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Convener of the Committee
Health and Sport Committee
T3.60
The Scottish Parliament
Edinburgh
EH99 1SP

24 September 2020
Our Ref: PM/pl/kk

Dear Convener

Further to your letter dated 3 September 2020 and following my evidence to the Health and Sport Committee on 25 August and your request that I provide further information to the committee, please find below the Care Inspectorate' s responses to the questions you provided.

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?**

In relation to legislative change, issues raised by and during the pandemic have caused us to focus principally upon whether our powers (in relation to compelling sustainable and sustained improvement in failing services and seeking closure where necessary and justified in the best interests of vulnerable people) are the right powers and capable of addressing service failure and risk to vulnerable people in today's environment. Most of these powers can be traced back to at least the Regulation of Care (Scotland) Act 2001 ("the 2001 Act").

Since then, there have been significant changes, both in our society and in the ways in which care is delivered. The pandemic has added another dimension to that. As a result, we are producing some specific suggestions as to how the powers available to the Care Inspectorate might be strengthened in terms of their effectiveness and speed of deployment. Subject to the agreement of our Board, we will take these forward as firm proposals to the Scottish Government. We are also reviewing the way we exercise the powers we currently have, to ensure that we are doing that in the most effective way that we can.

In discussing possible statutory change, it may be of interest to the Committee to note that, following some delay due to the pandemic, we are resuming our work with Scottish Government colleagues and other stakeholders to consider review of the definitions of the types of care

services we regulate, as detailed at Schedule 12 to the Public Services Reform (Scotland) Act 2010. The driver for that work has been the change in the way that care is organised and the need to modernise the definitions to better reflect how services are delivered.

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?**

In March 2020, we decided not to collect direct debits from providers paying 2019/20 fees by instalments and to delay issuing invoices we would normally send out in April 2020 (we issue invoices at the start of each quarter based on a service's registration date). Direct debit collections recommenced in July 2020. We are currently projecting that we will achieve our fees collection budget in 2020/21.

There has been no impact on our overall cash flow. We are funded by a mixture of grant from the Scottish Government and fees paid by service providers. Grant represents 65% of our funding and fees 35%. The delay in collecting fee income has meant drawing down a larger proportion of our grant in aid earlier in the year than would normally be the case. Now that income collection is re-instated, we are returning to normal.

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?**

Our current grant funding for our core activity is £22.814m. This constitutes around two thirds of the Care Inspectorate's funding. The remaining balance is made of fees levied from registered services. The fees we can charge are governed by statutory maximum rates. These are aligned to care service definitions, which are about to be reviewed. The Scottish Government would take forward a public consultation exercise to take forward this review and any associated changes to the rates imposed for fees.

We recently received confirmation of additional grant in aid funding of £1.1m for the current year (included in the £22.814m) and £1.65m for 2021/22 and subsequent years to fund the outcome of a job evaluation exercise and to implement a team structure review. The Care Inspectorate also receives additional grant income, subject to the submission of business cases to Scottish Government for specific new duties or programmes, for example activity relating to the expansion of early learning and childcare, adult protection, and our digital transformation programme. These represent additional sources of funding to the Care Inspectorate related to new responsibilities.

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?**

All care homes on our register have in place a Scrutiny Assessment Tool (SAT), which replaced our previous risk assessment tool, the Risk Assessment Document (RAD). This has been developed as a COVID SAT that is being completed for all care homes, including those for older people, adults, and children and young people.

The COVID SAT includes our assessment of known triggers that may indicate an increased risk of poor outcomes for people experiencing care. All other adult services have a RAD (Risk Assessment Document) in place that defines the risk for other services. Recently we have developed a SAT for Early Learning and Childcare services to guide their scrutiny activity.

To assist in the process of identifying the services for further scrutiny activity we have a stepped process that is discussed at a weekly planning meeting with all adult teams:

Each week the intelligence team provides a scan of services that they identify through intelligence as needing considered for an inspection. This includes:

- Notifications
- Staffing
- Complaints, including those from staff members
- Regulatory history of the service
- Director of Public Health Assessment and Weekly Returns
- Enforcement
- Other information from the relevant health and social care partnership and directors of nursing.

The Team Manager reviews other intelligence, such as public health Red Amber Green (RAG) data and information from multi-agency work in health and social care partnerships.

