

# CHAPTER FOUR

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## SERVICES FOR ADULTS

CSIW regulates the following services for adults:

- Care homes
- Domiciliary care agencies
- Adult placement schemes
- Nurses' agencies

These services provide care and support to many thousands of people and are central to maintaining people's dignity and independence.

Domiciliary care and adult placement schemes are major new areas of regulation that were successfully implemented this year. CSIW has supported providers to make this a reality.

Overall the range of services regulated for adults has expanded considerably over the last 12 months which increases the safeguards and protection available to vulnerable people.



### Adult care homes

#### OVERVIEW

It appears that the reduction in the number of care homes in Wales has significantly slowed down, but as last year, the service remains fluid. The service profile continued to change during the year with numbers of services being recategorised. There are significant variations in the pattern of care homes across Wales.

Regulation has clearly had a positive impact in supporting significant improvements in the quality of services. There are numerous examples of good practice that others can learn from. Continued improvement is however needed in a number of areas, this includes concerns about some core practice areas.

## ***BEST PRACTICE - LISTENING TO SERVICE USERS***

*In line with our new reform of regulation which focuses on the needs of service users, CSIW inspectors have been proactive in setting up links with Age Concern colleagues to obtain the views of older people in relation to their expectations and experiences of services provided in adult care settings.*

*Three 'Older Persons' forums have significantly raised public awareness of CSIW and its role in protecting older people.*

***Vale & Valleys Region***

## **PROFILE OF THE SECTOR**

The following table shows the number of registered settings and places in care homes at 31 March 2005:

Region	Number of registered care homes	Proportion of registered care homes	Number of registered places	Proportion of registered places
North West	221	17%	4020	15%
North East	168	13%	4014	15%
Mid	62	5%	1245	5%
South East	205	16%	4428	16%
Cardiff	99	8%	1960	7%
Vale & Valleys	112	9%	3045	11%
South West	196	16%	4473	17%
West	202	16%	3918	14%
TOTAL	1265	100%	27103	100%

The care home sector is large and diverse. It has been subject to significant change, including in the way that changing regulations define services. This makes the calculation of trends problematic. However, there appears to have been a significant slow down in the reduction in the number of care homes. In determining this trend we have taken account of:

- Settings which de-registered because they are part of an adult placement scheme;
- Care homes which de-registered under the 'supporting people framework' many having now re-registered as domiciliary care agencies;
- Change of ownership which involves deregistration and determination of new applications;
- A number of applications yet to be determined.

During 2004-05:

- 85 care homes voluntarily ceased to operate;
- 101 applications for registration were received (this number excludes change of ownership applications);
- 81 care homes were registered, which includes determinations of some applications made in 2003-04.

The pattern of change is not spread evenly across Wales. This is illustrated by the following tables which show:

Voluntary closures by region during 2004-05:

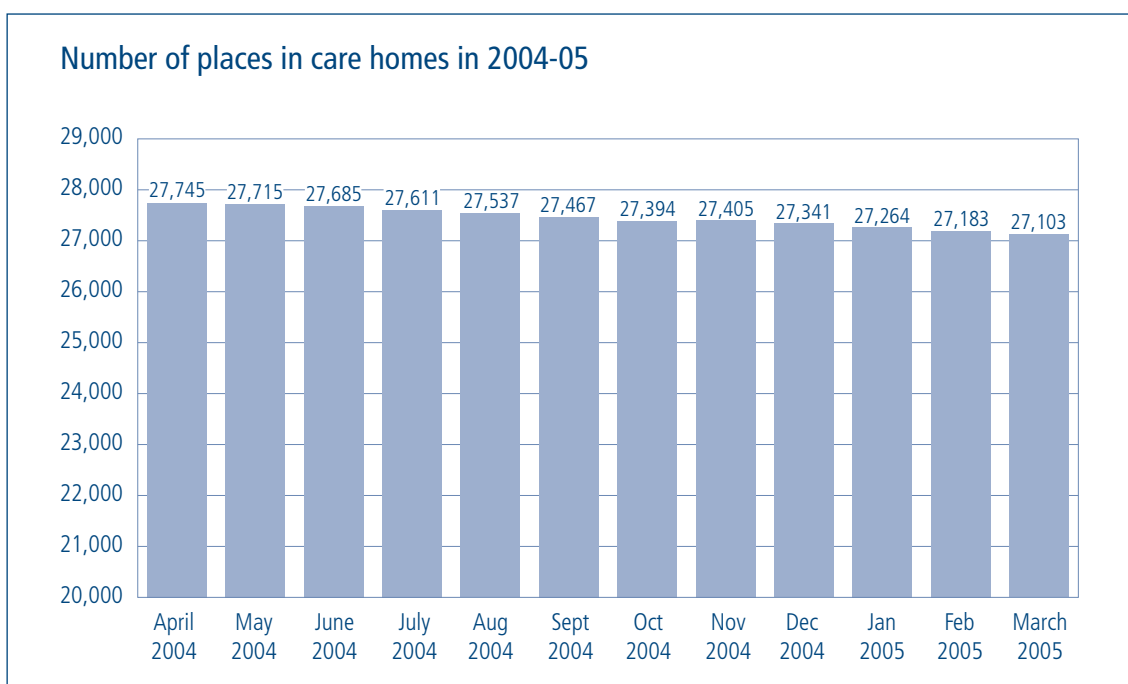
Region	North West	North East	Mid	South East	Cardiff	Vale & Valleys	South West	West	TOTAL
Voluntary closures	23	4	9	7	8	4	15	15	85

