care inspectorate

A REVIEW OF CARE AT HOME AND OTHER SUPPORT SERVICES FOR ADULTS AND OLDER PEOPLE 2014–2017

Findings from the Care Inspectorate, March 2019

A review of care at home and other support services for adults and older people 2014 – 2017

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1. Foreword from the Chief Executive

I am pleased to introduce the findings from our review of support services for adults and older people between April 2014 and March 2017. At the Care Inspectorate, we work with a wide range of care services, including those designed to care for adults and older people.

Through consultation, we continue to develop and change the way we work with services, advocacy and scrutiny partners to enable us to listen even more to people experiencing care. We have collaborated with services to encourage and support improvement and innovation so that people experience services that protect and promote their rights and increase their opportunities and choice, in line with the Health and Social Care Standards.

This review shines a spotlight on the success of services that have been creative in promoting better outcomes for people. Across services, we found that trusting relationships between staff and people experiencing care led to more person-centred planning, support and improved experiences and outcomes.

The review also highlights the challenges that lie ahead for this sector in the recruitment and retention of staff to meet increased demand for care at home services, and the capability to promote the use of technology enabled care and support.

We will use the findings in this review to inform how we continue to support and scrutinise services. This will continue to include the involvement of people experiencing care in our work, and the promotion of the Health and Social Care Standards in all that we do. We expect services to do the same, to ensure that all people using these services in Scotland experience excellence in care.

Peter Macleod
Chief Executive

2. Who we are and what we do

The Care Inspectorate is the independent scrutiny and improvement body for all social care and social work services in Scotland. Our scrutiny activities include inspecting and supporting improvement and innovation in local authorities, health and social care partnerships, and individual care services. In line with the Scottish Government's Health and Social Care Standards, we aim to ensure that people experience safe, high quality, compassionate care that meets their needs and promotes their rights and choices. We can provide a unique overview of the quality of care services across Scotland.

National Care Standards

For the period of time this review covers, the National Care Standards were used to inform our scrutiny practice. The new Health and Social Care Standards (the Standards) were rolled out in Scotland in June 2017. The previous standards dated from 2002, so Scottish Government asked the Care Inspectorate and Health Improvement Scotland to lead a full review and to develop standards across all social and health care. Thousands of people helped develop the new standards, through a development group and wide public consultation.

The Standards are radical and world leading. Together with our modern approach to scrutiny, they support better outcomes for people using health and social care services. They set out what high-quality care looks like and help people understand the quality they should expect when they use any health and social care service in Scotland. They also help care providers themselves deliver the quality of care that people should experience.

The Standards are for all health and social care, applying to any care setting, wherever and however it is provided. There was widespread support for developing standards based on human rights and wellbeing, and these new standards focus on the person using care and what the outcomes should be for them.

We have highlighted some of the Standards in this report to encourage people to understand and use them. For example:

"I am in the right place to experience the care and support I need and want."

Health and Social Care Standards: Standard 1.20

Prior to the period of this review, the Scottish Government introduced legislation (Public Services Reform Act (Scotland) 2010), policies and guidance to improve our public services. The change in policy context for care at home and other support services for adults and older people included the Integration of Health and Social Care, The Keys to Life, Scottish Strategy for Autism, dementia strategy, free personal care, Health and Social Care Standards, self-directed support, telehealth and telecare. These are detailed under section 7 of this report.

Information about our involvement in some of these and other important areas of work has been set out in the report.

We use a six point scale to evaluate quality of care and wellbeing outcomes for adults and older people in housing support and care at home and other support services within the themes of care and support, environment (where the support service is building-based), staffing and management and leadership of services.

Evaluation scale and grading criteria

Excellent	Outstanding or sector leading
An evaluation of **excellent** describes performance which is sector leading and supports experiences and outcomes for people which are outstandingly high quality. There is a demonstrable track record of innovative, effective practice and/or very high-quality performance across a wide range of its activities and from which others could learn. We can be confident that excellent performance is sustainable and that it will be maintained.	
Very good	**Major strengths**
An evaluation of **very good** will apply to performance that demonstrates major strengths in supporting positive outcomes for people. There are very few areas for improvement. Those that do exist will have minimal adverse impact on people's experiences and outcomes. While opportunities are taken to strive for excellence within a culture of continuous improvement, performance evaluated as very good does not require significant adjustment.	
Good	**Major strengths, with some areas for improvement**
An evaluation of **good** applies to performance where there is a number of important strengths which, taken together, clearly outweigh areas for improvement. The strengths will have a significant positive impact on people's experiences and outcomes. However, improvements are required to maximise wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible.	

Adequate	Strengths just outweigh weaknesses
An evaluation of **adequate** applies where there are some strengths but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas need to improve. Performance that is evaluated as adequate may be tolerable in particular circumstances, such as where a service or partnership is not yet fully established or in the midst of major transition. However, continued performance at adequate level is not acceptable. Improvements must be made by building on strengths while addressing those elements that are not contributing to positive experiences and outcomes for people.	
Weak	**Important weaknesses – priority action required**
An evaluation of **weak** will apply to performance in which strengths can be identified but these are outweighed or compromised by significant weaknesses. The weaknesses, either individually or when added together, substantially affect people's experiences or outcomes. Without improvement as a matter of priority, the welfare or safety of people may be compromised, or their critical needs not met. Weak performance requires action in the form of structured and planned improvement by the provider or partnership with a mechanism to demonstrate clearly that sustainable improvements have been made.	
Unsatisfactory	**Major weaknesses urgent remedial action required**
An evaluation of **unsatisfactory** will apply when there are many weaknesses in critical aspects of performance that require immediate remedial action to improve experiences and outcomes for people. It is likely that people's welfare or safety will be compromised by risks which cannot be tolerated. Those that are accountable for carrying out these necessary actions for improvement must do so as a matter of urgency to ensure that people are protected, and their wellbeing improves without delay.	

Changing our methodology

Inspection assures people that things are working well and shows what needs to improve. Our inspections are designed to evidence the impact that care has had on people's individual experiences.

Our new inspection methodology, which came into effect in July 2016, gave inspectors the flexibility to provide a more proportionate, intelligence-led and risk-based assessment of services, based on both evidence and the inspector's professional judgement. Inspectors also consider previous interactions with the service and what we know about the outcomes for people experiencing care.

We changed the way we carried out our scrutiny functions and this included a stronger focus on outcomes for people. We changed how we make requirements, only making a requirement if there was evidence of poor outcomes for people using the service or the potential for poor outcomes which would affect people's health, safety or welfare. To assist inspectors to focus on outcomes for people and with professional judgements we introduced a tool called the Proportionate Outcome Evaluation Tool (POET). The tool assesses risks associated with outcomes experienced by people using the service and a service's capacity for improvement. The POET tool assists inspectors to consider risk and choose the most proportionate response. (See figure 1.)

Our new inspection reports are structured for people choosing care. They are easier to read and focus on the experiences of people using care. The change in methodology was influenced by public consultation, which indicated that the Care Inspectorate's inspection reports were too long and not user-friendly. Respondents said the information they were looking for to make a decision about using a care service was often hard to find.

