



The Scottish Parliament
Pàrlamaid na h-Alba

Peter Macleod & Kevin Mitchell
Care Inspectorate

Via email only

Health and Sport Committee
T3.60

The Scottish Parliament
Edinburgh
EH99 1SP

Tel: 0131 348 5410

Calls via RNID Typetalk: 18001 0131 348 5224

Email: healthandsport@parliament.scot

3 September 2020

Dear Peter and Kevin,

Health and Sport Committee Meeting on 25 August 2020

Thank you both for appearing before the Committee on 25 August 2020. The Committee found the session helpful and I am writing to request some clarification on certain areas and to seek further information that was unfortunately not covered during the session. Please note, references throughout this letter are to the [Official Report of the session](#).

Legislative requirements and powers

You noted that the pandemic has led to reflection with the Scottish Government and other partners on whether more should be done, or changes should be made to some of the responsibilities, powers and duties as set out under the Public Services Reform (Scotland) Act 2010.

1. Can you outline the detail of these reflections and what conclusions have you made as a result?

Fees and funding

You stated that early in the pandemic, the Care Inspectorate deferred fees collection to relieve some of the burdens on services that were struggling under the demands of Covid-19.

2. Can you comment on what impact this is having on your cash flow and whether you anticipate full fees collection in this financial year?

3. Given your view, can you provide further detail on the balance of Scottish Government funding and direct income that is needed for the Care Inspectorate to carry out its remit? Are there any opportunities to increase the levels of direct income?

Targeting of services

We were interested to hear about the intelligence-led model of inspection used within the Care Inspectorate. You stated that you 'rigorously target our inspections on those services that most need to be looked at and those where we believe that improvement is most urgently needed'.

4. Can you set out the process of how you target these inspections and detail the evidence base behind this process? For example, does this include complaints, financial data, or whistle blowing?

Improvement services

You indicated over the last few years that the Care Inspectorate's focus has been on building resources around improvement services, to assist services to improve before the need to take enforcement action occurs.

5. Can you provide examples of these resources?
6. Can you share detail of your monitoring and evaluation work to evidence the effectiveness of this approach?
7. Can you also detail what specific monitoring was carried out with regard to residents who were discharged from hospitals to homes during the pandemic?

You further mentioned it is the Care Inspectorate's role to ensure you provide proper guidance and direction to services, particularly on infection prevention and control practice.

8. Can you detail the preventative support the Care Inspectorate provided to services in preparation for the pandemic?

During the session, we asked whether the Care Inspectorate was involved in discussions about pandemic planning and the effect of discharging people from hospitals to care homes. Given the intelligence held by the Care Inspectorate on those services that had previous poor inspection reports and the preventative support you offer services, we were surprised to learn that you were not aware of whether the Care Inspectorate had a role in this pandemic planning.

You offered to provide detail on the involvement of the Care Inspectorate in developing that emergency protocol whereby local authorities did not have to carry out the normal assessments of individuals being discharged and consulting the individual.

9. Can you also clarify whether the Care Inspectorate was involved in any other strategic planning concerning the pandemic?
10. If not, do you feel it is appropriate that the Care Inspectorate was not involved?

Self-assessment

We discussed the self-assessment process and how often services assess their own performance as poor or failing. You indicated that you would need to check the detail of the numbers.

11. Can you provide us with an update on how often services assess their own performance as poor or failing, and detail what follow-up action is taken as a result?

Evaluation and quality framework

You spoke of Question 7, which has been added to the Evaluation and quality framework about care and support during the Covid-19 pandemic, noting 'We find concerns that we have to deal with, and we go back very quickly to deal with them. In the vast majority of cases, they are then resolved. We do that with public health, nursing directors and other partners in the system.'

12. Can you provide detail on how many of these concerns are successfully resolved and detail the processes to record evidence and outcomes to demonstrate and follow up that concerns have been resolved?

Leadership and accountability

We discussed how the health and care scrutiny landscape in Scotland could be improved and you highlighted the importance of retaining close working relationships and good practice that has arisen as a response to the pandemic to ensure that homes have been as well supported as possible.

13. Can you set out examples of how the Care Inspectorate has provided leadership through the pandemic? As well as how well relationships and good practice are monitored?
14. Can you set out the evidence to demonstrate the good practice that has emerged as a result?
15. Can you describe the actions the Care Inspectorate is now taking to ensure this continues going forward?

You further mentioned the future vision and strategy of the Care Inspectorate would be informed by the pandemic and detailed several changes already implemented, as contained in your submission to the Committee.

16. Can you provide further detail setting out your thinking on what further changes are required?
17. Do you think the changes set out in your submission are ambitious enough, given calls for the Care Inspectorate to be the go-to organisation for the sector?
18. Can you provide detail of specific actions that are required to improve the health and care scrutiny landscape in Scotland?

When asked, you noted the office of the chief social work adviser 'works very closely with the Care Inspectorate, and we very much complement the work that we each do in our different functions.'

19. Can you provide detail on the role of the office of the chief social worker in relation to the Care Inspectorate?
20. How does the office of the chief social worker complement and add value to your work?

