

BARNARDO'S RESPONSE TO: REGULATING FOR IMPROVEMENT AND ASSESSING THE QUALITY OF CARE SERVICES

Barnardo's Scotland 60 services across Scotland providing support to 9,000 children and young people. 24 of these services are registered under one or more of the following:

- Care home for children and young people
- Child care agency
- Day care of children
- Housing support / care at home
- Fostering and adoption agency

A number of our services have returned their own individual response to reflect their particular experience of the Care Commission. This response is from a management perspective and reflects an overview of our various experiences in regard to registration and inspection.

Section 1: Inspection of Care Services

Our view is that the key factor to set an inspection of a care service in motion is the level of risk to people using the service taking account of their vulnerability. The actual experience of people using the service is a priority. However pre-inspection questionnaires will not necessarily provide the best way of accessing the views of young children and children with disabilities. These are two of the most vulnerable groups. Some adults and older young people may be better able to articulate their views more effectively express their concerns. This needs to be taken into account when interpreting questionnaires.

Inspections should be both announced and unannounced. Unannounced inspections are particularly important in residential care homes. The frequency of inspection should be based on risk assessment but should be at least once yearly in residential homes. For other services, provided by organisations with good quality assurance systems and service user involvement policies of their own, inspection should be less frequent. This would allow the Care Commission to prioritise those services where there were serious concerns.

The amount of time that inspectors spend with service users should again be dependent on the age and ability of the services user. Not all service users will be able to communicate their views through discussion and interview. For children and young people, with disabilities a range of methods needs to be available, including art, games etc. We recognise that communicating with very vulnerable users is a challenge for the Care Commission.

The issues to be discussed with service users may vary between different service users groups and types of service but should include:

1. Do they feel safe?
2. Are their views sought, recorded and listened to – are they able to affect decisions about their care plan, objectives etc.
3. Are they treated as an individual?
4. Are their rights respected?

The actual questions which would elicit this information would vary dependent on the service user group

On the whole our services enjoy a good relationship with the Care Commission inspectors and appreciate when there is a consistent inspector for them to relate to. Inspections are carried out professionally and appropriately. However across Scotland there are inconsistencies in recommendations which in turn require a different organisational response and this is not helpful.

It is increasingly our experience that recommendations reflect the development areas identified by the service manager in the pre-inspection questionnaire. Often there is no acknowledgement of this. Being given recommendations that have already been identified by the service and are often already in the process of being implemented feels at best superfluous. Recommendations should only be made when there are no current plans in place which would address the identified gap. Recommendations should be clear and specific.

In non-residential services, the inspection does not seem very rigorous. It may be better to inspect less often but more rigorously.

We have a number of services who are registered and inspected under 2 or 3 different sets of standards. For example, a support service for children with disabilities and their families which runs a sitter service, play schemes and after school clubs and family based shared care is registered and inspected as a child care service, a day care service and a fostering service. These inspections take place separately with all the demands of pre-inspection questionnaires etc. Where services are registered in a number of categories we recommend that the inspection process is co-ordinated to take place as one event, recognising that this may need to take place over more than one day.

Whilst recognising the particular task of the Care Commission and its legislative duty in regulation, local authorities also require information on standards and performance and increasingly carry out their own reviews. This places huge demands on service managers who can spend time providing similar information in different formats to a number of agencies. This is clearly not only the responsibility of the Care Commission but we would urge the Commission to work with other regulators and local authorities to avoid duplication and “join up” their processes in order to lessen the demands on service managers and care providers.

Assessing the quality of care

Our view is that the existing care standards provide a sufficient framework for assessing quality, though the development of performance measures against the standards would be helpful. This should provide the basis of the pre-inspection self assessment questionnaire. We support the priority given to the experiences of service users in assessing performance indicators, with the same comments expressed above about the work involved in doing this with children and people with disabilities.

We would caution against using staff turnover as an indicator as this is difficult to interpret without sufficient background information. The views of staff should be sought as part of the inspection process.

Barnardo's, like many other organisations, has its own core standards and quality assurance procedures. The Care Commission should scrutinise and take a view on an organisation's own standards and monitoring systems and accept the assessment of quality provided by these if they are found to be sufficiently rigorous. The Care Commission inspection could then concentrate on areas which were not sufficiently covered by existing systems. Externally accredited quality systems such as Investors in People should also be recognised as assurance that standards in relevant areas are being met.

We are not in favour of an overall grading as this is likely to lead to an unofficial "league table" which we do not believe would be helpful. Clear performance indicators should help a service to measure its own progress without having to compare itself to others whose operating context might be very different.

Registration of Care Services

Barnardo's has been involved in the registration of services in a number of categories.

We have experienced the registration process as complex, confusing and hugely demanding in terms of time and demands for information. The inconsistency of application forms across different types of services was unhelpful and difficult to understand. Most irritating were the multiple demands for the same information with the same policies and forms being required for each registration. It seemed impossible for different offices of the Care Commission to share information or even communicate with one another.

We also experienced different demands in regard to the information required regarding the approved manager status for service managers. In some registrations, Barnardo's own recruitment procedures were recognised as being sufficiently rigorous and only basic information was asked for; in others detailed information was required.

We strongly make the following recommendations in regard to the registration process:

1. National organisations should be registered once only as a care provider and consequently provide one set of policies, signed forms by trustees etc. Any additional service specific information would be provided for each separate service registration. There should be one format of registration form.
2. Registration of an organisation would recognise the rigour of their own recruitment procedures in meeting the approved manager requirements.
3. Registration forms should be available electronically.
4. The Care Commission should liaise with local authorities (possibly with COSLA) to avoid duplicated demands for information across Care Commission registration and local authority approved provider assessment.

Despite the immense frustrations of the registration process, Care Commission officers were helpful and responsive as far as they were able to be within the confines described above.