

## NORTH LANARKSHIRE COUNCIL

## REPORT

To: SOCIAL WORK COMMITTEE		Subject: MODERNISING SOCIAL WORK SERVICES IN SCOTLAND: DRAFT NATIONAL CARE STANDARDS SECOND TRANCHE
From: DIRECTOR OF SOCIAL WORK		
Date: 23 August 2001	Ref: DOD/EOC	

**1. PURPOSE OF REPORT / INTRODUCTION**

- 1.1. This report informs members about consultation which has taken place in relation to a second tranche of draft National Care Standards for care at home services; for services for people with learning disabilities; for services for care of people with physical and sensory impairment, and for care of people with alcohol and drug misuse problems.

**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 second tranche of draft standards has 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 third tranche of standards which will include: early education; adoption; day care; short breaks and respite care, nurse agencies and offenders.

**3. RESPONSE SUMMARY**

- 3.1. A copy of the Council's response for homologation is attached at Appendix 1 and has also been placed with the consultation paper in the Member's Library.
- 3.2. Moves towards devising national standards are welcomed and in broad terms there is no major criticism of the content of standards. In general the standards are considered relevant and to be written in plain, easily understood language.
- 3.3. The Council's response emphasises that the draft standards predominantly refers to traditional types of service and seek more explicit acknowledgement in the document that many recent and current service developments are based on upon models of service delivery which are substantially different from those generally described.
- 3.4. Minor criticisms are made about format, consistency and omissions. Concern is expressed that standards applicable to some client groupings are clearly based on outcomes for service users, whilst others are based on inputs.

3.5. Many of the core standards are common to all client groups, yet are described in each section in different ways. It is considered that this may create ambiguity. In its response the Council proposes that a preferred and more user-friendly approach would be for a common set of standards to be devised for all client groups with a separate covering section provided for each which emphasises their uniqueness and any critically important differences

#### **4. CORPORATE CONSIDERATIONS**

4.1. There are no immediate implications arising for the Council, and longer term resourcing implications will be more clearly identified dependent on the finalisation of standards.

#### **5. RECOMMENDATIONS**

5.1. Committee is asked to:

- (i) homologate this Council's response to the consultation;
- (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**  
**12 July 2001**

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# **NORTH LANARKSHIRE COUNCIL COMMENT ON DRAFT NATIONAL STANDARDS -SECOND TRANCHE**

## **Introduction**

North Lanarkshire Council welcomes the move towards national standards and fully acknowledges the complexity of this task being undertaken by the National Care Standards Committee and the various working groups.

The standards in relation to care at home services and services for people with learning disabilities were widely circulated to independent sector providers for comments. Time-scales for consultation necessitated that any comments be made directly by providers to the Executive.

This response predominantly relates to standards for care at home services, for people with learning disabilities and for people with drug and alcohol misuse problems.

## **General**

This Council's previous response in relation to the first tranche of standards is restated. Given the similarities in the principles underlying the core standards consideration should be given to creation of a briefer, common set of standards with additional "client group specific" standards added as required. This would promote commonality, consistency and provide information in a more concise and universal form. These common standards could form the basis for regulation under Section 24 of the Regulation of Care Bill.

## **1. Standards for Care at Home**

Care at Home Standards largely appear to relate to traditional models of care at home when in fact many of the services currently being developed across Scotland are based on Supported Living models, devised around and heavily influenced by the views of the individual service users.

The preamble deals with many of the current issues besetting home care services. It does not allude to that found fairly common in home care situations of difficulties stemming from over-familiarity between staff and residents developing over time and lack of adherence to boundaries. Nor does it give reasonable account to the contextual pressures, vulnerabilities and monitoring difficulties often experienced in home care settings. Anticipating these types of difficulties requires providers to have effective monitoring and a range of quality assurance measures in place. Such a requirement is not emphasised in the standards.

The format of dividing each section into 3 parts outlining users' expectations, requirements on the provider and the nature of evidence provides cross-checks and referencing on key

areas of practice. The format for care at home is less explicit in identifying the “evidence base” than the other three sections.

The numerical ordering of standards continuously between 1-109 will serve little purpose when finalised and it would be better that numbering reflected the different subsections. The listings and similarity of standards in different sections, for example 11 & 27, may lead to providers simply regarding these as checklists. Also, ordering and grouping of standards requires attention for example in 47 -51 standards on personal care are interspersed with financial standards.

