

Rebecca Lamb
Assistant Clerk
Health and Sport Committee
Room T3.60
The Scottish Parliament
Edinburgh EH99 1SP

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Our Ref DF/KMcW/MT
Enquiries to David Farquharson
Extension 35818
Direct Line 0131 465 5818
Email David.Farquharson@nhslothian.scot.nhs.uk

Dear Rebecca

INQUIRY INTO THE REGULATION OF CARE FOR OLDER PEOPLE

Thank you for offering us the opportunity to provide feedback and comments on the Health and Sport Committee's Inquiry into the Regulation of Care for Older People and the Government's response.

In consultation with colleagues, I would offer the following comments:

The Scottish Government's response helpfully incorporates the majority of the points made on behalf of NHS Lothian, and in particular the following areas of development:

- The commitment to support the Care Inspectorate to raise the profile of the complaints process and the development of a single point of access for complaints is welcomed.
- The increased frequency of unannounced inspections to one at least every 12 months, to both care homes and personal care and support services, including secure accommodation will allow a crucial quality assurance check for those receiving services.
- We welcome the connections with the GMC and NMC to include raising concerns and identifying responsibilities during training and the assurance of the training programme for Care Inspectors being robust; **however there remains a view that the involvement of healthcare professionals within the inspection process would add value and another level of scrutiny to the process, and this should be in addition to the completion by health and social care professionals, the questionnaire that the care inspectorate is developing.**
- The involvement of lay members, service users, friends and relatives in the inspection process is welcomed, as is the development of service user engagement through independent advocacy.



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Headquarters
Waverley Gate, 2-4 Waterloo Place, Edinburgh EH1 3EG

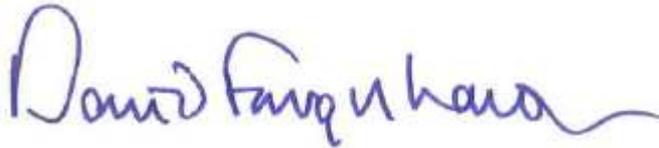
Chair Dr Charles J Winstanley
Chief Executive Professor James J Barbour O.B.E.
Lothian NHS Board is the common name of Lothian Health Board

- It is helpful that steps are being taken by the Care Inspectorate to more quickly alert service users, relatives and others to the quality of a particular service through the publication and dissemination of inspection reports. **The Public Reporting Strategy that is being developed by the Care Inspectorate should include direct and early reporting to both health and social care bodies where poorly performing services exist, in order that swift and proactive support can be provided to ensure quality and reduce the risk of harm.**
- The regulation of care workers is paramount to ensuring quality care is delivered and people are protected.
- The growing need for inspection of care at home services seems limited to those received through the self directed support route. **Reassurance should be sought that ALL providers of care at home will have the same level of scrutiny applied.**
- The integrated nature of inspections between the Care inspectorate and HIS is welcomed and the multi agency approach will undoubtedly add value to the pathway approach. The outcome of the integrated inspection of children's services in April 2012 will be welcomed.
- The developments on integrated data collection associated with care home admissions to hospital and information from the GP enhanced services is welcomed.
- We look forward to the review of NHS Pharmaceutical Care of Patients in autumn 2012, **as although the extension of the chronic medication service to care home residents may not be the most effective way forward, there remains room for improvement to ensure those in care receive the best possible pharmaceutical care, particularly those with cognitive impairment and dementia.**
- Healthcare regulation in the community developments are welcome, as this will add to the quality of the inspection and will allay concerns regarding the plans to involve healthcare professionals within the inspection process as noted above.
- It is helpful that the Government's response reiterates key areas of risk assessment associated with the ongoing financial viability of providers:
 - Occupancy rates and staffing levels reducing
 - Wages and bills not being paid
 - Premises not being maintained
 - Increasing complaints

It is disappointing however, that because it is resource intensive to scrutinise accounts this is the prime reason for not extending powers to scrutinise the financial viability of providers. It is acknowledged however that the information is retrospective, and that the ongoing discussions with the Care Inspectorate to ensure continued financial viability find a way to gauge this, as we are all keen to avoid the large scale challenges and adverse impact on residents that occurred as a result of the Southern Cross position.

I hope this response is helpful.

Yours sincerely



DR DAVID FARQUHARSON
Medical Director
NHS Lothian