

Council meeting, 18 September 2012

Winterbourne View Hospital Serious Case Review

Executive summary and recommendations

Introduction

In August 2012, South Gloucestershire Safeguarding Adults Board published the serious case review on the abuse of patients at the Winterbourne View hospital.

The attached paper outlines the recommendations from the serious case review report relevant to the HCPC and summarises the Care Quality Commission's (CQC's) arrangements for registered managers.

Decision

The Council is invited to discuss the attached paper and to agree to instruct the Executive to begin initial discussions with the CQC about the recommendations.

Background information

See attached paper.

Resource implications

There may be future resource implications as a result of fulfilling the recommendations in the serious case review report. However, they are unknown at this time.

Financial implications

None at this time.

Appendices

None

Date of paper

6 September 2012

Winterbourne View Hospital Serious Case Review

1. Introduction

- 1.1 In August 2012, South Gloucestershire Safeguarding Adults Board published its serious case review into the abuse of patients at the Winterbourne View hospital for adults with learning disabilities and autism.¹
- 1.2 This paper outlines the recommendations relevant to the HCPC and includes some background information about existing arrangements for the registered managers of service providers registered by the Care Quality Commission (CQC).
- 1.3 The Command Paper 'Enabling Excellence' published in February 2011 said that the Department of Health would 'explore [the] scope for the HPC to establish a voluntary register of [adult] social care workers [in England] by ` 2013'.²
- 1.4 The Department of Health has yet to respond formally to the serious case review. However, it plans to do so (following the conclusion of criminal proceedings) as part of an on-going review into Winterbourne View and a wider investigation into how the health and care system supports vulnerable people with learning disabilities and autism.³

2. Recommendations

- 2.1 The report makes a number of recommendations to strengthen commissioning, oversight and service regulation arrangements. Some of these directly refer to the role of the HCPC.
- 2.2 The summary of recommendations refers to 'establishing Registered Managers as a profession with a code of ethics and regulatory body to enforce standards' (page xi). However, the recommendations outlined in the main body of the report fall short of recommending the statutory regulation of registered managers. (Please see section three of this paper for more information about registered managers.)

¹ HCPC response to serious case review report, including link to full report.
<http://www.hcpc-uk.org/mediaandevents/news/index.asp?id=497>

² Department of Health (2011). Enabling Excellence: Autonomy and accountability for healthcare workers, social workers and social care workers.
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_124359

³ Department of Health (2012). Department of Health Review: Winterbourne View Hospital: Interim Report
<http://www.dh.gov.uk/health/2012/06/interimwinterbourne/>

2.3 The following recommendations are made.

‘The Care Quality Commission should collaborate with the Health (and Care) Professionals Council [sic] , plus the Sector Skills Councils for both Health and Care, in providing advice and guidance on the qualifications and continuing professional development requirements for Registered Managers and for the practitioners they supervise. It is of concern that managers registered to operate services across residential, nursing home, hospital and home care, are not required to be distinct registered professionals individually accountable through a governing body and code of ethics.’ (Page 137)

‘The CQC and Health Professions Council should work together to describe in guidance what effective systems of clinical supervision look like in hospitals for people with learning disabilities and autism. The guidance should identify the roles of registered managers and nominated individuals in developing such systems in practice.’ (Pages 141-142)

3. About registered managers

- 3.1 The Care Quality Commission (CQC) is the independent regulator of health and social care services in England. The CQC registers providers of health and social care including hospitals, dental practices and care homes.
- 3.2 The CQC model operates on the basis of regulated activities which are specified in law. A service provider performing one of these activities has to be registered with the CQC. For example, this includes personal care; treatment of disease, disorder or injury; and surgical procedures.
- 3.3 All service providers registered by the CQC must have a registered manager for each of the regulated activities they carry out – that is a named manager who is responsible for the day-day-day supervision of each regulated activity carried out at that locality. For this reason, one person may be the registered manager for more than one regulated activity; or there may be more than one registered manager at the locality.
- 3.4 Applicants for registration are CRB checked and have to provide information related to their job and experience. The CQC makes a ‘fitness’ assessment, including that the person has the qualifications / skills necessary to manage the regulated activity. If they are a registered manager for more than one location, or for more than one service provider, they also make an assessment about whether such arrangements are realistic. The assessment process may include an interview.
- 3.5 We understand from discussion with the CQC that inspectors are sometimes involved in issues about the conduct or performance of a registered manager but that such concerns are normally effectively dealt with by the provider, without the need for formal CQC intervention.

- 3.6 The registered manager arrangements do not mean that everyone who performs a management role for the service provider will be registered with the CQC – only the person responsible for the regulated activity has to register. Registered managers could include individuals who are already regulated by one of the statutory regulatory bodies (e.g. occupational therapists or nurses).