care inspectorate

THE KEYS TO LIFE:

Report of the Care Inspectorate's Inspection Focus Area 2014-2016

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Contents

Executive summary

Care homes, housing support services and care at home services all play a vital role in supporting people with a learning disability. This report presents the findings of focused inspection work from the Care Inspectorate over a two year period. It examines the quality of care in these service types and the extent to which the key principles of The Keys to Life strategy were being met. In the vast majority of cases, we have found that services for people with a learning disability are effective in contributing to meeting the four strategic outcomes in The Keys to Life, which are: A Healthy Life; Choice and Control; Independence; and Active Citizenship.

- Over 93% of these services provide care which inspectors found to be good, very good or excellent, with equally positive evaluations of the quality of staffing and the quality of management and leadership. The quality of the environment in these services was found to be good, very good or excellent in over 88% of cases. Over 45% of services were found to be operating at a level considered by inspectors to be very good or excellent across all quality themes. This is a significant achievement and consistent with a sector which is performing at a high and sustained level of quality.

- There was high-level awareness about The Keys to Life strategy and the key lessons from the report on the review into Winterbourne View. Many services were using these to inform their staff development, and the way care is planned and delivered.

- Managers in care services were asked to report on how easy they found it to arrange and access healthcare for the people they support. In some cases, a significant minority of managers reported it being difficult to access healthcare and this was more likely to be in housing support and care at home services than in care homes.

- Where we saw strengths in services, overwhelmingly this related to the implementation of person-led care practices which promoted choice and protected the rights of those using services. Strengths were consistently built on strong communication between staff and those using the service. This was evidenced by staff demonstrating active knowledge of an individual's preferences and choices and being sensitive to their (sometimes changing) needs, with examples of relevant and up-to-date care plans.

- Inspectors found many examples of outstanding care which empowered people to make decisions about their own care and support, and their lives. In many cases, staff working in these services went out of their way to deliver person-led care which was informed by a real understanding of the needs, wishes and choices of individuals. In a small number of cases, inspectors made recommendations or requirements to ensure that people experienced individual support that would secure their independence.

- We found that in the majority of care services, staff supported people to access leisure and recreational activities in a way that meant they were able to make lifestyle choices that could help them to enjoy physical, financial, health and emotional wellbeing. In a small number of services, we sought improvement to ensure that people experienced activities that were personalised to them. We identified innovative ways of ensuring that people who use a care service are involved in decisions about the service and their care.

- People with learning disabilities have a wide range of needs, wishes and choices, and services need to work together effectively to build local systems and networks of co-ordinated support. Local strategic commissioning arrangements have an increasingly important role in supporting excellent outcomes for people with a learning disability. There remains a clear need for integration authorities and local partnerships to work together to assess, plan, resource, monitor and evaluate all local services for people with a learning disability as part of robust joint strategic commissioning models. We expect the planning and commissioning of support for people with learning disabilities to make appropriate consideration of local access to healthcare services, local crisis support services, and be planned in ways that are consistent with the recommendations from The Keys to Life strategy and the new national care standards.

1. Introduction

People who use care services are entitled to expect high-quality care which meets their needs, upholds their rights, reflects their choices and allows them to live as happy and fulfilled a life as possible. Over the last decades, care and support for adults with a learning disability has been transformed beyond recognition. A significant shift from life-long institutionalised care towards a recognition, and realisation, that people with learning disability are entitled to life in the community on equal terms, has transformed the lives of many children and adults in Scotland, and indeed further afield. At the same time, increasing awareness about the need for person-led care has changed practice and ensured that people are at the heart of care.

Care services for adults with learning disabilities in Scotland generally perform very well. Our scrutiny evidence shows that over 93% of care services used by adults with a learning disability provide good, very good, or excellent care. The Care Inspectorate's combined scrutiny and improvement role means that we are able to identify quickly where poor practice exists and support it to improve. Our triennial review of care provision in the first three years of operation of the Care Inspectorate noted the fact that many services for adults with learning disabilities attract dedicated and specialist staff who have a positive impact on the experiences of the people they support. Because people's needs, wishes and choices are different, it is the case that even in very highly performing services, incidents of poor care can from time to time occur.

However, it is also the case that, in recent times, there have been rare but horrific examples of abuse perpetrated against adults with learning disabilities in residential settings, albeit some of the most high profile examples of this abuse have taken place outside Scotland. The review of practices and learning from Winterbourne View in South Gloucestershire reminded all those involved in the provision and scrutiny of care that particular focus is needed to ensure no-one experiences the abuse endured by the residents in that home.

In Scotland, the Scottish Government's Keys to Life policy is designed to empower people with learning disabilities and ensure the right support is in place for them. This report describes the findings of the Care Inspectorate's inspection focus area conducted between 2014 and 2016. This two-year study sought to examine how well care services respond to the care and support needs of people experiencing care, the extent to which person-led values are embedded in practice, and the extent to which services support the four strategic outcomes in The Keys to Life policy.

I hope the findings will help to inform national and local policy, and be firmly directed at continuing to improve the quality of care and support experienced by people with a learning disability.

I am very grateful to all those involved in the production of the this report, and to all those staff, volunteers and organisations that provide high-quality care and support to adults with learning disabilities in all our communities.

Karen Reid
Chief Executive

2. Purpose of the report, background and context

Adults with a learning disability are the focus of this report. People's needs are all different, and the needs of adults with a learning disability can range from very minor support being required to having very complex health and social care needs. Care services have continued to develop to support the full range of those needs and can empower individuals to live as independent a life as possible, regardless of their care setting.

This report examines the quality and themes which arose from the Care Inspectorate's review of registered services for adults with a learning disability, specifically in relation to:

- the understanding, embedding and implementation of the national Scottish 10-year strategy for people with a learning disability, The Keys to Life
- the extent to which the learning from the Department of Health review into Winterbourne View Hospital in Gloucestershire is informing practice in Scotland.

This report outlines the Care Inspectorate's phased approach to developing more focused scrutiny in care services which support adults with a learning disability between April 2014 and March 2016. The report examines the findings in relation to outcomes for people who use these services, and their carers, aligning these to the four overarching strategic outcomes of The Keys to Life. The report makes conclusions from the evidence presented.

Revelations at Winterbourne View

In June 2013, the Department of Health published Transforming care: a national response to Winterbourne View Hospital. This resulted from an investigation following the broadcast of a BBC Panorama programme in 2011, which demonstrated a distressing catalogue of failings and criminal acts, being perpetrated at Winterbourne View, a privately-run, residential setting for adults with learning disabilities in South Gloucestershire. The report also looked more widely at the experiences of all children, young people and adults with a learning disability or autism who have mental health conditions or behave in ways that are described as challenging.

The review by the Department of Health drew on:

- the criminal investigation, which resulted in the conviction of 11 care workers at the home
- a review by the Care Quality Commission of all Castle Beck Care Ltd services and of 150 learning disability hospitals and homes
- a NHS South of England review of serious untoward incident reports and the commissioning of places at Winterbourne View Hospital
- an independent serious case review commissioned by the South Gloucestershire Safeguarding Adults Board (published 2012)
- the experiences and views of people with learning disabilities, autism or mental health conditions or behaviours described as challenging; their families and carers; care staff; commissioners; and care providers.

Although related to provision in England, the review found that good services do, of course, exist. However, too often services fall short and too many people do not receive good quality care. The review found widespread poor service design, failures in commissioning, failures to transform services in line with established good practice, and failures to develop local services and expertise to provide a person-led and multi-disciplinary approach to care and support.

The Department of Health report established a programme of 63 actions, supported by a timetable, to transform services, as well as agreeing a concordat with key partners. Winterbourne View Hospital was closed in June 2011, less than five years after opening in December 2006.

The Keys to Life

The Keys to Life, published in 2013, is Scotland's 10-year strategy for supporting people with a learning disability. Its emphasis is on improving health practice and outcomes so that people's human rights are respected and upheld.

The strategy, as originally published, contained 52 recommendations, but has since been reviewed to reflect four overarching strategic outcomes.

- **A healthy life:** People with learning disabilities enjoy the highest attainable standard of living, health and family life.
- **Choice and control:** People with learning disabilities are treated with dignity and respect, and protected from neglect, exploitation and abuse.
- **Independence:** People with learning disabilities are able to live independently in the community with equal access to all aspects of society.
- **Active citizenship:** People with learning disabilities are able to participate in all aspects of community and society.

The Care Inspectorate has a statutory duty to share good practice and support improvement in the provision of care. We play a significant role in building services' capacity to implement recommendations from both the strategy and the review report, in order to continue to support a better quality of life for people with learning disabilities using services.

We were already undertaking scrutiny and improvement work in care services for adults with a learning disability using a different regulatory and scrutiny framework before The Keys to Life strategy and before abuse was uncovered at Winterbourne View, however, we felt that both policy drivers merited our focused scrutiny activity, to provide public assurance about the quality of care and provision.

3. The Care Inspectorate's role in the scrutiny and improvement of care

The Care Inspectorate is the independent scrutiny and improvement body for social care and social work in Scotland. This means we provide public assurance about the quality of care, highlighting excellent practice where we see it and identifying improvements where necessary. Our responsibilities cover both regulated care services and also the strategic co-ordination and provision of care across local partnerships.

Our inspections are risk-based and intelligence-led. This means we use information from a wide range of sources to schedule and plan scrutiny, concentrating resources where we have the greatest concerns. All care homes and care at home services are inspected once a year, usually unannounced, by a specialist inspector. Often, the inspector is accompanied by an inspection volunteer – someone who has a personal experience of care.

Our inspections are informed by the national care standards, a knowledge of sectoral best practice, and a quality framework. Depending on the risk attached to a care service, we look at up to four themes. These are:

- the quality of care and support
- the quality of the environment
- the quality of staffing
- the quality of management and leadership.

We evaluate these services on a scale of:

6 excellent

5 very good

4 good

3 adequate

2 weak

1 unsatisfactory

Where we believe changes should be made that would benefit the people using a care service, we make recommendations. These may be made in a report following an inspection, or if a complaint has been investigated and upheld.

After each inspection, we publish a report showing what we have found in detail. These are available at www.careinspectorate.com.

Where a service is not complying with the standards we expect, we may make a requirement. Again, this may be made at an inspection or after a complaint has been upheld. We will set a timescale for the requirement to be met, which may be days, weeks or months depending on its nature and the speed with which it could be reasonably done. When requirements have been made, we expect services to draw up an action plan for change. At subsequent inspections, we will check to see whether requirements have been met.

