

Appendix 1

Care Inspectorate update – Scottish Government response to the Inquiry report into the regulation of the care of older people

Background into Inquiry

The Health and Sport Committee announced in June 2011 it would undertake an inquiry into the regulation of care for older people. The Inquiry focused on addressing one key question: Does the regulatory system ensure care services for older people are providing good quality and appropriate care?

To inform the Inquiry, the Committee also sought views on the following questions:

- Can we be confident that the regulatory system is picking up on care services where the quality of care is poor?
- Are there any particular weaknesses in the current system?
- Does the system adequately take into account the views of service users?
- 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?

Care Inspectorate role in the Inquiry

As the main body responsible for the regulation of care services for older people, the Care Inspectorate role was central to the Inquiry, alongside the roles of Healthcare Improvement Scotland (HIS) and the Scottish Social Services Council (SSSC).

Interim Chief Executive, Jacquie Roberts and Director of Resources, Gordon Weir, gave oral evidence to the Committee on 4 October 2011 and, during the course of the Inquiry, the Care Inspectorate submitted written evidence to inform the Committee's discussion, including:

- Detailed factual and statistical material to inform the Scottish Parliament's Information Centre (SPICe) briefing to MSPs on a range of issues relevant to the Inquiry
- A formal written submission
- A factsheet, accompanied by data on services for older people and their regulatory activity
- Supplementary evidence in response to some of the oral and written evidence to the Committee's Inquiry

- Executive summary note of legislative issues along with suggestions for improvement to regulations that will strengthen the role and work of the Care Inspectorate.

Final Inquiry report

The Committee's final report concluded that 'the **current regulatory system is sufficiently rigorous** to identify care services for older people which are failing to deliver high quality care.' (paragraph 14, p3)

It endorses a number of key areas of the Care Inspectorate's work, including support for the risk-based approach in determining appropriate frequency and intensity of inspections. It further welcomes steps taken to engage people who use care services and their carers in inspection, referring to the importance of lay assessors.

Following the collapse of Southern Cross, it also recognises that the current focus of the Care Inspectorate is on care provision, not financial scrutiny.

It makes a series of recommendations to the Care Inspectorate and Scottish Government, as well as the Scottish Social Services Council (SSSC) and Healthcare Improvement Scotland (HIS), which it believes will improve regulation of these services.

Scottish Government response

The Scottish Government published a response to the Inquiry report on 20 January 2012. The response:

- welcomed the Inquiry report and its endorsement of a number of key areas of the Care Inspectorate's work, in particular around risk-based approach to inspections and the steps taken to engage care service users and their carers in inspection via the lay assessors system
- accepted in part or in full the majority of recommendations within the report
- rejected three recommendations –
 - the extension of the chronic medication service to care home residents
 - the enhancement of the Care Inspectorate's role in the commissioning process, and
 - the monitoring of service providers' annual accounts by the Care Inspectorate

The following table maps the recommendations accepted in full or in part by the Scottish Government against actions underway or planned by the Care Inspectorate.

Scottish Government response	Care Inspectorate Action Plan
<p>Risk Based approach to Inspections</p> <p>The SG notes the Committee's views on the Care Inspectorate's risk assessment processes.</p>	<ul style="list-style-type: none"> • Following an initial development and testing phase (Sept 2011 – Jan 2012) involving our staff in critically appraising the effectiveness of current risk assessment tools, there will be a new risk assessment tool ready to be used during the inspection year 2012–2013. • We will be including within the development work an external evaluation of the new risk assessment tool. The risk assessment tool currently being used by us was also subject to external validation by Glasgow Caledonian University. • To help enhance our risk assessment process, we are piloting a questionnaire for all health and social care staff by 31 March 2012 to get their important input, with full implementation afterwards. The questionnaire will give professionals the opportunity to comment on the quality of care they have witnessed in the care services they enter, as well as the environment, quality of staffing, and management and leadership in the service. • We will be working with other scrutiny partners in developing validated self-evaluation models that involve a number of

