Agenda Item 5

OVERVIEW AND SCRUTINY BOARD

6 FEBRUARY 2007

FINAL REPORT – DIGNITY IN CARE FOR OLDER PEOPLE

PURPOSE OF THE REPORT

1. To present the findings of the Social Care and Adult Services Scrutiny Panel's review of Dignity in Care for Older People.

AIM OF THE SCRUTINY INVESTIGATION

2. The overall aim of the Scrutiny investigation was as follows:

   The panel wants to ensure that elderly residents in Middlesbrough are protected and treated well. The panel will consider government legislation on the dignity in care agenda and see how this is being put into practice in Middlesbrough.

TERMS OF REFERENCE OF THE SCRUTINY INVESTIGATION

3. The terms of reference for the Scrutiny investigation were as outlined below:

   (a) Through gaining an understanding of the government legislation on the dignity in care of older people and visiting care homes, speaking to users of domiciliary and health care, establish if there is a gap between beliefs and practices and if there is a gap how can this be rectified.

   (b) Examine how the Council and other organisations are ensuring that high standards of dignity in care are achieved in Middlesbrough.

   (c) To examine if care homes should have ratings and what criteria those ratings are based upon.

(d) To examine, by speaking to a number of staff and residents from care homes, how different homes approach a number of issues, such as medication management, training of staff, quality of food, quality of care etc to ensure that there is dignity in the care of older people.

METHODS OF INVESTIGATION

4. Members of the Panel met formally between 26 July 2006 and 15 November 2006 to discuss/receive evidence relating to this investigation and a detailed record of the topics discussed at those meetings are available from the Committee Management System (COMMIS), accessible via the Council's website.

5. A brief summary of the methods of investigation are outlined below:

   (a) Detailed officer presentations supplemented by verbal evidence.

   (b) Discussions with representatives from the Council's 'preferred providers' from the home care sector

   (c) Visits to Care Homes to meet with managers, staff and residents

   (d) Information from and discussions with the Commission for Social Care Inspection

6. The report has been compiled on the basis of their evidence and other background information listed at the end of the report.

MEMBERSHIP OF THE PANEL

7. The membership of the Panel was as detailed below:

   Councillors C Rooney (Chair), Councillor A E Ward (Vice-Chair), Councillors Davison, Dryden, Ferrier, J Jones, JA Jones and K Walker

   Co-opted Members – E Briggs, J Holt and the late Jim McCowat who sadly died during the course of the review and who had been a regular attendee of the panel and previous to that the Social Services Cabinet.

BACKGROUND INFORMATION

Why the panel chose to consider Care and Dignity for Older People

8. The Government has introduced the National Service Framework (NSF) for Older People in order to set out the standards that ensure fair, high quality, integrated health and social care services for older people.

9. The UK has an ageing population. There is a higher proportion of older people in the community than ever before. A century ago only one in 20 people were over 65, today

one in six are over 65. It is expected that, by 2051, a quarter of the population will be over 65. [1] Middlesbrough has and will continue to have an ageing population[2].

10. There have been a number of recent cases in the national media regarding the standard of care for older people in care homes. The panel considered that it would be a worthwhile topic to examine how older people, who are either receiving home care or living in a residential home, in Middlesbrough were treated with dignity.

11. The topic is also on the Government's agenda. During the course of the review, the Government announced a new campaign aimed at securing dignity in care for older people. Further details can be found in paragraph 23.

THE PANEL'S FINDINGS

THROUGH GAINING AN UNDERSTANDING OF THE GOVERNMENT LEGISLATION ON THE DIGNITY IN CARE OF OLDER PEOPLE AND VISITING CARE HOMES, SPEAKING TO USERS OF DOMICILIARY AND HEALTH CARE ESTABLISH IF THERE IS A GAP BETWEEN BELIEFS AND PRACTICES AND IF THERE IS A GAP HOW CAN THIS BE RECTIFIED.

Care Standards Act 2000

12. To begin their evidence gathering the panel met with the Service Manager from the Social Care Department in order to gain an understanding of the legislation in this area.

13. The panel learnt that there are a series of standards and regulations that relate to setting standards and regulations in care homes. The Care Standards Act 2000 covers such things as the registration of the home, the registration of the home's manager, the minimum standard of accommodation, staffing levels and policies and procedures. The registration of the home's manager also includes checks on their qualifications and Criminal Records Bureau checks.

Commission for Social Care Inspection

14. In previous years local standards were set for checking on and assessing homes. This was then replaced by a set of **national** standards that ensured that all areas were subject to the same standards. The National Care Standards Commission was then replaced by the Commission for Social Care Inspection (CSCI) in April 2004, their aim was to improve social care and 'stamp out' bad practice.