The Care Inspectorate also investigates complaints about care services from anyone, including complaints made anonymously.

Where an inspection or complaint investigation suggests that the quality of care is not good enough, we support improvement. Inspectors play a major role in demonstrating effective practice, encouraging managers and staff to reflect on their own practice, and signposting to improvement support that is available. The Care Inspectorate also has a team of specialist improvement advisors who provide support. If improvement is not demonstrated and people are at risk, we have extensive enforcement powers to require improvement. These are exercised rarely, because we always seek to support improvement first. However, we will take enforcement action in specific circumstances, such as where there is immediate serious risk to the wellbeing of individuals.

4. Our existing evidence base and plan for further focused scrutiny

In our triennial review 'Inspecting and improving care and social work in Scotland: findings from the Care Inspectorate 2011 – 2014, we noted that the performance of the care home sector for adults with a learning disability was largely positive, with 40% of services found to be very good or excellent across all four quality themes, and only 1% of services considered to be weak or unsatisfactory across all four quality themes. The learning disability sector is a high performing part of Scotland's social care system with numerous examples of outstanding, person-led care. Our scrutiny evidence suggested that there are challenges for local authorities and service providers, especially where care for adults with complex learning disabilities is becoming increasingly specialised.

In the light of The Keys to Life strategy and the Winterbourne View report, we felt it was important to look at services for those with a learning disability in greater detail to continue to reassure ourselves, those using services and their families, and the public, that these services provided a good quality care experience and to identify areas for further improvement.

In order to do this, we undertook a three-phase programme of dedicated scrutiny activities which were designed to identify effective practice, provide further public information and assurance, and support improvement. This diagram describes the process we undertook:

In phase 1, we undertook an awareness raising exercise in 186 care homes registered for adults with a learning disability in Scotland. During these inspections, inspectors raised awareness of The Keys to Life strategy and its recommendations, as well as those arising from the Winterbourne View review report. Inspectors took physical copies with them to prompt discussions with managers and staff about their knowledge of, and preparedness for, these two policy drivers. Inspectors asked four key preparatory questions of these care homes to gauge awareness of the policies and the extent to which services were delivering person-led care consistent with The Keys to Life.

In phase 2, we expanded the original 186 care homes to include all care at home services, housing support services and combined care at home/housing support services for people with a learning disability registered with us at that time. This brought the total number of services involved in

this focused scrutiny to 382. We developed and undertook an inspection focus area in this phase. We developed a detailed self assessment document, which asked care services to provide statistical information and self assess aspects of their performance in providing support to adults with a learning disability. At the inspections of these 382 care services, we used this information and triangulated it with the views and opinions of people who experience care, and evidence from our inspection activities, to evaluate the quality of care.

In phase 3, we gathered and analysed all information and data resulting from phases 1 and 2 and also collated examples of effective practice from care services and the views of people using them, which provide further evidence to illustrate the findings.

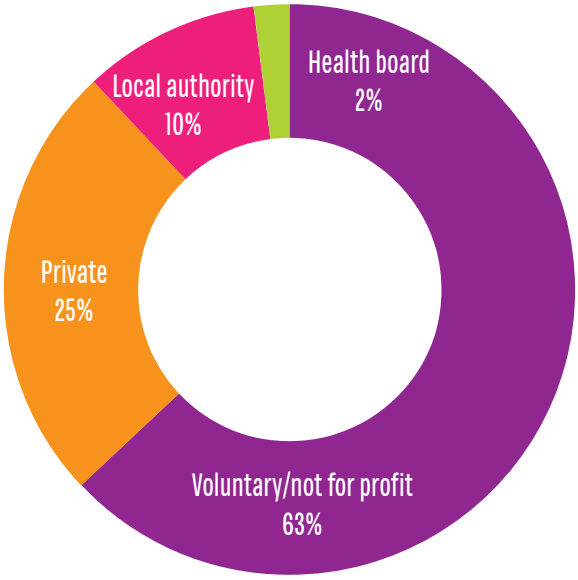
5. Phase 1: Awareness raising and key questions, 2014–2015

We undertook the first part of the three-phase programme in 2014–15, to raise awareness and identify knowledge and actions taken or planned in services for those with a learning disability in Scotland in relation to implementing the lessons learned from both the report on Winterbourne View and The Keys to Life strategy.

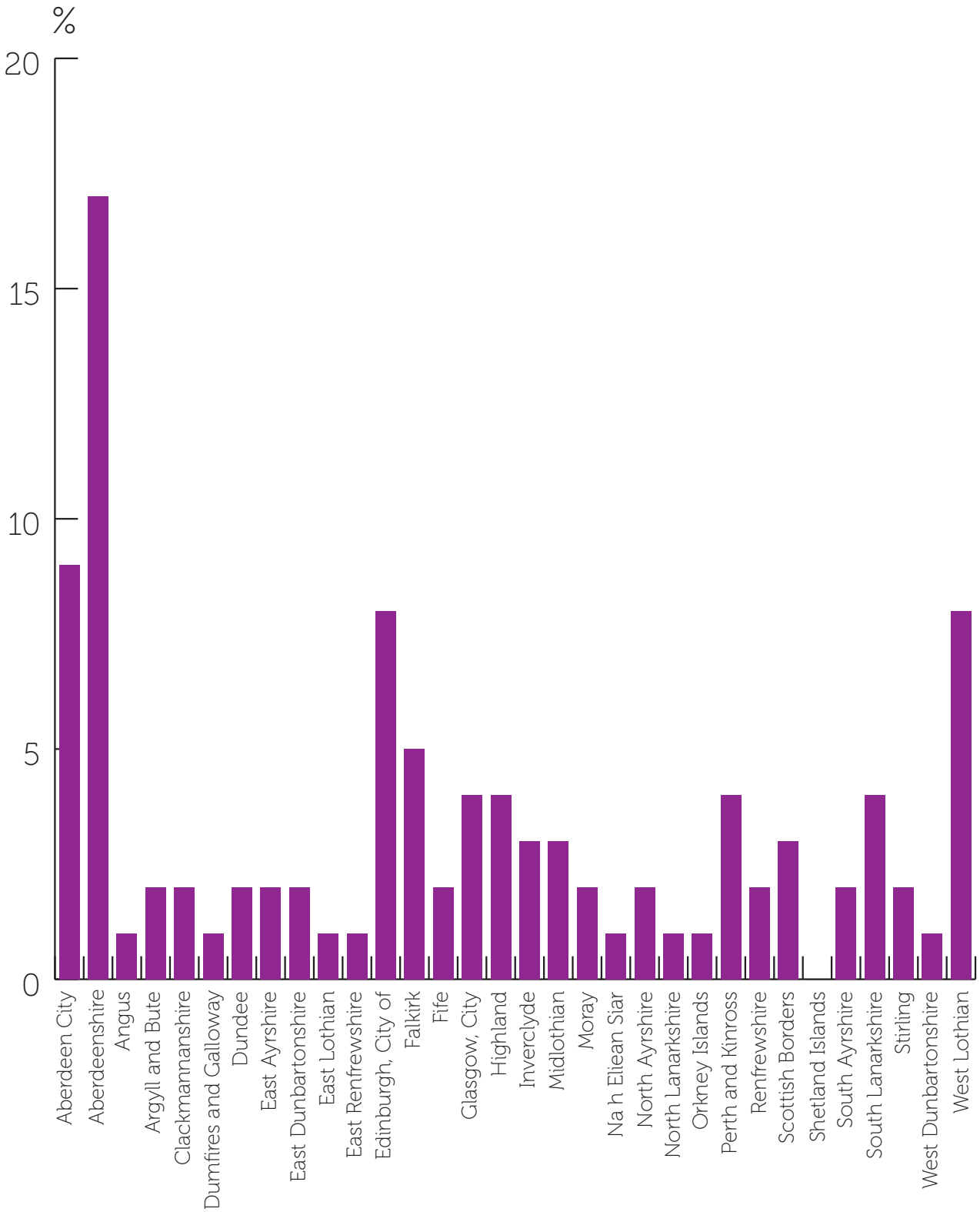
Format of phase 1

From 1 April 2014 to 31 March 2015, as well as delivering planned inspections of registered care services across Scotland, we undertook specific focused activity as part of our inspections of all care homes for adults with a learning disability registered in Scotland. A total of 186 care homes for people with a learning disability were included in the first phase.

The chart below illustrates the percentage of care homes by sector:



These care homes were spread across Scotland. The chart below gives a breakdown of the percentage of care homes by local authority area:



We developed four scrutiny questions that would form an integral part of the inspections carried out in these services. These questions were designed to elicit information that would demonstrate how aware and prepared for action services were, following the Winterbourne View report and The Keys to Life strategy.

These questions sought to identify:

1. the extent to which care services were aware of The Keys to Life strategy
2. whether care services had started to plan how to implement the strategy
3. the extent to which care services were aware of the main learning points and recommendations from the Winterbourne View report
4. whether services considered if they had taken action to ensure that they deliver services within an open, safe, respectful culture which ensures care and support meets individual needs and contributes towards positive outcomes for people.

These questions were designed as a foundation for the future inspection focus area and to provide evidence about the level of awareness and preparedness of care home services.

As well as the above questions, inspectors took the opportunity to discuss both The Keys to Life strategy and the recommendations from the Winterbourne View report, and supply a physical copy of The Keys to Life strategy to each manager within the care home, strongly recommending managers familiarise themselves and their staff with the learning from each. Inspectors also advised managers of the forthcoming inspection focus area in the 2015/16 inspection year.

Findings from phase 1

From the responses to the four key questions, it was evident that the vast majority of services (90%) were aware of The Keys to Life strategy and the majority had begun to use it to inform their practice. We observed its emergent use in a variety of ways during inspections. This ranged from examples where each resident had been provided with an easy-read copy of the strategy, to more embedded examples where The Keys to Life strategy and the Winterbourne View report recommendations were incorporated into staff team meetings and development sessions to inform and change practice, to the benefit of residents. We also identified examples of residents who had benefited from having had elements and principles of the strategy incorporated into their personal plans.

In addition to the relatively high levels of awareness, we found:

- almost two-thirds of services (65%) had also begun to implement an action plan in order to in corporate The Keys to Life strategy into the culture and practices of the care home, and the planning and provision of support, even where no formal strategy was in place
- a significant majority of care homes (over 80%) were aware of the learning and recommendations from the Winterbourne View report, and identified examples of where the report and associated materials were used at induction and refresher training for staff, with a positive impact for people

- good examples of organisational and service-level strategies that focused on involving residents and their families in the development of the service, including family and carer forums, and examples of sophisticated ways that people were being supported to exercise choice and control
- positive outcomes for people as a result of advocacy workers visiting services regularly to support people using the service.

