care inspectorate

THE CARE INSPECTORATE'S SCRUTINY AND SUPPORT OF ADULT SOCIAL CARE DURING THE COVID-19 PANDEMIC

HAPPY TO TRANSLATE®

CONTENTS

FOREWORD

As the independent regulator and scrutiny body for social care, the Care Inspectorate is responsible for assuring the quality of care across Scotland. We are a scrutiny body that supports and drives improvement.

People are at the heart of everything we do, and our focus is always on the experiences, wellbeing and outcomes for people who use services. Everyone has the right to experience kind and compassionate care, and to be safe and protected from harm.

When the Covid-19 pandemic took hold in Scotland in early March 2020, we focused on supporting services to manage the crisis. In the early stages, following public health advice, we changed our routine inspection programme because of the risk of virus transmission. However, as we restricted our visits to services to limit transmission of the virus, we intensified our oversight of services and rapidly put in place other ways to scrutinise, monitor and support social care across Scotland.

We significantly increased levels of contact with adult services, contacting every care home weekly to carry out checks, and sometimes daily depending on individual risk and support needs. Between 1 April 2020 and 31 March 2021, inspectors made over 51,000 separate contacts with individual adult social care services.

In early March 2020, we put an early warning system of enhanced notifications in place, requiring services to tell us about both suspected and confirmed cases of Covid-19, and staffing levels affected by Covid-19. The Red, Amber, Green system was unique across the UK regulators and meant we were immediately alerted to issues and could provide scrutiny, guidance and support to services directly, as well as directing resources to services from other key agencies where needed.

We operated these oversight arrangements seven days a week to carry out scrutiny checks and effect swift responses for care homes. We checked whether infection prevention and control (IPC) measures were being followed, levels of personal protective equipment (PPE) were adequate and staffing levels were appropriate. This oversight included contact with services by telephone and, for the first time, through Near Me video consultation and observation that enabled us to examine services' environments, systems and practice.

We established a national Covid-19 flexible response team to support services to adapt to guidance as understanding of the virus developed. We also enhanced our communication to providers with daily Provider Update email newsletters, a Covid-19 area on our website, and information on social media.

Working closely with NHS public health and Healthcare Improvement Scotland (HIS), we commenced onsite inspections for those services where risk was indicated as high. This allowed us to support improvement, to make and follow through with recommendations and where needed, take enforcement action.

We worked closely with all national groups, health boards and health and social care partnerships (HSCPs) to provide a multi-agency approach, which wrapped support around care homes. We are continuing this work as we make plans to ensure that the social care sector is as prepared as possible for further outbreaks.

In August 2020, we published. **The Care Inspectorate's role, purpose and learning during the Covid-19 pandemic**, to report on the breadth of activity we undertook in the first stages of the pandemic. That earlier report is now complemented by this report, which describes in more detail the scrutiny activity and support interventions we have been carrying out throughout the pandemic.

As we continue to reflect on the learning from the pandemic, we also continue to make and support changes and improvements as a result.

We have augmented our inspection framework to focus much more rigorously on infection prevention and control. We have worked closely with Directors of Public Health in making decisions about what was required in individual services and what was required for inspection and we anticipate close, joint working like this will continue to strengthen and develop.

It has been our absolute priority to do all we can to support Scotland's care sector to deliver high-quality, safe services that make a positive difference to people's lives.

Now, with the vaccination programme rolled out in adult care homes across Scotland, there are grounds for cautious optimism.

We know that Covid-19 has had a significant impact on adult social care, and in particular care of older people in Scotland. Already, there have been a number of key learning points.

- Keeping people safe while enabling them to have a good quality of life, including connection with families and people who are important to them.
- Balancing people's rights and wishes when making decisions about risk.
- Paying closer attention to the design of the buildings in which people live to help keep them safe but in homely environments.
- Recognising the importance of care homes having staff with the right skills, knowledge and experience and in the correct numbers.
- The importance of a multi-disciplinary approach to providing the right care and

support to care homes from social work, nursing, allied health and social care professionals.

- The importance of having multi-agency oversight of our care homes and the benefits different professionals bring to that through their combined skills, knowledge and experience .
- The importance of staff in services having the right support, guidance and tools to maintain and develop the right skills and knowledge.
- The importance of working collaboratively with all stakeholders to identify key aspects of essential care for people.
- The importance of social care services in supporting people in our communities and how this helps them to remain well in their in their own homes and close to their families.
- The benefits of collaborative working where professionals share experiences and learn from each other.
- The importance of collecting high quality information from services that supports self-evaluation and oversight of services.
- The development of the safety huddle tool for care homes helping to provide a national picture of care home support in Scotland.
- The importance of organisations working together to gather information from services so this is provided once and shared thereby reducing the burden on services.
- Regulation needs to be responsive to the needs of the sector and where improvement is needed support is provided and followed up quickly to ensure improvement is achieved and sustained.
- The importance of continuing to build relationships between scrutiny bodies and services, including provider organisations to support improvement.
- The importance of continuing to adapt our scrutiny and improvement support approaches to help services improve.
- Everyone regardless of where they live in Scotland must have access to good health and social care support.

We will continue to support the sector as we move out of the pandemic. The recently published **Independent Review of Adult Social Care** has presented one possible vision of the future for care in Scotland. The Care Inspectorate was a key participant in the review, and we welcomed the opportunity to contribute to it.

The future of social care in Scotland is currently the subject of intense national debate and we look forward to playing our part in helping to shape care in the future so that the needs of all who experience it can be met, and their rights respected and upheld.

Peter Macleod
Chief Executive

WHO WE ARE AND WHAT WE DO

Every person in Scotland has the right to high-quality, safe and compassionate social care and social work services that make a real and positive difference to their lives.

The Care Inspectorate is the national agency responsible for regulating, inspecting and improving social care and social work services including services for adults, early learning and childcare, children's services, justice social work and community justice. This includes registration, inspection, complaints, enforcement and improvement support.

We make sure services meet the right standards and help them to improve if needed. We work in partnership with other scrutiny and improvement bodies, looking at how care is provided by community planning partnerships and HSCPs across local authority areas.

This helps all stakeholders understand how well services are working together to support positive experiences and outcomes for people.

Our job is not just to inspect care but help improve the quality of it where that is needed. This means we work with services, offering advice and guidance and sharing good practice, to support them to develop and deliver improved care. If we find that care isn't good enough, we take action. We identify areas for improvement and can issue requirements for change and check these are met. If we believe there is a serious and immediate risk to life, health or wellbeing, we can apply to the sheriff courts for emergency cancellation of a service's registration or apply for changes to how they operate.

We support people to raise concerns and we deal with complaints made to us about registered care services. We robustly challenge poor-quality care, and we are independent, impartial and fair. We have a duty to protect people and will refer adult and child protection concerns to the relevant local authority social work service or Police Scotland.

We influence social care policy and development both nationally and internationally, sharing our learning with others and enabling the transformation of social care in Scotland. We led the development of the Scottish Government's Health and Social Care Standards jointly with HIS and we use them when we inspect services. The Standards are clearly focused on human rights and wellbeing.

Our quality frameworks for inspection ask key questions.

1. How well do we support people's wellbeing?
2. How good is our leadership?
3. How good is our staff team?
4. How good is our setting?
5. How well is our care and support planned?
6. What is the overall capacity to improve?

We evaluate care services when we inspect. Areas are assessed on a scale from 1 (unsatisfactory) to 6 (excellent). After every inspection, we publish an inspection report on our website showing our findings.