We also wanted to target our efforts where we could have the most impact, so inspectors had more time in care services talking to people and staff. We wanted care services to take ownership for improvement, rather than just complying with requirements and regulations, with practical advice and help from our staff. Our new approach helped us respond to the change from the National Care Standards to the Health and Social Care Standards.

Figure 1: Proportionate Outcome Evaluation Tool (POET):

3. Introduction

Our Triennial Review, 2014 highlighted that for vulnerable adults and older people wishing to remain living in their own homes for longer, the proportion of care at home services that achieved good or better for quality theme care and support was 89.4% at 31 March 2014. There had been a general trend in the reduction of new registration of care homes for adults, indicating a shift away from traditional support, towards support in the community. In this review we noted an increase in the number of combined care at home registered services from 826, at 31 March 2014, to 971, at 31 March 2017.

This review found self-directed support increasingly offered people the prospect of more personalised approaches to providing them with the support they needed. There were clear indications that levels of provision and opportunity in relation to self-directed support varied between local authority areas.

The development of community-based services for adults has taken place within the context of delivering increasingly personalised services alongside a challenging financial climate. Highly motivated and committed staff working in well-managed and well-led services continued to make a positive difference to the lives of many adults and older people, enabling them to live successfully and safely at home. As funding becomes increasingly tight, the challenge to providers and commissioners to achieve the balance between quality of care provided and cost remains.

Despite the challenges, this review identifies progress in Scotland in a number of important respects. Scottish social care has become increasingly outcome-focused, in the way it is being planned, provided and inspected. People experiencing care and carers are increasingly listened to and involved in service planning and delivery.

In older people's services, we recognise the range of innovative responses to shift the balance of care enabling people to be cared for in their own home for longer, reflecting individual preferences and the potential to achieve better outcomes.

In the course of our inspections, we consistently come across managers, staff, carers and volunteers who are mostly highly motivated and committed to providing services that make a positive and lasting difference to people who use services. We found that improvements in staff support, learning and development opportunities added to the contribution all those involved in social care are able to provide.

In this review we:

- evaluate how the recommendations and key findings from the previous review have been taken forward
- examine findings from our inspection, registration, complaints and enforcement work with registered care at home and other support services for adults and older people between April 2014 and March 2017 [1]
- celebrate achievements in supporting improvement, and shine a light on the success of services that have worked creatively to provide quality experiences within a context of continuous change
- consider what more can be done to increase choices and create better experiences and outcomes for people experiencing care.

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[1] Most data in this report is from information held on the Care Inspectorate data store as a result of our regulatory activities over the period April 2014 to March 2017. Data drawn from other sources is referenced.

4. Terms we use in this report [2]

Term	Definition
Care at home service	A care service provided to the individual in their own home.
Housing support service	A service which provides support, assistance, advice or counselling to a person who has particular needs, with a view to enabling that person to occupy residential accommodation as a sole or main residence.
Support service	A service under the heading of day care and can be offered within a care home, centre or to those provided directly in the community and not based in a centre. Support services can help people who need support with very complicated need to people who need time-limited support at various times.
Combined service	A service which is combined with another type of service, usually a care at home service and a housing support service.
Stand-alone service	A service (in this case a care at home service) which is not combined with a housing support service.
Inspection volunteer	An individual with previous experience of care who voluntarily supports inspectors during inspection. Previously, we used the term "lay assessor".
National Care Standards and Health and Social Care Standards (from June 2017)	A set of standards, created by Scottish Ministers, which help individuals understand what to expect from a wide range of care services.
Personal care	Care related to the day-to-day physical tasks and needs of the person being cared for (for example, washing and eating).
Personal support	Counselling, or other help, provided as part of a planned programme of care.
Telecare and Telehealth	The provision of care and health services at a distance using analogue, digital and mobile technologies.

[2] Care Inspectorate website and information from previous review reports.

5. Key findings

We identified the following key findings from our scrutiny activity during 2014-2017 in relation to care at home and other support services for adults and older people, based on the evidence within this report:

1. Care at home services have a fundamentally important strategic and practical role to play in creating a person-centred, rights-based pathway of care and support fit for Scotland's citizens in the 21st century. Not only do these services deliver care and support to people in their own homes, but they also enable individuals to retain their independence and community connectedness, prevent unnecessary admission to hospital or long-term care and improve outcomes for adults and older people with care needs.

2. There were 59,640 people in Scotland receiving home care services in March 2017, a slight decrease compared to the previous year. These people received 696,600 hours of home care.[3]

3. Support services (other than care at home) have reduced from 506 to 406 over the period of this review while stand-alone care at home services have increased from 272 to 326. The greatest reduction in support service (other than care at home) was in services provided by local authorities across Scotland.

4. Self-directed support (SDS) presents opportunities to develop more flexible, person-led and innovative approaches to care delivery which would be positive for organisations and their workforce. The number of people purchasing services through SDS has increased by 57% to 83,770 during 2016-17.[4]

5. Many people receiving care at home services also use telecare or telehealth, either as stand-alone support or combined with care at home services. Telecare began as an electronic system of controls and monitors which a person could have installed in their own home or carry with them, such as a community alarm. Technology has become much more sophisticated and we are now seeing very innovative and creative methods of telecare being used to support more independent living arrangements. In 2016-17, 128,750 people received telecare services, an increase of 2% compared with 2015-16.[5]

6. As of 31 December 2016, over half (57%) of care at home services reported staffing vacancies; their vacancy rates were significantly above the national average. In addition, the proportion (64%) of care at home services reporting vacancies were hard to fill was also significantly above the national average.[6]

7. We continued to improve our Inspection Volunteer schemes. In 2016-17, 549 inspections, including care at home and other support services, involved an inspection volunteer and they spoke to about 5,000 people to gather their views. We involved inspection volunteers with learning disabilities, who are diagnosed with dementia or have lived experience of addiction and homelessness issues.

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[3] A National Statistics publication for Scotland: "Social Care Services, Scotland, 2017"
[4] A National Statistics publication for Scotland: "Social Care Services, Scotland, 2017"
[5] A National Statistics publication for Scotland: "Social Care Services, Scotland, 2017"
[6] Staff Vacancies in Care Report 2016

8. Within learning disability services there was increased awareness about The Keys to Life strategy and the key lessons from the report on the review into Winterbourne View. Feedback from inspectors was that Keys to Life has been embedded in many learning disability services and elements can transfer to other care settings. It has supported a culture change in a number of services inspected between 2014-17 leading to greater advocacy on the part of staff to support people's rights, such as for better or quicker medical attention. It has also led to the views of people with learning disabilities being listened to more in services.

9. Cultural and strategic changes in our approach to scrutiny and improvement were rated highly among inspectors. Inspectors commented on the positive aspects such as improved relationships with providers, increasing focus on outcomes for people and the impact this had on care.