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	<p>disciplines including health colleagues.</p> <ul style="list-style-type: none"> A new model of self-evaluation will contribute to the shared risk assessment process and reduce duplication across scrutiny bodies in future.
<p>Complaints</p> <p>SG supports the Care Inspectorate in raising the profile of the complaints process. The SG will provide the Committee with additional information about this new approach in due course.</p> <p>SG accepts the Committee's recommendation on the need to establish a single point of entry for complaints about integrated services. This will be explored further in the context of future development work towards greater integration.</p> <p>SG is also giving consideration to how social work complaints procedures could be improved. A consultation was launched on 21 December and a working group will be set up to develop revised social work complaints procedures and take into account health and social care integration.</p> <p>As part of this work on reviewing social work complaints, the Scottish Government will work closely with the Care Inspectorate to explore whether the development of the recommended single entry point for complaints about integrated services is appropriate</p>	<ul style="list-style-type: none"> We will consider how service providers can be appropriately supported to publish information about their own feedback and complaints systems. The creation of our dedicated National Complaints Team now makes it easier for providers to seek advice on their own complaints procedures. We will look at how we can better support providers in dealing with complaints, while retaining our independent regulatory role. We have been undertaking a review of future arrangements for complaints handling, the results from which will be made public soon, with new procedures being implemented from April 2012. The proposals set out in the consultation are aimed at speeding up the complaints process by reducing timescales for investigation and stages of the complaints procedure. We are strengthening the range of ways we receive and act

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<p>and could be made viable in practice.</p> <p>The SG notes the Committee's recommendation that the Care Inspectorate will publish guidance for care staff who wish to raise concerns about a care service on a confidential basis.</p>	<p>on information on services and are encouraging everyone to play their part in providing information on the quality of all types of services for older people. Health, social work and social care professionals have an important role in supporting people who use services to raise concerns about the quality of care.</p> <ul style="list-style-type: none"> • We have allocated a small pool of inspector resource within our Inspection Plan for 2012/13 to enable the Care Inspectorate to strengthen its ability to respond quickly and effectively to emerging crisis situations (such as those experienced in the financial difficulties of Southern Cross) and maintain continuity of care with our partners for people who use services. This will give us the capacity to respond immediately to serious incidents in one service, which may require an immediate inspection across a number of services run by the same provider, throughout the country. • Whistleblowing from care service staff is crucial to alerting us when the quality of care in a service has deteriorated. We have recently undertaken a joint campaign with the SSSC to promote whistleblowing and the raising of complaints by the workforce, contained within the SSSC codes of practice within the workforce. • We will be taking part in a Scottish Government working group on developing revised social work complaint procedures,

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	taking into account arrangements for the integration of health and social care.
<p>Frequency and types of inspections</p> <p>Inspection frequency to be increased before 1 April 2012. SG has said it will shortly bring forward recommendations on the increased inspection frequency for certain older people's services which will come into force by the beginning of February.</p>	<ul style="list-style-type: none"> • Our aim is to provide assurance to people who use services, their families and their carers that services are delivering quality outcomes according to needs, rights and risks. This protection and assurance has been improved as a result of the implementation of the new statutory minimum frequency rules contained in the Public Services Reform (Social Services Inspections) (Scotland) Amendment Regulations 2012. These have informed our Inspection Plan for 2012/13 and mean every care home and care at home service will receive a minimum of one unannounced inspection every year. <p>For many services, this will mean more than one inspection per year and for high risk categories such as special residential schools and secure care, there will always be a minimum of two inspections a year.</p> <ul style="list-style-type: none"> • We are currently recruiting appropriately qualified inspection staff to enable us to carry out these additional inspections.

