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# THE CARE INSPECTORATE'S ROLE, PURPOSE AND LEARNING DURING THE COVID-19 PANDEMIC

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## 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, we galvanised all our resources to focus on supporting services to manage the crisis. In the early stages, we changed our routine inspection visits programme because of the risk of virus transmission and this was supported by advice from public health. But inspection is just one element of scrutiny and far from sitting back, we intensified our oversight of services and rapidly put in place a raft of robust measures to scrutinise, monitor and support care across Scotland.

We significantly increased levels of contact with care homes across Scotland, contacting every care home weekly to carry out checks, and sometimes daily depending on individual risk and support needs. Between 1 April and 26 July, inspectors made over 35,000 separate contacts with more than 6,700 individual services.

Early in March, 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 solutions for care homes. We checked whether infection prevention and control measures were being followed, levels of 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 enables us to examine services' environments, systems and practice.

We instituted a national COVID-19 team within the Care Inspectorate to support services around the emerging and changing national guidance. We enhanced our communication to providers with daily Provider Updates, a COVID-19 area on our website, and information on social media.

Working closely with NHS public health and Healthcare Improvement Scotland, 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 for a multi-agency approach, wrapping support around care homes. We are continuing this work as we make plans to ensure that the social care sector is prepared for possible further outbreaks.

This report sets out the detail of what we have been doing, what we found and what we will do as a result. COVID-19 has impacted care homes for older people disproportionately to other care service types and accordingly, this report has a focus on care homes for older people.

There have been many deaths in care homes for older people across Scotland. Each one a personal tragedy for families, loved ones, and the staff and services that cared for them. There have been deaths among care workers, too and we pay tribute to them and to all key workers who have shown such dedication throughout these toughest of times. There are lessons to be learned by all of us. We do not shy away from acknowledging the tragedy that has taken place and we are clear in our continued commitment to do all we can to keep people safe and well.

We have already begun reflecting on the decisions we made in the past months and making changes as a result. We have augmented our inspection framework to focus much more rigorously on infection prevention and control. We are looking at how we gather data and work with others to verify it, ensure its reliability and how best to then share it. 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 strengthen and develop as we all strive to manage and overcome the pandemic.

There is no doubt that transformation will be needed to uphold safe and compassionate care that supports people to live well in this new and deeply challenging era. It has been our absolute priority throughout this crisis 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.

As well as our scrutiny and support role with services at individual and local area level, we have a national, strategic role in leading and informing the future for care. We continue to work closely with Scottish Government, national agencies and representative groups, care services and people experiencing care to ensure the rapid, effective, cohesive and comprehensive response that Scotland requires, and we must all deliver.



**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 care services including services for adults, early learning and childcare, children's services, 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 health and social care partnerships 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 care 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 court 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 social work agencies or Police Scotland.

We are required by the Regulatory Reform (Scotland) Act 2014 to follow the Scottish Regulators' Strategic Code, which sets out the approaches we should take in dealing with services we regulate.

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 contributed to developing the Health and Social Care Standards 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.

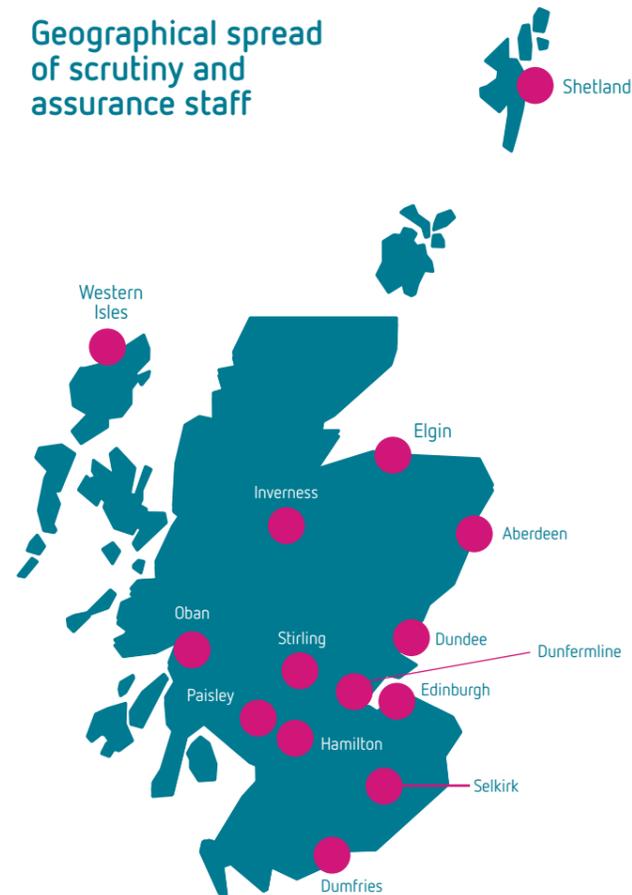
1. How well do we support people's wellbeing?
2. How good is our leadership?
3. How good is our staff team?
4. How good is our setting?
5. How well is our care and support planned?

We grade 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 showing our findings.

## OUR WORKFORCE



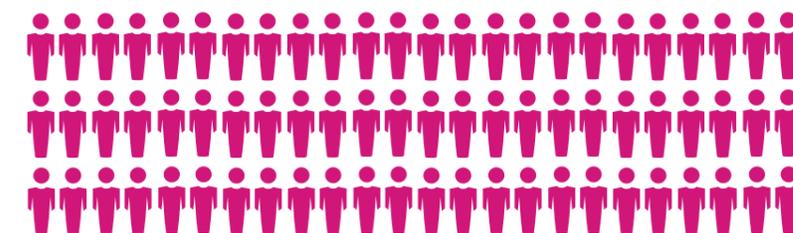
Geographical spread of scrutiny and assurance staff



614 Care Inspectorate staff work across Scotland, 345 of whom are scrutiny and assurance staff specialising in health and social care, early learning and childcare, social work, children's services, and community justice.

We register and inspect around 14,000 care services in Scotland. We want to make sure that care services are making a positive impact on people's lives, based on their needs, rights and choices. Our inspectors speak with people who experience care, their families, staff and managers as part of our inspection work. Inspection volunteers, who have a unique insight from their own experiences of care, are also involved in our inspections.

## ADULT SOCIAL CARE IN SCOTLAND



\* The figures are estimated and rounded to the nearest 100.

## IMPACT OF COVID-19

### The social care landscape in Scotland

The social care sector employs approximately 200,000 people and has an estimated financial value to Scotland's economy of £3.4 billion. In June 2019, a national programme was launched by the Scottish Government to support the reform of adult social care in Scotland. Stakeholders identified various challenges and opportunities within the sector including:

- Workforce recruitment, retention, access to learning and development, the Living Wage and impact of the UK's exit from the EU.
- Funding/investment required to build sustainability and preventative approaches.
- Greater coordination, collaboration and co-production so that social care is part of a wider support system that a person may access.
- Promoting understanding of, and attitude towards, social care.
- Community development and participation in the community.
- Person-centred approaches.
- Crisis prevention including both formal and less formal supports.

The first confirmed cases of coronavirus (COVID-19) in Scotland emerged at the beginning of March 2020, with the World Health Organization (WHO) declaring a global pandemic on 11 March. As the month went on, initial social distancing and public health measures were introduced by the UK and Scottish Governments. Lockdown was announced on 23 March, however, many care homes had already locked down earlier.

Older people, those with weak immune systems and those with long-term health conditions were identified as being at higher risk of developing severe illness with coronavirus. During this period, issues such as the supply and use of personal protective equipment (PPE), testing and staffing became prominent as the Scottish Government, national agencies and care homes and the wider care sector worked to reduce the spread and impact of the virus.

Other care services were also significantly impacted by the pandemic. Along with schools, early learning and childcare services either closed or refocused their provision to support the children of keyworkers, while local authorities were asked to put in place appropriate arrangements to support vulnerable children. Furthermore, the Scottish Government confirmed that the expansion of early learning and childcare provision to 1140 hours a year, due to apply from August 2020, was delayed.

