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

In the context of this call to evidence, my response is made with reference to a range of regulatory bodies include; Mental Welfare Commission, SCSWIS, Environmental Health and Health and Safety Executive.

Overall, South Lanarkshire Council is confident that the regulatory system is picking up on care services where the quality of care is poor. In addition to formal inspection, South Lanarkshire Council have adopted a number of internal procedures and processes compliment with national regulatory processes and act upon any information concerning poor quality care from both formal and informal sources.

Are there any particular weaknesses in the current system?

On examination of the outcomes noted and observations made within inspection reports, it is evident that very few inspections are undertaken through the night time hours, on public holidays and during weekends. This weakness is found in all regulatory bodies noted in question 1.

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

The system would appear to account for the views of service users; however, notably a considerable number of complaints are upheld or partially upheld despite frequent inspection timetables. Seldom do these complaints emerge from the inspection process rather they are submitted independently by users or carers normally as a result of an incident affecting an individual. For example, a fall resulting in hospitalisation.

There appears to be little attempt made by inspection bodies to ascertain the accuracy of service user views independent from the information presented as part of the inspection process. For example, if a unit presents the findings of a variety of surveys which represent service user views, this information is not tested for accuracy nor is it independently validated. Perhaps one of the reasons for this is how little time inspectors have to establish a trusting and open relationship with service user and to use this relationship to encourage and support service users to express their views effectively. Many inspectors are faced with individuals who have a significant cognitive impairment which necessitates inspectors possessing a high degree of alternative communication skills. A number of inspectors are unfamiliar with how they can use enhanced communication tools; for example, talking mats, voice enhancers etc.
Most SCSWIS inspections focus on particular themes and the report often responds to the findings measured against those themes. It would appear that little time is spent engaging/observing service users. Perhaps the current method of inspection should be reviewed and greater use made of independent lay assessors who can spend more time and become familiar with the care home community. Advocacy services should also be involved in inspection processes to ensure that their methodology and reporting mechanisms withstand scrutiny and accurately reflect the views of service users.

The above would equally apply to carers.

**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?**

The current regulatory bodies for Health and Social Care are in their infancy and it is yet to be determined as to how well their functions are undertaken. The robustness of their new systems and processes will become clearer over time. There is no doubt that much has been done to improve outcomes for service users within the new regimes. Policy and practice initiatives which have emerged from recent integrated Health and Social Care inspections are both encouraging and to be commended: for example, *Remember I'm Still Me*, which was written following a joint inspection the consequences of which have driven a number of improvements in the care and treatment of older people with dementia. However, looking to the future, there will be significant challenges in the integrated delivery of social and NHS care in the community which may require a different regulatory response.

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