15. The CSCI would ensure that they carried out at least 1 announced and 1 unannounced inspection of a residential home per year and those reports would be available for public inspection and would be available on the Commission's website. CSCI were responsible for inspecting both council run and private care homes. Following an inspection, if the home did not meet the minimum standards then CSCI have the power to de-register the home. CSCI are also responsible for dealing with complaints about care homes, serious incidents and the protection of vulnerable adults. Further details of the work of CSCI can be found later in the report, when the panel discussed CSCIs work with local representatives from CSCI. (See paragraph 30)

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[1] Healthcare Commission, Living Well In Later Life – March 2006
[2] Middlesbrough Council's Strategic Plan

16. The panel learnt that one initiative, which is currently taking place in Bradford, involved using independent older people who would go into care homes to review them and give their opinion. This enables homes to be judged by the peers of those who live in the residential homes. This inspection is of course in addition to the standard CSCI inspections but gives a valuable insight into how homes are performing from an older person's perspective.

Care Homes for Older People – National Minimum Standards

17. The standards set out in the minimum standards for care homes for older people determine whether care homes meet the needs and secure the welfare and social inclusion of the people who live there. Core requirements are set which apply to all care homes providing accommodation and nursing or personal care for older people. The standards apply to all homes for which registration as care homes is required including nursing homes and local authority care homes.

18. The standards focus on the impact on the individual of the facilities and services within the care home. This includes ensuring that residents are treated with dignity and respect and that their right to privacy is observed. There are a number of key standards that enable managers and inspectors to judge the home's performance with regard to its governing philosophy and guidelines emphasise the importance of valuing privacy, dignity, choice and rights. The standards are grouped in areas that affect individuals' lives, and include:
    - Choice of home
    - Personal and health care
    - Daily life and social activities
    - Complaints and protection
    - Environment
    - Staffing
    - Management and administration.

National Service Framework (NSF) for Older People

19. The NSF for Older People was published in March 2001. It set new national standards and service models of care across health and social services for all older people. Whether they live at home, in residential care or were being looked after in hospital.

20. The NSF leads with plans to:
    - Tackle age discrimination to make it a thing of the past, and ensure older people are treated with respect and dignity
    - Ensure older people are supported by newly integrated services that have a well co-ordinated approach. That individual's needs and circumstances are assessed to ensure the right services for them
    - To specifically address those conditions which are particularly significant for older people – stroke, falls and mental health
    - Promote health and well-being of older people through co-ordinated actions of the NHS and councils.

21. The NSF is a ten-year programme of improvement that will be implemented through local health and social care partners. Progress will be monitored through a series of milestones and performance measures.

22. The NSF has 8 standards which are as follows:

- Standard One – Rooting Out Age Discrimination
- Standard Two – Person-centred care
- Standard Three – Intermediate Care
- Standard Four – General Hospital Care
- Standard Five - Stroke
- Standard Six - Falls
- Standard Seven – Mental Health in Older People
- Standard Eight – The Promotion of Health and Active Life in Older Age

Dignity in Care

23. Research undertaken by the government outlined how a lack of respect for an individual's dignity in care can take many forms and the experience may differ from person to person. Some general examples were that people felt their dignity was not being respected were as follows:
    - Feeling neglected or ignored whilst receiving care
    - Being made to feel worthless or a nuisance
    - Being treated more as an object than as a person
    - Feeling their privacy was not being respected
    - Disrespectful attitude of staff
    - Not being listened to

24. Through legislation the government want to create a zero tolerance of the lack of dignity in the care of older people, and that applies to any care setting. The aim is that service users, carers, relatives and care staff will have support, advice and information that they need in order to enable them to take action to drive up standards of care with respect to dignity for the individual.

25. During the course of the review, the Government launched a campaign to raise the profile of the treatment of people receiving care services to ensure that they are treated with dignity. Care Services Minister Ivan Lewis said, the Government's mission was to create 'a care system where there is zero tolerance of abuse and disrespect of older people'. Older People's Champions will be created, supported by an online resource guide. The campaign will raise awareness, spread best practice and support people/organisations to drive up standards, and to reward and recognise those who make a difference and 'go that extra mile'.

The Dignity Challenge

26. The Dignity Challenge is a statement of the expectations of a service. It is backed up by a series of 'dignity tests' that can be used by providers, commissioners and people who use services to see how their local services are performing. The Government states that high quality care services that respect people's dignity should
    - Have a zero tolerance of all forms of abuse
    - Support people with the same respect you would want for yourself or a member of your family
    - Treat each person as an individual by offering a personalised service
    - Enable people to maintain the maximum possible level of independence, choice and control
    - Listen and support others to express their needs and wants
    - Respect people's right to privacy
    - Ensure people feel able to complain without fear of retribution
    - Engage with family members and carers as care partners

- Assist people to maintain confidence and a positive self-esteem
- Act to alleviate people's loneliness and isolation.

EXAMINE HOW THE COUNCIL AND OTHER ORGANISATIONS ARE ENSURING THAT HIGH STANDARDS OF DIGNITY IN CARE ARE ACHIEVED IN MIDDLESBROUGH

27. For this term of reference the panel spoke to representatives from the Council's Social Care Department, the Commission for Social Care Inspection and representatives from 2 of the Council's preferred providers in the home care sector.