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<p>Thematic inspections</p>	
<p>The SG notes the Committee's support of a risk based approach to determine appropriate frequency and intensity of inspections for a particular care service, and that it endorses a number of key areas of the Care Inspectorate's work, including support for a risk based approach in determining appropriate frequency and intensity of inspections.</p>	<ul style="list-style-type: none"> • We have prioritised our resources to ensure that we will undertake inspection across all four quality themes for all services with medium to high risk assessment. This will help to strengthen assurance and protection for people using services. • We recognise that many service types are performing well and to ensure that this is being maintained, we will also conduct unannounced inspections on a sample of ten percent of better performing services which would not be due an inspection in 2012-13 under minimum frequency criteria.
<p>Engagement with Healthcare Professionals</p>	
<p>The SG agrees with the Committee's call for the Health Secretary to discuss with the General Medical Council (GMC) and the Nursing and Midwifery Council (NMC) ways of ensuring that their responsibility to report concerns is emphasised during professional training.</p> <p>The SG notes the Committee's welcome of the Care Inspectorate's development of a questionnaire for all health and social care professionals involved in care services, and that the Committee seeks further information from the Care Inspectorate</p>	<ul style="list-style-type: none"> • We are finalising information sharing protocols with the Nursing and Midwifery Council (NMC) and Mental Welfare Commission (MWC) to share concerns so that issues are brought to the attention of each party. Work we have already undertaken on this has already proved effective in addressing workforce registration issues in care homes. • As previously mentioned, to ensure we get the input of healthcare professionals, we will be piloting a questionnaire for all health and social care staff by 31 March 2012, with full

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<p>regarding the timetable for implementation of this system.</p>	<p>implementation afterwards. This questionnaire will give professionals the opportunity to comment on the quality of care they have witnessed in the care services they enter, as well as the environment, quality of staffing, and management and leadership in the service.</p>
<p>Inspectors and grading of inspections</p> <p>The SG notes the Committee's welcome of the Care Inspectorate's programme of training for its inspectors and its development of forums for service provider feedback.</p> <p>The SG comments that the Care Inspectorate has a robust internal quality assurance process that monitors consistency of grading across services types, teams, geographic areas and providers. It adds that the Care Inspectorate provides significant and regular learning and development opportunities for all inspection staff in inspection and grading processes.</p>	<ul style="list-style-type: none"> • We will continue to develop quality assurance (QA) processes as part of our focus on continuous improvement, providing stronger consistency and cohesion. This places quality assurance at the core of our risk-based intelligence led processes across all of our scrutiny functions – making them robust, rigorous, transparent and open to any external challenge. • We will continue to use the approach taken by the Care Commission in hosting external stakeholder and quality and consistency forums to enable providers, local authorities and umbrella bodies to contribute to scrutiny and assurance practices, as well as raise general issues.
<p>Involving service users, friends and relatives</p> <p>The SG notes the Committee's welcome of the steps taken by the Care Inspectorate to engage service users in the inspection process, but that it nevertheless recommends the Care</p>	<ul style="list-style-type: none"> • It is vital that 'user focus' is enhanced in all aspects of the Care Inspectorate's scrutiny and, as an initial step, specific additional inspection time is being included for every

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<p>Inspectorate consider whether there are other areas of the risk assessment process where service user engagement could be encouraged and enhanced, particularly the use of independent advocacy.</p>	<p>inspection of regulated care services in 2012-13.</p> <p>This systematic and structured approach will provide inspectors more time to engage with service users and carers on each and every inspection, helping provide us with vital intelligence to inform our inspections. It will be a requirement for all inspection reports to include feedback from service users and any advocates, friends, unpaid carers or relatives.</p> <ul style="list-style-type: none"> • The additional user focus inspection time is part of a wider programme of development that stems from a recently completed a review of involvement activities – with input from people who use care services and their carers, providers, staff and other key stakeholders. This review will help inform our involvement team structure and development of a Care Inspectorate Involvement Strategy. • We will consider whether there are other areas of the risk assessment process where service user engagement could be encouraged and enhanced, particularly the use of independent advocacy. • As part of our work on intelligence, we are also developing processes that will enable people who use care services to share information on the quality of care so it can be acted on as part of our scrutiny activities.