The Coronavirus (Scotland) Act 2020 received Royal Assent and came into effect on 7 April 2020. The Act introduced temporary changes to the way essential public services operate and are regulated during the pandemic. Provisions included various temporary extensions to prescribed deadlines for freedom of information requests, child protection measures and placements, and guardianships and treatments in relation to adults with incapacity.

The Bill for the Coronavirus (Scotland) (No.2) Act 2020 received Royal Assent on 26 May 2020. This further Act introduced new powers for some public bodies and placed additional duties on the Care Inspectorate as follows.

- The Care Inspectorate must lay a report before Parliament every two weeks, setting out which care homes it inspected during these two weeks and the findings of those inspections.
- Care home providers must report daily to the Care Inspectorate on numbers of deaths (suspected or confirmed COVID-19) and total number of deaths irrespective of COVID-19. The Care Inspectorate must report this information weekly to Scottish Ministers.

- Formal notices issued by the Care Inspectorate to providers, can now be transmitted electronically.
- Notices are taken to have been received on the day of transmission unless the contrary is shown.

By 12 August 2020, 19,126 people in Scotland had tested positive for COVID-19. According to the National Records of Scotland, 4,213 deaths had been registered where COVID-19 was mentioned on the death certificate. 1,938 (46%) of COVID-19 registered deaths related to deaths in care homes for adults and older people (Source: Scottish Government daily COVID-19 data for Scotland, 12 August 2020 and NRS COVID Deaths Report Week 32.)

We are in the midst of a global tragedy. Many people have died including people experiencing care and particularly in care homes. Some care homes in Scotland saw multiple deaths, each one causing heartbreak to families and staff. Many care homes had an outbreak of COVID-19 and others have had no cases at all.

## Changes at the Care Inspectorate in the initial stages

When the pandemic took hold in Scotland, the impact was widespread and reached all areas of society, from individual experiences to the way organisations were able to operate. We rapidly focused our operations on how best to support partnerships, providers and services during these unprecedented times. We continue to be flexible and adapt, repurposing our scrutiny, assurance and improvement work to provide the right support at the right time as the situation evolves.

Working closely with Health Protection Scotland and the directors of public health, we changed our approach to inspections as on-site visits to services presented a real risk of introducing and spreading COVID-19 in Scotland's care homes. Given the evident risk that our staff could transmit or spread COVID-19 in services, a different way of regulating and supporting improvement in services was immediately required.

Over time, we have resumed on-site inspections in care homes where our intelligence has indicated areas of high risk, joined by colleagues from Healthcare Improvement Scotland and at times public health.

This report sets out how the Care Inspectorate repurposed and carried out its supporting and monitoring of social care services.

# THE CARE INSPECTORATE'S RESPONSE TO THE PANDEMIC

March  
2020

- We implemented our contingency and business continuity plans.
- We began working from home.
- On-site inspection was replaced by extensive use of intelligence and technology for support and monitoring.
- Adapted systems for gathering information, assessing level of risk, establishing assurances of quality of care.
- Registrations contingency plan.
- Expansion of the contact centre to support the response to enquiries seven days a week.
- Notifications changed to include COVID-19 data.
- Scrutiny, regulatory and improvement support role repurposed.
- Coronavirus areas set up on both our public and staff websites.
- Daily Provider Update newsletter set up and implemented.
- Reporting notification data daily to the Scottish Government.
- Strategic quality assurance amended.

- Staff redeployed into different internal roles.
- Coronavirus (Scotland) Act 2020 came into force.
- Multi-agency working for enhanced assurance of care homes and safety and wellbeing of people experiencing care and staff.
- Working in partnership with other agencies to identify risks and respond collaboratively.
- Regular, at times daily, contact with services, health and social care partnerships and chief officers.
- Changes to our systems to collect additional data.
- New notifications introduced:
  - staffing levels monitored twice daily, seven days a week with the Scottish Social Services Council
  - death in service
  - staff absence.
- Protocol developed and training delivered to support on-site inspections with Healthcare Improvement Scotland.

April  
2020

May  
2020

- Unannounced inspections of care homes for adults as part of a targeted COVID-19 inspection programme focused on wellbeing, infection prevention and control and staffing.
- Requirement to report inspection activity and findings to Scottish Government fortnightly was set out in Coronavirus (Scotland) (No.2) Act 2020.
- Guidance for care homes and hospices on prescription medicines published (with NHS Scotland).
- Care Inspectorate and SSSC joint statement on ethical and professional decision-making published.

June  
2020

- Care service data dashboard created to enable the Scottish Government to access our data.
- Key question 'How good is our care and support during the COVID-19 pandemic' added to the quality framework for care homes for adults and older people.
- Continued COVID-19 inspection programme of adult services.
- First of the fortnightly reports on COVID-19 inspections laid before the Scottish Parliament.
- Early learning and childcare five-week online learning programme delivered by the improvement support team.

July  
2020

- Continued COVID-19 inspection programme of adult services.
- Key question 'How good is our care and support during the COVID-19 pandemic' added to the quality framework for children and young people residential services.
- Key question 'How good is our care and support during the COVID-19 pandemic' introduced for early learning and childcare settings including out of school care and childminders.
- To inform our work, we established a reference group to hear directly about the experiences of staff working in care homes.
- Care Inspectorate review of decision making and partnership working in care at home and housing support service during COVID-19 pandemic.

## Ongoing workstreams established:

- COVID-19 rapid response team (including PPE lead)
- palliative/end of life care
- implementation of Near Me
- human rights within the context of COVID-19
- staff health and wellbeing.

## Data and intelligence

Before the pandemic, we routinely collected:

- the care service register, which provides information such as:
  - current and past services
  - who provides the service
  - type of service provided
  - size and location
  - regulatory history
  - care and support needs of people using the service
- notifications of deaths - services must notify us of each death of a person using a care service
- notifications of outbreaks - services must notify us of an outbreak of infectious disease, defined as two or more cases.

When the pandemic took hold, in order to understand what was happening in care and the impact COVID-19 was having on the sector, we needed to collect the right kind of data and information from care services. High-quality, accurate, real-time intelligence is essential to making informed decisions about the scrutiny and support we provide.

We considered what information we needed about COVID-19 in care services and decided to make changes to our notifications to identify if a death or an outbreak notified to us was COVID-19 related. This updated notification was available for services to use from Friday 13 March. The notification for outbreaks of infectious disease was further updated on 17 April for services to tell us about single cases of COVID-19. This information is used by us and shared with Scottish Government, directors of public health and health and social care partnerships to provide a clear picture of the challenges being faced by services and to plan and put in place the necessary support and right response.

We use this data to inform our own strategic decisions and share this with other public bodies that have a statutory role in managing the pandemic.

This helped us to respond rapidly during the pandemic and support care services at the right time and in the right way. We used these new notifications to monitor what was happening across the country and take appropriate action.

For example, if this was a first case of COVID-19 in the service, the inspector would contact the manager to provide support and get assurance that the service is following infection prevention and control guidance from Health Protection Scotland. Inspectors would seek to identify and resolve any issues to do with PPE. We also provided daily notifications to local public health teams where there were outbreaks so they could follow up directly with services.