Awareness and preparedness for action

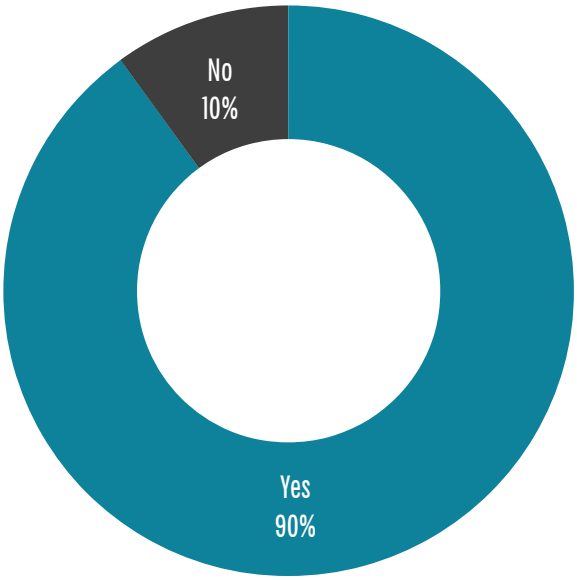
The responses to the first phase, although positive, evidenced that knowledge of the national 10-year Keys to Life strategy and the Winterbourne View report was not universal, but both were reported by managers of care services as being clearly and widely understood within the sector. It was also clear that a high proportion of action plans to support learning from these were in place, but not in all services.

Later scrutiny in phase 2 identified more nuance in the extent to which the strategies were embedded in practice. A high proportion of services told us that they had open, safe and respectful environments which engendered person-centred and outcomes-focused care through self evaluation. We used the findings from phase 1 to develop the more detailed scrutiny tools and approaches in phase 2.

During the first phase, we made clear to care services that, where there was limited knowledge of, or an action plan in relation to, The Keys to Life or the learning from Winterbourne View, we would expect to see the development of these during the following year. Where these had already begun, we would expect to see the further embedding of learning in order to support improvement and better outcomes for people using services.

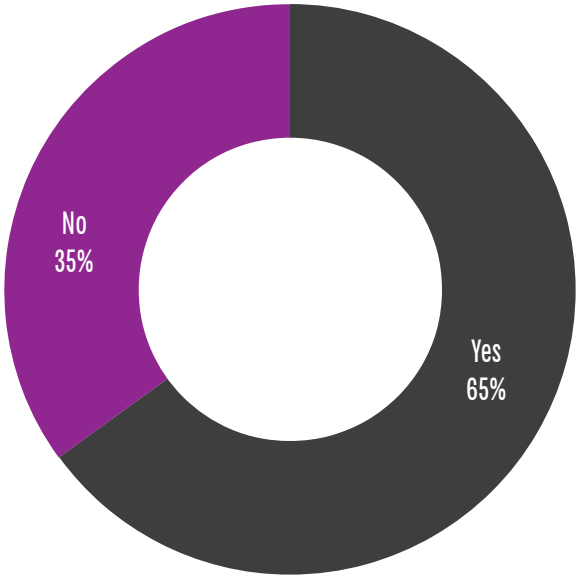
These charts on the next page provide the data reported by the 186 care homes in relation to the four key questions.

Q1 Are you aware of The Keys to Life – the national learning disability strategy?



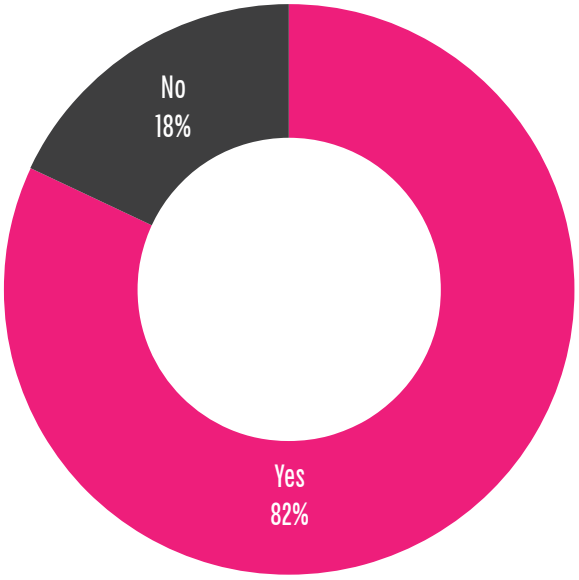
Q1	Number	%
Yes	167	90%
No	19	10%
Total	186	100%

Q2 Have you started to plan how you will implement the strategy?



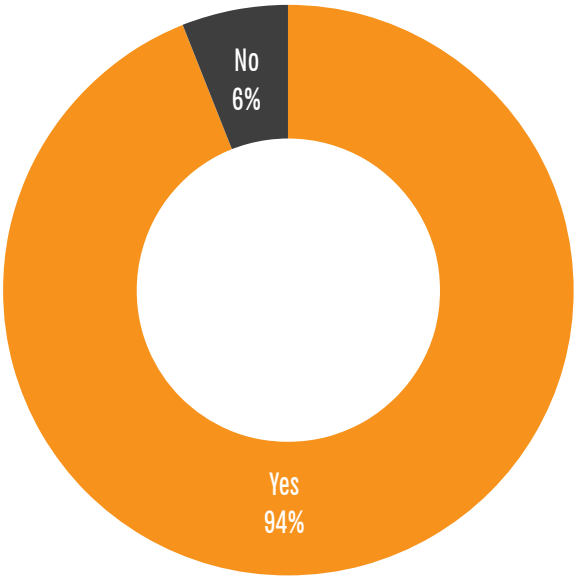
Q2	Number	%
Yes	120	65%
No	66	35%
Total	186	100%

Q3 Are you aware of the main learning points and recommendations from the Winterbourne View report?



Q3	Number	%
Yes	153	**82%**
No	33	**18%**
Total	186	**100%**

Q4 Have you taken action to ensure that you deliver services within an open, safe, respectful culture which ensures care and support meets individual needs and outcomes?



Q4	Number	%
Yes	175	**94**
No	11	**6**
Total	186	**100%**

6. Phase 2: focused scrutiny activity, 2015–2016

In order to ensure that any further information we gained came from as wide an evidence base as possible, and to inform the development of national and local policy, we widened our inspection focus area from care homes to include all care at home services, housing support services and combined care at home/housing support services that care for or support adults with a learning disability. We asked these care services to provide specific information as part of their pre-inspection self assessment. This focused on key strengths and areas for development about their performance. In addition, at the inspection, inspectors sought to discuss the impact of the care on the experiences of, and outcomes for, the people they supported.

The total number of services involved in the inspection focus area (inclusive of the 186 care homes from the first phase of the programme) was 382 services across all parts of Scotland. For care homes, this sample represented 63% of the services providing care for people with a learning disability and for combined housing support/care at home services, the sample represented in the region of 42% of the services providing care for people with a learning disability, and in the region of 33% of such care at home services.

Similarly to how we inspected services during the first phase, we continued to inspect up to four quality themes (or three quality themes, in the case of care services provided in an individual's own home), and used additional scrutiny methods to support our data and evidence gathering.

A focus on access to health

As well as the regular self assessment, which all service providers complete annually, for the services included in our inspection focus area we also requested that managers of the services complete a self assessment specifically about the strengths and areas for development associated with the accessibility of health care for people using their services.

The reason for this was that evidence suggests that, in comparison to the wider population, people with learning disabilities have poorer health; differences in health status which can be avoidable.

Research from the Learning Disabilities Observatory in 2010 suggests that a disproportionate proportion of people with a learning disability face health inequalities which start early in life and result from barriers they face in accessing timely, appropriate and effective healthcare. It suggests they have a shorter life expectancy and increased risk of early death; higher levels of physical and mental health needs; proportionally higher rates of some cancers and coronary heart disease; and experience rates of respiratory disease as the leading cause of death at a level twice as high as others. It also suggests that, as older adults, they experience higher rates of dementia. Over 50% of women with learning disabilities are classed as obese[1].

[1] Health Inequalities & People with Learning Disabilities in the UK (2010), Learning Disabilities Observatory

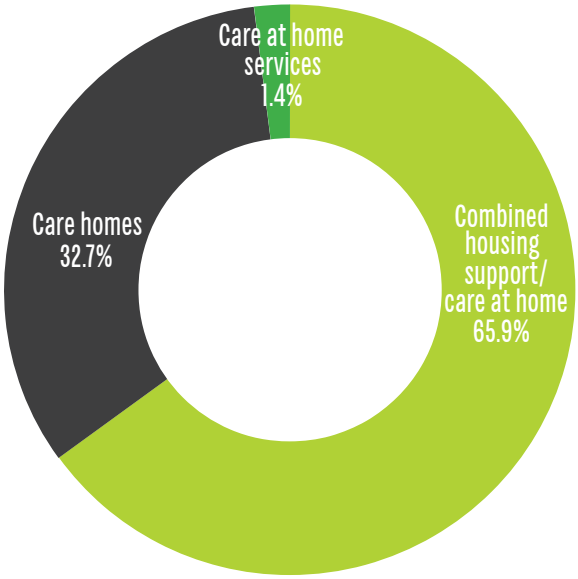
The Learning Disabilities Observatory identifies five broad classes of determinants of these and other heath inequalities which are amenable to intervention.

- Increased risk of exposure to well established social determinants of health.
- Increased risk associated with specific genetic and biological causes of learning disabilities.
- Communication difficulties and reduced health literacy.
- Personal health risks and behaviours.
- Deficiencies in access to, and the quality of, healthcare provision.

The Keys to Life strategy focuses heavily on health issues, with a firm belief that improving health practice and health outcomes is a key part of delivering better quality of life outcomes for people. Healthcare commissioning, practice, training and evaluation also feature heavily in the recommendations from the report on the Winterbourne View review. Therefore, developing a self assessment on this topic for these services helped us try to ascertain whether or not services were able to support good outcomes for people and promote excellence, either with good health access and assistance, or in spite of it.

During the period of scrutiny, the care services provided 443 self assessments[2], with managers reporting on their experiences of accessibility of healthcare services for people using their services. These provide useful contextual information to triangulate with other findings to assess the quality of experience of people and to direct our scrutiny and improvement work better. Combined housing support/care at home services made up the majority of the self assessments completed (292 assessments) followed by care homes (145 assessments) and stand-alone care at home services (6 assessments).