Commission for Social Care Inspection

28. The Commission for Social Care Inspection (CSCI) was established under the Health and Social Care Act 2003, and was operational from 1 April 2004. Incorporating the work of the former Social Services Inspectorate (SSI), the SSI/Audit Commission Joint Review Team and the National Care Standards Commission (NCSC), the CSCI is now the single independent inspectorate for social care in England.

29. The remit of the CSCI includes the regulation, review and inspection of all social care services in adult and children's services, in the public, private and voluntary sectors. In collating this information, the CSCI provides documentary evidence of the quantity and quality of social care services at both a local and national level.

Care Home Inspections by CSCI

30. Representatives from the local offices of CSCI attended a panel meeting to discuss their work with the panel. The panel learnt that inspections of residential care homes are outcome focussed and consider the outcomes for the clients. The organisation considers a vast amount of evidence in the run up to the visit including checking for any untoward incidents that may have been reported.

31. Currently, following an inspection a 'quality rating' is issued which is either categorised as poor, adequate, good or excellent. If a poor rating is given, CSCI work with the home to secure an improvement in its services and another key inspection is undertaken. In addition to key inspections, additional thematic inspections are undertaken which could focus on a topic such as medication or nutrition.

32. A key inspection would take approximately 3 days from the planning, the inspection, to the writing of the report, although inspections of services that are judged as 'poor' would probably last longer.

33. The panel was concerned that not all of the inspectors were from a nursing background that this may have an impact on the inspection of issues of a medical nature, for example. However CSCI informed the panel that each inspector works to a detailed set of guidance on each topic, which keep standards consistent between inspectors.

34. Service users' views are also important to CSCI, in addition to the other data they receive from the inspections. A questionnaire is distributed to both service users and their families, the inspectors also speak to care home residents as part of the review and people are randomly selected for 'case tracking'.

Nursing Care

35. Members of the panel were concerned about the decline in the number of nursing homes. The number of care homes without nursing care are on the increase and the panel were concerned that those homes were mainly staffed by carers and not nurses. Members also thought that there may be some elderly people in care homes may have nursing needs. Anecdotal evidence from the visits also suggested that there was a concern amongst those people who cared for EMI (Elderly Mentally Infirm) residents that if people's nursing needs increased that there weren't going to be the supply of places in homes in Middlesbrough to cope with the potential demand.

36. The CSCI noted that there have been claims amongst some providers (not necessarily in Middlesbrough) that in some cases the social care assessments of residents are downgrading the needs of some people who would otherwise have required nursing care, but CSCI don't have a responsibility to monitor those assessments. The Social Care Department confirmed that in Middlesbrough a multi agency panel approach is used to ensure that each case is assessed by the panel for continuing health care needs to confirm that people get the correct level of care for their needs. They are also working with providers on the issue of providing nursing care and through its fair price for care work ensuring that businesses can be viable.

37. The panel considered that this did present a difficult situation, people want stability and a care home for life, however people's needs can change over time and their increasing needs could impinge in many ways on other care home residents and their quality of life. CSCI can advise homes on how to cope with people's changing needs. It was noted that in Middlesbrough homes are very good and generally they do try to look after residents for as long as they can cope with their needs.

38. CSCI noted that the best providers are those with long term vision, bigger homes are the most cost effective and maintain good levels of care, smaller homes can face a struggle with finance and maintaining standards. CSCI recognised that setting ratings for care homes would have an impact on the future of some homes. It is without doubt that people want the best for their loved ones and will not want them to go to homes that are at the lower end of the scale. The current trend of extra care housing schemes, which is slowing the rate of admissions to homes, and the fact that Middlesbrough has a good record of helping people to stay in their own homes, that this may have a further impact on the viability of the care home sector. There is a tension between needs, funding and availability however CSCI noted that the Council is making a good attempt to deal with this.

39. The panel was also concerned about the distribution of medicine by care home workers who may not be trained nurses. CSCI noted that they had recently employed a pharmaceutical advisor to look at medication in this area and in particular accredited training for care homes. This is a big issue nationally and CSCI had picked up that just half of the care homes in the country are compliant with the national standard. The Social Care department also noted that work is being undertaken by the Primary Care Trust on this issue.

40. From the visits the panel had been concerned to see that people in some homes were sitting in the lounges/dining rooms in their wheelchairs. CSCI noted that if this occurred during an inspection that the inspectors would check if a service user wanted to remain in their wheelchair and that this would be documented.

Discussions with Home Care Providers

41. The council has a rigorous process of choosing which home care companies to contract with in order to provide home care services to people over 65. Representatives from 2 of the 5 council's preferred home care providers attended a panel meeting to discuss home care provision with the panel. The views from those who practice in the field were very useful to the panel's discussions.

42. One of the providers confirmed that the provision and standards of domiciliary care are scrutinised as much as that in residential homes. The confirmed that internal reviews take place on a 3 monthly, 6 monthly and 1 year basis which include surveys and face to face interviews with clients.

43. In their discussion, the providers informed the panel that essentially home care workers are a guest in the client's home, and clients do have a say in how they are treated. Clients would of course be able to complain if they were not happy about any aspect of their care. In their view domiciliary care is 'geared up' to treat people with dignity and that the carers they employ were ensuring that the standard of the care they were providing was reaching the national care standards before they were implemented nationally.

