

Royal College of Psychiatrists Consultation Response



DATE: 3 March 2011

RESPONSE OF: THE ROYAL COLLEGE OF PSYCHIATRISTS

RESPONSE TO: The Inquiry into the home care of older people

The Royal College of Psychiatrists is the leading medical authority on mental health in the United Kingdom and is the professional and educational organisation for doctors specialising in psychiatry.

We are pleased to respond to this consultation. This consultation was prepared by the Old Age faculty.

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Consultation response

The Royal College of Psychiatrist welcomes the opportunity to respond to the inquiry into the home care of older people. We have chosen to answer questions on areas that are relevant to us.

Section 1: Questions

Commissioning

1. To what extent do you think that public authorities promote the human rights of older people through their commissioning/procurement of home care and contract management?

For many, the choice in later life is between living supported in their own home and moving into institutional care. From this perspective, since most people prefer to remain living in their own home as long as possible (and for many this includes until death) home care is often the support that enables them to do this. People are thus supported to enjoy their own home, privacy, participate in community life and retain autonomy and control over how they choose to live their lives.

Very many frail elderly people rely on the authorities, through effective commissioning, to ensure the availability and quality of home care. However, home care is often seen principally as a means of avoiding costly hospitalisation or institutional care. Therefore, the provision of home care is targeted at those with a high level of need despite this minimising the opportunity for lower level preventative work which in the longer term is more effective.

2. To what extent do you think public authorities commissioning home care services understand their duties under the Human Rights Act (see “what are human rights” for more information) in relation to promoting and protecting the human rights of older people?

The challenge for public authorities in carrying out their duties is the inexact nature of personal rights, the potentially overwhelming level of people’s wishes and needs for autonomy, and the needs to balance the rights of the individual with those of the wider community. Public authorities understanding and awareness, therefore, tends to focus on the extremes of human rights breaches where there is greater risk of legal liability.

Protective framework

3. Do you think the legal framework of protection for the human rights of older people receiving homecare is adequate? If not how can it be improved?

The more extreme abuses of individual rights have been helped significantly by Safeguarding Adults procedures and increasingly by the Mental Capacity Act. However, this latter legislation has still some way to go to achieve its potential, in particular in the consideration of best interests and tolerance of risk by those with a duty of care. There is always the need for greater opportunities for more thorough and regular training of home care staff and their managers, preferably in conjunction with community health and social care staff.

4. What scope, if any, do you think there is for enhancing the role of the Inspectorate, regulatory and professional standard-setting bodies in promoting and protecting the human rights of older people receiving home care?

It is hoped that when the Care Quality Commission has bedded in, they may be able to provide an additional focus on maintaining independence in the

home. Working in home care is challenging and poorly recompensed for the type of work involved. Additional opportunities for personal recognition and reward would be welcomed. This would not necessary have to be financial, but through additional training and enhanced public awareness and appreciation of the role.

Good practice/barriers

5. Can you describe examples of good practice in the promotion and protection of human rights of older people in home care? Why do you think this represents good practice?

There will be other individuals and organisations better placed to inform on good practice examples.

6. What barriers, if any, do you think that there are to the promotion and protection of the human rights of older people requiring or receiving home care?

Potentially the most limiting aspect in respecting human rights in older people is in the concern of the accusation of neglect or abuse, and the system is set up to minimise risk. The excellent Department of Health document "*Nothing ventured, nothing gained: risk guidance for people with dementia*" describes well the need to enable individuals to take risks in order to enhance quality of life and autonomy, and is equally applicable for those older people without dementia. It builds on the 'best interests' approach of the Mental Capacity Act which is still building in its influence.

Support and improvements

7. To what extent do you think adequate information and support to protect and promote human rights is provided to older people and their families when directly purchasing home care?

Older people are not empowered to understand their rights or to give honest feedback or change care provider when necessary. On setting up care there is usually an initial meeting between a senior carer or manager of the provider organisation, or a meeting with a care manager in the case of funded care, and the necessary care package is organised. However, after this it is unusual for vulnerable people to change care provider themselves.

There is still a culture of the older person being at the behest of the care provider, despite increased self funding, and it is a practically and an emotionally challenging task to complain and change care provider. While regular reviews of care by care managers can help, these reviews are progressively becoming less common, with people being discharged from follow up and reviewed less frequently due to constraints on care manager time.

8. What improvements, if any, could be made in promoting and protecting the human rights of older people receiving home care? Which bodies are best placed to deliver these improvements?

There is a significant problem in ensuring that home care staff, are sufficiently well trained. This is particularly the case for knowledge of Safeguarding Adults, the Mental Capacity Act, and dementia care (where basic understanding and communication skills are often lacking). See above for comment on positive risk management.

While there are many excellent overseas staff, difficulties in language fluency can exacerbate these deficits and the benefits of mainstream training.

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