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	<ul style="list-style-type: none"> As previously mentioned, a new risk assessment tool is now ready for implementation in 2012–13.
<p>Lay inspectors</p> <p>The SG welcomes the Committee's view that lay inspectors can add value to inspections of care services.</p>	<ul style="list-style-type: none"> There is nothing that can replace the direct contact with service users and their carers in order for inspections to make an assessment of whether the service is meeting needs. Recruitment of additional Lay Assessors/Inspectors has begun following a review of the involvement work predecessor bodies to the Care Inspectorate were engaged in. A new Involvement Strategy building on the strong foundations laid down by our predecessors is being developed in co-production with involved people.
<p>Publication and dissemination of inspection reports</p> <p>The SG notes the Committee's concern about the time taken between inspection and publication of an inspection report by the Care Inspectorate and that steps should be taken to improve the accessibility of the findings of reports.</p> <p>It recognises that the Care Inspectorate has itself already recognised and been taking steps to address, with work on developing a new methodologies and strengthening public reporting on scrutiny findings is well underway.</p> <p>However, the SG adds that the Committee recommendation will</p>	<ul style="list-style-type: none"> The outcome of research conducted by us before the Inquiry into the format of inspection reports, matches the recommendations made in the final Inquiry report. Improvements are already underway following a series of focus groups on changes to the inspection report format and content, while a full Public Reporting Strategy for the organisation is currently being created. This strategy will focus on a more proactive approach that will highlight highly performing and poorly performing services via the media and our website.

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<p>help inform that work and determine the time taken from inspection visits to publication of inspection report.</p>	<ul style="list-style-type: none"> • Work on new methodologies is well underway and this will include strengthening public reporting on scrutiny findings. We have already made significant improvements in the time taken to produce inspection reports compared to predecessor bodies (96% of reports were published within the timescale set by the key performance indicator (KPI) between April and September 2011, compared to 76% during the same period in 2010/11).
<p>Registration</p>	
<p>The SG confirms that it will consider along with the Care Inspectorate how the statutory arrangements around registration of a provider with other poorly performing services work at present, and consequently what changes if any should be made.</p>	<ul style="list-style-type: none"> • To work alongside SG to consider how the statutory arrangements around registration of a provider with other poorly performing services work at present, and consequently what changes if any should be made.
<p>Enforcement Powers</p>	
<p>The SG confirms that it will consider, along with the Care Inspectorate, how the current statutory arrangements around enforcement and appeals process are working, and consequently what changes if any should be made.</p>	<ul style="list-style-type: none"> • To consider along with the SG how the current statutory arrangements around enforcement and appeals process are working, and consequently what changes if any should be made.
<p>It notes the recommendations made by the Care Inspectorate concerning the legal changes needed to grant the regulator powers to refuse further registration of care services from a provider which has other poorly performing services.</p>	<ul style="list-style-type: none"> • We believe specific provision could be made in legislation that during registration we should consider whether other care services provided by the applicant meet regulations – demonstrated by the grades they have achieved and

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	<p>enforcement action we have taken.</p> <ul style="list-style-type: none"> • We believe the Public Services Reform (Scotland) Act 2010 should be amended to: <ul style="list-style-type: none"> - ensure there is clarity as to the test or tests to be applied by the court in determining appeals in relation to enforcement action - make clear on what grounds the decisions of the Care Inspectorate in relation to enforcement actions may be appealed
<p>Regulation of the workforce</p> <p>The SG notes the Committee's support for registration of the workforce as a key means of driving up standards of care.</p> <p>This activity needs to be undertaken in a proportionate and phased manner, to ensure both that qualification levels are appropriate and that timescales are realistic in order to allow time for employers to support, and workers to undertake the training and development required.</p> <p>The SG will consider the recommendation to accelerate the current timetable for registration of care workers.</p>	<ul style="list-style-type: none"> • We will continue to work alongside the SSSC to ensure the workforce is registered appropriately as part of inspection. Where it is found to be the case that registration is not being met, we will not hesitate in making requirements or taking formal legal action against providers. • We have recently agreed a new partnership approach with SSSC to strengthen assurance and protection for vulnerable people.