Number of registration applications determined during 2004-05:

Region	North West	North East	Mid	South East	Cardiff	Vale & Valleys	South West	West	TOTAL
Registration applications determined	18	9	7	5	4	6	18	14	81

Note: applications determined may include some applications made in 2003-04 and applications received following change of ownership

The following chart reports a 2% loss of places in care homes across Wales. Outstanding applications for registration should compensate for this loss.



There continues to be change in both the numbers and pattern of small care home (care homes with 3 or less places) provision during 2004-05. The following table illustrates these changes:

Region	Total number at 31/03/04	Total number at 31/03/05	Younger adults at 31/03/05	Older adults at 31/03/05	Mixed group at 31/03/05
North West	57	46	36	7	3
North East	19	15	12	3	0
Mid	19	19	11	3	5
South East	34	36	32	3	1
Cardiff	48	37	29	5	3
Vale & Valleys	26	20	9	2	9
South West	44	39	35	3	1
West	51	39	28	7	4
TOTAL	298	251	192	33	26

Last year there was an overall decrease of 68 small care homes and that trend has continued this year, with a further overall decrease of 47. Small care homes are a significantly reduced feature of the care home sector than in the late 1990's.

For all care homes, service provision remains largely in the independent sector, with 86% provided in independently owned settings and only 14% provided by local authorities.

CSIW received 337 applications from providers to vary the condition of existing registrations. These related both to the change in category and number of service users accommodated. Last year saw a 54% increase in this activity and this year there is a further 36% increase. The continuing increase is probably due to an increased awareness of the requirements of the legislation, so that providers seek to remain within the conditions of their registration and therefore apply for variations where necessary. In addition, CSIW received 285 applications for registration of managers. These figures continue to paint the same fluid picture as last year.

## SERVICE QUALITY

CSIW conducted a sample of 10% of all inspection reports. The regulations and national minimum standards cover a wide range of issues that together provide the infrastructure for ensuring that people's needs are met and that they enjoy positive experiences. These can be broadly divided into:

- Matters relating to the quality of care and promotion of their welfare e.g. statement of purpose, planning for individual needs, quality of life, care and treatment, dealing with concerns, complaints and protection;

- Matters relating to the running of the service e.g. staffing, physical environment, conduct and management of the service and quality assurance.

*“ I feel we have a good ethos within the home regarding inspections and openly welcome them. We recognise their importance in helping us maintain standards and improve services. ”*

*Manager, care home for adults*

The analysis shows many examples of good quality services and areas of significant improvement over last year.

*“ The inspector was helpful, informative and proactive, and provided useful constructive feedback which facilitated goals for the future being achieved. ”*

*Manager, care home for adults*

However, a range of requirements were made across both of these broad categories, several of which are central to the provision of quality care.

