care inspectorate

A REVIEW OF CARE HOMES FOR ADULTS AND OLDER PEOPLE 2014–2017

Findings from the Care Inspectorate, March 2019

A review of care homes for adults and older people

Contents

1. Foreword
2. Who we are and what we do
3. Introduction
4. Key findings
5. Findings of review
6. Policy information
7. Conclusions and next steps

1. Foreword from Chief Executive

I am pleased to introduce the findings from our review of care homes 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 the care home sector in the recruitment and retention of staff, and the capability to maintain the promotion of improvement.

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 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 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 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 a general trend in the reduction of new registrations of care homes for adults, indicating a shift away from institutional support, towards support in the community. The quality of care and support provided in care homes for adults was positive with 86.2% of services at 31 March 2014 considered to be good or better for this quality theme.

At 31 March 2014 the voluntary or not-for-profit sector had the highest proportion (44%) of adult care homes (including those for older people) with minimum grades of very good or excellent for all quality themes, although the private sector closely followed with 42.3%. The quality of the environment in care homes was generally positive and the proportion of services that achieved 'good' or better at 31 March 2014 was 87.6% for care homes for adults, and 77.8% for care homes for older people.

The review indicated the Care Inspectorate's commitment to develop its approach to delivering scrutiny and improvement work in services providing support to adults with learning disabilities during 2015-16. This was to build on awareness work carried out during 2014/15 with care homes for adults with learning disabilities around the Keys to Life strategy and the Winterbourne View recommendations. It included conducting an inspection focus area across all services for adults with learning disabilities to look at people's experience and outcomes and how their rights were promoted and protected. Joint work was undertaken with Healthcare Improvement Scotland to deliver eight of the Keys to Life strategy to ensure that strategic commissioning was examined as part of ongoing scrutiny of services for adults with learning disabilities from 2015.

The review identified the need to continue to monitor the change to service registrations, and the impact on service performance following the implementation of the national learning disability care home contract. This was to ensure there was the right balance between support, empowerment, and promoting people's human rights and wellbeing.

In older people's services, the review recognised the range of innovative responses to shift the balance of care towards enabling people to be cared for in their own home for longer. This approach reflects individual choices and the potential to achieve better outcomes. However, wide variation was noted across Scotland both in the application of reablement[1] and the levels of investment in Telecare[2]. From 1 April 2014 to 31 March 2017, the proportion of care homes for older people evaluated as good or better across all inspection themes had increased. Smaller care homes tended to perform better than larger ones – particularly when compared with those providing more than 90 places.

Initial findings from the joint inspections[3] of older people's services evidenced well developed strategic plans for older people's services. However, there was variation in the quality of leadership across health and social work services, with some partnerships better prepared for the establishment of health and social care partnerships than others. Integration authorities were being required by legislation to develop joint strategic commissioning plans to deliver the changes necessary to improve and sustain services to meet future demand. The review identified that the Care Inspectorate was working with partners to develop its approach to new responsibilities for scrutiny in that area.

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[1] Services for people with poor physical or mental health to help them accommodate their illness by learning or re-learning the skills necessary for independent living.

[2] The provision of care and health services at a distance using analogue, digital and mobile technologies.

[3] Joint inspections are carried out with a number of partners, for example, Education Scotland, services for children and young people and services for older people.

There was growing emphasis and effort on self-evaluation in regulated services, not just in response to forthcoming inspection, but as an activity that drives improvement and leads to improved outcomes for people who use social care. The national policy context within which we all work was considered to be both coherent and progressive. Above all, our dedicated workforce was defined as a real strength.

Despite the challenges the review pointed to three years of progress in Scotland in a number of important respects. Scottish social care was becoming increasingly outcome-focused, in the way it was being planned, provided and inspected. People experiencing care were increasingly listened to and involved in service planning and delivery. [4]

The review found that in the course of all our inspections we consistently come across managers, staff, carers and volunteers, most of whom are highly motivated and committed to providing services that make a positive and lasting difference to people who experience care.

However, we found there is a national recruitment and retention challenge as care homes across Scotland had significantly higher than average staff vacancy rates, which has increased each year over the period of the review. We also found care homes for older people had significantly higher than average vacancies for registered nurses.

Mandatory registration with the Scottish Social Services Council (SSSC) has been instrumental in promoting and ensuring high standards of conduct and practice among social service workers, whilst ensuring registered staff members are appropriately qualified.

Continued improvements in staff support, learning and development opportunities would add significantly to the contribution all those involved in social care are able to provide.

4. Key findings

We identified the following key findings from our scrutiny activity during 2014 – 2017 relating to care homes for adults and older people.

1. At 31 March 2017 figures showed the total number of care homes for adults and older people was 1145[5] . The majority, 849, were care homes for older people with the remainder of homes providing care for adults living with physical disability, learning disability, mental ill health and other vulnerable groups.

2. The total number of registered care homes for adults and older people is going down. This should be considered in the context of financial pressures that challenge local partnerships and providers of social care to maintain care home provision, as well as policy changes that support people to remain at home.

[4] Inspecting and improving care and social work in Scotland. Findings from the Care Inspectorate 2011-2014.
[5] 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.

3. The Shifting Balance of Care approach where older people are experiencing care at home for longer, means that older people are going into care homes at a later age and with more complex conditions or increased frailty.[6]

4. The Care Inspectorate found care home services had significantly higher than average staff vacancy rates. These rates have increased year on year over the period of the review. Care homes for older people had a significantly higher than average proportion of services with registered nurse vacancies.[7]

5. Within learning disability services there was high-level awareness about the Keys to Life strategy and the key lessons from the report on the review into Winterbourne View. Where we found 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. The findings of the report do not indicate whether this included awareness of dementia in older people with learning disabilities. Despite research[8] suggesting that older people with a learning disability experience higher rates of dementia, due to communication issues there is the potential for opportunities for early diagnosis and treatment to be missed[9].

6. Compulsory SSSC registration has helped to improve public confidence in social services. By promoting and ensuring high standards of conduct and practice among social service workers, the protection of those who use social services increases.

7. We found that 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, increasing focus on outcomes for people and the impact this had on care. However, this also raised a number of challenges around the integration of scrutiny and improvement.

8. Evaluation shows that there is improved person-centred falls prevention and management and significant reduction in falls when the 'Managing falls and fractures in care homes for older people' resource is used by care home staff in partnership with the wider health and social care team.[10]

9. Early findings show that the Care…about Physical Activity improvement programme has challenged thinking about personal outcomes. Services are creating opportunities for people to move more and access to outdoor space and activities has increased.