In May 2020, we added key question 7 to our quality frameworks, which asks 'How good is our care and support during the Covid-19 pandemic?'. This was done in response to the pandemic when we recognised services had to operate differently. Further detail about this is set out on page 15.

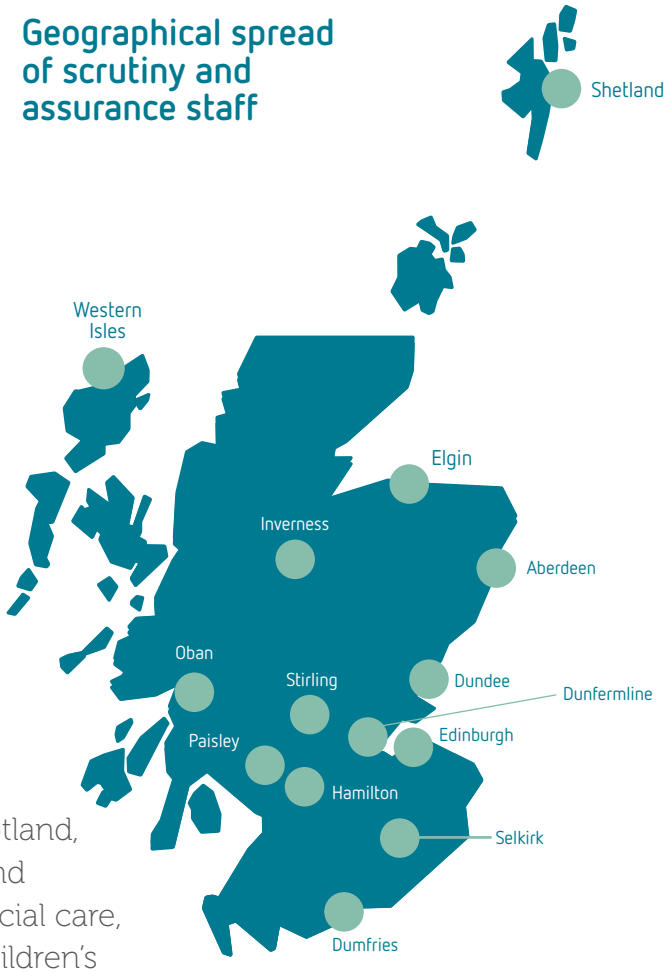
OUR WORKFORCE

589
employees

337
scrutiny and assurance staff (FTE)

£36.9m
our budget 2020/21

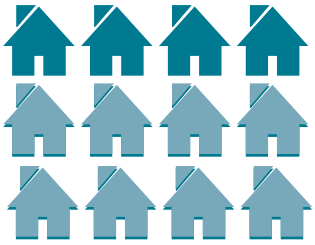
Geographical spread of scrutiny and assurance staff



589 Care Inspectorate staff work across Scotland, 337 of whom are inspectors and scrutiny and assurance staff specialising in health and social care, early learning and childcare, social work, children's services, and community justice. Our inspectors are qualified professionals and have substantial experience of the services they inspect. We have inspectors from a range of relevant professional backgrounds, including social workers, nurses, allied health professionals and managers of regulated care, all of whom are registered with the appropriate professional regulator. We employ a large number of nurses as inspectors, who are registered with the Nursing and Midwifery Council. After joining the Care Inspectorate, inspectors also receive additional training in regulation, scrutiny and improvement. Inspectors of social care services are registered as 'authorised officers' by the Scottish Social Services Council (SSSC), with a condition to complete the Professional Development Award in Scrutiny and Improvement. The award is a postgraduate level qualification approved by the Scottish Qualifications Authority.

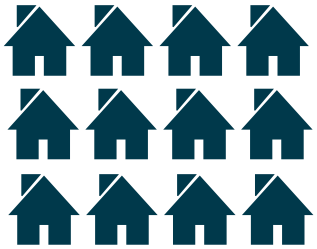
REGISTERED ADULT SOCIAL CARE IN SCOTLAND (as at 28 February 2021)

71
adult placement services

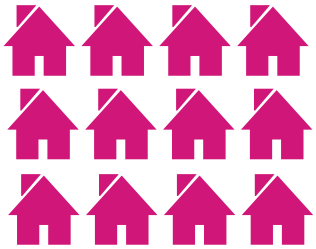


1,068
care homes for adults

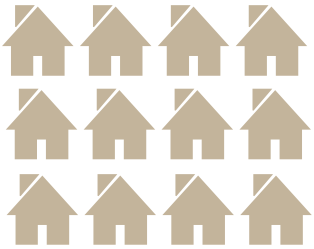
806 are care homes for older people



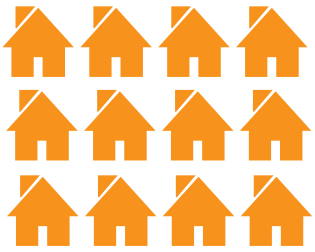
410
housing support services



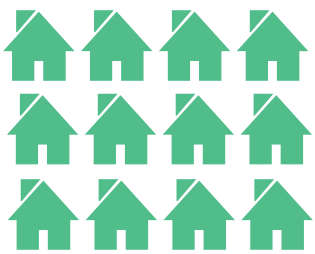
633
support service care at home (combined with housing support service **1,255** registrations)



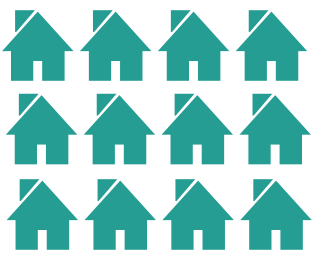
436
support service care at home



405
support service other than care at home



112
nurse agencies



5
offender accommodation services

ADULT SCRUTINY, ASSURANCE AND IMPROVEMENT SUPPORT

From the outset of the pandemic, we worked rapidly and with agility to realign our scrutiny, regulatory and improvement support work in response to the pandemic. We needed to respond to the greatest risks while also ensuring care services were supported and enabled to respond to the crisis and support people experiencing care and their staff.

Working closely with Health Protection Scotland (HPS) and Directors of Public Health, we changed our approach to inspections, on the expert advice from public health colleagues, which was that onsite visits to services presented a real and significant risk of introducing and spreading Covid-19 in care homes and other services.

Given the evident risk that our staff could transmit or spread Covid-19 , it was clear that a different way of regulating and supporting improvement in services was needed.

Our inspectors therefore focused on monitoring and gathering intelligence through:

- care provider/relationship manager work including sharing intelligence
- enhanced monitoring notifications made to us by services
- frequent and responsive contact with care services
- gathering, analysing and sharing intelligence about services and providers
- identifying where services were in crisis
- identifying, recording and acting on risk
- sharing information with HSCP.

In March 2020, we enhanced our monitoring of services and the sharing of intelligence with relevant agencies. We also significantly increased our regular contact with individual services and enhanced our scrutiny of infection prevention and control (IPC) practice, particularly in care homes for older people. This supported services to align themselves with relevant guidance in order to control the virus.

Responding to the outbreak, we augmented our inspection framework with a new key question that looks at how services are meeting people's needs during the Covid-19 outbreak. This acknowledged the impact of the virus on the operation of care services, while ensuring that people's wellbeing was still central to inspections.

From June 2020, under emergency coronavirus legislation passed by the Scottish Parliament, we are required to lay before Parliament a report every two weeks setting out which care home services we have inspected and our findings. At 31 March 2021, 21 reports had been laid before Parliament, outlining the findings of more than 500 inspections.

