AGENDA ITEM No. 5

NORTH LANARKSHIRE COUNCIL

REPORT

TO: Social Work Committee	Subject:
FROM: J Dickie, Director of Social Work	**MODERNISING SOCIAL WORK SERVICES IN SCOTLAND: DRAFT NATIONAL CARE STANDARDS. FIRST TRANCHE**
DATE OF COMMITTEE: 3 October 2000	
REPORT AUTHOR: Dennis O'Donnell	
REF: DOD/EOC	

1 CONTENT AND PURPOSE OF REPORT

1.1 This report covers joint comments from the registration and inspection staff of North and South Lanarkshire Council Social Work Departments and Lanarkshire Health Board in response to draft National Care Standards for residential care of Older People, People with Mental Health Problems and Children and Young People.

Moves towards devising national standards are welcomed and in broad terms there is no major criticism of the standards as outlined. The response, however, illustrates the concerns of regulators that drafts are at an early stage and still require substantial edit. Specifically: layout is difficult to follow; language and style would be difficult for lay people and service users to fully understand; there is an over-reliance on outcome standards without due regard given to input standard statements such as staffing composition and room sizes. Many of the standards are common to all client groups, yet are described in each section in different ways.

Officers put forward the view that a common set of standards be devised for all client groups with a covering section provided for each which emphasises their uniqueness and any critically important differences. This, it was considered, would be a more user friendly, easier understood approach to what is acknowledged to be a complex and difficult task.

2 BACKGROUND

2.1 The White Paper: Aiming for Excellence, published in March 1999 by the Scottish Executive, set out the intention to develop national care standards, these to be in place for commencement of the proposed Scottish Commission for the Regulation of Care, in April 2002.

2.2 This first tranche of draft standards have been devised by separate working groups accountable to a National Care Standards Committee. These groups have included representatives of service providers, regulators, practitioners, service users and carers. Working groups are currently devising a second tranche of standards for home care services, addiction services and services for adults with learning disabilities.

2.3 An emphasis has been given to devising outcome standards which reflect service users' experience and the outcomes they should expect in terms of their quality of life.

2.4 North and South Lanarkshire Councils Registration and Inspection Units have several years experience of regulating residential services using outcome standards. In the context of joint working with Lanarkshire Health Board and between the two Councils, it was agreed that a joint response be submitted to the Scottish Executive on behalf of all three agencies.

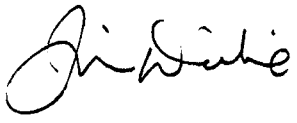
2.5 Following a half day seminar a joint response (attached as Appendix One) was agreed by officers from both the Councils and the Board.

3 RECOMMENDATIONS

3.1 Committee is asked to:

(i) note the content of this report;

(ii) remit the Director of Social Work to bring forward further reports as changes in regulation and proposed developments in national standards arise.



Jim Dickie
Director of Social Work
26 September 2000

For further information on this report please contact ,Dennis O'Donnell, Principal Officer (Registration and Inspection) (TEL: 01698 332058)

COMMENTS ON DRAFT NATIONAL CARE STANDARDS BY THE REGISTRATION & INSPECTION UNITS OF NORTH LANARKSHIRE COUNCIL, SOUTH LANARKSHIRE COUNCIL AND LANARKSHIRE HEALTH BOARD

1. General Comments

We welcome the move to national standards and recognise the complexity of the task carried out by the National Care Standards Committee and the sub groups. Both Social Work registration authorities contributing to this response have used outcome standards since 1996 and have significant experience in applying them to the regulatory task. The advantages as well as the practical and theoretical problems associated with measuring/evaluating outcomes are part of day to day practice in North and South Lanarkshire. We recognise the standards will be used by a number of different stakeholders and need to fulfil a number of purposes including informing users of what they can expect.

1.1 Content and Layout

The layout of the document was considered rather cumbersome. The styles of the three sets of standards varied and the standard statements were not easily read or sufficiently linked to the outcomes which followed. There was significant repetition across the three sets of standards and we reached a view that there was enough commonality in core areas for there to be one single set of standards with an additional section for particular user groups or highly specialised services. Equally more widely applicable positive inclusions in certain sections, in relation to input standards were omitted from other sections.

The column headed "how is it demonstrated" is used to outline both sources of evidence and examples of good practice. This is confusing. We suggest that since evidence sources be limited to:

- records – individual care records, policies, procedures, process records etc;
- reports – from residents, staff, relatives, third parties etc;
- observations – of practice, conduct, residents behaviour etc;

there is little to be gained from repeating the various forms these take.

