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Dear Rami

Consultation on

Clarity around the Care improvement

is an emphasis on the experience and outcomes of people, a proportionate response and a focus on continuous improvement and quality. The greater emphasis on self-evaluation that the quality framework promotes is a positive step in promoting a constant audit loop and cycle for improvement. This will support improvement plans being and not just one off occurrences following inspection.

A key issue in the new approach is how the Care Inspectorate will judge that they have seen evidence that the Quality Indicators have been achieved as part of the inspection process. For example, will this be through observations of care and interactions on the day of an inspection visit? Or will it be through examination of material such as care plans?

aspirational. There is likely to be a degree of subjectivity in the approach and care homes are likely to require a considerable amount of training as to the types of written evidence providers will need to produce.

It is also important to consider the contextual factors which influence the capacity for an organisation to improve, such as the importance of adequate funding for staff. As the Care Inspectorate is well aware, care homes are facing many challenges that impact their capacity for improvement, including the high vacancy rate for registered nurses.

The improvement support that the Care Inspectorate can provide will be vital to

improvement body

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national scrutiny and
supporting
role around improvement

essence the quality framework does not reflect the clinical care needs of people in care homes. This means, for example, that people coming out of hospital into a care home will not be supported to receive the same standard of clinical

level of focus on improvement and evidence-based learning, risk management and audit, and communication and multidisciplinary working.

Greater emphasis on clinical care needs and clinical safety

A key issue is that the quality framework does not include any references to clinical care needs. This is a major omission. This is especially important given the increasing proportion of people in care homes with complex clinical care needs and the increase in use of care homes to provide services such as intermediate care. These people require highly skilled clinical care delivered by registered nurses, support workers and other registered professionals. The quality framework needs to emphasise the importance of clinical decision-making to identify the clinical care needs of older people in care homes. There is currently no reference to the ways in which acuity and complexity of clinical needs should be assessed or measured, nor about the tools needed to support clinical decisions.

This emphasis on clinical need then has to be reflected in the staffing levels and skills mix required, including the key role of registered nurses, to ensure that high quality

There is no reference to clinical need or safety anywhere under this heading or within the sub categories on this page.

Quality Indicator 1.1 (page 9):

What is meant by wellbeing should be more clearly defined. We need to understand this from an integrated perspective, as it has been an issue in other policy areas that people from health have a different understanding of wellbeing to those from social care.

Quality Indicator 1.2 (page 10): *people...feel safe and are protected but have the*
This should emphasise that people both feel safe and are

Quality Indicator 3.2 (page 20)