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[6] Improving Outcomes by Shifting the Balance of Care, SBC Delivery Group, July 2009.
[7] Care Inspectorate vacancy and occupancy information for care homes for older people, care homes for adults and care at home services.
[8] Research from the Learning Disabilities Observatory 2010.
[9] Dementia Skilled – Improving Practice Learning Resource Scottish Social Services Council, NHS Education for Scotland.
[10] Managing Falls and Fractures in Care Homes for Older People – good practice resource, Care Inspectorate and NHS Scotland, 2016.

5. Findings of review

Over the period of the review we carried out intelligence-led and risk-based statutory inspections within 3536 care home services for adults and older people across Scotland. A statutory inspection is one which is agreed with Scottish Government as part of the Care Inspectorate's inspection plan.

Table 1: Care homes for adults and older people as at 31 March of each year

	Number of services operating		
Care home subtype	**2016/17**	**2015/16**	**2014/15**
Older people	849	866	886
Alcohol & drug misuse	16	17	21
Blood borne virus	1	1	1
Learning disabilities	166	180	195
Mental health problems	61	60	64
Physical and sensory impairment	38	37	36
Respite care and short breaks	14	14	13
Total	**1145**	**1175**	**1216**

On 31 March 2017, there were 41,103 registered care home places available and 35,989 adults living in care homes. 91% (32,691 out of 35,989) of all care home residents were in care homes for older people. 31,223 were long stay residents and 1,468 were short stay/respite. 62% of long stay residents were living with dementia and over 50% were aged 85 or older.[11]

As with care homes for older people, the numbers of residents in other care home services has decreased, the exception being, care homes for adults with a physical disability.

Table 2: Main client group of residents in care homes for all adults

Client group	Number of people
Older people	32691
Physical disability	568
Learning disabilities	1542
Mental health problems	949
Other vulnerable residents	239

(Scottish Care Home Census for Adults 31 March 2017. ISD Scotland).

During the review period 2014 – 2017, there was a decrease in the numbers of care homes operating. There were 1216 care homes for adults and older people registered with the Care Inspectorate at 31/3/15 compared with 1145 at 31/3/17, a trend that has continued since the period of the last review 2011 – 2014. At 31 March 2017 73% of care homes for older people were operated by private providers, while 65% of care homes for other adults were operated by third sector/not for profit organisations[12]. There were 89 new registrations over the period of the review, 69

[11] https://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Publications/2018-09-11/2018-09-11-CHCensus-Report.pdf?2721804381

[12] Summary of data on Care homes for adults 2014/15, 2015/16 and 2016/17. Source data Care Inspectorate service lists as at 31 March 2015, 2016, 2017.

were in care homes for older people. This is against continued growth in new registrations for care at home services which is reflective of national policy to enable people to remain at home. During the period of this review there were 291 registrations for new care at home services.

Table 3: The number of newly registered services of each type by year

	Care at home (stand-alone)	Care at home (combined)	All new Care at home services	Care homes for Adults	Care homes for older people	All new care home services
2014/15	65	50	115	5	24	29
2015/16	47	37	84	8	28	36
2016/17	47	45	92	7	17	24

The physical layout of a care home is one of the many things we look at when considering an application for registration. In 2014 we published 'Building Better Care Homes' guidance for applicants and existing providers on the design, planning and construction for new and converted care homes for adults. This document is key to the improvement agenda, particularly in the re-registering of existing care homes as well as providing guidance and direction for staff, providers and the public of what is expected in terms of the environment and why. We have supported local authorities and other large providers in a number of extensive care home modernisation programmes. This includes Highland, Glasgow, West Dumbartonshire, Fife, Argyll & Bute, and the Shetland Isles.

The Kings Fund Environmental Assessment Tool, 'Is Your Care Home Dementia Friendly?' was produced to help care organisations to develop more supportive environments for people living with dementia. Inspectors told us that many services use the tool to effect positive change to care environments and wellbeing and activity outcomes for people using the service have improved. The Care Inspectorate also uses this tool to inform registration and inspection of care services environments.

Comparing 2014/15 to 2016/17, the percentage of all care homes for adults graded 'good' or better in all quality themes has continued to increase to 71% and 75% respectively. Care homes for older people have shown the largest improvement but still have the lowest proportion of services achieving 'good or better'. Where improvement is needed, we have worked closely with services and those responsible for them to make sure it happens.

Table 4: Percentage of services graded Good (4) or better in all themes as at 31 March

Care Service	% of services graded Good (4) or better in all themes 2014/15	% of services graded Good (4) or better in all themes 2015/16	% of services graded Good (4) or better in all themes 2016/17
Care Homes for older people	66%	68%	72%
Care Homes for other adults	84%	89%	86%
All care homes for adults	**71%**	**74%**	**75%**

To support our change in methodology, we provided guidance for care services on how we revaluate (re-grade) recognising that this is a continuous process and that we can award evaluations out with the inspection cycle. We provided guidance on how we use self–assessment when assessing quality, encouraging providers to identify areas for improvement and seeing this as a strength where a service has a plan of how this will be addressed.

Over the period of the review, we have undertaken fewer inspections of care homes for adults and been more involved in improvement work with care services out with inspection.

People tell us that they rely on our inspection reports and use them to make important decisions such as choosing care. We changed the format of our reports to make them clearer, easier to read and even more useful for people choosing care. We consulted with people who use care services and their relatives and friends, care service providers and other representatives of the social care sector.

As well as inspecting individual care services we work with other organisations to assess how social care and social work services are being delivered across local authority areas and nationally. The Public Bodies (Joint Working) (Scotland) Act 2014 became law at the start of 2014/15 providing the legal framework for health boards and local councils integrating health and social care. Many services for adults and older people are now integrated in health and social care partnerships.

During the period of the review, the Care Inspectorate and Healthcare Improvement Scotland started a new model of inspection to look at how well those services were being planned and commissioned. Our inspections look to see whether the new health and social care partnerships have the building blocks in place to understand the needs and wishes of local people and meet them. The new inspections focus on the leadership in local partnerships, strategic planning and commissioning, and the early performance of partnerships in meeting their objectives. All our reports of joint inspections are published on our website.

Scrutiny and improvement

The Care Inspectorate has a specific duty for 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.

The Improvement Team has started to work towards a model where they provide expert improvement support in a broader way, drawing on subject matter expertise from within the organisation and from external sources. Working in this way allows the organisation to make the most of the inspection staff's expertise and to nurture and maintain their skills and knowledge.

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 by working collaboratively and supporting improvement through signposting and use of professional knowledge.

