

Health and Community Care



SCOTTISH EXECUTIVE

Standards of Care and Regulation of Care Services in Scotland



**STANDARDS OF CARE AND REGULATION OF
CARE SERVICES IN SCOTLAND**

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EXECUTIVE SUMMARY

CONTEXT

In April 2002, a new non-departmental body, the Scottish Commission for the Regulation of Care (the Care Commission), assumed responsibility for regulating care services. Previously, regulation was held by NHS Boards, local authorities, Social Work Inspectorate and Her Majesty's Inspectorate of Education (HMIE). The purpose of this report is to provide an overview of how some care services were regulated prior to April 2002¹, focusing in particular on the nature of the evidence gathered and the standards applied. The research also identifies some challenges for the new process of regulation.

AIMS

The aims of the research were to:

- provide a summary of approaches to regulating care services and an overview of the way in which the inspection of care services was reported in inspection reports;
- provide a summary of standards applied in the inspection of care services;
- identify the ways in which good practice, from the service user's point of view, were identified and defined in inspection documents;
- identify gaps in information which should be addressed in future approaches to the regulation of care services;
- provide a summary of the extent of provision of care services at the time the new system of regulation was inaugurated.

METHODS

Information was drawn from regulation literature produced during the years 1999-2000 and 2000-2001. A sample of inspection reports from a range of regulatory bodies including local authorities, Health Boards and HMIE was analysed with reference to: how the information was gathered; how it was analysed and presented for public scrutiny; the type of standards used; and techniques for accessing user views.

In addition to analysing the reports of regulatory bodies, the quality and helpfulness of published statistics, Scottish Executive commissioned research and Accounts Commission publications were also reviewed.

The report examines three main inspection areas: pre-school education and care, residential care and care provided in private homes, including child minding. Having considered the inspection processes adopted in these areas, the report concludes by making some general points about the nature of inspection prior to the establishment of the Care Commission. These are presented together with discussion about future directions for inspection in light of the new National Care Standards.

¹ This does not include the inspections of care and welfare of residential pupils carried out by HMIE.

FINDINGS

The report identified considerable variation in inspection practice across Scotland. This has seen some areas subjected to multiple inspections and others, particularly those providing home care, not being subject to regulation and inspection at all. Variation has occurred at a local level with different standards employed by different inspection agencies, together with variation between agencies. For example, some care homes have been inspected by health board and local authority inspection teams employing different sets of standards.

HMIE has routinely used lay members and associate assessors over the last few years. However, only recently has the salience of peer review and lay inspection begun to be recognised by other inspection agencies. Similarly, with the exception of HMIE, the audience for inspection reports has not always been clear. Inspection reports have not routinely been available in alternative formats and community languages.

Overall, the voice of the service provider was more prominent than that of the service user. Inspection reports accorded very little weight to service users' views and methodologies generally and did not convey a clear impression of what it felt like to be a person using a particular service. It was also evident from the content of reports that inspectors generally spent a considerable amount of time checking policies and procedures and interviewing providers before speaking to users. HMIE inspections do not follow this pattern but are user focussed and the bulk of inspection time is spent understanding how it feels to be a user of the service.

The key challenges arising for the Care Commission that emerge from this report focus on the following issues:

Implementation of integrated inspection arrangements

This will require those undertaking inspections to consider the way in which the service enhances the individual's quality of life. This is likely to be challenging and will call for a considerable amount of co-operation and re-thinking by some inspectors.

Ensuring consistent and flexible services

Consistency is necessary to compare services and develop a national picture of service development, but at the same time inspections must reflect local circumstances.

Enforcing regulations whilst using human and professional awareness

In order for service users and providers to have confidence in the inspection process, inspectors must ensure that any inconsistencies are rapidly identified.

Capturing the voice of the service user

Given past difficulties in incorporating the views of service users, innovative methods are likely to be required to ensure that a range of views are included and a balanced account is presented.

CHAPTER ONE INTRODUCTION

REFORM OF THE INSPECTION OF CARE SERVICES

1.1 In April 2002, a new non-departmental body, the Scottish Commission for the Regulation of Care (the Care Commission), assumed the responsibility for regulating care services which was previously held by NHS Boards, local authorities, Social Work Services Inspectorate and Her Majesty's Inspectorate of Education (HMIE). The purpose of this report is to collate information on how some care services were regulated prior to the change², focusing in particular on the nature of the evidence gathered and the standards applied. The report will provide a baseline, so that information generated by the new regulation system may be compared with the type of information produced under the former regulation regime.

1.2 The new system of regulation established by the Regulation of Care (Scotland) Act 2001 is informed by the principles exemplified in the White Paper *Aiming for Excellence: Modernising Social Work Services in Scotland* (The Scottish Office, 1999). This document noted that there were 42,000 vulnerable people living in residential homes in Scotland whilst others receive social care in their homes. Nursing homes were regulated by the Nursing Homes Registration (Scotland) Act 1938 and residential care homes by the Social Work (Scotland) Act 1968. The White Paper argued that there was a need to update this legislation. In addition, it was argued that a formal system was needed to regulate care given to people in their own homes. The legislation governing the regulation of day care for children, the Children Act 1989, required those providing day care and childminding services for children aged under 8 years to register with the local authority. The local authority was required to inspect these services at least once a year. It was felt that inspection taking place under this legislation also required updating to take account of the expansion of the sector, and also the growing emphasis on the integration of pre-school education and care services (see Chapter 2 for more details).

1.3 Overall, the White Paper identified three distinct problem areas in relation to the regulation of services. These were:

Lack of independence – Local authorities were responsible for regulating residential care homes from which they purchased services and which were in competition with the council's own homes. Councils were responsible for purchasing, providing and regulating residential care. There was therefore a potential conflict of interest.

Lack of consistency – The thirty two local authorities and 15 Health Boards employed different service standards, creating uncertainty for people who used services and those who provided them.

Lack of integration – Separate regulatory frameworks made it difficult for nursing home owners to provide nursing and non-nursing care from the same establishment. In addition, pre-school providers of education and care were subject to different inspection frameworks.

² The remit of this report does not include the inspection of care and welfare of residential pupils carried out by HMIE.

1.4 As a result of these observed weaknesses, it was proposed that a Scottish Commission for the Regulation of Care (the Care Commission) be created, with responsibility for the regulation of care services. The regulation of day care should be extended and statutory regulation of care at home should be introduced. Finally, improvements should be made in the way in which registration and inspection were carried out. The Care Commission should take account of the National Care Standards published by Scottish Ministers in any decisions it makes in respect of registration and inspection of the following care services:

- Support services
- Care homes
- School care accommodation
- Independent health care
- Nurse agencies
- Child care agencies
- Secure accommodation
- Offender accommodation
- Adoption services
- Fostering services
- Adult placements
- Child minding
- Day care of children
- Housing support services

THE REGULATION OF CARE (SCOTLAND) ACT 2001

1.5 Under the terms of the Regulation of Care (Scotland) Act 2001, these proposals were implemented. The Scottish Commission for the Regulation of Care became operational on 1st April 2002 and a new system for regulating care services is currently being introduced. Part 4 of the Act set out the following general principles underpinning the Care Commission's work:

- The safety and welfare of all persons who use, or are eligible to use, care services are to be protected and enhanced;
- The independence of those persons is to be promoted; and
- Diversity in the provision of care services is to be promoted with a view to those persons being afforded choice.

1.6 Section 5 of the Act requires that the National Care Standards and the Scottish Social Services Council's code of practice for employers shall both be taken into account when monitoring whether a care service is satisfactory.

1.7 Section 25 of the Act gives the Care Commission the power to obtain any necessary information it needs and to enter and inspect care services. Care homes, school care accommodation, secure accommodation and independent healthcare facilities that provide overnight accommodation are to be inspected twice a year and all others inspected at least once a year. There should be a mixture of announced and unannounced inspections. Interviews will take place with those who use services, staff and managers and may be supplemented by medical, dental and other examinations as necessary.

1.8 Section 26 outlines how the Care Commission and HMIE should collaborate in regulating and inspecting care services where they share a common interest including school care accommodation services, secure accommodation services and day care of children which is to any extent provided in the form of an educational activity.

THE PURPOSE AND PRINCIPLES OF INSPECTION

1.9 The Care Commission was set up under the Regulation of Care (Scotland) Act 2001 to establish a new unified system of registration and regulation of care services in Scotland which puts the safety and well-being of users at its heart. The aim of the Commission is to ensure improvement in the quality of care services in Scotland respecting the rights of people who use those services to dignity, choice and safety.

Reflecting social diversity

1.10 In order to ensure that inspections reflect the interests and concerns of a wide range of service users, efforts should be made to recruit lay inspectors using public advertising and transparent selection procedures that value diversity. HMIE already has a system of recruiting and involving lay members in school and college inspection teams. Lay members have no direct connection with the education system and do not inspect the learning and teaching but look at the quality of provision from the point of view of the user (parent/carer or child). In addition, associate assessors who work within the relevant education sector are involved in most inspections and undertake an educational inspection role.

1.11 To summarise, the new inspection regime being implemented by the Care Commission emphasises accessing the user voice, quality of life issues, community involvement in the inspection process, consistency and flexibility. This baseline account documents the nature of care services and inspection regimes at the time of the Care Commission's inception, and provides a point of reference for use in future evaluations of the extent to which the new emphases are achieved. The report focuses on three types of setting in which the Care Commission now has responsibility for regulation and inspection:

- Pre-school education
- Care homes
- Care provided in private homes, including child minding.

In the following sections, we describe in greater detail the aims of the research and the methodology employed.

RESEARCH AIMS

1.12 In line with the research specification prepared by the Scottish Executive, the objectives of the research were to:

- provide a summary of approaches to regulating care services and an overview of the way in which the inspection of care services was reported in inspection reports;
- provide a summary of standards applied in the inspection of care services;

- identify the ways in which good practice, from the service user's point of view, were identified and defined in inspection documents;
- identify gaps in information which should be addressed in future approaches to the regulation of care services;
- provide a summary of the extent of current provision of care services.

RESEARCH METHODS

1.13 Given the short timescale of the research, which was conducted in April 2002, information was drawn from regulation literature produced during the years 1999-2000 and 2000-2001. A sample of inspection reports from a range of regulatory bodies including local authorities, Health Boards and HMIE were gathered and analysed with a view to addressing the following questions:

- What type of information was gathered?
- How was it analysed and presented for public scrutiny?
- What explicit and implicit standards were used in assessing the quality of a range of care services?
- Did this vary in relation to the type of regulatory body and the type of service being inspected?
- What was the balance of qualitative and quantitative information gathered?
- What weight was accorded to service users' and providers' views?
- What techniques were used to access the views of groups and individuals who may have difficulty in expressing their opinions, e.g. young children, older people, people with learning difficulties or mental health problems?
- To what extent were reports written up so as to enable a wide range of people, including future service users, to understand them and make informed judgements about choice of services?
- To what extent did the information gathered enable fair and consistent judgements to be made about service quality for different groups and in different parts of the country?
- To what extent did reports provide advice about remedial action which might be necessary?
- Did reports make comparisons with other service providers in line with Best Value principles?
- To what extent did reports provide information in relation to agreed benchmarks?
- Did systems avoid unnecessary bureaucracy and duplication?

1.14 In addition to analysing the reports of regulatory bodies, the quality and helpfulness of published statistics, Scottish Executive commissioned research and Accounts Commission publications were also reviewed. Having considered the nature of inspections in the areas of pre-school education and care, residential care and care at home, some general points about the nature of inspection prior to the establishment of the Care Commission are presented in the Conclusion. Based on a consideration of the new National Care Standards, some general points are made about future directions for inspection.

