

## **EAST AYRSHIRE COUNCIL**

### **EDUCATION COMMITTEE – 13 SEPTEMBER 2005**

#### **REGULATING FOR IMPROVEMENT AND ASSESSING THE QUALITY OF CARE SERVICES: PUBLIC CONSULTATION CARE COMMISSION**

##### **Report by Executive Director of Educational and Social Services**

### **1. PURPOSE OF REPORT**

- 1.1** The purpose of this report is to seek approval from Members of the Education Committee for the Council's response to the public consultation document issued by the Care Commission "Regulating for Improvement and Assessing the Quality of Care Services".

### **2. BACKGROUND**

- 2.1** The Regulation of Care (Scotland) Act 2001 established the Care Commission as the regulatory body for Scotland's care services. As regulator, the Care Commission assesses care services against the Act and its regulations including the National Care Standards published by the Scottish Executive when the Care Commission was established.
- 2.2** The Care Commission was established in April 2002 and regulates over 14,000 services which deliver care to approximately 229,000 people. The Care Commission regulates services which are both delivered by the local authority and commissioned on behalf of the local authority.
- 2.3** In East Ayrshire this includes day care services for children (day nurseries; pre-school education and care; childminding; out of school care services); care homes for adults and older people, care homes for children and young people and in the future will include care at home.
- 2.4** A similar paper is also being presented to Social Work Committee for its consideration.

### **3. THE CONSULTATION DOCUMENT**

- 3.1** The consultation document focuses on two key aspects:
- How the Care Commission registers and inspects care services
  - How the Care Commission assesses the quality of care services.
- 3.2** The Council delivers a diverse range of services and the response to the consultation reflects this diversity. Appendix 1 sets out the proposed Council response for Members approval. The response is set out as prescribed by the Care Commission.

#### **4. POLICY/LEGAL IMPLICATIONS**

4.1 The Regulation of Care (Scotland) Act 2001 established the Care Commission as the main regulatory body for care services in Scotland.

#### **5. FINANCIAL IMPLICATIONS**

5.1 There are no financial implications associated with this Committee paper.

#### **6. PERSONNEL IMPLICATIONS**

6.1 Nil

#### **7. RECOMMENDATIONS**

7.1 Members of the Education Committee are asked to:

- (i) approve the response as set out in Appendix 1 to this report; and
- (ii) otherwise note the content of the report.

John Mulgrew  
Executive Director of Educational and Social Services  
Enc (1)  
KG/SR  
24 August 2005

#### **LIST OF BACKGROUND PAPERS**

1. Regulating for Improvement and Assessing the Quality of Care Services Public Consultation May to August 2005.

Members wishing further information should contact Kay Gilmour, Head of Community Support, Tel: 01563 576104 or Eddie Fraser, Senior Manager Community Care, Social Work, Tel: 01563 554825.

***A copy of the Consultation Document "Regulating for Improvement in Assessing the Quality of Care Services" is available in the Members Information Point.***

**IMPLEMENTATION OFFICER: KAY GILMOUR**

EAST AYRSHIRE COUNCIL RESPONSE

REGULATING FOR IMPROVEMENT AND ASSESSING THE QUALITY OF CARE SERVICES: PUBLIC CONSULTATION CARE COMMISSION

**SECTION 1**

**1. What should set in motion the inspection of a care service by the Care commission?**

- Level of risk to people using the care service 1
- Number of upheld complaints 3
- Experience of people using care service 2
- Self assessment by care service 4
- Other

**2. Should inspection visits be announced or unannounced?**

Mixture of both

**3. How often should a care service be inspected?**

Frequency should be based on risk assessment. However for adult and older people's day care services and all residential services, the minimum should be annually. Day care services for children are also subject to integrated HMIE and Care Commission inspections as well as having robust self evaluation arrangements in place. It is therefore proposed that these should be inspected based on risk assessment.

**4. Do inspection staff spend enough time with people who use care services to establish their views of the service?**

About the right amount of time.

**5. What are the five things which you think Care Commission Officers should ask about when talking to people who use care services?**

1. Quality of care e.g. How does the service you receive help you in your day to day life?; what do you think are the best aspects of the service?; do staff respect your dignity, privacy; do you think you get enough support?
2. Were you provided with adequate information and given a proper introduction to the service?
3. Complaints e.g. Do you know how to complain about the service provided. If so, have you ever had cause to complain and did you feel comfortable in doing so. How did the organisation respond?
4. Are you involved in the education/care/support planning process?

5. Is there anything you would like to change about the service?
6. **What are the five things which you think Care commission Officers should ask about when talking to service providers and staff?**
  1. Are policy and procedures in place and adequate? e.g. complaints, Health and Safety?
  2. Are you provided with adequate resources to do the job?
  3. Communication – both within the service and in relation to the community?
  4. Training – how does the organisation strengthen and sustain the skill base within the workforce?
  5. Quality of management and leadership?
7. **Please use the box below for any additional comments you have on the inspection process.**

There are areas of overlap between contract compliance/monitoring activity carried out by Councils and the regulation process which would benefit from scrutiny to ensure providers are not overly burdened in terms of provision of information.

The inspection process should continue to use independent advocacy services as appropriate, to help elicit the views of service users.

