

# Care Commission Forum

## Local Events



**Dunoon**  
**16 September 2008**  
Queens Halls



**Oban**  
**17 September 2008**  
Corran Halls

# Event Summary



## This report is a summary of the consultation events we held recently in Dunoon and Oban.

Each year we hold at least two Care Commission Forums, these are usually national events held in the central belt. This year we are taking our events to smaller towns in specific areas to find out what people think about the quality of care services in their local areas. The first event was in Dunoon and attracted over 60 delegates and the second was in Oban with over 50 people attending.

The delegates included providers of care and others with an interest in care in the local area – but more importantly we welcomed the views of the many people that attended who use a care service, their carers and relatives. Everyone had the opportunity to have their say through digital voting questions, during various discussion groups and at the ‘ask the panel’ session.



scottish commission for the regulation of care

Programme

17:15 - 17:45 Registration, buffet and refreshments

17:50 Welcome and introduction  
Professor Frank Clark CBE, Convener, Care Commission  
Frank was appointed Convener of the Care Commission in October 2006. He has over 40 years of experience in the field of health care in the NHS and latterly was Director of Strathoarron Hospice.

18:10 What we know about the quality of care in your area  
Jacquie Roberts, Chief Executive, Care Commission  
Jacquie has led the Care Commission since it began operating in April 2002. She was previously Director of Social Work for Dundee City Council.

18:30 Small 'café style' discussions

- How is grading improving the quality of care?
- What are the best ways to involve people who use services and their carers?
- Are the National Care Standards helping people to get the quality of care they should expect?

19:30 'Ask the panel'  
Professor Frank Clark CBE, Jacquie Roberts and Gill Swapp, Regional Manager will be on the panel to answer your questions.

20:00 Close and refreshments

20:30 Departure

Improving care in Scotland

## Welcome and introduction

The events were opened by our Convener, Professor Frank Clark who gave a warm welcome to everyone. We operate as Scotland's care regulator. Good regulation gives people confidence that care services are of a good standard and protects the most vulnerable in our society – young people and older people. Regulation also identifies good practice as well as areas that can be improved, which leads to better quality services.

The events were about giving local people the opportunity to have their say. What you tell us is important, will not be forgotten and genuinely makes a difference. For example, the Scottish Government's National Care Standards spell out what people who use different services have the right to expect. However, these don't stand still and to remain current and relevant to people using services, content is updated and changed by using comments and suggestions from the people using the services. The information we collect will be given to the Scottish Government.

Everyone's views were openly discussed and written down throughout the evening; so that we can continually learn from everything people tell us.

A short DVD was shown explaining 'Who we are and what we do'. This was followed by some quotes people who use services have told the Care Commission. They contained some powerful messages.

1. My biggest concern is looking after my mother every day and getting some regular help with that. (Carer)
2. What's important to me is that my personal clothing, which is taken from my room daily, is laundered at the right temperature and returned next day. (Older person living in a care home)
3. It gets me upset when I ask for my name to be used and they shorten it. (Young person in residential care)
4. They didn't treat it like a residential, they treated me like family. Basically there was one worker who treated me like a son, it's more like a family home than residential. (Young person living in care)
5. Clean toilets which do not smell. That's important. (Older person living in a care home)
6. My dignity was respected ok but sometimes you heard staff talking about somebody. That's not respect. (Young person living in residential care)
7. I have learning difficulties and the communication between my foster parents, school & social worker, helped me to stay on at mainstream school and leave school with seven standard grades. (Young person in foster care)
8. I wouldn't actually contact the Care Commission unless I had a problem, but I know they are there if I need them. (Parent of a child in a nursery)