CHAPTER TWO EARLY YEARS INSPECTIONS

PROVISION OF PRE-SCHOOL EDUCATION AND CARE SERVICES

2.1 For the past decade there has been a desire to increase both the quantity and the quality of pre-school education to raise educational standards and increase parental choice. In 1996/97, the Conservative government introduced a pilot voucher scheme in four local authorities. Under the scheme, parents were offered vouchers which could be exchanged for up to five part-time (i.e. around 2.5 hours) sessions per week of pre-school education. The Labour Government, elected in 1997, abolished the voucher scheme but maintained a commitment to the expansion of pre-school provision. In the Green Paper *Meeting the Childcare Challenge: A Childcare Strategy for Scotland* (HMIE, 1999), the Scottish Executive made a commitment to fund the universal provision of free, high-quality, part-time pre-school education. A pre-school education place was to be made available for:

- every child in their pre-school year, by the winter of 1998/99; and
- every eligible 3 year old, by summer 2002.

2.2 Under the terms of the Standards in Scotland's Schools (Scotland) Act 2000, from April 2002, local authorities had a statutory duty to secure places (12.5 hours per week) for eligible children. As a result of Government targets and local authorities' new duties, there has been a rapid expansion within the sector, with many new services seeking registration as pre-school education providers.

2.3 Within Scotland, there are different types of provider of pre-school education. These are summarised below:

Council-run - These are owned and run by the local authority, most by the education department but some by the social work department. They include stand-alone education authority nursery schools, nursery classes attached to primary schools and day centres (education or social work). In some cases, they provide only pre-school education, but in others they provide full-time places for children or families with special needs, wraparound childcare, provision for 0-3 year olds or wider family support.

Private sector - These are organisations owned by private individuals or registered companies and are operated for profit. They are most often private nurseries.

Voluntary sector - These are non-profit-making organisations managed by groups of parents and/or members of the community. They are most commonly playgroups.

Independent schools - Nursery classes are attached to some independent primary/junior schools, which are registered with the Registrar for Independent Schools and frequently managed by a Board of Governors.

2.4 Whereas part-time pre-school education is a publicly-funded service with Scottish Executive grant underpinning both the development and provision of places, childcare is not paid for by the Executive. The development of childcare provision is subsidised through Executive funding for the Scottish Childcare Strategy, including lottery resources from the

New Opportunities Fund and elements of the Sure Start Scotland initiative. Eligible families are subsidised to use formal childcare provision through the childcare element of the Working Families Tax Credit. However, those families who are able to pay for childcare are expected to do so. The expansion of childcare is not the sole responsibility of the local authorities.

2.5 In October 1998, the Scottish Office Education and Industry Department (SOEID, 1998) issued guidance to assist local authorities in producing integrated plans for childcare and pre-school education. It was decided that there should be broadly based Childcare Partnerships in each council area, responsible for overseeing the production of early education and childcare plans and promoting their implementation.

2.6 In August 2001, the Scottish Executive published results of the pre-school and daycare census conducted in January 2001. Some of the main points are summarised below:

- Nearly 99,000 children, aged 3 to 5, were attending centres providing pre-school education in January 2001. Almost three quarters of these children were attending Local Authority pre-school centres with the remainder in centres which were working in partnership with their Local Authority.
- Of the total number of children attending pre-school education centres, 68 per cent attended for 5 sessions a week with 17 per cent attending for between 6 to 10 sessions and 15 per cent attending for between 1 to 4 sessions.
- The total number of children attending all centres covered by the census (which includes pre-school education and daycare centres) was around 196,000. Of the children attending centres, 60 per cent were either 3 or 4 years old. The age profile varies according to the type of centre.
- In January 2001 there were over 4,300 centres offering pre-school education or daycare for children. Nearly half of the centres were nurseries and a further 29 per cent were playgroups. The remaining 23 per cent of centres were made up of out of school care clubs (10 per cent), playschemes (5 per cent), creches (4 per cent) and family centres (4 per cent).
- Most centres offered more than one type of service. Family centres offered the most diverse range of services with an average of 9 different types of service each. Playgroups were the most focused with each centre offering an average of 2 different services.

2.7 The Accounts Commission publication *A Good Start: Commissioning Pre-school Education* (Accounts Commission, 2001) provides further information on the uptake of pre-school education. Scottish Executive grant claims showed that by autumn 2000, nearly 98% of all 4 year olds were receiving free pre-school education. Individual local authorities provided grant-funded places to between 87% and 100% of children. Approximately 88% of three year olds were receiving free pre-school education by autumn 2000. This provision ranged from less than 80% in four local authorities to 95% in 11 local authorities.

2.8 Scottish Executive Education Department grant claims for September 2000 showed that 81% of places for four year olds and 64% of places for three year olds were provided in council-run centres. The mixture of council and voluntary run provision in each council area varies substantially. Many of the most rural local authorities depend on the voluntary sector,

mainly playgroups, to provide significant numbers of places, especially for 3 year olds. There are four local authorities (Argyll and Bute, Eilian Siar, Inverclyde and Shetland Isles) where at least 20% of four year olds attend centres in the voluntary sector and 13, mainly rural local authorities where at least 20% of three-year-olds attend voluntary sector centres. Playgroups managed by committees of volunteer parents normally have lower core running costs than other types of provider.

METHODOLOGY

2.9 A number of different sources were used in analysing the inspection of pre-school education services. A sample of HMIE registration inspection reports and general inspection reports of services funded to provide pre-school education were analysed. Local authority inspection reports of pre-school daycare services run by local authorities, the voluntary sector and the private sector were also analysed. Care was taken to examine reports covering rural and urban provision. Other evidence of the quality of pre-school education was analysed, including Scottish Executive statistics and funded research, local authority quality assurance publications, information produced by the Accounts Commission and HMIE documentation on inspection. Performance indicators for the pre-school sector produced by the Scottish Executive and pre-school curriculum guidelines published by the Scottish Consultative Council on the Curriculum were also examined.

RESPONSIBILITY FOR INSPECTION

2.10 The expansion of pre-school education meant that inspection regimes had to develop rapidly. It was a requirement that all pre-school centres seeking eligibility for receipt of voucher income should be registered under the Children Act 1989 and that education in all centres should meet the government's education quality standards. Centres which were already subject to inspection by HMIE i.e. nursery schools and classes run or endorsed by education authorities and nursery classes of registered independent schools, were given registration automatically. After the voucher system ended, inspection of these centres continued under HMIE's general inspection programme.

2.11 Other providers, including private nurseries, playgroups, childminders and local authority centres not run by education authorities were asked to submit a profile of educational provision to HMIE in order to gain admission to the register. In this profile they described and evaluated their arrangements for curriculum and assessment and procedures for management and quality assurance. HMIE then evaluated the Profiles of Educational provision to ensure that they contained evidence of the centre's capability to meet government standards for pre-school education. This was followed up by an HMIE inspection visit to the centre. A number of centres did not apply for registration, and of those that did, about 10% were not accepted for registration.

2.12 HMIE had responsibility for the registration and inspection of all centres and services funded to provide pre-school education until 1 April 2002. (Since that date, HMIE collaborates with the Care Commission in inspection procedures.) As noted above, services delivering pre-school education can be very varied, encompassing a few individual child-minders, play groups, private and council-run nurseries and nursery classes attached to local authority and independent schools. Whilst these services have been run in different ways, the

same education quality standards have to be met. A report by HM Inspectors of Schools entitled *The Quality of Pre-School Education in the Scottish Pilot Scheme 1996-97* (SOEID, 1998) noted that new providers of state-funded pre-school education had been required to adapt very rapidly to the new inspection regime. Whilst they had been used to the annual inspection by the local authority required by the Children Act 1989, internal quality assurance schemes were at an early stage of development. Whereas local authority inspections had focused primarily on care, HMIE required new providers of publicly funded pre-school education to focus on both education and care.

2.13 Local authority inspection units continued to have responsibility for annual inspections of agencies providing care for pre-school children, even when these agencies were being funded to provide pre-school education. As a result, some services were inspected only by HMIE, some only by local authorities, and some were subject to separate inspections by both HMIE and local authorities. Local authorities varied in the type of inspection units used to inspect care for pre-school children. Inspection units were sometimes located in Social Work Departments or in Departments of Education and Community Services. In some local authorities, joint inspection units were used, e.g. Edinburgh and the Lothians Registration and Inspection Service (ELRIS).

2.14 Under the new Care Commission, joint inspections of all pre-school centres will be carried out by Care Commission staff and HMIE to reflect the government's view that for pre-school children care and education are inter-dependent. In its corporate plan for 2001 – 2004, HMIE states a commitment to 'build and maintain an effective working relationship with the new Commission for the Regulation of Care, including contributing to the training of Commission staff.'

Standards applied and evidence used by different inspection regimes

2.15 From 1995 until August 2000, the evaluations made by HMIE during the inspections were based on the *Performance Indicators for Nursery Schools, Classes and Pre-School Centres* published in 1995. For registration inspections, the following key areas from the three performance indicators were used:

- accommodation and resources;
- effectiveness of provision; and
- management and quality assurance.

2.16 The performance indicators from the fourth key area (children's progress in each of the key aspects of development and learning) were used in all general inspections, but not in registration inspections.

2.17 From August 2000, the indicators in *The Child at the Centre* (Scottish Executive, 2000b) were used. These performance indicators relate to the following seven key areas:

- Curriculum
- Children's Development and Progress
- Development and Learning Through Play
- Support for Children and Families
- Ethos
- Resources

- Management, Leadership and Quality Assurance.

Table 2.1 shows the performance indicators relating to each of the seven key areas.

2.18 Advice on the curriculum is provided in the document *A Curriculum Framework for Children 3 to 5* (SCCC, 1999). The following five key aspects of the curriculum are specified:

- emotional, personal and social development;
- communication and language;
- knowledge and understanding of the world;
- expressive and aesthetic development;
- physical development and movement

2.19 Practical advice is given in the SCCC document on how each aspect of the curriculum may be implemented. Pre-school education providers are encouraged to implement a programme of self-evaluation in relation to the key areas and performance indicators set out in *The Child at the Centre*. In line with the Standards in Scotland's Schools etc. (Scotland) Act 2000, each school is required to have a development plan which sets short and long term improvement goals and specifies the evidence which will be needed to decide whether the goal has been achieved. Similar advice is given to the pre-school sector. Key questions to be addressed are the following:

- How are we doing?
- How do we know?
- What are we going to do now?

2.20 Since HMIE share and use the same standards as those used for pre-school self-evaluation and development purposes, it is hoped that inspection will be experienced as an integral part of a centre's quality assurance programme, providing a further independent view of quality.

HMIE judges quality against the following four levels:

- | | |
|------------------|--------------------------------|
| • Very good | major strengths |
| • Good | more strengths than weaknesses |
| • Fair | some important weaknesses |
| • Unsatisfactory | major weaknesses |

The following word scale is used to describe what HMIE reports:

- | | |
|------------------|-----------|
| • Almost all | over 90% |
| • Most | 75 – 90% |
| • Majority | 50-75% |
| • Less than half | 15-50% |
| • Few | up to 15% |

2.21 By applying these standards, HMIE has been able to track standards in pre-school education over time and make judgements about the relative performance of different types of provision (see below for further discussion). The purpose of using the common scale is to

ensure consistency in evaluations of quality and to provide qualitative judgements to be made at individual service and national levels.

2.22 By way of contrast, local authority inspection standards and criteria vary from area to area and appear to be implemented with different degrees of rigor. Where the inspection is being conducted in relation to requirements of the Children Act 1989, the standards used are related to the quality of care. For example, the Edinburgh and Lothians Registration and Inspection Service used the following three standards from the document *Quality in Caring Standards*:

1. Quality of management and staff
2. Quality of care
3. Quality of administration

2.23 Another local authority used the same standards, but included quality of environment as an additional standard. Local authority reports varied in relation to how they used these standards. Some devised a number of performance indicators, broken down into a range of sub-indicators, and organised these as a checklist. For example, the quality of care standard in one authority was broken down into the following headings: admission procedures, programme of activities, non-discriminatory, relationships with parents/carers, adult/child relationships, child/child relationships, food. Inspection reports differed with regard to their focus on relationships, accommodation and health and safety issues including hygiene.

