

# SCOTTISH CARE HOMES CENSUS (SCHC) GUIDANCE

The purpose of this paper is to provide you with information on how to complete the Scottish Care Homes Census. We would recommend that you have this document at hand when completing the census.

## 1 Background

The Scottish Care Homes Census has been running in its current form since March 2003. The Scottish Care Homes Census provides the Scottish Government, local authorities, 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 Information Services Division (ISD) Scotland in a Statistics Release and further information is available from either Ahmed Mahmoud or Rachel Porteous at [NSS.CareHomeCensus@nhs.net](mailto:NSS.CareHomeCensus@nhs.net)

The latest publication can be found here: <http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Care-Homes/Census/>

There are three organisations responsible for the Scottish Care Home census:

- The Scottish Government
- Care Inspectorate
- ISD Scotland (part of NHS Scotland)

The data is collected on behalf of the *Scottish Government*. The Scottish Government issue the initial request to care homes asking them to participate in the census.

The data from the census is submitted to the *Care Inspectorate* via their eForms system. This is the same system that care homes use to submit information on the Annual Return. Care Inspectorate staff are not able to see the information supplied; the system is only used to collect the information on behalf of the Scottish Government.

*Information Services Division (ISD)* Scotland, which is part of the NHS in Scotland, is responsible for checking, analysing and publishing the information collected as part of the census.

All three organisations work closely together to ensure the data is collected as efficiently as possible.

## 2 Accessing the Scottish Care Home Census Forms

You can access the eForms at <https://eforms.careinspectorate.com>

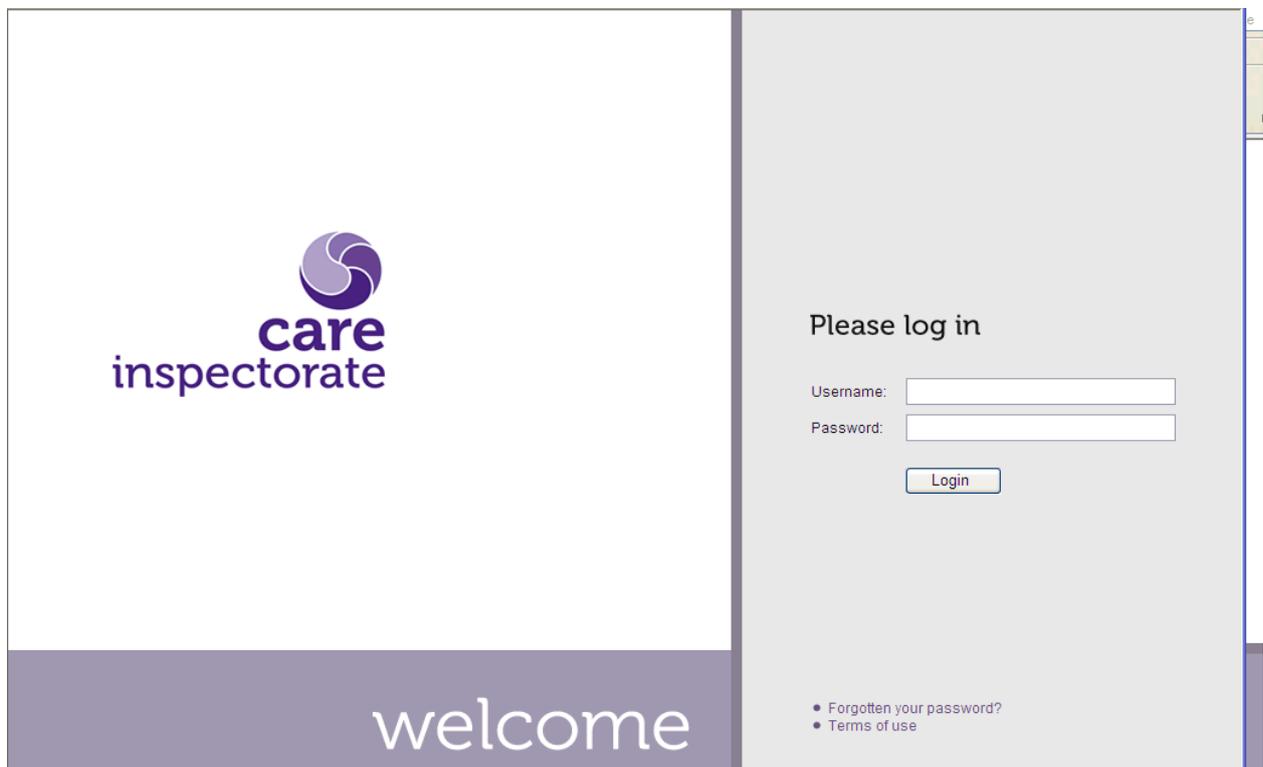
or alternatively on the Care Inspectorate website [www.careinspectorate.com](http://www.careinspectorate.com)

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 Inspectorate Annual Return or Notifications.