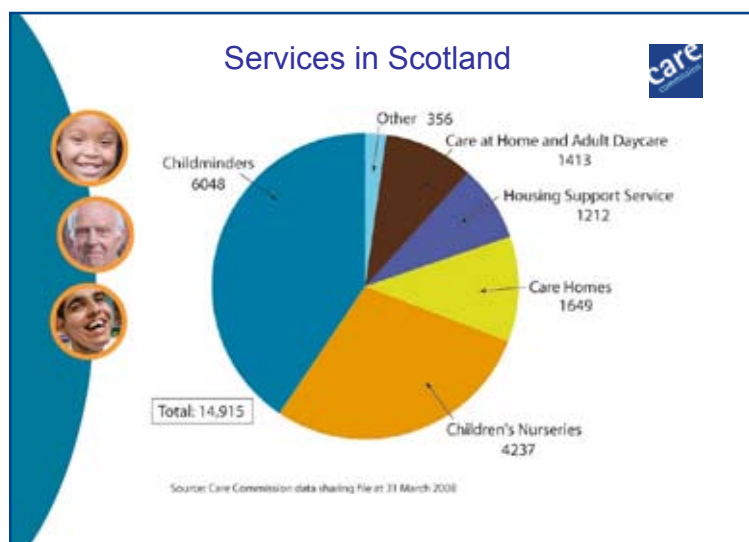
# The quality of care in Argyll & Bute and Inverclyde

Presented by David Wiseman, Deputy Chief Executive in Dunoon and Jacquie Roberts, Chief Executive in Oban.



## What we know

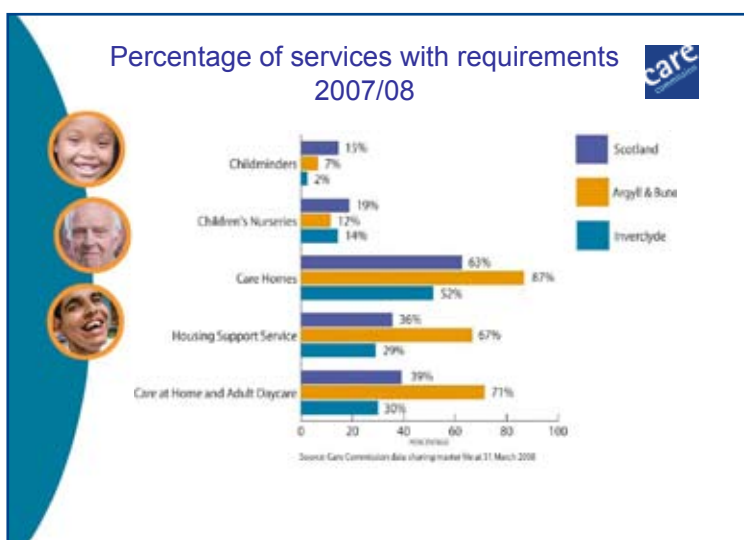
They reported that there are nearly 15,000 registered services throughout Scotland including childminders, children's nurseries, care homes for older people, care at home and adult daycare services and that the split throughout Argyll & Bute and Inverclyde is very similar. However in percentage terms there are slightly more care at home, adult daycare and housing support services in Argyll & Bute but fewer care homes than in other areas.



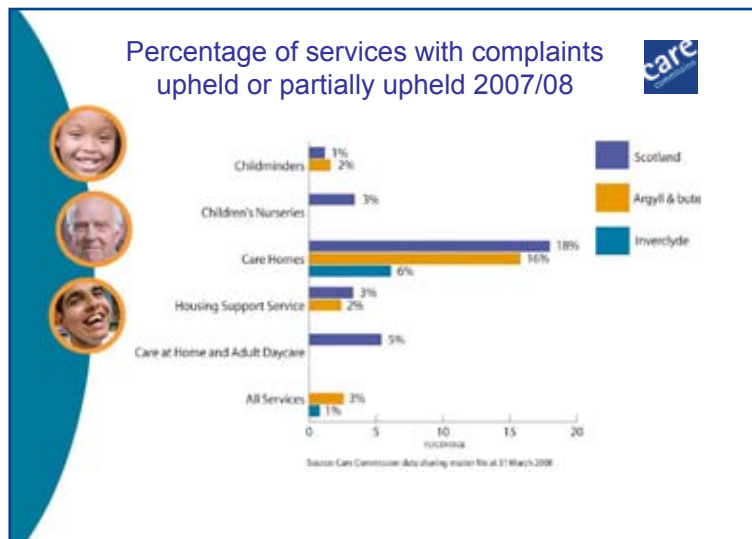
Grading will be a good indicator of quality. However, until all services have been awarded grades, we can look at the percentage of services with requirements. A requirement is a statement that sets out what a service must do to comply with the law. Failure to meet a requirement in a specific timescale could lead to enforcement.