Team Managers and case holding inspectors review the intelligence scan, public health RAG, COVID SAT, and information from the local multi-disciplinary meetings around services prior to the weekly planning meeting. They identify those for inspection and other scrutiny, assurance and improvement support activity. Team managers also consider the regulatory history of the service with regard to the last inspections and any ongoing concerns. Scrutiny, assurance and improvement interventions are planned accordingly to ensure that onsite inspections are targeted appropriately.

Financial information is considered at the point of registration or when specific information is received by us in this regard.

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?**

A core, statutory function for the Care Inspectorate is to support improvement in order to improve outcomes for people experiencing care in social care services across Scotland. Our approach to scrutiny means that we provide extensive diagnosis and that, along with other intelligence, leads us to identify examples of good practice, and also where improvements are required. However, where possible through our inspection staff and our Improvement Support Team (IST) we provide advice, guidance, signpost to improvement support resources and can help to develop knowledge of improvement science and how to make sustainable improvements.

During COVID-19, it has been essential for the Care Inspectorate to signpost all related guidance as it is developed by both Health Protection Scotland and the Scottish Government. The provider updates have been a helpful platform to get this information to services quickly and we are continuing to review how best to target the relevant information to services, as well as sharing good practice and improvement ideas.

An example of an improvement intervention from across both the IST and Scrutiny and Assurance directorate was the use of Near Me videoconferencing, with the aim of supporting services to provide safe, person centred care to those they support. The roll out and implementation of Near Me in care homes for older people has been led by one of the senior improvement advisors during 2019/20. To support services effectively and provide further opportunities for our scrutiny and oversight during COVID-19, this was scaled up at pace. All advisors in the IST focused on this project with engagement with around 1,000 care homes for older people and adults. Services were supported to use Near Me to access clinical support from GPs and health as well as using the system to communicate directly with inspectors. Training sessions were delivered to inspectors from across the organisation including complaints and registration. Near Me technology can now be used as and when needed to support scrutiny activity and especially where infection prevention and control (IPC) measures are in place to limit the spread of the COVID-19.

Other examples of improvement support include:

- We worked with care home providers, dietitians and home caterers to co-produce Eating and drinking well in care, a resource to support good eating and drinking in care homes for adults.
- We also worked with early learning and childcare organisations, health colleagues and Scottish Government to develop and produce Food Matters, a resource highlighting good practice examples from care services based on the Setting the Table guidance for early years.
- We worked with HIS, iHub and Scottish Care on the Reducing Pressure Ulcer in Care Home Improvement Programme. Tools were developed and are hosted on the pressure ulcer microsite. We continue to connect with the tissue viability specialist nurses in community settings who cover care homes to scale up and spread the learning.

Our current improvement strategy for 2019-2022 gives an overview of previous improvement support and where we will be directing our resources in alignment with our Corporate Plan.

We have also led on national improvement programmes. An example of a national programme is the Care About Physical Activity (CAPA) programme, which was funded by the Active Scotland division of the Scottish Government as a three year programme which ended in April 2020.

We would wish the Committee to note that, as described in our parliamentary reports on our COVID-related inspection activity, we rigorously follow up concerns identified in care homes within a very short timescale and ensure that immediate improvement follows where issues have been identified. This occurs within days and often with multiple follow up visits to ensure that improvement is sustained. Inspection is a key driver in terms of improving the overall quality of care and thereby the safety and wellbeing of people.

6. **Can you share detail of your monitoring and evaluation work to evidence the effectiveness of this approach?**

The impact of improvement support interventions has been evaluated both formally through external evaluation in the case of the CAPA programme and also by inspection evidence. The external evaluation of CAPA by UK Active showed much success and identified that promoting more movement every day had a positive impact on people's health and wellbeing, as well as developing the workforce to be more confident in promoting physical activity. These findings are consistent with reports from inspectors.

Topic specific improvement initiatives such as a recent medication administration project support services to understand change within their system. Services are supported to use improvement methodology to measure and evaluate their own improvement over time and this creates sustained change.

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?**

The Care Inspectorate has no direct involvement in the discharge of individuals from hospitals to a care setting at the time such decisions are made. In discharging an individual from hospital, clinical assessment lies with the medical practitioner in conjunction with the Health and Social Care Partnership, which has the role of assessing the needs of the individual. The care home also has a responsibility to assess whether they can meet the needs of the individual they are admitting into their home.