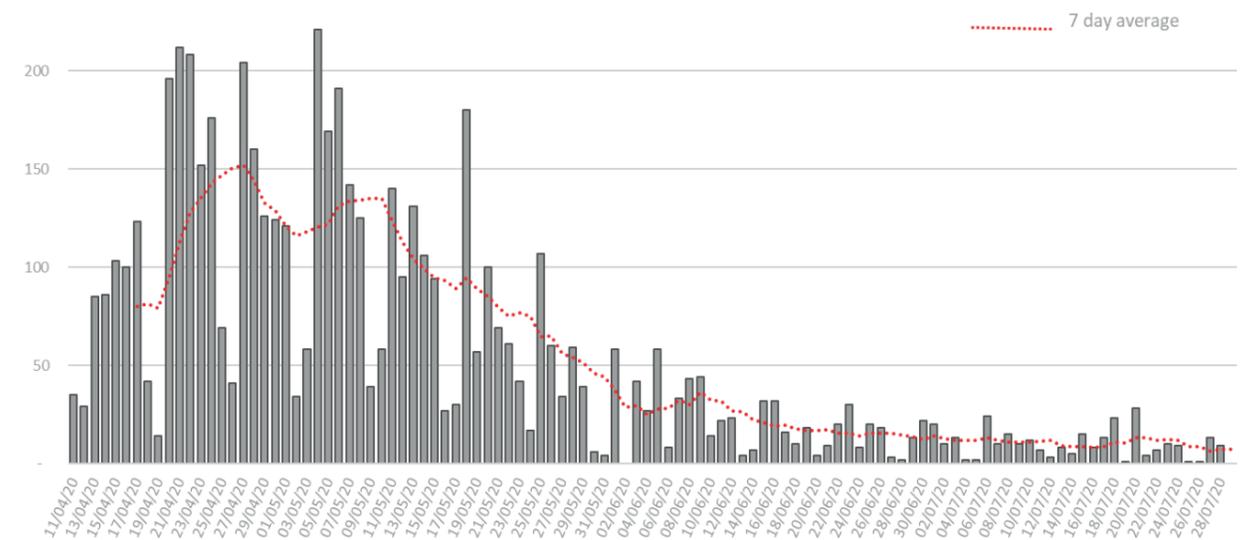
## What we found through our data

We have used our data to focus and prioritise our work to support care services during the pandemic. We continue to undertake further analysis to help us better understand which services were more affected than others and what we can learn from this. Our findings relating to care homes indicate there may be relationships between a high number of cases of suspected COVID-19 and size of service, geographical location (including urban/rural) and provision of nursing care. We also examined links with previous quality of care and the Scottish Index of Multiple Deprivation (SIMD) but did not find any clear relationships.

There are many factors to consider through ongoing analysis of our data. It is not the case that better performing services do not get COVID-19. We are considering these findings to see how we can better improve our work going forward, including helping us identify factors and services that may be a concern and supporting improvement, and looking at how we register services.

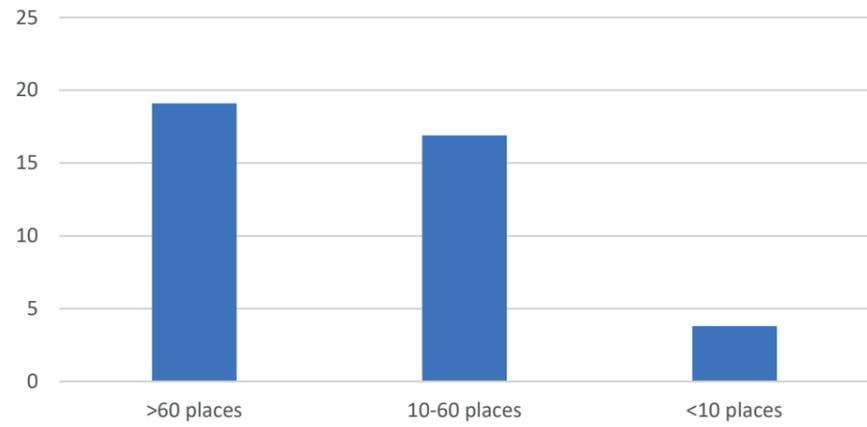
### Daily number of new suspected COVID-19 cases reported in Scottish care homes for adults and for older people

Source: Care Inspectorate



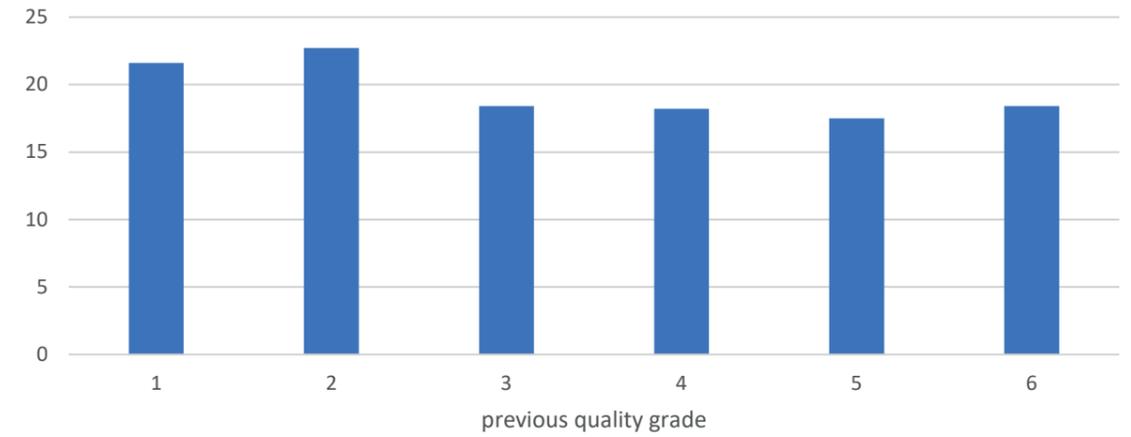
**Larger care homes for older people had higher rates of suspected cases/100 places than smaller ones**

Source: Care Inspectorate 13 March -12 August



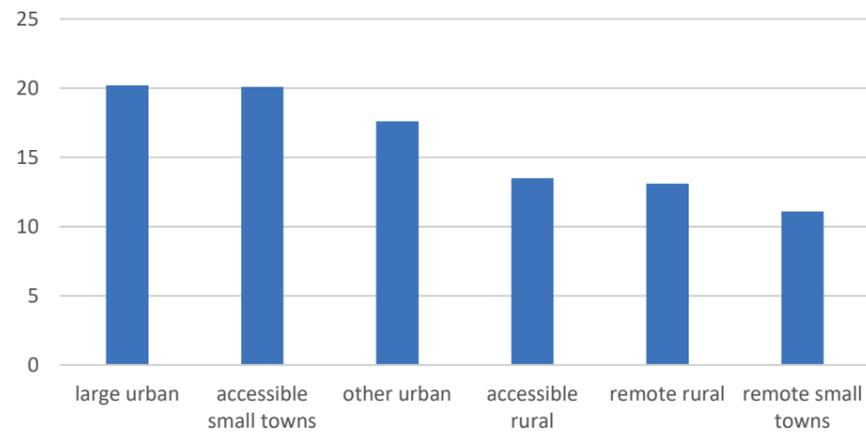
**No clear relationship between rate of suspected cases/100 places and previous quality grades in care homes for older people**

Source: Care Inspectorate 13 March -12 August



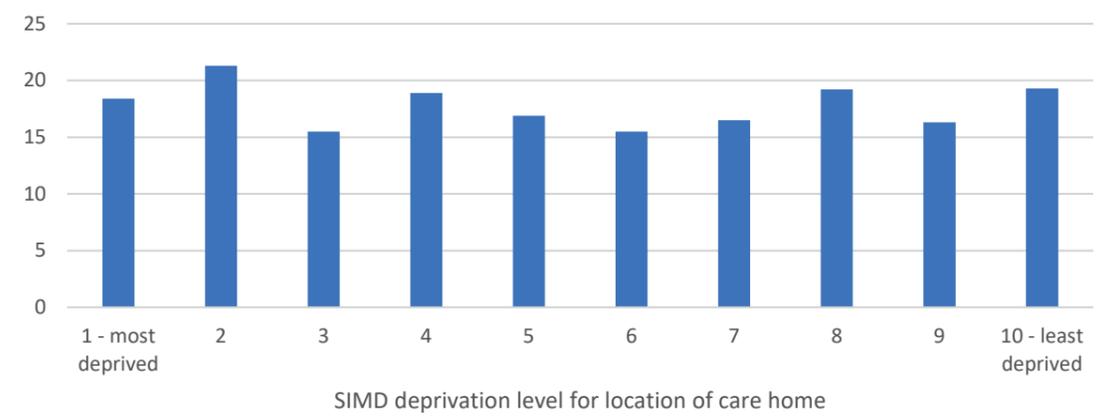
**Care homes for older people in urban settings had more suspected cases/100 places than those in rural settings**