Childminders and children's nurseries have a lower percentage of requirements in Argyll & Bute and Inverclyde than the rest of Scotland. However, Argyll & Bute have a higher percentage of requirements than the average rate in Scotland in care homes, housing support services, care at home and adult daycare. We do know that some of these requirements relate to the environment and that many services in this area operate in older buildings that cannot be changed easily.

Another quality indicator is the number of complaints made to us that are either upheld or partially upheld. This shows a very different picture with only childminders in Argyll & Bute having a higher number of complaints than the Scottish average.



Care homes have a similar number of complaints to the Scottish average. Given the number of requirements they have we would expect this to be higher. It may be that people are less likely to complain because they don't have high expectations or they don't know about the National Care Standards and what standard of care they should be receiving.



All services inspected are now awarded grades. We think that giving grades to services is a much better and simpler way for people to understand what we think about each service. Most services are graded against four quality themes:

- Quality of care and support
- Quality of environment
- Quality of staffing
- Quality of management and leadership

Each theme gets a grade ranging from 1-6, with 1 being unacceptable and 6 excellent. Each service will have four grades – there is not one 'average' grade for all the themes. This is important as different people will think some things are more important than others depending on their specific requirements.

**'For services to gain higher grades they need to show that they have fully involved the people who use their services.'**

As we are only part way through the first year of grading, we can only give a national picture for the early trends – we don't know yet whether Argyll & Bute or Inverclyde will be any different from the rest of Scotland.

In Scotland so far:

- Childminders have the most higher grades and fewest low grades
- Care homes have the most low grades and fewest high grades

We can see that grading is highlighting the areas that need to be improved and giving a clearer picture about what providers need to do to improve their service.



## Café table style discussions

Tables were set up with coloured paper table cloths and marker pens. Delegates moved around three tables to discuss three different important topics. Everyone's views and comments were recorded by writing them on the table cloths.

Delegates spent 15 minutes at each table, but a host at each table helped the discussions flow freely and ensured that everyone said what they wanted to and that their key points were captured. This format was relaxed and informal.

### What you told us

#### Grading for improvement: main points and suggestions

- Good grades should be maintained and not be allowed to slip between inspections.
- Things shouldn't be done just because the Care Commission is coming.
- Good grading can make a service the 'service of choice' locally.
- Publicise inspection and gradings locally.
- A person that uses a service liked grading because it was clear and is a visual tool.
- Grading system has to be robust.
- A need for the assessment to be truly independent.
- Grading will help users get more involved and also help user to assist provider get a better grade.
- Self assessment form initially appears daunting. Drop down boxes cannot be printed out. Therefore cannot be shared with users.
- Don't rely only on qualifications. There are some excellent unqualified staff.
- Need an easy read version of self assessment form.
- Change complaints from negative to constructive.
- Concerned about consistency of inspectors.
- Agree on grading – areas of weakness can be targeted to improve them – target sets for next inspection and SUPPORT is given from Care Commission to improve service.