44. The panel considered that the correct training for home care workers was essential in ensuring dignity in care. The panel was therefore interested in gaining an understanding about the level of training that home care workers undertake. Similarly to the evidence the panel found in the area of residential care, home care workers also undertake training in NVQs. The representatives from the home care providers noted that their staff are encouraged to gain NVQ qualifications and also have an induction period which covers issues such as dignity and personal care, health and safety and first aid etc. New staff are supervised initially and have reviews after 3 and 6 months.

45. Although training takes place it was noted that carers are also assessed for their suitability for the post, over and above their level of qualifications. They have to be suitable for the clients, the organisation knows its staff well and they know if there are any problems between clients and their carers. It was noted amongst the home care providers that there is a perception there could be other better paid jobs that people could do but people go into the caring profession and become carers as a vocation.

Care Home Survey

46. It is a Department of Health requirement that each Social Care Department must conduct a survey of the people who use home care services in order to seek their opinion on the standard of care that they receive. The Social Care Department attended a panel meeting to take members through the results of the last survey that was carried out for 2005/06.

47. It was noted that the questionnaires were sent to 539 home care users in February 2006 and a total of 351 were returned. The Department noted that there were not enough questionnaires returned to provide a statistically valid return. Reminders had been sent however this had caused some anxiety amongst some home care users and their families. The Department will be informing the Department of Health as their guidance had suggested that approach.

48. The panel learned that analysis of the questionnaire had provided the following results:

49. When asked if care workers do the things that you want done? 64.4% respondents replied that care workers 'always' did. The Department noted that there will always be users who feel that their home care workers should do more for them including shopping and cleaning which does not form part of the contract with service providers. However this is an issue that is often raised.

50. 33% of respondents indicated that their care workers arrive at a time to suit them and only 1% replied that it was at a time that never suits them. 42.7% or respondents strongly agree and 52.3% agree that they get up and go to bed at times which suit them. Issues raised in this section are generally around time keeping, including carers always being 'in a hurry' and that they don't log their times regularly. Some respondents claim that they never know who is going to turn up and would prefer the same person which whom they can build up a trusting relationship. There are still concerns about carers, who are not known to service users, not showing relevant identification.

51. There were a number of respondents (2 who strongly disagreed and 15 who disagreed) with the statement 'I feel safe in my home'. The Department noted that there were training issues for home care staff who may have not picked up on the vulnerability of some service users and the issue was to be dealt with internally.

52. 79.5% indicated that they felt in control or the services they received helped them to feel in control.

53. Other questions were asked about Direct Payments, making a complaint, support from others and additional services.

Recommendations from the Survey

54. The results of the survey led the Social Care department to make a number of recommendations. A number of training issues were identified by respondents, particularly in relation to disability awareness, human rights, professional conduct and adult protection and the training would be reviewed to accommodate this.

55. The electronic 'Jontek' system was being developed which would monitor the time that home care staff arrive, the amount of time that they are with the client and when they leave which should address issues around time keeping. The Social Care Department could use the information from the system to verify the anecdotal evidence from the survey.

56. There will be further analysis of the data by the Department, in order to identify home care users who have indicated that they have little or no control or who do not have much contact with others. Assistance could be in the form of offering a Direct Payment or a re-assessment. Further analysis would also be undertaken of the results from home care users who indicated that they had help from others who live with them to complete the survey because it could indicate a number of primary carers who have not received an assessment.

57. Due to the low response rate the Department were going to build the provision for face to face interviews into the cost of undertaking the survey. Although it was noted that face to face questionnaires with service users can be difficult to undertake if the service user doesn't know and therefore trust the person asking the questions.

58. The results of the survey will give the Department the opportunity to have regular business meetings with service providers, get regular reports from care management staff (social workers) and a block will be put on any contract if there is a problem identified.

59. The Department are looking at new ways of working with providers including annual visits and assessing service quality by doing regular quality checks, training staff and visiting care workers when they are in people's homes. Although this is a more difficult approach for a number of reasons including that people can feel concerned if inspectors come into their homes because they might think that they are the ones being inspected.

Getting Service Users' Views

60. The panel were concerned that the current method of assessing home care users views did not pick up the concerns of the most vulnerable, although carers were the link as they would be aware of the views and needs of service users. It was felt that more qualitative information was needed which was provided to the panel at a later date by the Head of Performance and Planning.

61. The panel were concerned that the majority of respondents to the survey where those that only received 2 hours of care. This may not get an overall picture from people who receive more care for more complex needs, for example people who are helped to get up/go to bed etc. The Department recognised that there was a need to target those people with more complex needs who receive more than 15 hours of care. The Department was also aware of the need to undertake random samples more regularly to get an accurate picture.

62. The panel was also concerned that there was a need to understand why people from ethnic backgrounds do not use home care/residential services. The panel didn't think that it was enough to presume that people from the Black and Minority Ethnic (BME) community would be cared for by their family. The panel was in agreement that services need to be appropriate and accessible and must be tailored to all people's needs including those from the BME community.