After some consideration we reached the view that the standards document fell between two stools. It was over specified and not sufficiently streamlined for use by service users, relatives and other lay people. Equally, it was not sufficiently coherent or detailed for use by purchasers, regulators and providers of care services.

We suggest there is a strong case for uniform layout, which is succinct, user friendly and can be used for homecare, fostering and adoption services etc in the future. We are particularly concerned that the content should give a clear indication to users of what is unacceptable.

2. Balance of emphasis between safety/risk

We note that there is no unequivocal statement about the responsibility of service providers to strike this balance. Throughout the document there is an unfortunate inference that regulator rather than service providers are responsible for the quality of residential services. We acknowledge that some risk taking is essential to the achievement of a reasonable quality of life. However, we consider there should be more emphasis on individual risk assessment and service level risk assessment by service providers.

3. Balance between outcomes and processes

The link between processes and desired outcomes is not sufficiently clear. There are real problems associated with some outcomes since their achievement is mediated by individual circumstances. For example, is the Home meeting standards if the desired outcomes are met for some residents, some of the time? Or, are standards met when the outcomes are achieved for everybody all of the time?

There are some key processes which research evidence suggests are critical to good quality care, e.g. care planning and key working. Our view is that some outcomes and indeed some processes are more important to service users than others. We recognise the topic areas seek to address these but suggest that better linkage to the priorities of service users is required.

4. Detailed regulation for premises and staffing

We agree that standards " must also provide a threshold below which unacceptable practice is recognised". This equally applies to core inputs which we identify as:

- Staffing
- Premises
- Management
- Records

As regulators our experience is that outcome standards are an extremely good method of encouraging improvement in services which meet minimum requirements. However, without detailed regulations in these key areas the objective evidence required to demonstrate good outcomes for service users will be absent.

It is of particular importance that a nationally agreed methodology for assessing staffing requirements is agreed prior to the move towards a single care home. Any tool developed must fully take account of the health needs of service users and their nursing requirements.

5. Listening to vulnerable people

The importance of hearing the views expressed by service users is agreed. However, we consider that this is a responsibility shared by service providers, care managers relatives etc. Inspectors must, of course, ensure that the inspection process is focused

on service users. In our experience, many service providers do not routinely carry out "satisfaction" surveys or systematically seek feedback from service users. Equally, few purchasing authorities require such information from their contracted providers. The range of checks and balances which are already present in care services need to be recognised, particularly if the aim is to empower service users and their relatives by informing them.

6. Comments on Specific Standards

In the interests of brevity this section contains the areas we wish to highlight for further consideration rather than detailed comments.

6.1 Care Standards for Older People

- Positive about the focus on culture/belief good indicators of how meeting standard could be evidenced.
- Page 27, Paras 56-72 requirements – should be applied, possibly with some amendments, to standards applicable to other client groups. This section provides a positive view of the linkage between requirements and specific standards.
- Health and nursing issues not sufficiently addressed; move to single care home not highlighted.
- Dementia references positive.
- Short in staffing detail.
- No consistency in language eg terms "require", "must", "should" used interchangeably – so raising concerns over enforcement.

6.2 Care Standards for People with Mental Health Problems

- Language ambiguous, not user friendly – unhelpful to regulators eg " to do", "have", "receive" separate hotel/care costs.
- Better links required between resources/outcomes.
- Over-emphasis on accommodation e.g. 12.25 square metres excluding en-suite.
- Outcomes not clearly stated.
- Better context needs to be given to this client group e.g. - low expectations and greater need for advocacy.
- Limited reference to health/well-being.

- Include medication in new topic area of "Health and Well-Being.
- Page 42, Reference re suicide "sensitive staff". Reasonable to expect sensitivity as a pre-requirement for all staff.
- Multidisciplinary approach to mental health is well established nationally but given limited reference in Standards.
- Independence, fulfilment, employment – too broad as topic area for this client group.
- Positive regarding the explicit statements about the responsibilities of service providers.

6.3 Care Standards for Residential Child Care

- Language – not user friendly for young people
- Information about premises was lacking – Also, 10.25m^2 does not reflect reality of current position in use of ordinary housing.
- Role of teachers in relation to document e.g. care workers in classrooms, is ambiguous.
- Special attention to disabilities – needs to be linked to other standards and to be elaborated upon.
- Care plans – no reference to evaluation
- More emphasis needed for safeguards for children.