SCOTTISH CARE HOMES CENSUS (SCHC)

This document provides you with information on how to complete the Scottish Care Homes Census for 2011. Please read it carefully.

Background

The Scottish Care Homes Census has been running in its current form since March 2003. Prior to March 2003 there were two separate surveys – the Residential Care Homes census (run by the then Scottish Executive) and the Private Nursing Homes and Hospitals Census (run by ISD Scotland).

The Scottish Care Homes Census provides government and the private and voluntary sector with information on all registered care homes in Scotland, allowing them to monitor and plan services for the future. The results are published annually by ISD Scotland in a Statistics Release and further information is available from <u>SWstat@scotland.gsi.gov.uk</u>

Latest publication: <u>http://www.isdscotland.org/isd/1143.html</u>

What is changing for the 2011 census?

For 2011, all Care Homes must submit their information through the Care Commission eforms system. For the majority of Care Homes this is no change from 2010.

Who are SCSWIS?

From the 1st April 2011, the Care Commission is joining with the Social Work Inspection Agency and HMIE Child Protection team and will be known as Social Care and Social Work Improvement Scotland (SCSWIS).

The new website is <u>www.scswis.com</u>

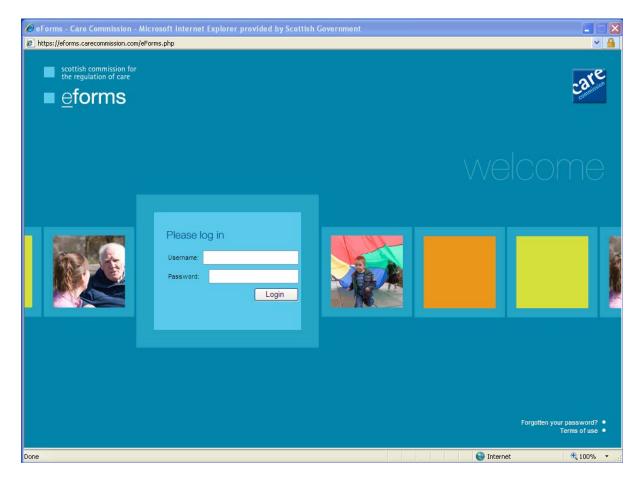
Due to essential system changes required as part of the transfer to SCSWIS, all eForm systems will be down between 25 March and 1 April 2011. You will therefore be unable to update your census return during this week.

How do I access the survey?

You can access the eForms at <u>http://eforms.carecommission.com</u> or alternatively on the Care Commission website <u>http://www.carecommission.com/</u>

On the eForms login page you will be asked to enter your username and password. These will be the same as for accessing the Care Commission Annual Return or Notifications.

If you do not currently have a username and password, please contact the Care Commission helpdesk on 0845 603 0890 (select option 1).



When will I get access to the eform?

The 2011 eform for the Scottish Care Homes Census has been available for completion since June 2010. Care Homes are encouraged to complete the long-stay resident information throughout the year when residents enter and leave the home.

Please remember to save the document as you go along using the 'Save' or 'Save & Exit' buttons on the top toolbar.

Who can help me fill out this eform?

The **Care Commission eForms helpdesk** is available to answer any questions you may have. You can contact them on **0845 603 0890 (option 1).**

If your query is of a more detailed nature then the helpdesk may pass it on to the Scottish Government.

The Frequently Asked Questions (FAQ) in this document try to answer many of the common questions we receive so please read this first to see if your query has already been answered.

FREQUENTLY ASKED QUESTIONS (FAQs)

Why are the Care Commission collecting this information this year?

The Scottish Government are always looking at ways to improve the statistics that they collect. Using the Care Commission eforms system will help ensure the data is kept secure, is more accurate, is more timely and is collected in a more efficient way.

More secure.

The Care Commission eforms system provides a much more secure route for returning data to the government. A username and password is required to access the data which is held in a secure environment. Data is transferred securely between the Care Commission and the Scottish Government.

More accurate.

Electronic returns allow checking of the information as it is input into the system, This saves time and resources in checking the data after it has been returned and means that you are less likely to receive a call asking questions about your data.

More timely.

Previously most of the Care Home Census returns were completed on paper and returned via the postal service. They then had to be keyed in by a data keying agency before the Scottish Government received the data as a file. The eforms system provides a much quicker transfer of more accurate data.