The chart below shows the percentage of self assessments completed by service type:



[2] This is because 278 services each submitted one self assessment; 81 services submitted a self assessment twice each (covering two inspections over the reporting period); and one service that submitted three self assessments (covering three inspections during the reporting period).

A focus on the quality of care and support

As part of our assessment of the quality of care and support in each inspection, we paid specific attention to the extent to which the inspected services were using person-led values to respond to people's care and support needs.

Focusing on this aspect of care and support allowed us to triangulate the self-reported information from providers gathered during the first phase of the programme. In particular, we considered the extent to which services reported on whether they had acted to ensure that services are delivered within an open, safe, respectful culture that ensures care and support meets individual needs and outcomes.

We also developed an 'aide memoire' for inspectors, with which they could explore the above theme, breaking it down into smaller sections to enable providers to highlight sources of evidence to support both their self evaluation and the evaluations of providers[3].

We used our online knowledge hub **www.hub@careinspectorate.com** to collect and signpost effective practice and resource materials which were considered to be of benefit to services part of the inspection focus area.

[3] This aide memoire is available here: http://hub.careinspectorate.com/media/221752/ifa-adults-with-ld.pdf

7. Key findings

In this section, we review our findings from the care services which were included in our phase 2 inspection focus area samples. These findings seek to assess the extent to which care services respond to the care and support needs of those using services with person-led values, and how well they support the four Keys to Life strategic outcomes.

These findings are based on the evidence we found during our scrutiny and assurance work in care homes, care at home services, housing support services and combined care at home/housing support services for adults with a learning disability during the 2015/16 inspection year.

Our findings reflect an analysis of information from self assessments, a review of inspectors' evidence gathering data and an analysis of the published inspection reports, as well as the methods described above. We also reviewed any recommendations or requirements we made to support improvement in these services as well as reviewing complaints upheld during the 2015–2016 year in relation to the services involved in the inspection focus area. We collected examples from inspectors of good practice they had observed in care services and we collated comments from people experiencing care.

The comments we make are from the evidence we gathered. We are aware that other services not included in the inspection focus area may well be undertaking good and innovative practice, or may well be struggling to implement some of the recommendations and learning from The Keys to Life strategy and the Winterbourne View report. This report provides some validated examples of effective practice where we have identified approaches and initiatives which have contributed towards meeting the needs of people with a learning disability who use care services.

In order to evidence implementation towards The Keys to Life strategy in these care services, we have aligned all our findings to the four strategic outcomes:

- a healthy life
- choice and control
- independence
- active citizenship.

7.1 A healthy life

The Keys to Life strategy's first strategic outcome is that "people with learning disabilities enjoy the highest attainable standard of living, health and family life"

Information provided by care service managers

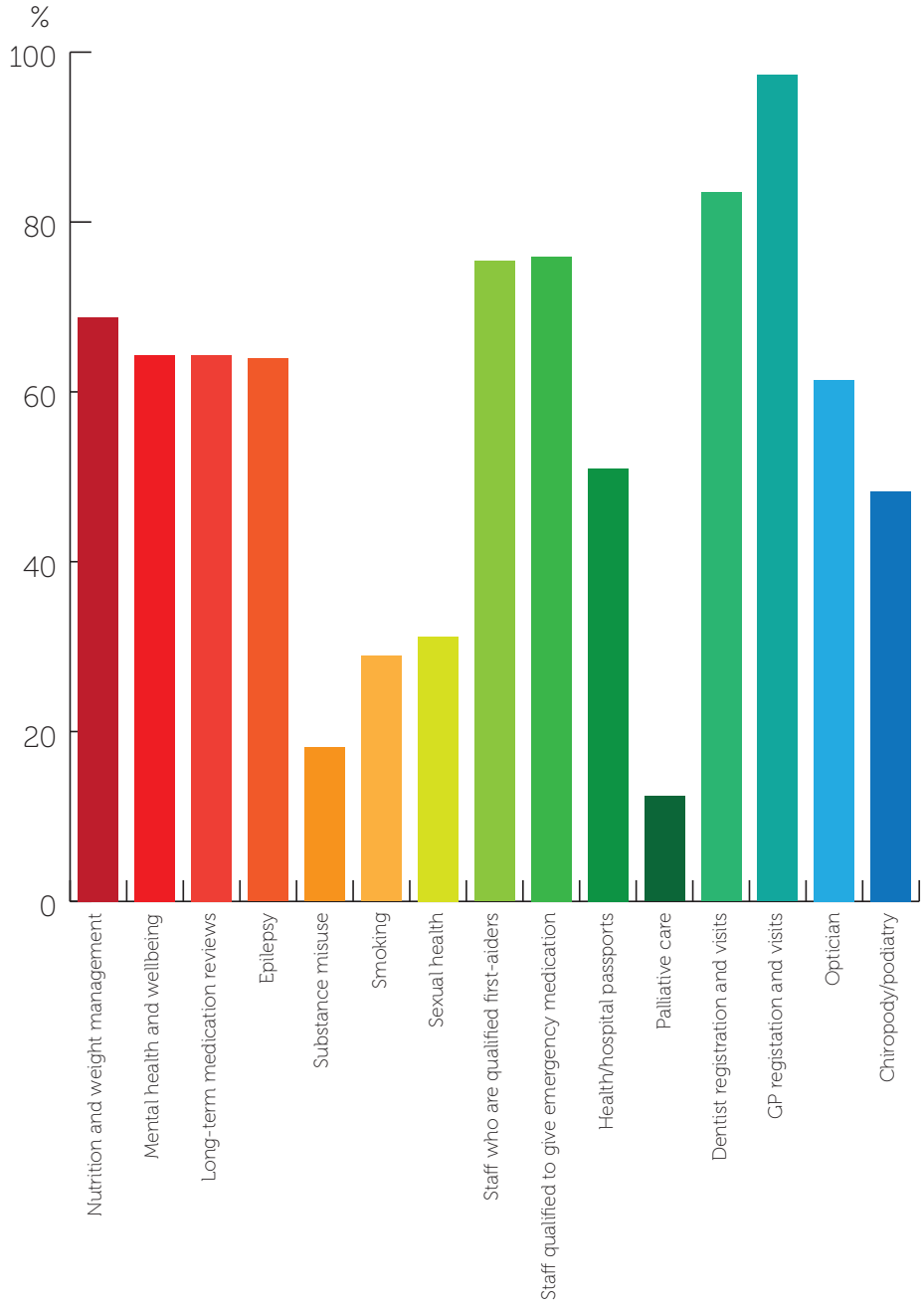
A wide range of healthcare interventions are available for people using care services. The self assessments sought information from managers in care homes about how easy they find it to access healthcare for the people they support. Managers of care homes, on the whole, reported being able to access healthcare services for people more easily and conduct both initial and regular health checks more frequently than managers of combined housing support/care at home services. Over 20% of managers of combined housing support/care at home services reported finding it difficult to access healthcare for the people they support. This is double the percentage figure for care homes.

Managers of services reported different experiences of accessing health care services across NHS regions, ranging from generally excellent access to services to much more limited access. Appendix 1 gives further detail.

The self assessment exercise also asked managers to report their experiences in relation to the number of people registered with specific healthcare services, including GPs and dentists.

The chart below shows the percentage of care services that reported access to the variety of healthcare services available for those using their service. Some care needs to be taken in interpreting the data below: these figures do not themselves indicate the prevalence of unmet need; people may be supported by a number of care services, rather than just one; and people with capacity have the right and ability to choose to engage or not with healthcare services.

Percentage of service reporting access to the variety of healthcare services



The ability of people to be visited by healthcare professionals is important in assessing their needs and planning care for them. Combined housing support/care at home services generally reported a higher incidence of health services visiting individuals than care homes, but this may well reflect the different nature of services and what they are commissioned to provide.

Almost all services reported that the people they support had access to GP visits and over 80% had access to dentists. Care homes self-report more positively for registration to GPs and dentists, but combined housing support/care at home services report a higher percentage of services making regular appointments with a GP. Managers of combined housing support/care at home services generally reported access to a wider range of health tests, additional support services and crisis support services, than managers of care homes or care at home services.

Substantial numbers of services also ensured that people had access to first-aiders and staff qualified to give emergency medication. Smaller numbers of services had access to palliative care, smoking cessation, sexual health, and substance misuse support services. Accessibility to healthcare does not always mean accessibility to good-quality healthcare that results in better outcomes for people, so in assessing the needs of local populations and strategically commissioning services to meet those needs, integration authorities need to be mindful of the wide range of health needs of adults with learning disabilities.

Findings from complaints

Care services which support adults with learning disabilities receive proportionately fewer complaints than similar care services for older people. During 2015/16, we investigated and upheld 76 complaints made in relation to the care services included in our inspection focus area. This table shows the breakdown of the main subject of a complaint.

Main subject of the complaint	Percentage of all upheld complaints
General health and welfare	17%
Communication between staff and service users/ relatives/carers	9%
Levels of staffing	8%
Healthcare - medication	8%
Staff – training/qualifications	7%
Staff – other	7%
Protection of adults	5%
Record-keeping, personal plans/agreements	5%
Choice – care and treatment	4%
Choice - activities	4%

The first six of these complaint subjects represent exactly the same pattern as the reasons for complaints made about care homes for older people and are very similar to the pattern of complaints made about care homes for all adults. The percentage of complaints recorded under each category is also very similar.

Communication between staff and those using the service, their family and carers is the area in which the most significant difference can be seen. In those services that took part in The Keys to Life inspection focus area, upheld complaints about communication made up 9% of all upheld complaints. In care homes for older people and other adults overall, 13% of complaints upheld were in relation to communication.

In relation to healthcare, upheld complaints can be broken down as follows.

Main subject of the upheld complaint	Percentage of all upheld complaints about healthcare
General health and welfare	17.1%
Healthcare – medication issues	7.9%
Healthcare – hydration	2.6%
Healthcare – tissue viability	1.3%
Healthcare – inadequate healthcare or healthcare treatment	1.3%
Healthcare – nutrition	1.3%
Healthcare – oral health	1.3%

In our inspection focus area, we were able to identify how service providers experienced access to healthcare for people using their services and demonstrate that core services, such as GP registration, was routinely accessed for the benefit of people and their health outcomes.

Findings from inspections

In our scrutiny and assurance activity in services, inspectors frequently noted that services were referencing The Keys to Life strategy, thereby helping to maintain a focus on the strategy's principles and recommendations. When we made recommendations or requirements at inspection, we frequently referenced the strategy to support a joined-up approach to the implementation of its principles.