Source: Care Inspectorate



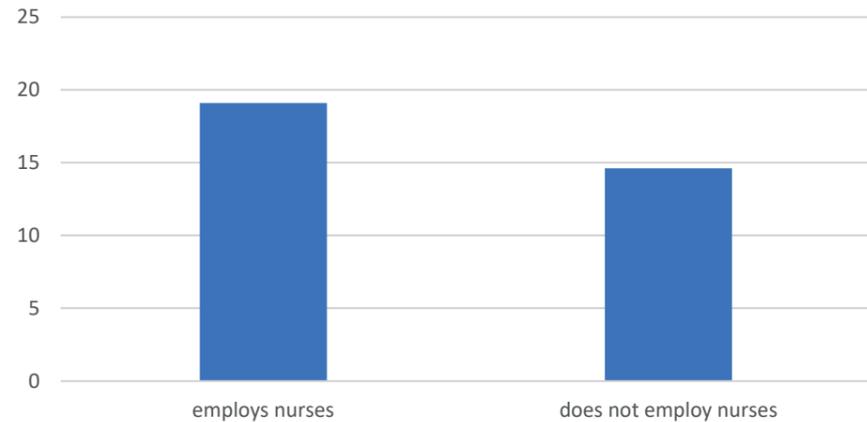
**No clear relationship between rate of suspected cases/100 places and deprivation level of the location of the service in care homes for older people**

Source: Care Inspectorate 13 March -12 August



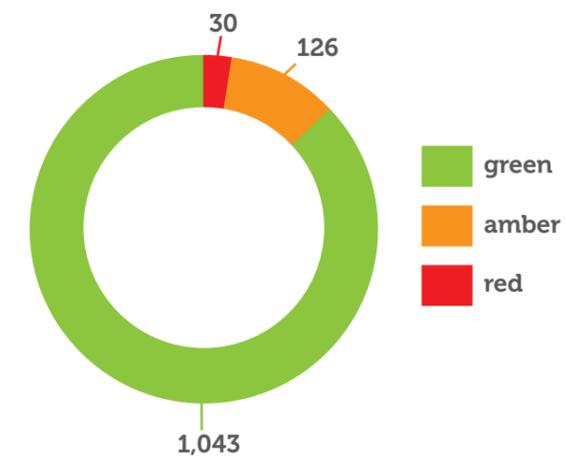
**Services that provided nursing care in care homes for older people had higher rates of suspected cases/100 places than those that didn't**

Source: Care Inspectorate 13 March -12 August



**Number of staff shortage notifications received from care homes for older people**

Source: Care Inspectorate 4 April - 17 June



## Scrutiny and assurance during COVID-19

The scrutiny we carry out is led by intelligence and based on risk. This means we examine the information we have about services, assess the levels of risks we identify and decide intensity of scrutiny based on this. Scrutiny involves a range of activities of which, inspection is an element. We also maintain our oversight of care services through data gathering, concerns and complaints, notification requirements, registration and more, including during the pandemic, video consultation and virtual visits (using Near Me) to services.

Our focus at all times is protecting and keeping people safe and well and we have made sure services are able to tell us about how COVID-19 is affecting people. Notifications, such as staffing levels or outbreaks, are monitored very closely by inspectors who take robust and prompt action to follow these up. Discussions take place with the manager or provider of the care service and often involve other agencies. Where required, briefings are provided to Scottish Government.

The role of inspectors during this time became refocused to provide significant support to services through contact, gathering intelligence, offering advice and signposting services to guidance and support.

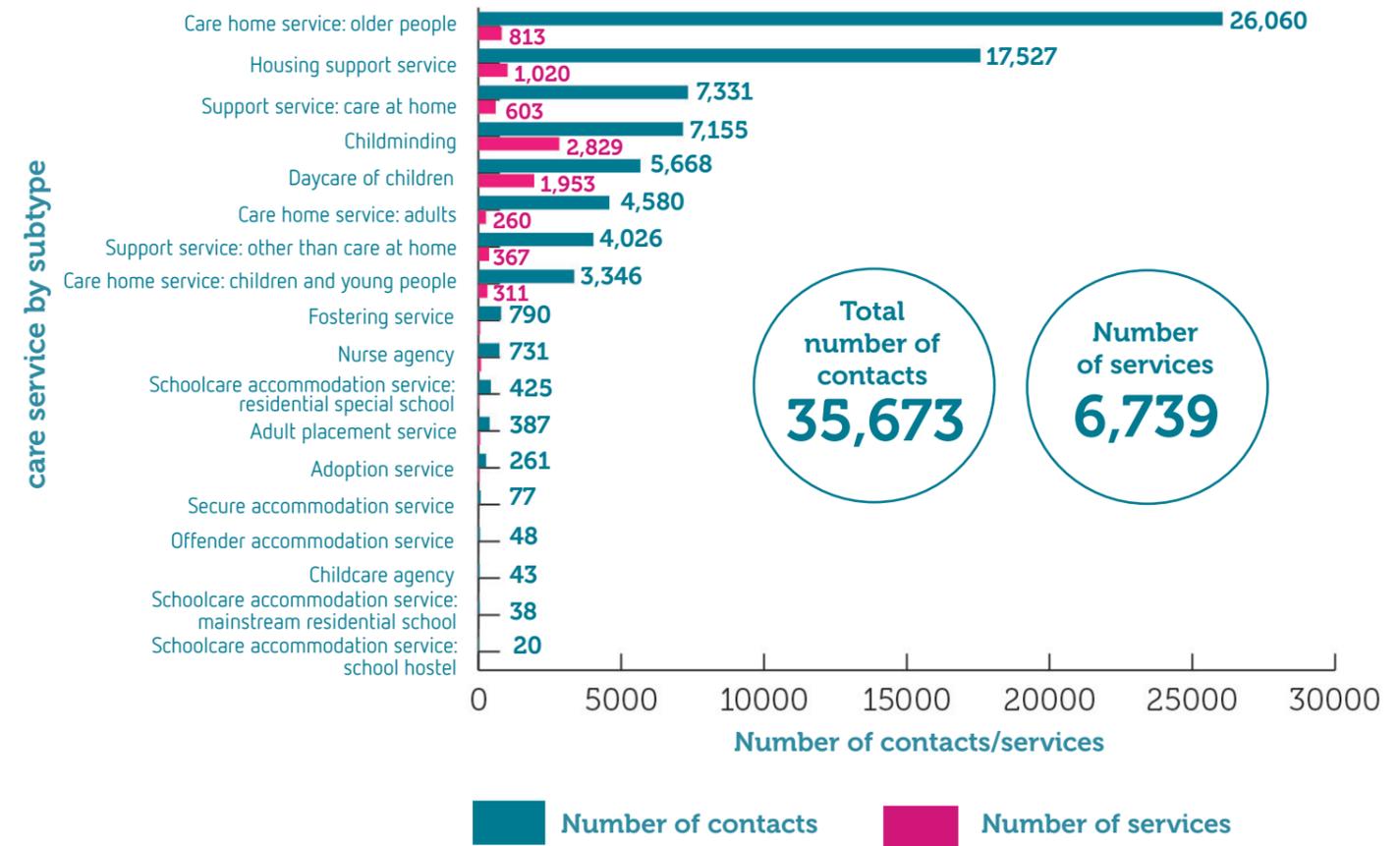
Throughout the pandemic, we kept a focus on people's safety, health and wellbeing, speaking with managers sometimes on a daily basis. We continue to make use of our inspectors' knowledge and professional judgement to:

- gather and share intelligence about services and providers
- identify emerging risk and where services are in crisis
- work collaboratively with health and social care partnerships, NHS public health teams and others
- provide advice, guidance and wrap-around support to the care sector
- activate and galvanise local support
- carry out inspections of services
- take enforcement or other actions as necessary.