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.

The Care Inspectorate's Role, Purpose and Learning During the COVID-19 Pandemic gives a detailed account of how the Care Inspectorate responded to the COVID-19 pandemic and the various changes made to fulfil its key role. We have described in answer to question 4 how we use our scrutiny assessment model to target inspection activity to the highest risk services.

As described in the above report, at the start of the pandemic the Care Inspectorate set up daily provider updates with a focus on communicating the national COVID-19 guidance from Health Protection Scotland and Scottish Government. To support this, the guidance was hosted on our website and refreshed as it was updated to ensure that providers were following the most up to date guidance. We also established a COVID flexible response team to support the contact centre in answering enquiries often relating to infection prevention and control as well as questions from inspectors. We had a dedicated member of staff who assisted with enquiries relating to the supply and correct use of PPE. This role was pivotal in ensuring that services knew how to access PPE if they were experiencing difficulties with their own supply chain.

Key question 7 was also introduced into the quality framework for inspection with a focus on IPC and COVID-19. 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.

Care homes manage outbreaks of seasonal viruses every year and follow the national manual for infection prevention and control, which is produced by Health Protection Scotland. Providing a safe and clean environment in which residents of care homes can live well in and thrive is inspected against in the quality frameworks for inspection for older people and adults under key question 4. Where improvements are identified through inspection activity, services are signposted to resources and can be connected to local health protection teams for support that is specific to the situation. In relation to hospital discharge, clinical assessment lies with the medical practitioner in conjunction with the Health and Social Care Partnership.

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?**

Further to the question raised at Committee regarding assessment of individuals being discharged from hospital, we would offer the following comments regarding the Care Inspectorate's strategic role in this regard.

As described in response to question 7, the responsibility for discharging an individual from hospital is a clinical decision which lies with the medical practitioner in conjunction with assessment by the Health and Social Care Partnership. The care home also has a responsibility to assess whether they can meet the needs of the individual they are admitting into their home.

The Coronavirus Act 2020 makes provision to respond to an emergency situation and manage the effects of the COVID-19 pandemic. The Act allows local authorities to dispense with particular assessment duties where complying would not be practical or would cause unnecessary delay in providing urgent care and support to people. The Scottish Government provided statutory guidance to local authorities and health and social care partnerships in line with this. The Care Inspectorate was made aware of the change in the social care assessment protocol.

10. **If not, do you feel it is appropriate that the Care Inspectorate was not involved?**

We are a regulator that carries out inspection, scrutiny and improvement support. Our role is to ensure that we provide support and seek assurance that infection prevention and control guidance and practice is being followed. We work closely with local health and social care partnerships, directors of public health, local infection prevention and control teams, and other clinical specialists to provide an enhanced system of assurance around each care home in Scotland. However, in relation to planning around discharge, as noted above, it is a matter for the partnership and the care service to determine where an individual would be best placed.

We await the findings of the work commissioned around discharge into care homes and we will continue to support and engage with the wider process of reflection, through developments such as the independent review of social care, to learn from what has been an unprecedented set of circumstances.

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?**

We support improvement and recognise the importance of services evaluating the quality of their provision. The expectation is that services do this on a regular and ongoing basis. Services are not routinely required to submit these to the Care Inspectorate and, as such, we do

not collect information on self-evaluations completed by providers.
As our business model is developing, and with the recent publication of new quality improvement frameworks and our self-evaluation guide, we plan to utilise self-evaluation information more systematically into the future, as we have recently begun to do in relation to early learning and childcare.

We believe that evidence-based self-evaluation can be a powerful tool to identify what's working well and what needs to improve. To support this, we have published quality improvement frameworks for specific service types, which are underpinned by the Health and Social Care Standards. This is the primary purpose of our quality improvement frameworks. We have also published a guide to self-evaluation.

As noted to the Committee, the principle independent assessment of the quality of a service is the responsibility of the Care Inspectorate and the view of the provider will be taken into account. However, using our quality improvement frameworks and through inspection, we will identify the quality of care and provide a rating of what we find. In circumstances where concerns about care are identified, we take immediate follow up action, including, where necessary, enforcement action.