10. Evaluation shows that the "Care…about Physical Activity" improvement programme has challenged thinking about personal outcomes. Services are creating opportunities for people to move more and have access to the wider community. Some care at home and support services have embraced the programme and we provide examples in the report.

6. Findings of review by service type

Over the review period we carried out intelligence-led and risk-based scrutiny and assurance activities within over 2,500 care at home and other support services for adults and older people.

Services that help people to live independently in the community and their own homes provide varying degrees of advice, guidance, support and personal care depending on the level of need. Broadly speaking, these services provide personal care and domestic support (care at home); advice and support to help people maintain their tenancy (housing support); and day service support through a day centre or more personalised support arrangements. These services provide support to adults with a broad range of needs.

Housing support only	Combined housing support and care at home services	Care at home and day care services
• Visiting advice service to people in council tenancies to prevent eviction • Visiting support to adults with mental health needs • Short-term homeless accommodation with support • Refuges for women at risk of domestic violence • Long-term hostel type accommodation with support to ex-servicemen • Visiting support to young adults with complex social needs living in single / shared tenancies • Sheltered housing for older people	• Supported accommodation for people with learning disabilities which has 24/7 staff support • Supported accommodation for people with mental health problems with planned and on-call support • High dependency sheltered housing for older people with care staff also available • Personal and domestic support to people of all ages in their own homes	• Personal and domestic support to people of all ages living in their homes • Day service in a day centre or personalised arrangements

By listening to what matters most to people, we have been promoting a strong improvement culture across the social care sector in Scotland. One of the ways we have been listening to people even more is through increased involvement of inspection volunteers.

Inspection volunteers use their personal experience to talk to people using services and relatives and make observations which are shared with the service and inspector. Feedback from inspection volunteers has been well received by service providers. Our ability to involve inspection volunteers is dependent on availability of volunteers. Requests for their involvement cannot always be met and so more volunteers are regularly recruited.

Table 1: Involvement of inspection volunteers during review period in all care services

	2014/15	2015/16	2016/17
Total inspections with involvement of an inspection volunteer	593	561	549
Total number of people inspection volunteers spoke with (people experiencing care/carers)	5706	4862	5014
Time taken (average hours per inspection)	4276 (average of 7.2 hrs. on inspections)	3543 (average of 6.2 hrs. on inspections)	3002 (average on 5.4 hrs. on inspections)
Number of active inspection volunteers	68	69	69

Scrutiny and improvement

The Care Inspectorate has a specific duty to support improvement: Section 44(1) b of the Public Service Reform (Scotland) Act 2010 places upon us, "the general duty of furthering improvement in the quality of social services".

The Care Inspectorate Improvement Strategy (2017) supports the cultural and strategic changes to our approach to scrutiny and improvement, with an increasing focus on outcomes for people and the impact of care. We have shifted our focus from compliance (what services are doing to meet various standards, procedures and targets) to an overall approach that supports services to improve. The two particular levers for this change are:

- the need to evaluate the quality of people's experiences and outcomes
- the new set of health and social care standards that are based on human rights and wellbeing and are focused on outcomes.

Inspectors have cited the shift towards supporting improvement as one of their main achievements within the inspection process. Evidence of the impact is demonstrated throughout the findings of the review.

One inspector told us:
'The shift in focus during inspection to what the person experiences from the service has been a huge achievement'.

This was supported by many other comments, including:
'The general movement to a more outcome focused approach to inspection and regulation has helped to drive up standards in care services for adults'.

'[The main achievement for me is] being able to help services improve through inspection rather than just working in a regulatory manner'.

Inspectors supported the move to focus on outcomes and the personal experiences of people and to supporting improvement by working collaboratively and supporting improvement through signposting and use of professional knowledge.

Observation of people's experiences

We directly observe the experiences and outcomes for people who use support services. This is done through a range of approaches, including shadowing staff and visiting people at home. Care Inspectorate staff require permission from people to visit them in their own home and do not have automatic right of entry to people's homes. This can impact on the ability of inspectors to observe people's experiences.

Care at home and housing support services

> "I am enabled to live in my own home if I want this and it is possible."
>
> **Health and Social Care Standards: Standard 1.21**

Care at home services are delivered to people in their own homes. These services were traditional domiciliary care provided by a home help to people in their own homes, but now there are wide and diverse arrangements to meet people's care and support needs provided by private companies, the voluntary sector, and local authorities.

Our 'Caring for people at home' report (2013)[7] identified 10 key points for people involved in care at home services.

1. Get to know the person as an individual and understand how they like to live their life in order to provide the right care to meet their needs.
2. Deliver services to people using a human rights-based approach to care, supporting privacy, dignity and the right to confidentiality.
3. Give people the opportunity to be involved in their care; listen to their views and act upon them.
4. Establish a truly personalised care and support plan for each person, with trained staff undertaking an outcomes-focused assessment of need and risk.
5. Make sure that people have easy access to information about their service, before the service starts.
6. Have safe systems in place for the effective management of medicines, including appropriate staff training.
7. Ensure people are cared for by staff who have the skills, knowledge and training to provide high-quality, safe, and compassionate care.
8. Have clear service agreements, which establish a 'contract' between the individual using the service and the service itself, in place before the service starts and monitor and adapt them as needs change over time.
9. Ensure every person using a care at home service has a personalised care and support plan which details how health and wellbeing needs will be monitored and met in a way that meets the needs of the individual.
10. Make sure managers have robust systems for quality assurance in place to deliver the highest standard of care possible, within an inclusive and values-based culture.

[7] Caring for people at home: How care at home services operate in Scotland and how well they performed between 2010 and 2013 (Care Inspectorate, 2013).

At 31 March 2017 there were around 13,500 care services registered with the Care Inspectorate, of which some 971 were registered to provide care at home. Any organisation or person providing personal care and personal support to people in their own homes must register with us as a 'support service – care at home'. Personal care means care related to the day-to-day physical tasks and needs of the person being cared for, like washing and eating. Personal support means counselling, or other help, provided as part of a planned programme of care.

In addition to general domiciliary services, there are specialist care at home services provided to specific people. These include adults with learning disabilities living in their own single or shared tenancies, adults with mental health needs or physical disabilities and children and young people with additional support needs. The support arrangements for people with specialist needs are contracted, funded and managed very differently from general domiciliary care services.

Often, care at home is provided alongside housing support to the same group of people by the same group of staff. We call these 'combined services' and they include a wide range of support arrangements, provided to a diverse group of people. As at 31 December 2017, 66% of care at home services were combined with a housing support service. While only 34% were stand-alone services.

Spotlight on success – Digital participation at Trust Housing[8]

Some tenants of Trust Housing Association have been learning how to use digital technology to help them keep in touch with the world.

We heard of tenants who have benefited from accessing the internet, increasing their confidence in using technology, and combating isolation and loneliness by using new ways to communicate with family and friends.

One tenant said being lonely can be difficult, but learning new things is a great way to fight it.

"I first thought it was a waste of time and I would not be able to concentrate. Then I read somewhere that technology can save you from getting dementia. I am learning how to do emails. I am determined to learn more."