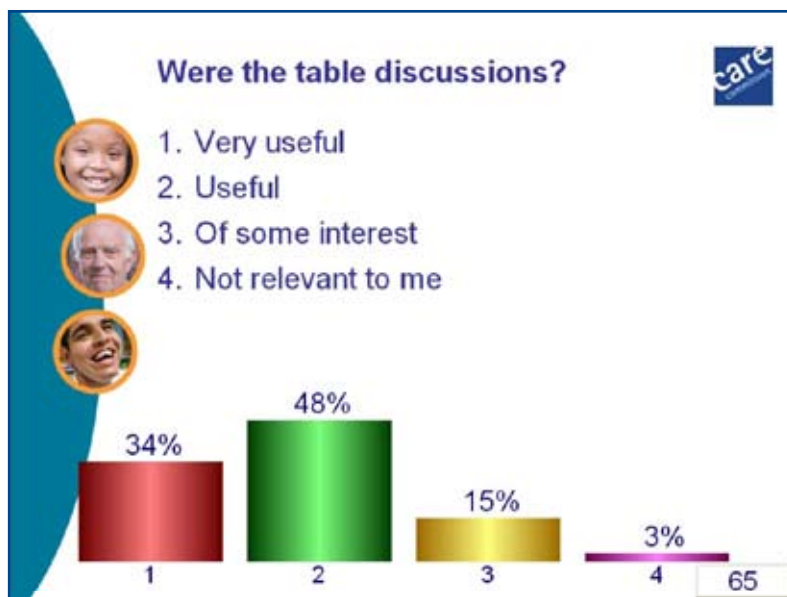
Voting result from the Oban event

or 2 even if other aspects are excellent, iniquitous, insupportable, you already have requirement tool to make improvement. This needs changing.

- Negative comments
  - Grading inspection felt hostile.
  - Was told that it's not the inspector's role to give advice on how to improve.
  - How can it be applied consistently?
- Positive comments
  - Clearer for people looking for a service to determine the best services.
  - Encourages service provider to aim higher to improve score.

#### National Care Standards (NCS): main points and suggestions

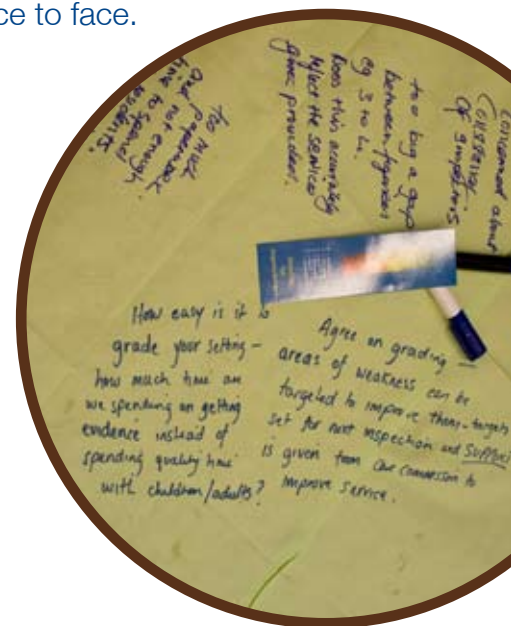
- Easy Read version wanted with photos and graphics.
- Not enough awareness.
- Private sector gets easier ride than Local Authority.
- NCS gave a focus.
- Easy to understand.
- Increase unannounced visits.
- Don't think NCS are improving services yet.
- Do feel safer knowing they are there.
- Aware of their rights.
- Not always available to parents when choosing a childminder.
- Service user and carers not always aware of NCS.
- Service providers need to promote NCS more.
- Quick guide to care standards.
- Give out a DVD with the Sunday papers.
- Adverts on TV.
- Care standards are a good reference for planning, constant use of a resource to enable providers to meet appropriate requirements.
- Care standards give people a chance to understand what to expect and enables people delivering the service to be more aware.
- Not easy to read.
- There are nurses that have not heard of NCS.
- Wasn't aware of standards previously.
- Higher profile last couple of years.
- More service user awareness of national standards.
- Not accessible enough to client groups.
- SVQ 3 constantly refers to standards which is good.
- Can there be a summary of NCS for service users?
- Authority (local) does not always interpret standards in the same way as providers and Care Commission officers.
- Confusion about linking standards and quality themes.
- Need for funding for upgrading physical side of buildings.