63. Discussion took place around the potential benefits of a rating system for providers of home care services. The Department considered that it may not be appropriate to grade providers and that the 5 providers that are used by the Council have to get through a rigorous preferred provider process in order to be selected for their services to be commissioned by the Council. At present, this approach is a process that is undertaken by all local authorities, and no rating systems are used for home care. Although it was noted that the CSCI is considering star ratings for domiciliary care which could be given to providers following the full inspection that is undertaken every year.

64. An issue that came to light in the panel meeting was about the implications for those people who commission their own care through the use of Direct Payments. People might choose not receive their care from a list of preferred providers such as the one the Council uses to provide carers for people in receipt of home care. This is an issue that provides challenges for commissioning of services. The carer might meet the service users needs but how can they be assessed?

65. The panel wanted further information about how the Department could obtain feedback from service users that would more accurately reflect user satisfaction with the quality of the current domiciliary care provision.

Further information on Getting Qualitative Information from Service Users

66. The Department noted that customer satisfaction and its measurement could not be dealt with in isolation as it should have intrinsic links with the contractual relationship between social care and providers, including issues such as market management and share, monitoring, reward and penalty, triggers and pricing.

67. The Department had developed an action plan which detailed how the Department were going to design, identify and implement a 'broker system' which would firstly consider a mechanism for choosing a preferred provider, redesigning individual service contracts, the set up a team to implement the broker system. The allocation of work links with the electronic Jontek system to monitor how much time home care workers spend in people's homes. A working group with representatives from the 5 home care agencies will be developed. There will be 4 elements to quality monitoring, service user feedback, audits, evidence from the Jontek system, formal processes for ongoing stakeholder feedback.

68. A quality pilot would be implemented for 3 months and following conclusion of the pilot and its evaluation it was hoped that the roll out of the Quality Monitoring Process would go live in June 2007.

69. Members asked that the system would involve BME residents and officers confirmed that they are working with providers on this issue.

Learning from Complaints

70. The panel received information about the complaint's procedure that was administered by the Social Care Department. A complaint is generally defined as 'an expressing of dissatisfaction or disquiet about the actions, decisions or apparent failings of a local authority's adult's social services provision which requires a response'.

71. A person is eligible to make a complaint where the local authority has a power or duty to provide, or to secure the provision of, a service for him, and his need or possible need for such a service has (by whatever means) come to the attention of the local authority. This also applies to a person acting on behalf of someone else.

72. Under these regulations a 'Care Standards Complaint' is defined as one which relates to services provided by an establishment or agency in respect of which a person is required to be registered under the section 11 of the Care Standards Act. For example a care home or a domiciliary care agency.

73. Where the Social Care department have contracted with a care home to provide a particular standard of care, which wasn't then being provided, the family can complain to the Social Care department. This would be because that complaint would relate to Social Care's failure to ensure that the care home was providing care of the standard required in the contract between the Council and the care home in order to meet that person's assessed needs.

74. Where the local authority is responsible for the original assessment of need that led to a placement and its associated funding, then the complainant should, in most

instances, have recourse to the local authority's complaints procedure. Although it is practice to go through the providers' complaints procedure in the first instance and then if that fails then the complaint should be then made to the Social Care department.

75. Unfortunately complaints from self-funded users of independent services cannot be considered under the local authority complaints procedures. The Care Standards Act 2000 requires providers to have their own complaints procedure which service users can access. Although if this did not resolve the problem the Social Care Department would try to help where it could.

TO EXAMINE IF CARE HOMES SHOULD HAVE RATINGS AND WHAT CRITERIA THOSE RATINGS SHOULD BE BASED UPON

76. The panel received evidence from the Head of Performance and Planning regarding the new ratings procedure that was being developed by the Social Care Department in conjunction with care home providers.

Why is it Important for the Social Care Department to Measure the Quality of Care?

77. The panel learned that at present, there are only limited mechanisms in place to measure the **quality** of care homes.

78. Currently inspections of services for older people are carried out by a number of external organisations such as the Commission for Social Care Inspection (CSCI), the Healthcare Commission and Residential and Domiciliary Benchmarking Ltd (RDB). All homes are expected to achieve the national minimum standard, when they are inspected. The RDB assessment does not include any mechanism for ascertaining service users input and provides little information for users. The RDB tool for measuring is an annual exercise and provides only a snapshot of the standard of the home on the day that it is inspected.

79. The panel learned that the CSCI inspections focus on policies and procedures. The CSCI inspection regime was also in the process of change, some criteria were being withdrawn from the inspection and good homes would be inspected less frequently, possibly on a three yearly basis.

Benefits of a Ratings Scheme

80. The panel learned that there is a prediction that there will be surplus beds in care homes in the future, however there are still care homes being built in the area. For a care home to be viable there needs to be a 90% occupancy rate, homes that fall below this occupancy rate may face the prospect of going out of business. A ratings scheme for care homes would ensure that good care homes would attract new residents and therefore maintain their viability.

