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<b>Report To:</b>	<b>Health &amp; Social Care Committee</b>	<b>Date: 27 August 2009</b>
<b>Report By:</b>	<b>Robert Murphy Acting Corporate Director, Social Care</b>	<b>Report No: SW/35/09/MMcC/AM</b>
<b>Contact Officer:</b>	<b>Barbara Billings Head of Community Care and Strategy</b>	<b>Contact No: 01475 714015</b>
<b>Subject:</b>	<b>“Remember I’m still me” Care Commission and Mental Welfare Commission joint report on the quality of care for people with dementia living in care homes in Scotland</b>	

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## 1.0 PURPOSE

- 1.1 To inform committee of the findings and recommendation of the Care Commission and Mental Welfare Commission joint report on the quality of care for people with dementia living in care homes in Scotland, “Remember I’m still me” published 28<sup>th</sup> May 2009.
- 1.2 To inform committee of plans to take forward the recommendations of the Care Commission and Mental Welfare Commission joint report.

## 2.0 SUMMARY

- 2.1 A joint report by the Care Commission and the Mental Welfare Commission highlights a wide range of concerns about the quality of care provided to people in care homes who have a dementia. While examples of good practice were found overall the findings of the report reveal that overall care in Scotland’s care homes needs to improve significantly to meet the needs of people with dementia.
- 2.2 The joint inspections carried out as part of the review found that some care homes had fallen seriously short of best practice and people with dementia were not always getting the best possible care to meet their needs. Most notably, the excessive use of drugs used to control behaviour and the lack of regular medication reviews were highlighted. A summary of the reports key findings include:
  - Around 70% of people living in the care homes visited had varying degrees and types of dementia.
  - Only 24% people had an adequate record of their life history. The majority of people did not have enough information about their personal preferences recorded in the personal plan.
  - Care was being regularly reviewed, at least once a year for most people but the quality of care reviews varied. There was rarely involvement of the person, with most reviews being carried out by care home staff and a relative or friend. There was little evidence of involvement from a social worker, GP or other professionals.
  - Little planned activity outside the care home. Activity was not tailored to individual interests and activity co-ordinators were not always trained or supervised in their role.
  - Care home environments were generally good and getting better but there were not enough quiet areas for people to relax and more needs to be done to make homes dementia friendly.

- There was a lack of understanding about financial responsibilities throughout care homes. There was little creative use of funds to support the person. This was not seen as being an important part of the duties of care staff and there was little evidence of finances being discussed during care reviews.
- Most people had a good assessment on or before admission to the care home. There was good input from GPs and allied health professionals. However, very few people had a planned health check every year by their GP and there was little evidence that medication was regularly reviewed. Care staff often had a poor understanding of health care needs.
- The majority of care homes saw the NHS prescription forms before the medicines were dispensed and this is good practice. No care homes had a system for recording medicines that could provide a complete, up-to-date record of all the medicines ordered, whether they were taken or not, and what was disposed of. There was little clinical input from pharmacists.
- Significant concerns in many homes that anti-psychotic medication is being prescribed without regular review and sometimes without due reference to cautions on prescribing.
- When we looked at how medication was used to manage challenging behaviour, we found that recording of this on personal plans was poor. We also found evidence of GPs prescribing medication without having seen the person.
- Evidence of covert use of medication. Very few care homes had the right information or legal safeguards in place to give covert medication lawfully and safely.
- We found care homes where staff did not understand the legal safeguards in place for people with dementia and there was often no indication that formal discussion had taken place with a person's welfare guardian about their powers.
- When people were being restrained we found staff were familiar with and referred to guidance on best practice. The use of bed rails and lap straps were usually recorded and risk assessments were in place. However, when doors were locked, it was very rare for personal plans to refer to this or why it was necessary for the person.
- Only a third of care home managers had undergone a recognised training course about caring for people with dementia. The majority of care staff were generally unaware of best practice guidance and some felt their knowledge was insufficient or they didn't have enough time to be able to give the care they wanted to.
- The law on medical treatment for people who lack capacity is not being obeyed. Only a minority of people had appropriate assessments of capacity, certificates of incapacity and treatment plans. Where certificates existed, they were usually not completed well. Some care home staff did not know that certificates were needed and some doctors refused to issue them.