Voting result from the Dunoon event

## Involving People: main points and suggestions

- Parents too busy to get involved.
- Use creative methods not always questionnaires, record conversations and take account of views.
- Suggestion box makes it easier to communicate. It's not easy face to face.
- Service providers not listening.
- Participation groups.
- Young person's groups.
- Supporting people to 'have their say'.
- Elderly are reluctant to use computers for information.
- Remove the fear about talking about personal experiences.
- Use pictures as well as words/or large print (for older people).
- Does the Care Commission make a difference? What impact does it really have? When you sit around a table listening to so many problems?
- Key workers are important to build trust and relationships – continuity of staff.
- Induction days.
- Transparent consultations.
- Feedback group for service users to support better practice.
- Appropriate training for staff.
- Suggestions taken on board for a short time then dropped.
- Continuity of caring.
- Relationships crucial.
- Independent facilitation of meetings.
- Informal discussions work.
- Service users need good services they can get involved in.
- Domineering personalities in group discussions.
- Questionnaires can be daunting to people who use services.
- Probably easier involving children than their parents, children come to planning meeting and makes lots of decisions in the day to day running of the nursery.
- Mailing of new initiatives.
- Use graphics.
- Inclusive communication.
- Would like to be more involved with Care Commission especially as a voice for people who have no one to speak up for them.
- Service user committees independently run (advocacy) service.



Voting result from the Oban event



## Ask the Panel

The evening came to a lively close with an open forum where delegates asked our panel questions on a variety of issues. This session was chaired by Ian Gibson (Dunoon) and Linda Dunion (Oban), both members of our board. The panel included, Frank Clark, Convener, David Wiseman, Deputy Chief Executive (Dunoon), Jacquie Roberts, Chief Executive (Oban) and Gill Swapp, Regional Manager.

### Questions asked in Dunoon

**Q: When I managed one care home the amount of paperwork we had to generate along with finding the time to be advocates and counsellors for a lot of people was over the top. I'm now an area manager for six care homes and they are all getting very different information from different Care Commission officers. For example, care plans that are acceptable in one home aren't in another.**

**Where are these perfect model care plans – expectations are not in black and white, there needs to be more consistency?**

A: All paperwork being generated should be necessary. We want consistency not uniformity. There needs to be consistency but sometimes there is a need for differences in approach. We are very alert to this. This is the first year of grading and we are monitoring the consistency of our staff. Grading challenges us as well as providers.

**'Care plans need to be person centred and will differ from service to service and focus on the needs of the person.'**

Content can be very different between care home to care home and inspector to inspector depending on individual needs.

**Q: Impact of the amount of paperwork on childminders in Argyll & Bute. Once our local childminder de-registers there will no alternatives as she is the only childminder in the area and says she is quitting due to the amount of paperwork the Care Commission is asking her to complete.**

A: We have not had a lot of childminders de-register – and we're not expecting them to.

We are aware there are paperwork demands on childminders. Although we do need evidence, this does not always need to be in written format. There may be a misunderstanding of what evidence means - what a childminder can produce will vary from other larger services and we do try to be proportionate.

For the Care Commission to say 'trust this person to look after your loved one' we need evidence to say this is a safe and satisfactory service. We need access to evidence that they are meeting the National Care Standards.



We have looked at processes in the past and changed them as we have recognised that some were unnecessary and we will continue to do that. We are talking to the Scottish Childminding Association to look at how we can improve the process and find a way to deliver the assurance that we need – but balance the paperwork.

**Q: At the regional training events about grading we were told that grades for each theme will be rounded down. Is this still the same or has it been reconsidered?**



A: There are no decimals in the grading scale – it only has six actual grades. The process we use is similar to that which takes place in the school examination process. The grade is generated from a band of scores and some are rounded down.