### **MEETING INDIVIDUAL NEEDS**

Clarity about the purpose of the service, what it can offer and whether this is the right choice of home is essential. These general aims have to be translated into clear individual plans to make sure that the service received meets the particular needs and preferences of the service user:

- The registered person is required to produce a statement of purpose that explains exactly what the home will provide for service users. This is an essential document which also serves to protect both service users and providers. However, there were requirements in relation to the statement of purpose in 33% of sampled reports;
- In 37% of the inspection reports sampled, requirements were made for settings to produce written service user guides. Specific problem areas related to terms and conditions and contracts. 50% of these were confined to North West and South East regions, with the remaining 50% spread across all regions. Making the decision to enter a care home can be very difficult for some service users and their families. The service user guide is an essential tool which enables people to make informed choices;
- The service user plan should clearly state the care that is required by an individual, leaving the provider in no doubt as to what will be provided and the way in which it is to be provided. 29% of sampled reports referred to requirements in this area. This was largely

because service user plans were not being reviewed on a regular basis. 29% is a slight improvement on last year's findings, but in order to deliver appropriate levels of care, it is essential that service user plans are reviewed frequently and regularly;

- In a shared care situation good record keeping is essential and contributes much to the continuity of care. The fact that 44% of the sampled reports contained requirements in relation to records is a matter of concern.

## ***STAFFING AND STAFF SUPPORT***

Working in a care home is a rewarding and challenging commitment. Good service user experiences generally reflect the commitment and skills of staff. Service users have a right to expect good quality staff and staff have the right to expect the support they need in order to deliver the service:

- 39% of sampled reports contained requirements in relation to fitness of workers. This particularly concerned the lack of documentation in relation to recruitment and employment practices. It is essential that service users and their representatives are confident that those providing services will ensure that only people who are considered fit to be involved in the provision of personal care are employed to do so;
- Last year we reported a number of concerns around staffing. Significant improvements have been made. Last year 48% of sampled reports made requirements in relation to staffing numbers compared to this year's 26%. Requirements relating to staff supervision were made in 24% of sampled reports, in comparison to last year's percentage of 43%;
- Staff training requirements were highlighted in 18% of reports. While this is a very significant improvement on the 41% findings in 2003-04, this must remain an area for ongoing action if the quality of services is to continue to improve;
- Much hard work has been put into meeting the requirements in relation to NVQs for managers. Only 10% of managers will not achieve this requirement and this is mainly because of their intention to retire or to change employment. This is an important achievement.

## ***SAFETY AND SECURITY***

A safe and secure environment in which people can make choices, with risks that they understand, is central to both protecting and empowering people who use services:

- 34% of sampled reports referred to ensuring that all parts of the home are free from hazards to service users' safety. Additionally, in 31% of sampled reports, unnecessary risks had failed to be identified and eliminated. This is an improvement on the findings last year when this percentage was 57% but remains an important area that needs to be addressed;
- Adequate protection against fire is a fundamental requirement in any home and CSIW is concerned that 28% of the reports identified a need for further training in this specific

area. This is an area of particular concern since it signifies an 11% increase compared to last year. There will be significant changes in the way fire safety is managed over the next 18 months. It is essential that these changes fully embrace these concerns and that the process of change does not diminish providers' and national organisations' focus on this important area;

- Management of medication continued to be a dominant theme, with 40% of the sample highlighting administration and storage of medication as an issue. Although this was the situation throughout Wales, it appears to be a particular challenge in Vale & Valleys and North West regions, where 52% of the total number of these requirements were found. CSIW will need to consider whether this should be one of the elements incorporated in a themed approach for inspections in the future. While the 40% figure remains a matter of great concern, it is a considerable improvement on last year's figure of 70%.

## **PREMISES**

The quality of the physical environment has a significant influence over people's wellbeing and sense of self-worth:

- The biggest volume of requirements, 50%, related to premises and in particular to the construction and state of repair of buildings;
- There was much discussion during the year with both providers and their representatives about meeting the requirement on the ratio of double to single rooms. Only 8% of providers are understood to be failing to meet this requirement. These are primarily because many double rooms are currently occupied by two people and there are also complications around altering accommodation in listed buildings. Individual consideration continues to be given in these circumstances.

