Commission for Social Care Inspection

Making Social Care Better for People

Healthcare Commission

COMMISSION FOR SOCIAL CARE INSPECTION AND HEALTHCARE COMMISSION'S RESPONSE TO THE HEALTH SELECT COMMITTEE REPORT ON ELDER ABUSE

INTRODUCTION

1. This paper sets out the response of the Commission for Social Care Inspection (CSCI) and the Healthcare Commission to the Health Committee report on Elder Abuse (HC111-I, published 20 April 2004).

2. At the end of this paper is an annex which sets out the Commissions' detailed responses to recommendations aimed specifically at one or both Commissions or on which they wish to make a response in any event.

RESPONSIBILITY FOR PROTECTING VULNERABLE ADULTS

3. We feel it is important to emphasise strongly at the outset that the primary responsibility for delivering quality services, including ensuring that users and patients are kept safe from abuse and potential abuse, rests with service providers. However CSCI and the Healthcare Commission have a vital public assurance role in ensuring that providers (and service commissioners) understand their duty of care, have sound procedures in place and adopt effective and safe practices to ensure the protection of vulnerable people to whom they provide services. Both Commissions inspect service providers and aim to help them improve their practice where this is found wanting. In their formal regulatory activities, both Commissions also have powers to take enforcement action against providers where they identify serious risks to people using services. Both the Social Care and Healthcare Commissions are therefore committed to their improvement function *and*, where necessary, to enforcing compliance with national minimum standards.

THE COMMISSIONS' OVERALL VIEW

4. The two Commissions welcome the wide-ranging nature of the Health Committee's report and fully recognise the fundamental importance of addressing the serious issue of elder abuse in their work. The Commissions recognise that elder abuse can

take place in a wide range of settings, including behind closed doors in a person's own home which can make the identification and reporting of abuse difficult. The decision to regulate domiciliary care from April 2003 is therefore welcomed as one step forward in ensuring greater protection for older people in the community. The Commissions welcome the introduction of the Protection of Vulnerable Adults (POVA) list for social care from 26 July but note with some concern that POVA checks have not yet been introduced for healthcare staff, particularly community healthcare staff who often visit people in care homes or who may live alone in their own homes. Introducing such checks would give an added assurance to potentially vulnerable people that such visitors have been properly checked and do not present a threat. Also, the independent sector has raised concerns about the apparent lack of preparation and guidance for the introduction of POVA checks. For the system to work effectively, it is essential for the sector to understand clearly what is required of it and how the system will work.

5. Elder abuse can take many forms. It can be overt, such as physical assaults or "roughness". It can be more covert, such as using a person's trust to manipulate their financial affairs. Or it can be insidious, such as a series of comments which undermine a person's confidence and which, whilst relatively trivial as single instances, can add up to systematic abuse. It is therefore important to consider what practically and realistically can be done to address these important issues.

6. In this context it is important to signify that both new Commissions became operational only on 1 April 2004 and had prepared corporate plans which set out their workplans for the coming year. Those plans were not able to take full account of the wide-ranging implications of the Select Committee's recommendations. The Commissions will therefore be considering – together and separately - how best to incorporate further work arising from the Committee's recommendations into their future plans. Through their ongoing regulatory work, however, both Commissions are addressing the issue.

7. The issue of elder abuse can be raised and drawn to others' attention in many different ways, although these often occur outside any formal regulatory or inspection process, through for example service users or their advocates raising concerns with others. CSCI can and does monitor instances of elder abuse through monitoring complaints against registered service providers and receiving notifications of serious incidents from councils. CSCI has started a major project to review, modernise and improve its complaints procedure. This will include looking at ways of identifying problems sooner and establishing robust mechanisms for reporting abuse. We are also attempting to ensure that our response to complaints picks up abuse and deals with it expeditiously. CSCI has also applied to become a prescribed body under the Public Interest Disclosure Act, so that it can receive and act on information from whistleblowers about abuse situations in social care settings.