More efficient.

It is more efficient to use the Care Commission eforms system, which is already collecting information from Care Homes, rather than commissioning a new system from another IT supplier. Care Homes are already familiar with the eforms system.

Someone else needs to complete this form – can I give them access to only this eform?

Yes. The main eForms user in your service can set up extra eForms users, and will be able to limit access to the Scottish Government Census only.

To set up an additional user, the main user should select <user management> from the menu on the left hand side of the main eForms page, and then select <add> at the bottom of the screen. They would then enter the details of the person to be added, and select the option to limit their access to Scottish Government care home census form only.

I've never seen this form before / Normally our head office completes this form.

It may be that this form has been completed by your head office in the past. You can give your head office access to this eform only, adding them as an extra eForms user, as described above.

If your head office previously completed the Scottish Care Homes Census electronically, from 2010-11 onwards, we expect all Care Homes to use the eforms system.

Normally the forms are printed with last year's data. Will this happen this year?

If you completed this survey for 2010, then we will do our best to ensure that the resident details you provided are made available for 2011. When you enter the resident part of the eform you should see a list of the client reference numbers you provided last year. Please check that all details for these residents are correct and update them as necessary.

The Care Home had a change of management this year and received a new Care Commission Service Number. Will I have access to last years census records?

Unfortunately if you have received a new Care Commission Service number, then you will not have access to the eforms system for the previous service number. Please contact the Scottish Government on 0131 244 3777 or at <u>SWStat@Scotland.gsi.gov.uk</u> who may be able to provide you with information from last years census.

Do I have to return this data?

The results from this survey are used by the Scottish Government, Local Authorities, private and voluntary service providers, academics and members of the public to get a clear picture of Care Home provision across Scotland. The information is used to look at the scale of Care Home provision across the country and to plan for the future. If you do not return data then we will make estimates for your Care Home (based on similar care homes) as to what your care home looks like.

What gets published?

Each year ISD Scotland (on behalf of the Scottish Government) publish a Statistics Release outlining the main findings from the census. A copy of the latest report is available at: <u>http://www.isdscotland.org/isd/1143.html</u>

What will the Care Commission do with this data?

The Care Commission is the data gatherer of this information. The Care Commission will not be looking at this data but will simply be transferring the data to the Scottish Government and ISD Scotland statisticians for further checking, analysis and publication. The Care Commission, the Scottish Government and ISD Scotland have a data sharing agreement in place which sets out each of their respective roles.

Why does the Scottish Government want this information?

The results from this survey are used by the Scottish Government, Local Authorities, private and voluntary service providers, academics and members of the public to get a clear picture of Care Home provision across Scotland. The information is used to look at the scale of Care Home provision across the country and to plan for the future.

Recently information from the Scottish Care Home Census has fed into the 'reshaping care for older people' consultation which has taken place over the last year. <u>http://www.scotland.gov.uk/Topics/Health/care/reshaping</u>

Who will have access to personal details for Care Home residents?

Only the Scottish Government and ISD statisticians will have access to this information. Statisticians work according to the <u>Code of Practice for Official</u> <u>Statistics</u>. Under this code, the statisticians must ensure that when the statistics are published they do not reveal the identity of an individual or organisation or any private information relating to them. Neither your care home or any or your residents should be identifiable from the information published.

Only a few analytical and ICT staff at the Care Commission will have access to this data in order to operate the eForms system, and pass data to the Scottish Government. Your usual contacts at the Care Commission in the local offices will not have access to any of this information.

What will happen next year?

The eform for March 2012 will be available from the 1st June 2011. This means that from June 2011 you can keep your records up to date on a regular basis. For example you might decide to logon to the system once a week or once a month and update the details for any residents who have been admitted, discharged or died during that time. Using the system in this way should save you a lot of time trying to complete the form at the end of the year.

FAQ – Completing the eforms

Part 1 : Care Home eform

The name and address details for my home are incorrect?

The address details for your Care Home have been taken directly from the Care Commission register and cannot be amended in this eform. If you spot an error then you should contact the Care Commission eForms helpdesk on **0845 603 0890** (option 1).

How do I calculate the average gross weekly charge?