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?**

When we complete an inspection, we assess a service and what action needs to be taken, if any. We assess the risk to people and determine the action required, and how quickly that requires to be taken. Where we identify significant concerns, we issue a Serious Letter of Concern outlining the immediate action that needs to be taken. We quickly carry out a follow-up inspection to confirm that the necessary improvements have been made. In addition, after the inspection we immediately notify the relevant staff at the health and social care partnership and Directors of Public Health of our findings, and agree the support they may be able to provide.

We issue an inspection report and we go back to check that requirements have been carried out, including those requirements with a longer timescale and where no serious concerns letter was issued. Where no improvement is made, we will issue a formal improvement notice to the service which can lead to cancellation if the service does not improve. As of 19 September, we have undertaken the following:

- 223 completed inspection visits in 173 Services
  - 221 x Care Homes
  - 2 x Nurse Agency
- 40 completed follow ups
- 39 continuation visits

- 24 Serious Concerns letters to date issued
- 4 x Improvement Notices 1(Section 10) Improvement
- 1 x Improvement Notices 2 (Section 64- Notice to Cancel)

From the above, 20 services took action and met the requirements of the serious concerns letter. Four did not and this resulted in improvement notices being issued. Of these, three have met the requirements of improvement notice, one did not and we have issued a proposal to cancel registration.

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?**

The Care Inspectorate continues to work closely with the Scottish Government and other national bodies, including Health Protection Scotland, Healthcare Improvement Scotland, Directors of Public Health, Scottish Social Services Council, NHS Scotland and COSLA to deliver a coordinated response to COVID-19. We are also members on several national groups set up in response to the pandemic. These include the Care Homes Rapid Action Group and the National Contingency Planning group, which have recently merged into the Pandemic Response for Adult Social Care Group, the Care Home Clinical Professional and Advisory Group and associated sub-groups, the COVID-19 Children and Families Leadership Group and the Mobilisation Recovery Group.

We are continuing to work closely with Directors of Public Health. Working closely and in collaboration with these national bodies and key stakeholders has allowed us to inform national guidance and ensure that it meets the requirements of the social care sector.

An example of our leadership can be seen in how we have used our data and intelligence, as set out in our original submission. In late March 2020, anticipating the impact of COVID-19 on staffing, we implemented a new notification system for services to tell us about their staffing levels and to raise alerts when they were facing staff shortages. 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.)

The frequent contact with care homes by inspectors has given us a rich picture of how services have been adapting and responding to the unique challenges of COVID-19. Inspections have

also highlighted key areas where services are needing more support in specific areas and we are using this intelligence to drive the areas of focus for improvement support.

14. **Can you set out the evidence to demonstrate the good practice that has emerged as a result?**

An example of building relationships between national bodies is the Person Centred Care Learning System (PCCLS), which is a collaboration between Healthcare Improvement Scotland's Community Engagement Directorate, Scottish Social Services Council and the Care Inspectorate. This initiative was developed as a way to understand how person-centred practice was being delivered in the context of COVID-19 and to identify learning for the future. It has involved key stakeholders participating in a series of webinars to look at current enablers and challenges in both the acute sector and social care. The key findings will be used as a catalyst for more in-depth discussions to turn this learning into improvement practice.

On 24 September we published Delivering care at home and housing support services during the COVID-19 pandemic, including where we have identified good practice. Within our fortnightly parliamentary reports, and the full published report for each service which follows these, we have clearly identified areas of good practice, including around positive relationships. We have previously referred to our work on the roll out of Near Me in care homes. We have published a report on this, which also includes examples of good practice, including where positive relationships have been developed to enable the better use of this technology.

15. **Can you describe the actions the Care Inspectorate is now taking to ensure this continues going forward?**

As set out in The Care Inspectorate's Role, Purpose and Learning During the COVID-19 Pandemic, we are already taking forward changes based on learning from the experience of the pandemic to date. These include:

- augmented inspection frameworks to increase the focus on infection prevention and control and related measures
- broadened and enhanced gathering and use of intelligence
- the use of Near Me to enhance monitoring, support and guidance for services
- better co-ordination and targeting of joint work with partners, such as those in public health, to tailor support and intervention for each care home
- reviewing our guidance for the registration of services to reflect learning from the pandemic, including a revision of Building Better Care Homes
- enhanced relationships with other UK and European regulators in order to share good practice and learning.