How Middlesbrough Social Care Department will Measure Quality in Care Homes

81. The panel learned that the Council is in the process of developing a scheme, in consultation with care home providers, that will measure and grade care homes on a scale of 1 to 5. The process will involve an annual assessment of each home and will include face to face interviews with staff, residents and their families.

82. This process will not replace the CSCI regular or unannounced inspections but it is anticipated that the assessment will 'dig a bit deeper'. It will be undertaken in all homes

and will include feedback from residents who are funded by the council and those who fund their own care.

83. There will be four criteria which will be used to assess the scheme and which will contribute to the overall grading of a care home. They are as follows:

Table 1

Criteria	Percentage
Physical standards of the buildings	45%
Outcome of resident surveys	20%
Outcome of representative surveys	20%
Outcome of staff surveys	15%

84. Four surveys will be used to assess each of the above categories. The surveys cover the following areas

Table 2

Physical Standards	Resident Survey	Representative Survey	Staff Survey
Bedroom Configuration	Choice of Home	Choice of Home	Staff Qualifications
En Suite facilities	Health and Personal Care	Health and Personal Care	References
Size of Rooms	Daily life and social activities – including social programmes, visits, quality and choice of food	Daily life and social activities – including access and visiting	Staff induction
Communal Living Space	Complaints and protection	Complaints and protection	Training – including training on privacy, dignity and diversity
Number of assisted baths/showers	Environment – including cleanliness and communal spaces, bathing and laundry facilities	Environment – including cleanliness and communal spaces, bathing and laundry facilities	Staff Meetings
Door Width	Staffing/ Management and Administration	Staffing/ Management and Administration – seeking family members opinions	Making suggestions to improve the life of residents

The Outcome of the Care Home Surveys – Gradings

85. The outcome of the surveys will provide information that will then be used to grade each of the care homes. As previously mentioned the gradings will range from 1, which will be at a level just above the minimum standards as assessed by the CSCI, to the highest grade which is 5. Each home will then get a ‘provider report’ which is a summary of the outcome of the quality assessment and where necessary a home will also receive an improvement plan. The method of approach and grading is quite different from other areas for example in Stockton gradings are based on the fabric of the buildings alone.

86. Following the results of all the surveys the Social Care department will produce a strategic report which will which identify provision in Middlesbrough and help the Department with their ability to manage and influence the market.

87. Detailed and improved information will be available to service users. Brochures will be produced, somewhat like a hotel brochure, for prospective residents and their families. Predominately it is a decision that is made by the family and at present there is not a lot of information for potential residents and their families to be able to make comparisons between homes.

88. Members were concerned about the ability for homes to be able to challenge the rating, should they disagree with the rating that they have been allocated. The Department has ensured that an appeals mechanism would be put in place to deal with this issue should it occur. The Department would also help homes improve on their standards and would help them by working with them to produce an action plan to enable them to do this. It was also noted that if the process rated a home which didn't achieve the lowest standard (standard 1) then that would mean that the home would not be meeting the national minimum standard and the matter could be referred to the CSCI.

89. The ultimate aim of implementing a grading system is that overall standards will improve, as homes will be in competition with each other and there would be an increased public knowledge and awareness of standards in care homes. The Social Care department would also help homes improve by producing a report that identifies best practice and areas for improvement. Contractually the homes would have to respond to the provider report and produce an action plan in order to continue to contract with the Department.

90. The panel considered that it might be a good idea for the Department to ask those people who had received respite care from a particular home to complete a questionnaire or write a short response about the standards of the home and whether they felt they were treated with dignity. It was thought that this might produce a more candid response.

91. The panel thought that it would be a good idea for the Department to reconsider the minimum standard that was being set to assess the rating on a yearly basis and that the panel might like to make observations on those minimum standards.

92. The pilot scheme was due to be completed and reviewed by the end of September and the results published in April 2007.

TO EXAMINE, BY SPEAKING TO A NUMBER OF STAFF AND RESIDENTS FROM CARE HOMES, HOW DIFFERENT HOMES APPROACH A NUMBER OF ISSUES, SUCH AS MEDICATION MANAGEMENT, TRAINING OF STAFF, QUALITY OF FOOD ETC. TO ENSURE THAT OLDER PEOPLE IN CARE HOMES ARE TREATED WITH DIGNITY

93. In order to facilitate this term of reference the Scrutiny Support Officer wrote to 16 care homes across Middlesbrough, the homes were chosen from the list at random and the homes were of varying location, size and facilities. Of those 16 homes, 4 responded and welcomed a visit by members of the panel, although the low number of homes that had agreed to participate disappointed the panel. (Nb There are no Council run residential care homes in Middlesbrough, they are all operated by the private sector)

94. The 4 visits took place on different days of the week however they all commenced at the same time, 3pm. Interestingly, although only 4 homes were visited, they provided a good range of age, size and facilities for panel members to look at. Capacity ranged from 30 beds to 94 beds and included homes from standard residential homes to dual registered homes for EMI residents and purpose built facilities to converted houses. Throughout all of the visits, panel members had the opportunity to speak to the home's manager, their staff and residents.

