

Inquiry into regulation of care for older people

Royal College of Psychiatrists in Scotland

The Royal College of Psychiatrists is the leading medical authority on mental health in the United Kingdom and is the professional and educational organisation for doctors specialising in psychiatry.

The College is pleased to respond to this consultation and would like to make the following comments:

Much of the dialogue between the Committee and the Government requires little further from the College's perspective.

The College agrees that moves to interrogate the robustness of self-assessment tools sound helpful as there can be a clear difference between delivering good care and simply writing about it. Strengthening the complaints systems also seems pragmatic although in addition to this there may be merit in more overtly promoting constructive feedback.

An increase in the frequency of inspections continues a necessity. This should be based on queries or "intelligence triggers", an appropriate extension of a risk based philosophy.

Greater visibility of the Care Inspectorate to direct dialogue with health and social care professionals is potentially valuable. Mention of the TPD network and CPD in promoting inclusion of care standards in medical training and development is both imaginative and sensible.

Facilitating broader discussion is important and the planned questionnaire is likely to be a key feature of this. Specific reference might have been made to proxy decision makers as key stakeholders in this context. The overall themes of partnership and integration which imbue this dialogue are encouraging. In addition to this, emphasising the crucial importance of a trained, motivated and well supported workforce is to be applauded. Staffing mix is given due attention but no mention is made of basic minimum staffing numbers, a matter of frequent comment from family members and visiting professionals alike. Linking these to hospital contacts would be interesting.

The inclusion of the Mental Welfare Commission in relation to vulnerable individuals is to be welcomed and a proposed focus on care pathways has much to commend it. Including details of hospital admissions and/or A&E visits in contract data will require care in interpretation but links well with moves to local enhanced service arrangements.

Levels of psychoactive medication usage and possible neglect of Adults With Incapacity Part V procedures constitute ongoing concerns. The intention to strengthen clinical pharmacy input is welcomed, proxy decision makers are mentioned specifically in this context and may

merit training for what can be a demanding and emotional role. SIGN 86, on the management of dementia, was largely unimplemented due to resource constraints and might still be usefully revisited. Access to non-drug options remains relatively poor and plays into broader human rights, equality and age discrimination themes.

Links in the text between National Care Standards and dementia standards are encouraging and a seeming commitment to ensure there are enough inspectors for the Care Inspectorate to fulfill its responsibilities was a reassuring note on which to end.

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