What it means is that when you see a 5 you know it's a good 5 and merited that band.

**Q: If you look at a theme and all the areas are 4 (good) and one is weak the whole thing is described as weak. The inspection reports already have requirements – why use the grades in this way?**

A: Taking the view of people who use services and carers, it is very important that there is no disguising that there is a part of that service that is operating below a tolerable level. If we adopted any other method the theme grade would disguise that fact. It is very important that information is publicly and clearly available and this way of scoring achieves this. It allows people to make informed choices.

The solution for providers is that when they fix the issues graded low at 1 or 2, then the whole grade will come up – that way the system forces services to address the issues and improve.

**'Some providers say grading works as an incentive - that's improving the quality of care.'**

**Q: It seems that there is a lack of education, need example material or stronger statements of criteria - a home got one set of suggestions from an officer and then got different suggestions from another officer, so that meant the criteria being used in the inspection wasn't strong enough. Surely this is an area that needs to be looked at?**

A: We have tried to move away from a tick box approach. If we can only measure the measurable you are not getting a true picture of the service. For the first time we are now looking at the quality of the service from the perspective of the person using it and that means judgments will apply and variations will apply. Part of our job is to reduce these variations through a process of development and education of our own staff.

We have quality assured the early part of grading and have been encouraged to find a good level of consistency. Generally, if you are going to focus on a quality basis and ask for judgement we need to accept that there may be varying shades of opinion.



**Q: Everyone keeps talking about care homes and nothing has been said about nursing care. I had to put my mum into a nursing home in Greenock because the homes in Dunoon said they couldn't meet her needs. This has been very distressing as the home she is in is supposed to be a specialist dementia home, but I don't see anything special. From what I can see her needs could have been easily met in Dunoon. Also the food and laundry are disgraceful and there are no social activities – the residents have to entertain themselves. What is the Care Commission's definition of care homes and where do people with specific needs go?**

**A:** The Act defines care homes, and includes what was previously known as nursing homes and residential homes - they now have a single definition, care homes.

Provision of care homes that have the right type of nursing care, for example care for dementia, it is partly about what providers are willing to provide and partly about what Local Authorities require when they commission services. We can provide information which enables the Local Authorities to see the types of care that are available and help inform their decisions, but ultimately they need to make decisions based on their resources and priorities.

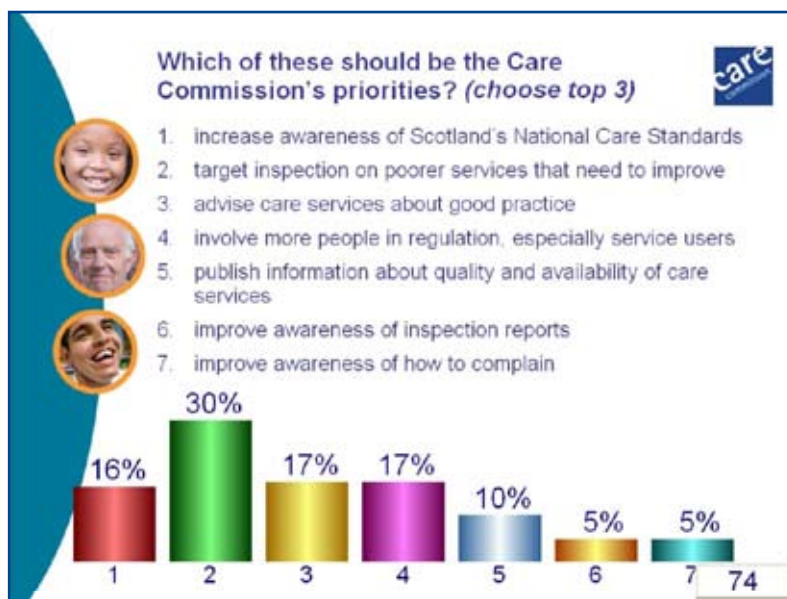
Regarding the specific issues about quality of care in a service, please speak to us. If you have concerns, we want to hear about them so that we can look into them. Our complaints procedure allows you to come directly to us and not the provider. We will either investigate through our complaints procedure or look into them at the next inspection.

