

To: SOCIAL WORK COMMITTEE		Subject: THE FUTURE OF CARE HOMES IN SCOTLAND: A CONSULTATION PAPER
From: DIRECTOR OF SOCIAL WORK		
Date: 23 August 2001	Ref: DOD/EOC	

1. PURPOSE OF REPORT / INTRODUCTION

1.1. This report outlines North Lanarkshire Council's response to the above Consultation Paper. The consultation paper provides a marker about future standards. It gives outline information about the Executive's future intentions regarding the application of specific building standards for new builds and for existing residential homes and nursing homes, for staffing requirements and proposed timescales for adherence to these. This consultation is intended to assist Ministers to decide upon standards to be applied and timescales for their introduction.

1.2. Main concerns highlighted were about:

- time-scales and costs
- lack of detail regarding proposed implementation processes and options
- the scope of the paper and the implied general applicability of identical standards to all adult client groupings

2. BACKGROUND

2.1. The Regulation of Care (Scotland) Bill is currently passing through the Scottish Parliament. From April 2002 a Scottish Commission for the Regulation of Care will take over local authority and Health Boards responsibilities for registering and inspecting care services and extend the range of services subject to statutory regulation. The Commission will inspect against national standards to be issued by Ministers.

3. RESPONSE

3.1. Following discussion with the Convener of Social Work a response to the consultation paper was drafted and submitted to the Scottish Executive.

3.2. A copy of this Council's response is attached at Appendix 1 and may also be found with the consultation paper in the Member's Library.

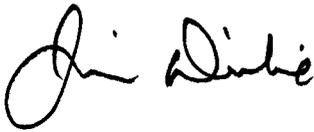
4. CORPORATE CONSIDERATIONS

- 4.1. There are no immediate implications arising for this Council. The outcome of the consultation will be highly influential in defining the Council's future arrangements for providing and delivering residential services including the development of the concept of a single care home. Any such initiatives would be devised in collaboration with Lanarkshire Board and underpinned by national policy initiatives and directions. It is considered premature to act at this stage, beyond the response submitted to the Executive.

5. RECOMMENDATIONS

5.1. Committee is asked to:

- (i) homologate this Council's response to the consultation at Appendix 1;
- (ii) remit the Director of Social Work to bring forward further reports relevant to changes in expected service standards.



Jim Dickie
Director of Social Work
12 July 2001

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North Lanarkshire Council comments on The Future of Care Homes **A Consultation Paper Issued by the Scottish Executive**

Introduction

The following is North Lanarkshire Council's response to the consultation. Comments follow the order set out in the consultation document. Main comments are reserved for building and staffing standards, time-scales for implementation and the lack of cohesion in the way the document is set out.

The publication of this document, alongside others bringing forward the modernisation of social services, is broadly welcomed.

1. Legislative definition:

The document's focus on all adult groupings is too broad based. It sets out to apply to an extremely diverse range of types of residential and nursing home services for older people but fails to recognise the separate and distinct needs of other adult groupings or to emphasise service distinctions.. This failure to emphasise fundamental differences between types of adult services will detract from the particularly significant changes expected to take place in certain of those services, in particular those for older people.

Its content appears most applicable to services for older people. An emphasis is given to revised space specifications for accommodation and timescales for implementation of changes. That information would have been better included within the draft national standards relevant to each particular client grouping. In other areas, for example, in relation to single care homes, risk assessment and building specification there is a distinct lack of detail provided and this hinders scope for comment.

2. Objectives of Care Homes

The arguments for changes in setting out care objectives and models of care are well made.

The term "home for life" has been widely expressed over the past decade and it may be helpful to include that this concept is now regarded as less relevant in many circumstances where adult residential care services have been developed.

This section of the document gives some emphasis to wider service options, other than residential and nursing homes, often being more appropriate. It would be useful to add that a range of home-based and residential/nursing services will continue to need to co-exist.

Reference to the "development of flatlets" does not accurately represent the extent to which these models currently exist nor that in many instances these may prove difficult for very frail elderly people to manage. Rather than promotion of a specific model reference to improved space standards and measures which promote principles of ownership and control need to be emphasised.