2.24 Whilst most local authority inspections are carried out under the terms of the Children Act 1989, there are a few examples of local authorities employing their own quality assurance audits of pre-school education centres and collating findings over time. For example, Perth and Kinross published a report on standards and quality in pre-school provision in 2000 (Perth and Kinross Council, 2000). The report drew on information from a range of sources including centre annual audit reports and action plans, HMIE registration inspection reports, Education and Children's Services Committee papers, financial information, contracts between Perth and Kinross Council and Partner Provider Centres, information from the Quality Development Division, communication and correspondence with parents. The seven key areas and performance indicators from *The Child at the Centre* were used (see below). Progress and main activities, key strengths and future actions were summarised in relation to each of the seven key areas specified in *The Child at the Centre*. This report indicated that the local authority was seriously engaged in evaluating the quality of its own provision.

Performance Indicators in *The Child at the Centre*

- 1.0 Curriculum**
 - 1.1 Structure of the curriculum
 - 1.2 Quality of programmes
 - 1.3 Quality of planning

- 2.0 Children's Development and Progress**
 - 2.1 Children's progress in their development and learning

- 3.0 Development and Learning through Play**
 - 3.1 Quality of children's development and learning through play
 - 3.2 Staff/child interaction
 - 3.3 Meeting children's needs
 - 3.4 Assessment and recording

- 4.0 Support for Children and Families**
 - 4.1 Care routines
 - 4.2 Coherence of care and education
 - 4.3 Effectiveness of support for development and learning
 - 4.4 Support for children with special educational needs

- 5.0 Ethos**
 - 5.1 Ethos
 - 5.2 Equality and fairness
 - 5.3 Partnership with parents
 - 5.4 Links with other centres, schools, agencies and the community
 - 5.5 Staff teamwork

- 6.0 Resources**
 - 6.1 Provision of accommodation and facilities
 - 6.2 Provision of resources
 - 6.3 Provision and deployment of staff
 - 6.4 Staff development and review

- 7.0 Management, Leadership and Quality Assurance**
 - 7.1 Self-evaluation
 - 7.2 Aims and policy-making
 - 7.3 Planning for improved effectiveness
 - 7.4 Effectiveness of leadership
 - 7.5 Effectiveness of staff

Source: Scottish Executive (2000b)

Standards and evidence employed by local authority and HMIE inspections

2.25 Before the introduction of the new National Care Standards on early education and childcare, HMIE and local authority inspection reports have served different legal and

accountability functions. HMIE reports have been concerned with the quality of education and care, whilst local authorities have had a legal duty to inspect the quality of care, and have not focused on the quality of education. HMIE applies clearly specified standards consistently and focuses on evaluation rather than description.

2.26 Local authority reports on standards of care often use anecdotal evidence to illustrate general points. For example, one report noted that children in a nursery showed concern for a child who was upset, and used this as evidence that caring attitudes and sensitivity were being encouraged. Local authority reports routinely include comments on the extent to which services reflect cultural diversity in their practices. For example, a recommendation in one local authority report was that play materials should be added which reflect a variety of cultural backgrounds.

2.27 Individual HMIE reports mentioned cultural diversity issues if it was thought that there was a major deficit in supporting cultural diversity or fairness. It was not an individual performance indicator prior to the publication of *The Child at the Centre*. In its Corporate Plan HMIE states a commitment to ensure that its inspections include a focus on emerging practices relevant to achieving social justice.

2.28 HMIE logs evidence against the Special Educational Needs (SEN) indicator where appropriate. The report on standards and quality 1997-2001 noted that urgent attention needed to be paid to improving provision for children with special educational needs. Local authority reports also consider the quality of provision for children with special educational needs.

BALANCE OF DIFFERENT STAKEHOLDERS' VIEWS

HMIE reports

2.29 HMIE registration inspections of voluntary and private centres were designed to address the following questions:

- How effective is the centre?
- How well is the centre managed?

They were inspected normally by one HMIE and one Associate Assessor. HMIE school inspections of local authority nursery schools (and classes attached to primary schools) have been more extensive. The inspection team for these inspections normally consisted of two or three inspectors, a lay member and sometimes an associate assessor. Prior to the main inspection week, key school documents and data were obtained from the school and the local authority. During the course of the inspection week, inspectors observed pre-school education activities and also evaluated organisation, management, administration, health and safety, environment and child protection matters. Parent's views were gathered using questionnaires and discussion. In addition to observing activities, discussions were held with the headteacher/head of centre, staff members and voluntary workers.

2.30 The remit of the lay member is to address the question: 'What is it like to be a pupil or parent in this school?' Lay members have specific tasks to interview pupils, parents and members of the community, look at the nature of communication with parents and generally

evaluate the ethos of the school/nursery. The lay member may have discussions with the members of the board of management or, where appropriate, the school board (this does not apply to nursery schools as school boards only relate to school-age education).

2.31 HMIE has tried to draw on a wide group of people as lay members to reflect community diversity. Advertisements are placed in the press and all applicants are interviewed. Whilst the post of lay member is unpaid, people are remunerated for expenses incurred. Information for lay members, as for parents, is available in community languages and a range of formats.

2.32 HMIE uses a range of methods to access the views of service users. When an organisation is about to be inspected, parents are informed and a standard questionnaire is distributed to a sample of parents seeking their views on a range of issues including the child's experience, school ethos, accommodation and the extent to which parents are encouraged to become involved with their child's pre-school education. Parents who do not receive a questionnaire may also submit their views. In order to be included in the analysis, parents must sign the questionnaires, but responses are treated confidentially, except if they involve child protection issues. If particular issues emerge from preliminary analysis of the questionnaire, group interviews with parents may be conducted.

2.33 Methods for obtaining the views of pre-school children are still being developed. Normally, these are accessed through observation and group discussion. There are clearly methodological difficulties in accessing the views of pre-school children and their parents. Parents are unlikely to say that they have made a bad choice in their selection of pre-school education, and children may have difficulties in expressing their views, particularly because they may not have points of comparison.

2.34 In the course of its work, the Regulation of Care Project noted that in announced inspections of care services, only about a third of inspectors' time was spent in the company of service users, with a much higher proportion of time being spent on the routine inspection of paper work. The aim of the new inspections is for inspectors to spend at least half of their time in the company of service users and routinely sample aspects of daily life.

2.35 The final report produced by HMIE is written with the parent as the principal audience, since the information provided in the report is intended to tell parents about the quality of each service inspected. It is thus a principal means of achieving public accountability. However, reports are also written for the benefit of service providers, local authorities and the Scottish Executive.

2.36 Overall, it is evident that HMIE seeks to balance the views of service providers and service users. There is a growing emphasis on taking into account the views of the child in assessing the quality of education, and future efforts are likely to be directed to finding ways of allowing children to voice their concerns and preferences.

Local authority reports

2.37 As noted earlier, local authorities have been responsible for the inspection of the quality of care offered by a range of providers of services to pre-school children. Some providers, in addition to offering care services, are in partnership with local authorities to provide ante-pre school and pre-school places. Local authority inspection teams varied greatly in their emphasis on obtaining the views of children and parents. They also varied in the methodology adopted.

2.38 Local authority inspections often did not gather parents' views as a routine part of the inspection. For example, an inspection of a private nursery by a local authority Social Work Registration and Inspection Unit based its evidence on inspection of the premises, records and associated materials and from observation during the inspection. The report noted the means used to inform parents of their child's programme (letters home, daily diary). It was noted that parents do not have direct participation within the nursery but are encouraged to put forward any suggestions they may have. They may also be asked for help, for instance, to participate in establishing a garden by donating plants and helping with the work. A number of parents responded to these requests. Children's views appeared to be sought through observation and chatting. Observations were made about whether children were happy and whether they appeared to have meaningful interaction with staff. However, it did not appear that attempts were being made to obtain information more directly from children about the quality of their experiences.

2.39 To summarise, the audience for HMIE reports is clearly specified (the principal audience is the parent, but a range of other stakeholders are also addressed). By way of contrast, local authority care inspection reports, particularly those making extensive use of check lists, appear to be written primarily for the local authority itself to ensure that its legal duties to ensure the quality of care are discharged.

OVERALL ASSESSMENT OF QUALITY IN PRE-SCHOOL EDUCATION: AREAS OF GOOD PRACTICE AND WEAKNESSES

2.40 HMIE holds information on inspections in electronic format and has published regular reviews of the quality of pre-school education since 1996/97. A compilation report (HMIE, 2002) summarised information on standards and quality from 1997 – 2001 and compared provision across types of providers. It was reported that standards in pre-school education were generally high and often very high, with examples of good practice across all sectors.

2.41 The HMIE report concluded that provision in voluntary and private pre-school centres had shown improvements in a number of important areas over the four years. These improvements had been achieved against the background of further substantial expansion for 3-year-olds. Key findings included the following:

- A high proportion of nursery schools and classes achieved high or very high standards in most aspects inspected;
- In almost all centres there are good relationships with parents and a strong, supportive ethos;

- Almost all nursery schools and classes and most private and voluntary centres offer broad and well-balanced programmes, and children engage well in their activities;
- Almost all centres in all sectors are providing good or very good programmes to support children's emotional, personal and social development;
- In almost all nursery schools and classes, and most private and voluntary centres, staff interact well with the children to encourage and support their learning and development;
- Staff teamwork is good or very good in all but a very few centres.

2.42 With regard to the seven key areas set out in *The Child at the Centre*, the report compared performance in local authority/independent, voluntary and private sectors. The local authority/independent pre-school education provision emerged as more effective across all key areas. Table 2.1 provides an example of the comparisons made in relation to monitoring and quality assurance.

2.43 In individual HMIE registration reports which were examined, good practice was highlighted in relation to positive relationships between staff, voluntary workers and children. Where weaknesses were highlighted, these tended to concern lack of curriculum planning and development planning in relation to *The Child at the Centre* more widely. The lack of systems to assess and record the progress of individual children using some services was noted, and the absence of long and short-term targets was noted in some organisations. Some problems of accommodation and resources were also highlighted.

2.44 Local authority inspections of care commented positively on the quality of caring relationships between staff and children. Weaknesses often related to unsafe premises, poor resources and accommodation, or lack of attention to health and safety issues. A few reports commented on failure to comply with local authority requirements with regard to staffing levels and qualifications.

2.45 There were some gaps in information in local authority and HMIE reports examined. As noted above, children's views were inferred from observation rather than being obtained directly. Given the current policy emphasis on social justice and special educational needs, these areas may be considered in greater depth in the future. It is the intention of the Care Commission that more attention will be paid in the future to the process of inspection from the point of view of the user and service provider.

Table 2.1 Summary of evaluations across sectors 1997-2001 in relation to management and quality assurance.

		Local Authority/ Independent	Voluntary	Private
Effectiveness of leadership	Very good Good Fair Unsatisfactory	44% 40% 14% 2%	30% 53% 16% 1%	34% 48% 16% 2%
Deployment of staff	Very good Good Fair Unsatisfactory	53% 41% 6% 0%	29% 56% 14% 1%	35% 51% 13% 1%
Staff teamwork	Very good Good Fair Unsatisfactory	71% 27% 2% 0%	60% 35% 5% 0%	53% 42% 4% 0%
Staff development & review	Very good Good Fair Unsatisfactory	20% 44% 34% 2%	9% 40% 45% 6%	21% 43% 32% 4%
Aims & policy making	Very good Good Fair Unsatisfactory	20% 52% 26% 2%	13% 36% 41% 10%	14% 39% 39% 8%
Monitoring & quality Assurance	Very good Good Fair Unsatisfactory	13% 43% 38% 6%	5% 23% 51% 21%	7% 28% 48% 16%
Development planning	Very good Good Fair Unsatisfactory	25% 42% 24% 9%	7% 26% 34% 34%	9% 28% 36% 27%

Source: HMIE, (2002)

OTHER PUBLICLY AVAILABLE EVIDENCE ON STANDARDS

Statistics

2.46 The Scottish Executive gathers statistical information on the services it funds, including pre-school and day-care provision. The pre-school and day care census has provided information on the number of children receiving pre-school education by academic year, mode of attendance, type of centre, age of child, type of services provided and type of premises. This information was made available on the Scottish Executive's web site for the first time in 2001, and it will be published annually in future years.