The gross weekly charge is the total amount charged for a particular care home place each week. This includes any money received from the resident, relations or third parties. It also includes any money received from local authorities or health boards whether for personal care, nursing care or accommodation costs.

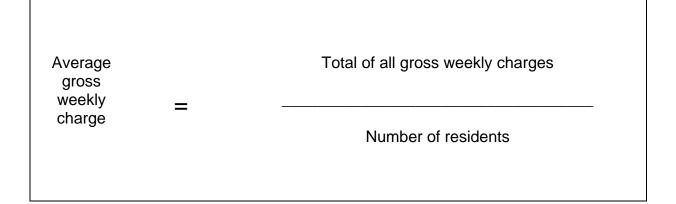
In order to work out the average gross weekly charge, you need to add up the gross weekly charge for all residents and then divide by the number of residents.

For example, if you have 3 residents and their gross weekly charges are £500, £550 and £550, then you need to add each of these together:

Total gross weekly charge = $\pounds 500 + \pounds 550 + \pounds 550 = \pounds 1600$

You then need to divide this total of £1600 by the 3 residents to get the average gross weekly charge.

Average gross weekly charge = $\pounds1600 \div 3 = \pounds533$



Who do I count as a long-stay resident?

Long-stay residents are those whose intention when they entered the home was to stay as a permanent resident, regardless of how long they stayed.

It may be that some residents enter the home with the intention of only staying for a short time. If you have any residents who intension was only to stay for a short time but have been resident for more than six weeks, then these residents should be counted as long-stay residents for the purposes of this census.

Who do I count as a respite resident?

Respite residents are those whose predominant reason for admission was to provide respite or holiday relief for the resident and for their carer. Periods of respite will normally be short, overnight or for a weekend or a few weeks at the most.

Who do I count as a short-stay resident?

Residents should be counted as short stay if

- 1. their intention at admission was to stay less than six weeks; and
- 2. at the time of the census or their discharge they did in fact stay less than six weeks; and;
- 3. the predominant reason for admission was not respite care.

All our residents are short-stay or respite – do I need to complete the form?

If all of your residents stayed less than six weeks or were admitted for respite reasons, then you should still complete the first part of the eform which asks for information on gross weekly charge and for the admissions, discharges and deaths throughout the year. You do not however need to complete any of the individual resident information.

If a resident has gone into hospital should I count them as a discharge?

If a resident has only temporarily gone into hospital and their room is still available for them in the Care Home and they are still paying for their Care Home place then they should not be recorded as a discharge and admission. If a resident goes into hospital and subsequently gives up their Care Home place then they should be counted as a discharge.

If a resident has gone into hospital and then dies in hospital, what should the discharge be recorded as?

If a resident goes into hospital and subsequently dies in the hospital then for this census they should be counted as a 'discharge' to hospital and not as a death.

Part 2 : Resident eform

Do I need to fill in the resident details for all my residents?

You only need to complete resident details for any long-stay residents who have stayed in the home over the last year.

If you returned a census form last year then details of all long-stay residents at 31st March 2010 should already be on the system. You should check that their details are correct and add in any new residents who were admitted during the year, and the dates of any residents who were discharged or died during the year.

What do I put in the unique ID field?

The unique id field is simply for your own use to allow you to identify the residents whose details you have included. You can enter letters, numbers or a mixture of both. You should enter something which allows you to easily identify your residents from year to year.

Why do you need date of birth?

You have the option of including either date of birth or age. If you choose to return the age then you will need to ensure that the ages are updated each year. If you would rather not provide full date of birth then you can provide us with just the year of birth and set the day and month to 1st January for all residents. We will be using the date of birth field to calculate the age of each resident.

You may to enter full date of birth as this will allow you to identify residents. However you should get consent from the resident (or relative/ guardian) if you enter full date of birth.

You should note that the Care Commission will only be providing the year of birth to the Scottish Government / ISD Scotland.

Why do you need ethnicity information?

The Scottish Government has a clear commitment to equal opportunities under the Scotland Act 1998. The Race Relations (Amendment) Act 2000 puts a general statutory duty on public bodies including the Scottish Government to eliminate unlawful discrimination and to promote equality and good race relations. For this reason, it is important that the Scottish Government is able to monitor the impact of its social work services to ensure that it meets the needs of all care home clients and that no one group is at a disadvantage.