If you do not currently have a username and password, please contact the Care Inspectorate Contact Centre on:

 **0345 600 9527**

The eForm for the Scottish Care Homes Census will close in mid- May **Please remember to save the document as you go along using the ‘Save’ or ‘Save & Exit’ buttons on the top toolbar.**



The screenshot shows the Care Inspectorate login interface. On the left, there is a large white area with the Care Inspectorate logo (a purple swirl) and the text "care inspectorate" below it. At the bottom of this area, a purple banner contains the word "welcome" in white. On the right, a grey sidebar contains the text "Please log in" followed by two input fields: "Username:" and "Password:". Below these fields is a "Login" button. At the bottom of the sidebar, there are two links: "Forgotten your password?" and "Terms of use".

### 3 The Scottish Care Home Census Form

The census is contained in one form consisting of two parts:

- Part 1: collects information on gross weekly charge and number of residents, admissions, discharges and deaths throughout the census period. This will include long stay, respite and short stay residents. This data is completed at the end of the census period.
- Part 2: collects individual resident based data for each **long stay** resident who was resident at any time between 1<sup>st</sup> April and 31<sup>st</sup> March.  
This information can be completed throughout the census period.

#### 3.1 Types of Residents

For the purposes of the census residents are classified as long stay, respite or short stay.

##### *Long-stay residents*

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 whose intention 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.

##### *Respite residents*

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.

##### *Short-stay residents*

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.

## 3.2 Part One of Form

The following data items are collected for part one of the form:

- Service Name and Address
- Service Contact for Census
- Weekly Charges
- Number of Residents – Year Start (Long Stay, Respite, Short Stay, Total)
- Number of Admissions (Long Stay, Respite, Short Stay, Total)
- Number of Discharges (Long Stay, Respite, Short Stay, Total)
- Number of Deaths (Long Stay, Respite, Short Stay, Total)
- Number of Residents – Year End (Long Stay, Respite, Short Stay, Total)

More details on some of these data items are outlined below.

### 3.2.1 Name and address details for the care home

The address details for your Care Home have been taken directly from the Care Inspectorate register and cannot be amended in this eform. If you spot an error then you should contact the Care Inspectorate Contact Centre on **0345 600 9527**.

### 3.2.2 Gross Weekly Charge by Source of Funding

The gross weekly charge is requested for *long stay* residents in the following four categories:

- Residents without nursing care, mainly funded by local authority
- Residents without nursing care mainly funded by private means
- Residents with nursing care, mainly funded by local authority
- Residents with nursing care mainly funded by private means

The fees for publicly funded residents are covered in the National Care Home Contract (NCHC) which was developed and introduced in 2007/2008. The rationale for developing the NCHC was to standardise the terms, conditions and fees for publicly funded clients.

### 3.2.3 Gross Weekly Charge (for all funding sources)

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 = £500 + £550 + £550 = £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 = £1600 ÷ 3 = £533

Average gross weekly charge	=	$\frac{\text{Total of all gross weekly charges}}{\text{Number of residents}}$
--------------------------------------	---	---

### 3.2.4 Number of residents, admissions, discharges and deaths

The forms ask for the total number of admissions, discharges and deaths throughout the census period. This part of the form looks at all your residents: long stay, respite and short stay. The total number of residents at the end of the census period should equal the number of residents on the 1st April of the previous year plus number of residents admitted to your service during the year minus the number of deaths and discharges during the year. If the numbers are different the system will ask you to check the information before you are able to submit.

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 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.

### 3.3 Part Two of Form

The second part of the form looks at information on individual residents. **Please note this part of the form should only be completed for residents designated as long stay.** If all your residents are short stay or respite then answer “no” to the question “Do you have long-stay residents” and you will not need to fill in this part of the form. The system will ask whether you have any long stay residents. For most of the questions on individual residents, there are a series of drop down lists.

**We strongly recommend that Care Homes complete the long-stay resident information throughout the year when residents enter and leave the home.**

For each long stay resident you will need to record the following data items:

- CHI number / reference number
- Gender
- Surname
- Forename
- Date of Birth
- Ethnic Origin
- Resident mainly or wholly funded by
- Receiving free personal care payment (for private funded residents)
- Receiving free nursing care payment (for private funded residents)
- Funding local authority (for local authority funded residents)
- Whether resident requires nursing care
- Resident Characteristics (e.g. Dementia, Visual impairment, etc)
- Date of admission
- Where resident admitted from
- Postcode sector of previous address
- Discharge Date
- Where resident discharge to

More details on some of these data items is outlined below.

#### 3.3.1 CHI number / reference number

This field allows you to identify the residents whose details you have included. You can enter the CHI number<sup>1</sup> or a reference number of your own choice that will allow you to identify a specific resident. A CHI number can usually be found on printed appointment letters or prescriptions.

#### 3.3.2 Surname / Forename

Please enter the residents surname and forename(s).