We found many strengths that were directly related to the strategy: services were actively sharing and discussing the strategy in staff groups in order to support better service provision. This included examples of the strategy being the focus of staff meetings or workshops.

There were two principal characteristics that regularly featured in establishment-level recommendations made by inspectors: services were asked to either find ways to support the strategy document in all areas of on-going service development and delivery; or, more explicitly, identify the action points from the document relevant to them and take them forward within suitable action plans. Whilst the vast majority of inspections provided assurance that the quality of care was high, we required specific improvements in 26 services in relation to the implementation of the strategy.

Where examples of good practice in day to day service provision were identified, services were encouraged to continue and build on this. However, where services required support to improve, the most frequent issues related to:

- a lack of clear evidence of how the service was meeting recommendations from the strategy, and ensuring that the people they supported benefited from this

- a lack of good staff knowledge about the strategy itself; where knowledge did exist, some staff expressed a lack of clarity as to how recommendations from the strategy would inform their everyday practice in supporting people with learning disabilities
- future outcome planning for people experiencing care which we noted should consider and incorporate the strategy and its recommendations.

In a smaller number of cases, we asked services to provide more or better guidance and information on The Keys to Life for staff, or the people they supported and their carers. In most cases, staff knew about the strategy and were using this to inform practice, but in some cases staff were either unaware of the strategy or had had limited continued discussion on its implementation. On a small number of occasions, we required care services to put in place staff training in regard to human rights and equality, in order to ensure their understanding of these concepts improved the experiences of the people they support.

Medication

Although most care services have robust medication administration policies and procedures, we did note a need for improvement in a number of care services (35 services). Within this, a particularly common issue was that medical information for people using the service was either incomplete and/or obsolete. In those services where improvements in medication were required, we identified incidences where:

- protocols for managing medication were often incomplete, particularly for PRN medication (medication taken as required)
- there were a lack of quality systems and processes, such as local audits, to enable errors to be identified
- medical administration records were not kept in line with expected practice
- medical information was sometimes unclear to staff.

Hospital/Health Passports

A health passport, also referred to as a hospital passport, is a resource tool which can be used for any healthcare appointment or hospital admission. It contains information about the individual in relation to his/her health and care needs, as well as information about the best ways in which he/she would like professionals to communicate with, and support, them. This key tool for the care and support of individuals, when routinely and regularly used, shared and updated, can support better and more streamlined access to, and receipt of, care, resulting in better outcomes in relation to communication about, identification of, and care of, health concerns.

In a small number of services (18), we made recommendations about health passports, including requesting the introduction of, updating of or better availability of, these passports. We found also that some services were not sharing or making use of these at all.

What people using services told us:

"...they give me excellent support and I couldn't fault them in any way."

"Anything I want to know, I can just contact them. We get a lot of support and it helps a lot."

"Somebody will come up and talk to me if I call feeling down or physically worse."

"They listen to my instructions depending on how I'm feeling and they don't rush me."

"This service provides a high quality of care to my (relative) on a daily basis."

Good practice example: Support Works, Edinburgh

This service has established a health group for people using the service with each person developing their own workbook about physical activity and healthy eating. The group met weekly to discuss how they could maintain good health. Progress was recorded in the book, including identifying what healthy food they had eaten and their weight. This reinforced positive messages and supported people to assume ownership of their decisions. The group discussed the barriers they faced to improving their health and how they could be challenged, for instance, by making gyms more accessible, and the group planned to approach gyms to discuss this. This helped members of the group be active and vocal citizens. The group was developing a 'Keys to Life' discovery award, which people could progress towards. This helped maintain interest, support progression, and impact positively on long-term health outcomes.

The service had also recognised the particular health issues facing older people with a learning disability. They had established a focus group to discuss bowel screening, producing easy-read literature and interactive materials to explain the screening process. An easy-read health folder had been developed for older people which explained various health issues, including information about The Keys to Life strategy, as well as end-of-life care. The service had also developed a dementia screening tool which was being used to ensure that people received input from the community learning disability team as early as possible.

The group, in partnership with the participation officer, had developed a board game for people who have high communication needs, so they could express their opinions about their support. The group also had their own soap opera (Corriendersdale) which they filmed each month, and sent the DVD to other people using the service. The group had also filmed an episode about hate crime, with the group members acting out scenarios. The outcomes for people were greater awareness of healthy lifestyles, as well as robust participation and involvement for those using the service, and the development of informed health-related tools.

Good practice example: Inspire, Huntly

Staff believed that one person using the service had diabetes. Various blood tests were needed, but this had been distressing for the individual in the past. With the agreement of NHS staff, the nurse involved the service manager to role-model the process of taking blood so this could be clearly demonstrated to the individual. For subsequent blood tests, NHS staff worked collaboratively with care service staff and enabled special access to the same treatment room at the hospital so it could be set it up in a way that was comfortable for the individual. This helped to reduce their anxiety and support the gathering of accurate information from the blood tests, which led to appropriate treatment. The partnership working across NHS and care staff, combined with a clear shared determination to provide person-led care, supported this individual to receive the medical interventions they needed.

Good practice example: Forth Valley Area 1

This service had a number of established ways of presenting information in accessible and user-friendly formats, to support people experiencing care to understand their human rights, their rights in relation to health, and the level of service they should expect.

Staff worked with people using the service to explore their understanding of their own health and wellbeing and helped them to understand what support was available to help them maintain good health. People using the service were encouraged to discuss their experiences of the support they had received and what they should expect from health professionals. This helped individuals become more aware of their rights, be able to take control, and highlight and address any inequalities experienced.

Small discussion groups with people using the service were regularly held to further explore topics which they themselves had highlighted as being important to them. This often involved people reviewing aspects of their own service to promote improvements. For example, people reviewed information regarding how to make a complaint about the service, and developed a more accessible format for presenting information.

One area of excellent practice was the support provided by the service when a person using the service became seriously ill while abroad. The person communicated using sign language and staff ensured they provided round-the-clock support throughout their stay in hospital and also when arranging their return to the UK. This support was crucial in ensuring they had all the information they needed to make informed choices and decisions about their treatment, and it helped reduce fears and anxieties. Staff worked well with the individual, medical staff and specialist nurses and ensured they had the right level of medical care and support. This was central to them making a positive recovery. Staff continued to support the person by helping them to understand how to keep well in the context of their particular illness.

7.2. Choice and control

The Keys to Life strategy's second strategic outcome is that "people with learning disabilities are treated with dignity and respect, and protected from neglect, exploitation and abuse".

Person-led care planning

Where we saw strengths in services, this related overwhelmingly to the implementation of person-led care practices which promoted choice and protected the rights of those using services.

Strengths were consistently built on strong communication between staff and those using the service. This was evidenced by staff demonstrating active knowledge of an individual's preferences and choices and being sensitive to his/her (sometimes changing) needs, with examples of relevant and up-to-date care plans.

The quality and effectiveness of support/care plans was a significant issue when looking at how we support services to improve. For example, we made recommendations in 17 services asking them to perform or implement local audit reviews of plans to ensure that the information contained within was relevant and up-to-date and had been agreed by the peson using the service, a family member or an advocate.

In 47 services, we identified the incomplete nature of care and support plans used by services, including examples of plans which did not provide sufficient information to support people well, or with poor record keeping which had materially negative consequences, for instance, scheduled reviews not taking place.

Person-led care and support

Many services displayed excellent performance in providing person-led support. Frequent examples of this related to support and interventions that were appropriately risk assessed. Supporting guidance had been developed, and there was evidence of good communication between staff and people using the service, including evidence of people being involved in decisions regarding their support and any changes to their service.

However, we did make recommendations or requirements in 54 services to help the services improve their person-led care approaches. In some cases, we identified that the quality of staffing could be improved. This included ensuring appropriate levels of staffing, increasing the knowledge of staff, and ensuring staff had sufficient guidance to undertake their roles. Where we felt staffing needed to improve, it was often because these issues were affecting the ability of the service to promote person-led practice or values. We also made recommendations and requirements to ensure that the service's planning for, and impact on, positive outcomes for people should either begin to be, or continue to be, developed in line with the person-led approaches outlined in The Keys to Life strategy.

Guardianship

In relation to guardianship, we noted a need for improvement in a small number of services (12) in order to ensure the rights and independence of individuals were maintained in accordance with legislation, and evidenced accordingly.

Noting the Mental Welfare Commission's (MWC) guidance for best practice in guardianship matters, we found that the issues where we most frequently required improvement related to accessibility and availability of guardianship information for those who required access to an individual's guardianship information.

The most common areas in which we required improvements in guardianships were about ensuring the MWC checklist was used to support best practice; ensuring that adequate communication was maintained between the guardian and care staff; improving the implementation of robust reviewing processes which included up-to-date information regarding guardianship arrangements; and maintaining clarity about the delegation of any powers to the direct care provider.

Personalisation

In examining service strengths, we specifically noted that the personalisation principles outlined in The Keys to Life were fully embedded in a small number of care services, with most services working towards achieving these principles. The strategy recognises that personalisation in care allows people using services, in most instances, to attain the highest standard of living and access to family life, so it is a critical element of planning high-quality care and support. We identified effective examples, including the use of the Open Futures eLearning tool, which includes focused modules on personalisation.

With the further embedding of self-directed support and the implementation of further legislation around community and people's empowerment, personalisation will become an area that will require significant ongoing scrutiny to provide public assurance and support best outcomes for people using services. During 2017/18, the Care Inspectorate will begin a thematic review of self-direct support across local health and social care partnerships.

Householder/tenant support

We identified positive examples of where people are supported to live in their own home with a tenancy agreement. This helped ensure that people's choices and control were improved and helped them to be treated with dignity and respect. The confidence and capacity of staff to apply the right support in these circumstances is an important factor in supporting positive experiences and outcomes for people with learning disabilities.

Some housing support services were requested, where necessary, to continue to develop the proper quality of care processes that can respond to people using services who were householders/tenants.

We made recommendations about improving staff knowledge in this area. In a small number of services, staff felt that the level of training and information they got did not allow them to properly support people. On one occasion, staff told us they felt they needed more training in order to support householders better. Householders told us they felt staff did not always have the time to listen to them or to spend time with them when they needed it. We discussed how the manager could support staff better and made a recommendation for improvement.

What people using services told us:

"I have a regular carer and I enjoy her company. She always makes sure I have everything to hand."