Involving people

Planning and using people experiencing care and their carer's engagement is central to the way we inspect services. We have continued to promote participation and evaluated the quality of this at inspection in each of the quality theme areas we look at - care and support, staffing, environment and management and leadership. In our inspections we have increased the involvement of inspection volunteers who accompany inspectors to care homes. Inspection volunteers use their personal experience to talk to residents and relatives and make observations which are shared with the service and inspector. Visits to care homes (predominantly care homes for older people) continue to represent the bulk of inspection volunteer activity in the adult scheme. In some inspections, we have involved inspection volunteers who themselves have a diagnosis of dementia. Feedback from inspection volunteers has been well received by service providers. Our ability to

involve inspection volunteers is dependent on availability of volunteers. Currently we do not have enough volunteers to meet requests.

Table 5: Involvement of inspection volunteers over the period of the review.

	2014-2015	2015-2016	2016-2017
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

We also use the Short Observational Framework for Inspection (SOFI 2) to directly observe the experiences and outcomes for people who are unable to tell us their views. SOFI 2 helps inspectors to record their observations of the impact that staff interactions have on the quality of outcomes for people. The tool was originally designed for use where people have dementia or severe learning disabilities and therefore lack the capacity to verbally communicate their views. An observer can look for clues in a person's general mood and engagement and how staff providing care interact with people to provide positive interactions.

Care homes for older people

Dementia

Improvements have been made in the quality of dementia care in Scotland. 60% of care homes were performing at a good or better level in terms of meeting the needs, rights and expectations of people living with dementia. [13]

In 2014, we hosted a national conference on caring for people with dementia 'Shifting Landscapes of Dementia Care' which sought to bring together the various developments and improvements in dementia care and share this with health and social care staff to help improve care for people living with dementia. The day highlighted how to promote wellbeing and person-centred care with talks on care planning, rights and risks, promoting excellence, continence and the benefits of physical activity.

Scotland's second National Dementia Strategy 2013 – 2016 set out commitments for improving the care and treatment of people with dementia, and their families and carers across health and social care. On 31 March 2017, 62% of long stay residents in care homes for older people were living with dementia.[14] To give us an understanding of what it was like for someone living with dementia in a care home in

[13] 'My life, my care home': The experiences of people living with dementia in care homes in Scotland.
[14] 'My life, my care home': The experiences of people living with dementia in care homes in Scotland.

Scotland, we undertook a study in 145 care homes for older people from June 2016 to March 2017. We linked the quality assessment framework themes to the dementia standards to enable us to evaluate the quality of implementation of the standards. The Short Observational Framework for Inspection (SOFI 2) was used to evaluate the person-centred approach to dementia care and support, and the implementation of dementia learning and development on interactions between residents and staff. Inspectors completed the Kings Fund tool, 'Is Your Care Home Dementia Friendly?' EHE Environment Assessment in those care homes inspected within the inspection focus area. We published 'My life, my care home', a national report identifying strengths and areas for improvement which can be used by all stakeholders to support improved outcomes for people living with dementia. This builds on the findings of 'Remember I'm Still Me', a report published by the Care Commission and Mental Welfare Commission in 2009.

We found that over half the care homes involved in the study were performing at a good or better level. We highlighted that further improvement was needed to ensure that the quality of life for an older person living with dementia was not limited because of where they lived.

Further improvements we would like to see

I have the right to a diagnosis.
We would like to see clear and easy access for people in care homes to be assessed for a possible dementia diagnosis and to receive post-diagnostic support where appropriate. This ensures that people living in care homes receive the same access to care and treatment as those living in the community.

I have the right to be regarded as a unique individual and to be treated with dignity and respect.
All care homes must record the past, present and future aspirations of people living in the care home and use this information to direct care and support for people. People living in care homes should have access to independent advocacy and staff should know how to access services in their area. Adults with Incapacity (Scotland) Act: Section 47[15] certificates must detail the treatment they cover in line with best practice and legislation. We would like to see improved partnership working between GPs and care homes to develop treatment plans to support people living with dementia.

I have the right to access a range of treatments, care and support.

Oral health
Caring for Smiles is Scotland's national oral health promotion, training and support programme, which aims to improve the oral health of older people, particularly those living in care homes. During the period of the review, Caring for Smiles teams delivered training sessions for care workers across Scotland and designed a 'Guide for Care Homes' highlighting best practice information and advice on oral health issues.

It is important that all older people in care homes have their oral health assessed when they first come into a care home and then regular ongoing assessments are carried out. This helps establish a baseline of their oral health on admission to the

[15] Section 47 of the Act authorises medical treatment for people who are unable to give or refuse consent.

home. Care homes should ensure that oral health assessments form part of the welcoming process when a new resident moves in.

- Arrangements must be in place to ensure that all people living in a care home have access to dental care. Care homes should support them to keep their own dentist if preferred and practicable.
- Personal plans should describe clearly the support that people need to maintain good oral health which includes teeth, dentures and gum care.
- Care homes need to ensure that people who require assistance with oral health receive this regularly as recommended by their dental health team.
- Consideration should be given to seeking additional support, as well as a dentist when needed, to support oral care. This could include working with the person's family, GP or linking with community mental health team/community psychiatric nursing teams.
- Staff need to be trained and skilled to support people to maintain good oral health and to be able to identify potential issues.
- Care homes should consider having oral health champions within each home to help keep staff up-to-date with the latest best practice guidance and to monitor oral health care provision in the home.

Stress and distress

There has been an improvement in the use of non-pharmacological interventions rather than medication as the first line response to stress and distress since 'Remember I'm Still Me' in 2009. However, there remain areas for development which will have a positive impact on both the people being supported and the staff.

We expect all care homes to engage with NHS Education for Scotland and the Scottish Social Services Council to develop staff to understand stress and distress in people living with dementia.

We expect care homes to have appropriate links and relationships with community mental health teams and/or care home liaison teams to put into practice formulation-led interventions.

Care homes need to further develop their role in monitoring medication and the condition it is prescribed for including knowledge of the side effects of medications prescribed.

Staff need to be knowledgeable and confident in their skills to ensure that the medication that is prescribed is enhancing quality of life and doing what it is intended to do.

We expect care homes to have in place good collaborative working with GPs and pharmacists. Strategies and methods to support people experiencing stress and distress must be clearly developed, noted in the personal plan and known to all staff.

Where "as required" (prn) medication is prescribed for stress and distress, we expect to see this detailed in personal plans, with clear conditions for its use and expected outcomes, with a record of whether these outcomes were actually met.

We expect that staff understand and know their residents well enough to use non-pharmacological interventions in the first instance thus reducing the need for "as required" (prn) medication.