8. The Healthcare Commission is taking over the second tier of the NHS complaints procedure and gains responsibility for independently reviewing complaints about the NHS that have not been resolved at a local level. This replaces the previous second tier system whereby unresolved complaints were reviewed by an NHS convener - usually a non executive director within the trust concerned. These powers were conferred to the Healthcare Commission as part of Health and Social Care (Community Health and Standards) Act (2003) and follows publication of the *NHS Complaints Procedure National Evaluation Report* (March, 2001), which found that around 75% of NHS complainants believed the second stage was either unfair or

biased and only one in 10 was satisfied with the time taken to resolve their complaint. The Healthcare Commission will be reviewing NHS complaints in a in a fair, timely, independent and consistent manner.

9. The Commissions acknowledge the Committee's view that proportionate regulation is a key issue in helping tackle elder abuse, alongside effective training and education of staff working in social care and healthcare. CSCI conducts a risk assessment of providers and councils to inform its inspection programme and to ensure that interventions are made only when necessary. CSCI's vision and values mean that it is determined to take a more user-focussed approach to regulation. In essence this means CSCI aims to focus more effort on listening to what users of services and their families say about the quality of those services and less on checking paperwork. Accordingly in this first year it has embarked on a major review of the current methodologies underpinning inspections of regulated services, to assess how best to deliver its ambitions in this area.

10. The Healthcare Commission aims to create a better targeted more risk based approach to inspection so that inspection is proportionate to assessed need. This means that the Commissions will work closely together and with other inspectorates to provide integrated inspections where appropriate and a co-ordinated inspection programme.

11. The Healthcare Commission will use clear criteria to assess performance against national standards using quantitative and qualitative information. The Healthcare Commission is working to design and continually develop effective processes for gathering this information, assessing performance (through assessment and analysis) and providing feedback, so as to promote more vigorous self-assessment and a faster pace of improvement in quality. The Healthcare Commission recognises the need to focus on the experiences of patients and service users as part of this assessment process looking particularly at the service users experience across organisational boundaries.

12. As the Healthcare Commission develops its approach to assessing health organisations against national standards a more targeted and informed inspection can take place.

13. As the detailed response in the annex indicates, both Commissions are also engaged in looking carefully at how to take proper account of the Select Committee's recommendations in their future work. To give an important example, both CSCI and Healthcare Commission strongly endorse the Select Committee's emphasis on the importance of effective monitoring of the management and administration of medication, to ensure that medication is used only where appropriate and is not used or withheld in a way which constitutes abuse. The Commissions plan to work together to see what further improvements they can achieve in their respective spheres. This may, for instance, lead to recommendations to Government to amend the national minimum standards. More details are in the annex.

JOINT WORKING

14. The Commissions note the Committee's concern that joint working arrangements between the Commissions do not lead to gaps in regulation developing. To address this point, some examples of work planned are set out here, with further details in the table below which address specific recommendations.

JOINT HEALTHCARE COMMISSION AND CSCI

- A whole systems review of older peoples services, including a review of implementation of the National Service Framework (NSF) for older people is planned for 2004/05. This Healthcare Commission, CSCI and Audit Commission review of older peoples services will carry out a whole system review of 10 communities (including independent providers and care homes). Each review will have a local public report. A national report will also be prepared at the end of 2005. This will provide some useful information on elder abuse but it will not provide an in depth review of elder abuse. Several recommendations in the report could be addressed by a thematic review of elder abuse, although the Healthcare Commission would need to consider this alongside other recommendations for thematic reviews.

  The whole system review of older peoples services will employ older people as lay reviewers. These lay reviewers will carry out interviews with other older people as part of the review process.

  The whole system review of older peoples services will include:

  - Person centred care
  - Treating the older person with dignity and respect
  - Management of elder abuse
  - Medicines management
  - Single assessment process (putting the older person at the centre of care)

- Each Commission will publish an annual report and corporate plan every year. These will report findings from joint working with the other Commission and plans for future work between the Commissions as well as with other regulators. The Commission for Social Care Inspection will report annually on the state of social care in England whilst the Healthcare Commission annual report will, each year, detail the state of health of the nation.