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<p>Support and investment in workforce</p> <p>The SG notes the Committee's views on support and investment in the social care workforce and is encouraged by the value which the Committee places on this workforce, whilst recognising that employers in the sector are a mixture of private, voluntary and public and the different parameters within which they work will have an influence in their approaches.</p> <p>The SG notes the Committee's view that employers in the social care sector should aim to pay all staff at least the 'Living Wage'. The SG supports the principle, but only has control over pay in central government, government agencies, NDPBs and the NHS.</p> <p>The SG also notes the Committee's concerns that the proportion of qualified nursing staff employed in certain care settings has declined, and welcomes the Care Inspectorate's initiative to commission research into the appropriate staffing mix for care homes and other services for older people.</p>	<p>We will ensure that the Scottish Parliament is alerted about the findings of our work with the Scottish Government on informing staffing and dependency levels in care homes for older people.</p>
<p>Care at home</p> <p>The SG notes the Committee evidence regarding concerns about the regulatory framework for the move to self-directed support. The Self-directed Support Bill will place duties on local authorities to give people who are eligible for support choice in how that</p>	<p>The Self-Directed Support Bill will also place a duty on local authorities to ensure that people are given choice about the way support is delivered to them. We will work with HIS, the MWC, the SSSC, the Office of the Public Guardian (Scotland)</p>

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<p>support is delivered.</p>	<p>and Scottish Government to ensure appropriate levels of support, assurance and protection for vulnerable people.</p>
<p>Integration of regulation of health and social care – inspectors</p> <p>The SG notes the Committee's view that assessment of care pathways may represent a useful tool which can enhance the existing approach to regulation of care services.</p> <p>It states that integrated working between the health and social care scrutiny bodies is important in ensuring the quality and consistency of care for older people. This joined-up working will continue to be important with the move towards integration of health and social care.</p> <p>It suggests the Public Services Reform (Scotland) Act 2012 provides a range of powers to enable multi-agency and joint inspections to take place and the Care Inspectorate, HIS and other scrutiny bodies have a duty to cooperate and coordinate their activity to improve scrutiny of health and social care services.</p>	<ul style="list-style-type: none"> • We will be working closely with HIS and the Scottish Government on joint inspections of care pathways. We believe that inspection of care pathways, and therefore evidencing outcomes for people, is best achieved by scrutiny bodies working together under the Duty of Cooperation. This is already evident in the multi-agency inspections of children's services. • In the context of the overall inspection framework, there will be a focus on strategic commissioning, including care planning, care pathways and care management.
<p>Integration of regulation of health and social care – data collection</p>	
<p>The SG notes the Committee's concerns around high rates of emergency admissions from care homes, and the proposal to</p>	<ul style="list-style-type: none"> • We will work with the Scottish Government and other relevant partners to consider sharing of Scottish Patients at Risk of

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<p>routinely incorporate this data within the integrated approach to regulation of health and social care.</p> <p>It suggests it would be beneficial for the Care Inspectorate and HIS to be made aware where rates of emergency admission from care homes to hospital are high and for this data to inform the risk profile which will inform their inspections. However, the emergency admissions data would require further analysis to take account of the variation in the complexity and acuity of needs of people living in different care homes.</p>	<p>Readmission and Admission (SPARRA) data.</p>
<p>Integration of regulation of health and social care - assessment of healthcare needs</p> <p>The SG notes the Committee's recommendation that the Care Inspectorate engage with MWC to produce better clinical guidance. The SG is working with the Care Inspectorate and MWC to address the overuse of psychoactive medications and to ensure that care and support in all settings is always appropriate.</p> <p>The SG has said it will not take forward the Committee's recommendation on extension of the chronic medication service to care home residents.</p> <p>It has stated this is not an issue for most patients in care homes as they have their medicines administered to them by care home staff.</p>	<ul style="list-style-type: none"> • We are in discussions with the MWC on creating new clinical guidance and inspection protocols on how we can improve awareness concerning the important area of psychoactive medication. • We will participate fully in the Royal Pharmaceutical Society (RPS) review of NHS pharmaceutical care of patients in the community.

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<p>Integration of regulation of health and social care –healthcare regulation in the community</p> <p>The SG notes the Committee's concerns and will take them into account when considering a review of the National Care Standards.</p>	<ul style="list-style-type: none"> We will work closely with the Scottish Government and HIS in ensuring that any review of the National Care Standards takes integrated social and health care into consideration.
<p>National Care Standards</p> <p>The SG accepts the Committee's recommendation that it conduct a review of the National Care Standards, supported by the Scottish Government. It stated that the National Care Standards review should ensure that they meet the changing context of older people's care and are outcome focused and are adaptable to any change in the definition of a particular service type.</p>	<ul style="list-style-type: none"> We will support the Scottish Government in reviewing and updating the National Care Standards, ensuring people who use care services and their carers remain at the heart of these standards. The National Care Standards review should ensure that the standards meet the changing complexity of older people's care; are more integrated with other quality indicators and standards like the national standards for dementia care; consider new developments like self-directed support legislation; and are outcome focused. We will work closely with the Scottish Government and HIS in ensuring that any review of the National Care Standards takes integrated social and health care into consideration.