## **ENSURING QUALITY SERVICES**

The responsibility for ensuring that services are of the right quality and that they meet individual needs rests with the provider of the service. 25% of sampled reports referred to management's responsibility to keep quality of care under review. This requires them to take responsibility for measuring the quality of service provision and to provide evidence of how the outcomes of reviews inform improved service delivery. If CSIW's proposal to develop self evaluation as part of its reform of regulation is to become a reality then considerably greater emphasis will need to be placed by managers on this aspect of their responsibilities.

**“ I feel the inspection was a valuable tool to make and improve service provision. ”**

***Manager, residential care home for adults***

## ADULT PROTECTION

CSIW has an essential role in adult protection, where it is suspected that regulations have been breached. We work with partner agencies within locally agreed adult protection procedures. These follow *In Safe Hands*, the Welsh Assembly Government guidance for statutory bodies on adult protection.

### **BEST PRACTICE - SAFEGUARDING VULNERABLE PEOPLE**

*Liaison with a Protection of Vulnerable Adults (POVA) special interest group has led to CSIW partnering local police, social services and health departments to organise a series of seminars for voluntary and charitable organisations in North Wales. The seminars have raised the profile of local procedures for protecting vulnerable adults and the role of CSIW within these.*

#### **North West Region**

This year has seen an increase in adult protection activity. During 2004-05, CSIW was involved in 378 investigations relating to 762 adults across Wales. Investigations relate to one or more adults. In addition, CSIW was involved in a further 186 adult protection discussions or meetings, but did not conduct the investigation. These figures cause justifiable concern, as any abuse is intolerable. It is however important to remember that at any one time, about 27,000 people are living in care homes in Wales.

These investigations are not spread evenly across Wales. South West and Cardiff regions have had a significantly higher involvement than any other regions. The greatest number of service users were included in investigations in West Wales and South West regions. This may be because the types of investigations undertaken in these regions sometimes related to all the service users in a care home. The following table shows the number of adult protection incidents.

Region	Number of adult protection incidents investigated by CSIW	Number of adult protection incidents investigated by other agencies	Number of service users involved	Percentage of all complaints/concerns resulting in adult protection
North West	22	10	22	43%
North East	29	2	30	38%
Mid	21	17	26	75%
South East	39	1	43	49%
Cardiff	81	42	82	83%
Vale & Valleys	27	2	59	54%
South West	93	89	231	62%
West	66	23	269	70%
TOTAL	378	186	762	62%

This table shows a significant variation in the percentage of all concerns which were dealt with as adult protection matters. This may suggest a varied understanding of the relationship between a concern that is a complaint and one that is about abuse. CSIW will be working with statutory bodies and stakeholders during the year to better understand why these differences exist and what should be done to tackle the issues identified.

It should also be noted that different reporting rates of allegations of abuse are not a guide to its distribution. Varying sensitivity to the issue, recent local experiences of investigations and the support individuals have had in reporting abuse i.e. how the local adult protection systems work, all influence reporting and the nature of subsequent investigations.

The following table illustrates the categories of abuse investigated. These categories replicate the definitions in *In Safe Hands*:

Category of abuse	Number of investigations
Physical	161
Psychological	50
Neglect	154
Financial	41
Sexual	24
TOTAL	430

The most frequently investigated type of abuse across Wales was physical, followed by neglect. There could be a number of different outcomes to any investigation. To demonstrate this, a sample of three regions has been selected, North East, Mid and West Wales.

Category of abuse	Substantiated	Unsubstantiated	Ongoing	Inconclusive	TOTAL
Physical	8	23	2	7	40
Psychological	5	10	4	2	21
Neglect	28	22	9	22	81
Financial	1	1	0	8	10
Sexual	1	1	0	1	3

There are significant differences in substantiation rates between categories. 35% of all neglect investigations were substantiated in the regions selected while only 20% of investigations into physical abuse were substantiated. In around a quarter of investigations, at least one element of the allegation was substantiated. Future analysis could well show that the pattern of reporting of abuse in residential and other shared living settings does not mirror patterns in the community.

In all cases, local social services authorities were involved. The police were involved in 51% of the investigation/meetings and the local health board was involved in 14% of investigations.

CSIW took a range of regulatory actions because of adult protection investigations. These included monitoring visits, formal enforcement action and issuing requirements in relation to:

- Staff training, staff supervision, staff skills, staffing level;
- Care planning, policies and procedures and records;
- The suitability of the premises or environment.