- Several of the select committee recommendations referred to independent care homes. The Healthcare Commission would like to see these recommendations extended to cover independent providers of hospital services

- The Commission for Social Care Inspection noted the Committee's express wish for the healthcare needs of those in social care to be taken into account. The Commission would also like to see addressed the further point of how the social care needs of those in receipt of healthcare are addressed, for example taking into account daily activities.

CONCLUSION

15. This response is intended to indicate to the Select Committee and others the seriousness with which the Commission for Social Care Inspection and the Healthcare Commission take the issue of elder abuse. The contrast between the public and political reaction to a major child abuse case and that to similar cases involving older people, referred to by the Select Committee, is a powerful reminder of how far we as a society still need to travel fully to address the problem of elder abuse. In committing ourselves to a raft of new work in this area, the Commissions want to signal their determination to play their part, as well as to stress the limits of their power and influence, given where the primary responsibility for protection against abuse must lie, with those who provide services.

Section 1 – recommendations addressed to CSCI or the Healthcare Commission, individually or jointly.

Each recommendation is in italics, followed by the Commissions' response.

Recommendation No 9

The Select Committee hopes that CHAI will review the Strategic Health Authority Inquiry conclusions in respect of Rowan Ward, Manchester Health and Social Care Trust.

Response:

The Healthcare Commission will review progress against the recommendations of CHI's investigation into Rowan Ward.

The Private and Voluntary Healthcare (PVH) Mental Health Team ensure that the findings from the Manchester Investigation are considered and the issues addressed when determining the registration of independent mental health hospitals for elderly people with a mental health problem. This was actually the case in Manchester as the National Care Standards Commission was involved in the registration of the private facility where the Rowan Ward patients were transferred to.

Recommendation No 14

CSCI should ensure that medication systems within care homes and domiciliary care reflect good practice and that good practice procedures that exceed the NMS are published

Response:

INTRODUCTION

The NCSC (which CSCI replaced from 1 April 2004) found variable compliance with medication standards in care homes in its inspections in 2002/3. (An NCSC report on this topic – *The management of medication in care services 2002/3* – was published in March 2004). As a result of these findings, CSCI is monitoring this area particularly closely and is actively encouraging providers to raise their standards in this area. Some other examples of how we are following up the report are set out below.

Medication issues will be addressed in the course of CSCI's first inspections of domiciliary care agencies during 2004/5: through the case tracking process we will ask relevant questions of service users and agency workers, as well as inspecting the agencies' policies and procedures.

REVIEW OF REGULATION PROCESS

CSCI is undertaking a major review of the arrangements for regulating registered social care services. Virtually all aspects of the regulation process are under consideration; our aim is to achieve a stronger focus on the experience of service users, and a more proportionate approach overall. We also wish to find ways of giving recognition to high quality services, and of identifying and disseminating good practice amongst regulated services, in this and other areas. The Healthcare Commission is closely involved in the review.

This work is ongoing and will take into account the recommendations of the Select Committee, including those relating to medication.

ONGOING ACTIVITY

At present, the inspection methodology focuses on whether homes (and other registered services) are achieving the Department of Health's National Minimum Standards (NMS).

In respect of care homes for older people, the NMS stipulate (in standard 9.4) that care homes will handle medicines in line with guidance issued by the Royal Pharmaceutical Society of Great Britain and the Nursing and Midwifery Council. This indicates that the accepted minimum standard is for a care home to achieve good practice in medicine handling. Any practice that fails to achieve this standard is a potential source of harm to service users. Conversely, it is difficult to envisage practice that would exceed the NMS in this area. Nevertheless, CSCI agrees that examples of excellence in this area of practice should be publicised; the NCSC's publication, *The management of medication in care services 2002/3 (pub. March 2004)* includes illustrations of good performance and case studies on organisations which have raised their standards.

