

Inquiry into regulation of care for older people

Royal College of Nursing (RCN) Scotland

Thank you for the opportunity to comment on the Scottish Government's response to the Health and Sport Committee's report on its inquiry into the regulation of older people's care.

The Royal College of Nursing (RCN) Scotland has chosen to provide further comment only on the areas we raised in our original written and oral evidence to the Committee in August and September 2011.

Frequency and approach to inspections

The RCN welcomes the Government's announcement of - and the Committee's subsequent endorsement of - an increase in the frequency of inspections for care homes and other personal care and support services. We had raised concerns that the proposed reduced frequency of inspection may have found itself lacking as an early warning system able to pick up on 'hot spots' in services whose standards may be slipping. We consider the new statutory frequency of inspections should help minimise the risk of failing to identify care services where the quality of care is poor.

Given this increased inspection frequency, the RCN supports the Committee's call to the Government to ensure the Care Inspectorate has the necessary workforce, funding and infrastructure to fulfil its statutory requirements.

The RCN was pleased to see the Committee's recommendations regarding strengthening the self-assessment component within the Care Inspectorate's Regulatory Support Assessment (RSA) tool, both through research and evaluation and through seeking corroboration from service users, families and health professionals. We also welcome the work that has already been carried out to strengthen the RSA tool by the Care Inspectorate.

Unmet healthcare needs

In our evidence we raised our concern that there is a real risk that unmet healthcare needs are not being picked up by the regulator given the low prominence of health within the quality themes and statements that are used by the Care Inspectorate to inspect care services. Given the complexity of healthcare needs that many care home residents increasingly have, the RCN questioned who held the role in safeguarding against unmet healthcare needs of older people using care services. The RCN notes the Care Inspectorate's commitment to increase the number of mandatory quality themes it uses to conduct its inspections. We also note the Inspectorate's development of a questionnaire to further engage healthcare professionals involved in care services. However, the RCN believes these measures do not go far enough in ensuring health needs are met within care homes. On that basis, we would urge the Care Inspectorate to insist that the statement relating to health and wellbeing (quality statement 1.3) is one of the mandatory quality themes used for every service inspection. The RCN would also welcome further detail on the proposed questionnaire as we have thus far not been engaged in its development.

The RCN welcomes the Committee's call for a review of National Care Standards and would again stress that this needs to be used as an opportunity to enhance the health component of the inspection process. We are disappointed that such a review has not been pursued more swiftly by the Scottish Government but appreciate that the timing has to be right in the context of the integration of health and social care agenda.

Registration/regulation of staff

The Scottish Social Services Council (SSSC) is currently in a transition phase of registering all those who work within social care services in Scotland. Until this is complete the RCN considers that this could represent a limit on the regulatory system as it means that the scrutiny of the staff delivering services is only as good as the checks and processes put in place by employers. The RCN is keen to see the outcomes of the Government's consideration of the issues around the recommendation to accelerate the current timetable of the registration of the social services workforce.

We further maintain that care workers who are delegated their duties by a registered nurse should be regulated by the Nursing and Midwifery Council (NMC).

Whistleblowing

The RCN is concerned that staff working in the care sector do not have explicit advice to follow about whistleblowing and called for the Care Inspectorate to develop clear, confidential avenues for staff to raise concerns. We therefore welcome the Committee's recommendation for the Inspectorate to publish whistleblowing guidance, and the work being carried out by the Inspectorate to promote the guidance related to whistleblowing developed by the SSSC. We point the Committee and Care Inspectorate towards similar guidance on raising and escalating concerns for nurses and midwives published by the NMC last July¹. Indeed, nurses have an obligation within the NMC code of conduct to report any concerns about issues which may be detrimental to patient care.

The RCN believes that the Government should not only ensure that independent care providers have up-to-date whistleblowing policies and that these are actively promoted, but that they should also keep a formal register of all concerns raised by staff. This register should be reported through appropriate governance structures to ensure senior managers are aware of the number and nature of concerns. Any action carried out as a result should be reported back to staff and compliance monitored.

The RCN also supports the Committee's call that more should be done to support service users to feel confident about making a complaint directly to their service provider, and the Cabinet Secretary's commitment to support the Inspectorate to raise the profile of the complaints process.

¹ <http://www.nmc-uk.org/Documents/Raising-and-Escalating-Concerns/Raising-and-escalating-concerns-guidance-A5.pdf>

Staffing levels

As raised in our written and oral evidence provided to the Committee, the RCN is concerned that there is currently no nationally agreed standardised approach for determining staffing levels to meet demand in care homes. This is particularly concerning given the backdrop of increasing numbers of older people with complex care needs, such as dementia. The RCN notes both the Committee's and Government's welcome of the research that has been commissioned by the Care Inspectorate into the appropriate staffing levels for care homes and other services for older people. The RCN similarly welcomes the contribution this research will make to addressing staffing issues in care homes. However, we wish to be reassured that the research represents a comprehensive analysis of the matter. To this end, the RCN would like to be provided with information about what the research consisted of and which stakeholders were involved in its development. It is crucial that the research contributes to workforce and workload planning tools which will complement the existing tools used for the NHS nursing workforce. These tools must be used properly to ensure staffing levels are appropriate and are not based solely on the financial situation that employers find themselves in.

In our view, what is now required is a strong commitment from the Scottish Government to ensure a national approach to guaranteeing adequate staffing levels is rolled out as soon as possible and that this approach is carefully monitored and continuously improved.

Financial regulation

The RCN welcomes the fact that guidance that has now been produced for Care Inspectorate staff on financial viability. However, given the gravity of the Southern Cross situation we wonder whether much more should not be done to more tightly regulate the business model parameters of private companies which directly provide care services.

We hope this is a useful addition to our earlier evidence and would be happy to provide any further information as required by the Committee. Once again, thank you very much for the opportunity to comment on the Scottish Government's response to the inquiry.

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