CSIW will, with its partner organisations, continue to play an active part in tackling any incidents of abuse. We need to understand how and why it occurs and put in place measures which will prevent it and enable individuals to voice any concerns. It is clear that more work is needed to tackle abuse, particularly in shared living settings such as care homes.

There have been significant developments in terms of understanding roles and responsibilities during the last year, but there is still much work to be done by and amongst stakeholders. This coming year CSIW will be undertaking an evaluation of our complaints and adult protection activity.

No-one should suffer abuse and any individual who has a concern about abuse should contact their local social services authority, CSIW or the police.

## **COMPLAINTS**

Complaints occur where an individual is dissatisfied with the quality of the service but where this does not fall under adult protection arrangements. This year we dealt with 346 complaints, which was a 39% reduction on last year and reflects:

- Improvements in service quality;
- Some matters now categorised under adult protection no longer count as complaints;
- CSIW placing greater emphasis on encouraging complaints to be resolved by the provider i.e. as near to their source as possible.

The volume of complaints generally reflects the distribution of care homes. North East, South West and South East regions had slightly more than last year. The particularly high proportion of complaints in the Cardiff area last year has not carried through into this year.

Region	Proportion of complaints
North West	12%
North East	15%
Mid	4%
South East	12%
Cardiff	7%
Vale & Valleys	7%
South West	32%
West	11%

In order to highlight some of the key findings from the complaint investigations, three regions were selected for analysis.

Over the three regions, 166 complaints were investigated (North West 43, Mid 13, South West 110). Of these, 51% were fully or partially upheld. 35% were not upheld and 14% of complaints were ongoing. It should be noted that a complaint can have various elements to it.

In order of frequency the areas investigated referred to:

- Care practices which included personal care, nursing care, addressing health needs, care planning and medication;
- Staffing numbers, attitudes and training;
- Choice of food.

This is similar to last year.

The complaints referred to in this report only relate to those that have been investigated by CSIW. Every complaint must be taken seriously and managed appropriately by providers. CSIW will, through the inspection process, continue to monitor the way in which complaints that are resolved at source by the provider are managed.

## **ENFORCEMENT**

During 2004-05 CSIW initiated two prosecutions and cancelled two registrations. Four pre-prosecution letters were issued. On 31 occasions, conditions of registration were imposed. One application for registration as a manager was refused; three applications for de-registration were refused and there were two refusals of requests from providers to vary the conditions of their registration.

## Domiciliary care

### OVERVIEW

Registration in domiciliary care is well on the way to completion.

Domiciliary care meets the needs of a wide range of service users.

75% of agencies provide more than 200 hours of domiciliary care a week.

6% of services provide personal care to children and their families.

15% of applications were from local authorities.

### BRINGING IN A NEW AREA OF REGULATION

CSIW's largest new area to regulation is domiciliary care. Since March 2004 the registration of domiciliary care agencies has been one of our main priorities. We received 315 applications to register from a range of private, voluntary and local authority providers. This is a large number of agencies, a significant shift from the mid 1990's when domiciliary care was very much a local authority provided service. This change was given an additional emphasis as a number of services, e.g. those provided to people with a learning disability, were de-registered as care homes and the providers have now registered as domiciliary care agencies. These changes have important implications for the commissioning of services.

75% of the applications were from large agencies, i.e. those who provide over 200 hours of personal care weekly, and 25% were from small agencies. 15% were from local authorities and 85% from the private/independent sector. CSIW does not collect information on the number of people supported by agencies or the overall size of the service. Therefore these figures are likely to understate the significance of local authority provision.

The registration process has been successful. Our priority was to ensure that providers understood their responsibilities, were supported throughout the new registration process and were prepared for the first round of inspections. There were three refusals to register, one of which led to an appeal to the Care Standards Tribunal which upheld CSIW's decision.

As inspections will not begin until 2005-06 we can only comment on emerging patterns and distribution of services. We will comment on service quality in next year's annual report.