To supplement the NMS, the NCSC designed a series of 'pharmacy triggers' to alert a regulatory inspector to unsafe practice which is unacceptable. In reviewing what constitutes good practice, CSCI will consider what part these triggers may be able to play.

CSCI is following up the NCSC's report's recommendations as follows:

- Accredited training for care staff. CSCI continues to work with key bodies such ad the Department of Health, College of Pharmacy Practice, National Patient Safety Agency, and Centre for Pharmacy Postgraduate Education to encourage the setting of nationally agreed standard of educational content.

- Medication Review. CSCI is working with the National Prescribing Centre (NPC) which is responsible for the Medicines Management Collaborative nationally to discuss how CSCI can formally encourage the wider involvement of PCTs in medication review for care home residents.

- CSCI pharmacists are engaged in local dialogue with PCTs to promote community pharmacist involvement to support care homes.

Recommendation No 15

We also recommend that the results of investigations by CHI and its successor body relating to inappropriate medication management in the NHS should be widely disseminated and that evidence of unacceptable practice should trigger sanctions. We believe that close co-operation between CHAI and the National Patient Safety Agency would aid the discovery and dissemination of such practices.

Response:
The joint Healthcare Commission, CSCI and Audit Commission whole system review of older people services planned for 2004-05 will include a review of medicines management. Local public reports and a national report will disseminate findings. Unacceptable practice found on any Healthcare Commission review or inspection could lead to a full investigation.

There is clearly much to be gained from close co-operation between the Healthcare Commission and the NPSA. The Healthcare Commission is therefore developing close working relationships with the NPSA and other organisations dealing with patient safety. This includes populating the standards on safety with appropriate criteria and also how the respective organisations can share information.

Recommendation No 16

CSCI to publish findings on restraint as a thematic study.

Response:
NCSC published a policy on "*the use of safety equipment / furniture versus items of physical restraint in care homes: the assessment process*" in November 2003. This followed an incident where cot sides were used as a form of restraint without a proper assessment of needs involving healthcare professionals. The policy was broadened to encompass instances where NCSC staff had encountered other inappropriate equipment as a form of restraint. NCSC did not, however, conduct research into this area. CSCI is currently gathering information on this topic and considering the option of commissioning its own research or linking with other organisations' research in this area.

Recommendation No 26

We urge those undertaking the review of the NSF for Older People to pay particular attention to opportunities for tackling elder abuse. We welcome

the potential for the Single Assessment Process to address the possibility of abuse in all assessments of older people. However, we believe that more can, and should, be done. This may require the development of additional standards and milestones within the NSF.

Response:
CSCI, the Healthcare Commission and the Audit Commission are currently piloting a joint methodology for reviewing the implementation of the National Service Framework (NSF) for older people. Learning from these pilots will inform the development of the whole systems review of older peoples services. There will be an opportunity to look at how the review responds to some of the recommendations of the select committee to promote improved practice in this area.

(see the response to recommendation 35 below).

Recommendation No 33

CSCI should review its care home inspection methodology and ensure that where possible more conversation takes place with service users to validate CSCI's findings.

Response:
CSCI strongly welcomes this recommendation.

We have already embarked on a major review of our methodology (see above), and a greater emphasis on involving service users, their families and advocates is likely to feature strongly in our new approach. Our aim is to build on the best practice of our predecessor organisations - for example, in engaging with service users in a range of ways throughout our inspections, and in extending the use of lay inspectors on our inspection teams.

One outcome sought from these changes will be that inspectors can better gauge instances of 'casual' attitudes or behaviour amongst care staff. A series of casual events can be abusive to a person's self-esteem, and the cumulative effect of many 'minor' incidents can be tantamount to more overt abuse.

On the other hand, it is important to stress that inspections – however well conducted – may not always uncover instances of abuse. Allegations and discoveries of abuse almost always occur via third parties, and not through inspectors talking to service users in care homes. For this reason, inspectors' main focus must be to ensure that homes have a safe and positive ethos, with staff trained and equipped to perform their roles well. This is especially the case with the domiciliary care sector, where staff usually work unsupervised with individuals in their own homes.