The Care Inspectorate actively promotes good practice across the sector in all of our work. We house and signpost a range of good practice and improvement resources on The Hub, while guidance is highlighted in the provider updates and improvement support updates which are sent out to services. Going forward, as part of winter preparedness, the Improvement Support Team will be engaging with services, including care homes and care at home services, to share good practice. A modified version of the breakthrough series collaborative model will be used for services to connect and share their practice and learn from each other.

We are also working collaboratively with Healthcare Improvement Scotland and have co-delivered a series of learning events on person-centred care during the pandemic, exploring what have been the barriers and enablers in this regard. We also work collaboratively with the Scottish Social Services Council (SSSC) to support improvement in the sector. These collaborative and joined-up approaches ensure that learning is shared and spread across all of health and social care.

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?**

The Care Inspectorate is one part of the health and social care system in Scotland, a system which by necessity has had to act quickly and adapt in the face of an unprecedented challenge for all of us. It would be impossible and indeed inappropriate to go back to 'normal' and we recognise the need to review all areas of our work as we learn lessons from what has happened.

We are revising our Corporate Plan and our Scrutiny, Assurance and Improvement Support Plan based on our experience of the pandemic thus far. We are have learned from the COVID-19 experience and shared that learning. We will continue, and scale up, those things that have worked well during the pandemic. We are therefore focusing on:

- proportionate, targeted and risk-based scrutiny, assurance and improvement support
- co-ordination and collaboration across the scrutiny and improvement landscape to ensure person centred, tailored support and intervention for each care home in Scotland
- scrutiny, assurance and improvement support interventions through the use of digital technology where appropriate
- gathering, analysing and sharing intelligence and good practice
- continuing to build on the joint and multi-disciplinary approaches to support in localities, including use of the huddle tool
- contributing to the independent review of adult social care
- working with other countries to identify best practice and innovative approaches to regulation and improvement
- finalising a review of our regulatory powers.

We will continue to reflect on and be responsive to the changes required as identified in our publications, such as our recent care at home and housing support report.

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?**

We reiterate the positive changes we have implemented and set out in our previous submission and answers. It is clear that reform of the social care landscape should be considered as we reflect on the COVID-19 experience. We have been invited to provide evidence to the independent review of social care, which includes regulation and scrutiny within its terms of reference, and we are committed to playing our part in informing and enacting change, both in

our role and across the sector. As referred to in previous answers, we continue to identify changes such as those indicated in our inspection reports and home care and housing support report.

18. **Can you provide detail of specific actions that are required to improve the health and care scrutiny landscape in Scotland?**

We will apply our resources and expertise across registration, inspection, improvement support and enforcement to contribute to the independent review of health and social care and any subsequent reform that emerges from the significant evidence we hold. As noted above, we are refreshing our Corporate Plan with a focus on proportionate and risk-based scrutiny, co-ordination across the scrutiny landscape and improvement support, while also exploring market oversight.

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?**

The Office of the Chief Social Work Adviser (OCSWA) works with the Care Inspectorate in relation to key programmes of work, including health and social care integration, adult social care, getting it right for every child, community justice programmes, child protection and adult support and protection. OCSWA advises and is advised of any emerging concerns in partnership areas in relation to social work leadership or practice issues. There is ongoing dialogue with OCSWA in relation to emerging programmes of scrutiny and assurance work, with a particular focus on social work leadership and practice issues within these programmes. With a lead role for the adult protection improvement plan and child protection improvement plan, OCSWA has a key role in informing the work of the Care Inspectorate in relation to scrutiny, assurance and improvement work in these areas. We also sit alongside OCSWA on National strategic groups, such as the National Child Protection Leadership and Children and Families Leadership groups.

20. **How does the office of the chief social worker complement and add value to your work?**

With a lead role for the national children's improvement plan and the improvement plan for adult support and protection, OCSWA has been a key driver and contributor to the development of programmes such as the current adult support and protection inspection programme across Scotland, informing the development of the scope and approach to ensure scrutiny activity supports and is supported by the national plan.