## EMERGING PATTERNS IN REGISTRATION

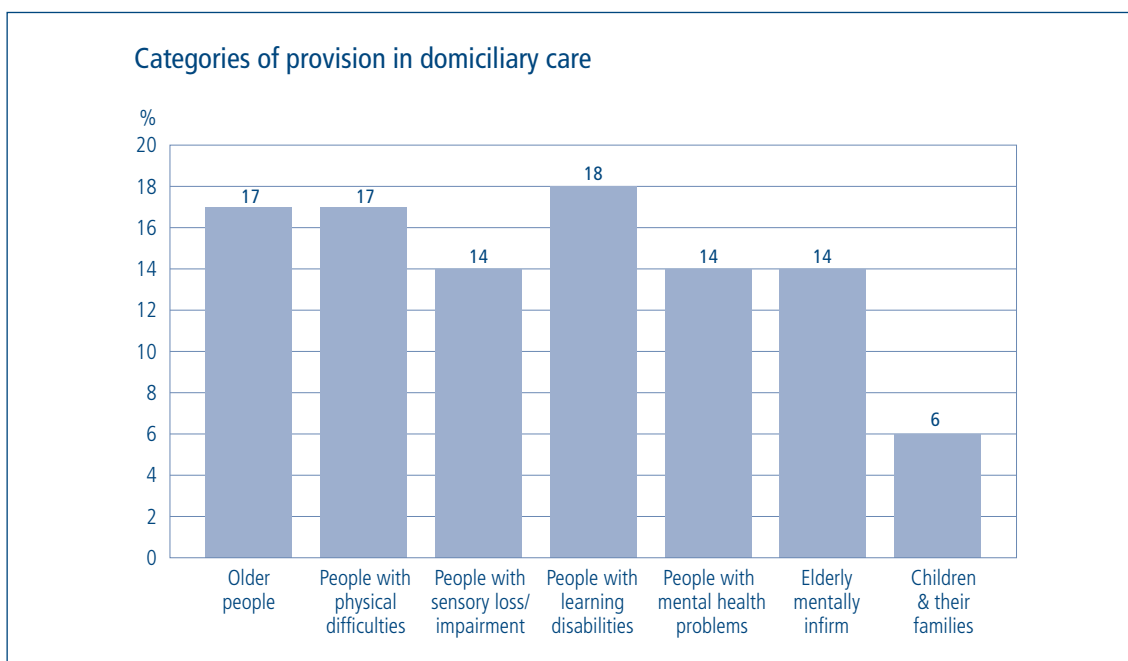
The following table shows the number of applications submitted to each of the eight CSIW regions and the number of registrations completed at the time of writing.

Region	Number of applications received	Number of registrations completed
North West	25	11
North East	49	43
Mid	12	6
South East	65	49
Cardiff	35	14
Vale & Valleys	32	29
South West	60	42
West	37	32

CSIW is still working through some complex individual registration issues with providers, particularly around the responsibilities of becoming a registered manager.

It is important in any registration that the responsible individual and the registered manager are of high integrity and good character, and that they have the necessary skills and competencies to fulfil the requirements of the position. This requirement has been met by most applicants. However in 17% of cases there remained issues concerning the responsible individual and/or registered manager, e.g. the manager would be required to either enrol for, or complete relevant training.

The following chart shows the current range of domiciliary care provision. Of the sample considered, only one agency applied to register services solely for children.



A sample of 27% of applications to register revealed that all but one of the proposals to register domiciliary care had conditions attached. This suggests that a number of agencies will require further work to meet the full requirements of the regulations. It is anticipated that some conditions relating to the size of domiciliary care agencies will be ongoing year on year, whereas other conditions will be addressed within a specific timescale.

In many cases the approval of the agency was on condition that it only provided specific types of services. This was particularly evident with regard to learning disabilities, where 12% of providers proposed to deliver services solely to this client group. This reflects the changes in the way these services are registered as referred to earlier.

It was also a condition of registration in 26% of those sampled, that less than 200 hours of personal care will be provided. Where it is a provider's intention to increase their business and become a large agency, CSIW must be notified of their intention.

## **SUPPORTING PROVIDERS**

CSIW has chaired a National Provider Liaison Group that has advised on registration.

Two fully-subscribed national conferences on domiciliary care, held in north and south Wales, gave providers the opportunity to develop their understanding of the new inspection processes, particularly with regard to the new service user led inspections and the development of a new self-assessment approach. A number of regional meetings were held and there has also been ongoing 'one to one' support from inspectors.