CSCI also has responsibility for the performance assessment of councils' social care services – including the services they provide and commission

for older people. We routinely collect and consider evidence from a range of sources, including a self-assessment completed each year by each council, a set of performance measures, and evidence from inspections and reviews within that council area. CSCI's performance assessment methodology is constantly being adapted, to take account of changing circumstances (including the ongoing reconfiguration of services at local level). CSCI intends to take the Select Committee's findings into account in designing its methodology for 2005/06: for example, in their self-assessment for that year, councils will be asked to report on their local adult protection arrangements and to provide quantitative evidence on the numbers of allegations, investigations and proven incidents.

The Private and Voluntary Healthcare part of the Healthcare Commission is currently reviewing its methodology on inspecting independent hospitals. Part of this strategy includes the plan to engage service users in two ways.

1. In the review of our methodologies

2. Active engagement in reviews/inspections to help triangulate the findings.

Recommendation No 34

CSCI and CHAI publish at an early date joint plans for regulation and ensuring healthcare needs of people in social care settings are met.

Response:

A Memorandum of Understanding already exists between the two Commissions which covers joint working / co-operation and information sharing. This will shortly be available on both organisations' websites. In addition, both CSCI and the Healthcare Commission are signatories to a June 2004 multi-agency concordat between bodies which inspect, regulate and audit healthcare. The Commissions have formed good working links and maintain frequent contact on matters of mutual interest and responsibility. Both will be active participants in the new Health and Social Care Inspection Forum set up under the Concordat.

Recommendation 34

That the DH Minister requires CSCI/ CHAI annual reports to include joint working and the experience of the adequacy of the regulation of healthcare aspects of care home service provision

Response:

Both Commissions have noted the recommendation on joint working and will ensure these points are covered in their annual reports.

The second part of this recommendation raises some complex issues, including the potential for enhanced joint working between the two agencies in a range of health and social care settings. The two Commissions are exploring the possibilities for taking this forward

Section 2 – recommended action for CSCI and/or Healthcare Commission with others.

Each recommendation is in italics followed by the action the Commissions' are taking, plan to take or will take to support the work of other organisations to reduce elder abuse

Recommendation No 2

Expand No Secrets *definition of abuse to include people not requiring community care services. Also, that all government departments and statutory agencies, charities and independent organisations, adopt that definition to aid consistency and conformity.*

Action:

CSCI notes the Government's response to this recommendation. The current definition of abuse in the adult protection protocol mirrors that of "No Secrets". This is already a wide definition. An expanded definition would include more people who were not being cared for in services regulated and inspected by CSCI.

Recommendation No 4

Establishment of performance indicators to allow measurement of quality and quantity of work in adult protection. Also that DH use No Secrets *as baseline from which improvement measured*

Action:

Both Commissions welcome the funding which Action on Elder Abuse has received from the Department of Health which will lead to the generation of performance measures in this area. They will each be pleased to contribute towards the development of these indicators, which could be used to review progress in the future, especially if selected as a thematic review or report.

Recommendation No 5

Improvement in data collection in area of elder abuse. That DH use No Secrets *definition to collect and monitor data on abuse and also proven incidents.*

Action:

CSCI shares the Government's reservations about the robustness of the figure of half a million vulnerable people experiencing some form of abuse at any moment, but fully accepts the importance of this issue and welcomes the measures taken to establish a more accurate picture of the scale and types of abuse that occur.

CSCI's own inspections of councils' services suggest that there is considerable variation in the numbers of referrals and investigations carried out at local level, which may be explained by variations in the way procedures are interpreted and applied locally. SSI inspections of older people's services (for example, those covered by last year's report, *Improving Older People's Services*, pub. November 2003) found that formal joint adult protection processes are in place in most locations. On the other hand, SSI had concerns about whether professionals across agencies were aware of the agreed procedures or made proper use of them. CSCI has now improved its inspection methodology with the aim of capturing more quantitative evidence about the numbers of referrals and investigations and the outcomes. However, for the reason explained above, this is still unlikely to result in a reliable estimate of the real incidence of abuse.