2.47 Scottish Executive data may be read in conjunction with the performance audit conducted by the Accounts Commission in 2001 (Accounts Commission, 2001), which compared the costs of pre-school education in different types of provision.

Research

2.48 Additional information on service users' experience of pre-school education and best value measures is provided by a number of studies commissioned by the Scottish Executive. Powney *et al* (1995) undertook a study of social and educational experiences for children under five. The study noted the shortage of pre-school provision, and suggested the need for expansion given the projected growth in demand over coming years. Studies were needed of the pros and cons of different types of provision in the medium and long-term. The specific needs of children who have English as a second language or who are disabled required particular exploration. The study suggested the need to identify the most effective means of collaboration between services, agencies and parents. In addition, there was a need to identify staff training needs and to maintain and enhance quality in different services. Wilkinson *et al* (1998) noted a resistance to record-keeping in the voluntary and independent pre-school setting. The maintenance of formal records appeared to accord less well with the ethos of pre-school education in these sectors. This clearly has implications for monitoring and comparing standards of pre-school education in different locations.

2.49 Copus *et al* (2001) noted a particular shortfall of provision in remote rural areas in Scotland, which was exacerbated by transport and travel difficulties. Whereas parents in urban areas were likely to have a wide choice of provision to meet their needs and those of their child, parents in rural areas were likely to find their choices much more curtailed. Since parents are likely to have very different patterns of work, flexibility is essential to allow parents freedom to develop their working lives. Copus *et al* suggested that more attention needed to be paid to the quality of different types of provision, whilst recognising that different services are likely to have a range of strengths and weaknesses. Overall, it was concluded that additional funding was likely to be needed to sustain pre-school education in rural and intermediate areas. Gilder *et al* (1997) noted the higher cost of pre-school education in rural areas compared with urban settings. This was because rural units were generally smaller than those in urban areas. However, rural and private voluntary centres were cheaper than urban equivalents.

2.50 Research by Stephen *et al* (2000) focused on what constituted good all day pre-school provision. The study sought to investigate the views of parents, service providers and children about what constituted good all-day provision, and how this was being provided through a jigsaw of services. Variations in flexibility were noted, with childminders and nannies caring for children beyond the hours available in local authority or private group settings. Local authority and voluntary playgroup provision was the least flexible. Children participating in all-day provision often mixed with children who were there for morning or afternoon sessions, and often no special rest or sleep areas were set aside for children staying all day. Many children experienced different types of care/pre-school education during the course of a day, for example, spending time with a child minder in the morning and attending a playgroup or nursery in the afternoon. The researchers suggested that the impact of all day care varied in relation to the individual characteristics of the child and the quality of provision available. However, service providers were concerned about the extent to which they could adequately meet the needs of sessional and all-day children in the one group. Parents were

generally satisfied with the quality of pre-school education and care available. Observations of children and conversations with them suggested that their experiences of all-day provision were predominantly satisfactory.

CONCLUSIONS

2.51 Pre-school education services have experienced rapid expansion and change over the past decade. In order to secure sufficient pre-school education places, the Scottish Executive decided to develop a 'mixed economy' of services to meet the needs of pre-school children and their parents. New providers of pre-school education, accustomed to inspections of the quality of care, were required to undergo inspection by HMIE in order to verify the quality of their educational provision. For new providers of pre-school education, a rapid learning process has been required to become accustomed to the more rigorous scrutiny of education inspections. The National Care Standards reflect common principles to be applied in all areas of social care. These are the following: dignity, privacy, choice, safety, realising potential, equality and diversity. The standards which derive from these principles also reflect the seven key areas and performance indicators set out in *The Child at the Centre*. Joint inspection arrangements between HMIE and the Care Commission are likely to prove challenging for all, as efforts are made to integrate more closely educational and care requirements. Other challenges include the need to pay greater attention to the voice of the child, the views of parents/carers and the imperatives of the social inclusion agenda.

CHAPTER THREE CARE HOMES

INTRODUCTION

3.1 This chapter outlines some of the key issues found in relation to inspection standards for care homes. It begins by outlining the nature of service provision in these sectors and then explores some of the key ideas in earlier legislation, consultation documents and the wider policy arena which have informed the development of standards. The second part of the chapter focuses more specifically on the type of evidence gathered through the inspection process. This provides an overview of the issues raised and methodological approaches taken across a number of areas and different inspection teams. A random sample of inspection reports was examined from twelve areas across the country (a more detailed overview follows). Different stakeholders views were considered. Although practice varied considerably according to locality, only limited use of stakeholder views was made in the majority of inspection reports. There was a marked contrast in the approaches adopted by local authorities in the inspection of residential care and by Health Boards in the inspection of nursing care.

3.2 Examples of good and poor practice are highlighted in the reports and gaps in public domain information are highlighted. In considering the approaches of different inspection teams, reference is made to some of the wider literature. The chapter concludes by outlining some of the other information available in the public domain which may be used to inform the regulation of care.

METHODOLOGY

3.3 Analysis for this chapter focused on two main information sources. Firstly, key documents and legislation relating to the development of inspection standards for residential and nursing care were examined. A content analysis of inspection reports in residential and nursing care sectors was conducted to identify major themes and issues.

3.4 Secondly, a random sample of local authority and health board inspection reports was analysed, taken from twelve areas across the country. One of the local authorities (Dumfries and Galloway) had a joint inspection unit covering both health and local authority services. In each of these areas, a sample of five inspection reports was examined. For residential care, the selection of reports reflected the range of user groups catered for (e.g. older people, people with learning disabilities).

CURRENT PROVISION OF CARE HOMES

3.5 Recent figures indicate that there are 1612 residential homes in Scotland, offering a total of 23,129 places (Scottish Executive, 2001a). Around 30 per cent of these places were in local authority establishments, compared with 44 per cent in voluntary and 26 per cent in private sector homes. 79 per cent of places for user groups other than older people are provided through the voluntary sector. The private sector remains the dominant provider for older people, accounting for 42 per cent of all provision, with local authorities providing 33 per cent of all places (Scottish Executive, 2001a). Further details are given in Table 3.1.

Table 3.1: Residential Care Homes by Client Group and Sector as at 31 March 2001 (Reproduced from Scottish Executive, 2001a)

Intended client group	No. of homes				No. of Places ¹				No. of Residents ¹			
	LA	Priv	Vol	Tot	LA	Priv	Vol	Tot	LA	Priv	Vol	Tot
Older People	202	262	156	620	6066	5114	3946	15126	5445	4370	3460	13275
People with Learning disability	97	74	445	616	799	670	3057	4526	697	631	2888	4216
Physically disabled people	2	-	56	58	18	-	736	754	13	-	624	637
People with mental health problems	3	16	174	193	30	195	1218	1443	18	189	1057	1264
Other client groups	13	2	110	125	136	46	1098	1280	103	33	888	1024
TOTAL	317	354	941	1612	7049	6025	10055	23129	6276	5223	8917	20416

¹ Includes holiday/respite care places/residents
Source: Scottish Executive, (2001a)

3.6 Nursing care provision in Scotland increased steadily over a number of years. Between 1995 and 1999, the number of beds and residents increased at a fairly constant rate, reaching a peak of 517 homes and 23,818 places in 1998. Since 2000, a slight drop has been recorded with 505 homes and a total of 22,950 available places (Scottish Executive, 2000a). The percentage occupancy varied slightly between 1995 and 2000, with 87 per cent of beds occupied in 2000, up from a low of 80 per cent in 1996. Further details are shown in Table 3.2.

Table 3.2: Private Nursing Homes¹ as at March 1990-2000 (Reproduced from Scottish Executive, 2000)

	1990	1995	1996	1997	1998	1999	2000
Number registered	307	453	488	506	517	508	505
Total beds	9901	19020	21400	22741	23818	23480	19905
Total residents	-	15986	17036	18365	20097	20188	19905
Occupancy	-	84%	80%	81%	84%	86%	87%

¹ Private Hospitals have been excluded for all years
Source: Scottish Executive (2000a)

PREVIOUS RESPONSIBILITY FOR INSPECTION

Inspection of Residential Homes

3.7 Prior to implementation of the new changes, registration and inspection of residential care in Scotland was governed by the Social Work (Scotland) Act 1968 and the NHS and Community Care Act 1990. The Social Work (Scotland) Act 1968 part IV delegated specific tasks to key players. Providers of care were obliged to give local authorities the power to enter homes to ensure the well-being of residents and compliance with regulations (National Care Standards Committee Working Group for Residential and Nursing Care (NCSWG), undated, p. 20). Implementation of the NHS and Community Care Act 1990 required local authorities to establish ‘arms-length’ registration and inspection units. According to NCSWG, these consisted of experienced social workers who made one announced and one unannounced inspection visit each year to residential homes in their area. Some registration and inspection units, however, monitored performance more closely and made additional visits, helping establishments address any shortcomings or meet any new requirements. From these visits, an inspection report was produced and made available to the residential home and to members of the public (NCSWG, undated, p. 20).

Inspection of Nursing Homes

3.8 Registration and inspection of nursing homes has been covered by different legislation to that of residential care. The Nursing Homes Registration (Scotland) Act 1938 formed the primary legislation. This gave local health boards responsibility for inspection and placed a duty on nursing care providers to supply inspection teams with particulars relating to various aspects of the establishment (NCSWG, undated, p. 21). Each Health Board was required to inspect all nursing homes in its area at least twice a year. Inspections were carried out by a multi-disciplinary team, the composition of which varied according to the purpose of the inspection. For example, teams inspecting quality of care comprised a doctor, nurse and pharmacist, whereas if financial matters were considered, an accountant would have been included alongside the other specialists (NCSWG, undated, p. 21). Unlike residential care home inspection reports, nursing inspections were not required to be made public documents.

3.9 Under the Nursing Homes Registration (Scotland) Act 1938 and the Social Work (Scotland) Act 1968 as amended by the Registered Establishments (Scotland) Act 1987, any establishment may be registered. Therefore, care homes which provide both nursing and residential care are likely to be covered by this legislation. Where both nursing and residential care are provided, nursing care is inspected by the health board and residential care by the local authority. In these cases, inspection reports will be produced from both local authority and health board teams. Examples of inspection reports of jointly registered homes are considered later in the chapter.

CHANGES TO THE INSPECTION PROCESS

3.10 Amongst the changes set out in the 1999 White Paper *Aiming for Excellence: Modernising Social Work Services in Scotland* were plans to bring nursing and residential care homes under one independent regulatory authority. Part of this shift will result in all care homes across local authority, voluntary and private sectors being subjected to the same

registration and inspection procedures. In addition, Health Boards will no longer have responsibility for the regulation of nursing homes (NCSWG, undated, p. 21)

STANDARDS APPLIED BY DIFFERENT INSPECTORS

3.11 Over the past twenty years, a range of policy and practice documents relating to the inspection of residential and nursing homes have been published. This section begins by examining some of these documents in each of these sectors. An overview of the principles used in a range of documents is shown in Table 3.3, which is derived from Prophet et al, 2001.