Spotlight on success

Following an inspection of a care home for older people using the King's Fund's Enhancing the Healing Environment (EHE) Environmental Assessment Tool, the home took immediate positive steps to redesign their lounge to encourage meaningful, social interaction and to provide a calm, safe, secure environment. During the inspection, it had been noted that the lounge was laid out like a 'waiting room' with chairs round the perimeter of the room and little in the way of any other furniture. Overhead lighting was harsh and the room didn't feel homely.

The room had changed dramatically. Chairs were replaced with comfortable leather sofas with bright cushions and lamps provided soft lighting. A sideboard was in place with plants and ornaments. Management and staff were delighted at the positive impact the changes had had on one person in particular. This individual had not been resident in the service for a long time but since admission, they displayed signs of stress and distress, spending most of their day and night walking the corridors. Staff members were concerned about the effect a lack of sleep was having on this person. Following the transformation of the lounge the person had visibly relaxed in the room and sat with a staff member to watch part of a movie. On another occasion, they lay down on the sofa and slept for the longest period since their admission. This simple environmental change had a significant positive impact on this person's ability to settle into the home.

I have the right to be as independent as possible and included in my community.

We expect care homes to use the information they have about people to offer meaningful activities for all individuals.

We expect care homes to support residents to keep connected with their community.

We expect people to have increased opportunities for activities at weekends and evenings.

We expect all staff to understand the importance of meaningful activities for people and to take an active role in this.

We expect care homes to support people to maintain relationships with family and friends.

We expect all care homes to identify the potential in every individual and support the remaining strengths of the individual to promote wellbeing.

We expect enablement to be a core part of staff induction and to receive ongoing learning and development.

We expect care homes to have secure gardens that can be accessed independently.

We expect in determining appropriate staffing levels that care homes take into account people having access to outdoor/and the community and the support people need to maintain relationships.

We expect to see care homes quality assuring their environments to meet the needs of people living with dementia. We expect environments to promote wellbeing and not to be a barrier to independence.

I have the right to carers who are well supported and educated about dementia.
We expect staff to know and understand the aims of the care home and how their role supports meeting these aims. We expect care homes to have staff who understand the importance of person-centred care through learning and development and are able to put this into practice by moving away from task-driven care to care and support that meets the needs of each individual resident.

We expect care homes to align staff roles and responsibilities to the Promoting Excellence Framework and to develop staff so that they have the skills and knowledge outlined at each level of the framework. Care homes should ensure that all staff receive learning and development opportunities in dementia practice appropriate to their role and are confident and competent in applying that learning in order to improve experiences and outcomes for people living there.

We expect care homes to provide supervision and development opportunities to staff in order to support staff wellbeing and resilience. We expect care homes to make use of the Scottish Social Services Council and NHS Education for Scotland resources in dementia practice and supervision.

I have the right to end of life care that respects my wishes.
We expect care homes to have knowledgeable staff who have the confidence and skills to start conversations about what is important to people at end of life and see this as part of their role along with other professionals.

We expect care homes to ensure staff members understand Anticipatory Care Planning and DNACPR, how to use these in everyday practice and how to involve families in these conversations. We encourage care homes to use resources such as those published by Healthcare Improvement Scotland (HIS).

We expect care homes to be able to access additional support from health and social care partnerships as required. People living in care homes have the same rights of access to health and social care support as people living in the community.

It is important that care homes engage with the Scottish Government's Strategic Framework for Action on Palliative and End of Life Care to both ensure that residents receive the best possible care at end of life and that staff are given learning and development to do this. This framework sets out the approach and shared vision for people in Scotland where by 2021 everyone who needs palliative care will have access to it.

Managing Falls and Fractures in Care Homes for Older People

In 2011 the 'Managing Falls and Fractures in Care Homes for Older People' good practice resource was published by the Care Inspectorate and NHS Scotland and issued to all care homes for older people in Scotland. The resource pack aimed to support care homes to manage and prevent falls and fractures with an emphasis on person-centred care and continuous improvement. Evaluation showed that where the resource was used by care home staff working in partnership with the wider health and social care team, there was improved person-centred falls prevention and management and a significant reduction in falls.

In 2014/15, the Scottish Government funded an 18-month improvement project called ‘Up and About in care homes’. This project supported 38 care homes in Scotland to use the resource pack together with improvement methods and tools. The project succeeded in developing and testing innovative ways of working to improve care. Participating care homes found that taking a proactive team approach to improvement, using the resource, reduced their residents’ falls and injuries due to falls.

In 2014 the Scottish Government published ‘The Prevention and Management of Falls in the Community: A Framework for Action for Scotland 2014-16’. The framework aimed to support a more consistent approach to falls prevention and management and in doing so improve experiences and outcomes for older people, their families and carers. It recommended an integrated and co-ordinated approach focusing on the four stages of the ‘Up and About in care homes’ pathway. This resource supported care home staff to adopt the approach set out in the framework for older people living in care homes.

Using the learning from the ‘Up and About in care homes’ project, a revised edition of Managing Falls and Fractures in Care Homes for Older People was updated and improved with input from the wider health and social care team. The resource pack contained new sections on how to make improvements and keeping well along with a range of new links and tools.

In 2015, a booklet was published ‘Falls: Information for friends and family’ describing the most common risk factors for falls and how a joint approach might help to reduce the risk of falls for relatives or friends.

Managing Falls and Fractures in Care Homes for Older People – what we found in care homes

38 care homes from three partnership areas took part in the project in January 2014. The partnership areas were Dumfries and Galloway, Highland and West Dunbartonshire and each area had a local lead to support the project.

Nine learning sessions were delivered and these were attended in partnership by 270 people from multiple agencies including the Care Inspectorate, Scottish Care, NHS, local authorities, Reshaping Care for Older People and staff from the independent sector to support each other on improvement priorities.

By the end of the project, care homes were continuing to raise awareness of falls and falls prevention among staff, people using the service and their families. Most services had engaged a staff member to be a ‘falls champion’. The number of falls was continuing to decrease as were the number of injuries due to falls. Most importantly the project had an impact on the quality of care and outcomes for individual residents.

Participants also contributed to the development of national resources such as the DVD education resource, falls information for friends and family and supporting resources.

One inspector from the Care Inspectorate commented:
“Services that I have inspected who have participated in the pilot have a much greater focus on falls prevention in terms of assessing and where necessary adapting the environment; speedy referral for falls advice to teams where they exist

(not in all areas); better assessment of footwear and actions taken to remedy; and much better detail in notifications made to myself as inspector telling me not just about the falls but more importantly what the service is doing to try and avoid future falls."