This information will enable a national picture to be built of the ethnic background of care home clients and this in turn will inform policy development and help the Scottish Government to address identified need and to deploy resource usefully.

Why can I not enter Free Personal Care / Free Nursing Care if the resident is funded by the Local Authority / NHS ?

Only self-funders receive the Free Personal Care and Free Nursing Care payments towards their care home fees. Therefore we are only interested in this information if the resident is largely self-funding (mainly or wholly funded by private means).

RESIDENT CHARACTERISTICS

Who should I count as having: Nursing Care?

Anyone who requires care which can only be given by a qualified nurse or under the supervision of a qualified nurse,

Visual Impairment?

Anyone who is blind or partially sighted. If the sight problem can be resolved by wearing glasses or contact lenses then the person should not be listed as having a visual impairment.

Hearing Impairment?

Anyone with profound or partial deafness or other difficulties in hearing. If the hearing problem can be resolved by the use of a hearing aid then the person should not be listed as having a hearing impairment.

Acquired Brain Injury?

People with an acquired brain injury usually have a complex mixture of physical, cognitive, emotional, and behavioural, disorders or difficulties. This may affect how the person perceives the world and their abilities to remember, concentrate, reason and judge. The person's emotional state may be disturbed; personality, behaviour, communication and relationships are also frequently altered. Mobility, sensation, vision, hearing and balance, smell and taste, respiration, heartbeat, and bowel and bladder control may also be affected. There are many causes including damage to the brain through head injury, stroke, lack of oxygen, infection, or other causes.

Other Physical Illness or Chronic Illness?

Physical disabilities have many causes in chronic illness, accidents, and impaired function of the nervous system, which, in particular physical or social environments, result in long term difficulties in mobility, hand function, personal care, other physical activities, communication, and participation. Include:

Severe epilepsy; limb loss; severe arthritis; diseases of the circulatory system (including heart disease); diseases of the central nervous system (e.g. strokes, multiple sclerosis, cerebral palsy, spina bifida and paraplegia).

Exclude:

Acquired brain injury; visual or hearing impairment; short-term illness.

Dementia (medically diagnosed)?

Only include residents where Dementia has been diagnosed by a doctor. Dementia is defined as global deterioration of intellectual functioning. Normally a progressive condition resulting in cognitive impairment ranging from some memory loss and confusion to complete dependence on others for all aspects of personal care.

Dementia (not medically diagnosed)?

Include here people who staff believe to have dementia, but for whom no medical diagnosis has been made. Exclude confusion due to other causes e.g. medicines, severe depression. Only one of the dementia boxes should be ticked for a particular resident.

Mental Health problems (other than dementia)?

Mental health problems are characterised by one or more symptoms including: disturbance of mood (e.g. depression, anxiety), delusions, hallucinations, disorder of thought, sustained or repeated irrational behaviour.

Include:

People assessed as having mental health problems whether or not the symptoms are being controlled by medical treatment.

Exclude:

Alcohol or drug related problems; dementia.

Learning Disability?

A learning disability is a significant, lifelong condition which has three facets:

- significant impairment of intellectual functioning resulting in a reduced ability to understand new or complex information; and
- significant impairment of adaptive/social functioning resulting in a reduced ability to cope independently; and
- which started before adulthood (before the age of 18) with a lasting effect on the individual's development.

Alcohol related problems?

Any person who experiences social, psychological, physical, or legal problems related to intoxication and/or regular excessive consumption and/or dependence as a consequence of his/her use of alcohol.

Drugs related problems?

Any person who experiences social, psychological, physical or legal problems related to intoxication and/ or regular excessive consumption and/or dependence as a consequence of his/her use of drugs or chemical substances.

None of these characteristics?

Any person with none of the characteristics listed above.

If a resident has gone into hospital should I count them as a discharge?

If a resident has only temporarily gone into hospital and their room is still available for them in the Care Home and they are still paying for their Care Home place then they should not be recorded as a discharge and admission. If a resident goes into hospital and subsequently gives up their Care Home place then they should be counted as a discharge.

If a resident has gone into hospital and then dies in hospital, what should the discharge be recorded as?

If a resident goes into hospital and subsequently dies in the hospital then for this census they should be counted as a 'discharge' to hospital and not as a death.

What is the postcode sector?

The postcode sector is the first part of the postcode followed by the number from the second half of the postcode.