As part of providing advice, guidance and support to care services, between 1 April and 26 July 2020, inspectors made 35,673 separate contacts with 6,739 individual services. These included:

- virtual meetings, for example using Near Me video consultation with care home staff and at times with a range of other professionals
- assessing areas in relation to infection prevention and control
- PPE
- staffing issues
- sharing good practice and signposting to Health Protection Scotland's guidance.

## Contacts by service type



## Complaints

Our inspectors also dealt with and addressed concerns and complaints about care services, many of which related to COVID-19 issues.



Many of the themes within the concerns and complaints were about applying COVID-19 practice and guidance and the implications for care services. Our complaints team identified the most appropriate route for concerns to be addressed, including contacting services directly to resolve issues for complainants. We received a wealth of information through our complaints process during this time. For example, issues raised included infection prevention and control practices, social distancing, staffing, testing and availability of PPE. The information we received from concerns and complaints enables us to support services in the right way, which may include an inspection. The complaints team ensures that service-specific issues are shared with inspectors, to discuss in their weekly contact calls with services, relationship manager contacts, and relevant health and social care partnerships. Data identified through complaints, is shared with our COVID-19 Group and governance groups to enable us to analyse and understand themes and trends.

## Enhanced system of assurance for care homes for adults

We were aware of the need for multi-agency support and co-ordination to care homes. The advice from directors of public health in Scotland was unequivocal in that inspection visits would present a real risk of introducing and spreading COVID-19 in Scotland’s care homes. The action we took was based on the best knowledge and information we had at the time, and in line with other regulatory bodies across the UK and beyond.

We worked with multiple agencies to establish an enhanced system of assurance for care homes. Using risk-based judgements, we made the necessary arrangements to resume on-site visits. This included accessing PPE for our inspectors and staff training. We resumed on-site inspections from 4 May, allowing us to visit services, make recommendations and where necessary, take enforcement action. We are assisted on our inspections by other agencies including Healthcare Improvement Scotland and accompanied at times by colleagues from public health and health and social care partnerships. We come to joint decisions on identifying those care homes that need further intervention to provide the right support from a range of specialists including infection prevention and control experts, nursing and GP services, as well as our own detailed intelligence. Our approach to scrutiny, intervention and support is balanced against considerable public health risk, which is consistent across all other UK regulators.

In order to protect the safety and wellbeing of people experiencing care, we visit services when it is deemed necessary. Our current programme of unannounced, on-site, targeted inspections focus on wellbeing, infection prevention and control and staffing to check that services are prepared and are safely delivering high-quality care. While we seek agreement from directors of public health before going into services because of the risks around transmission and spread of COVID-19, we reserve the right to inspect without this agreement but only if the risk is so high that this is clearly justified.

We have augmented our inspection framework with a new key question that looks at how services are performing during the COVID-19 outbreak at this time. We have already implemented this key question for care homes for adults and care homes for older people; children and young people’s residential services; and early learning and childcare settings including out of school care and childminders.

This key question looks at how:

- people’s health and wellbeing are supported and safeguarded during the COVID-19 pandemic
- infection control practices support a safe environment for people experiencing care and staff
- staffing arrangements are responsive to the changing needs of people experiencing care.

A report containing the summary findings of our inspections is laid before the Scottish Parliament every two weeks and the full inspection reports are published on our website in due course.

**From 4 May to 31 July 2020, we have completed:**



## Enforcement

Enforcement is an essential and powerful element of our scrutiny and is central to protecting people and bringing about improvement in the quality of care services.

Enforcement action is taken when other interventions have not resulted in needed improvement, or improvements have not been sustained. In the most serious of cases, where we have evidence of immediate risks to the life, health or wellbeing of people experiencing care, immediate enforcement action is taken in order to protect people from the risk of harm or further harm.

Under the Public Services Reform (Scotland) Act the Care Inspectorate has the following enforcement powers:

- Varying, imposing or removing a condition of registration
- Issuing an improvement notice
- Cancelling registration where an improvement notice has not been complied with
- Issuing an emergency condition notice
- Applying to the court for cancellation of registration.

We do not carry out enforcement in isolation but involve and work with other agencies such as health boards and health and social care partnerships.

Where improvement notices were issued or we were considering taking enforcement action against a provider prior to the pandemic, we have continued to closely monitor these services.

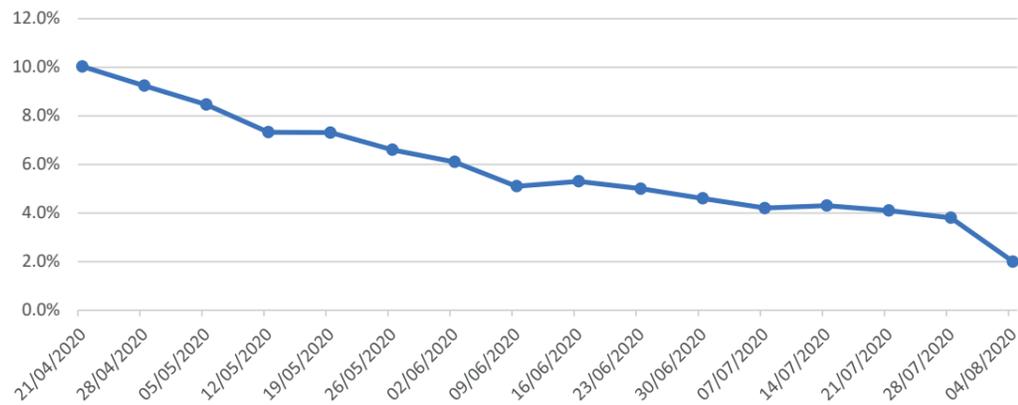
As a result of COVID-19 focused inspections of care homes, we have issued improvement notices where essential and sustained improvements in care homes were required.

## Staff shortage notifications

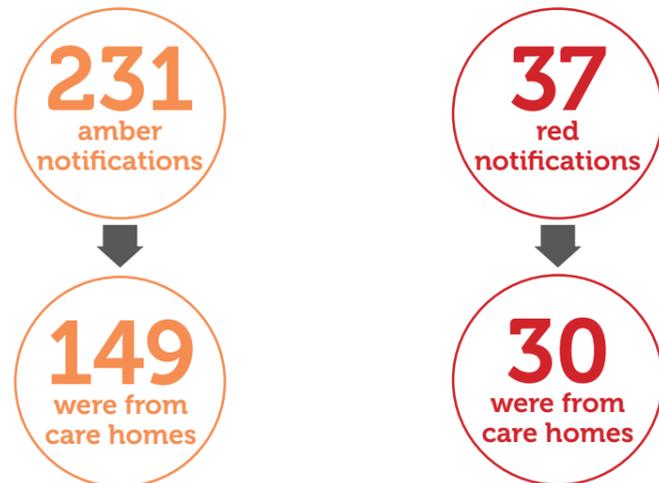
In late March 2020, anticipating the impact of COVID-19 on staffing, we implemented a notification for services to tell us about their staffing levels and to raise alerts when they were facing staff shortages.

### Staff absence rates in care homes for adults and older people

Source: Care Inspectorate



Services used a red/amber/green flag system to indicate the levels of staffing available to them. Amber was used where there was a risk of not being able to provide for the care and support needs of people, and red indicated that the service was unable to meet people's care and support needs without help.



We monitored all notifications twice daily, seven days a week. Where we identified amber or red notifications, we immediately called the service to establish the circumstances and supported them to access staff, including using the SSSC/NES portal. (This national approach is no longer needed as local systems are in place to support staffing levels and ceased on 17 June.)

## Additional work carried out

Our contact centre receives external enquiries. During the pandemic, most of these enquiries related to the impact of COVID-19. Overall, from 31 March to 21 July there were 9,635 contacts either through our telephone and voicemail system, email communication or website. We increased the capacity of our contact centre and our COVID-19 flexible response team helped provide professional support and advice to ensure an effective and timely response to enquiries. There were some common themes from our enquiries.



Some of the things staff working in services asked us about included how to:

- safely admit people to care homes
- respond when people living in care homes want to spend time in the community
- manage cohorts safely in early years and out of school settings.

Some of the things managers of care services asked us about included how to:

- manage infection prevention and control in relation to staff moving between care homes
- deliver core training to staff while observing social distancing requirements.