Standards applied in residential care homes

3.12 Up until this time, there has been variation in the standards used by inspection teams. As NCSWG (undated, p. 22) states, some have been comprehensive whilst others have adopted a more general approach. For example since local government reorganisation in 1996, the nine authorities that previously made up Strathclyde Region continued to use the same regional standards, whereas others reviewed their practice. However, there are only five different patterns of standards in Scotland overall for residential care of older people.

3.13 In the early 1980s, mounting concern about the growth of private sector homes and the associated standards of care led to new legislation. In England and Wales, the Registered Homes Act (1984) introduced new registration and inspection procedures alongside more stringent legislation for residential and nursing homes. Amendments in 1986 ensured that smaller homes with fewer than four residents were also covered (NCSWG, undated, p. 2). Also around this time, the principles laid out in the Avebury Report *Home Life* (Centre for Policy on Ageing, 1984) were endorsed by the Department of Health and incorporated into practice guidance. Basic principles of care – fulfilment, dignity, autonomy, individuality and esteem – were set out. Good practice in social care was described, including matters relating to physical features of the home, staffing matters and the role of the registration authority. Although the practical guidance was originally intended for residential establishments in England and Wales, many local authorities in Scotland incorporated these principles into their own standards documents.

3.14 A year later in 1985, the then Secretary of State for Health and Social Security, Norman Fowler, commissioned an independent review of residential care. This was carried out by the Wagner Committee. The principles underpinning this review drew strongly on issues of rights and citizenship and participation, emphasising that a move into residential care should be viewed as a positive choice. Forty-five recommendations were made covering a range of policy and practice issues. Amongst these was a call for all residential homes - local authority, private or voluntary - to be subjected to the same registration and inspection procedures. Whilst some of the Report recommendations were brought within the legislative framework of the NHS and Community Care Act 1990, the most notable exception was this call for equal inspection standards between sectors.

3.15 The principles of *Home Life* (1984) were repeated in 1989 in the Department for Health/Social Services Inspectorate (DOH/SSI) publication, *Homes are for Living In* (DOH/SSI, 1989). This established a model for inspecting homes focusing on the quality of life rather than quality of care in residential homes for older people (NCSWG, undated, p. 3).

The new quality of life values underpinning the document were: privacy, dignity, independence, choice, rights and fulfilment. In 1996, *A Better Home Life* (Centre for Policy on Ageing, 1996) provided an updated code of practice based on *Home Life*. In turn, this reiterated the key values of care as being: control and independence; individuality; and satisfaction with the quality of daily life.

3.16 *Creating a Home from Home* published by the Residential Forum in 1996 (Residential Forum, 1996), is perhaps typical of the emphasis on user involvement in the 1990 NHS and Community Care Act. The document claims to have developed standards from the perspectives of users and carers. Ten components of care are listed: making decisions and being involved; a good place to live; valuing the individual; personal care and support; a preferred way of life; maintaining and developing links and relationships; support services; well managed services; the qualities of staff and a regular check on services. Whilst the document gained no official status, a few local authorities have used it as a basis for their standards documents (NCSWG, undated, p. 3).

Standards applied in nursing care homes

3.17 In 1997 core standards for nursing homes were published by the Scottish Executive Health Department. These were revised in 1998 and 1999 and included categories under the following headings:

- registration categories
- philosophy of care
- care standards
- management standards
- quality of life
- safety and security
- environment of care
- clinical services
- administration matters
- inspection reports
- procedures for cancellation of registration
- requirements for person registered

3.18 These core standards based on the eight values – privacy, dignity, respect, choice, independence, rights, fulfilment and safety – were laid out in the DOH/SSI document *Homes are for Living in* (1989). However an analysis of standards documents issued by individual health boards in Scotland carried out by the NCSWG (undated, p. 23) revealed that in practice very little attention has been paid to these values which were set out to underpin the care and treatment of all vulnerable older people in nursing homes. Out of the ten health boards, only two were found to have addressed issues of privacy, dignity or independence. One addressed the issue of choice, two addressed the rights of residents and none addressed issues of fulfilment, safety or respect. Quality of life, the spiritual needs of residents and their relationships were only addressed by one health board. Moreover, the NCSWG analysis also highlighted the absence of user involvement in any aspect of their care planning - only one mention was made and this was limited to a brief statement concerning consultation with relatives or carers.

3.19 Prior to the development of these core standards, several documents specific to particular client groups were issued by the Scottish Home and Health Department which outlined the standards for nursing homes in Scotland (see Scottish Home and Health Department, 1989; 1992; 1993a; 1993b). These guidelines covered areas around registration, record-keeping, control of drugs and medication alongside issues around patient rights, care of finances, patient enquiries and any other relevant legislation and regulations in this area. Other areas addressed focused on staff, accommodation and size of homes. As the NCSWG (undated, p. 22) states, the breadth of issues covered by these guidelines reflected the ambiguous nature of nursing homes whereby on the one hand a nursing home may be seen as being 'like a home' but on the other, it also takes on the characteristics of a hospital.

TYPES OF EVIDENCE GATHERED BY INSPECTORS

3.20 The reports examined used a range of inspection methods. Whilst practice differed significantly according to locality, the type of evidence gathered in the reports also varied in accordance with the category of inspection team. There were marked differences in approach between local authority inspection units and Health Board inspection teams. As noted earlier in this chapter, the differentiation in background, organisational approaches and inspection interests are reflected in the reports produced. These will be highlighted in the next sections.

Examples of evidence gathered by local authority inspection teams

3.21 In areas like Aberdeen, where inspection teams (specific to services other than early years) were based in local authority units, it was stated that the evidence gathered reflected the standards adopted by the Council. However, these were not explicitly specified in the reports, and issues were generally explored under a series of headings. These focused strongly on practical concerns in relation to the accommodation and the physical environment of the home and the day to day structure of residents lives. References were also routinely made to issues raised on previous inspections. A similar approach was taken in East Renfrewshire and Fife (part of a joint inspection team) although the standards applied in the inspection were laid out much more clearly. In East Renfrewshire, these included: personal care and support; homeliness and comfort; safety and security; privacy and respect; independence and choice; and fulfilment.

3.22 Most of the reports described the methods used to gather evidence. In Edinburgh and Lothian for example, these generally included interviews with the Manager and Deputy Manager of the homes, an examination of a selected sample of records and partial inspection of the home. Also included were meetings with some of the staff and residents alongside written information on both groups. However, only minimal detail on the process and methodologies employed by the inspection team appeared in the reports.

3.23 In many of the areas, observation appeared to be used as the main technique for collecting evidence. This covered all areas in the reports – ranging from details on accommodation, safety and hygiene procedures through to commentary on the inter-actions between staff and with residents. Generally when observing staff and residents, inspectors chose to observe a specific activity such as a meal time or a game as a basis for making broader comments on relationships in the home.

3.24 Whilst many areas specified that the views of users had been gauged during the inspection process, in most areas their inclusion was limited to only brief sentences or remarks. Moreover, these were often limited to only positive comments. No examples were found where a more systematic methodological approach had been employed to incorporate a range of views in the reports. In North Ayrshire, the reports used a series of ‘outcome standard statements’ and tick boxes to summarise a range of issues covered in the report. These consisted of highly subjective statements, many of which focused on user views. No indication was given in the reports as to how these views were gathered. Some areas made better use of this type of evidence than others. In Angus, for example, some of the resident’s views were quoted – albeit briefly – in the report. Similarly in Argyll and Bute, several references to specific issues raised by residents were laid out and these were supplemented by views expressed by relatives who were sent out questionnaires to complete prior to the inspection team’s visits. Views from both parties raised issues of concern as well as more positive features of the home.

Examples of evidence gathered by Health Board inspection teams

3.25 As suggested, the evidence gathered by Health Board inspection teams differed considerably from that gathered by local authority units. In Greater Glasgow for example, inspections of nursing homes broadly consisted of an audit of facilities, equipment and regulations alongside a detailed appraisal of nursing interventions such as the management of incontinence and pressure sore care programmes. Other issues relating to the day to day living activities of residents were discussed under the heading of ‘socialisation’ but these were categorised only in terms of verifying ‘patient access to a hobby therapist’ or checking that social needs assessment forms were completed. In Lothian, although the Health Board reports included some observations of resident’s activities, they also focused on nursing interventions and details relating to accommodation provision in the homes. A section was identified entitled ‘residents’ rights’, but in the sample report examined this was written in the context of considering ‘patient intrusion from the inter-com system’ and did not include any further issues. Evidence presented in Tayside’s reports differed from the other Health Boards examined in that user views were acknowledged and discussion with staff referred to, but a focus on nursing interventions around the home remained prominent. Therefore across all the areas, only limited detail is provided across the range of inspection issues. This point confirms findings outlined by the NCSWG (see earlier section) which indicated the somewhat limited parameters of health board inspection standards documents.

Examples of evidence gathered by joint inspection teams

3.26 This type of nursing focused approach was also apparent in Dumfries and Galloway, where inspections of residential care were organised jointly between health and social work services and conducted by a single unit. Again, the report focused mainly on the nature of the accommodation, fire and safety procedures, staff training and management of medicines and foods. The layout of the report also differed from those carried out by local authority inspection units in that requirements were set out and responses found through the inspection process were detailed in one word answers or single sentences. The report did not draw on any qualitative assessment of care standards.

3.27 Care homes providing both nursing and residential care places have been obliged to register with both health board and local authority. Separate inspections have been undertaken by each unit resulting in two reports with distinct approaches to inspection. In one

example, a nursing home which had been registered with Tayside Health Board for several years, opened up provision for residential care and then registered with Dundee City Council. This change in provision was acknowledged in one of the inspection reports examined. It was stated that prior to registration, discussions were held with Tayside Health Board Inspection and Registration Unit and with the management of the home to ensure a 'common approach to relevant aspects'. As part of this process, it was agreed that annual inspections would normally be undertaken jointly in respect of 'aspects of mutual concern', although separate inspections relating to residential and nursing care sections were made by the local authority and health board. Indeed the dual role of the home was an issue picked up in the local authority report, which observed that specialised dementia care was being provided without appropriate training.

Balance of different stakeholders views

3.28 As stated earlier, although reference to user views was made in many of the reports, the extent and balance of these varied considerably both in content and according to user groups. For example, often only vague references were made to residents' opinions and in many cases only positive comments appeared. Similarly, the views of staff were not widely made use of although, like users, they were often briefly referred to. Substantive discussion of staffing issues tended to focus more on practical arrangements relating to staff cover, management and training rather than on individual views. Observation appeared to be the main tool used to gauge user satisfaction and staff inter-action across all the user groups. These variations are explored in the following sections.

INCLUSION OF USERS' VIEWS IN INSPECTION REPORTS

Older people

3.29 The prominence given to the views of older people varied considerably throughout the sample of reports examined. For example, in the Western Isles, one report on a residential home for older people stated that the optimum number of user interviews for an inspection report was 40 percent of residents. However, the inspectors conceded that this was 'not possible' to attain but did explain the reason for this. In contrast, the inspection team in Angus appeared to place a far stronger emphasis on user views in their reports. For example, reports commended practice which allowed users to speak about their own care plans and needs, direct quotations from users appeared in the reports and the proportion of users interviewed was also recorded. Inspections in Aberdeen also made some use of quotations in reports examined on residential care for older people with dementia. However, this was restricted to a summary section at the end of the report and was limited to brief comments from users such as those who spoke of 'being bored' or 'fed-up with' specific activities.

3.30 Although many of the older people in residential care were likely to be affected by dementia, this was not extensively highlighted in the context of gauging user views. Any reference in this context was limited. In Edinburgh and Lothian for example, it was simply stated that those suffering from dementia were unable to express any views about the home.

3.31 Staff views also featured in a number of the reports. Again, these were often highlighted in a similar way to those of users. For example, a designated section for staff views was included in a report into a residential home for older people in Fife. However

comments were restricted to a single sentence which stated that, ‘staff feel they are able to offer a good service’.