To meet the duties introduced by the coronavirus legislation and to comply with associated guidance, we were required to focus our inspections on IPC, PPE and staffing. However, we recognised the importance of a wider focus on wellbeing for people and ensured this was also covered during inspections as this is central to our scrutiny work.

At all times, we ensured that inspections also considered people's wider health and wellbeing.

Guidance and advice

In early March 2020, we set up our Covid-19 flexible response team as a central resource to provide advice and guidance on Covid-19 and ensure that our staff and the care sector were able to access guidance that was regularly updated as learning about the virus developed. The key functions of the team were to:

- support our responses to Covid-19 enquiries from people providing and experiencing care, and members of the public
- maintain up-to-date knowledge of policy and guidance in relation to Covid-19 for people providing services, our staff and members of the public
- analyse information and intelligence about services to help direct support where it was needed
- provide specific support in relation to IPC issues, such as PPE and testing
- identify policy and practice concerns affecting social care services and escalate these as necessary to the Scottish Government.

The Covid-19 flexible response team is made up of staff from across the Care Inspectorate, reflecting the breadth of work undertaken. These staff possess a range of specialist experience and expertise, including nurses with up-to-date IPC knowledge as well as lead practitioners in PPE, dementia and end-of-life care. The team works closely with colleagues at Health Protection Scotland and meets regularly with them to share intelligence and clarify guidance.

The team has provided support and information to people who experience care and their families, the general public, registered services, social care workers, health and social care partnerships and other stakeholders. Their focus at all times has been on the health and wellbeing of people experiencing care, with the following principles underpinning their approach.

- Sharing and referring to national guidance and good practice advice that helps care providers and Care Inspectorate staff make informed decisions.

- Interpreting national guidance in a person-centred way for use within social care settings.
- Responding with sensitivity and empathy, especially when dealing with particularly difficult situations.
- Balancing the need for clinical approaches with a focus on human rights and health and wellbeing.
- One of the Covid-19 flexible response team's most important roles is to signpost services to the most relevant and current guidance . As learning about Covid-19 developed, good practice guidance was regularly updated, and the team identified the need to actively manage the volume of guidance on behalf of services. We maintained Frequently Asked Questions for different service types, including care homes for older people and care at home services. As the pandemic continued, guidance from official sources was accumulating. In response, the team created a **Covid Compendium**, which streamlines and separates relevant guidance for different service types. This has enabled services to find the most relevant and up to date guidance for their setting more easily. This has enabled services to find the most relevant and up to date guidance for their setting more easily.

Here are examples of the team's flexible approach in response to the escalating risks as the pandemic unfolded.

- The team received a number of enquiries from care homes wanting to know if they could have staff move into the care home during the pandemic to allow them to effectively lock down and prevent infection from entering the home. We had no existing guidance in relation to this situation but were able to quickly develop practical guidance in collaboration with registration team colleagues to support services wishing to make such arrangements.
- In response to the risk of transmission from agency staff being deployed across numerous services, the team held specialist webinars for agencies focussing on Scottish Government guidance and protocols.

Enhancing intelligence and notification data

The need to rapidly provide additional support to care services and to gather intelligence meant our systems had to change quickly. We put in place systems and processes to allow us to gather intelligence, analyse it and take action to support services as appropriate. Care services are routinely required to notify us of a wide range of information, such as significant incidents and allegations, so we can provide appropriate support, scrutiny and assurance. To support the response to the pandemic, these notifications were enhanced.

New electronic notifications were developed and rapidly rolled out, including:

- RAG (red, amber, green) notifications about staffing levels. Inspectors monitored these twice daily, seven days a week, and we rapidly responded to amber and red notifications to support access to additional staffing from HSCPs and the SSSC's staffing portal
- Covid-19 – outbreak in a service
- Covid-19 – death of someone in a service
- Covid-19 – death of a staff member.

These notifications give us regular information that allowed us to identify when services had outbreaks, those who needed additional support and where services may be in crisis and in need of further support from local public health teams and HSCPs.

The collation of this information also gave us essential intelligence to inform our risk-based approach to scrutiny activity and our decisions about the most appropriate scrutiny and support for each service during the pandemic.

Multi-agency working for enhanced assurance of care homes and monitoring of the safety and wellbeing of people experiencing care was put in place during the pandemic. Our team managers were involved as members of multi-disciplinary groups, many of which met frequently across Scotland and are continuing to meet.

At the beginning of the pandemic, we recognised the need to share our notifications and intelligence with local health protection teams and we ensured that they received a copy of all notifications we received from services on a daily basis. This ensured health protection teams in health and social care partnerships had information on outbreaks, including those where an outbreak was suspected, and could take appropriate action.

On adapting our response and work to Covid-19, the adult inspection team put in place enhanced monitoring of services and inspectors took action accordingly. On notification of an outbreak, the allocated inspector would contact the service affected to carry out several checks, including:

- ensuring the service was using up-to-date guidance from Health Protection Scotland

- checking that the service had informed local public health teams of an outbreak and sought appropriate support
- checking that PPE was being used correctly
- checking that staff were supported and understood correct IPC measures and that guidance was being followed
- asking the service how they were managing public and communal spaces and what measures they had put in place
- checking that staff deployment ensured that those working in areas of a service with an outbreak were being appropriately cohorted in order to avoid cross-contamination with other staff
- asking what end-of-life care procedures and protocols were in place to facilitate relatives being with someone at the end of their life
- checking services' enhanced cleaning routines.

These contacts were documented and intelligence shared with health and social care partnership (HSCP) colleagues and other stakeholders. We held meetings with HSCPs and Public Health colleagues to discuss intelligence and agree support to services in order to protect people using services.

Between 11 March 2020 and 31 March 2021, we received and dealt with

159,826

COVID-19 related notifications for adult services.

This compares to a total of

59,770

notifications we received for adult services between 1 April 2019 and 31 March 2020.

Adapting the quality frameworks and adding key question 7

We use a suite of quality frameworks, tailored to service types, to set out what we expect services to achieve in terms of performance. These are aligned to the Health and Social Care Standards and each framework has a set of key questions. For example, our **Quality Framework for Care Homes for Older People** is used by us when inspecting services, as well as by services for self-evaluation purposes.

In May 2020, we added key question 7 to our quality frameworks, which asks 'How good is our care and support during the Covid-19 pandemic?'. This was done in response to the pandemic and in recognition that services had to adapt and operate differently. It ensured that services implemented relevant practice in line with Health Protection

Scotland guidance. We developed key question 7 in consultation with Health Protection Scotland and Healthcare Improvement Scotland. The development of the framework enabled us to meet the duties placed on us by the Coronavirus (Scotland) (No. 2) Act and subsequent guidance that we must evaluate and report on IPC, and staffing.

The new question allows us to assess services against the principles of the Covid-19: Information and Guidance for Care Home Settings (Adults and Older People) and Care Home Outbreak Checklist produced by Health Protection Scotland.

Key question 7 has three quality indicators associated with it that we assess when inspecting:

- 7.1 People's health and wellbeing are supported and safeguarded during the Covid-19 pandemic
- 7.2 IPC practices support a safe environment for people experiencing care and staff
- 7.3 Staffing arrangements are responsive to the changing needs of people experiencing care.

Useful links and references to best practice and national guidance were included in the quality frameworks to inform improvement. We also devised a new record-of-inspection tool to ensure a consistent application of standards in care homes and gathering of inspection evidence linked to good practice.

