

# Home Care Services

## Care Inspectorate Review

### Introduction

The Care Inspectorate report on how care services performed between 2010 and 2013 in Scotland has been produced. The report is based on inspection findings and issues arising from the investigation of complaints. The Care Inspectorate registers all care services provided across Scotland – 814 care at home services, delivered by 403 providers supporting over 63,000 people, were registered in March 2013. The conclusions in the report come from inspections of all services, in addition to which, more qualitative information came from a random selection of inspections from both poorly and well performing services. 1,892 inspections were carried out between March 2010 and 2013.

In addition, The Public Audit Committee of the Scottish Parliament published its own report in June which raised questions about funding the change from hospital care to care at home.

### Context

The current system of care has changed significantly over the past few years, and is likely to continue to increase in the future. The population over 75 is projected to rise rapidly in coming years, to almost 800,000 by 2037, an increase of 86% in 25 years. More people with multiple long-term conditions and complex needs, such as dementia, will live longer, at a time when reductions in public spending are facing local authorities with difficult decisions. Public services are now working together to develop new approaches to care and support including an increase on prevention and early intervention. There is also greater emphasis on provision of care for individuals in their own homes, rather than institutional or residential care.

Self directed support is becoming well established as a method of funding care packages, although in some authorities it is being used as a way of implementing further cutbacks in local authority services.

Current legislation on integration of health and social care through the Public Works (Joint Working) (Scotland) Act and the programme for Reshaping Care for older people aim to address the shift from care homes to care at home services, and the necessary focus on joint financing from both health and social care budgets.

### Care at Home Provision across Scotland

Care at home services are delivered to people in their own homes by private companies, the voluntary sector, local authorities, personal assistants and in one or two cases, the NHS (but not as part of continuing nursing care). Often these services are combined

### KEY POINTS:

- **The Care Inspectorate inspects all care services in Scotland**
- **Care for individuals at home is now being emphasised over institutional or residential care**
- **Demographics, cuts in public services, self directed support and health and social care integration are driving changes to the care system**
- **Report shows increases in number of very good or excellent services, however, complaints are rising.**
- **The Scottish Government Public Audit Committee has raised questions about funding changes from hospitals to care at home.**

alongside housing support and/or other additional specialist support needs. The Care Inspectorate currently has around 14,000 care services registered, of which around 800 provide care at home, assisting 62,832 people (March 2012). The number of hours provided to clients has increased over the last 12 years from 5.6 in 2000 to 11.3 hours per week in 2012.

The voluntary sector provides the largest number of combined care at home services (51%), with the private sector providing the largest percentage of stand-alone services at 49%. Local authorities provide only 15% of services, most of these combined with housing support. The NHS provides only three services directly.

### **Inspection Findings**

All services inspected are graded using a six point scale from unsatisfactory to excellent, and are inspected against three broad quality themes:

- **Quality of care and support** - assessment of need and risk and individual care plans; participation by service users in their care; procedures and communications, including complaints; culture - which evaluates whether the service users are the focus of the organisation; delivery of care, which assesses the services against the care plan; medicines management and administration.
- **Quality of staffing** - staff culture, development and staffing levels; delivering personalised support plans and recruitment, training and supervision. The culture in well performing services found high levels of staff motivation and commitment which encouraged development, as opposed to insufficient staffing levels, showing high turnover of staff or recruitment issues not addressed by management which were encountered in low graded services.
- The delivery of personalised support plans showed, in low graded services, staff not adhering to individual personal support plans and often being insufficiently trained or qualified to undertake specific tasks outlined in them. Staff in high-graded services delivered outcomes-focussed, personalised care, were able to demonstrate an excellent knowledge of those they supported and showed consistency and continuity of staff involved with those individuals.
- Recruitment, training and supervision showed some services with low grades did not follow safe recruitment practices including failing to request up to date references or disclosure checks, and some who did not link properly with workforce regulators such as the SSSC or the NMC.
- **Quality of management and leadership**

Between 2010 and 2013 there was a marked increase in services achieving very good or excellent grades for every theme, which is just under 40%. The percentage of poorly performing services achieving unsatisfactory or weak grades increased from 1.3% in 2010 to 2.2% by March 2013.

### **Complaints**

The percentage of complaints about care at home services which were upheld increased from 8.5% to 13% over the four year period. 356 complaints were upheld, of which the majority were on general health and welfare issues, followed by communications and staff.

Where they find services that do not meet the current National Care

### **Further Information:**

Caring for People at Home:

[http://www.careinspectorate.com/images/stories/documents/New%20and%20Events/news\\_items/Caring\\_for\\_people\\_at\\_home\\_report.pdf](http://www.careinspectorate.com/images/stories/documents/New%20and%20Events/news_items/Caring_for_people_at_home_report.pdf)

Public Audit Committee 6<sup>th</sup>  
Report – Reshaping Care for  
Older People

<http://www.scottish.parliament.uk/parliamentarybusiness/CurrentCommittees/78401.aspx>

Standards or which do not provide good enough care and support the Care Inspectorate will make recommendations for improvement or requirements for change within appropriate timescales.

## **Conclusion**

The Care Commission believes that with over 80% of their services receiving good, very good or excellent for all themes there is a lot of good practice around. However, where services are not performing to the required levels, they insist on change or recommend enforcement action as required.

They have produced a 10 key point message for people involved in care at home services:

## **Recommendations**

1. Get to know the person as an individual and understand how they like to live their life in order to provide the right care to meet their needs.
2. Deliver services to people using a human rights-based approach to care, supporting privacy, dignity and the right to confidentiality.
3. Give people the opportunity to be involved in their care; listen to their views and act upon them.
4. Establish a truly personalised care and support plan for each person, with trained staff undertaking an outcomes-focused assessment of need and risk.
5. Make sure that people have easy access to information about their service, before the service starts.
6. Have safe systems in place for the effective management of medicines, including appropriate staff training.
7. Ensure people are cared for by staff who have the skills, knowledge and training to provide high-quality, safe, and compassionate care.
8. Have clear service agreements, which establish a 'contract' between the individual using the service and the service itself, in place before the service starts and monitor and adapt them as needs change over time.
9. Ensure every person using a care at home service has a personalised care and support plan which details how health and wellbeing needs will be monitored and met in a way that meets the needs of the individual.
10. Make sure managers have robust systems for quality assurance in place to deliver the highest standard of care possible, within an inclusive and values-based culture.



### **Contact UNISON's Bargaining & Campaigns team:**

Dave Watson

[d.watson@unison.co.uk](mailto:d.watson@unison.co.uk)

Diane Anderson

[diane.anderson@unison.co.uk](mailto:diane.anderson@unison.co.uk)

0141 342 2842