Some of the things families of people experiencing care asked us about included:

- whether infection prevention and control measures were adequate.
- balancing the wellbeing and human rights of their relative with infection prevention and control measures in the service.

When we moved to operating our contact centre seven days a week, this supported quick responses to enquiries for services, people working in care and for the public.

## Personal Protective Equipment (PPE)

Due to the significant requirement for PPE as an infection prevention and control measure, we put in place a professional lead who responds to more specialist enquiries about PPE. The lead liaises closely with Health Protection Scotland and the National Services Scotland (NSS). NSS has a national procurement, supply and distribution role across the health and social care sector including PPE. Our data and close working supported NSS hubs for PPE being set up across the country. We provided responses and escalated areas of concern where a national response was needed.

Between 8 April and 17 July 2020, we directed 339 issues related to PPE on to NSS. For example, a care home had an emergency with its PPE supplies. We intervened and ensured that the home received its supplies on the same day.

The main areas of concern for services were:

- access to enough PPE to provide adequate infection prevention and control
- initially, the new system for accessing PPE was not set up to respond to providers who had services registered over multiple sites
- access to face masks that could be used by people who lip read
- access to PPE for early learning and childcare services and childminders.

In addition to the number of PPE issues addressed as above, many other enquiries were responded to directly by the PPE lead, either through contact with operational staff or the contact centre.

## Involving people who experience care and our inspection volunteers during the pandemic

We believe we can make care better by working with people who have personal experience of services. Our volunteers get involved in many different areas of our work, including inspection. Many of our volunteers have been able to continue to contribute to the work of the Care Inspectorate over recent months, ensuring that the voice of care experienced people continues to influence our work during this difficult time.

Volunteers and the involvement team co-produced a new monthly newsletter. This shared experiences of lockdown and helped people remain connected with each other and the organisation during the pandemic. Our focused contact with our volunteers during the pandemic has been important to our work and appreciated by the volunteers.

## Decision making and partnership working

As part of our understanding of the impact of COVID-19 on services delivered to people in their own homes, we are currently undertaking an enquiry into decision-making and partnership working in relation to care at home and housing support services during the COVID-19 pandemic. To date, we have had contact with all health and social care partnerships and have engaged in structured interviews with 149 providers as well as receiving survey returns from a further 156 providers about their experiences and how people who used services were supported during the pandemic. Our findings will be shared with Scottish Government and published on our website. The information we gather will be used to inform future scrutiny and assurance by the Care Inspectorate and to inform the lessons learned in relation to services provided for people in their own homes during COVID-19.

## Near Me

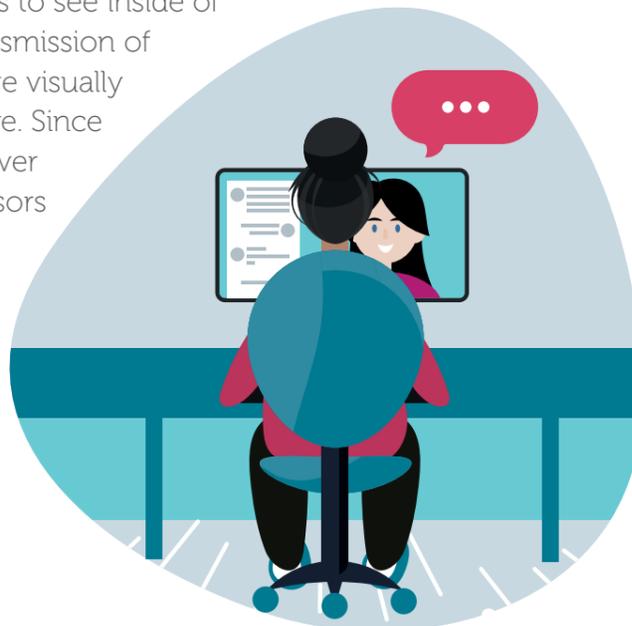
Previously, as part of the Technology Enabled Care (TEC) Programme, we supported care homes in some rural areas to have video consultations with health professionals rather than travelling long distances for appointments. This uses technology called 'Near Me'. At the start of the pandemic it was realised that Near Me could be a valuable way for all care home residents to have video access to health practitioners while reducing exposure to coronavirus. However, only 11% of care homes had heard of Near Me, with about 5% having used it before the pandemic started.

We helped the sector by contacting every care home for older people in Scotland and offered support to use Near Me. We contacted over 800 care homes between 17 April and 8 June 2020. We initially phoned to talk through how Near Me could be of use to residents and staff and offered a test call. We followed up with additional information. Services found it useful to try out the technology without any pressure. We helped with a range of technical guidance, from talking people through how to access a browser to supporting them to add links to tool bars. Just 56% had full connectivity, others needed to go to a specific place in the home to make the video call, and 5% had no connectivity. 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.

It was encouraging that once care homes experienced how useful Near Me could be, many contacted their GP practice and other clinical professionals to plan using it during Covid-19, and in the future.

At the same time as we worked with care homes, we also trained our inspectors in using Near Me. This allowed us to see inside of a care home while not adding to the risk of transmission of the virus. This provides an opportunity to engage visually with managers, staff and those experiencing care. Since the initial roll out of Near Me it has been used over 850 times by inspectors and improvement advisors including inspectors from the registration and complaints teams.

We also contacted over 300 residential care providers for children and young people and residential care for adults with similar information.



## Care Inspectorate staff training

As well as induction and training to enable our staff to work from home, we delivered a significant learning support programme for inspectors from the Care Inspectorate and Healthcare Improvement Scotland who were undertaking on-site inspections in care services. This was carried out in collaboration with colleagues from partnership organisations such as NHS Education for Scotland, Health Protection Scotland and the SSSC to collate learning materials and the latest best practice guidance. It was imperative to ensure our staff were fully informed and equipped with knowledge in relation to COVID-19 in order to assess services accurately while they were inspecting them. The training also provided essential guidance on how staff could effectively use PPE and appropriate practice to inspect safely.

## Care Inspectorate staff wellbeing

Our workforce is made up of people who are passionate and committed to improving care and keeping people safe. During the pandemic, our staff have been impacted, as others have, with some needing to shield or isolate and many also with caring responsibilities. We recognised early that we had to take a range of actions to support the wellbeing of our own workforce and staff in the wider health and social care sector. Internally, we established a health and wellbeing group and put a range of resources in place. Externally we are represented on Scotland's Workforce Wellbeing Champions Network (which supports the wellbeing of the health and social care workforce through times of significant pressure and change) and have supported the development of a virtual national wellbeing hub for health and social care staff.

# THE IMPACT OF OUR WORK DURING COVID-19 AND RELATED FEEDBACK

## Safeguarding and protecting people

We obtained information from services telling us about how they were affected by COVID-19 through notifications, contact with services, complaints and concerns and working with others. We closely monitored and where necessary, quickly responded to this information. This enabled us to:

- follow up on concerns that are of a serious nature that would have an impact on the health and wellbeing of people experiencing care.
- support care services to access staff when they experience critical staff shortages.
- escalate concerns to other agencies such as adult support and protection or health protection teams.
- focus our inspection activity where it was needed most
- take enforcement action where needed
- share intelligence, work collaboratively with other agencies to identify emerging risk and respond to crisis
- escalate PPE issues to get supplies into care homes
- ensure communication with relatives so that people were able to have essential visits to care homes when their relative was at the end of life.

## Contacting us

Members of the public as well as people providing and working in care got in touch with our contact centre for help, to ask questions, seek clarification or raise concerns. We were able to quickly respond, answer questions, provide clarification and to intervene where needed.

The impact of this was that:

- members of the public we spoke with felt supported by compassionate responses to personally difficult situations
- staff working in the sector better understood the actions they needed to take in their particular set of circumstances
- people know about how services are dealing with the pandemic from our inspections and the information in our inspection reports.

## Supporting improvement

We changed registration processes, published guidance and resources, used new technology and worked collaboratively with services and many other agencies to help services to continue to improve.