Spotlight on success

One care home that took part in the 'Up and About in care homes' project was an old building with a complex layout on two storeys. The majority of people using the service had dementia and physical abilities were mixed. Falls were difficult to prevent due to the layout of the home and there were challenges in distributing staff within that layout. Initially, the manager and staff used a small number of the tools within the falls resource pack to determine where falls were occurring within the home and the times of day these were happening. Staffing levels were very good and were consistent throughout a 24hr period. Over a period of one month, it became clear that the majority of falls were occurring in the lounges or the corridors at two specific times in the day – when staff members were busy assisting people to get up and when staff were busy helping people back to bed in the evening. Staffing levels were increased during these periods with hospitality staff employed in the lounges and corridors during the busy periods who encouraged activities and were able to alert staff to any potential falls risks.

The falls rate fell by 60% over a period of four months and this had a very positive impact on people using the service, relatives and staff alike.

Go for Gold Challenge Scotland Programme

This programme was established in 2012 to involve professionals and residents in the care sector in the legacy celebrations offered by the London Olympic Games and the World Congress on Active Ageing in Glasgow which were both staged in the summer of 2012 and the 2014 Commonwealth Games in Scotland.

The Go for Gold Challenge Scotland Programme was supported by a stakeholder network group made up of interested and motivated people across all sectors. The aim of the group is to:

- promote and celebrate participation in physical activity among older people supported by the care sector
- build capacity in the care sector workforce to promote physical activity with older people on a daily basis
- develop links between the care sector and physical activity organisations across Scotland
- contribute towards the 2014 Glasgow Commonwealth Games Legacy.

An increasing number of care settings and older people took part in the challenge events. As a result, many staff and older people have been inspired and motivated to be more active on a daily basis.

The Go for Gold Challenge Scotland Programme continues to work with the care sector and partners through a programme of further activities and challenge events.

Make Every Move Count

Make Every Move Count was published jointly by the Care Inspectorate and the British Heart Foundation National Centre in 2014. This pocket guide was designed to support people living in a care home to get involved and become physically active in meaningful ways and not just through formal exercise sessions. It was intended to stimulate simple solutions and practical approaches to enable all residents to choose to be active every day through five key messages:

1. Get to know me, what motivates me, supporting me to move with purpose.
2. Support me to move safely with confidence.
3. Support me to move more often and be more active every day.
4. Support me to move regularly and frequently.
5. Support me to move, giving purpose and meaning to my day.

Care…about Physical Activity

'Care…about Physical Activity' (CAPA) was a good practice resource pack, published in 2014. This bespoke physical activity resource was a key objective of the Go for Gold Challenge Scotland Programme. It was developed by the Care Inspectorate in partnership with the British Heart Foundation National Centre for Physical Activity and Health at Loughborough University to support those who were working in the care sector to make physical activity part of daily life for people using a service.

Research indicated there was a steady decline in individuals' activity with increasing age and frailty. This had a huge impact on the quality of life for older people where over time, they may have become unable to carry out simple activities in daily life, such as rising from the chair.

Based on the World Health Organisation model of 'Health Promoting Settings', the resource provided principles and a self-improvement framework for care homes designed to stimulate simple solutions and practical approaches to enable all residents to choose to be active every day.

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 18-month programme was delivered to eight partnership areas in Scotland with involvement of 137 care services including care homes for older people, care at home services, re-ablement services, day services, very sheltered housing and housing support.

This was based on the following three key principles from the CAPA resource pack:

1. Movement / physical activity participation.
2. Organisation care home culture and commitment.
3. Community connections and partnerships.

During the 18-month programme, three learning events took place in each of the eight partnership areas, with an action period between each event to support improvement and to gather data. They also provided an opportunity for services to share ideas and to build local networks.

Care…about Physical Activity – what we found in care homes

In recent months, inspectors have reported that services have become more imaginative about creating opportunities for people to move more and access to outdoor activities has increased. Some services have made significant improvements to their outside spaces, incorporating ideas to encourage people to walk further through encouraging signage and areas of interest. There have been examples of ambitious personal outcomes identified which included attending walking groups, cycling and swimming.

One inspector spoke of the great sense of achievement and increased confidence one person felt through being encouraged to walk more through small increases in steps every day.

Another inspector explained: 'During inspection of a care home, I observed a lady setting the tables for lunch. When I asked her about it, her response was 'every movement counts!', which I thought was very powerful.'

Spotlight on success

Nightingale House, a small care home in East Ayrshire got involved in the CAPA Programme in 2017 and initially spent time making small changes around the home to promote movement, such as residents being involved in making their tea or collecting their newspaper. This progressed to looking at individual's interests and motivations for moving and how moving more could be encouraged.

One resident had control measures in place due to his high number of falls, his mood was low and he had little interest. Through meaningful conversations with the resident and his family, he was encouraged to take up his old hobby of gardening and was involved at every stage; from choosing the greenhouse itself to planting and looking after everything that was in it. He now had a purpose. He required assistance to walk to the greenhouse and supervision whilst there and he used a walking aid at all times. This required staff investment and a whole team approach, ensuring he was supported to do what was important to him each day.

Over time, he became stronger and he was steadier on his feet. Through staff's understanding of positive risk taking, they encouraged him and other residents to do a little more each week and see the benefits to the individual's life and the risks of not moving more. Within a few short months, the difference to both the resident and staff was incredible. He was completely independent, walking out to the greenhouse and tending to it on his own, no longer required a walking aid, his falls had significantly reduced and from Berg Balance assessments, was now in the low falls risk category. His mood improved, his weight increased and his family felt they were spending quality time with him. He now gets involved in outings and activities within the care home. The whole home approach, positive risk taking and recognition of the small movements making a difference along with investing time to find each person's purpose and motivation to move more resulted in the CAPA Programme being a tremendous success within Nightingale House.

Promoting continence

Nationally and locally, further work is needed to raise the profile around the overall health and wellbeing benefits that is linked to actively promoting continence for all older people who present with a bowel and/or bladder care needs. Promoting continence is a vital component of health and wellbeing and for a person living with dementia it can underpin a positive sense of self. Promoting continence should not be seen as a task, but as an opportunity to engage with a person in a meaningful way. For example, as a person is accompanied to the toilet the member of staff can be assessing mobility, have a chat which can give information about mood and wellbeing, as well as assisting the person to go to the toilet. This can impact on quality of life as well as contributing to physical wellbeing. Although we recognise that incontinence may affect a person with dementia at the latter stages of their experience, it should not stop staff from seeing the potential in a person to maintain or possibly regain continence.

We expect people living in care homes to have a continence assessment.

We expect care homes to provide a physical environment which enables people to use the toilet independently where possible.