A sustainable social care sector

You advised that the Care Inspectorate is involved in leadership arrangements for the Scottish Government adult social care reform programme and indicated the Care Inspectorate is well placed, and would wish to advise on and influence, the future for care services in Scotland.

21. Can you elaborate on your plans to use the intelligence held by the Care Inspectorate to strategically influence the future direction and financial sustainability of social care going forward?

An integrated approach

Since integration, the Care Inspectorate has full oversight of strategic commissioning.

22. How are you using this new role and intelligence to provide leadership and advice to ministers?

We discussed joint inspections with Healthcare Improvement Scotland and that evidence we received noted that despite joint inspections taking place, there are different approaches and advice that flow from those.

23. You refer to eight partnership inspections that have taken place across Scotland. Can you clarify whether that is 8 inspections this year or over the last 5 years?

You noted that you had recently developed a proposal to change the way you do those joint inspections.

24. Can you provide details of these proposals, along with whether or not they have been accepted or implemented? If not, please provide details of timescales and actions.
25. You note much more of a focus on the experience and outcomes of the individuals who receive services from the partnerships. How and when will this be put into action?

We discussed the leadership role of the Care inspectorate and the importance of an integrated approach for you to have full oversight of the care sector to scrutinise, challenge and maintain and improve standards. You noted you were actively exploring capacity to ensure sustainability and oversight, stating you have 'some of the expertise and capacity that is required'.

26. Can you detail what is missing, alongside how and when you are going to acquire the missing skills, expertise and capacity?
27. Are you satisfied the Care Inspectorate has the business knowledge and skills required to understand financial sustainability and performance of individual

- providers, as well as the expertise to understand the economics of the sector, the challenges, and what works to ensure an economically viable system?
28. How much do you use external expertise to inform this?
29. Can you provide more detail on involvement with Health and Social Care Partnership strategic planning in regard to this?

The effect of the COVID-19 pandemic on Care Inspectorate activity

You highlighted the main learning from the pandemic is that the Care Inspectorate must 'guide as clearly as we can, we must also scrutinise and understand what is happening in care services and—critically—provide assistance to those services when they need it.'

30. Can you provide detail of if and how this was undertaken during the pandemic? How you maintained oversight of what is happening in services, how you prioritise assistance, and how you made sure that every service was supported when they needed it?
31. Can you provide detail of how you will ensure this takes place going forward?

You had previously mentioned the Care Inspectorate's role during the pandemic was to ensure proper guidance and direction was provided to services particularly on infection prevention and control practice. You later noted that during the pandemic you put personal protective equipment into almost 400 services.

32. Can you provide detail on which type of services received this personal protective equipment? Was it exclusively care homes?
33. Do you feel that providing PPE to services should be one of the roles of the Care Inspectorate? Can you provide more detail on how this came about?

Evidence we received highlighted there were multiple information and reporting streams care homes needed to comply with, which could be confusing and time-consuming.

34. Will the Care Inspectorate become the single point of contact, reporting and communication for service providers?

You also mentioned that you have changed the wraparound support that you provide to care homes, noting giving advice on how arrangements could be put in place. You further note 'it is essential that that support remains in place'.

35. Can you provide details of the advice provided? How it was communicated and what was the evidence base that informed your approach?
36. Will the Care Inspectorate be maintaining the close links with the directors of public health going forward?

You noted you were confident that care homes are homely environments and that the system strikes the right balance of being both home and care provider.

37. Given the restrictions on residents during the pandemic, including a complete cessation of family contacts, can you provide evidence to support this?

38. What approach has the Care Inspectorate taken to ensure that the system does not treat people and their homes as hospitals during the pandemic? And what actions are you taking to ensure this is not the case as the pandemic continues?

Care at Home Services

You referred to a review of care at home services and noted the enhanced contact with services, including 36,000 contacts with 6,700 services between April and July. You indicated you are about to publish a report on this.

39. Can you confirm when this is to be published, and provide us with a copy of this report?

You also offered to supply more detail on complaints, specifically around care-at-home services, which we look forward to receiving.

Commissioning and procurement

[UNISON](#) provides a stark example of how the Care Inspectorate is being asked to operate in what it describes as a failing system, particularly in relation to the Care Inspectorate having to police some unfair work practices across poorly commissioned services. They note the primary responsibility for delivering Fair Work should remain with Health and Social Care Partnerships.

40. What role does, and should, the Care Inspectorate have in ensuring Fair work practices and the improvement of commissioning and procurement practices?

Profile of the sector

Finally, we were interested to hear that you do not consider that the Care Inspectorate should be champions of the care sector, noting this was at odds with regulating and enforcing action undertaken. However, you did highlight there is more the Care Inspectorate can do and say about the sector.

41. Given your focus on improvement and preventative work, do you envisage the Care Inspectorate should have more of an autonomous leadership role going forward?

42. Can you detail to what extent the Care Inspectorate is taking a lead role in; sharing best practice, guidance for providers, intelligence gathering and reporting on social care, and leading the sector towards sustainability and resilience?

It would be helpful to have this information by Thursday 24 September 2020.

Yours sincerely



Lewis Macdonald
Convener, Health and Sport Committee