The impact of this work is that:

- aspects of service delivery improved
- support services developed new ways of working that meet the needs of people experiencing care
- services can access and use practice guidance and resources to maintain and improve services and outcomes for people experiencing care
- staff are better informed and able to act with better understanding of the guidance
- there is better co-ordination and understanding across the health and social care sector
- care services have the right help when they need it because of shared expertise and knowledge
- care providers and managers are key partners in new developments specific to COVID-19
- ongoing monitoring, inspection and enforcement have led to services improving their response to the pandemic
- practice that potentially restricted people's rights was challenged and changed.

## Using specialist knowledge

As part of the winter planning arrangements the Care Inspectorate were invited to the Scottish Government's social care workers flu short life working group, part of the expansion of the flu vaccination programme. We are working closely with colleagues in Scottish Government, Scottish Care, the Coalition of Care and Support Providers in Scotland, and the SSSC, to support the expansion of the flu programme to social care staff. The release of the joint statement was co-ordinated to follow the First Minister's announcement of the programme and we will continue to promote this important initiative.

In some cases, early in the pandemic, due to rapid decline in residents' health caused by COVID-19, care homes were unable to access required palliative medicines by normal routes quickly enough. One solution, which is not normally accepted practice was to use medicines already held in the home, which can then be prescribed (repurposing of medicines).

We received calls for advice from care providers in this difficult situation who wanted to provide the best possible care for their residents. At this same time, NHS pharmacy staff were also considering how 'repurposing of medicines' could work in care homes.

- The Care Inspectorate and the SSSC produced a joint statement to services on ethical and professional decision-making in the COVID-19 pandemic, and risk assessment guidance on repurposing of medicines within care home services.
- We worked with the NHS Directors of Pharmacy in Scotland, who were supported by Healthcare Improvement Scotland, to rapidly produce practical guidance for care staff repurposing medicines, which we also issued to services..



## Collaborative working

We continue to work closely with the Scottish Government and other national bodies including Health Protection Scotland, Healthcare Improvement Scotland, Scottish Social Services Council, NHS Scotland and COSLA to deliver a coordinated response to COVID-19. To ensure the care sector is heard and gets the support it needs, we consult and work closely with care sector representative bodies and others. We strongly influence and contribute to discussions on key topics related to supporting the care sector well during this time. This approach helps to reduce duplication and improve consistency of advice and guidance.

Examples of some of the national groups include:

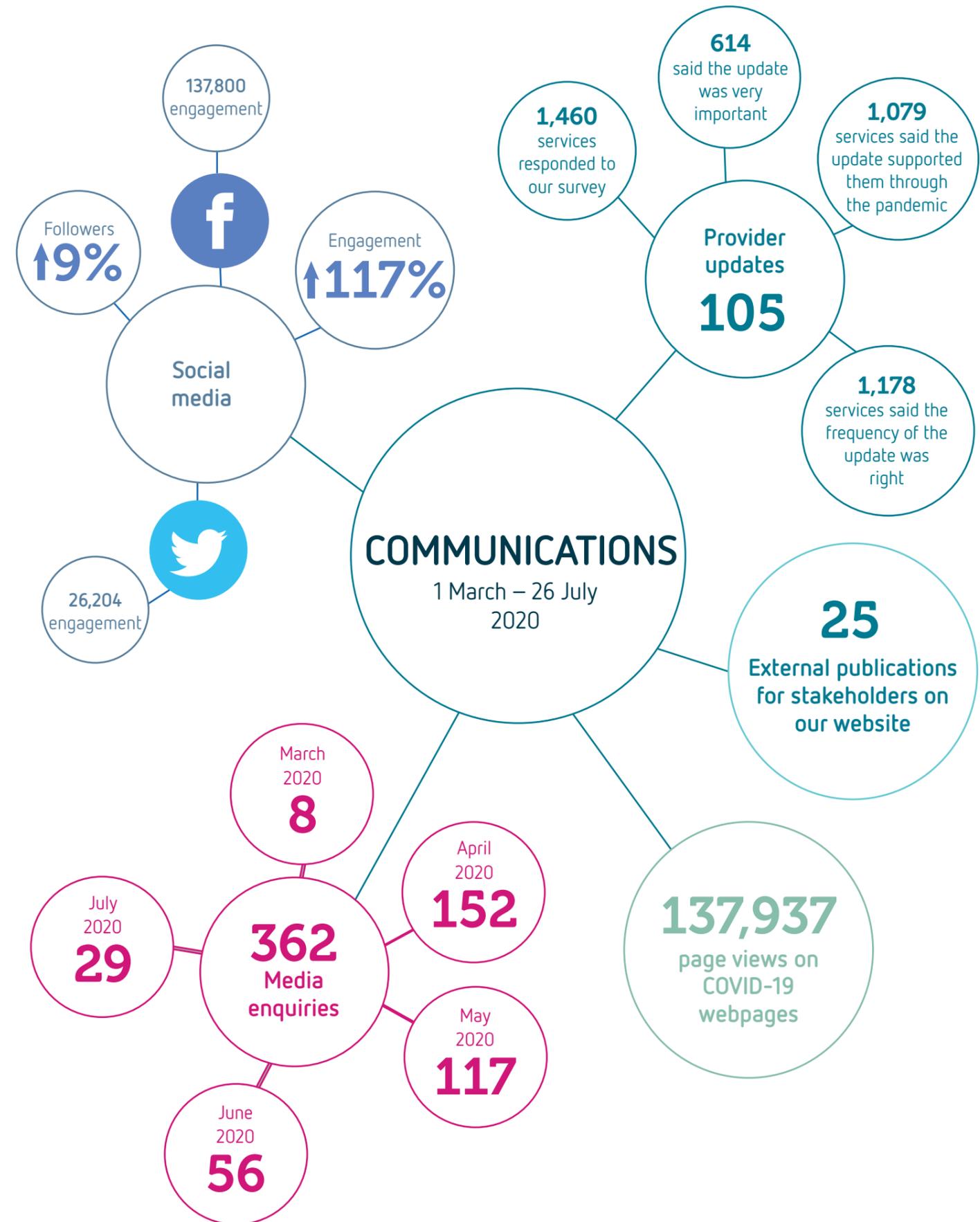
- Care Home Rapid Action group
- COVID-19 National Contingency Planning group
- Care Home Clinical Professional Advisory group
- Directors of Public Health National Group
- Multi-agency meetings in health and social care partnership areas including clinical oversight/assurance, and tactical working groups
- NES and SSSC Health and Social Care Accelerated Recruitment Portal Strategic Monitoring Group
- National Social Care Wellbeing group
- Quality Improvement Executives
- COVID-19 Recovery group

## Communications

Since the start of the pandemic, we have used our communications and media channels to provide crucial information to every care service in Scotland.

In March, we created a dedicated area on our website for COVID-19 information and we launched the Provider Update newsletter, emailed daily to every care service and others who wish to subscribe. The Provider Update ensures services receive the latest guidance about COVID-19 from the Care Inspectorate. This information channel has provided a vital direct route to update services for other official sources too, including the Scottish Government and other responsible national agencies. For services, this has represented a much needed reliable, single source of information.

Enquiries from the media increased during the pandemic. We responded to 362 media enquiries between 1 March to 26 July. These enquiries were from Scotland, the UK and also from other countries across the world.



## MOVING FORWARD: ACTIONS TAKEN AND NEXT STEPS

COVID-19 has significantly impacted the social care sector in Scotland and in particular, care homes for older people. For many people experiencing care, their loved ones, care staff and local communities, the situation has been devastating. Across Scotland's care sector, we will all take the lessons we have learned from the experience of COVID-19 and reflect on the future and what changes will be required. The Care Inspectorate is committed to playing its part in informing and enacting change and our review of all areas of our work and processes is underway.

Our vision is for world-class social care and social work in Scotland, where every person, in every community, experiences high-quality care and support, tailored to their rights, needs and wishes. To ensure that this happens, people experiencing care must be at the heart of how services are designed and run.