The findings have implications for a wide range of agencies with responsibilities for the care of people with dementia.

### **3.0 RECOMMENDATION**

- 3.1 That committee note the findings and recommendations of the Care Commission and Mental Welfare Commission joint report "Remember I'm still me".
- 3.2 That a further report to members giving details of actions to address the recommendations within Inverclyde is accepted for a future committee.

## 4.0 BACKGROUND

- 4.1 Following previous inspections of care homes by the Care Commission and information gathered from visits to individuals by the Mental Welfare Commission, both organisations had concerns about the care of people with dementia. There was an identified need to get a better understanding of the quality of care for people with dementia in care homes. A joint approach was taken to visit a sample of care homes across Scotland. The report details the Care Commission and the Mental Welfare Commission for Scotland's findings from joint visits to care homes caring for people with dementia.
- 4.2 From the findings the report outlines 10 key messages for care home providers and others involved with the care of people with dementia through which the quality of care for people with dementia should be improved. The messages are:
1. "It is important to know the person as an individual, understand their life history, their likes and dislikes and how they like to live their life in order to provide the right care to meet their needs. People should be involved in their care planning and reviews as much as possible.
  2. Activities and getting out must be an integral part of a person's life in a care home and not an optional extra.
  3. Care homes must strive to provide the right environment to ensure that people can enjoy safe, comfortable, dementia friendly surroundings.
  4. Care homes should manage people's money properly and use it creatively to improve people's quality of life.
  5. A person's healthcare needs should be assessed when they first come into a care home and should then be reviewed at least once a year, by their GP. This is to ensure all their healthcare needs are being met and that they have access to the full range of healthcare services they require.
  6. Care homes should regularly review, together with GPs and pharmacists, how they manage medication. This would help to make sure medication is being used more appropriately, efficiently and safely.
  7. Medication to manage challenging behaviour should be a last, not a first resort. Personal plans should address the causes and outline a range of interventions to be used to manage challenging behaviour.
  8. People's freedom should be respected as far as possible. Care homes must look at environments, practices and cultures that could be overly restrictive. Care homes also need to understand the rights of people with dementia and the laws and safeguards that exist to protect them.
  9. People should receive medical treatment that is in line with the law. Where people don't have capacity to consent to their own treatment, the law should be used properly to safeguard them.
  10. People with dementia should be cared for by staff who have the skills, knowledge and training to provide effective care."
- 4.3 The report provides a wide range of recommendations across agencies which have a role in providing, regulating and supporting the care of people with dementia. This includes Care Homes, the Scottish Government, Care Commission, Mental Welfare Commission, NHS Quality Improvement Scotland, people who live in care homes and their families and carers.

- 4.4 There are specific recommendations for the Scottish Government, including to encourage local authorities, NHS boards and the private sector to work together to provide the best services to meet the needs of people with dementia in care homes.

Specific recommendations are as follows:-

**All Care Homes in Scotland should:**

- Ensure that they deliver good quality care to people with dementia by using the ten key messages and recommendations from this report to make improvements in dementia care.

**To Make This Happen, the Care Commission will:**

- Follow up on the requirements and recommendations made for each care home through the inspection process
- Look closely at meaningful activity for people with dementia in all care home services during our inspections in 2009/10
- Use the findings of this report to decide which areas of dementia care to focus on more closely in future inspections
- Provide a copy of this report to every care home for older people in Scotland
- Use this report to raise public awareness of good dementia care
- Work with Scottish Government, local authorities, health boards and others to address the shortfalls in care we have identified
- Appoint a Rehabilitation Consultant for Older People, funded by the Scottish Government, to promote rehabilitation and support people in care homes with dementia to take part in activities that enhance their quality of life.