Care homes should be able to offer personal care and about 80% provide nursing care. More and more services are providing nursing care as the average age of people in care homes is now 83 years of age. There is an increasing number of care homes employing registered nursing staff to support more complex needs.

**Q: I would like to see an additional section on the reports. At the moment they are based on regulation and focus on four areas. These don't reflect our primary objective which is to maintain abstinence from drugs and alcohol after people who use the service leave. My service statistics show that we are the most successful rehab unit in Europe but our Care Commission report grades us adequate and weak. An additional section/summary which gives specific details would mean people won't disregard the service when looking at grades alone.**

**A recent survey highlighted that people who use the service are 100% satisfied.**

**The Care Commission needs to be more open-minded, which they don't seem to be and stop defending the grading system. It's care standard focused and not objective led.**



Voting result from the Dunoon event





A: Grading needs to be based on what legislation asks us to do along with the National Care Standards. It is important that the quality themes relate to the National Care Standards – they're clearly what we take account of. However, grades are not the only information we expect people to look at when choosing a service, we would encourage people to also:

- Listen to what the service tells them
- Read the whole inspection report
- Read other information that is available about the service

There is also nothing to stop providers highlighting their key selling points. There is much information available and we would expect potential service users to do their homework and get a clear picture of services before choosing one.

**'Inspection reports give details of everything we find during an inspection including the individual statements that make up the grade for each theme.'**

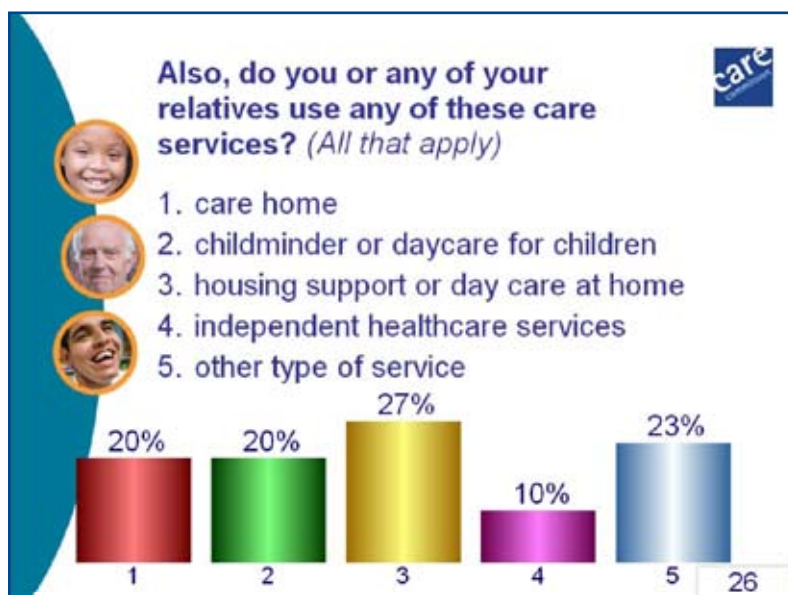
We also take account of people's views (people who use the service, parents and relatives) and reflect them in the reports.



### Questions asked in Oban

**Q: I was annoyed watching the news last night - it talked about a survey that was done by Quarriers and that not many people with disabilities are entitled to a service. Nobody listens to people with disabilities, we are often like ghosts. Nobody tells you what you're entitled to.**

A: What we are now doing as a regulator is making sure, through grading, that providers involve people who use their service. We want the people using services to shape it the way they want it. Providers will not get good grades unless they can show that they are actually doing something in response to what people say.



