

Inquiry into regulation of care for older people

South Lanarkshire Council

I write in response to the Health and Sport Committee's invitation to express South Lanarkshire Council's views on all aspects of the aforementioned enquiry. which seeks to address the key question:

Does the regulatory system ensure care services for older people are providing good quality and appropriate care?

As requested, I have framed our response using the guidance provided by the Committee which asks for responses to the following questions:

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; SCSWIS, Mental Welfare Commission, Environmental Health and The 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 and also highlighting areas of good practice within the services. In addition to formal inspection, South Lanarkshire Council have adopted a number of internal procedures and processes which compliment national regulatory processes and act upon any information concerning standards of care from both formal and informal sources and internal and external 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. This would appear to miss opportunities to get a more rounded picture of how services operate. The lack of continuity of inspectors from SCSWIS can also be viewed as a weakness as staff, residents and carers can sometimes fail to build up a relationship with the inspector and there is the potential for conflicting views of different inspectors which may not be helpful in terms of the unit being confident in moving forward. It is also yet to be seen with the SCSWIS process whether the separation of the inspection and complaint function will improve or worsen this element.

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

The system would appear to account for the views of service users and a number of different tools and approaches are noted to be used to get as full a range of views from service users as possible.

We are also aware that a system of triangulation is used to ensure that a validation process takes place. 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 appear to be unfamiliar with how they can use enhanced communication tools; for example talking mats, voice enhancers etc. We are aware that SCSWIS are now using the SOFI tool (Short Observational Framework for Inspection) across services and this is being used by both inspectors and lay assessors and we would hope to get some sort of feedback as to how successful this tool has been in ascertaining the views of those who have difficulty communicating their views be it due to cognitive impairment or other causes. The MWC also use a number of tools to ensure the voice of the service user is heard.

Most SCSWIS inspections focus on particular themes and the report often responds to the findings measured against those themes. It can sometimes appear that little time is spent engaging/observing service users however as previously stated the SOFI methodology should help this. 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. This would also support the inspection process if the Lay Assessor remained stable for the services countering any frequent changes to the Inspector. Advocacy services should also potentially be involved in inspection processes to ensure that Inspection 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. There is however potentially enough evidence since the introduction of grading systems to see where poorly performing services have had service delivery standards raised. There is no doubt that much has been done to improve outcomes for service users within the new regimes. For services such as ours however that started from an above average baseline, we would welcome a further move into more self assessment and less formal scrutiny as we have consistently proved that we continue to develop our services and we consistently meet above the average requirements for care homes.

Policy and practice initiatives which have emerged from recent integrated Health and Social Care inspections are both encouraging and to be commended: e.g. *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. We also particularly welcome the move to asking other professional such as GPs, District Nurses and other members of the primary care team about their work with us and how

they find the units and hope that this move to seeing the units more holistically will continue.

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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