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<p>Commissioning and procurement</p> <p>The SG has said it will not take forward the Committee's recommendation concerning enhancing the Care Inspectorate's role in the commissioning process.</p> <p>It has challenged the Committee's comments that the Care Inspectorate had "far fewer teeth" in respect of challenging commissioning practice, and had no power to investigate complaints about any relevant processes of an authority that impact on quality of care.</p> <p>The SG also notes the Committee welcomes the approach recently adopted by City of Edinburgh Council to use findings of Care Inspectorate reports to inform commissioning, and notes its recommendation the Care Inspectorate should encourage all local authorities to adopt a similar approach.</p>	<ul style="list-style-type: none"> • Following the City of Edinburgh Council's decision to start using our inspection reports to directly inform the commissioning of new services, we will have further discussions with COSLA and other local authorities about how they can adopt a similar approach in order to improve outcomes. • We report publicly on our findings concerning local authority performance assessment and individual care services, highlighting issues in relation to commissioning which impact on outcomes for people using services and helps drive improvement. • As part of the development of multi-agency scrutiny of children's services and adult services, we will build in strategic commissioning as a thematic area to future scrutiny models, taking account of resource implications.
<p>Monitoring financial viability</p> <p>The SG notes the Committee's view around responsibility for monitoring financial viability of care services and the role of the Care Inspectorate in that regard.</p>	<ul style="list-style-type: none"> • We welcome the Committee's conclusion that the main focus of the Care Inspectorate is on care provision, not financial scrutiny. We believe other bodies are better placed in preventing or addressing financial difficulties, although we will

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<p>However, it has stated it will not take forward the Committee's recommendation concerning the monitoring of service providers' annual accounts by the Care Inspectorate.</p> <p>It also states that the SG, COSLA and other relevant parties will develop recommendations on assuring financial robustness in the sector.</p> <p>The SG confirms it will continue to liaise with the UK Government on the issue of how financial robustness in the sector can be assured.</p>	<p>continue to assist in earlier identification of care services or providers that are experiencing financial difficulty.</p> <ul style="list-style-type: none"> • We will work with them and other relevant parties to develop recommendations on assuring financial robustness in the sector, alongside seeking to share early notification with other regulatory bodies such as The Office of the Scottish Charity Regulator (OSCR). • We will continue to work with COSLA and the Scottish Government to ensure that strong contingency structures and arrangements are in place should another care provider fall into financial difficulty in future. Our plans to create a flexible response team of inspectors will help strengthen our ability to respond if a similar situation to Southern Cross emerged again in future.
<p>Resourcing the Care Inspectorate</p> <p>The SG accepts the Committee's request that it clarify its intentions regarding fees charged by the Care Inspectorate, and advises that it intends to review by means of a consultation of the fees regime in 2012, with the intention a new fee system be in place for 2013/14.</p> <p>The SG notes the Committee's concern about resourcing the Care Inspectorate, to enable it to carry out its statutory role effectively</p>	<ul style="list-style-type: none"> • We welcome that the Scottish Government has said it will be consulting on our fees regime in 2012, with a new system set to be in place during 2013/2014. • We will continue to work to deliver efficiencies for investment in frontline scrutiny activities to strengthen public assurance and protection.

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<p>and in particular to address the issues recommended in the Committee's report.</p> <p>As the Cabinet Secretary has recently announced, she is taking a number of steps to strengthen the inspection and regulatory regime. However, it is also right that as part of the reorganisation of the inspection regime and the establishment of the Care Inspectorate to achieve efficiencies and deliver savings for reinvestment in front-line scrutiny activities to strengthen public assurance and protection.</p>	