"They changed things around to suit me."

"My girls (staff) do things just the way I like - they know me well."

"It's the little things that count and they're very considerate in making sure I'm content."

"The staff know that when I go quiet I am worried. They allow me to express my fears."

"It doesn't matter what disability you have, you are still a person at the end of the day."

Good practice example: L'Arche Inverness Housing Support Service

Staff had completed training in a number of alternative communication techniques and the deputy leader had become a trainer for Talking Mats and had successfully used this tool with a number of people with communication difficulties. One person who used the service had limited verbal communication and had been recently diagnosed with a dementia type illness. They had begun to show signs of distress at times around a friend of long standing with whom they shared a tenancy. Through the Talking Mats tool, staff came to understand that the person had developed an intolerance to some of his friend's behaviours, but didn't want to end the friendship.

The service worked with both individuals to help support the friendship in different ways, while building space for both of them and finding safe ways to pursue independent interests and other friendships. As a result of this person-led care, both individuals were much happier and their long standing friendship had been supported with their individual needs recognised and respected.

Good practice example: Turning Point Scotland – Dumfries North and Dumfries Town

This service supports individuals with complex learning (and physical) disability. It included The Keys to Life in its staff training, incorporating a staff quiz to enhance understanding and ensure that training was more than simply an awareness-raising exercise and that the benefits of its application for people using the service were clear and explicit. Inspectors found that staff were, in turn, better motivated to improve the delivery of support provided through greater understanding and communication with people using the service who were, as a consequence, better and more involved in their care and support. They had also adopted an easy-read, pictorial style of support plan for all individuals using their services, aligned to principles of The Keys to Life, which further supported communication with people to facilitate involvement in their own care and support planning. It was apparent to inspectors that robust implementation and understanding of The Keys to Life principles led to real benefits for people using the service and their quality of life.

7.3 Independence

The Keys to Life strategy's third strategic outcome is that "people with learning disabilities are able to live independently in the community with equal access to all aspects of society."

We observed strengths in services in relation to independence, with many care services embedding person-centred approaches which underpinned independence. High-quality care and support were frequently characterised by the presence of strong, up-to-date support plans and committed staff, especially where staff helped people access leisure and recreational activities and events if this was wanted, and to develop skills, gain confidence in activities and use local community resources, such as joining community groups.

In a small number of services (16), we required improvement in how they continued to develop the individual support that would secure the independence of those people they supported. In some cases, we expected to see guardianship papers and a guardianship checklist, but did not. This would have supported people to have as independent a life as possible but with the necessary support of a guardian.

In a small number of cases, outcomes were not recorded appropriately in people's personal plans. Events were recorded instead of the outcomes of events, which limited the ability to measure the difference services made to the lives of those using them. In a very small number of cases, staff actions undermined people's independence and in those cases, we identified where people's independence could be better encouraged by staff.

Risk assessments

Supporting effective risk assessment, risk taking and risk enablement is integral to supporting independence. A consistent thematic trend that we identified related to risk assessment policies and actions. Over a fifth of the requirements we made (35) concerned risk assessment and enablement. We identified the need to undertake regular and routine reviews of risk assessments, and the need to ensure risk assessments are comprehensively updated, reflecting changes in a person's circumstances or care. We also sought better consideration of risk information in the writing of support/care plans, and the need to involve people in reviews of risk assessments and risk enablement plans in relation to their own support.

What people using services told us.

"The service gives me goals so that I have a wee break and a holiday."

"It's great to get out and about."

"I'm a very independent person. I can go places by myself. I can come and go as I like. I've got my support staff and I like them. We talk about a lot of things. It gets them off my chest."

An individual's relatives told us: "She has come on with her domestic skills and has been home and has learned a lot, and has become much more independent".

Good practice example: Enable Scotland (Leading the Way) – Edinburgh and West Lothian

Inspectors found that the service supported people very well to achieve different things, which suggests that the support individuals received was personal to them. People the service supported and their families were very involved in developing their care and support strategies. They were also actively involved in choosing their personal assistants, who in turn received good support and training to be able to support service users well, to be as independent as possible.

The service had a very strong focus on involving people, talking with individuals about what would make life better for them. This included discussing how to be as healthy as they could, having friends and things to do so they didn't feel isolated. These discussions were used to develop a Keys to Life action plan which was effective in improving the experiences and outcomes for people.

The service had a very strong management team that showed excellent leadership. Managers led by example and encouraged innovation and, as a result, we observed individuals' quality of life improve over time. One person our inspectors met first a few years ago couldn't maintain eye contact, as their self esteem and confidence were so low. This person now speaks in public at a variety of different events and had been involved in The Keys to Life expert group. Another person told our inspectors proudly about the sponsored swim they were doing to raise funds for riding for the disabled, an organisation that had been important for them and to which they wanted to 'give something back'.

Another person had been receiving over 80 hours of paid support in their own home but now wanted more independence. They were listened to and, with positive risk taking, the support was reduced significantly. They were able to stay in their own home overnight on their own and shop at the local shopping centre without being accompanied by paid staff. These changes resulted in better outcomes for to the person's independence, confidence and feeling listened to.

Good practice example: Willowbank Bungalows, Peterhead

The service was very person centred and encouraged residents to become as independent as possible through the dedication of the staff team who have worked tirelessly to promote a person-centred approach for those using the service.

The service was located in a rural area and public transport links were limited. Taking this into account, the staff at the service often used their own vehicles to take some residents to various community facilities while more able residents were supported to develop independent travel skills, which helped them to attend social outings very independently.

Using the support of health colleagues, staff also acted to maintain residents' independence in relation to medication management by ensuring that those residents who were able to, could self-medicate using an MDS (monitored dosage system) of blister packs. Even where local pharmacies returned to a system of using bottles and packets, residents who were self medicating remained supported by staff to continue this practice.

We consistently identified good communication between the service and the families of the residents, for example, in discussions about the future of the service. They all worked together to assess individual residents' suitability and wishes about moving to the community or moving to different future placements. Two residents were supported to move to a house in the nearby town, enabling them to be supported by receiving care at home or housing support, thereby empowering them to live as independently as possible within their new community.

Good practice example: Ark West Support Service, Alloa

People living in the service were supported to access healthcare services as independently as possible. In one example, people were supported to communicate more effectively with healthcare staff through the use of a communication form. The form was completed at home by the individual with the support of their staff member, enabling them to record any particular health problems they were experiencing. The individual then took the completed form with him/her to appointments with healthcare staff, which reduced the need to be accompanied by care service staff. The health care staff member was then able to write their advice to the person on the form, which could be shared with the individual's appointed care service staff member. Although this was a simple idea, it supported people to get important information about their health needs across to healthcare staff, and also to have a record of advice which should then be followed.

The service held regular Speak Out group meetings in which people discussed citizenship and rights with people identifying and sharing ideas on how to participate actively in the local community and make choices for themselves.

We noted examples of how this positive culture of promoting people's rights and choices supported better outcomes for people.

- Individuals and their relatives had been involved in meetings about a proposal that the service would no longer operate as a care home. Instead, it was proposed that people would become tenants in their own home and the support they received would be planned individually, based on what they needed and wanted. The service undertook to continue these meetings, with active participation of those using the service, before any change progressed.

- People were supported to pursue their social and other interests by being active in their local community. In terms of individual outcomes, one person using the service told us "I go to snooker and darts, and watch football. I also go to a social club to meet with people I know".

- People were supported to live as independently as possible and, in terms of outcomes for individuals, one person told us "It's my home. I get on with everyone. I look after my own room. I like to help the other people in the house. I help by tidying up and doing the shopping".

7.4 Active citizenship

The Keys to Life strategy's fourth strategic outcome is that "people with learning disabilities are able to participate in all aspects of community and society".

Involving or creating activities for people using a service enhances both independence and active citizenship and is an intrinsic part of The Keys to Life strategy.

We found that, in the majority of care services, staff supported people to access leisure and recreational activities and events, including swimming, walking, and horticulture and participating in specific entertainment events. This meant that they were able to make lifestyle choices that could help them to enjoy physical, financial, health and emotional wellbeing.

We did, however, require 20 services to improve in relation to how they support people to take part in activities. The most frequent factor we identified was the need for services to ensure activities were person-led. We identified specific examples where services were not involving people in activities which were meaningful to them, were not creating one-to-one individual activities, and where staff shortfalls affected the ability of services to carry out individual activities.

Involving people

We strongly believe that involving people who use care services in decisions about their care is fundamentally important and integral to person-led, outcomes-focused care. Just as the Care Inspectorate involves people with experience of care in carrying out our activities, we expect care services to meaningfully and actively involve those using services, and their carers, taking account of their views, and evidencing the ways in which they do so.

Our scrutiny activity has evidenced that there is a strong correlation between the quality of participation across each of the four themes of quality of care and support, quality of staffing, quality of management and leadership and quality of the environment. Generally speaking, where participation is robust in one theme, it is likely to be robust in other themes, however this is not universal.

Our findings from inspections evidence repeated and innovative forms of involvement which empower people and support them to make choices about their own lives. There are examples of excellent practice. In a small number of services, we required improvement in how individuals using the service were involved in its day-to-day life. We noted examples of where services need to better ensure the involvement of those using the service in the development, agreement and signing off of their own risk assessments, care plans and medication management. We also identified some cases where recorded or documented evidence of the service user's involvement was absent or limited.

Involving family members and other carers

As well as empowering people to make choices about their own lives, we also recognise the benefit to a person's quality of life when a family member or other carer is included and supported to be involved in a person's care. We found numerous examples of care staff involving family members and other carers in people's support arrangements, where this was appropriate, and identified specific need for the better involvement of family members in their relative's care by identifying this as an area for attention in 17 care services.

We found inconsistencies in some services in the ways in which family members were involved in a person's care. This included lack of consistency of the methods used to support involvement as well as lack of regularity of involvement. Often, where this was the case, family members attributed this to the irregularity of review meetings.

In some services, family members we spoke to were not aware of The Keys to Life strategy or the ways in which the service was implementing its recommendations. We also identified some cases where family members needed to be better involved in the design and development of assessments of risk and care planning processes.

Employment

We found that most care services, where it was appropriate, were committed and motivated to supporting people who use their service to access opportunities for employment. We required improvement in only two care services about this issue and made recommendations relating to employment outcomes for people using their service. We asked these services to commit to empowering people using their service to believe that employment or training should be a part of their lifestyle and their journey to independence, and to continue to support and communicate with people using the service who were unhappy in relation to their employment.