Trust has introduced Wi-Fi services in more than half a dozen developments so far and will roll it out by installing Wi-Fi across 70 developments over the next four years, across all tenants' flats and shared areas. The roll-out is being supported by training and by tenants who have volunteered as 'digital champions'. A 'kiosk' terminal, which is a tablet the size of a TV or computer screen, is used in lounges to help people learn new digital skills together.

The types of service we register as combined services include:

- supported accommodation for people with learning disabilities with 24/7 staff support (previously registered as care homes)
- supported accommodation for people with mental health needs with planned and on-call support
- high dependency sheltered housing for older people with care staff also available.

[8] Care News, Spring 2017

The keys to life

Scotland's learning disability strategy 'The Keys to Life' is designed to empower people with learning disabilities and ensure the right support is in place for them. We carried out an inspection focus area 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 of a healthy lifestyle, choice and control, independence and active citizenship.

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.

In phase one, 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 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 two, the original 186 care homes were expanded 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 three, we gathered and analysed all information and data resulting from phases one and two and also collated examples of effective practice from care services and the views of people experiencing care, which provide further evidence to illustrate these findings.

- In many services we found good examples of person-led care and support, where choices were being promoted and rights being protected. In some cases, we identified that the quality of staffing could be improved. Strong communication between staff and the people they were supporting and active knowledge of individual's preferences and choices were fundamental in effective and high quality support.
- Many services demonstrated how they were embedding person-centred approaches which underpinned independence.
- High quality support was often characterised by committed staff who helped people to access leisure and recreational activities and to develop skills and confidence to access local community groups.

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.

Spotlight on success – The Keys to Life

Community Integrated Care is a provider of combined housing support/care at home services for adults with a learning disability.

A young man with autism was unwilling to engage in medical assessments and would not allow health procedures such as dental check-ups or blood tests. After deterioration in his health, the staff team and the manager worked jointly with his guardian, GP and colleagues in the Health and Social Care Partnership to arrange for baseline investigative tests to be completed under general anaesthetic.

A lengthy personalised risk management process with all professionals involved determined what kind of tests would be required and how best to conduct these. The hospital staff team accommodated the team's requests such as use of a quiet side door with direct access from the car, an early morning appointment, ability to have a quiet room with no other patients, lights turned off, minimal noise, etc. The staff team also advocated with the GP for use of medication to relax him before the appointment. Several trial journeys established the shortest route from home and least busy time to travel, working with speech and language therapists to agree the best way to communicate this.

The service worked jointly with the lead consultant to agree a number of professionals would carry out tests at the same time to minimise his anxiety. It was agreed that the staff team would wait in recovery for him to wake up so that the stay was shorter knowing that he would not tolerate any further time in the hospital.

The team were instrumental in using the Keys to Life guidance to ensure that the young man had his health checks carried out. Knowing him well, they persisted in getting the involvement of external professionals who could help improve his quality of life.

Management of medicines

Poor and ambiguous medication recording was an issue identified by the Care Inspectorate during inspections or complaints activity in care at home services. We produced guidance[9] to help care service staff working in care at home services who record medication administration and develop personal plans.

This document gave common sense guidance on medication recording and personal plans. We also hoped that organisations providing training in the safe handling and administration of medicines for care staff would find this guidance useful in developing their training programmes.

Spotlight on success – medication[10]

Work done in a small sheltered housing complex in Aberdeenshire looked at

[9] Guidance about medication personal plans, review, monitoring and record keeping.
[10] Care News, Autumn 2017.

reducing medicine errors. The Care Inspectorate input was around the strategy for handling errors and some advice on looking at the system, referencing good practice. The service not only managed to run with this and reduce errors, they also seemed to change their culture.

The new coordinator of Doocot View Very Sheltered Accommodation realised that there was an issue with medication administration as there was an unacceptably large volume of reported medication errors. A number of the other Very Sheltered Housing (VSH) complexes in Aberdeenshire were also reporting a large number of errors. A team was brought together to review the medication administration policy and advice was sought from David Marshall, the Care Inspectorate's Health Improvement Adviser – Pharmacy.

A number of new practices to improve medication administration were implemented resulting in significant improvements. These have been achieved by a number of audits and staff support initiatives as well as a wall chart, updated weekly, that helps staff to focus on the importance of medicine administration for the people they care for.

The coordinator said, "The focus is on observing practice and offering support. We acknowledge that everyone can make a mistake, but the focus should be about learning from these errors. If there is an error, then the conversation is about what support we need to put in place to help the person become competent in medication administration so they do not make these errors in future. Where a mistake has been identified, there is a process for the person to reflect on how it occurred. Looking at the root causes of incidents can help to focus on what changes can be made to help them avoid the same mistake."

The coordinator added: "There are lots of demands on our staff during their medicine administration rounds, so that is why all our work is focused on support rather than blame.

"We've now developed a culture where our staff come to us to highlight an error so we can all work together to rectify that mistake for the benefit of the wellbeing of our tenants."

The number of registered care at home services has increased overall by 7% from 907 services in March 2015 to 971 services in March 2017, but there is some fluctuation within this time period.

Table 2: Services operating by year

	2014/15 (services operating at 31.03.15)	**2015/16** (services operating at 31.03.16)	**2016/17** (services operating at 31.03.17)
Care at home (combined)	634	633	645
Care at home (stand-alone)	273	315	326

Total care at home	907	948	971

At 31 March 2017 overall, 51.5% of care at home services were operated by the voluntary sector.

The private sector operates 35.8% of all care at home services, but it is the largest sector providing stand-alone services at 50.6%.

Local authorities and NHS boards can commission services to be provided by third party suppliers and they can themselves be direct providers of services.

Local authorities are direct providers of only 12.7% of all care at home services and most of their services are combined with housing support. NHS boards are direct providers of only three services overall. These services are mostly domiciliary in nature.

This pattern has changed little in the three years of this review. Since April 2014 the not-for-profit sector and the private sector have increased very slightly, with a similar reduction in local authority provision. Overall, numbers in all other sectors have stayed similar.

Table 3: Proportion of care at home services by sector

	Care at home (combined services)			Care at home (stand-alone services)			Total care at home services		
	2014/15	2015/16	2016/17	2014/15	2015/16	2016/17	2014/15	2015/16	2016/17
Private	28.4%	28.0%	28.4%	50.2%	50.5%	50.6%	35.0%	35.4%	35.8%
Local Authority and Health Board Combined	15.9%	16.4%	14.9%	8.1%	7.3%	8.3%	13.6%	13.4%	12.7%
Voluntary or not for profit	55.7%	55.6%	56.7%	41.8%	42.2%	41.1%	51.4%	51.2%	51.5%

We carried out 2623 inspections of care at home services between March 2014 and March 2017.

Table 4: Number of inspections completed each year

	2014/15	2015/16	2016/17
Care at home (combined)	618	618	625
Care at home (stand-alone)	203	265	294
All care at home services	**821**	**883**	**919**

Care at home services are inspected against three broad quality themes, and each one is graded on:

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

This section sets out a summary of the grades given to all care at home services over the last three years.