Regular meetings held between the Care Inspectorate Scrutiny and Assurance directorate provide a platform for sharing of information regarding emerging issues and concerns in relation to social work practice across adult, children's and justice services. This informs the work of the Care Inspectorate and that of OCSWA. Where there have been serious concerns about leadership or practice in a partnership area, the Care Inspectorate and OCSWA have worked

together to seek to support the relevant partnership area. Likewise, concerns raised by the Care Inspectorate with OCSWA may be followed up directly by that office. OCSWA supports and enhances the dialogue and links between the Care Inspectorate and the chief social work officers in partnership areas and this ensures priorities for all parties are clearly understood.

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?**

As the national regulator, we are uniquely placed to understand the social work and social care sector. The data and intelligence we gather as part of our scrutiny, assurance and improvement support is an important resource in helping us to understand the sector and the changes that may be necessary to take account of learning and the sustainability of services towards the future.

We are actively considering how, working with others, we gather more robust financial information on services on a regular and ongoing basis, to inform the sector and national policy development, planning, implementation and review.

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 carry out joint inspections with Healthcare Improvement Scotland specific to health and social care integration. To date, the focus of these have been on the effectiveness of strategic planning in the partnership areas in relation to three key areas: Performance; Strategic planning and commissioning; and Leadership. Our joint inspection reports provide an overview of our findings and areas for improvement for each partnership, and we also follow up with partnerships on recommendations made in our reports. We highlight areas of particular concern or improvement progress to our various stakeholders and partners at a national and local level. Reports and findings are published and reported to stakeholders, including Scottish ministers.

Our findings about progress in relation to integration have been mixed. Key factors impacting on partnerships' progress included trust and collaboration between leaders, shared ownership of challenges and solutions, engagement with all partners and stakeholders and whole system approaches to resources, workforce planning and performance.

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?**

We have competed eight partnership inspections in total. These are as follows: North Lanarkshire (2018); Renfrewshire (2018); Clackmannanshire & Stirling (2018); North Ayrshire (2019); East Dunbartonshire (2019); Perth and Kinross (2019); East Renfrewshire (2019); West Lothian (2020). We use a common inspection framework that has been developed together with Healthcare Improvement Scotland (HIS) and other partners. The framework is jointly used by the Care Inspectorate and HIS in inspections, with the subsequent findings and reports based upon this.

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.**

In February 2019, the Review of Progress with Integration of Health and Social Care made a proposal in relation to the scrutiny of health and social care integration that, as well as scrutinising strategic planning and commissioning processes, strategic inspections be focused on what integrated arrangements are achieving in terms of outcomes for people. This would also include examination of the performance of the whole partnership – the Health Board, Local Authority and IJB, and the contribution of non-statutory partners – to integrated arrangements, individually and as a partnership and also to ensure a more balanced focus across health and social care ensured in strategic inspections.

The Care Inspectorate, working with Healthcare Improvement Scotland, developed a proposed scope and methodology for progressing inspections in line with this ask, including consideration of transitions between hospital and community and with a clear focus of the inspection being on the experiences and outcomes for people who experience care. The scope was agreed in principle at the start of this year, but commencement of a revised programme of inspection was delayed due to the impact of the COVID-19 pandemic.

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?**

Please see response to question 24.

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?**

Please see response to question 21.

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?**

On an individual service level, we require services applying to register to provide a business case and contingency plan, and when we are aware of potential financial difficulties, this intelligence is used in our risk assessment process to decide our scrutiny and improvement response. Our strategic inspections of integration joint boards and local authorities review and report on the strategic commissioning and planning of care services. Our Professional Adviser (Finance) currently undertakes a range of activities around financial sustainability and performance.

28. **How much do you use external expertise to inform this?**

In undertaking our strategic inspections of Integration Joint Boards, we have linked with Audit Scotland for input into our assessment of financial planning in partnerships. We also liaise closely with the Care Quality Commission's Corporate Provider and Market Oversight division to share concerns regarding some providers on their monitoring scheme or risks within the care sector, assessing the impact on service provision in Scotland.

29. **Can you provide more detail on involvement with Health and Social Care Partnership strategic planning in regard to this?**

We have a panel of associate assessors that were recruited to support our joint inspection process. These are experts from current practice working in roles in health and social care partnerships relevant to the areas we are inspecting. These associates act as associate members of the inspection teams to inform our inspections and provide an expert view on our findings. We train and support them to act in their roles as associate assessors and in return they bring current experience from the field.