In the care homes sector, CSCI inherited an adult protection protocol which includes an adult protection referral and monitoring form. This protocol is under review.

Both the Healthcare Commission and CSCI would be pleased to work with the Department of Health to help improve the data collection in this area. As with the performance indicators, improved data collection could be used to review progress in the future.

Recommendation No 8

Training of domiciliary care and care home staff includes elements to help identify abuse and how to report it

Action:

The domiciliary care sector was brought into regulation from April 2003, in order primarily to improve standards in the sector. Work to register some providers is continuing and the first round of inspections is due to begin later this year.

CSCI recognises the role of staff training as one of the ways to help identify and report abuse. CSCI currently monitors whether care home managers comply with the General Social Care Council (GSCC) Codes of Practice. CSCI also monitors whether the care service provider complies with the requirement in the National Minimum Standard to have at least 50% of members of care staff trained to NVQ Level 2 by 2005, with agency staff included in this ratio. Further, CSCI monitors whether trainees are registered on a TOPSS-certified training programme. Where providers fall short of this, CSCI inspectors can issue notices requiring

providers to comply with the NMS. Where serious risks to service users are identified, CSCI can take enforcement action, including prosecution.

Recommendation No 10

Use of lay assessors/involvement of lay people recognised in helping people overcome fears of talking about issues such as abuse.

Action:

CSCI is continuing to use lay assessors as its predecessor organisations did before 1 April 2004. (This includes using lay assessors in service inspections of councils). The aim is to build on our successful experience in this area.

The Healthcare commission will continue to use lay reviewers, where appropriate, in its assessment of health services. This will include lay representation on thematic reviews, investigations and in the new independent stage for handling complaints.

CSCI's structure incorporates a Directorate of Communications, User and Public Involvement and this work has been resourced through the CSCI corporate plan. A Head of User Involvement will be recruited shortly, with responsibility for examining the use of lay assessors, their role and the value they add to the regulatory process.

The Healthcare Commission is currently developing its strategy to ensure effective engagement of lay people in the development of its priorities and working methods, at local and national level.

Older people lay advisors are working on the whole system review of older peoples services, interviewing older people in a number of different settings.

Recommendation No 20

Social and healthcare regulators increase their surveillance of financial systems, including powers of attorney and, in care homes, use of residents' personal allowances

Action:

Currently inspection of care homes already includes some sampling of records of money held on behalf of service users.

CSCI is represented on a project led by Association for Real Change and funded by the Department of Health to produce guidance for providers of services for people with learning disabilities on the handling of service users' money.

The Healthcare Commission could include this as part of a thematic review on elder abuse, although this would need to be agreed as a future thematic review against other proposals using agreed criteria.

Recommendation No 23

Local Authorities need further guidance to establish multi-agency vulnerable adult protection committees. Good practice should inform guidance

Action:

The whole system review of older peoples services will share any good practice identified as part of this review.

Recommendation No 28

Elder Abuse advocates be identified, trained and deployed from black and minority ethnic communities. Training of social care staff relating to ethnicity takes proper account of elder abuse.

Action:

CSCI is committed to valuing diversity both in the staff it employs and in carrying out its regulatory responsibilities. CSCI will consider how best it can contribute to helping achieve improvement in this area. This issue could be part of local communities' response to the protection of vulnerable adults as coordinated by local authorities within the local procedures.

The Healthcare Commission is embarking on developing a comprehensive Equality and Human Rights Action Plan, with the aim of mainstreaming all strands of diversity in our internal practices and our external facing work. We are committed to reducing health inequalities and want to ensure that all members of our diverse community have equal access to services that suit their individual needs. Wherever possible, we work towards this by ensuring the ethnic; gender and age mix of our review and inspection teams is reflective of the local population and service users.

Recommendation No 35

CSCI, HC, HM Inspectorate of Constabulary, Housing Inspectorate and Audit Commission undertake joint inspection of the implementation of No Secrets along the lines of Safeguarding Children.

