



## **CARE AT HOME SERVICES – BRIEFING NOTE FOR MEMBERS OF THE LOCAL GOVERNMENT AND COMMUNITIES COMMITTEE FROM THE CARE COMMISSION**

### **1. GENERAL INFORMATION ABOUT HOMECARE SERVICES**

- Currently, an estimated 69,000 people in Scotland receive a care at home service and the average hours received by each client in a week continues to show a steady increase from 5.1 in 1998 to 9.5 in 2008 (Scottish Government Publication November 2008)
- In 2008 there were 18.1 home care clients per 1000 population age 65+ who received intensive home care, compared with 9 per 1000 in 1998 and 14.7 per 1000 in 2003 (Scottish Government Publication November 2008)
- These figures reflect a shift in the balance of care and highlight the need for all parts of the community care system (GPs, community health staff, social workers, care managers, local authority commissioners) to be aware of the growing numbers of older people with complex health and care needs being supported in the community.
- There are National Care Standards for Support Services – Care at Home. These are published by Scottish Ministers and set out what people using a service are entitled to expect. <http://www.infoscotland.com/nationalcarestandards/81.html>

### **2. REGULATION**

#### **Statutory Responsibilities**

- The Care Commission is required by law to inspect all home-care services a minimum of once per year. The Regulation of Care (Scotland) Act 2001 defines home care as "support service- care at home")
- The Care Commission regulates by registering all care services defined under the Act. We then inspect those services; investigate any complaints about the service and take any necessary enforcement action to ensure a service improves or ultimately close the service if improvement is not achieved. Urgent cancellation of a care service's registration can be granted by a sheriff if there is evidence that there will be serious risk to a person's life, health or well-being if the order is not made.
- Services provide us with a range of information which helps us to target how we regulate. These include an Annual Return and Self-assessment. Using this information we then undertake a risk assessment to decide what requires to be inspected, how much time we are going to spend in a service and how we are going to spend that time. In the inspection process we take care to check whether there is evidence to validate the self-assessment.

- We inspect to 3 Quality Themes (Quality of Care and Support; Quality of Staffing; Quality of Management and Leadership). When the inspection is complete we provide verbal feedback to the service provider and then issue an inspection report which grades the quality of the service in the 3 themes. When we have made requirements and recommendations, the service must then provide us with an action plan which we will follow up.
- Regulation is of the care service and there is no automatic direct access to people in their own homes. This is something the Care Commission has to achieve through working with service providers and with the consent of service users, or their guardians/ attorneys.
- When regulating care services, a balance has to be struck between taking time to drive up improvements; causing disruption to people who are vulnerable by closing down a service and providing necessary protection.

### **What we do to regulate effectively**

The Care Commission announced that it was taking a closer focus on care at home services in May 2008 (at the "Scottish Care at Home conference 2008"). This included a review of its inspection methodology.

As a result the following further enhancements to inspection activity have taken place:

- Increased use of unannounced and short notice inspections – can be part of the overall inspection process, some of which can/will be announced
- Following carefully the care pathway of individuals to monitor the care they received (case tracking)
- Shadowing front-line staff on care visits
- Increased levels of direct interaction with service users e.g. visit service users at home; telephone interviews and focus groups
- Increased levels of consultation with carers
- Private interviews with staff employed by service
- Engagement with the coordinators managing care at home worker shifts, to enable us to hear what issues arise for carers during shifts
- Validation of providers' own Quality Assurance systems
- Encouragement of the public to raise issues or concerns

This inspection (2009/10) year we are introducing two new elements of practice:-

- Obtaining feedback from people no longer using the service
- Routine consultation with care managers and other visiting professionals, with a new questionnaire.

### **The present situation with Homecare services in Scotland**

1. The regulation of care at home is relatively new. Registration commenced in 2004-05 and the first inspections began in 2005-06.

2 a. The Care Commission registers and regulates 736 support services which provide care at home services, of which 386 are combined with another service type (mainly housing support) [source: CC data store 0809 – services at 31 March 2009]

2b.

Care at Home Service: services provided by sector	Total
Health Board	0.1%
Local Authority	14.3%
Private	30.3%
Voluntary or Not for Profit	55.3%
Total percentage of Registered Care Services	100.00%

- So far, inspections in 2008/09 resulted in 100 services with requirements. (This number will increase as remaining reports, presently at draft stage, are finalised). A requirement is a statement which sets out what is required of a care service to comply with the Act and Regulations or orders made under the Act, or a condition of registration. Where there are breaches of the regulations, orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Care Commission. In 2008/09 requirements were made about a range of improvements which were needed including for example: personal plans: care reviews; staff training and management of medication.
- Of the 736 care at home services registered with us at 31 March 2009, 10.5% had a complaint upheld or partially upheld against them in 2008/09. [Source: CC data store 0809]
- In 2008-09 2 services were closed following formal enforcement notices. 5 notices were issued in 2008/09.
- It is important also to reflect the positive outcomes in the inspection of care at home services. The following information gives an early but incomplete indication of gradings awarded to care at home services so far.