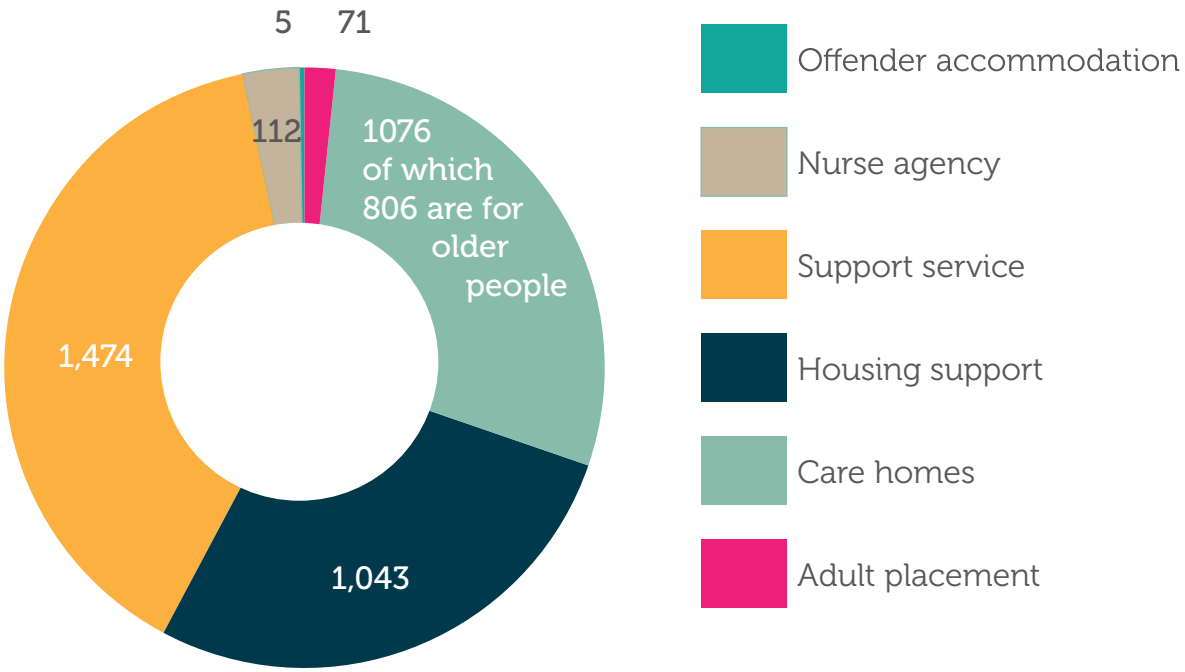
Ahead of resuming onsite inspections, we developed a detailed development programme for all our inspectors and HIS inspectors who were supporting our inspections. This covered a range of areas, including up to date guidance and the introduction of key question 7, including:

- Covid-19
- PPE
- IPC practice in care homes
- wellbeing needs of people living in care homes
- medication
- risk assessments of Covid-19 inspections
- palliative and end-of-life care.

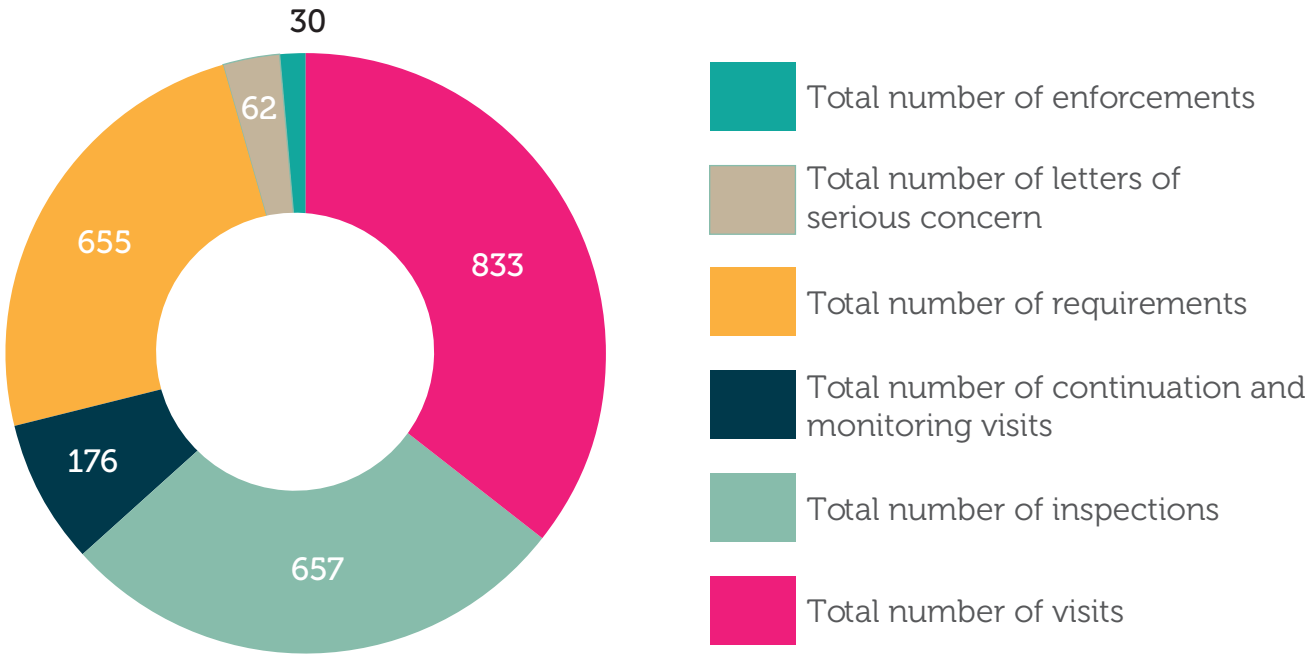
We also provided advice to a range of groups to support the use of key question 7 for self-evaluation, including care home managers, provider organisations, the Scottish Government, health and social care partnerships (HSCPs) and oversight groups. In one HSCP area, inspectors provided a workshop to all care home managers on key question 7, good practice and self-evaluation. The feedback was very positive and managers said that it given them a better understanding of good practice.

Scrutiny activity

REGISTERED ADULT SERVICES IN SCOTLAND (as at 31 March 2021)



SCRUTINY INTERVENTIONS (from 1 April 2020 to 31 March 2021)



Contact with services

As part of our response to the pandemic, we put in place enhanced levels of contact with services. Our inspection teams adapted quickly and effectively to the constraints of lockdown to ensure we continued to provide public assurance and support to services in very challenging and unprecedented circumstances.

From 1 April 2020 to 31 March 2021, we made 51,350 contacts with adult social care services:

Contact method	Total number recorded
Telephone	41,508
Near Me	326
Microsoft Teams	441
Other methods	9,075
Total	**51,350**

At all times, our primary concern was that people who experience care were protected and kept as safe as possible.

In order to be able to respond to services and monitor new notifications, inspection teams realigned their work to ensure they had capacity to contact every care home and care at home service at least weekly, and sometimes daily as required. We moved inspectors from our strategic and early learning and childcare inspection teams and also had support from Healthcare Improvement Scotland inspectors to effectively support the sector.

Frequent contact with services was vital and was an opportunity to discuss notifications services made to us, allowing us to quickly build a reliable and accurate picture of the situation in every care service.

We developed new electronic systems so that inspectors were able to record the contacts they made. This record was a valuable source of information especially when providing information to health and social care partnership oversight groups and others.

The feedback we have received from services is that these contacts have been providing critical support in extremely challenging circumstances.

