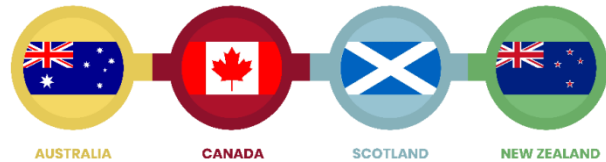


Decent Work Good Care

International approaches to aged care



A PROMISING POLICY:

Scottish Care Inspectorate quality standards & Inspection process

This promising practice describes key elements of the regulation of the quality of care provided in care homes and home care in Scotland. The quality standards, inspection process and enforcement regulation show the Scottish Government recognises the central role of staffing in providing good quality care for older people. This Promising Practice also draws on interviews and feedback from providers and [Scottish Care](#), the social care peak body in Scotland.

Background

Most developed countries have systems for regulating the quality of their aged care services. These systems vary in terms of how care quality is defined and assessed, the inspection process and the enforcement of standards compliance, including the consequences for service providers delivering poor quality care.

The Scottish Care Inspectorate was established in 2010 and is responsible for regulating all health, social care and social work services in Scotland including care homes and home care services. In social care, its role is to register, inspect, and support services to improve the quality of the care and support provided to residents and clients.

In 2018 Scotland's new Health and Social Care Standards came into effect. The Standards apply across care homes, home care and adult day services, as well as the National Health Service and other health and social care services. Following the implementation of the new Standards, the Care Inspectorate developed a new quality framework for the process and outcomes of service audits with a stronger focus on the wellbeing of service users and their experiences of care.

Scottish Health & Care Standards

The [2018 Scottish Health & Care Standards](#) are designed to be applied to a range of services across health and social care. The Standards are built on principles of: dignity and respect; compassion; inclusion; responsive care & support; and wellbeing - with descriptive statements setting out the standard of care service users should expect to receive, written from a user perspective.

Notably the new Standards draw a direct link between good quality staffing and good quality care. As an example, under the outcome 'I have confidence in the people who support and care for me', which draws on the 'responsive care and support' principle, statements of expectations on staffing levels and competence include:

- My needs are met by the right number of people;
- People have time to support and care for me and to speak with me;
- I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice, and follow their professional and organisational codes.

The realisation of these expectations are assessed by the Care Inspectorate in individual service audits. The Inspectorate expects the new Standards to be used in the planning, commissioning, assessment and delivery of care in care home and home care services.

Quality Framework

The Care Inspectorate's [quality framework for care homes for older people](#) and [quality framework for support services \(care at home, including supported living models of support\)](#) reflect the new Standards and the stronger focus on the wellbeing of service users and their 'experiences and outcomes'. These quality frameworks serve a dual purpose. The primary purpose is to help care home and home care services self-evaluate their performance in order to improve their service. They are also designed to be used by Care Inspectorate inspectors during their service assessments. This dual purpose aims to increase the openness and transparency of the inspection process.

The quality framework evaluation process is framed around five key questions, each with associated quality indicators, and a final question aimed at services' capacity for further improvement. The framework also provides illustrations of what 'very good' and 'weak' looks like for each quality indicator, based on the 2018 standards.

Inspection Process

In recent years the inspection process has undergone significant changes. Care Inspectorate visits to aged care homes and home care services occur annually, but the number of unscheduled inspections has increased. Nearly all visits now are unannounced.¹

Inspectors tailor their assessments to individual services. The performance indicators and the number of indicators used take into account a service's quality history and perceived risk factors. Grades for quality indicators in each of the main domains audited are made using a six-point scale, as below. A rating and qualitative assessment is provided for each quality indicator assessed. When more than one quality indicator under a key question is assessed and the ratings differ, the lower rating is given for that key question. Suggestions for improvement are often made even where a high quality rating is achieved.

Ranking quality of performance across care quality indicators

6	Excellent	Outstanding or sector leading
5	Very good	Major strengths
4	Good	Important strengths, with some areas for improvement
3	Adequate	Strengths just outweigh weaknesses
2	Weak	Important weaknesses – priority action required
1	Unsatisfactory	Major weaknesses – urgent remedial action required

Source: [Care Inspectorate: A quality framework for care homes for older people](#)

As part of the onsite inspection process, documentation (policies, procedures, care plans, staff training records, appraisals, supervision and employment records) is audited and care and interactions observed. Staff and clients, and, if relevant, family members, also receive a questionnaire to complete. In home care, inspectors accompany a small number of workers on client visits and interview clients and their families in their own homes.

The inspection quality framework acknowledges the influence of good management and staff development on care, with two of the six broad questions relating to staffing. A key quality indicator for 'how good is our staff team' is: 'staff have the right knowledge, competence and development to care for and support people'. What constitutes good quality is detailed for each quality indicator. For example, to be rated 5 against this indicator, inspectors would expect to see the following evidence: 'staff practice is supported and improved through effective supervision and appraisal.'

To achieve good quality ratings, providers are expected to demonstrate they have regular formal and informal consultation with workers. Workers are interviewed and the nature and level of the

¹ Care inspectorate, <https://www.careinspectorate.co.uk/news/324-more-care-homes-facing-unannounced-inspections> (accessed 14 Jan 2021).

involvement of, and consultation with, workers is assessed as evidence of service quality in the same way as is the nature and level of engagement with service users and their families. In addition to gathering staff perceptions on the care they provide to service users, in care homes Inspectors assess whether staff are supported to provide care, which includes assessing whether they have sufficient time 'to support with compassion' and 'engage in meaningful conversations' with residents. Care homes are also required to show care hours worked rather than just rostered hours, which reflects actual staffing levels.

Unlike many systems, including Australia's quality system, where organisations are assessed as simply either meeting or not meeting an individual standard, the Care Inspectorate's quality ranking enables both outstanding performance to be recognised and specific areas that may need improvement to be addressed. Further, performance in relation to different aspects of care quality can be assessed over time.

Care Inspectorate reports on individual services are published on the Care Inspectorate's website and must also be accessible at the service and on their website. Providers are required to submit an action plan detailing how they will change agreed aspects of their service delivery and how they will achieve these improvements. Our interaction with Scottish aged care providers suggests that reports, and requirements or suggestions for improvement are all taken seriously, possibly reflecting the public nature of reports.

The Care Inspectorate has powers of enforcement. It can change the conditions of the registration of an individual service, serve an improvement notice or cancel the service's registration.

Benefits & Implementation challenges

- The annual assessment reports are public readily available on the services' and Care Inspectorate websites. They provide quality ratings over both the current and prior years;
- The inspection process offers a formal framework for assessments of care quality which can be used by services in ongoing self-evaluation against the Scottish Standards;
- Service staffing levels, the competence of and support for care workers are all central to the assessment of care quality by the Inspectorate;
- The Care Inspectorate has become increasingly proactive around issues such as physical activity, and now looks to ensure such activity is part of care plans;
- It has taken time for services to understand the Care Inspectorate's shift in focus from quality assessment to quality assessment and support for service improvement;
- The quality of inspections may be influenced by individual inspectors.
- There is a perception among some providers that Inspectors may focus more on documented evidence than on providing feedback on any innovative practices they observe.

Other references

[The 'Quality Framework for Care Homes for Older People', \(https://www.careinspectorate.com/index.php/publications-statistic accessed 14 Jan 2021\)](https://www.careinspectorate.com/index.php/publications-statistic)

['The Quality Framework for 'Support Services \(care at home and supported living models of support\)' \(https://www.careinspectorate.com/index.php/publications-statistics accessed 14 Jan 2021\)](https://www.careinspectorate.com/index.php/publications-statistics)