Between 2014 and 2017, there was an increase in services achieving good or better grades in all themes. A higher percentage of combined services meet these grades than stand-alone services.

Table 5: Percentage of service graded 'good' (4) or better in all themes

	2014/15	2015/16	2016/17
Care at home (combined)	83%	85%	85%
Care at home (stand-alone)	76%	79%	79%
All care at home services	**81%**	**83%**	**83%**

"I can be independent and have more control of my own health and wellbeing by using technology and other specialist equipment."

Health and Social Care Standards: Standard 1.22

Many people receiving care at home services also use telecare or telehealth, either as stand-alone support or combined with care at home services. Telecare began as an electronic system of controls and monitors which a person could have installed in their own home or carry with them, such as a community alarm. Technology has become much more sophisticated and we are now seeing very innovative and creative methods of telecare being used to support more independent living arrangements. Over 128,750[11] people had a community alarm or another telecare service in March 2017. Over 55% of care at home clients had a community alarm or another telecare service.[12]

Spotlight on success – EDC and e-frail project

During an inspection we found that some people using the service were involved in an e-frail research project with the service and Edinburgh Napier University.

The project used a series of tests and figures, collated by wristbands and heart rate monitors worn by those involved, to establish patterns of behaviour and possible triggers for falls. The people involved in the project were extremely positive about its benefits.

These included being more knowledgeable and aware about their activity, fitness and heart rate, and more informed about their general wellbeing.

People told us:

"The service surpassed our expectations" and "Excellent service – the team has been fantastic".

[11] A National Statistics publication for Scotland: "Social Care Services, Scotland, 2017"
[12] A National Statistics publication for Scotland: "Social Care Services, Scotland, 2017".

Telecare arrangements are varied. Some operate alone, some are integrated within an existing care at home service and some only operate a call centre where the alarm response is provided by another care agency or the person's family or friends. There are different registration requirements depending on how the service is provided.

Spotlight on success – SOL Connect

SOL Connect are technology enabled care specialists based in Central Scotland. They offer advanced remote support through the very latest in technology, nationwide.

SOL worked with a man who was detained in hospital and who came with a number of labels and 'challenges' including complex autism, extreme episodes of anxiety and distress, was a risk to others and needed 4:1 support.

SOL worked in partnership with his family, social work and health colleagues to explore what it would take to support him to achieve his dream of living independently, how best to support him around his anxieties and how to manage the risk that he posed to others when he was in a distressed state.

SOL decided to look at how they could use technology to make his dream a reality. Once a new home had been identified for him, they worked with his family and social work and introduced them to SOL Connects 'HUB' that allowed him to make immediate face-to-face contact with a remote support team if he was anxious.

Once everyone involved was confident he could use the technology he was asked if he would like to stay on his own overnight and he jumped at the chance. He has not needed a sleepover since. He is so proud of his achievements and tells everyone he meets that he's an 'independent man'. Now he only has a few hours of support each day to go outside and is a well-known and loved member of his local community.

Support services

"I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors."

Health and Social Care Standards: Standard 1.25

Support services offered within a care home, centre or directly in the community can help people who need support, or simply company and friendship. These services can help people with very complicated need, to people who need time-limited support at various times.

Table 6: Number of services by service type and sector

2014 / 15		Service provider sector				
Care service	**Sub-type**	**Health board**	**Local authority**	**Private**	**Voluntary or not for profit**	**Total number of services**
Adult placement service		0	27	0	12	**39**
Support service	Combined care at home	2	99	180	353	**634**
	Stand-alone care at home	2	20	137	114	**273**
	Other than care at home	21	248	57	180	**506**

2015 / 16		Service provider sector				
Care service	**Sub-type**	**Health board**	**Local authority**	**Private**	**Voluntary or not for profit**	**Total number of services**
Adult Placement Service		0	27	0	12	**39**
Support service	Combined care at home	2	102	177	352	**633**
	Stand-alone care at home	3	20	159	133	**315**
	Other than care at home	20	232	70	182	**504**

2016 / 17		Service provider sector				
Care service	**Sub-type**	**Health board**	**Local authority**	**Private**	**Voluntary or not for profit**	**Total number of services**
Adult Placement Service		0	28	0	12	**40**
Support service	Combined care at home	2	94	183	366	**645**
	Stand-alone care at home	4	23	165	134	**326**
	Other than care at home	20	222	64	180	**486**

Spotlight on success – Care…about Physical Activity (CAPA)

Glenwood Day Centre, Glasgow

In 2016 the Care Inspectorate was commissioned by the Scottish Government, funded through the Active Scotland division, to design and lead the Care…About Physical Activity (CAPA) improvement programme. The programme was delivered to eight partnership areas in Scotland with involvement of care services including care homes for older people, care at home services, re-ablement services, day services, very sheltered housing and housing support.

Glenwood Day Centre staff support each individual to have more positive outcomes by each setting their own goals.

For one man who used a wheelchair all day, staff worked with him over a period of time to meet the challenge of walking from the bus, hanging up his own coat in the cloakroom, walking with a rollator the 76 steps from the cloakroom to the dining room (with footprints along the wall at eye level to encourage and motivate him) and to meet the others for breakfast.

Being able to meet this goal boosted his confidence and gave him a great sense of achievement.

Table 7: Number of new services registered

Care service	Sub-type	2016/17	2015/16	2014/15
Adult placement service		**2**	**0**	**0**
Support service	Combined care at home	**44**	**37**	**50**
	Stand-alone care at home	**46**	**47**	**65**
	Other than care at home	**17**	**27**	**12**

Support services are inspected against three broad quality themes, and each one is graded on:

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

We completed more inspections in 2016-17 in support services and adult placement services than either of the two previous years.

Table 8: Number of inspections completed

Care service	2016/17	2015/16	2014/15
Adult placement service	38	28	38
Care at home (combined)	625	618	618
Care at home (stand-alone)	294	265	203
All care at home services	**919**	**883**	**821**
Support service – other than care at home	213	201	194

This section sets out a summary of the grades given to all care at home services over the last three years.

Between 2014 and 2017, there was an increase in services achieving good or better grades in all themes. In each type of service there has been an improvement in grading comparing 2016-17 to 2014-15.

Table 9: Percentage of services graded 'good' (4) or better in all themes

		Services graded at 31/03/17		Services graded at 31/03/16		Services graded at 31/03/2015	
Care service	**Sub-type**	**Any themes graded 'adequate' or lower**	**All themes graded 'good' or better**	**Any themes graded 'adequate' or lower**	**All themes graded 'good' or better**	**Any themes graded 'adequate' or lower**	**All themes graded 'good' or better**
Adult placement Service		7.9%	92.1%	10.3%	89.7%	21.1%	78.9%
Support service	Combined care at home	14.8%	85.2%	15.4%	84.6%	17.0%	83.%
	Stand-alone care at home	21.4%	78.6%	21.0%	79.0%	23.9%	76.1%
	Other than care at home	7.0%	93.0%	8.7%	91.3%	9.2%	90.8%

Spotlight on success – Newton Stewart Activity and Resource Centre

During an inspection we found that the Cree Studio within the service had gone from strength to strength. It started out in 2010 from Postcode Lottery funding and had since received a special commendation at the Care Accolades 2013 - Working Better, Working Together category for its work with service users and the production of a short film called 'The Talents Within' which was awarded social media category winner in the Association of Social Care Communicators Awards in December 2012.