Importantly the document makes clear the distinction between quality of care and quality of life and emphasises that the latter is the principle objective of care. In developing the quality of care concept it would be helpful to emphasise that not all revised standards will require major costs to be incurred.

3. Style of Future Accommodation

This section states the obvious, but not always the reality, that “future design features and adaptations should reflect the needs of users”. The flatlets model is again emphasised and, even if unintended, its second reference within the first three sections suggests this as a favoured option. Given current difficulties experienced by many providers in relation to reducing shared rooms and creating en-suite facilities, the development of flatlets is likely to be interpreted as aspirational rather than realistic.

This section makes no reference to size of residential and nursing developments. Recent new-build examples, particularly in the nursing home sector, has been of establishments to accommodate between 60-80 persons. Even where larger homes are broken down into smaller units there is a higher likelihood of inattention to individualised care and to diminution of quality of life issues. On that basis it is suggested that reference to establishment size is included within any physical standards criteria being devised.

4. Physical Standards

(i) **New build** - In principle it is agreed that proposed future higher service specifications be applied to new build designs.

The ordering of this section should be reviewed as reference to physical standards is interspersed with points on staffing matters.

The following points are made:

- there may from time to time be justifiable argument for a small number of shared rooms or single rooms which can be divided by partition. There is no time-scale set for achievement of this standard nor is it clear whether it applies to only single rooms being available. On that basis it is suggested that a ratio of single to double rooms is set, possibly at around 90-95%
- the inclusion of ensuite facilities including a bath or shower may not always be appropriate, for example, in small scale units or where residents are likely to be unable to utilise these.
- The size of bathrooms is less critical than their design and the need to ensure that space requirements allow for appropriate positioning of hoists and space for staff to provide assistance.
- Clarity is needed on the different types of lift referred to as certain types of lift, for example stair lifts, have been found unsuitable for physically frail people to use independently.
- There is no reference to staff/visitor facilities.
- It should be emphasised that SVQ level 2 should be regarded as a **minimal training standard** for staff.

- Reference to trained/untrained staff must clarify that proposed ratios apply to those staff involved in direct care.

(ii) Transitional Arrangements for existing homes

This section sets out to address the tension where some existing accommodation standards are considered to be currently acceptable, but unlikely to be regarded as such in the long term.

The document refers both to being prescriptive about sizes and timescales for changes alongside negotiating of changes between the inspector and provider. This leads to a lack of clarity about the way forward. The document infers/presumes agreements being reached when in reality, in many instances, that aim will frequently be subject to dispute and extremely difficult to achieve.

If a joint and cooperative response is intended to achieve the revised standards it is suggested that any plans should seek a commitment to phased, year on year improvements, as distinct from the setting long-term targets. That would allow a better measure of proprietors' commitment towards improvement and counter moves whereby providers defer taking improvement action to achieve standards prior to timescale deadlines.

It is understood that existing local authority services will not be treated as newly registered services and instead be subject to application of transitional arrangements. The achievement of revised building standards will place substantial financial pressures on local authority and independent sector services alike, both in terms of lost revenue through reduced capacity and refurbishment costs. In the case of this local authority there will be substantial costs and placement losses in achieving single room targets and providing ensuite facilities. The document makes no reference to mechanisms to address funding issues.

It is suggested that consideration is given to prioritising certain of the standards to be improved upon or to setting graded percentages towards achievement of full compliance as a phased way forward. The range of revised physical standard requirements is substantial and financially demanding. It is suggested that consideration be given to limiting these initially to single rooms, en suite and lockable private facilities. Whilst it is clear that the requirements of the Disability Discrimination Act should be met with regard to all public areas and that required door widths should be met for all rooms used by wheelchair users, full adherence involving corridor, room and door widening may not be immediately necessary throughout all areas of all establishments, depending upon residents needs.

Specifically time-scales for adherence in relation to single room availability for all homes by 2003 is unrealistic. We would suggest that phased targets in relation to a percentage of the total rooms being for single occupancy is pursued. Around 90-95% is suggested over 5 years.