Complaints and enhanced triage

At the outset of the pandemic, we enhanced our frontline triage teams, which answer calls and receive complaints about services. Anticipating an increase in calls from families, concerned members of the public and staff working in services, we adapted the work of complaints inspectors to ensure that people raising concerns were supported, and that we could act quickly and effectively on their concerns.

Public health guidance meant that onsite complaint investigation was not always possible due to the risk of transmitting and spreading infection. We carried out additional risk assessments on all complaints to determine the most appropriate response. This helped us quickly identify the most urgent and serious concerns and take robust action.

Throughout the pandemic we continued to assess all complaints for protection issues, acting swiftly and robustly and making referrals to partner agencies including Police Scotland and local authority social work services as required, to ensure people are protected.

Triage outcomes can include 'direct service action' and 'provider investigation'. Both are mechanisms that we use to allow the service provider to look into complaints and report directly to the complainant. As part of the enhanced work of our complaints inspectors on triage, they became mediators, supporting complainants and holding meetings with both parties to reach satisfactory resolutions.

Complaints inspectors ensured that services were communicating effectively with families and representatives of people experiencing care. They ensured services were following relevant guidance, especially in relation to essential visits for care home residents at the end of life. Where appropriate, we made sure visiting arrangements were put in place and people were able to spend time with a resident at the end of their life.

Complaints inspectors also helped families understand how the rules on visiting and contact affected them. They made time to listen, respond and support families.

Complaints are a valuable source of intelligence. They can help us decide whether an inspection should take place and they also help us regulate services effectively. Complaints inspectors work closely with inspection teams to share intelligence and agree what actions are needed to improve the care that people experience.

During the pandemic we strengthened the risk assessment of complaints and where we identified a visit to the service was needed, complaints inspectors met with inspection teams and a Covid-19 inspection was undertaken.

We also strengthened our overall approach to complaints and inspection work. When we visit a service to undertake a complaint investigation, we also inspect infection prevention and control (IPC) practice. As well as writing a complaint report and responding to the complainant, the complaint inspector evaluates IPC practice in the service. This has enabled us to increase the number of care homes where we were able to provide assurance that they were demonstrating effective IPC practice to protect people.

We share the outcome of a complaint investigation with the complainant and the service provider. When we uphold a complaint, we publish the outcome on our website. We also share complaint outcomes with local health and social care partnerships and public health teams through our relationship managers.

Where we make requirements following a complaint investigation, we follow them up to make sure the safety and wellbeing of people using the care service improves. We also gather intelligence from anonymous complaints to inform our regulation of the service.

The information we have received from complaints during the pandemic has helped inform our overall strategic response.

Our inspection activity

Our approach to inspection planning during the pandemic has been based on intelligence and risk to ensure we target resources where they are needed most. To help with this, we created a new scrutiny assessment tool (SAT) which identifies risk factors such as Covid-19 outbreaks, experiences of people, leadership, concerns raised and notifications from services. The inspector gathers the intelligence about the service and makes a professional assessment based on good practice which is added to the Covid-19 SAT. Inspectors also use information gathered from contact with services, complaints, risk ratings of homes by Directors of Public Health and wider intelligence gathered from daily huddle or multi-agency oversight groups in HSCP including health board areas.

Once completed, it gives a risk rating of low, medium or high. We use the resulting risk level to determine the scrutiny actions that will be undertaken, such as making contact with the service , carrying out an inspection or providing improvement support. The risk level is shared with the health and social care partnerships (HSCPs) and public health colleagues.

Where a service presents as a higher risk, the inspector and their team manager quickly establish the appropriate next steps. In the early days of the pandemic adult teams met daily to review intelligence on services and ensured that we acted quickly to establish

next steps for high risk services, sharing the intelligence with the safety huddle oversight groups in HSCPs. Adult teams communicate daily and meet weekly to plan inspection activity and take immediate action where risks are identified.

Management oversight of this and sign-off of the inspection plan was put in place. This has provided a national plan that ensures we identify those services based on highest risk. The plan is dynamic and responsive to changing levels of risk within services.

Once a decision has been taken to inspect, we inform the local Director of Public Health to advise of our intention. This is to ensure that we work in collaboration with other agencies and that our visits only take place when safe and necessary. We also inform the oversight teams for care homes.

Ahead of any visit, we prepare carefully and consider the types of evidence to be gathered by reviewing the service's regulatory history, intelligence gathered from partners and oversight groups, any complaints about the service and the status of the service in relation to any outbreak of Covid-19. We carefully consider concerns in relation to infection prevention and control. This results in a detailed inspection plan with all members of the inspection team understanding exactly what aspect of the inspection they will carry out. We have worked in collaboration with HIS, who have supported onsite inspections and provided support for around one third of our inspections.

The way we inspect has had to change. Our inspectors inspect care homes with active outbreaks as well as those with no outbreak or where an outbreak has ended. They must wear appropriate PPE during visits and limit the time they spend in a service and people's bedrooms. This can greatly reduce the amount of interaction possible with those living in care services. Since 4 January 2021, inspectors have also required to be regularly tested for Covid-19.

Collecting and verifying evidence while using PPE can be challenging and inspectors follow specific guidelines on how to do this safely. In order to overcome some of the challenges we faced we increased our use of technology so we could safely carry out our scrutiny work. We used technology to continue to speak to staff, relatives, people who use services, and other professionals working with services. There is more detail on our use of technology later in this report.

For Covid-19 inspections, greater use has been made of letters of serious concern to identify urgent action needed to be taken in services. We issue these while we are still inspecting. Services have 48 hours to comply and we then go back to check that the improvements have been made. We similarly follow up all requirements when the timescale for meeting these has been reached. This ensures improvements are made in

the care people experience, that these are sustainable and make a difference to people's lives. Where we identify serious concerns, we take immediate and robust action by issuing an improvement notice or applying to the courts for cancellation of the service's registration.

On the completion of the inspection, the team manager immediately informs the health and social care partnership (HSCP) of the outcome and when we issue letters of serious concern or an improvement notice, copies of these are provided to the HSCP and the Director of Nursing in Health Boards to allow them to provide support to the service.

During the pandemic we have developed virtual inspection methods and used these on a strictly risk-assessed basis. This use of technology has meant that we can monitor the environment, talk to people experiencing care , their relatives and staff, as well as other professionals who have direct contact with the service. Before introducing virtual scrutiny, we met with and learned from other regulators in Scotland and further afield who had put in place virtual inspections. We also ensured that practice guidance and quality assurance were in place.

To meet the new reporting obligations placed upon us by coronavirus legislation, inspectors produce a briefing record of their findings within 24 hours of completing an inspection and give initial feedback to the care provider.

In addition to the fortnightly report to Parliament, we continue to publish full inspection reports for individual services. .

While our scrutiny activity has been reprioritised to largely focus on care homes for older people, we have continued to monitor other types of care services for adults. Most adults in need of care and support, including people with complex health and social care needs, are supported in their own homes and Covid-19 has also had a significant impact in these settings, so we have maintained oversight of these services. In addition to carrying out a limited number of inspections, we conducted a specific inquiry into care at home and housing support services. This involved virtual meetings with more than 100 senior officers from all 31 health and social care partnerships and more than 300 care at home and housing support service providers including those in the public, third and private sectors. As a result of this inquiry, we published **'Delivering care at home and housing support services during the COVID-19 pandemic: Care Inspectorate inquiry into decision making and partnership working.'**

Number of inspections

Overall, between 1 April 2020 and 31 March 2021, we have undertaken **657** inspections of regulated care services for adults.