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?**

As set out in detail in our submission to the Committee and in response to previous questions, when the pandemic took hold we rapidly put in place a raft of robust measures to scrutinise, monitor and support care across Scotland. Operating seven days a week, oversight arrangements, inspectors made 35,673 separate contacts with 6,739 individual services between 1 April and 26 July 2020, providing advice, guidance and support. These included:

- virtual meetings, for example using Near Me video consultation
- assessing areas in relation to infection prevention and control
- supporting services in relation to staffing issues or PPE
- sharing good practice and signposting to Health Protection Scotland's guidance.

We:

- repurposed our workforce to ensure we supported services by enhancing our systems around notifications, data gathering, complaints received and calls from the public
- put in place a unique Red Amber Green (RAG) 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
- moved inspectors to support our adult teams from across the Care Inspectorate, while inspectors from Health Improvement Scotland were seconded to support the adult inspection teams
- provided updated training for staff on COVID-19 and moved specialist staff to form a COVID-19 team, ensuring we had up to date guidance that we shared with providers and staff
- developed Question and Answers for staff, a daily newsletter for services and a dedicated area on our website
- closely monitored notifications and contacted services on a minimum weekly basis to discuss COVID-19 practice, guidance, staffing and support
- contacted services on receipt of outbreak notifications
- put in place procedures for sharing of intelligence on COVID-19 in care services with Health and Social Care Partnerships and others, and sent all COVID-19 outbreak and death notifications daily to Health Protection Scotland
- continued our relationship manager work with larger providers, health and social care partnerships, local authorities and health boards, putting in place regular contact meetings with partners to share intelligence and support input to services in area
- introduced a staffing RAG notification to alert us when services were having staffing issues due to COVID-19, and worked closely with SSSC to ensure access to the staff portal
- developed our inspection framework to include a Key Question relating to the pandemic and provided this as part of the self-evaluation framework for care homes for older people.

31. **Can you provide detail of how you will ensure this takes place going forward?**

As covered in question 30, we have continued our contact with services as well as carrying out onsite visits. We have continued to focus our specialist knowledge around the impact of the pandemic in both providing direction to our own staff and the services we regulate.
We have a dedicated section of our website relating to COVID-19 and we continue to send out provider updates to services. We have published reports, such as our recent care at home and home publication, in order to capture evidence and good practice, and have engaged with partners at a local and national leadership level in order to share key findings.

In addition, we continue onsite visits and target services where intelligence suggests they are of higher risk, following up with actions required, and we report on this to parliament on a fortnightly basis. We have undertaken learning from inspections and we are developing resources for services to highlight practice and actions they should have in place. We will build on our improvement work by developing webinars for services to provide guidance and direction on critical areas, such as infection prevention and control, medication management and other aspects of care.

We continue to monitor notifications from services and take appropriate action.

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?**

We did not hold a stock or distribute PPE directly. We worked to support NHS National Services for Scotland (NSS) and the regional hubs with access to our data store so that there was an authenticating process for the supply of PPE. Each service has a Care Service number and this was used to confirm that the service was registered with the Care Inspectorate. Once this was confirmed the PPE was supplied.

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?**

This is not a role for the Care Inspectorate and, as per the response to the question above, we did not provide PPE directly to care services. We worked closely with NSS to ensure that they and the regional hubs had the correct information about services so that PPE could be supplied quickly. Where services were having difficulty accessing PPE, they did come to us via our contact centre and we directed their call to the appropriate regional hub or the national PPE co-ordinating centre at NSS. There were occasions where we intervened to facilitate communication and ensure the delivery of PPE in a timely manner. 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?**

The Care Inspectorate holds the register of care services, including care homes operating in Scotland, and we collect and use a range of information from services to support our regulatory functions. We make a considerable amount of this information public on our online register and through data files downloadable in open data formats.

We already routinely work with other public bodies, including Scottish Government, Scottish Social Services Council, Public Health Scotland (PHS) and HMRC to reduce the burden that data collection places on providers. We safely and securely share data with partners who might otherwise instigate duplicate data collections to fulfil their statutory duties. We have also worked with partners to simplify data collection through our eForms portal, for example our work with Scottish Government and Public Health Scotland on the Care Home Census.