**The Mental Welfare Commission will:**

- Follow up on any issues relating to the people we met or whose care we reviewed
- Distribute a copy of 'Money Matters' and 'Working with the Adults with Incapacity Act' guidance to every care home in Scotland
- Continue to examine personal plans to check care homes are responding to the recommendations in this report and that these are resulting in improvements for individuals.

**We Recommend the Scottish Government:**

- Use our findings to inform the development of a National Dementia Strategy
- Encourage local authorities, NHS boards and the private sector to work together to provide the best services to meet the needs of people with dementia in care homes
- Consider the widespread failure to comply with part 5 of the Adults with Incapacity (Scotland) Act 2000 and review this part of the Act as a matter of urgency.

- Consider systems to collate and monitor prescribing data at care home level to reduce medicine waste and highlight inappropriate and overuse of medicines.

**We Recommend NHS Quality Improvement Scotland:**

- Review their guidance on pharmacological interventions in Scottish Intercollegiate Guideline Network (SIGN) guidelines, in order to provide national guidance on prescribing to treat the behavioural symptoms for people with dementia. This should encompass a multidisciplinary approach to prescribing and how the effectiveness of these medicines will be monitored.

**Doctors and Pharmacists should:**

- Review all prescriptions for antipsychotic drugs for people with dementia with a view, wherever possible, to stopping the drug, or trying a suitable alternative.
- Work with care homes to ensure legal documentation is completed and to give appropriate advice on disguising medicines.

**Local Authorities should:**

- Ensure that information that they have about an individual's life follows that person and is made available to care home staff.
- Work with care homes to make sure they understand the laws that protect people.
- Review current supervisory arrangements for private guardians to make sure they meet their own legal responsibilities as guardians.

**Health Boards should:**

- Make sure that prescribing and recording of medication is in line with guidance on best practice and with most recent warnings on their safe use.
- Consider introducing regular visits and support from pharmacists to improve knowledge of medication management in care homes.
- Make specialist education and training available to doctors who prescribe to care home residents.
- Make sure there is easy access for care homes to specialist advice from the local community mental health team.

**People Who Live in Care Homes, Their Families and Carers should:**

- Read this report and expect the kind of care we have recommended.
- Get involved in care planning and help care staff to get to know the needs of the person they are looking after.

**5.0 PROPOSALS**

- 5.1 That a more detailed report on the recommendations of the "Remember I'm still me" report is provided to a future Health & Social Care Committee.

- 5.2 That services continue to pursue current strategies for the modernisation of Mental Health Services within Inverclyde (which includes services for people diagnosed with a dementia) to more effectively meet the needs of the local population. This includes taking forward the local Action Plan for Dementia, and the application of the Dementia Care Pathway.
- 5.3 That the existing Joint Information and Quality Assurance Group consider the recommendation in relation to current inputs and specific activity which supports the care of people with dementia in local care homes, and identify any further actions which may be required.

## 6.0 IMPLICATIONS

### 6.1 Legal:

Ensuring that we are meeting our statutory obligations.

### 6.2 Finance: None.

Cost Centre	Budget Heading	Budget Year	Proposed Spend this Report	Virement From	Other Comments

### 6.3 Personnel:

None.

### 6.4 Equalities:

To be identified and impact assessed.

## 7.0 CONSULTATION

- 7.1 A national wide ranging consultation exercise to take place over the summer will gather the views of people with dementia and all those involved in their care about what should be included in Scotland's first dementia strategy. Recommendations from a specialist Dementia Forum - including the Mental Welfare Commission, Alzheimer Scotland, the Care Commission and Age Concern & Help the Aged - will also help shape the strategy, which will be published before the end of the year (2009).

## 8.0 LIST OF BACKGROUND PAPERS

- 8.1 "Remember I'm still me" published 28<sup>th</sup> May 2009.  
[www.mwscot.org.uk/nmsruntime/saveasdialog.asp](http://www.mwscot.org.uk/nmsruntime/saveasdialog.asp)
- 8.2 "Money Matters" a Mental Welfare Commission guide to managing the finances of an adult with incapacity. [www.alzscot.org/downloads/dis54.pdf](http://www.alzscot.org/downloads/dis54.pdf)