase in years to come and if this cannot be provided within the service users home it has to be found within a care home with nursing, providing a room can be found. This heavier demand on nursing seems to be greater than there is accommodation within the community and when this is the case, service users have to remain in hospitals. It is important for service users and their families that all that can be done is and should be done at this stage because it will determine the standard of nursing care to be provided when the service user leaves hospital.

- Before service users can move out of hospital or their home into a care home or a care home with nursing the social work department will need to be involved with the financial requirements and assessment for the most appropriate home care. This is a very important stage for input by social work at a very stressful time for families and requires knowledge along with professionalism.

- SPA has found relatives to feel abandoned at this time due to lack of information from social work. Relatives can be left to wonder round nine or ten homes looking for the most appropriate place, as they understand it, but cannot answer the question asked by each home of, “how are you paying?” How would an inspector know about this unless the relatives would raise the issue as a complaint?

- Often poor communication about the service user’s true health and needs are not clearly communicated to them and recently we have had a lady feel she was going round in circles due to professionals feeding different assessment needs regarding her husband. She also felt the pressure, as do many service users and their families, that nothing more can be done for them in hospital and so the pressure is on them to find a place in a care home setting, if not at home.

- Stress should not be added to stress for service users and their relatives at a time when they have to come to terms with a severe illness in addition to the fact they no longer will ever go home to their own house. How would an inspector find this out?

- If all who take part in the caring of service users worked to the high standards to which they have been trained then a regulatory authority would have an easier job.

- Sadly there is an impression that too few carers are doing the caring and that there are more care assistants to fully trained nurses; when this ratio is compared with nursing ratios for NHS continuing care. For patients who have been deemed, not to require NHS continuing care, nursing can be just as heavy, requiring great knowledge and skill but the service user no longer requires the regular services of the specialist consult. SPA considers it is difficult and unfair to service users and their carers for fewer trained nurses to supervise those who have lesser standard of nurse training. How can inspectors check that the
appropriate numbers of carers match the care to be given to service users?

SPA feels that all carers, who perform nursing duties, should come under the regulation of the NMC as doctors do under the GMC.

SPA is aware of one service user and their welfare guardian who has had many difficulties covering the following areas of concern; demonstrating the difficulties in regulation and providing good quality care.

Communication; staff attitudes; lack of clarity over sedative medications; inaccuracies in medical records such as wrong date of birth on many pages; lack of understanding of what is meant by a welfare guardianship order to the point of ignoring it; apparent lack of specialist stoma care nurse and wrong stoma bags in use; complete breakdown in communication with an attempt to remove the guardianship status and notice to remove frail elderly mother within 28 days and also the person who was acting as guardian and who was asking questions about care on behalf of service user; service user admitted to hospital as an emergency and weeks later enter a new care home with nursing care.

Cases such as this are very time consuming to the regulatory authority so it must be cost effective to provide the best care appropriate to service users and to make sure that it happens.

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