We want to see staff members who are confident in using a range of strategies that promote continence. This includes exploring alternatives to the use of products.

We expect care home staff to engage with the resources that are available to them to help them actively promote, maintain and/or improve continence care outcomes for people living in care homes.

We encourage care homes to use the Care Inspectorate's continence resources to support them on their improvement journey.

Promoting continence for people living with dementia and long term conditions

The Care Inspectorate published a resource highlighting the fundamental and essential support required to give people the opportunity to remain continent and maximise their quality of life. Its production involved people living with dementia and their families and carers as well as staff from across the health and social care sector and had five key messages.

1. Know me and what's important in my life and do what's best for me.
2. Know me and how I communicate.
3. What I need to stay continent and how you can help.
4. Create an environment that supports me to be independent and promotes Continence.
5. Look for every opportunity to promote my continence – be creative.

Spotlight on success

Erskine Glasgow used this resource. They decided to make a small change replacing ordinary tea and coffee with decaffeinated tea and coffee for all residents unless they objected. This had a positive impact on outcomes for people. There was a reduction in the use of continence aids and residents also had a more restful sleep at night.

Arts in Care

Being involved in the creative arts provides an opportunity for people to reignite a past interest, improve their skills in a particular arts form, try something new, stimulate creative thinking or enjoy the social aspect that this can bring, deepening relationships and making new ones in the care home or local community. The Arts in Care resource pack was developed by the Care Inspectorate together with, Luminate, Scotland's creative ageing festival, Creative Scotland and Scottish Care, to provide care home staff with educational tools and ideas for arts and crafts, plus advice on working with professional artists.

Come On In!

Moving into a care home can be a difficult time along with the changes that living with dementia or other long term conditions can bring. 'Come On In!' is a resource developed to enable families and friends of people living in care homes make the most of time spent together. It was developed by the staff, residents and their families of Campbell Snowden House, Bridge of Weir with support from the Care Inspectorate and Scottish Care. The guide is short and easy to use with practical tips, from preparing for your visit and giving your visit focus to looking after yourself and very importantly what residents themselves say makes a good visit.

Spotlight on success

A relative describes a simple change they made to their visits following the tips in 'Come On In!':

"I used to ask my sister what she had for lunch, she often couldn't remember, so instead, I will ask the staff when I visit, or look at the menu and talk about what was on for lunch instead, rather than distress her with trying to remember recent things".

An inspector describes how the tool can be used by staff.

"This is a great tool for helping staff understand the important role they have in supporting relatives to engage well with their loved one. Moving into a care home for most people can be a very scary experience. For families this can cause great anxiety, feelings of guilt and sometimes not knowing how to communicate with the person living with dementia. The guide can help services to have conversations with new residents and their families as to what would make a good visit and provides hints and tips for families to be able to cope better if for example, their loved one is sleeping or becomes distressed during the visit. It asks staff to be mindful that

residents want their interactions with their families to as far as possible follow familiar routines. It encourages staff not to think of relatives being 'difficult' but rather see that they often need active support to deal with what is a very difficult decision and situation. Staff are in a prime position to help families retain quality contact with their loved one and better understand how their loved one experiences life living with dementia".

My Home Life

My Home Life is a UK wide initiative to promote quality of life for those living, dying, visiting and working in care homes for older people. The Care Inspectorate worked with the University of the West of Scotland jointly funding a My Home Life PhD study during November 2015 and February 2017, which looked at the experience of inspection and how it could be enhanced by building collaborative relationships.

Spotlight on success

Techniques from My Home Life including Caring Conversations were utilised during inspection of a care home service where the management team had a history of reacting negatively to feedback that highlighted the need for improvement. Using image cards and a coaching approach the inspector was able to engage the management team in constructive dialogue that empowered them to adopt a solutions focused attitude moving forward. They stated they felt positive and motivated after the feedback session as a result.

In 2016/2017 we worked in partnership with the Institute for Research and Innovation in Social Services (Iriss) in a study to examine the characteristics of an inspection process that leads to improvement. This was a study that was undertaken in partnership with inspectors and registered care home providers and led to the development of a tool 'Inspection and Improvement Working Together' to help generate ideas and get everyone working together to support improvement.

Spotlight on success – using appreciative enquiry

One inspector created protected time with a care home to explore potential benefits of using joint working to improve outcomes for people living with dementia. This was a service with a poor regulatory history. A small group of staff and relatives were invited to an engagement event facilitated by the inspector using the Inspection and Improvement Working Together tool. The group contributed their own thoughts for areas of improvement and ideas of how they could improve this. From this a three year dementia strategy was developed with four key areas in year one. Progress at the end of year one shows that this is having a positive impact on outcomes for people in terms of supportive environment, staff knowledge and skills, meaningful occupation and management of stress and distress. Using appreciative inquiry as an inspection approach has helped to foster positive relationships, engage staff and motivate them to take ownership and work together to continue to improve.

Care homes for people with learning disabilities

We carried out an inspection focus area between 2014 and 2016 based on Scotland's learning disability strategy 'Keys to Life'. 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. This diagram describes the process we undertook:

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 using them, which provide further evidence to illustrate the findings.

We found:

‘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”.

Managers of care homes, on the whole reported being able to access health care services across the NHS for the people they support and conduct both initial and regular health checks.

‘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”.

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.

We also identified that with implementation of self-directed support, personalisation will become an area that will require significant ongoing scrutiny to provide public assurance and support best outcomes for people using services.

‘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.”

Many services demonstrated how they were embedding person-centred approaches which underpinned independence.

‘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”.

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.

Some areas for improvement include:

- support to access activities
- learning and employment opportunities
- medication management
- better practice in planning and aligning risk assessments with care and support plans for good outcomes
- staffing issues impacting on quality and person-centred approaches to care
- liaison with guardians.

Spotlight on success

Cheshire House in the Highlands developed a booklet on people's rights around friendships, relationships and intimacy as a result of discussions about the Keys to Life strategy with some of the young people they support.

Following this they supported some of their young people to develop new relationships, connected them to independent support networks and gave them a new avenue to express themselves and their desire to participate and enjoy the same variety of relationships that people without disability do.

Spotlight on success

Another service invested in talking mats training for their staff to give the people they support a greater voice in the decisions affecting their lives. One example was when they used talking mats with a learning disabled man who had been diagnosed with dementia. Staff had become concerned at a change in his attitude and his behaviour towards a long term friend. They were considering taking action to keep them apart so they could mitigate the distress for both of them. Using talking mats, they talked to him about his friendship and discovered that he continued to value the friendship but had become intolerant of some of her routines. Some changes were made to their daily routines to give each of them some personal space and opportunities to enjoy different activities which supported the continuing friendship in a more comfortable way.