What people using services told us:

"I love my job, I love meeting people and talking to them." (This person had a part-time job)

"I need help with money and always have someone with me to help me when paying for things and getting the correct change."

"They take me out to do my shopping and we always have a coffee and a chat."

Good practice example: Newton Dee, Aberdeen

This service is a Camphill community situated in extensive wooded grounds and includes a biodynamic farm. Camphill is a network of services which support people with learning disabilities. There were a total of 36 houses in the Newton Dee community, where staff and people who use the service (known as 'villagers') live in community groups of between four and 16 people. Live-in support was provided from both long and short term 'co-ordinators' from across the world.

An integral part of the ethos of the organisation was that of life sharing, where all villagers and staff shared their living environment and villagers were supported to be fully involved in their community.

We found that Newton Dee worked hard to encourage villagers to take part in the daily life of the community, making decisions about how the community is run. These included deciding which social events would be arranged and helping to shape these, participating in meetings about community issues and being involved in discussions about current affairs. We identified the positive benefits that came from people working in, and making goods to be sold in, the shop or café, bakery or confectionery, on the farm or being involved in managing the grounds.

All of these activities took into account the specific needs of villagers and encouraged them to use their skills to make a meaningful contribution to the community.

Good practice example: Share Scotland, Glasgow

This service supported people using care to be active members of its board of directors, and this included parents of those using the service. The services provided its board members with training in order to enable them to make informed decisions and undertake their function as active members of the board.

Following a move to different premises, the service recognised that some people may have lost day centre placements and set about developing its new premises to support those who had lost these. The service worked with a private house builder to help develop bespoke housing for two of the people who used their service, specific to their needs.

In an effort to ensure that the service had shifted its culture to one that was person-led, the provider brought in a senior manager from another charitable organisation to evaluate its readiness for providing a person centred approach. We noted that this innovative approach to promoting excellent quality assurance had provided evidence that the service was "rooted in person-centred practice".

The service was also a core part of a pilot project working with school children in the West Dunbartonshire area in the transitional period prior to them leaving school. This project was focused

on challenging stereotypes and trying to increase the confidence of the young people involved, in order to support them to achieve their potential and increase their expectations and aims on leaving school. This pilot project involved the local authority, schools, those using the service and their parents. Parents of those using this service told our inspectors that they could not believe how much more confident their own children were after their involvement in the project.

Good practice example: Support for Ordinary Living, Motherwell

This service sourced funding to establish a role for people it supports to examine and report on the quality of care and support provided. People using the service worked as 'quality checkers', with a central role in reporting to the service's managers on what was going well and what could be changed and improved. This was undertaken through an annual programme of quality checking activities.

The service had in place culture and practices which really supported person-led approaches and values using a number tools and types of intervention, including using Helen Sanderson Associate's '4 plus 1 questions' model. This involved people and their carers/family members inputting and commenting on progress and achievement, and planning next steps.

A 'person-centred approaches facilitator' role had been introduced and a 'what matters most' approach supported people to be involved in the running of their own service. They ensured that an individual's self directed support team had inclusion and person-led values at the heart of everything they did. The 'What matters most' approach also embedded knowing and valuing what is most important to, and makes a difference for, people supported by the service. A group-based approach to person centred planning sought to connect people to their communities and help people to identify what they wanted from life by highlighting key outcomes.

These approaches meant the service supported one person to go swimming again, something he had not done for over 20 years. The staff team around the person responded enthusiastically, finding out what would be needed to make this happen. Because of the person's limited mobility, physical staff support were required, so this was discussed in a meeting led by the person and included staff, in relation to the venue, equipment, professional advice and positive risk-taking. At the meeting, another staff member developed a positive risk plan as decisions were being made.

The service also used assistive technology to enhance the quality of life of two other people who had previously required 24-hour support from staff. Through this, the individuals were both able to spend time in their own homes without a member of staff always being present. This supported their independence and control.

8. Overall findings and conclusions

From our findings, in the vast majority of cases, we have found that services for people with a learning disability are effective in contributing to meeting the four strategic outcomes in The Keys to Life. Across all quality themes, most services were evaluated as being good or better.

Grades across all quality themes	Percentage of services
Adequate or lower	10.1%
Good or better	89.9%

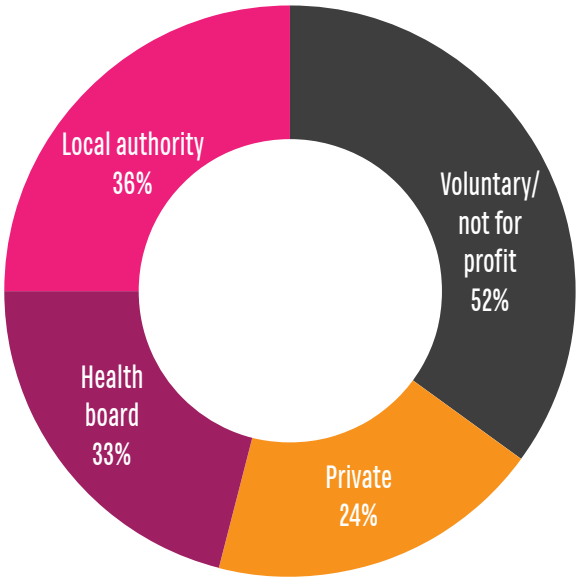
Over 45% of services were found to be operating at a level considered by inspectors to be very good or excellent across all quality themes. This is a significant achievement and consistent with a sector which is performing at a high and sustained level. The percentage of services operating at such high levels of quality is noticeably higher than other service types.

The quality of care and support provided was broadly consistent across care homes and combined housing support/care at home services. In each case, 12% of services were found to provide excellent care and support, 49% and 52% respectively, provided support that was very good, and 31% and 30% of each service type, respectively, provided good care and support.

The quality of staffing and management and leadership, however, tended to be higher in combined housing support/care at home services than in care homes. For example, 55% of care homes were found to have very good or excellent staffing; the equivalent figure in housing support/care at home services was 63%. The management and leadership was very good or excellent in 48% of care homes and in 56% of housing support/care at home services.

When we examine care services by provider type, we see that, of the services we found to be very good or excellent across all quality themes in the focus area, the majority of those services are provided by the voluntary or not-for-profit sector. This also holds if we examine services we found to be good or better for all themes.

Percentages of services we found to be 'very good' or 'excellent' by provider type



Management and leadership

Across our scrutiny work, we are aware of the importance of high-quality management and leadership in contributing towards good outcomes for people using care. In evaluating management and leadership, we consider many aspects, including how staff are supported, managed and trained to undertake their roles; how resources are managed to effect best outcomes; how managers work in partnership, including empowering participation and the involvement of all; and the quality of leadership in terms of setting vision and direction for the service, and communicating this well. Our scrutiny evidence shows that management and leadership is an excellent driver for sustaining and developing high-quality services which deliver better outcomes for people.

Over half (53.2%) of care services in our inspection focus area were found to be very good or excellent in respect of their management and leadership. Over 91% were found to be good, very good or excellent in relation to this theme.

Knowledge of The Keys to Life strategy and the recommendations arising from the Winterbourne View review report was widespread and, in the majority of services, the implementation of discussions and action plans to support the recommendations arising from these, was underway. Management and leadership is critical in embedding the strategy and supporting change.

We found good evidence of personalised, individualised support and care which promoted independence and supported employment, where possible, including in creative and innovative ways.

Staffing

A common factor in success lies in the performance, knowledge or skill of staff. We observed staff who were committed to providing the best possible care and support to people using services. We know from comparing information on staffing between those working in care homes for people with a learning disability and all care homes for adults, that there is no discernible difference in the rate of staff turnover (both show a rate of 16%). The quality of staffing between both types of homes remains at a similar grade across both as well. Investment in the recruitment, retention, training, development and support of staff working with those with a learning disability will impact greatly on how those using services attain better outcomes and a better quality of life.

Areas for improvement

Where we found that services required support to improve, we did so by engaging in professional dialogue with the provider, and also by making recommendations or requirements where we considered this was necessary to improve outcomes for people. In 39.7% of combined housing support/care at home services and 37.2% of care homes, we made recommendations in order to support improvement.

We made requirements in only 8.3% of combined housing support/care at home services and 8% of care homes assessed during the inspection focus area. This is consistent with a sector which is performing well and, in many cases, excellently.

Requirements and recommendations to support improvement focused on key themes, including the need for some services to further embed the recommendations arising from The Keys to Life strategy within individuals' care and support plans and demonstrate how the recommendations from the strategy have impacted on the lives of the people that they support.

In some services, we also expected to see better practice in planning and aligning risk assessments with care and support plans for good outcomes for people using services, as well as the continued development of person-centred approaches to care.

Some services required to further support individuals using services to access activities, learning and employment opportunities to support independence and community interaction, and other services were requested to implement more robust implementation of medication administration and management, policy and procedures

For the services involved in the inspection focus area sample, we upheld 76 complaints during the period. Roughly a third of these related to healthcare and a third to staffing. The remainder were about other complaints: general health and wellbeing (17%), communication with staff (9%) and staffing levels (9%).

The table in Appendix 2 provides a breakdown of grades in care services.

Developing local pathways of care and support

People with learning disabilities have a wide range of needs, wishes and choices, and services need to work together effectively to build local systems and networks of co-ordinated support. Local strategic commissioning arrangements have an increasingly important role in supporting excellent outcomes for people with a learning disability.

From our findings, there remains a clear need for integration authorities and local partnerships to work together to assess, plan, resource, monitor and evaluate all local services for people with a learning disability as part of robust joint strategic commissioning models. We expect the planning and commissioning of support for people with learning disabilities to make appropriate consideration of local access to healthcare services, local crisis support services, and be planned in ways which are consistent with the recommendations from The Keys to Life strategy and the new national care standards.

We expect local partnerships to evaluate the ease and ability with which people with learning disabilities can access the healthcare they need when they need it. Where barriers to access are

identified, partnerships should foster effective cross-sectoral approaches to overcome these. Commissioning approaches should take into account issues which have the potential to impact on good outcomes for people using services, such as ensuring a sufficient level of high-quality, trained staff with ongoing development opportunities who can deliver personalised, outcomes-focused care and support.

People using learning disability care services who require the appointment of a guardian should receive this at the earliest opportunity and relevant information on guardianship should be shared as appropriate and necessary to support high quality, personalised care.