There appears to be an inappropriately strong focus given to policies and procedures and to ensuring staffs’ familiarity with these. There is no reference to these being “appropriate” or “user centred” and in many instances these policies and procedures will need to be more clearly defined.

The focus on input standards is understandable in the context that there will be a reliance on monitoring the organisation rather than individual service users. This should not disregard the onus on service providers to seek to establish user outcomes and for these to be maintained on record and so not exclude the regulators for seeking confirmation of user outcomes.

Notwithstanding comments on outcomes the following input standards are identified as possible omissions:

- providers premises;
- areas for assessment and review;
- record keeping;
- staff supervision;
- food hygiene training;
- references from current & previous employer;
- home security;
- staff identification measures.

## **2. Standards for Care of People with Learning Disabilities**

As already stated in the home care section the residential model of service for people with learning disabilities is increasingly become less accepted as the model of service being commissioned or purchased. On that basis, the standards are welcomed, but on a cautionary note there will be a need to define standards for people with learning disabilities who are neither accommodated in traditional residential care or supported by domiciliary services.

The attempt to provide standards in language that is plain and easily understood is welcomed but requires further edit. An example is in the italicised text of page 26 which reads “I can expect support to learn from poor outcomes” which could read “I would expect support if things do not work out very well”. The term “citizen advocate” is explicitly used although unlikely to be easily understood. Use of that term also appears to promote a very specific type of advocacy in favour of several others.

The use of person centred planning for people with learning disabilities is appropriately emphasised. On page 22 the term essential lifestyle planning is referred to as if it is interchangeable when in fact this is one of several person centred planning tools available.

The tensions in delivering person centred outcomes in services configured on a group basis are alluded to in para 6 page 23 with the statement “ ... acknowledgement of the person’s right to make choices about his/her own life in the context of what the service network can itself provide and negotiate”. The latter part of this sentence weakens the resolve to provide person centred outcomes by placing these within the confines of the service.

There are no major comments to make in relation to the specific topic areas. These appear to be comprehensive and helpfully detailed in areas where there has, in the past been a lack of guidance: sexuality, challenging behaviour, invasive health practices and finances.

### **3. Physical Disability and Sensory Impairment**

There is no substantial comment to be made on specific standards, which clearly focus on a rights based model throughout.

### **4. Drugs and Alcohol Services**

In general there is a duplication across topic areas, not dissimilar in style and detail to that found in the first tranche of standards.

The standards proposed for care of people with drug and alcohol misuse problems will assist social work staff in this field to be clearer regarding assessment, planning and placement measures and ensure that the social care model is given its due profile. It is envisaged that the detailed attention given over to care planning and care management will assist in ensuring improved accountability of both health and social work professionals in this area of work.

page 83 Pre-admission

The requirement for appropriate assessment and planning pre-admission are welcome. Current practice often readily omits this critical stage and inadvertently promotes the perceived notion that services for people with substance misuse difficulties should be regarded and treated differently from other client sectors. Similarly, relevant references to assessment, care planning, visits to units, availability of written material re: units, health care needs, etc, will greatly assist in reviews of current care practice and help provide a stronger focus on outcomes.

p.88 - Moving on

The requirement to establish future planning at an early placement stage and clearer linkage between the placement and service users identified needs provides a welcome contrast to current practice in many settings. Poor planning and inappropriate placements often arise due to care managers being ill-informed and pressures from client/family to safeguard and protect. Standards in this section should assist achieving practice improvements and ensure that assessment and care management models applied to other client groupings are as relevant to those misusing substances.

The requirement for residential staff to ensure that service users are actively involved in making plans for departure and discharge and for linking with community agencies throughout the duration of the placement reflects best practice. This should encourage both the providers and care managers to ensure that goals are identified from an early stage and clearly worked towards.

p.98 - Units for families with young children

The guidelines in this section are fairly clear but more emphasis in the initial section (Care Managers) regarding assessment arrangements for use of such a resource would be beneficial. Assessment of need is described as requiring to be “comprehensive” but any decision to place children in an environment for residential rehabilitation would require extremely careful consideration. That aspect should be further emphasised on page 98.

p.106 - Choice and Well-being

Firm references to quality of life issues of informed choice, advocacy and rights are well stated. Service users who misuse substances will often have an impeded capacity for “informed choice”. The proposed standards will help ensure that users interests are protected and that routine consideration is less likely to be routinely or automatically given to residential rehabilitation as the single option.

**Jim Dickie**  
**Director of Social Work**  
**12 July 2001**