Inspections carried out by Health Board teams

3.32 Whilst the inclusion of the views of older people in residential care was apparent in some of the inspection reports, they were notably absent from the nursing care reports carried out by health boards. Hence, a marked difference between inspections organised through Social Work Service Departments and Health Board Teams was found upon examination of sample reports. In Greater Glasgow for example, the contrast with many social work led inspections was stark. No user views were recorded in health board inspection reports and no direct input from staff was apparent as detail centred on an audit format (see earlier section). Similarly, examples of reports carried out by Lothian Health Board also did not include any form of user perspective. In this context, Tayside’s approach differed considerably as a separate methodology section dealt with user views. This specified that the inspection team had spoken individually to residents to gain an impression of their ‘quality of care’. However in the context of the main report, this was limited to broadly positive comments.

Persons with Learning Disabilities

3.33 As with inspections reports of care homes for older people, the presentation of views of users with learning disabilities varied according to locality and were dealt with in a fairly limited way. In Fife for example, a separate section on user views provided only very basic details. Although the report states that the inspector ‘spoke with each client’ and observed inter-actions, it was unclear what had been discussed and only brief and positive comments were provided. Similarly, the section on staff views was restricted to two sentences and again focused on only very general and positive statements. Reports from Edinburgh and Lothian took a slightly different approach in that users showed the inspector around rooms in the house. However, no further detail was given in relation to exchanges between the two parties at this time. In Edinburgh and Lothian, reference was also made to user input in report sections dealing with care planning. As such, inspectors praised the inclusion of residents in consultation processes.

Persons with mental health problems

3.34 A similar pattern of user and staff involvement in the inspection process was found in residential homes for persons with mental health problems. Likewise reports tended to describe very general perceptions of resident satisfaction. For example in Edinburgh and Lothian, statements appeared in the reports indicating that, ‘contact with residents confirmed that they had a high level of satisfaction regarding both the premises and the quality of care provided’. In the report examined, it was acknowledged that contact was made with three staff and five residents and that positive feedback was given, but no further detail was supplied relating to the format of these meetings. In North Ayrshire, no evidence of direct contact with users was found in the sample reports, although in one example it was stated that previous inspection reports had been made available and discussed with users.

Residential care for children and younger people

3.35 Reports in this category were found to cover the residential care needs across several user groups: young people with learning disabilities and young people who had been

accommodated under Section 25 of the Children (Scotland) Act 1995³. For young persons with learning disabilities there were examples in some reports of only limited inclusion of user views – gauged either through observation or interview. In these cases, the overall content of the reports often tended to focus on more practical issues relating to the accommodation provided, levels of staffing and general guidance relating to issues around relationships, sexuality, personal appearance and discipline in the Units. However, other reports indicated that time had been spent with residents and broad-based views relating to inter-actions with staff featured, although not extensively. For example in the Western Isles the tone of the reports indicate a more user centred approach, but again this was limited in terms of the views that appeared. Notably, in several examples in this area, a number of references are made to the individual rights of residents and statements of intent related to issues such as education, privacy and general aspects of daily living in the home, but no real evidence of how this worked in practice was given. One section towards the end of the documents was entitled ‘Resident views’ but in the samples examined, only very generalised comments were recorded. As such, no real insight into the user perspective was gained.

3.36 Aberdeen’s reports for residential care for young people who have been accommodated referred to meetings with two residents although no further detail was provided in the rest of the report. In the Western Isles, sample inspection reports were examined for long and short term residential and respite care for children and young people. Whilst their tone implied a more user-centred approach - and it is stated in the reports that all young people living in the home were met - like Aberdeen, no direct views appear. However a number of observations are recorded. These often focused on meals and inter-actions between staff and residents in relation to choice and availability of food.

EXAMPLES OF GOOD PRACTICE AND WEAKNESSES HIGHLIGHTED IN THE REPORTS

3.37 A key concern in all sectors of residential care was the issue of care planning. This focused on the auditing and recording of individual user needs. This issue provides a useful arena in which to illustrate some examples of good and poor practice highlighted in the reports. In the Western Isles, inspections were often critical of information gaps and emphasised the importance of focusing on individual user needs. As such, a common criticism was the absence of user-centred goals in care plans and gaps in individual records. Care planning was also a focus of nursing care reports although information was often recorded in audit format. However, inspections undertaken by Tayside Health Board appeared unusual in their attention to detail. In the report examined, a sample of twenty per cent of residents’ care plans were examined and rather than making generalised comments, key issues in each of them were detailed separately. For example, incomplete entries were directly referred to and where only limited information was provided, this was described as being ‘unacceptable’. In many cases detailed questions appeared referring to inappropriate practice.

³ In accordance with section 25, para.1-3 of the Children Act (Scotland) 1995, a local authority shall provide accommodation for any child who, residing or having been found within their area, appears to them to require support because: no-one has parental responsibility for them; they are lost or abandoned; the person who has been caring for them has been prevented – permanently or otherwise – from providing them with suitable accommodation or care. In addition, a local authority may provide accommodation for any child within their area if they consider that to do so would safeguard or promote their welfare.

3.38 Care planning and details relating to users' individual needs often extended into broader criticism of information access. For example, in one report in Aberdeen, criticisms were made based on observations of a hand-over of staff shifts. It was noted that staff failed to either pass on information about residents or read case notes.

3.39 In other areas, examples emerged which linked the focus on care planning with users' views. Notably, the inspection team in Angus appeared to place a far stronger emphasis on work in this area.

GAPS IN INFORMATION IN EXISTING REPORTS

3.40 It is clear that the content and approach to the inspection process across residential care and nursing homes services has been fairly inconsistent. Inevitably, this makes generalisations particularly difficult. However, information gaps were identified across the sample of reports examined. Overall, the reports do not appear to provide a thorough overview of the inspection process. This criticism may be levelled in a number of areas which, in turn, impact on the utility of the documents for key audiences (as detailed in the next section).

3.41 There were some brief examples found in the sample of residential care home reports that indicated that inspectors had conferred with users both on an individual and group basis. For example in one area (Aberdeen), a report on a residential home for older people provided some detail about an exchange with a user concerning their involvement in household chores. It would seem that this type of approach - although not common practice - provided more detail and insight into user views of their support and the wider setting of the home than the limited references outlined in earlier sections. In other areas, examples were found where inspectors had made some attempt to involve themselves in daily routines. Meal times were often used as a focal point to observe users and staff. Indeed, given that observation appears to have been used as a major data collection tool, a case could be made to routinely use this type of approach as part of the inspection process in order to gain some insight into day to day life in residential homes.

3.42 The absence of user views and substantive consultation is therefore a major gap in the inspection reports covering both sectors of care homes. In her review of older people's views about care and quality of life in residential and nursing homes, Bland (1999) picks up on similar themes to those highlighted in the analysis of the inspection reports. Moreover, in referring to research commissioned by the Royal Commission on Long Term Care, she points to common perceptions from care staff and service providers that care for older people appear overwhelmingly concerned with maintenance and safety matters. Whilst professionals are increasingly aware of the need to promote concepts of empowerment and inclusion throughout service provision, the means of application are often missing from care planning and delivery (Henwood and Wistow, 1999).

3.43 Bland (1999) explores a number of categories identified throughout a range of user-led research studies. The issues raised perhaps give a wider indication as to the type of information gaps found in the inspection reports. These include practical concerns relating to maintaining independence and choice in service provision alongside more on-going day to day issues relating to participation in home life, maintaining friendships and social circles and the quality of staff support. In addition, Bland highlights the needs of specific groups notably older persons with dementia, special needs and minority ethnic elders. Documentation of the

views of the latter group focuses particular attention on the fundamental problems with the concept of residential care for Afro-Caribbean, Asian and Chinese communities. By addressing these issues, it is argued that service provision also needs to focus on more general concerns such as the absence of culturally appropriate services, fears of racism and harassment from other residents and staff and access difficulties (Askham *et al*, 1995).

OVERALL USEFULNESS OF INSPECTION DOCUMENTS

3.44 Again the variation in approaches towards inspection make generalisations problematic. However across all the reports examined, overall information presented would not appear to benefit all readerships. Certainly as public documents, the weighting towards detail on care planning, internal audit and practical detail in the homes and the general style adopted, would be of limited interest to a more general audience. Moreover, specific examples such as the reports from Health Boards and their dominant focus on medical and nursing issues renders them largely inappropriate for wider circulation. Similarly, without substantial editing their use for other audiences, such as policy makers, may be also be limited.

OTHER EVIDENCE ON STANDARDS IN THE PUBLIC DOMAIN

3.45 Other information relating to standards for residential and nursing care can be found in statistical releases published by the Scottish Executive. These are available to download through the main website (www.scotland.gov.uk) or are published annually in the document, 'Scottish Community Care Statistics'. In making this information available to the general public, the purpose of the releases is to present the latest national figures for key sectors of service provision. In the residential care sector, statistical releases focus on two main areas: a general overview of provision outlining the number of places available and the key service providers; and figures relating to user groups (see Scottish Executive, 2001a). Data collected for this release is gathered through the Census of Residential Care Establishments. The census is intended to cover all adult residential care establishments in Scotland which are registered with or run by local authorities. Homes taking part are asked to provide detailed information on their residential care provision in the previous financial year. An estimated response rate of around 88 per cent is given in figures for 2001 (Scottish Executive, 2001a). More specific figures on vacancy monitoring are also published in a separate statistical release. This focuses on occupancy rates in residential and nursing home care (see Scottish Executive, 2001b). The information is derived from returns made to the Scottish Executive by individual residential care homes directly or via Scottish local authorities

3.46 Another important resource is the performance indicators for Social Work Services. These are prepared each year by Audit Scotland and contain information on indicators relating to local authorities' management of the key areas of service provision. In the residential care sector, the areas covered include the proportion of looked after children in residential care and the overall proportion of residential places offered in single rooms.

3.47 Information on private nursing homes registered with health boards is collected by the Information and Statistics Division of the NHS in Scotland. Private nursing homes are not designated for specific user groups in the same ways as residential care homes. User group

and age is recorded for residents within homes. Numbers of residents can be analysed by user group, although the number of homes or beds cannot (Scottish Executive, 2000a)⁴.

CONCLUSIONS

3.48 This chapter has laid out some of the key issues in relation to the inspection of residential and nursing care homes. Over a number of years, there has been a growing emphasis on the need to place quality of life issues and the user voice at the heart of the inspection process. An analysis of inspection reports suggested that different standards have been employed by local authority and health board inspection teams and that standards have sometimes been implicit rather than explicit. Likewise, analysis of some of the inspection reports highlights a range of techniques. However, across all teams and user groups the absence of substantive user input into the inspection process is evident and this is an area that the Care Commission could usefully address in its new inspection regime.

⁴ Figures for 2001 were not available at the time of writing.

Table 3.3: Components of Principles of Quality – National Documents (taken from Prophet *et al* (2000))

	Home Life 1984	Homes are for Living In 1989	A Better Home Life 1996	Creating a Home from Home 1996	Nursing Homes Scotland Core Standards 1997
Fulfilment	✓	✓			✓
Dignity	✓	✓	✓		✓
Autonomy	✓				
Individual/valuing the individual	✓		✓	✓	
Esteem	✓		✓		
Quality of experience/ A good place to live	✓			✓	
Emotional needs	✓				
Risk	✓		✓	*	
Choice	✓	✓	✓	*	✓
Privacy	*	✓	✓	*	✓
Independence/ preferred way of life	*	✓	✓	✓	✓
Control/making decisions & being involved			✓	✓	
Recognition of diversity	*		✓		
Expression of beliefs	*		✓		
Safety			✓	*	✓
Rights	*	✓	✓		✓
Sustaining/developing Relationships	*		✓	✓	
Opportunities for leisure activities			✓		
Respect	*	*			✓

Note: '✓' indicates the word/phrase was listed as a main component of quality. '*' indicates the word/phrase was subsumed within the main component of quality

CHAPTER FOUR CARE PROVIDED IN PRIVATE HOMES INCLUDING CHILD MINDING

INTRODUCTION

4.1 Prior to 1 April 2002 the provision of care in private homes was largely exempt from any process of statutory inspection. This meant that domiciliary home care and home help personnel, alongside personal assistants employed through direct payments, were not subject to the type of regulatory procedures found in residential and nursing care sectors.