Breakdown of inspections completed:

Additional visits

In addition to inspections, we have carried out a further 176 visits to services. Additional visits are undertaken to carry out a focused task such as checking that a requirement has been met, investigating a complaint or providing specific improvement support to a service.

Registration

In our response to Covid-19, we have been flexible in in how we apply our normal registration processes to support care providers to deliver safe care but without compromising the process. Our registration team considered how we could support services through a new notification process to temporarily provide some aspects of their service in a different way where risks were limited. The closure of buildings-based day care meant that people were potentially left without support. We quickly adapted our registration requirements and developed guidance that enabled these services to support people in their own homes.

Our adult registration team is overseeing the update of our 2018 guide **Building Better Care Homes for Adults** to include learning from Covid-19. In the coming months, we will consult widely on draft guidance with the care home sector and other stakeholders. We want everyone with an interest in care homes for adults to have the opportunity to take part in our consultation.

Supporting services with staffing

In partnership with the SSSC we agreed how services could recruit and deploy staff to take account of the need for people to be supported in services. It was also agreed that staff registered by the Scottish Social Services Council for one service type could be temporarily allowed to work in another service type to fill staffing gaps caused by Covid-19.

Technology that supports scrutiny during Covid-19

We have promoted and made extensive use of the Near Me video consultation platform to stay in close contact with services and support our regulation of them. At the start of the pandemic, we realised that Near Me could be a valuable way for all care home residents to have video access to health practitioners while reducing exposure to Covid-19. However, only 11% of care homes had heard of Near Me, with about 5% having used it before the pandemic started. We recognised it could enable us to engage with services when we were not able to visit or meet with staff.

We helped the sector by contacting every care home for older people in Scotland and offered support to use Near Me. By 8 June 2020, we had already contacted more than 800 care homes. We initially phoned services to talk through how Near Me could be of use to residents and staff and offered a test call. We followed this up with additional information and technical guidance and support. If care homes did not have access to a

mobile device, we signposted them to the Scottish Care 'Tech Device Network', a scheme set up to repurpose donated equipment.

At the same time as we worked with care homes, we also trained our inspectors in using Near Me. This has allowed us to virtually visit care homes for older people, adults, children and young people and early learning and childcare when we were unable to visit in person due to public health guidance. Near Me virtual visits have been vital in enabling us to offer support and advice, engage visually with managers, staff and those experiencing care, and check environments and practice including infection prevention and control.

Inspection findings and enforcement

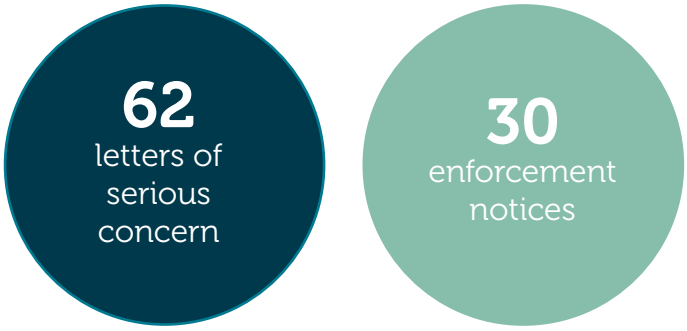
Inspection

Between 1 April 2020 and 31 March 2021 we published 572 inspection reports detailing our findings from inspections carried out. All inspection reports are published on our website and reported to the Scottish Parliament every two weeks. Inspection is part of a wide range of support, scrutiny and assurance measures we have deployed to monitor care homes, gather intelligence and provide support and guidance as required. We inform all relevant local health and social care partnerships of the outcomes of inspections to enable them to provide support to care services and improve outcomes for people when it is needed. Where our inspections identified significant risks to people we did not hesitate to take further action to ensure improvements were made as required.

Enforcement

We take enforcement action when our other interventions have not resulted in the level of improvement we have required, or improvements have not been sustained. Where we have evidence of immediate risks to the life, health or wellbeing of people experiencing care, we will take immediate enforcement action to protect people.

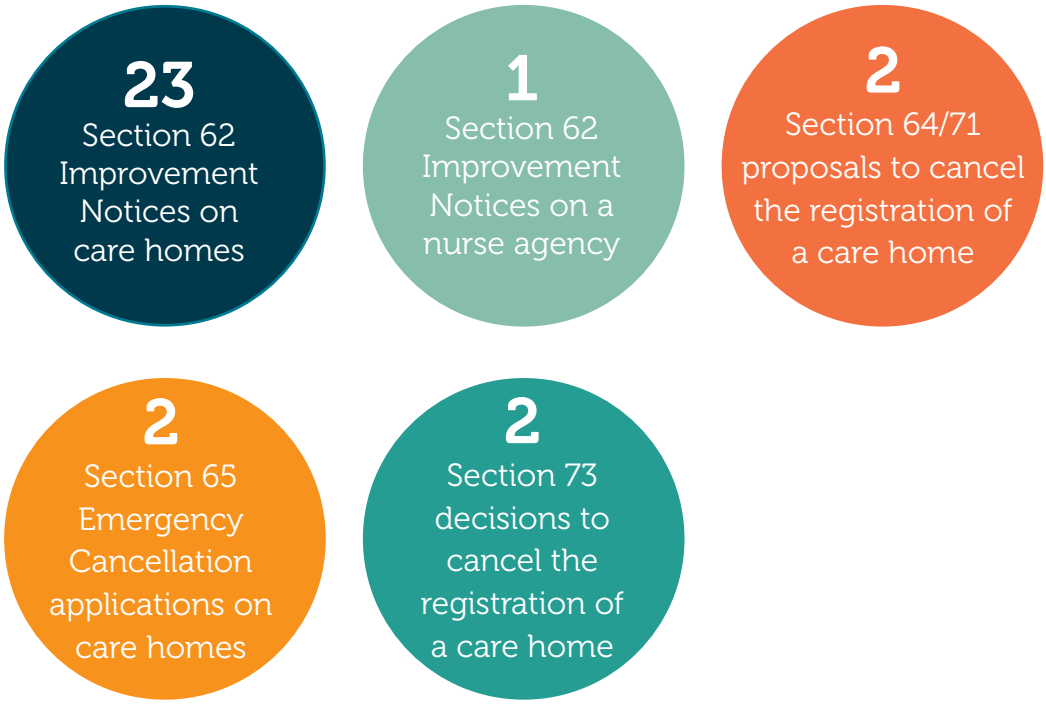
Between 1 April 2020 and 31 March 2021, we took the following enforcement action on adult services:



We issued letters of serious concern for a variety of reasons including, for example:

- poor outcomes for residents in relation to their health and wellbeing needs
- unhygienic environmental conditions within a care setting
- services being non-compliant with national IPC guidelines.

The 30 enforcement actions consisted of:



IMPROVING OUTCOMES THROUGH SCRUTINY AND SUPPORT

Below are some examples of how we have improved outcomes for people experiencing care through scrutiny activity and support intervention during Covid-19.

Consulting people experiencing care and their relatives

At every inspection, we consult people who live in the service and their views contribute to the inspection findings and are quoted in the published report. Feedback from relatives continues to be an invaluable part of inspection and regulation. As well as on inspection, we hear directly from family members and others through our free helpline and our complaints service. For example, we have heard the distress of relatives who have been unable to visit their family member and we have also heard from families where services have shown innovation in supporting care home visits.