People with disabilities aren't ghosts, but real people who matter. There was a good suggestion at one of the tables – we should look at the possibility of producing the Self Assessment form in an easy read format. This would allow people using services to be involved with the Self Assessment process.

**Q: The UK government is bringing in new immigration control with different classifications in qualifications. Care home owners are going to need to increase their**

Voting result from the Oban event



costs as the standard of staff they have can't get into the country - care home workers now need a high standard of SVQ's. Why are they not being classified as a qualified worker like anyone else?

Can the Care Commission influence this, as care workers in the next few years won't be able to work as a care worker without qualifications? Social care workers drop down a classification, yet it's a worthy cause just the same as many other jobs.

A: The quality of the workforce is vital. Our sister organisation, the Scottish Social Services Council (SSSC) registers the workforce in social care. We know you can have people that are excellent at what they do but don't have the qualification, particularly with the right training, supervision and leadership. We agree that we need to make sure that people who are keen and committed and want to take qualifications and work in social care should be free to come to Scotland as we depend on them.

In the process of regulating we look at the complexity and dependency of the people in a service and we advise on the kind of staffing needed to care, at a safe and satisfactory level. If a service doesn't have the right staff we can do something about it. We place a high value on having the right people with the right skills needed to do a job. We will feed information on skills and staff shortages back to the Scottish Government to make changes when necessary.

'We would like to see people value staff in the social care sector more. They should be looked after better with better pay and support.'

Q: What is the Care Commission going to do about improving their IT systems so that it works when you fill in your self evaluation form and scores it properly. It's frustrating when you spend time on it, think you've saved it, go off for a break and come back and all your work is gone. I tried three times to complete it online but ended up having to use the paper version.

A: These problems are taken seriously and we will take them back and see what we can do to improve. We know that there have been some problems in certain areas especially regarding broadband in some rural areas and we are looking at how we can influence others to improve the broadband service.

There are also problems with certain Local Authorities 'firewalls', so it may be we need to talk to your Local Authority.

Q: I don't like the term 'service user' and I don't think many people do – I prefer supported person!

A: We agree, we don't like the term 'service users' either and try to use 'people who use services', but it gets quite long and we are guilty of shortening it to service users. Service user makes you more of an object than a person and we take your comment on board.



**Q: Would it not be a good idea if people with disabilities went into care services with Care Commission officers to help get the views of service users?**

A: We do have lay assessors with a wide range of backgrounds who go on inspections. Unfortunately, we don't currently have any in Argyll & Bute. We are currently trying to change this and want to recruit people with a wide range of backgrounds, including disabilities, to go into services with our inspectors. They can communicate well with people who use the services to get their viewpoint and comments.

**Q: We are all taking time to get our heads round all the new paperwork required for grading, is that about to change again with the Crerar report?**

A: Like everyone else we are still waiting to hear the outcome of the Crerar report. Working in public services, the one thing you can be certain of is change!



## What happens next?

What you have told us at these events will be looked at and will be used in our future planning. We listen to what you tell us but change takes time. Over time you should start to see improvements.

What we will do:

- Look at all the comments made and consider what action needs to be taken.
- Pass on your comments about the National Care Standards to the Scottish Government.
- Update our website with more information as we make progress.
- Continue to consult with you using different methods, for example, via our website surveys or events.

'What you have told us at these events will be looked at and will be used in our future planning.'



What you can do:

- Speak to staff at your service about any issues you may have.
- Read the latest inspection report for your service (available on our website).
- Get a copy of the relevant National Care Standards and find out about the quality of care you should be getting.
- Join our involving people group or equality consultation panel or find out about becoming a lay assessor.

All the presentations and voting results are available on our website. If you feel the issues you raised on the day have not been captured in this report, please let us know.

Thanks to everyone for making these events so relaxed, lively and informative.

**Helpline: 0845 603 0890**

**Website: [www.carecommission.com](http://www.carecommission.com)**

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