Next steps

The Care Inspectorate continues to inspect care which is directed at supporting people with a learning disability using a risk-based, intelligence-led approach. The strategic outcomes in The Keys to Life remain central and relevant to our emerging scrutiny approaches. They align well with the new set of national care standards which are based around human rights and wellbeing. The new national care standards will provide a radical lens to assess quality across health, social care, children's services, and social work. These standards are person-led, outcomes-focused and, used effectively, will help support the strategic outcomes in The Keys to Life report.

As we develop world-class approaches to care scrutiny, we will increasingly place greater emphasis on robust, evidence-based self-evaluation to ensure that care services and local partnerships are taking ownership for improvement. We will apply scrutiny in ways that provide public assurance, knowing that effective scrutiny helps to identify effective practice in care, and supports intelligence-led improvement where this is needed. The Care Inspectorate will ensure its developing methodology for joint strategic inspections of adults' and children's services takes into account the issues raised in this report and embeds these in our scrutiny and assurance approach, particularly in respect of scrutiny of strategic commissioning.

Appendix 1: Our key findings about access to healthcare services in more detail

The tables below show the breakdown of service type for reported accessibility to healthcare services. This information was reported by the managers of care services in the self assessment document completed during the 2015/16 inspection year.

Table 1: Ease of access to healthcare by service type

Service type	Reported no difficulty accessing healthcare		Reported difficulty accessing healthcare	
	%	No.	%	No.
Care home	89.7	130	10.3	15
Combined housing support/ care at home	79.5	232	20.6	60
Care at home	66.7	4	33.3	2
Overall	**82.6**	**366**	**17.4**	**77**

Table 2: Ease of access to healthcare by NHS territorial board

	Overall				Care home service				Combined housing support/care at home service			
Nhs region	No difficulty accessing healthcare		Difficulty accessing healthcare		No difficulty accessing healthcare		Difficulty accessing healthcare		No difficulty accessing healthcare		Difficulty accessing healthcare	
	%	No.	%	No.	%	No.	%	No	%	No	%	No
Ayrshire and Arran	85.7	24	14.3	4	100.0	9	0.0	0	77.8	14	22.2	4
Borders	92.3	12	7.7	1	100.0	4	0.0	0	88.9	8	11.1	1
Dumfries and Galloway	80.0	12	20.0	3	80.0	4	20.0	1	77.8	7	22.2	2
Fife	90.0	18	10.0	2	66.7	2	33.3	1	94.1	16	5.9	1
Forth Valley	84.0	21	16.0	4	86.7	13	13.3	2	80.0	8	20.0	2
Grampian	76.9	70	23.1	21	85.1	40	14.9	7	68.2	30	31.8	14
Greater Glasgow and clyde	81.8	54	18.2	12	100.0	10	0.0	0	81.5	44	18.5	10
Highland	72.7	16	27.3	6	77.8	7	22.2	2	69.2	9	30.8	4
Lanarkshire	95.2	20	4.8	1	100.0	6	0.0	0	93.3	14	6.7	1
Lothian	86.5	45	13.5	7	94.7	18	5.3	1	81.3	26	18.8	6
Orkney	60.0	3	40.0	2	100.0	3	0.0	0	0.0	0	100.0	2
Shetland	100.0	1	0.0	0	100.0	1	0.0	0	0.0	0	0.0	0
Tayside	89.5	34	10.5	4		9	10.0	1	89.3	25	10.7	3
Western Isles	100.0	1	0.0	0	100.0	1	0.0	0	0.0	0	0.0	0
Overall	**83.1**	**331**	**16.8**	**67**	**89.4**	**127**	**10.6**	**15**	**80.1**	**201**	**19.9**	**50**

Healthcare assessments

Levels of initial healthcare assessments undertaken were reported as being relatively low, with 45% of services not undertaking initial or subsequent healthcare assessments, and this varied across service types and across local areas. Thereafter, however, 16% of services reported undertaking a healthcare assessment regularly at intervals of between 3 – 12 months. It is important to note that not all services in this inspection area will be commissioned to undertake a healthcare assessment; this may well be undertaken in other ways.

Health tests available

Other than blood pressure checks (where care homes reported providing the highest number of testing) combined housing support/care at home services were able to carry out or arrange a higher proportion of testing for all listed tests against care homes or care at home services.

Nutrition and weight management (68.8% of self assessments), mental health and wellbeing, long-term medication reviews (both 64.3% of self assessments), and epilepsy testing (63.9% of self assessments) were the most available tests.

Substance misuse (18.1% of self assessments), smoking (28.9% of self assessments) and sexual health (31.2% of self assessments) were the least available of the named tests.

First aid

Three quarters (75.4%) of self assessments showed that there were always staff members available who were qualified first-aiders. Additionally, 75.9% of assessments stated that there were always staff members available who were qualified to give emergency medication.

Health/hospital passports

Half (51.0%) of self assessments stated that all, or most, people in a service have a health passport.

Palliative care

A minority (12.4%) of self assessments stated that individuals in services required palliative care, with, again, a variation in reported accessibility for support across regions.

Dentist registration and visits

The majority (83.5%) of self assessments state that people using the service are registered with a dentist.

GP registration and visits

Almost all (97.3%) of self assessments state that people using the service are registered with a GP.

Optician registration and visits

A majority (61.4%) of self assessments state that people using the service are registered with an optician.

Chiropody/podiatry registration and visits

Slightly fewer than half (48.3%) of self assessments state that people using the service are registered with a chiropodist/podiatrist.

Additional services

Learning disability teams (91.6% of self assessments), social workers (91.4%) and NHS 24 (89.2%) were the additional services most commonly provided. Similar to the least accessible healthcare assessments, smoking cessation (15.1%), counselling (24.2%) and sexual health (26.9%) were the services least commonly provided.

Crisis support services

Other than the availability of a community learning disability nurse and speech and language therapy (where care homes reported higher availability), combined housing support/care at home services reported access to more crisis support services than care homes or care at home services. Community learning disability nurse (93.2% of self assessments), speech and language therapy (88.3%) and occupational therapy (85.6%) were the most accessible crisis support services. Community psychiatric nurse (68.4%) and physiotherapy (78.1%) were reported as the least accessible crisis support services.

Guardianship

One-fifth (21.9%) of self assessments stated that not all people using the service who required a guardian had one. On average, there were six people with appointed guardians per service self assessment. Two-thirds (66.8%) of self assessments indicate that, where required, people using the service had a guardian appointed. A minority (11.3%) of self assessments stated that, for those using their service, guardianship was not relevant.

Appendix 2: Care service grades

During the inspection focus area in 2015/16, all care services in the inspection focus area were assessed across four possible themes on a scale of unsatisfactory – weak – adequate – good – very good – excellent. Services which are not provided with accommodation, such as care at home services, or the care at home element of a combined housing support/care at home service, are not assessed on the quality of the environment.

Table 3: the services where the quality of care was found to be poor or good, by each theme.

	Quality of care and support	Quality of the environment	Quality of staffing	Quality of management and leadership
Adequate or lower	6.6%	11.6%	6.3%	8.5%
Good or better	93.4%	88.4%	93.7%	91.5%

Table 4: grades for services, by type of provider and by theme

Quality of care and support			Quality of environment			Quality of staffing			Quality of management and leadership		
Service type	**%**	**No.**	**Service type**	**%**	**No.**	**Service type**	**%**	**No.**	**Service type**	**%**	**No.**
Care Home	32	120	**Care Home**	99	120	**Care Home**	32	120	**Care Home**	32	120
Weak	1	1	Weak	2	2	Weak	2	2	Weak	3	3
Adequate	8	9	Adequate	10	12	Adequate	7	8	Adequate	7	8
Good	31	37	Good	33	39	Good	37	44	Good	43	52
Very Good	49	59	Very Good	47	56	Very Good	44	53	Very Good	38	46
Excellent	12	14	Excellent	9	11	Excellent	11	13	Excellent	9	11
Combined housing support/care at home	67	253	**Combined housing support/care at home**	0		**Combined housing support/care at home**	67	253	**Combined housing support/care at home**	67	253
									Weak	1	2
Adequate	6	15				Adequate	6	14	Adequate	8	19
Good	30	77				Good	31	79	Good	36	91
Very Good	52	131				Very Good	53	134	Very Good	49	123
Excellent	12	30				Excellent	10	26	Excellent	7	18
Care at home	1	5	**Care at home**	1	1	**Care at home**	1	5	**Care at home**	1	5
Good	40	2	Good	100	1	Good	40	2	Good	40	2
Very Good	60	3				Very Good	60	3	Very Good	60	3
Total		**378**	**Total**		**121**	**Total**		**378**	**Total**		**378**

Table 5: grades for services, by type of provider and by theme

Quality of care and support			Quality of the environment			Quality of staffing				Quality of management and Leadership		
Provider type	**%**	**No.**	**Provider type**	**%**	**No.**	**Provider type**	**Number**	**%**	**No.**	**Provider type**	**%**	**No.**
Health board			**Health board**			**Health board**				**Health board**		
Adequate	17	1	Adequate	50	1	Adequate	17	1		Adequate	17	1
										Good	50	3
Very good	67	4	Very good	50	1	Very good	83	5		Very good	33	2
Excellent	17	1										
Local authority			**Local authority**			**Local authority**	10	4		**Local authority**		
Adequate	5	2	Adequate	20	3	Adequate	44	17		Adequate	10	4
Good	44	17	Good	27	4	Good	33	13		Good	49	19
Very good	36	14	Very good	47	7	Very good	13	5		Very good	28	11
Excellent	15	6	Excellent	7	1	Excellent				Excellent	13	5
Private			**Private**			**Private**				**Private**		
Weak	2	1	Weak	6	2	Weak	3	2		Weak	6	4
Adequate	13	8	Adequate	12	4	Adequate	11	7		Adequate	13	8
Good	42	26	Good	50	17	Good	44	27		Good	48	30
Very good	39	24	Very good	29	10	Very good	37	23		Very good	26	16
Excellent	5	3	Excellent	3	1	Excellent	5	3		Excellent	6	4
Voluntary or not for profit			**Voluntary or not for profit**			**Voluntary or not for profit**				**Voluntary or not for profit**		
										Weak	0	1
Adequate	5	13	Adequate	6	4	Adequate	4	10		Adequate	5	14
Good	27	73	Good	27	19	Good	30	81		Good	34	93
Very good	56	151	Very good	54	38	Very good	55	149		Very good	53	143
Excellent	13	34	Excellent	13	9	Excellent	11	31		Excellent	7	20
Total	**100**	**378**	**Total**	**100**	**121**	**Total**	**100**	**378**		**Total**	**100**	**378**

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