The studio is now joint funded by the council and Turning Point Scotland and we saw that this was greatly used by the members who spoke very enthusiastically of the studio. The studio facilitated members of all levels of ability to record music from its substantial range of guitars, drums, percussion and keyboards. The studio had extended its provision for film making as it now had a green backdrop screen which enabled the members to develop any background scene to their film. The members had also created props e.g. a volcano and other models, which were used in the films.

We watched some of the completed DVDs and found them to be very professional and the members told us about the amount of work they had put into them and the great sense of achievement they felt. The two staff that mainly facilitated the studio were dedicated to continually evolving what the studio could offer to the members, regardless of the member's degree of ability.

We saw some fascinating and innovative examples of this which resulted in members achieving outcomes that without the studio they would not have been able to.

Adult placement services recruit people living in the community and approve them as adult placement carers. The vulnerable adult stays with another person or family who provides a unique setting for individual support and development.

They lead their life in the adult placement carer's home as part of their household.

Spotlight on success – adult placement service

The Joint Dementia Initiative

The Joint Dementia Initiative (JDI) provides services for people living with dementia. The service is provided by Falkirk Council for people living in the Falkirk and Stirling Council areas.

JDI provides two types of services, both of which are based within the home of carers, who are known as providers. The first is "Time to Share" which provides people experiencing care with "a holiday with a difference" in the home of the provider for a few days or more. The service aims to provide an experience like a holiday in a friend's home.

The second service provided by JDI is the Home from Home service which provides day services for small groups of people in the home of a provider. The services are

described as "a day out to a friend's house". People can use the service for one or more days per week. Transport to and from people's homes is also available.

People told us:

"I don't know what I would do without this service. The team are very caring and patient. I can't thank them enough for what they do."

Our inspection findings

We carried out 3,335 inspections of care at home and other support services for adults and older people between April 2014 and March 2017. The majority of these services performed well and were graded as good or better across the quality themes (see Table 9 above). Quality of care and support and quality of staffing were the most positive themes, while quality of management and leadership had the least positive set of grades. 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. Below are areas where we highlighted that improvement was needed.

Quality of care and support

We required services to have:
- better systems in place for the management of medication
- care plans that were focused on outcomes for people
- regular reviews of people's care plans.

We recommended that services:
- improve communication with people
- include people in planning their care
- have clearer processes of risk assessment and management.

Quality of staffing

We required services to:
- have effective support structures for staff
- ensure that the deployment of the staff team meets the needs of people
- ensure that staff training and numbers enable effective support for people.

We recommended that services:
- involve people experiencing care in recruiting the staff team
- support staff through training and supervision.

Quality of management and leadership

We required services to:
- develop programmes of quality assurance
- have systems to effectively monitor and record issues to reduce risk.

We recommended that services:
- better involve people experiencing care in quality processes
- improve their processes of reporting and recording incidents

- take account of the views of all stakeholders in their quality processes.

During the period of this review we changed the way we made requirements, only making a requirement if there was evidence of poor outcomes for people using the service or the potential for poor outcomes which would affect people's health, safety or welfare. We want care services to take ownership for improvement, rather than just complying with requirements and regulations, with practical advice and help from our staff. Our new approach will help us to respond to the change from the National Care Standards to the Health and Social Care Standards.

Where the quality of care is not good enough

We have seen the number of complaints investigated each year decline, as we aim to resolve more concerns through informal methods such as provider resolution and frontline resolution. The number of complaints investigated in 2014/15 was 373 compared with 345 in 2016/17. In 2016/17, 70% of complaints investigated in all care at home and support services for adults and older people were upheld. We have seen an increase in complaints to the Care Inspectorate from health professionals which may indicate greater awareness of our complaints process and the standards of care people should expect. This is important with the introduction of the new Health and Social Care Standards to promote better outcomes for everyone.

Just over half (51.6%) of the complaints investigated from 2014/15 to 2016/17 about combined care at home services were about private sector services. In contrast, four fifths (80.2%) of complaints about stand-alone care at home services were about privately run services in the same time period.

Over half of all complaints about care at home services (combined and stand-alone services) investigated between 2014/15 and 2016/17 were received from friends, relatives or visitors of a person using the service. Employees or ex-employees of the care service were the second most common complainant group, with people experiencing care the third most likely to make a complaint.

Complaints investigated in each of the three years were generally health and welfare concerns and communication between staff and people experiencing care, their relatives and/or carers. This was common in both stand alone and combined services. Concerns regarding other communication issues, the service's complaints procedure, personal plans and medication issues were typically among the most issues frequently investigated and upheld over the three-year period. A summary of the top five most common reasons for complaint in cases that were upheld is presented in the tables below.

Table 10: Number of complaints investigated

	Year investigation completed		
Care service	**2014/15**	**2015/16**	**2016/17**
Care at home (combined)	241	214	213
Care at home (stand-alone)	115	122	119
All care at home services	**356**	**336**	**332**
Support services	17	10	13

Table 11: Number and proportion of complaints upheld[13]

	Year investigation completed		
Care service	**2014/15**	**2015/16**	**2016/17**
Care at home (combined)	156 (65%)	148 (69%)	151 (71%)
Care at home (stand-alone)	77 (67%)	95 (78%)	89 (75%)
All care at home services	**233 (65%)**	**243 (72%)**	**240 (72%)**
Support services	11 (65%)	5 (50%)	3 (23%)

Table 12 and 13: Most commonly upheld reasons for complaint 2014/15, 2015/16 and 2016/17

Stand-alone care at home services

	Year investigation competed		
Rank	**2014/15**	**2015/16**	**2016/17**
1	General health and welfare	General health and welfare	General health and welfare
2	Communication between staff and people experiencing care/relatives/carers	Communication between staff and people experiencing care/relatives/carers	Communication between staff and people experiencing care/relatives/carers
3	Service's own complaints procedure	Communication - other issues	Communication - other issues
4	Personal plans/ agreements	Medication issues	Personal plans/ agreements
5	Communication - other issues	Service's own complaints procedure	Staff - other issues

Housing support and care at home combined services

	Year investigation competed		
Rank	**2014/15**	**2015/16**	**2016/17**
1	General health and welfare	General health and welfare	General health and welfare
2	Communication between staff and people experiencing care/relatives/carers	Communication between staff and people experiencing care/relatives/carers	Communication between staff and people experiencing care/relatives/carers
3	Staff - other issues	Medication issues	Medication issues
4	Service's own complaints procedure	Service's own complaints procedure	Service's own complaints procedure
5	Personal plans/ agreements	Staff - other issues	Personal plans/ agreements

[13] Complaints about care services in Scotland, 2014/15 to 2017/18

Our focus in all areas of our work, including complaints, is on improving quality of care and outcomes for people experiencing care. We do this both in the course of any complaint investigation as well as using the intelligence from investigations to help us better target problem areas.