### Care at Home Grades by Service Type

Source: Graded Inspections 07 April 09

Note: Grading is applied from 1-6; 1 being unsatisfactory and 6 being excellent

Theme	Sector		Grade					
			1	2	3	4	5	6
Quality of Care and Support	Health Board	% of Inspections	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Local Authority	% of Inspections	0.00%	1.52%	25.76%	42.42%	30.30%	0.00%
	Private	% of Inspections	0.00%	3.70%	21.30%	50.00%	25.00%	0.00%
	Voluntary or Not for Profit	% of Inspections	0.42%	0.42%	7.11%	33.05%	54.39%	4.60%

Theme	Sector		Grade					
			1	2	3	4	5	6
Quality of Staffing	Health Board	% of Inspections	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%
	Local Authority	% of Inspections	0.00%	1.52%	27.27%	53.03%	18.18%	0.00%
	Private	% of Inspections	0.93%	2.78%	25.93%	57.41%	12.96%	0.00%
	Voluntary or Not for Profit	% of Inspections	0.00%	0.84%	10.46%	42.68%	43.51%	2.51%

Theme	Sector		Grade					
			1	2	3	4	5	6
Quality of Management and Leadership	Health Board	% of Inspections	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%
	Local Authority	% of Inspections	0.00%	3.03%	34.85%	51.52%	10.61%	0.00%
	Private	% of Inspections	0.00%	4.63%	32.41%	50.00%	12.96%	0.00%
	Voluntary or Not for Profit	% of Inspections	0.00%	1.68%	10.08%	50.42%	36.97%	0.84%

### 3. ROLE OF OTHER STAKEHOLDERS

- The Care Commission, as the care regulator, has a vital part to play in monitoring care at home, but cannot alone bring about change and improvement. Provider management action is always required to make improvements.
- Local government and NHS staff must take responsibility for alerting the regulator if they have any concerns about a service. This is spelt out in our Memorandums of Understanding (MOUs) with local authorities and NHS Boards.
- We presently communicate concerns about services receiving poor grades to local authorities. We expect local authorities to use such information both as part of their decision making processes when deciding which services to commission and to inform contract monitoring and care management. Each local authority is provided with at least one Contact Manager from the Care Commission. They also have access to the Care Commission's data store of information about each service.
- We communicate issues and concerns, when we are made aware of them and when it is appropriate, about any negative impact of commissioning on service users to individual local authorities, COSLA and the Social Work Inspection Agency.

- In May 2009 the Minister for Health and Sport announced that the Scottish Social Services Council will undertake the registration and regulation of care at home managers.

#### **4. PARTICULAR PROVIDER FEATURED IN THE PANORAMA PROGRAMME**

- The Care Commission had already identified concerns in Domiciliary Care Scotland – the service featured in the Panorama programme. Since May 2008 regular monitoring, including unannounced inspection visits and complaints investigations have been undertaken.
- Information about concerns arising from complaints investigations was passed to South Lanarkshire Council in February 2008 and at appropriate points thereafter.
- The Care Commission cooperated fully with the BBC in the making of Panorama. We requested that the BBC pass to us without delay any information about any service registered in Scotland where poor practice may be posing a serious risk to service users. No such information was passed to us about specific services or service users.
- The management structure of Domiciliary Care Scotland changed in September 2008. A number of new directors joined the founding director. (The founding director left the organisation in March 2009.)
- The inspection report of December 2008 detailed 4 main areas requiring improvement. The requirements were about (i) meeting the times set for the care service to be provided to individuals; (ii) systems for ensuring service users receive the care; (iii) time detailed in their personal plans; ensuring the consistency of staff caring for individuals and (iv) management of medication. The grades awarded to the service were: Quality of Care and Support: - 2- Weak; Quality of Staffing – 3- Adequate and Quality of Management and Leadership- 2- Weak.
- Following a further unannounced inspection visit and engagement with the service provider in early 2009 there had not been enough improvement and an improvement notice was issued (6 April 2009). The timescale for improvement was 8 weeks.
- Further announced inspection visits took place in April to monitor progress and some progress has been made and is reflected in the inspection report.
- The draft report was sent to the service provider in early May 2009
- The Care Commission met with Domiciliary Care Scotland on June 1 2009 to assess progress. This will be followed up by a number of visits and contacts with service users in order to validate whether they are experiencing improvements in the service.
- The Care Commission will consider further action if required. Options are: 1) To remove the improvement notice as compliance has been achieved. 2) To extend the Improvement Notice as improvements are being progressed well but limited further time will ensure completion of improvements. 3) To move to close service.
- If improvements are achieved then the Care Commission will follow up with an inspection of the service in the coming months. The service will continue to receive close scrutiny to ensure that improvements are maintained and developed.

Jacquie C Roberts  
Chief Executive

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