There are no time-scales for adherence to the Disability Discrimination Act, although the later referred to standards for door widths is a direct reference set against a time-scale for 2003. It is suggested that where door entry for wheelchair users is identified as a problem, these would require immediate remedy and that resolution of wider problems should be phased.

The target for provision of ensuite facilities in 100% of rooms by 2007 may not always be appropriate, for example in smaller homes. Whilst the proposed 6 years time-scale allows for phasing and ample time for carrying out this work it is suggested that Providers must be encouraged to make early decisions about whether or not building design and financial circumstances are likely to allow for such major change. Where non-compliance with this standard is likely there appears little merit in deferring decisions on continuing service until 2007.

5. Staff training

This section generally refers to the regulation of the workforce and in particular the transition arrangements in relation to the "fitness" of existing managers. The proposed development of occupational standards, seminars and study materials is welcomed.

6. A care home service for different people

This section alludes to the concept of the single care home and to development of specialist services. The opportunity to better explain the concept of single care home is a major omission and its inclusion warrants further consideration.

The concept of specialist units being developed and resourced by staff who have specialist expertise is welcomed. The document should link this concept to the need for the Commission to take this into account when defining its registration categorisations. There are current nursing home examples where a specialist "dementia" categorisation can be approved on the basis of an RMN being on duty at all times. Those arrangements must be subject to early review.

7. Assessment of Need

The concept of single shared assessment undertaken prior to admission is fully supported. Similarly there is little disagreement that principles of placement choice be as far as possible adhered to. Often it is financial considerations and requirements for third party contributions to board charges which impede choice. Work is ongoing at a national level in the development of joint assessment tools.

8. Informed Choice

This section helpfully emphasises the importance of written information about services provided. The checklist of areas which should be included in brochures or leaflets is by no means exhaustive but covers key points.

9. Fees

There is agreement that fees should be needs related. This will be necessary in developing the concept of single care homes and will require clear assessment and mechanisms for review. There have been many instances where claims for additional monies are made without evidence of "exceptional circumstances". For fees to be needs related there will need to be specific identification of level and nature of support required and for agreed fee levels to be set for general client group categories.

In reaching an appropriate rate the concept of including a defined amount for staff training would be a positive measure and allow for measure against training targets.

Given the Working Group's focus on building and training standards and the proposed concept of joint agreement on implementation it is suggested that there may be merit in considering further whether general fee rates should be linked to compliance with the proposed revised standards.

10. Equipment

Comments in relation to equipment are noted. This Council has already made substantial progress in pooling health, social work and housing budgets in relation to equipment. The principle that people in care settings have the same access and use the same routes as people in the community is one which would be supported.

Conclusion:

The vision for the future presented appears to be that of a single care home model available to all client groupings which sits in a wider context of specialist residential and community based services. That concept is not explicit in the text, this despite the document being devised by the Single Care Homes Working Sub Group.

The document implies its wide application to all adult services but it is that very diversity which renders many of the building design features and specifications put forward as less appropriate for certain client sectors settings. Many current developments in the fields of learning disability, mental health and physical disability have brought about the creation of independent living services whilst many residential/nursing services in care of older people are now aimed at people with higher dependencies. On those basis it is argued that information about physical standards should be included in and considered with draft outcome standards currently being prepared for each client grouping.

At this stage providers' main concerns and interest focus on the cost implications and time-scales for implementation of standards and whether in the future they will be in a position to continue to deliver services which meet revised staffing and building standards. This consultation document does not substantially help to take these points forward. Whilst it is positive that the document seeks to strike a balance between prescription and negotiation with providers it fails to identify processes whereby homes might reasonably be expected to move towards or phase their efforts towards achievement of standards or closure of service.

The inclusion in the document of general information about principles and other related areas such as assessment, fees and written information detract from what should be the document's main theme, future standards. Some of these secondary areas are already subject to consultation, piloting and fuller consideration.

Jim Dickie
Director of Social Work
12 July 2001