We will work with partners to raise awareness of our complaints policy so that we can listen more to the experiences and wishes of adults and older people using services.

The Care Inspectorate has completed a statistical report examining the trends in complaints received and investigated during the period of this review. The report "Complaints about care services in Scotland, 2014/15 to 2017/18" is available from the Care Inspectorate's website.

7. Policy information

In the years 2014 to 2017 there have been some important policy changes. These are designed to make life better for people using care at home and other support services and will guide us in our future scrutiny and improvement work with services.

Scottish Government's 2020 Vision

The Scottish Government's 2020 Vision is that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting and, that we will have a healthcare system where:

- we have integrated health and social care
- there is a focus on prevention, anticipation and supported self-management
- hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm
- whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions
- there will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission.

The Public Bodies (Joint Working) (Scotland) Act 2014

The Act provides the legislative framework for the integration of health and social care services in Scotland. It is designed to:

- improve the quality and consistency of services for patients, carers, people experiencing care and their families
- provide seamless, joined up quality health and social care services in order to care for people in their homes or a homely setting where it is safe to do so
- ensure resources are used effectively and efficiently to deliver services that meet the increasing number of people with longer term and often complex needs, many of whom are older.

The legislation came into effect in April 2016 and also establishes the role of the Care Inspectorate and Healthcare Improvement Scotland in working together to

evaluate the effectiveness, and support improvement, of Health and Social Care Partnerships within the new integrated landscape.

Age, Home and Community: A Strategy for Housing for Scotland's Older People: 2012 – 2021

Outlines a 10-year vision and programme of action for housing for older people. The strategy emphasises the role of housing and housing-related support in 'shifting the balance of care' towards independent living in the community and reducing the use of institutional care settings.

Dementia

Scotland's third National Dementia Strategy, covering the years 2017 to 2020 identified these key outcomes.

- More people get earlier access to good quality, person-centred post diagnostic support in a way that meets their needs and circumstances.
- More people with dementia are enabled to live well and safely at home or in a homely setting for as long as they and their family wish.
- People with dementia's right to good quality, dignified, safe and therapeutic treatment, care and support is recognised and facilitated equally in all care settings.
- There are more dementia-friendly and dementia-enabled communities, organisations, institutions and initiatives.

Free personal care

Free personal care is available for everyone aged 65 and over in Scotland who have been assessed by the local authority as needing it. Free nursing care is also available for people of any age who have been assessed as requiring nursing services. This care can be provided to people at home or those living in care home. People receiving free personal care at home are eligible for attendance allowance.

Health and Social Care Standards

The Scottish Government published the new Health and Social Care Standards in June 2017. The new Health and Social Care Standards started to be used from April 2018. The Health and Social Care Standards set out what we should expect when using health, social care or social work services in Scotland. They seek to provide better outcomes for everyone and to ensure that individuals are treated with respect and dignity and that the basic human rights we are all entitled to are upheld.

The Standards are underpinned by five principles:

- Dignity and Respect
- Compassion

- Be Included
- Responsive Care and Support
- Wellbeing.

The Standards are based on five headline outcomes:
- I experience high quality care and support that is right for me
- I am fully involved in all decisions about my care and support
- I have confidence in the people who support and care for me
- I have confidence in the organisation providing my care and support
- I experience a high-quality environment if the organisation provides the premises.

The Keys to Life

The Keys to Life, published in 2013, is Scotland's 10-year strategy for supporting people with 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 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 service's 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.

We were already undertaking scrutiny and improvement work in care services for adults with a learning disability using a different regulatory framework before The Keys to Life and before abuse was uncovered at Winterbourne View. However, we felt that both policy drivers merited our focused scrutiny activity, to provide assurance about the quality of care and provision. Between 2014 and 2016, we undertook a programme of dedicated scrutiny activities which were designed to identify effective practice, provide further public information and assurance, and support improvement.

The phased approach to developing more focused scrutiny in care services which support adults with a learning disability between April 2014 and March 2016 is outlined in the report: "The Keys to Life: Report of the Care Inspectorate's Inspection Focus Area 2014-2016".

Self-directed support

Self-directed support (SDS) is designed to ensure people are given a range of options for how their social care is delivered, empowering people to decide how much ongoing control and responsibility they want over their own support arrangements, beyond just direct payments.

The National Strategy for Self-directed Support was published in 2010 and sets out a 10-year vision which aims to give people more choice and control over their health and social care support.

The Social Care (Self-directed Support) (Scotland) Act 2013 came into force on 1 April 2014 and underpins the National Strategy. The formalised drive towards SDS aims to make it easier for people to purchase services in their own homes, allowing them to spend their individual budget as creatively as they like, providing it helps to meet their agreed needs.

The Act requires local authorities in Scotland to offer people four choices on how they can get their social care. The choices are:

- option 1: direct payment
- option 2: the person directs the available support
- option 3: the local authority arranges the support
- option 4: a mix of the above.

In December 2016, the Scottish Government launched the National Implementation Plan 2016-18 for SDS. The plan outlined actions and responsibilities for the Care Inspectorate to facilitate change and improvement, which included:

- The Care Inspectorate and Health Improvement Scotland will scrutinise strategic commissioning as part of their joint inspection programme.
- The Care Inspectorate and others will support social care and primary health care leaders to develop more integrated services and commissioning arrangements, which support the implementation of SDS across the health and social care system.
- The Care Inspectorate will highlight successful practice, and areas for improvement, in the implementation of SDS across social work, social care and commissioning practice.

Telehealth and Telecare

In 2012 NHS Scotland, COSLA and the Scottish Government published a National Telehealth and Telecare Delivery Plan for Scotland to 2015, setting out the contribution of telecare and telehealth will make to implement key health, care and housing strategies up to 2015.

The Digital Health and Social Care Strategy 2017-2020 was published in April 2018 and sets out how the Scottish Government will work collaboratively to maximise the potential of technology to reshape and improve services, support person-centred care and improve outcomes.

The Strategy includes a number of overarching commitments which the Scottish Government says will allow it to:

- Support greater independent living and healthy ageing by delivering a step-

change in how technology is used as a cost-effective support, including maximising the service redesign opportunities presented by the shift from analogue to digital telecare services, and embracing smart sensor technology and consumer devices.

- Spread the use of video consultations direct from people's homes and mobile devices to allow greater and more convenient access to both routine care and specialist support from anywhere in the country and support resilient services.

Workforce

Staffing and recruitment can be a challenge for care at home services and their sustainability. Our recent publication 'Staff vacancies in care services 2016' provides a national overview of vacancy levels and recruitment difficulties reported by care services in their Care Inspectorate annual returns. Care homes for older people (59% of services), housing support services (57% of services), care at home services (57% of services), and care homes for adults (51% of services) were the main service types with the largest proportion of services reporting vacancies.