Given the restrictions to onsite inspections, our ability to consult families was reduced but inspectors worked in new ways to make sure we still gather these views. For example, inspectors contact relatives and ask to speak with them using telephone or virtual technology. This can be done during an inspection by members of the inspection team or before and after an inspection. This has involved greater co-ordination, but it has meant we have been able to gather feedback from relatives who were not present while we inspected due to visiting restrictions. Inspectors have worked with our inspection volunteers who now routinely support inspections by telephoning people who experience care and their relatives to understand their experiences and explore how we can support improvements in the service. These conversations are an important part of the inspection process and contribute to our evaluation of the service and any requirements and recommendations we make.

We will continue to improve how we gather feedback, developing the questions we ask people and introducing more choice in how people can submit their views, including through greater use of technology.

Improving outcomes when we issue requirements

From 1 April 2010 to 31 March 2021, the Care Inspectorate imposed a total of 655 requirements for adult services to meet.

Care service type	Number of inspection reports	Total number of requirements made (all key questions)	Total number of requirements made under the Covid-19 key question 7
Care homes for older people	572	561	529
Care homes for learning disabilities	16	19	18
Care homes for mental health problems	4	3	2
Care homes for physical and sensory impairment	11	14	11
Housing support service	18	16	6
Nurse agency	4	7	0
Offender accommodation service	1	0	0
Support service – care at home	30	34	16
Support service – other than care at home	1	1	0
Grand total	**657**	**655**	**582**

The following example illustrates how requirements can result in improved outcomes for people experiencing care:

A recent inspection of a care home for older people found low staffing levels and little time for interactions or activities with people. Meals were not a positive social experience for people and there was not enough support for people who needed help. A visiting schedule for families was not in place either, so people had not been able to see their families. People living in the service appeared quiet and withdrawn. There had been a number of changes in leadership over the year, including a new manager starting on the day of our inspection. We reported on what we found and made requirements about staffing, activities and cleaning, and we identified other areas for improvement around mealtimes and PPE. We also provided support, advice and signposting to resources to support the service to improve the experience of people in the home.

We returned to the service to check on progress being made with the requirements. We found people living in the home were engaged in regular activities, were enjoying visits from family members, there was enough staff to have meaningful contact with residents and the environment was pleasant for people to live in. The manager and staff team had taken on board our feedback and had worked hard to implement all the changes we had identified. This had resulted in significantly improved outcomes in terms of wellbeing and quality of life for people living in the home.

Since we introduced key question 7, we have focused on infection prevention and control (IPC) to uphold people's right to health, which is in line with the required focus on IPC during the pandemic.

However, we have also made a significant number of requirements regarding people's rights to wider health and wellbeing, including:

- meaningful contact and activity, including access to gardens and outdoor space
- resident's personal support ensuring this meets people's needs and they are treated with dignity, respect and compassion
- personal plans, including people who use the service being involved in developing them as well as detailing accurately the support people need to maintain their health and wellbeing, hydration and nutrition
- medication
- falls prevention
- staffing levels, skills and training.

As services become increasingly effective at practising IPC and the risk of infection continues to reduce, we hope that the focus of inspections can return to a more holistic and comprehensive approach. Our quality frameworks reflect people's individual outcomes as set out in the Health and Social Care Standards and are used by our inspectors to assess performance.

Improvement support

Our adult scrutiny and assurance team and our improvement support team developed a winter plan which prioritised our scrutiny work and built an improvement package based on our learning from the first phase of Covid-19 in services.

We developed a three-phased package of support to the sector around Covid-19 response and winter preparedness using improvement science methods through the Institute for Healthcare Improvement (IHI) Breakthrough Series. We delivered a three phase series of 13 Winter Webinars between November 2020 to April 2021, to care homes for older people and adults, and care at home services for adults. We also developed a **self-evaluation tool** for services to assess their own performance during the pandemic, plan improvement and measure change and the webinars were completed in April 2021. A total of 1288 people attended the webinars.

The improvement and good practice resources shared today will help support our service during winter in the COVID-19 context

The improvement support team has also produced tools and advice in response to specific needs resulting from the pandemic, such as posters for displaying in services guidance for people living with dementia during the pandemic. This was based on our knowledge of needs of people receiving social care/social work and learning from COVID-19 and in partnership with our adult teams who hold practice expertise.

Oversight through partnership working

Sharing intelligence with health and social care partnerships (HSCPs) has helped us develop proportionate approaches to providing assurance on the standards of care in care settings. For example, where our inspection identifies serious concerns in a service, we will inform the local HSCP, which can then step in to provide the necessary support. Our team managers are part of these multi-disciplinary groups where we share our intelligence, including outcomes of inspections and also provide copies of tetters of serious concern and improvement notices to HSCPs and Directors of Nursing.

We developed key question 7 using the skills and expertise of our own inspectors while also incorporating the knowledge and experience of colleagues from Healthcare Improvement Scotland (HIS). Similarly, a new record of inspection tool was developed through collaboration and drawing expertise from the Care Inspectorate, HIS and Health Protection Scotland.

The Scottish Government asked for urgent additional whole-system support to protect residents and staff in care homes. This additional support was provided by the Scottish Government, local authorities, NHS boards and the Care Inspectorate.

We have worked with other partners to support our scrutiny activity. This included working with HIS with whom we carried out joint visits for approximately one-third of inspections undertaken during the pandemic. We have also worked with local NHS staff or staff from the relevant health and social care partnership with relevant infection prevention and control experience as appropriate.

We have increased our joint work with the Scottish Social Services Council (SSSC) in response to the pandemic, including helping providers address staffing problems resulting

from Covid-19. We have also issued joint advice, such as the **Care Inspectorate and SSSC joint statement on ethical and professional decision-making**.

The Care Home Oversight Groups (Safety Huddle Meetings)

On 17 May 2020, Scottish Government issued a directive that arrangements must be made to ensure appropriate clinical and care professionals across health and social care partnerships take direct responsibility for the clinical support required for each care home in their board area.

Health boards and local authorities provide support through the care home clinical and care oversight group, of which the Care Inspectorate is a member. Assurance visits to services began and the oversight groups began to hold daily discussions about the quality of care in each care home in their area, with particular focus on:

- care needs of individual residents
- infection prevention and control measures, including PPE and cleaning requirements
- staffing requirements including workforce training and deployment
- testing arrangements for outbreak management and ongoing surveillance.

This has allowed our inspection team managers and inspectors to use the intelligence gathered from oversight groups to inform the planning of our scrutiny visits. We have also played an important role in providing intelligence and information to the oversight groups.

The Safety Huddle

The daily Safety Huddle meetings in each area were set up in response to a directive from the Scottish Government that sought to ensure robust clinical oversight of regulated care services during the pandemic. These meetings are responsible for:

- assessing the quality of care within registered services (particularly care homes) with a particular focus on infection prevent and control, including access to PPE, care needs of individual residents, staffing requirements in the homes and the overall management of any outbreaks
- working with public health colleagues to assess risk ratings of each service
- working collaboratively to undertake any required programme of visits
- ensuring the collective understanding and implementation of the latest guidance
- oversight of both local and national data and reporting.

Our team managers and senior inspectors take part in these meetings alongside health and social care partnership staff including contracts and commissioning staff, public health staff, assistant Directors of Nursing, clinical leads, chief officers, chief social work officers and social work service managers. Intelligence is shared to ensure that all agencies are aware of outbreaks, staff shortages and where additional support may be needed due to staff absences.

We have seen many good examples of information sharing leading to inspection visits being arranged at short notice, which has resulted in an improvement agenda being developed or enforcement action being initiated. Intelligence received by team managers in these meetings helps inform our own risk assessments of each care service and allows us to be responsive in our inspection planning. It also enables other services to identify the best support for care services.