4.2 This chapter considers the findings of recently published and unpublished studies reports with reference to the quality of provision of care at home. These include the Audit Scotland report (2001) *Homing in on Care* and a consultation for the National Care Standards Committee with users, carers and the members of the general public undertaken by the Mosaic Partnership (2000). Both documents provide a useful insight into both the gaps in service provision and the views of users and carers. Many of the issues surrounding inspection standards in this area are highlighted.

4.3 Child minding was subject to regulation and inspection prior to 1 April 2002, as a requirement of the Children Act 1989. In this chapter, inspection reports relating to registered child minders are therefore analysed to show the type of evidence gathered through this process. Areas chosen reflected a geographical spread and variation in the organisation of inspection. Seven areas were examined. In five of the areas, inspection was based in local authority early years inspection units (East Ayrshire, Highland, Inverclyde, North Lanarkshire and Renfrewshire). The remaining two areas had single units for all local authority services (Borders and Clackmannanshire). As in earlier chapters, the analysis provides an overview of the key issues and approaches used by inspectors in selected areas in Scotland. Similarities and differences are highlighted in the way information is gathered and recorded by local inspection teams.

CURRENT PROVISION OF CARE AT HOME SERVICES

4.4 Care at home (or home care) services refer to a range of support offered to individuals in their own home. The majority of service users in this sector are persons over the age of 65 – recent figures suggest that this group account for around 85 per cent of the total (Scottish Executive, 2001c). However as table 4.1 shows, provision also covers children and young people and their families/carers, adults with a learning disability; adults with mental health problems; persons with alcohol and drug problems and people with HIV/AIDS.

Table 4.1: Age and Client Group of Clients Receiving Home Care Services

Client Group	Age Group				Total
	0-64	65-74	75-84	85+	
People with Dementia	71	367	1244	1083	2765
People with Mental Health Problems	1085	388	413	187	2073
People with Learning Disabilities	1191	149	83	44	1467
People with Physical Disabilities (<i>includes frailty due to old age</i>)	5621	7913	19242	16732	49508
People with HIV or AIDS, alcohol or drug problems	299	172	82	8	561
Carers of dependent people in groups above	181	95	96	40	412
Carers/children not in groups above	843	13	5	5	866
People in other vulnerable groups	861	1357	3001	2662	7881
TOTAL CLIENTS	10152	10454	24166	20761	61533

Source: Scottish Executive (2001c)

4.5 In Scotland, as table 4.2 reveals, local authorities remain the biggest provider of publicly funded care at home services. They provide 78 per cent of services in this sector (Scottish Executive, 2001c). These figures contrast with the picture in England where the majority of these services (54 per cent) are provided by the independent sector (Department of Health, 2000). The increased use of independent service providers in England reflects changes made in the early 1990s which required local authorities to spend at least 85 per cent of transferred Department of Social Security funds in this sector.

Table 4.2: Number of Home Care Clients and Hours Provided/Purchased by Provider of Service (Reproduced from Scottish Executive, 2001c)

Provider of Service	No. of clients	Client hours	Average hours per client
Solely from local authority	57219	306691	5.4
Solely from private/voluntary sector	5578	55098	9.9
Combination of provision from LA and private/voluntary sector	2736	32778	12.0
TOTAL CLIENTS	65533	394567	6.0

Source: Scottish Executive (2001c)

4.6 In addressing the wider pattern of service provision, the shift towards community care occurring over the last decade has encouraged a fundamental shift in the balance and type of care services being provided. Despite a 7 per cent decrease in the overall number of care at home users in Scotland in 2001 (Scottish Executive, 2001c), an increased role for care at home services and a shift away from institutional support looks set to emerge (Audit

Scotland, 2001). As Audit Scotland (2001) observes, three related pressures are likely to contribute to increasing demand on service provision in this sector. Firstly, the projected increase in the population of older persons will require additional services to be provided. Estimates suggest a projected 10 per cent increase from 352,000 to 389,000 between 2001 and 2011 for persons over the age of 75 and at the same time an increase of almost one-fifth for those aged over 85 years, from 85,000 to 101,000 (General Register Office for Scotland, 1998). Secondly, the continuing reduction in NHS long-stay beds has already seen a 55 per cent reduction from 8,500 to 3,800 between 1990 and 2000 (Scottish Executive, 2000a). Thirdly, research has highlighted individuals' preference to remain in their own homes, where possible, rather than move into residential or nursing home care (Boaz *et al*, 1999). Alongside these factors, Audit Scotland (2001) identified a number of other policy developments which look set to focus increasing demand on care at home services. These include: a shift towards the targeting of care at home resources aimed to reduce the length of hospital stay; a requirement to develop jointly managed and resourced services for older people with health partners from 2002; the extension of direct payments and the development of National Care Standards.

4.7 In response to recommendations outlined in the Royal Commission Report into long term care led by Sir Stewart Sutherland, the Scottish Executive provided £48m for local authorities (and their partners) to deliver more flexible, better targeted and more intensive home care services. Additionally, more recent initiatives developed through the Community Care and Health (Scotland) Act 2002 will significantly impact on the framework of care at home services. These include a two-year £250 million package to provide for free personal care for persons cared for in their own home, and free nursing care – either in a residential setting or through domiciliary services. An additional £20 million has been made available through designated delayed discharge funding. These monies are targeted at relieving pressure on acute services by developing more community care services and home support.

QUALITY AND CARE AT HOME

4.8 Although care at home services have been largely exempt from inspection processes, Best Value practice has placed a requirement on councils to improve continuously the quality of services they provide and purchase. As such, benchmarking with other care at home providers has been recognised as important in the context of reviewing performance and this has been one of the issues explored in relation to developing standards to assess the quality of care at home services (Audit Scotland 2001). Part of the remit of Audit Scotland's review of home care services was to develop a number of performance indicators, particularly in relation to service user and carer perspectives. Whilst the report was published prior to the release of the final National Care Standards, it was intended that the measures devised in the study should serve as a complement to them. Similarly, a consultation carried out by the Mosaic Partnership (2000) sets out the views, opinions and issues identified by service users, informal carers and members of the general public, regarding the drafting of the National Care Standards. Alongside concerns around service management, maintaining control over provision and the day to day administration of care, the consultation also draws attention to the need to work with informal carers and fit in around family life. The notion of getting the *right* service is evidently a major concern for all parties receiving this type of care.

4.9 The Audit Scotland study highlights an absence in many local authorities of systematic data collection relating to the quality of care at home services. Indeed at a

planning level, it recommends the need for the regular monitoring of targets, the involvement of home care staff in formal review procedures and publication of accessible written guidance for users. This, in turn, was reflected in many of the issues raised by users and carers. Participants in both the Mosaic Partnership and Audit Scotland studies drew attention to the lack of information concerning the organisation of their support. Likewise on a day to day level, users in the Mosaic Partnership consultation complained of intrusive practices of home care staff. For example, the notion of ‘being taken over’ in your own home featured strongly. This reflected wider concern over the actual control of services and, ultimately, where this lies.

4.10 As reported in Chapter 3, other information relating to standards for care at home services can be found in statistical releases published annually by the Scottish Executive. Statistics are shown both in relation to the overall number of users, distributions of key user groups and comparisons from the previous year. In addition, the figures outline the main provider groups (see Scottish Executive, 2001c). Additional statistical information for home care services can be found in Audit Scotland’s performance indicators for Social Work Services (Audit Scotland, 2002). These provide information on the care provided to people in their own homes and the extent to which councils were flexible in the provision of care to meet particular needs.

CHILDMINDING

Previous responsibility for inspection

4.11 Under the Children Act 1989 those who provide day care and child minding services for children aged under 8 years were instructed to register with the local authority which was required to inspect these services at least once per year. The 1998 White Paper *Modernising Social Services* in England and Wales laid out comprehensive measures to reform regulation of children’s service. Part of this process included the introduction of police checks on all individuals providing care (Department of Health, 1998, para. 3.15). Whilst a similar pledge towards rigorous selection of those looking after children was made in the parallel White Paper in Scotland *Aiming for Excellence* (Scottish Office, 1999) no specific detail was given. Therefore, whilst it is intended that this chapter will provide an overview of issues relating to the inspection of care at home services and child minding, as already noted, commentary is restricted to two main areas of provision. These are services for older people and registered child minding. Discussion of services for older people – the main user groups in this area - highlights some of the key issues addressed in the recent literature with regard to service monitoring. Standards and approaches used in the inspection of child minding are analysed to provide insight into practice to date.

Remits of inspection units in different geographical areas

4.12 Like the other areas of inspection addressed in this report, the inspection units for registered child minders were located across a range of organisational settings. The majority were based in designated local authority early years teams, covering 17 units across the country. Nine other inspection units were located in local authorities and were charged with the inspection of all services in these areas. Edinburgh and Lothian had a single inspection unit and dealt with all services in the three local authorities (East Lothian, West Lothian and

City of Edinburgh); Dumfries and Galloway had a combined unit inspecting all local authority and health board services; and Falkirk Council had a combined unit inspecting all child minding services run by the social work and education departments.

Types of evidence gathered by inspectors

4.13 From the sample of reports examined, a number of key areas were identified in each of the localities. These included general details relating to the household, the type of facilities available and adherence to safety regulations. In Highland for example, a section was specifically included outlining the effects of the child minding on other members of the family. Similar information was found to be present in other areas although this was often raised as a more general issue in the overall comments. In four of the sample areas examined – East Ayrshire, Inverclyde North Lanarkshire and Renfrewshire – audit style report sheets were used. In these cases, much of the information gathered was documented in tick boxes or through brief statements and supplemented with a longer overall summary at the end of the report. These summary sections tended to cover a range of issues identified in the inspection process, ranging from accommodation and safety details through to observations of interactions between children and staff. Limited detail was provided in relation to education. Where educational activities were included, these focused on play activities rather than aspects of curriculum for 3-5 year olds. Across all of the reports examined, observation of the child minder and children in their care was used as the main tool for gathering information. For example, reports carried out by the inspection team in the Borders focused directly on children playing and included comments about the child minder such as, ‘good understanding of the physical and emotional needs of children’. Likewise in North Lanarkshire, the inspector made reference to the ‘strong bond’ between the child minder and children under her care. It is clear from much of the information gathered that some form of direct questioning of child minders took place during the inspections. However, this was not reported in a particularly systematic way.

Balance of different stakeholders’ views

4.14 In none of the areas examined in the child minding reports was there evidence to suggest that the views of children cared for had been obtained for the purposes of the inspection. As suggested earlier, although it is clear that child minders were interviewed, inspectors appeared to make greater use of observation in order to gain an overview of service provision. A number of different techniques appeared – albeit in a restricted manner – which allowed the views of other interested parties to be recorded. For example, report forms in North Lanarkshire included a section covering any comments or feedback received from ‘service users or members of the public’. However no direct views were recorded. Similarly in the Borders, a section focusing on the relationship with parents appeared. This reported on techniques adopted by the child minder to keep parents informed of their child’s progress but these were based only on the child minders’ views – no parents had been interviewed during the course of the inspection. In contrast, the report format in Clackmannanshire included a section specifically for parents’ comments. In the sample examined, direct quotations had been written in by the inspector. Reports from Edinburgh and Lothian also included a number of quotes from parents. In both areas, the comments were generally positive and concerned the standards of care. This type of comment is perhaps unsurprising as it is unlikely that a parent would express dissatisfaction with child

care and continue to use the service. Clackmannanshire offered a more focused appraisal of aspects of care. This took the form of brief comments made by the inspector in response to a number of headings. These included: atmosphere created; inter-action with children; understanding children's development; attitude to play; use of age appropriate play activities, access to toys; links to community facilities; managing difficult behaviour; and valuing parental role. It is also apparent that no comments were made in relation to the educational experience of the child. Clearly, many of these categories relied on observation and the inclusion of highly subjective views and these were reflected in the report entries. Although many of the headings dealt with largely the same information as those covered in other areas, this approach appeared to provide a more focused overview of the inspection process.