Action:

Historically, SSI carried out targeted inspections of councils' older people's social care services, completing around 15 of these each year. These inspections have been based on the achievement of explicit standards, including the requirement that '*older people are safeguarded against*

abuse, neglect and poor treatment whilst receiving social care'. We are currently considering whether this requirement should be amended, to achieve a more explicit focus on robust multi-agency processes as set out in *No Secrets*.

CSCI, the Healthcare Commission and the Audit Commission are also working together to design 'whole systems reviews' of older people's services, to start in November/December 2004. These reviews will certainly be influenced by the Select Committee's report, and will include a focus on the appropriateness and effectiveness of local multi-agency adult protection systems. We believe that the effectiveness of our inspection work in this area will be enhanced by more integrated working, and the development of shared methodologies.

In addition, the Healthcare Commission could develop a thematic review to address this, but this would need to be considered alongside other thematic review proposals.

Recommendation No 37

(i) statutory medical assessors should identify, support and monitor care home death certification by first and second certifiers as a distinct sub-group of certification by doctors and practice.

(ii) CSCI, local coroners and statutory medical assessor counterparts should have regular exchanges of information and to investigate jointly practical problems over death verification and certification of care home deaths, drawing to PCTs' attention where appropriate.

Action:

(i) The Healthcare Commission would like to stress the importance of including independent hospitals within this recommendation.

(ii) Currently there are no national links with coroners, although local links exist. CSCI agrees with the Government's response on this issue, that the coroner's judicial status would make joint CSCI and Healthcare Commission investigations inappropriate, although there should be no reason not to share any issue or general concerns about death verification in particular contexts. The Commissions believe that where specific personal information sharing is involved, this needs to be underpinned by agreed set protocols, which take into account any legal restrictions.

Recommendation No 38

CSCI should be able to raise with the coroner on a confidential basis any anxieties about an individual death that is relevant to inspectorial and regulatory function. Reciprocal arrangements should apply to coroner and statutory medical assessors

Action:
NCSC gave evidence to the Fundamental Review of death certification and investigation.

Recommendation No 39

Where a GP owns and runs a care home, stricter controls should be implemented to ensure that they do not sign a death certificate of a resident in a home they own or manage

Action:
CSCI notes the Government's response to this recommendation. CSCI does not have a role in checking who signs the death certificate. This should be the same for an independent hospital and will be part of inspection if it is included in the regulation criteria.

Section 3 – recommended action for others.

Each recommendation is in italics followed by the Commissions' response.

Recommendation No 6

A conclusion that only measures which increased the climate of awareness amongst health and social care professionals and those which empowered older people to report abuse more easily. Committee recognise that there are no simple solutions

Response:
Training and awareness of staff in elder abuse / adult protection will be included in the whole system review of older peoples services.

Recommendation No 3

That DH commission multi-disciplinary research into elder abuse to clarify its extent within society

Response:
The Department of Health has commissioned Action on Elder Abuse to take this forward. CSCI will therefore contribute through the steering group.

Recommendation No 7
Dom care NMS should be amended to include reporting of adverse incidents

Response:
CSCI notes the Department of Health's response to this recommendation and its inclination not to take forward this recommendation on the grounds that some adverse incidents such as deaths and accidents may be unrelated to the involvement of the domiciliary care agency.

CSCI nevertheless believes that some progress could be made, for example regarding issues that do relate to the agency. It would be worth exploring the feasibility of requiring reports of incidents where these involve - for example - allegations of misconduct by the registered person or agency worker, or any theft, burglary or accident where the agency worker is involved or implicated. Such incidents will in any case be explored in the course of our inspections of domiciliary care agencies.

Recommendation No 11

Government pursue NSF target for people over 75 to have medicines reviewed annually, those taking 4 or more medicines reviewed every 6 months

Response:
This recommendation would be considered as part of the whole system review of older peoples services.