95. Overall, the panel members were pleasantly surprised at the standard of care provided in the homes and they felt that the experience had been very worthwhile.

96. Dignity in Care is about respecting people's privacy, encouraging their independence, not using patronising names, having a leadership that encourages dignity, not talking about people like they weren't there, taking into account people's cultural and religious needs and ensuring that there is an adequate whistle-blowing policy for staff who may witness anything untoward. Whilst the panel obviously can't comment for all the care homes in Middlesbrough, there was a feeling amongst all the homes that were visited that each home ensured that people were treated with dignity. Examples were seen first hand of managers knocking before entering people's rooms, carers and managers using first names for residents, residents been consulted on issues that were important to them, and where members of the BME community had stayed in a care home efforts had been made to ensure that their cultural needs were taken into account.

97. As well as the issue of dignity in care, Panel members were interested in a number of issues in particular which impacted on the standard of care that people receive. These included the level of qualifications of the carers, the range and quality of the meals that were provided, medicine management, activities, dealing with complaints, and the issue of ensuring people were treated with dignity.

98. Here is a general flavour of the panel members' findings from the visits.

    Food - All of the homes provided residents with a choice of menu and consulted residents on the sorts of foods that they preferred and at what times they would like to have their meals. One home had an in house award for their chefs and in all of the homes relatives were welcomed to participate in meal times.
    Medicine Management – All of the homes confirmed that they ensured that the medicine was distributed by fully trained nurses/carers.
    Staff - The panel were pleased to hear that all of the homes reported no significant issues with recruiting and retaining staff. The homes had training programmes and encouraged their carers to undertake the appropriate NVQ qualifications.
    Entertainment is generally provided in all homes and caters for the residents' needs, there are day trips, bingo, gentle exercise, summer fairs etc.
    Complaints - All the homes had a complaints procedure but generally the care home manager was the first port of call for any issues the residents or their relatives had and dealt with those issues before a formal complaint needed to be made.

99. The panel members welcomed the opportunity to discuss residents' views of life in the homes. All of the residents that members spoke to on an individual basis were happy with the care they received and with the staff and the home.

100. The panel welcomed one care home's approach of integrating with the local community. Located in a residential area, Parkville Home, when first built, was conscious of young people hanging around the home. In order to raise awareness of the needs of residents the home made links with the local primary school and the children come and visit the residents on a regular basis. This provides benefits for the children, the residents and the community.

Discussions with Care Home Staff

101. A number of issues that arose from the discussions with managers. Firstly with regard to the issuing of star ratings for care homes. It was noted by one manager that they felt that they needed to be given clear guidance about what the council are going to look at when they carry out their inspections for the star ratings. The council also needs to be clear about what, by law, they are looking at when they do their local inspection. There needs to be clarity on what is being inspected so that each home can be considered equally. It was thought that new buildings would generally be rated higher but this doesn't take into consideration the quality of the care the residents receive. There was a concern about the measurements and what was to be inspected. For example a home in an older building may not achieve a higher rating as a new building by may provide better care.

102. There was a concern in one home regarding the safe disposal of medicines – under new legislation unused medicine has to be disposed of on the property. Nursing homes can send them back to the pharmacist but care homes have to dispose of medicine themselves. There is an audit process for medicines right up until the point of disposal and they were worried that this could be open to abuse and that there could be a security risk if people knew that unused medicine was kept on the premises.

103. There was a general feeling amongst managers that the government's policy of assisting elderly people to remain in their own homes was not necessarily the right policy for everybody. Elderly people living alone can face isolation and there was a concern that vulnerable elderly people's needs would not be met.

104. There was only one home that had experience of residents from a BME background and they had received support from the Social Care department to ensure that his needs could be understood and provided for.

105. Finally one manager brought the issue of complaints forms to the attention of Members. If a resident is being funded by a neighbouring authority and has a complaint then each local authority has its own complaints form for the manager to complete. The manager considered that a universal form might be more appropriate and simplify the paperwork.

106. Following the conclusion of the review the panel asked for this final report to be distributed to the care homes that took part in the review and also to those that were asked to take part and couldn't, for their awareness and information.

CONCLUSIONS

107. Based on evidence given throughout the investigation the Panel concluded:

a) There is a great deal of legislation in place to protect the rights of people receiving home care or who are resident in a care/nursing home. There are also a whole raft of standards that providers have to reach which are based around

services and buildings. However the issue of treating people with dignity could be regarded as just an implicit concept. If the standards are being met then people must be being treated with dignity? On the whole this is probably the case, although the recent government initiative which highlights Dignity in Care and adopts a zero tolerance to lack of dignity was welcomed by the panel as a way of ensuring that the issue is kept in the public eye. It would also ensure that there is guidance and standards are provided which could then measure performance on this issue.

b) The panel heard how the views of people in receipt of home care services were sought through the annual survey. The panel were concerned that the views of the most vulnerable, or those in receipt of more than 2 hours of care and had more complex needs, were not being picked up. The panel welcomed the Social Care department's recommendations that they were going to implement as a result of the survey, which included face to face interviews. The panel asked for more information from the Department as to how more qualitative information could be sought and this was provided. Although the panel wanted to ensure that the views of the most vulnerable and those from the BME community were sought with more vigour.