### ***BEST PRACTICE - WORKING IN PARTNERSHIP***

*Independent care home and domiciliary care providers have benefited from a series of informal workshops arranged by Coleg Sir Gâr through their Small and Medium Enterprise groups in Carmarthen, Ammanford and Llanelli.*

*A senior inspector addressed each group about the role of CSIW and our inspection processes. CSIW has since been invited to address specific groups of students on related subjects.*

***West Wales Region***

Domiciliary care conferences and meetings organised by external stakeholders such as the Expert Reference Group Domiciliary Care Wales (ERGDCW); Welsh Federation of Housing Associations (WFHA); Crossroads and Age Alliance have provided CSIW with additional opportunities to engage with providers and managers of services. These addressed initial concerns and clarified thinking.

## Adult placement schemes

August 2004 saw the introduction of new regulations and standards for adult placement schemes. Registration is required where no more than two adults are accommodated and provided with personal care in the home of a person who is not their relative.

CSIW had 11 applications from across Wales to register. There was one refusal to register on the basis that the scheme failed to meet the minimum threshold of registration requirements and one application is still being processed. Discussions are ongoing with one local authority about the appropriateness of its registration.

There are also a small number of placements throughout Wales that will remain regulated under the care homes regulations because there are currently three people accommodated within one setting.

Two applications to register were submitted from North West region, four from South East, two from Vale & Valleys and three from the South West regions.

Nine of the applications to register had conditions attached.

CSIW meets regularly with the National Association of Adult Placement Schemes (NAAPS) to ensure that both organisations work in partnership to develop this new aspect of regulation.

### ***BEST PRACTICE - SHARING INFORMATION***

*Sharing best practice on adult placement services at a national level proved extremely beneficial for CSIW and the scheme managers, carers and service users who attended this year's National Association of Adult Placement Schemes (Wales) conference. The workshops brought delegates together, helping them establish a mutual and shared perspective on their working relationships.*

*South West Wales Region*

## Nurses' agencies

### OVERVIEW

CSIW is now responsible for the regulation of nurses' agencies, having taken over from a variety of previous regulators.

A number of areas still require addressing. These include policies, procedures and evidence of training.

## FIRST YEAR OF REGULATION

CSIW has been responsible for the regulation of nurses' agencies since January 2004.

## PROFILE OF THE SECTOR

The following table shows the distribution of nurses' agencies.

Region	Number registered at 30/04/04	Number registered at 31/03/05
North West	1	1
North East	5	5
Mid	0	0
South East	5	3
Cardiff	6	6
Vale & Valleys	5	5
South West	6	6
West	7	6
TOTAL	35	32

## SERVICE QUALITY

Using the regulations and national minimum standards inspectors look for evidence that requirements are being met through discussions with staff, observation of arrangements at the agency and scrutiny of written policies, procedures and records.

195 regulatory requirements were made during the year highlighting a number of common themes.

- The regulations state that each agency must be clear about the service it is providing. Each setting must produce a statement of purpose and provide a service user guide, which would enable a purchaser of the service to make an informed choice. Only 5% of agencies failed to achieve this fully;
- 10% were required to develop a handbook for staff setting out their individual responsibilities. The majority of agencies have ensured that both service users and staff have a thorough understanding of what is to be expected;

- The skill and competence of the nurses supplied by the agency are a key element in determining the quality of the nursing care that service users will receive. 38% of agencies examined were unable to provide documentary evidence of the training individuals had received in important areas, including lifting and handling and protecting vulnerable adults. Absence of formal clinical supervision of staff by the agency featured in 5% of the reports;
- Of all the inspection reports examined, 20% of the requirements concerned the development of policies and procedures. The majority of these related to the action to be taken following an allegation of abuse and the measures required in safeguarding both service users and staff from harm;
- The responsibility for ensuring the quality of care rests with the registered provider. In 4% of the reports providers were required to introduce systems for reviewing the quality of services provided by the agencies in consultation with service users.

## **COMPLAINTS AND ADULT PROTECTION**

Four complaints were received from two regions. These included issues involving recruitment practices and medication errors.