Examples of good and poor practice highlighted in the reports

4.15 Areas of good practice highlighted by the inspectors drew strongly on issues around safety and the overall contentment of children. In Highland, for example, reports praised the 'very positive attitude' of the child minder and the relaxed and organised approach of the service. Similarly in the Borders, the inspector remarked on the 'good understanding of the physical and emotional needs of the children'. In several cases, inspectors focused directly on the impact of the service on other members of the childminder's family - in the cases examined this was viewed either positively or as having no significant impact.

4.16 None of the reports examined drew attention to poor practice. Whilst a few examples raised some limited concerns relating to safety issues, these were generally cited as questions to which the child minder responded positively. For example, the inspector may have questioned whether certain parts of the house were accessible to children and recorded this in the context of the report.

Gaps in information in existing reports

4.17 As suggested earlier in this chapter, none of the child minding inspection reports examined included the views of children receiving the service. Moreover, any discussion of parental views appeared to rely on fairly generalised and positive comments on aspects of service provision. No detail is given in relation to social justice issues or addressing specific needs of individual children - for example, special educational needs. However as stated, this is perhaps unsurprising given the strong focus on safety rather than educational matters highlighted throughout the reports. Inevitably this raises broader questions as to the role of child minding. From the evidence presented in the reports, it would appear that the main goal of this service is to keep the child safe rather than engage in educational development.

Overall usefulness of inspection documents

4.18 It is clear from the type of information outlined in the inspections that the reports are not presented in a particularly accessible format. Whilst they are classified as public documents, the content and the specialised language adopted in the reports are unlikely to attract a wider audience beyond the individual child minders and/or the inspection teams directly involved. Moreover, parents or guardians wishing to consult these reports may find them difficult to access for two reasons. Firstly, they are generally only available on request

from the inspection unit and secondly, they are not written with the parent/carer as the principal audience. Inspection teams need to consider both issues around content and presentation and means of publicising the reports to a wider audience. This needs to take into account different format types and information technology – for example making reports available on websites, in minority ethnic languages and making them accessible for persons with visual and/or hearing impairments. HMIE inspection practices might provide a model of user friendly report writing.

CONCLUSIONS

4.19 From the issues raised in this chapter, it is clear that both care at home services and child minding are expanding areas that will require much greater scrutiny in the future. Evidence provided in the childminding inspection reports indicates the somewhat restricted parameters of these processes and the need to make information more accessible to a wider audience. Some services provided in private homes remain unregulated and this is evidently an issue that will need to be addressed in the future. Currently some regulation of care applies only to agencies and not individual service providers. As inspection is extended into this area, this perhaps raises questions relating to the role of the state and its right to intervene in home and family life. Greater use of care at home services in line with community care policy will demand much tighter regulation.

CHAPTER FIVE CONCLUSIONS

KEY ISSUES IDENTIFIED

5.1 This report has explored some of the key features of the inspection of care services in Scotland prior to the establishment of the Care Commission in April 2002. Below, we briefly summarise some of the key points which have emerged and consider their implications for the future development of inspection practices.

Range of inspection agencies and variation in criteria and standards

5.2 It is evident that complications have arisen as a result of some services being inspected by different agencies, reflecting different funding streams. For example, some care homes have been inspected by health boards in relation to nursing care and by local authorities in relation to residential care. Similarly, some playgroups, nurseries and childminders have been inspected by HMIE in relation to their provision of funded pre-school education and by local authorities with regard to their care services. Nursery classes attached to registered independent schools and by local authority primary schools have only been subject to inspection by HMIE, who have had responsibility for care and welfare as well as education of these services. The reports examined produced by different agencies clearly reflect their principal mission. For example, Health Boards are principally concerned with facilities and procedures and have paid much less attention to the social experiences of service users. Local authority inspections have been concerned with health and safety and child protection arrangements, although the quality of the user experience has been achieving greater prominence.

Lack of inspection of some areas

5.3 Whilst some areas have been subject to multiple inspections, other services, particularly those providing home care, have not been inspected at all. Direct Payments in Scotland, after a relatively slow start, are becoming increasingly important as a means of enabling people assessed as eligible for community care services to purchase a range of assistance such as personal care and family support services directly from providers (see Witcher et al, 2000). There are no plans under the Regulation of Care (Scotland) Act for formal inspection by the Care Commission of direct payment schemes, or of the services purchased by recipients, unless they use registered providers.

5.4 Some anomalies which existed prior to the implementation of the Regulation of Care (Scotland) Act 2001 will continue to exist. For example, whilst those minding a number of children in their own homes or other premises are obliged to register with the local authority, privately employed nannies need not be registered. In addition, relatives and friends may look after children for nominal or no payment and will not be registered or inspected. Clearly, there are a number of unresolved issues about the extent to which government should intervene in the regulation of care delivered in the context of people's private lives. It may be argued that services should be regulated if payment is being made, particularly if public money is being used. In addition, the principle has been established that the state must intervene if child protection issues or the well-being of vulnerable adults are involved.

However, the extent to which the state has the right to make judgements about the quality of care delivered in the family to children or vulnerable adults will continue to be debated.

Variation in local standards

5.5 We have already noted the different standards employed by different inspection agencies. Examination of the inspection of a particular type of service in a sample of local authorities indicates that a range of departments were involved and a range of standards employed. For example, pre-school childcare might have been inspected by the Education and Leisure Department, the Social Work Department or a joint inspection team. Since a range of standards were used, it is impossible to compare the quality of services in different parts of the country. Such comparison may be important for a service user moving to a new area, or for the Scottish Executive or Scottish Ministers, who need to develop a national picture of service performance across the country and ensure that access to good quality care does not become a postcode lottery. Whilst local authority and health board inspection standards varied across the country, national agencies such as HMIE have made great efforts to use consistent standards.

Variations in inspection methods and reporting practices

5.6 Just as standards varied, so too did methods. Health boards and local authorities varied with regard to the precision of their performance indicators and the extent to which performance is scaled or recorded qualitatively. Whereas HMIE allocates a precise meaning to qualitative statements such as 'good' or 'fair', and attaches a quantitative meaning to statements such as 'the majority' or 'few', some local authorities used these terms in an imprecise manner. In addition, whereas HMIE produces a 'footprint' for each inspection, allocating a strict timeframe, other inspection bodies varied in the amount of time and the number of personnel allocated to each inspection.

Use of lay and associate inspectors

5.7 It is acknowledged that inspectors who are drawn from the same professional background as those involved in service delivery are likely to view the world through a similar lens and may be unaware of the values and judgements which might be brought to bear by a member of the public from a different professional and social location. To ensure that inspections do not simply reflect professional concerns, but those of the wider society, there is a growing emphasis on lay inspection. Some agencies like HMIE routinely use lay members in their inspection teams (although, as previously stated, not in registration inspections due to the small size of the establishments involved). Many other agencies, however, have not routinely used lay members.

5.8 Furthermore, the salience of peer review is now recognised. Others working in the same area may have a well developed sense of key aspects of good practice, and may also be able to identify where poor practice is being concealed. In some areas, peer inspectors are routinely used, but again practice varies widely. HMIE uses peer assessors, sometimes seconded for a few days and sometimes for longer periods of time.

Identification of inspection report audiences

5.9 In order for an inspection report to be meaningful, its principal audience must be clearly defined. HMIE identifies the service user as the principal audience, but also recognises that the report will be of interest to service providers, Scottish Ministers, the Scottish Executive and local authorities. However, children and young people would not necessarily find some inspection reports accessible, and the parent rather than the child is conceived as the main service user. Other inspection reports examined did not appear to have such a clearly defined notion of their intended audience and were not routinely available in alternative formats and community languages.

Focus on service providers

5.10 The voice of the service provider was more prominent than that of the service user in the inspection reports examined. Although most reports did not explain their methodology in detail, it was evident from their content that inspectors had spent a considerable amount of time checking policies and procedures and had interviewed service providers before speaking to service users. However, it should be noted that HMIE gives very high priority to evaluating the quality of experience of users.

Capturing the user experience

5.11 Reports accorded relatively little weight to service users' views and methodologies for accessing these views was not always apparent from the reports. Children's views were sought through observation of activities and some conversations, but systematic attempts did not appear to have been made to access their opinions. Questionnaires were distributed to parents, but reports often did not indicate response rates. Reports did not always state whether interviews had been held with parents or not. The views of other groups, such as people with learning disabilities, mental health problems and frail older people were often inadequately represented in reports. The reports generally did not convey a clear impression of what it felt like to be a person using a particular service or living within a particular institution.

FUTURE CHALLENGES FOR THE CARE COMMISSION

5.12 Having considered the key points emerging from the analysis of inspection reports, we now consider the challenges facing the Care Commission in producing inspection reports which are fair, transparent, have a clear sense of audience and focus on the user experience.

Implementing integrated inspection arrangements

5.13 An older person is unlikely to draw a distinction between a nursing service and a personal care service within the same institution or a bath given for nursing or care reasons at home. Reflecting this, the Regulation of Care (Scotland) Act brought in the definition of care home, removing the distinction between nursing and residential homes. Similarly, within the field of education HMIE is to work alongside Care Commission staff in the inspection of

school care accommodation services, secure accommodation services and day care of children which is to any extent provided in the form of an educational activity.

5.14 This focus on the user experience rather than a service's administrative category or funding stream will require those undertaking inspections to view the world in a rather different way. The inspector will have to consider the way in which the service enhances the individual's quality of life regarded holistically. For some, this shift may be challenging and will call for a considerable amount of co-operation and re-thinking by inspectors.

Combining consistency and flexibility

5.15 The new National Care Standards are to be enforced in a consistent and flexible way. Consistency is necessary to compare services and to develop a national picture of service development. At the same time, it is felt that inspections must reflect the local circumstances and histories of particular services. Combining these two elements is likely to be challenging for inspectors.

Enforcing regulations whilst using human and professional awareness

5.16 It is expected that Care Commission inspections will have both internal and external validity and be robust in the methodology they employ. The development of a rigorous but non-formulaic process, which encourages inspectors to triangulate information and actively seek inconsistencies will ensure that weaknesses are rapidly identified. This will be essential if service users and providers are to have confidence in the inspection process.

Capturing the voice of the service user

5.17 It was noted above that current inspection arrangements have not been particularly successful in capturing user voices. This is in part because this task is extremely difficult to do. Children, people with learning disabilities or mental health problems and frail older people are unlikely to respond favourably to questionnaires. However, interviews to access views may distort or present partial evidence. Another complicating factor is that, for example, different people with learning disabilities are likely to have different perceptions, like any other social group. Innovative methods are likely to be required to ensure that the diversity of experience is recognised. These may include the use of advocates to help individuals express their views.

5.18 In the case of some groups such as young children, parents or carers are likely to be an important source of information. At the same time, it must be acknowledged that parents are not always sensitive to the views of their children and parents are very unlikely to voice concerns about the quality of childcare or pre-school education they have chosen for their children.

5.19 Whilst the voice of service users is essential in producing responsive services, it is possible that accounts of user views may present partial evidence or distort data in order to promote a particular policy agenda. The way in which questions are asked and the reporting of information is therefore very important and requires careful professional evaluation.

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