Better communication has facilitated greater involvement of the people who experience care in their services in their own care planning and decisions in relation to the management of the service. They invested in communication tools and supported staff training in talking mats and Makaton and can evidence more meaningful participation from people experiencing care.

Care homes for people with drug and alcohol misuse problems

Due to emerging issues from the inspection of addiction services it became clear that there was a need to establish best practice guidelines. The document 'Indicators of good practice in alcohol and drug services' (June 2016) was developed to help inspectors to regulate drug and alcohol services, and was based on national policy, legislation and good practice in the health, social care and substance use fields. It was produced by a multi-agency group focused on improving the inspection of substance use services and included the Care Inspectorate, Healthcare improvement Scotland, NHS Greater Glasgow and Clyde and NHS Lothian. An accompanying document to the tool was also produced Factsheet on Drug and Alcohol Services (May 2016).

Workforce

Staffing

In our publication 'Staff Vacancies in Care Services, 2016' we highlighted that across Scotland, care home services had significantly higher than average staff vacancy rates which has increased year on year over the period of the review. Care homes for older people had a significantly higher than average proportion of services with registered nurse vacancies.

Care homes are registered with conditions specifying the minimum number of staff which must be on duty on any one shift. The minimum number is based on full occupancy and assumption about resident's needs at the point of registration. They do not take account of resident's changing needs, in long standing residents or new people moving into a home. This has the potential to stifle innovation and impact on the care that people receive.

Spotlight on success

In one 66 bed care home for older people, we found that the staffing schedule was stifling improvement and sustainability of the service. The staffing schedule required as a minimum that there were four nurses on duty during the day. The home could not recruit this many nurses and had to rely on agency nurses who were not familiar with the home or residents living there to meet the schedule. This resulted in poor outcomes for people. Scrutiny evidence suggests that having an effective and stable staff team is strongly associated with providing high-quality care. This allows trusting relationships to be developed between people providing and experiencing care, often supporting positive experiences and outcomes. As a responsive regulator we were able to work with the service provider to alter the skill mix required at any given time. This has enabled the service to move forward with improvements, focus on staff learning and development and creates a career progression route for care staff which benefits staff retention and outcomes for people experiencing care.

Registration

Existing staff working in adult care homes had to be registered with the Scottish Social Services Council (SSSC) by 30 September 2015. Any new staff employed must be registered within six months of commencing post. A registered workforce improves public confidence in social services. By promoting and ensuring high standards of conduct and practice among social service workers, the protection of those who use social services increases. Registration is compulsory and the Code of Practice for Social Service Workers sets out the behaviours and values of professional conduct and practice social service workers must meet in their everyday work. If a social service worker does not hold all the qualifications required for their role at the time of registration, their registration will have a condition to gain such qualifications within a time-limited period.

Whilst the SSSC have responsibility for registration of the workforce, the Care Inspectorate has the responsibility for enforcing the required registration on behalf of the Scottish Government. This remains a focus of our scrutiny activity.

We ask for information about employees' registration status through our annual returns and at inspection of each service. We review arrangements that service providers have to support staff to meet the requirements of their registration particularly conditions relating to qualifications and post registration training and learning.

We continue to promote employers and employees' responsibilities in terms of the SSSC Codes of Practice and have encouraged services to incorporate discussions about their registration and the Codes of Practice as part of induction and on an ongoing basis at one to one and team meetings.

During the period of this review we have continued to respond to requests for advice from providers regarding registration and referrals to the SSSC in relation to individual fitness to practice in care homes.

We have followed up to ensure risks were assessed and well managed so that people's safety and wellbeing is protected.

Where the quality of care isn't good enough

Complaints

Table 6: Number of complaints investigated

	Year investigation completed		
Care service	**2014/15**	**2015/16**	**2016/17**
Care homes for older people	861	805	722
Care homes for other adults	47	40	28
All care homes for adults	**908**	**845**	**750**

The number of complaint investigations we have completed has reduced from 908 in 2014/15 to 750 in 2016/17[16]. This is largely due to an increased proportion of complaints being resolved by alternative means such as frontline resolution, rather than a full investigation being undertaken. Frontline resolution is where we contact a service provider and ask them to investigate concerns and send us written confirmation of the action taken to resolve the complaint. This approach aims to improve the experiences of people involved and help get quicker resolution to concerns they have.

Most complaints come from friends, relatives of a person experiencing care. However, we have seen an increase in complaints received from employees, ex-employees, health professionals, members of the public, professional visitors to a service and other service providers. This reflects improved awareness of the Care Inspectorate's role in investigating complaints.

The largest number of complaints investigated by the Care Inspectorate were in care homes, the vast majority in care homes for older people. In 2016/17, 59% of complaints investigated in all care homes for adults were upheld. Most complaints which were investigated and upheld were about specific healthcare concerns such

[16] Complaints about care services in Scotland, 2014/15 to 2017/18. A statistical bulletin.

as medication, inadequate care and treatment, nutrition, continence care and staffing concerns such as staffing levels, training and qualifications.

The focus in all areas of our work is on improving the quality of care and outcomes for people who use care services. Depending on the seriousness of what we have found during our investigation, actions might include: signposting to good practice; making an area for improvement as to how the service might improve; or making a requirement setting out what the provider must improve and when.

Progress against areas for improvement and requirements are followed up at the next inspection.

We may also review grades and regrade the service as a result of an upheld complaint and consider whether we need to prioritise an inspection to look at wider aspects of care.

Where a complaint identifies very serious concerns, we may serve an improvement notice under section 62 of the Public Services Reform (Scotland) Act 2010 which may lead to closure of the service with the agreement of a sheriff.

It is better for complaints to be resolved within services and the complaints team have highlighted the need to do some improvement work on complaints handling in care homes. This was identified as part of the plan for supporting improvement when the new complaints procedures was launched in November 2017. This will be taken forward and the impact reported on in 2020.

Enforcement

As a scrutiny body which supports improvement, we know as at 31 March 2017 75% of care homes for adults provide good or better care, but we need to respond quickly where care isn't of the standard we expect. On very rare occasions, we can, and do take formal enforcement action where we have significant concerns about the health, welfare and safety of people. This could include serving an improvement notice or seeking emergency action through a sheriff court. Table 7 shows the number of services that had enforcement notices issued against them during the period of the review. All were in care homes for older people and related to improvement notices or decisions relating to conditions of registration.