## SECTION 2

1. **To what extent do you agree with the Care Commission's proposals for assessing the quality of care services?**

Agree
2. **To what extent do you agree with our proposals for expanding the Care Services Register?**

Agree
3. **To what extent do you agree with the proposals we have for introducing a new self-assessment tool?**
  - **Introducing quality themes - *Strongly Agree***
  - **Introducing quality statements - *Strongly Agree***
  - **Self-assessment by providers against quality statements - *Agree***
  - **Grading by providers against quality statements - *Agree***

- **Validation by Care Commission Officers of self-assessment** - *Strongly Agree*
- **Production of quality improvement statement by providers, following inspection** - *Strongly Agree*

**Comment:** There needs to be a consistent approach nationally.

**4. To what extent do you agree with the quality themes we are proposing for the new self assessment?**

**Quality of Life:** *Strongly Agree* for adult/older people's services and residential care for children and young people. It is difficult to see how this will relate easily to day care for very young children.

**Quality of Environment** - *Strongly Agree*

**Quality of Staffing** - *Strongly Agree*

**Quality of Management and Leadership** - *Strongly Agree*

The gradings associated with the Quality Statements are helpfully similar to the new gradings being proposed by HMIE.

**5. Appendix 5 of the consultation paper gives details of proposed core performance indicators for all care services.**

- a) Overall satisfaction of people using care services with the quality of service provided, measured as the number of people either satisfied or very satisfied and expressed as a percentage of the total number surveyed about quality of service.

*Agree* - results may require qualification and caveats as percentages in small service units can be subject to distortion. In addition where an individual is in receipt of a service on a compulsory basis (e.g. supervision or place of safety orders) this can influence perception regardless of the quality of the service.

How will views of very young children be sought?

- b) Overall satisfaction of advocates/representatives/relatives of people who use care services with the quality of service provided, measured as the number of people either satisfied or very satisfied and expressed as a percentage of the total number surveyed about quality of service.

*Disagree* - perhaps we should talk about *carers and relatives*. Advocates and representative are not there to express their own opinions but to reflect those of service users.

- c) The percentage of people using the care service who felt that their views were asked about and taken account of by the care service.

*Agree*

- d) The percentage of care staff turnover in last 12 months.

*This is a proxy measure which begs more questions of the Provider.*

- 7. Please use the box below for any other comments you would like to make on assessing the quality of care services.**

*More use should be made of self evaluation tools which are well established in some services e.g. early education and childcare.*

- 8. Do you make use of the following:**

External quality assurance system - *YES*  
Internal quality assurance system - *YES*

- *EFQM*
- *Previous PMP audit in homecare*
- *Child at the Centre*

### **SECTION 3**

- 2. What was your overall opinion on the way the registration of your service was handled?**

*Satisfied, although the process is quite bureaucratic.*

- 3. How much information did you receive prior to commencing the registration process?**

*Just enough information*

- 4. How useful were the following elements of the application process?**

- Information leaflet - *Useful*
- Application pack - *Useful*

- 5. How satisfied were you with the following elements of your application to register?**

Clarity of the registration process - *Satisfied*  
Pre-registration inspection visit (if applicable) - *Very satisfied*  
Time taken to register service - *Satisfied*  
Explanation of decisions taken - *Variable across services*

**6. Please give details below of any improvements you would like to see us make to the registration of care services.**

Poor experience whereby Recommendations have been made as a result of an individual Care Commission Officer's preferences. This took time to resolve with the Care Commission. Recommendations need to be firmly based on **evidence**.

## **SECTION 4**

**1. How satisfied are you that the inspection process enables you to demonstrate the strengths and/or weaknesses of your service?**

Variable across services

**2. How satisfied are you that the inspection report reflects the inspection process?**

Variable across services

**3. How satisfied are you with the following aspects of the inspection report?**

- Clarity of inspection report **Variable across services**
- Format of inspection report **Satisfied**
- Content of inspection report **Satisfied**
- Usefulness of the inspection report **Variable across services**
- The representation of the views of people who use care services their carers **Satisfied**
- The usefulness of the report in helping promote a culture of improvement in care services **Variable across services**

**4. Do you think that the current inspection reports can be improved?**

Consistency of approach. Recommendations appear to vary depending on the Care Commission officer. There is currently too much emphasis on the process rather than outcomes for service users. For Early Years Services, the Integrated Inspection Report has proved much more valuable.

**5. How satisfied are you with the following after inspection process?**

- Verbal feedback **Satisfied**
- The ability to comment on how the inspection was carried out (via questionnaire) **Satisfied**
- Being able to comment on the draft inspection report **Satisfied**
- The final inspection report **Variable across services**
- Creating an action plan (if applicable) **Satisfied**

**6. For any of the areas covered above, or any other issues, what improvements would you like to see made in the Care Commission's inspection process?**

The Council is a significant provider of services which are subject to regulation e.g.

- care homes for older people,
- care homes for adults,
- children's units,
- adult day services
- older people's day services
- care at home
- early education and care services

The Council to date has enjoyed a positive relationship with the Care Commission, acknowledging that as service provider and regulator the two organisations have distinct but complementary roles. There is benefit from a partnership and cooperative approach to ensuring that the needs of service users are met through the delivery of high quality services.

In general terms the Council would be keen to promote greater involvement of service users in the Inspection process, focussing on outcomes for service users.