Care home data submitted by all registered services through the NHS Education for Scotland (NES) TURAS system (Safety Huddle Tool) is also discussed at these meetings. This has enabled stakeholders to be sure that we are all receiving the same information from relevant services and have the most recent data on numbers of residents and staff affected by an outbreak; staff available to work in the service; people being tested weekly within each service. Having access to this information again allows us to update the risk rating for each service and ensure we focus our resources appropriately.

Outside these regularly scheduled meetings, our team managers also connect regularly with health and social care partnerships about specific pieces of intelligence resulting from inspections, complaint investigations or any large-scale investigations (LSIs) taking place.

This means we can respond when concerns are raised and make decisions quickly about who is best placed to provide support or take necessary action.

An example of effective partnership working leading to improvement is the joint development of an infection prevention and control tool for services to use as a self-assessment to develop good practice and guidance in their service. Local teams from the Care Inspectorate and the NHS collaborated to produce the tool.

Addressing the needs of the social care sector

Scottish Care chairs regulatory forums for managers of care homes and care at home services to discuss issues facing them individually or as a group. The Care Inspectorate and the Scottish Social Services Council have contributed to these weekly meetings, and answered questions from the group and picked up any issues of concern raised.

Our collaborative relationships with provider organisations and detailed working knowledge of social care provision gained through service level regulation enables us to highlight the challenges faced by the sector and contribute to overcoming these. Social care is complex, with a wide range of different types of services operated by voluntary, private and public sector providers, each with their own distinct identities and cultures. During the pandemic, we have used our knowledge of the sector to raise issues affecting social care with partners in the NHS and the Scottish Government and helped find solutions.

Throughout the pandemic we have engaged with national working groups who are developing guidance to ensure that the social care context is understood and appreciated. Visiting and meaningful contact between people living in care homes and their families and friends has been an area which we have been actively involved in. We have been able to voice our concerns that people living in care homes have for too long not had the meaningful contact with those who matter most to them and that this has been detrimental to their wellbeing. In the recently published guidance **Open with Care**, the role of the Care Inspectorate in supporting visiting and contact is clearly set out and the approach reflects our scrutiny and improvement activity.

We also developed guidance with Shared Care Scotland to augment national guidance from the Scottish Government for community-based day services to resume as restrictions eased in the summer of 2020 **Back to Business** gave practical support for day service managers, social workers, commissioners, and providers involved in planning for the restarting or continuation of adult day services in Scotland.

Relationship and link manager roles

We allocate to each integration authority area, health and social care partnership and local authority a link inspector and a relationship manager. They link with health and social care partnership colleagues in relation to practice and quality issues in care services and work with social work teams and commissioning, contracts and quality assurance staff where there are quality issues with services, or where they are seeking advice on possible options for future developments for services that may need to be registered.

The relationship manager for each health and social care partnership area manages a team of inspectors of the care services in that area. This relationship manager liaises with partnership staff in relation to service provision and quality, emerging issues and intelligence about areas for improvement that informs local planning and commissioning of services.

During the pandemic, relationship managers have become key stakeholders in the sharing of intelligence and decision-making processes. They have been meeting with partnerships at least twice weekly but more often daily. We have also allocated relationship managers to large independent providers of adult social care.

In response to the pandemic, we enhanced the relationship manager role with providers. All adult inspectors undertake this role and providers of more than two services are allocated a relationship manager. We have put in place regular contact and sharing of intelligence across provider services. We meet to discuss the intelligence on findings from scrutiny, provider governance and support improvement in provider organisations. The development of provider level scrutiny has led to improvement across services.

For example, we helped a provider support visiting from family and friends across all their services. The inspector worked with the provider to identify areas of concern, resolve problems and stress the importance of people having meaningful contact with loved-ones. This resulted in the provider changing their policy, providing training for staff and establishing procedures to implement and support meaningful contact for residents with people important to them.

We have further developed the relationship manager role with providers based on a risk assessment to share intelligence with them and to support implementation of a joint action plan to address issues. We have supported development sessions for managers, shared intelligence with directors and quality managers of services and supported providers to put in place action plans across all of their services.

The link inspector supports improvement, focusing on the performance of social care services, public protection processes, identifying and sharing good practice, and providing advice. This can include understanding the impact of commissioning decisions and highlighting and sharing good commissioning practice. The relationship manager works closely with the link inspector to ensure the Care Inspectorate retains an overview of care services within the context of wider strategic issues and risks for the partnership, and support the partnership in understanding these.

Relationship managers and link inspectors pooled their knowledge and the strategic team produced the report **'Delivering care at home and housing support services during the COVID-19 pandemic: Care Inspectorate inquiry into decision making and partnership working.'**

CONCLUSION

Our focus over the past year in adult care has been on the immediate risks presented to people experiencing care by Covid-19. This report sets out how we have responded to provide scrutiny and support to adult social care services. Throughout the pandemic, we have targeted risk and acted quickly. Following our scrutiny and improvement activities, we have seen improvements as a direct result of our interventions.

To respond effectively, we have adapted our working methods and how we monitor and regulate adult social care services. We have given advice and support to providers and continued to regulate and act robustly where we have found standards of care were not good enough.

We evolved our approaches in line with developments throughout the pandemic and we are continuing to draw on the learning we have gained. We will continue to strengthen the partnership working we have developed during the pandemic and continue to focus on services where the risk is greatest and outcomes for people are compromised.

We will further develop how we use the information and intelligence we gather, using it to focus on the delivery of safe, world-class care that is based on human rights and meets people's needs. We will respond to risk proportionately and effectively, making clear requirements and recommendations for service improvement where necessary, and promoting a culture of continuous improvement in care.

Our joint work with partners such as those from public health and health and social care partnerships has been enhanced over the course of the pandemic. This has resulted in better co-ordination and targeting to ensure person-centred, tailored support and intervention for each care home in Scotland.

As we go forward, the co-ordination and integration of health and social care services will be critical to ensure essential wraparound support remains in place. We will continue to influence and support this through the work that we do. At a national and strategic level, this kind of joint working to support care is taking place and we will continue to work with a range of bodies and strategic groups to ensure the rapid and cohesive response that Scotland requires, and we must all deliver.

We continue to develop our digital capabilities across scrutiny and improvement support.

Our staff have demonstrated considerable resilience and commitment in adapting to new processes, keeping up to date with new guidance and providing enhanced support to care services. We will continue to build on that learning.

New, remote ways of working have been of tremendous value. For example, training inspectors at online events has allowed us to deliver learning to larger groups of staff quicker to make best use of time and resources. We will build on progress in this area.

More widely, the pandemic has highlighted changes needed for the care sector, including putting in place the right infrastructure across Scotland. Radical change is required to transform the design and delivery of care, and significant investment to make it a reality. The pandemic has confirmed the imperative of fully integrating health and social care to meet the care and support needs of Scotland's population effectively and sustainably.

Considerable structural change and investment will be needed for social care to be on an equal footing with the NHS within a new and joined-up national care system. Our response to, and learning from, the pandemic, as set out in this report, is aligned with many of the recommendations from the **Independent Review of Adult Social Care**.

The Care Inspectorate is a key player in transforming the current system. We look forward to bringing our knowledge and expertise of social care to work with the Scottish Government and other partners to realise the vision of integrated health and social care, with people's rights to compassion, respect and wellbeing at its heart.

Fundamentally, people are at the heart of all we do. We will strive to get it right for every person in Scotland.

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