In 2016/17 we made one emergency application to the sheriff court. The court was asked to make an order: cancelling the registration of a care home service for older people; and an interim order suspending the care home's registration

The quality of the service was unsatisfactory. We were concerned that there was a serious risk to people's life, health or wellbeing. We shared our concerns with the health and social care partnership and worked closely with them to safeguard people. When deciding whether to take enforcement action, and what type to take, we considered several issues including:

- the experience and outcomes for people using the service
- how well the service responded to previous areas for improvement
- how good the service was at self-assessment and making improvements
- how good the quality of management and leadership was.

Emergency cancellation was a last resort as there was no alternative way to protect people's health, safety and wellbeing.

Table 7: The number of services with enforcement notices issued against them

2014/15	2015/16	2016/17
11	4	5

6. Policy information

In the last three years there have been some important policy changes. These are designed to make life better for adults and older people living in care homes and will guide us in our future scrutiny and improvement work with services.

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 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.

The Future of Residential Care for Older People in Scotland 2014 sets out 34 recommendations from a review into residential care for older people. These are based on older people's needs and wants being at the centre of high quality, safe residential care services, through the development of a skilled high quality

workforce, in a flexible environment more fitting people's needs, via sustainable resourcing and commissioning.

Scotland's third National Dementia Strategy 2017 – 2020 builds on the work of the second National Dementia Strategy 2013 - 2016 and first strategy, published in 2010. It identifies the following priorities:

- continuing timely, person-centred and consistent treatment and care for people living with dementia and their carers, in all settings
- more progress on the provision of support after diagnosis and throughout the disease, taking account of individual needs and circumstances
- responding to the increasing proportion of older people developing dementia later in life, often alongside other chronic conditions.

Reshaping Care for Older People: A programme for change 2011-2021, outlines a 10-year plan to design a new model of health and social care in Scotland that is 'fair, affordable and sustainable for the future'. The programme outlines the challenges of Scotland's ageing population and the financial pressures of the changing demographic. The programme also focuses on the expectations of residential care, hospital care and social care, and how these can be met. The outcome of this programme is a number of strategies including: Free Personal and Nursing care, Self Directed Support, Integration of Health and Social Care, National Dementia Strategy, Carers Strategy, Models of Residential Care, Older People's Housing Strategy, National Concessionary Travel Scheme, Digital Inclusion, NHS Quality Strategy, The Delivery Plan for Health Professions in Scotland and Mental Health Strategy. In February 2014, Audit Scotland published a progress report on Reshaping Care for Older People. The progress report comments that progress had been slow, the Scottish Government needs to work with partners to clearly plan how resources will move from institutions such as hospitals into the community, and information needed to make decisions and assess their impact on older people is not nationally available.

Staffing and recruitment can be a challenge for care homes and their sustainability. In our 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 is the service type with the largest proportion of services reporting vacancies at 59 per cent, and these services also display significant regional differences in vacancy levels between local authority areas. The most common reasons reported by services finding it hard to fill vacancies include too few applicants with experience, too few qualified applicants and too few applicants in general.

The new Health and Social Care Standards came into effect in April 2018. The new Standards replace the National Care Standards and are now relevant across all health and social care provision. They are no longer just focused on regulated care settings, but for use in social care, early learning and childcare, children's services, social work, health provision, and community justice.

The 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; to ensure that individuals are treated with respect and dignity, and that the basic human rights we are all entitled to are upheld.

The Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016 is passed in 2016 which 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.

Conclusions and next steps

Most care homes for adults and older people were evaluated as performing well and improving year on year over the period of the review. Care homes for older people have shown the largest improvement. However, as complaints data indicates, care homes for older people are not performing as well as care homes for other adults, indicating further work is needed. My life, my care home, the outcome of a study into the experiences of people living with dementia in care homes in Scotland continues to show important areas for improvement. In particular, care/personal planning to ensure it reflects people's needs and wishes. We need to continue to work collaboratively with care services and partnerships to ensure services continue to improve.

The demographics show that people are living at home longer and as a result, care homes are admitting people who are older with associated complex needs such as dementia, long term conditions and end of life care - these impact directly on dependency levels and staff skills and challenge care homes to provide a homely environment whilst ensuring appropriate systems to meet the complexity of health needs. The change in resident needs is significant given the recruitment and retention challenges faced by the care home sector and high staff vacancy rates. Care homes for older people had a significantly higher than average proportion of services with registered nurse vacancies. Nationally there is a shortage of nurses to fill vacant posts which needs further consideration.

Legislation (The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 15) states that 'The provider must ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users'. We will continue to monitor staffing arrangements as part of our scrutiny activity.

Compulsory SSSC registration and codes of practice for social services workers and employers has helped to improve public confidence in social services. By promoting and ensuring high standards of conduct and practice among social service workers, the protection of those who use social services increases.

Continued work with Scottish Social Services Council and other partners will ensure that staff members are supported to develop their knowledge and skills to meet the diverse and changing needs of people now living in care homes.

Evaluation shows that the Care Inspectorate has been effective in promoting knowledge and skills across the sector. Managing Falls and Fractures in Care Homes for Older People has shown a significant reduction in falls when the resource is used by care home staff in partnership with the wider health and social care team. The Care…about Physical Activity improvement programme has challenged thinking about personal outcomes. Evidence shows that services are creating opportunities for people to move more and access to outdoor space and activities have increased.

We need to continue to promote the benefits of using this resource and ensure improvements are sustained.

Over the period of the review we found a decrease in the total number of care homes and a subsequent reduction in the number of places available. However, numbers of care homes for adults with physical disability are showing a gradual increase. This indicates that further work is needed to explore this trend. The Care Inspectorate review of self-directed support (SDS) will provide evidence whether SDS is being implemented effectively, to ensure that people experience choice and control when accessing services and support to achieve personal outcomes.

Within learning disability services there was high-level awareness about The Keys to Life strategy and the key lessons from the report on the review into Winterbourne View. Where we found 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 consistently built on strong communication between staff and those using the service. Further areas for improvement included support to access activities, learning and employment opportunities; medication management; better practice in planning and aligning risk assessments with care and support plans for good outcomes; staffing issues impacting on quality and person-centred approaches to care and liaison with guardians.

We found that cultural and strategic changes in our approach to scrutiny and improvement generated positive feedback among inspectors. Inspectors commented on the positive aspects of increasing focus on outcomes for people and the impact this had on care. We also found that using appreciative inquiry can provide opportunities to do things differently to bring about improvement in services.

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.

Care Inspectorate Improvement Strategy 2017 – 2019

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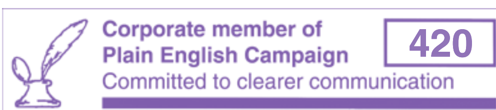

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