However, the challenge in recruiting sufficient staff to provide care at home services to people leaving hospital has had an impact on the length of time of their stay.

Part two of the Scottish Government's National Health and Social Care Workforce Plan on social care suggests it is not possible to determine the reasons for change in workforce numbers in care homes and care at home / housing support with certainty, in part as they may be affected by changes in work patterns. However, it could be interpreted that the trends are consistent with changes in health and social care priorities, with an increased emphasis on providing care in settings appropriate to individual needs, in particular increasing care provision at home or in a homely setting.

In November 2016, the SSSC, in conjunction with the Care Inspectorate, released 'Safe Recruitment through Better Recruitment'. The resource:

"is good practice guidance intended to help employers, especially those in social care, early education and childcare and social work to meet existing legislative and regulatory requirements in relation to the safer recruitment and selection of people who work with individuals who receive support and care from social services in Scotland. This guidance replaces the Scottish Government's national guidance Safer Recruitment Through Better Recruitment (2007)".

Scottish Strategy for Autism

The Scottish Government's 10-year Strategy for Autism, developed in 2011 in partnership with COSLA and autism bodies, aimed at meeting the vision that "individuals on the autism spectrum are respected, accepted and valued by their communities and have confidence in services to treat them fairly so that they are able to have meaningful and satisfying lives".

The strategy makes 26 recommendations to meet this vision. Some of the recommendations are about reviewing and consolidating existing practice whilst

others are about improving practice in the light of new learning. Some recommendations are directed at ensuring that there is greater clarity about the cost of services in meeting need and the benefits of strategic budget management, whilst others are focussed on cutting waiting lists for diagnosis and improving the diagnostic process itself. Some are about ensuring that the interests of those on the spectrum are appropriately represented in other areas of policy development and delivery, such as learning disability and self-directed support. Yet others concern themselves with training, research and scrutiny – all of which are needed to support change.

To make sure all the recommendations are addressed by the time the autism strategy concludes, the goals of the strategy are divided into three parts – Foundations (by two years), Whole-life journey (by five years) and Holistic-personalised approaches (by 10 years).

Duty of Candour

The Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016 was passed in 2016 and places a duty of candour on health and social care organisations.

The duty of candour is a legal requirement for health, care service and social work organisations to inform people (and their families) when they have been harmed (either physically or psychologically) as a result of the care or treatment they have received.

Preventing Infection in Care at Home

We continued to promote this resource, which was aimed at staff providing care in the community, care homes or in a homely setting and is available in the form of a free to download mobile application for Android and iPhone/iPad and as hard copy pocket guide.

The resource lists common infection risks staff may encounter when providing care and reveals the "must do" Standard infection Control Precautions (SICPs) guidance that should be followed to minimise the risk of spreading infection to themselves, other staff and the person receiving care. The resource was updated to include a scenario depicting a norovirus outbreak providing learning opportunities for those working in care settings relating to the practical application of the Standard Infection Control Precautions.

Step Into Leadership

During the review period we promoted this resource from the Scottish Social services Council. Scotland's social services need effective leadership at all levels within the workforce, as well as strong citizen leadership from people who use services and their carers.

Both individuals and employers have a role to play in making this happen. Individuals must commit to continuously develop their own leadership skills and capability, while employers must ensure their organisations develop a supportive organisational culture where individuals can use and enhance their leadership skills. This includes empowering people working in and using social services, and encouraging professional autonomy, creativity, measured risk-taking and initiative.

Step into Leadership aims to help you find the leadership information and resources relevant to your role in social services. The website is split into three leadership pathways. 'Pathway' describes the route by which an individual chooses to navigate the leadership development resources. Each person's pathway will be unique, as they develop leadership knowledge, skills and capability appropriate to their role, level of responsibility, leadership aspirations and learning needs:

- frontline workers
- people using services
- managers.

8. Conclusions and next steps

Overall, we found that most care at home and other support services for adults and older people were performing well. Where we highlighted areas for improvement, services generally responded promptly and in a way which promoted better experiences and outcomes for people. We will continue to support and encourage improvements in this vital and ever-changing sector.

There will be changes in the demand for care at home and in the workforce available. Future needs must be understood and forecasted, to inform a projection of what the future workforce will look like, given the challenge of recruiting sufficient staff, with competition for labour from other sectors of the economy. In addition, the retention and ongoing support of staff present further challenges to services because of the transient nature of the care at home workforce.

The intelligence on care at home services and what this includes does not allow us to separate out different care types. For example, domiciliary care where people receive up to four visits a day for particular care needs from intensive specialist 24-hour care at home for people with disabilities. The Care Inspectorate should look to separate out these areas to gather intelligence on the different models of care and how this is operating in Scotland. This is particularly important given the national information about care at home that is domiciliary in nature and the need for continuity of staff, regular carers to support individuals, times of visits and numbers of visits all of which have been reported in the media over this period.

The part of the Scottish Social services Council (SSSC) register for workers in care at home and housing support services opened in October 2017. The SSSC protects the public by registering social service workers, setting standards for their practice, conduct, training and education and by supporting their professional development. By doing this the protection of people who use services is increased. Registering with the SSSC means that workers will be part of a professional workforce similar to teachers and nurses. In our future inspection of these services we will review how this impacts on the recruitment, retention and ongoing support of the staff.

The care at home sector is actively developing new ways of meeting people's needs and is at the frontline of care innovations and developments such as telecare and

telehealth. Over 128,750 people had a community alarm or another telecare service in March 2017. Technology has become much more sophisticated and there will be more opportunities for people to use telecare, telehealth and telecommunication.

Self-directed support (SDS) has presented and will offer opportunities to develop more flexible, person-led and innovative approaches to care delivery. The number of people purchasing services through SDS has increased over the period of this review, with people selecting a variety of the four choices available to meet their agreed needs. Option 3, support arranged by local authorities, is often the default position for people. Our role will require flexibility in situations where a person has chosen more than one service to provide their support, to ensure that people's outcomes are identified and evidenced.

The Keys to Life will continue to inform inspections at services for people with learning disabilities. The report into the Keys to Life inspection focus area 2014-2016, detailed that over 93% of services provided 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. 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.

Inspection volunteers are an important resource and add value to the inspection process. They use their personal experience to talk to people using services and relatives and make observations that are well received by service providers. Our ability to involve inspection volunteers is dependent on availability and so more volunteers are regularly recruited.

> We will continue to transform the way we work with services to enable creative and innovative services to develop and flourish. We will also continue to improve the way we inspect and evaluate quality to support improvement and innovation and, to add increasing value for people experiencing care.
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> **Care Inspectorate Improvement Strategy 2017 – 2019**

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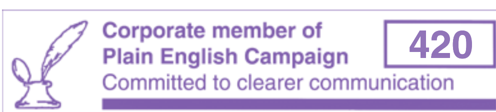

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