Challenges for care services to offer positive, nurturing experiences, environments and activities while at the same time, keeping people safe from COVID-19 have been evident during this pandemic. Maintaining vital connections and relationships with loved ones, families and communities has been a particular challenge.

The elements that enable people to enjoy good quality of life are articulated in Scotland's Health and Social Care Standards, which are for everyone who experiences care. They were developed to make sure that people's wellbeing, rights, and choices are at the heart of care. We will continue to support the sector to embed the Standards in how they work in tandem with keeping people safe from COVID-19.

COVID-19 has focused Scotland's attention on the importance of relationships, communities, and families, both for living a good life and at the end of life. The pain and trauma of being separated from loved ones for any amount of time, and particularly at the end of life, cannot be measured. We will continue to be part of the conversations to influence and support a whole-system approach, with people empowered and at the heart, to helping people, services and communities stay connected and stay safe.

Staff working across health and social care have worked tirelessly for the best possible outcomes for people experiencing care. The impact of COVID-19 on the social care workforce has been significant and for many, traumatic. COVID-19 affects people in varying ways, and we know there has been a disproportionate impact on BAME health and social care workers. We will take account of evidence and published reports on the impact on people working in care.

We all need to take care of social care, and support and value the care workforce. There must be support to recover and build on the many skills and strengths shown by care workers during this pandemic. We will listen to what they tell us by carrying out interviews using appreciative enquiry and other engagement methods. We will continue

to hear and share their stories to recognise the positive work they do and how much they are valued in their communities and across the country.

Improvement support and regulation are evolving rapidly across many areas of public policy and scrutiny, and we will continue to be proactive in our work with partner organisations across Scotland, the UK, Europe and beyond to share approaches to effective practice.

We invited care home staff from across the country to join a reference group and take part in individual conversations to share their experiences of working through the last few months. We asked what helped them get through, what advice they would give to others and what would make a difference to them at this stage. During our inspections, we speak with people experiencing care and their relatives. We will extend the reference group to involve them too, so that their voices, views and experiences are used to shape our future work.

Providers looked to us for guidance and information during the pandemic and continue to do so. We will continue to provide information and guidance through our updates to services, our social media and through our website. Support and advice will continue to be available through our contact centre and contact with inspectors to help care services make the right decisions about how they apply guidance. We will work with our partners, including the Scottish Government, NHS, Health Protection Scotland and others to provide clear and timely guidance for services.

To support planning and preparation for winter and possible further outbreaks of COVID-19, we will continue to use what we have learned from our data and what people in the sector have told us. We will work in partnership with the care sector, national agencies and representative bodies to support services to operate confidently throughout the winter, with the ongoing risk of COVID-19 and additional risk of seasonal infections.

We have been working closely with Scottish Government, the Chief Nursing Office and representatives from the care home sector on ways of improving and streamlining reporting requirements. We will continue to work with services, the wider care sector and the bodies services must report to, to improve the two-way flow of information. We will work with partners to apply tools and resources including the safety huddle tool, which is a mechanism that maps resource gaps and risks in each care and provides a multi-agency response to these.

We will apply our resources and powers across registration, inspection, improvement support and enforcement to contribute to the development of new models of care. This will include changing the way we work to better support innovation and transformation, for example, changing how we register services and considering how we can best use our powers.

In moving towards a more digitally enabled way of working we will invest in modern technology, equipment and systems. This will increase our intelligence capacity to support scrutiny and improvement. COVID-19 has highlighted that investment in our ability to have insight into the viability and sustainability of the care sector market will be of significant benefit.

A quality improvement approach supported by the expertise of our improvement advisors and inspectors will be central to taking forward the lessons learned during the pandemic. We will take the principles of improvement and a whole-organisation approach to effectively help shape the future of our organisation and the sector.

The stability of the social care workforce is a key issue and we are aware of the potential impact of the UK's exit from the European Union. We will continue to work with the SSSC and key partners to support and develop a skilled, valued and confident social care workforce.

We have learned lessons from the impact of the pandemic on the care sector and have already taken the following actions.

- Inspection frameworks augmented to increase the focus on infection prevention and control and related measures.
- Broadened and enhanced the way we gather intelligence about services, particularly through gathering information from public health and other agencies in order to more accurately assess the quality of care and improvements required.
- The use of Near Me to enhance our monitoring support and guidance to services.
- We have considered how we share the information that we gather about the sector and worked with Scottish Government, National Records for Scotland and others to improve this.
- Our joint work with partners such as those from public health and nursing and care partnerships has been significantly enhanced in a better co-ordinated and targeted way to ensure tailored support and intervention for each care home in Scotland.
- We are currently reviewing our guidance for the registration of services further to the trends recognised in relation to COVID-19 spread and the need to consider differently designed care services.
- Continued work with other UK and European regulators in order to share best practice and learning from COVID-19.

There is no doubt that transformation will be needed to uphold safe and compassionate care that supports people to live well in this new and deeply challenging era. The Care Inspectorate will continue to adapt what it does in light of the best evidence, and remains determined to drive forward the changes necessary to care arising from what has been the worst public health crisis in living memory.

# PUBLICATIONS DURING COVID-19

[Fees update for care service providers: July 2020](#)

[Fortnightly reports to the Scottish Parliament on Care Inspectorate inspections \(four publications\)](#)

[Service Provider FAQs](#)

[Records that all registered care services \(except childminding\) must keep and guidance on notification reporting \(update to existing document\)](#)

[Records childminding services must keep and notification reporting guidance \(update to existing document\)](#)

[Operating an early learning and childcare setting \(including out of school care and childminders\) during COVID-19](#)

[Key question five self-evaluation tool](#)

[Key question 7 for children and young people residential services](#)

[New key question for care home inspections](#)

[Near Me scale-up programme \(COVID-19 response\) – care homes workstream \(Joint publication with TEC\)](#)

[Near Me – handy guide](#)

[Coronavirus \(COVID-19\) – intermediate response – Guidance for the Care Inspectorate registration team](#)

[Deferment of continuation of Registration Fees guidance](#)

[Poster guidance on preventing spread of COVID-19 in childminding settings](#)

[Enriched model of psychological needs poster](#)

[Dementia care during the coronavirus \(COVID-19\) pandemic](#)

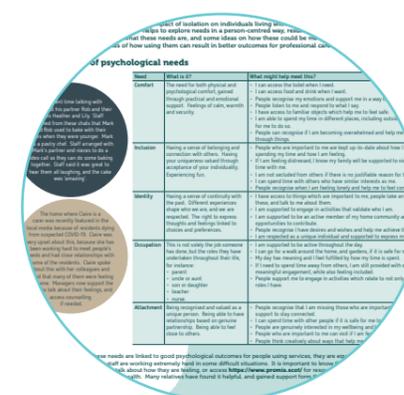
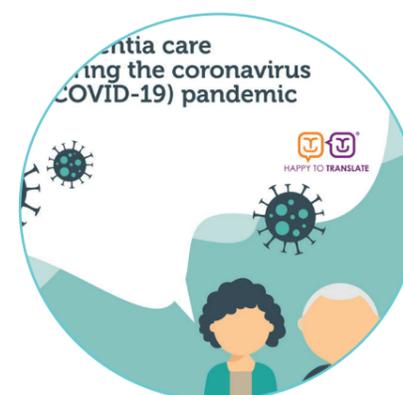
[Contingency foster care arrangements during Covid-19](#)

[Supporting people to keep in touch when care homes are not accepting visitors Guidance for care homes and hospices on repurposing prescription medicines \(Joint publication with NHS Scotland\)](#)

[Care Inspectorate and SSSC joint statement on ethical and professional decision-making](#)

[A joint statement from the Care Inspectorate and the SSSC](#)

[An update on our support activity – what it means for your service and care across](#)



## Headquarters

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY  
Tel: 01382 207100  
Fax: 01382 207289

Website: [www.careinspectorate.com](http://www.careinspectorate.com)

Email: [enquiries@careinspectorate.gov.scot](mailto:enquiries@careinspectorate.gov.scot)

Enquiries: 0345 600 9527



Corporate member of  
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