---

<sup>1</sup> Community Health Index (CHI) is a population register, which is used for patients resident in Scotland for health care purposes.

### **3.3.3 Date of Birth**

Please enter the full date of birth for the resident. We will be using the date of birth field to calculate the age of each resident.

### **3.3.3 Ethnic Origin**

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.

### **3.3.4 Financial Support**

You will be asked to enter information on the resident's major source of funding. If the resident is supported by a combination of funding sources please choose the single category which provides the majority of their funding.

If a resident is mainly funded by private means you will be asked whether or not they receive free nursing care or free personal care.

If a residents is mainly publicly funded you will be asked which local authority mainly or wholly funds their care.

### **3.3.5 Type of Care (Resident Characteristics)**

You will be asked to provide information on all the characteristics which describe the resident's current or most recent need for care. The characteristics are ordered in the system in alphabetical order. It is important to go through the whole list when answering the question. Residents may have a number of different characteristics and their characteristics can also change over time. If a resident's characteristic has changed in the census period you should update in the system. When answering the questions on resident characteristics please read the following definitions of each category.

#### *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 ability 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, 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 (only for residents aged under 65)*

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:*** limb loss; severe arthritis; diseases of the circulatory system (including heart disease).

**Please note: do not select this category if the following has already been selected: visual impairment, hearing impairment, neurological conditions or acquired brain injury.**

### *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.

**Please note: only one of the dementia boxes should be ticked for a particular resident.**

### *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.

**Please note: only one of the dementia boxes should be ticked for a particular resident.**

### *Neurological Conditions*

Neurological conditions result from damage to the brain, spinal column or nerves, caused by illness or injury. These include epilepsy, cerebrovascular diseases including stroke, multiple sclerosis, motor neurone disease, Parkinson's disease, cerebral palsy. See <http://www.who.int/features/qa/55/en/> and <http://www.scottishneurological.org.uk/content/whatis/> for more information.

**Please note: do not tick this box for people with Dementia or Acquired Brain Injury unless they also have another neurological condition.**

### *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.

**Please note: do not select this category if the following has already been selected: dementia, alcohol related problems or drug related problems.**

### *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.

### **3.3.6 Date of admission**

This should be the date on which the resident was admitted for their current or most recent period of stay, even if the intention at admission was for the stay to be short.

### **3.3.7 Postcode sector**

This looks at the postcode sector where the resident was admitted from. You should enter the first part of the postcode followed by the number from the second half of the postcode.

### **3.3.8 Date of Discharge/Discharged to**

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. 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 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.

## **To Edit Resident Details**

Click anywhere on the line of the resident that you want to edit. This should take you to the details for that resident which can be edited. Once complete, press save and you will be taken back to the resident summary screen.

Please check the last column for each resident shows a "tick".

If any of your residents have a "cross" then please go back into the record and red error messages should highlight what needs to be corrected.

## **4 Help completing the Scottish Care Home Census on the eForms system**

The **Care Inspectorate eForms Contact Centre** is available to answer any questions you may have on the eforms system. You can contact them on **0345 600 9527** .

If your query is of a more detailed nature then the Care Inspectorate Contact Centre may pass it on to the Information Services Division (ISD).

The Frequently Asked Questions (FAQ) at the end of this document will explain the answers to many of the common questions we receive so please read this first to see if your query has already been answered.

## 5 FREQUENTLY ASKED QUESTIONS (FAQs)

### **Why is the Care Inspectorate collecting this information through the eForms system?**

The Scottish Government are always looking at ways to improve the statistics that they collect. Using the Care Inspectorate 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 Inspectorate 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 Inspectorate 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 Inspectorate 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 using 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 additional 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.

### **Will I still have access to the resident information I entered last year?**

If you completed the survey last year, then 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 Inspectorate Service Number. Will I have access to last years census records?**

Please call the Care Inspectorate Contact Centre on 0345 600 9527 as it may be possible to transfer last year's census information onto your new census eForm.

### **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 the 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: <http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Care-Homes/Census/>

### **What will the Care Inspectorate do with this data?**

The Care Inspectorate is the data gatherer of this information. The Care Inspectorate 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 Inspectorate, 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.

### **Why are you asking for names and full date of birth this year?**

This information will provide us with the possibility of linking the care home data with other health data, such as emergency admissions to hospital. Before any data linking takes place a full Privacy Impact Assessment will have to be undertaken and any projects will require the approval of the Privacy Advisory Committee. Further information on why this is being asked for and what this data will be used for can be found at:

<http://www.gov.scot/Topics/Statistics/Browse/Health/ScottishCareHomeCensusB>

### **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 [Code of Practice for Official Statistics](#). 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 of your residents should be identifiable from the information published.

Only a few analytical and ICT staff at the Care Inspectorate 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 Inspectorate in the local offices will not have access to any of this information.

### **What will happen next year?**

The eForm is usually open throughout the year meaning that you can keep your records up to date on a regular basis. For example you might decide to logon to the eForms 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.