Recommendation No 12

Three-monthly GP review of medication of care home residents (or sooner if home requests). Need action taken to ensure GPs comply with NSF milestone and that compliance monitored

Response:
The principle of the three-monthly review needs to apply to independent hospitals.

On the point about the NSF, this will be covered as part of the whole system review of older peoples services.

Recommendation No 18

Adult protection committees should develop policies on prevention, detection, and remedying financial abuse

Response:

CSCI notes the Government's recommendation that adult protection committees should review their policies and procedures in the light of available evidence.

Recommendation No 19

Committee endorses recommendations of Joint Committee on the Draft Mental Incapacity Bill relating to Lasting Powers of Attorney

Response:

CSCI is represented on the Mental Capacity Bill consultative forum and will be responding to the consultation on the Code of Practice to accompany the Bill.

Recommendation No 25

DH monitor compliance with 3 month Single Assessment Process and report outcomes including rehabilitation objectives

Response:

Both Commissions note that the Department of Health will draw their attention, along with that of SHAs, to the important requirement for cases to be reviewed on a regular basis. This will be covered as part of the whole system review of older peoples services.

ANNEX A

THE ROLE AND FUNCTIONS OF CSCI

CSCI replaced the regulatory responsibilities in social care of the National Care Standards Commission, the Social Services Inspectorate and the joint review function of the SSI/Audit Commission. CSCI can therefore make a more integrated and industry-wide assessment of all social care services than was previously possible. It aims to encourage the improvement not only of services registered with it, but also the quality of local council social services' commissioning and care management.

CSCI's remit is fourfold:

(i) Statutory registration and inspection of social care services. Services are inspected regularly against National Minimum Standards which set out the minimum standards of care and service expected across a wide range of criteria. Where inspectors find evidence of abuse they take prompt action to identify the problem, liaise with other agencies as appropriate and take proportionate enforcement action. Where there is a serious risk to the people who use services, CSCI has the power to close the service.

(ii) Assessing how well local councils in England undertake their social services functions. CSCI assesses all areas of the care services commissioned and provided by the 150 local councils in England against a national agenda. CSCI service inspections assess how the council delivers its social services functions and uses its resources. Local councils are also required to complete a delivery and improvement statement each spring that provides a self-assessment of their progress. Each year CSCI collates this evidence to form an overall assessment, providing comprehensive information for the public about local services and promoting improvement in local council social care services.

(iii) Policy analysis and comment. The Commission has been given a responsibility to analyse and comment on the impact of Government and local policies on the people who use social care services, using, for example, information from its databases of registration and inspection, research and special studies etc.

(iv) Working effectively with other agencies involved in health and social care. For example, CSCI is one of 10 signatories to a Healthcare Concordat recently co-ordinated by the Healthcare Commission. Two of the overarching principles of that Concordat are that inspections should focus on the experience of patients, users and carers and that they should support improvements in quality and performance.

THE ROLE AND FUNCTIONS OF THE HEALTHCARE COMMISSION

Requirements in Health and Social Care Act 2003

The Healthcare Commission has the general function of encouraging improvement in the provision of health care by and for NHS bodies.

The main statutory functions of the Healthcare Commission include:

- Carrying out reviews and investigations of the provision of healthcare and the arrangements to promote and protect public health, including studies aimed at improving the economy, efficiency and effectiveness in the NHS
- Promoting the coordination of reviews and assessments undertaken by other bodies
- Publishing information about the state of healthcare across the NHS and the independent sector, including the results if national clinical audits.
- Reviewing the quality if data relating to health and healthcare.

The statutory requirements of the Healthcare Commission in England only include:

- Reviewing the performance in each local NHS organisation and awarding an annual rating of that organisation's performance
- Regulating the independent healthcare sector through annual registration and inspection
- Considering complaints about NHS bodies that they have not been able to resolve through their own complaints processes
- Publishing surveys of the views of patients and staff

In order to exercise these functions the Healthcare Commission has a duty to work in partnership with the Audit Commission and CSCI. Joint working arrangements have been set out in the concordant for inspecting for improvement 2004.