c) The panel welcomed the implementation of the Council's star grading system for care homes in the area as it would provide more information for potential residents and their families. Currently there isn't a lot of detailed information to help people make an informed choice and compare one home with another. The panel suggested that a reconsideration of the minimum standards that are used for assessment should take place on a yearly basis and that clear guidance should be issued to homes on what was being inspected.

d) The visits to the residential homes were welcomed by the panel as a worthwhile opportunity to establish what it was like in a number of care homes in Middlesbrough. Although the panel recognises that this provided just a 'snap shot' of the overall picture.

e) The panel found no evidence in this review of anything other than people being treated with dignity, standards were being met and effective methods were put in place for people to be able to complain effectively. Although the panel recognise that essentially dignity is down to the individual carers and the managers and carers at the residential homes that people live in, and because of that the panel also recognise that this is an ongoing issue which could be considered on an annual basis.

f) There was a concern that there was a possibility that people in receipt of Direct Payments could receive care from an independent carer who may not be from the list of the Council's preferred providers. This would mean that they would not be subject to the same level of scrutiny and this could have implications for the service user. It was considered that it was important to seek the opinions of those people who receive Direct Payments on the standards of care they receive.

g) There was only a small proportion of people using such services from the BME community and the panel didn't consider that it was enough to assume that

people were being cared for by their families and that the issue should be explored further.

h) A subject, which came to light at the end of the review, was the changes that were being made to CSCI in the future and its proposed merger with the Health Care Commission in 2009. Although not part of the review, the panel wanted to document their concern regarding the future of care home inspections and the potential impact on the Social Care Department.

RECOMMENDATIONS

108. That the Social Care and Adult Services Scrutiny Panel recommends to the Executive:

a) That the Council, where possible, publicises its support of the Dignity in Care campaign, and that the Social Care Department works with providers to ensure that the examples of good practice in Middlesbrough are highlighted.

b) That the Social Care Department come back to the panel with the results of the next home care survey that will be undertaken and comment on how they have engaged with more vulnerable service users and the BME community to ensure that their views are sought. Service users should also be asked to comment on whether or not they feel they are treated with dignity.

c) That a process is established to ensure that the views of those service users who receive a Direct Payment and purchase care outside of the Social Care Department's provision are sought on the standard of care that they receive.

d) That a question is added to the Residential Care – Client Survey, which is used in the assessment of a grading for a residential home, which asks specifically if the client feels that they are treated with dignity by the staff.

e) That, following a year of the implementation of the grading system for residential homes, the Social Care Department attends a panel meeting to update members on a number of related issues:
   i. To report on how the scheme has been implemented and the impact that it has had.
   ii. The number of homes in each designated category and what work is being undertaken to help improve the standards of homes at the lower end of the scale.
   iii. Details of the standards that have been used to grade each home.
   iv. Details of responses regarding questions that assess if people feel they have been treated with dignity (including those receiving respite care at homes).

f) That the Social Care Department considers working with other authorities in order to standardise the complaints forms that care home managers complete.

ACKNOWLEDGEMENTS

109. The Panel is grateful to all those who have presented evidence during the course of our investigation. We would like to place on record our appreciation, in particular of the willingness and co-operation we have received from the below named:-

- Phil Dyson, Head of Older People and Physical Disabilities, Middlesbrough Council's Social Care Department
- Tony Parkinson, Head of Performance and Planning, Middlesbrough Council's Social Care Department
- Ruth Hicks, Head of Mental Health and Learning Disabilities, Middlesbrough Council's Social Care Department
- Tom Boyd, Change Manager, Middlesbrough Council's Social Care Department
- Louise Grabham, Commissioning Plan Service Manager, Middlesbrough Council's Social Care Department
- Chris Walker, Quality Development Officer, Middlesbrough Council's Social Care Department
- Carol Russell – Evergreen Home Care Services
- Rosemary Adams and Beverley Beresford – Riversley Home Care Service
- Carol Singleton, Manager, The Gables Nursing Home
- Jackie Elliott – Manager, St Mary's Nursing Home
- Carole Breeze – Manager, Linthorpe Nursing Home
- Karen Cousins, Manager, Parkville Care Home
- The staff and residents of the above named care homes
- Trevor Shaw, Business Development Manager, Commission for Social Care Inspection
- Christine Wharton, Regulation Manager, Commission for Social Care Inspection

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January 2007

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BACKGROUND PAPERS

The following background papers were consulted or referred to in the preparation of this report:

(a) Healthcare Commission – Living Well In Later Life
(b) National Service Framework for Older People – Department of Health – March 2001
(c) Department of Health Press Release – Minister announces push to safeguard Dignity in Care for older people – 10 October 2006
(d) Middlesbrough Council's Strategic Plan – 2006/07
(e) Minutes of the Social Care and Adult Services Scrutiny Panels 26 July, 15 Aug, 3 Oct, 24 Oct and 15 Nov