We gathered and shared information with Scottish Government, PHS and local health and social care partnerships, and others, where appropriate and within legislative parameters.
And crucially we also receive information from these partners to help us identify risks and target our scrutiny and support. We receive notification data, which we expanded the requirements of to add in information relating to staff vacancies, and then shared that information as appropriate with partners. Some of the trends that emerged from analysis of these was set out in our submission to the Committee.

We have excellent direct communication channels with care homes in Scotland, both via our regulatory information systems, which enable us to message care homes directly, as well as our eNewsletters which providers, staff and other interested parties can sign up to. Again, we supported partners disseminating key messages out to care homes during the pandemic using these channels.

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?**

Wraparound support has been provided by a number of agencies, of which the Care Inspectorate is one, alongside Directors of Public Health, local directors of nursing and staff, health and social care partnerships and Health Protection Scotland. With the requirements put in place by the Scottish Government in April, all of the above have been assessing arrangements in care homes, with a particular focus on infection prevention and control, and related matters.

The Care Home Rapid Action Group, which we sit on, have taken lead responsibility to ensure wraparound support is provided in as joined up a manner as possible. Based on our experience at the earliest stage of the pandemic, the Care Inspectorate provided clear advice on the necessity of co-ordinating all relevant agencies around care homes and putting these arrangements in place at both a local and national level.

In relation to supporting services, we know there is a need to ensure they are able to find information quickly and are informed when guidance changes. We therefore put in place a range of different methods to support services:

- A new section on our website for guidance and information
- Provider updates, with alerts when guidance changes
- Minimum weekly contact with services
- Regular discussions with services, providing clear advice and guidance
- Specialist information on medication, death and dying, keeping in touch using virtual visiting/contact, and supporting people with dementia
- Enhanced specialist input to support our complaints function.

We also moved staff with specialist knowledge on subjects such as infection prevention and control, death and dying, pharmacy, health care and social work practice, to form a COVID-19 team ensuring we had up to date guidance that we shared with providers and staff. We developed Question and Answers for staff and created a dedicated area on our website for services and the public. The group works closely with Health Protection Scotland and were instrumental in working nationally to develop guidance on death and dying and the repurposing of medication. We also worked closely with Scottish Government and Health Protection Scotland in developing the COVID-19 clinical and practical guidance for adult care homes.

36. **Will the Care Inspectorate be maintaining the close links with the directors of public health going forward?**

Yes, we have found this an invaluable working relationship and we meet regularly. As well as the Chief Inspector and Intelligence Manager meeting with Directors of Public Health, local team managers have contacts in Health Board areas and this enables close working and support for services. We also regularly attend meetings of the Directors of Public Health, with senior level representation from the Care Inspectorate.

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?**

When these restrictions were introduced we produced ‘Keeping in Touch’, which provided advice and guidance for homes to use different ICT platforms to support people to keep in touch with families and friends. We recognised the importance of this for people, contacting all care homes in Scotland and introducing ‘Near Me’ technology to them and supporting its use.

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?**

Building Better Care Homes for Adults is the Care Inspectorate’s design guidance for new care homes or those being refurbished. This outlines the importance of people living in care homes

experiencing a homely environment, with warm and compassionate care that meets and upholds an individual's rights. This resource takes account of the Health and Social Care Standards, which are person led and describe what someone living in a care home and experiencing care should expect from that care and the environment. In collaboration with key stakeholders, we are taking the opportunity to review Building Better Care Homes for Adults to take account of learning from the pandemic.

The quality frameworks for inspections for care homes for adults and older people is primarily a framework for self-evaluation for services. Within the framework key question 4 is "How good is our setting"

4.1. People benefit from high quality facilities
4.2. The setting promotes people's independence
4.3. People can be connected and involved in the wider community

While this covers the physical environment being safe and clean, it also covers other aspects of health and wellbeing. The key question links directly into the Health and Social Care Standards ensuring that the environment contributes to quality of life and enables people to live full and meaningful lives in an environment that is their home.

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?**

We carried out an inquiry into care at home and housing support services during the COVID-19 pandemic, publishing the report on 24 September. The inquiry focused on five key themes:

- How services were prioritised during the COVID-19 pandemic
- The known impacts on people who experienced care
- Risk management arrangements to mitigate the risks to service delivery
- Partnership working arrangements
- Recovery planning for services

The methodology has been based around surveys and engagement with Health and social care partnerships and providers who engaged very positively with the enquiry activities.

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

A total of 393 complaints were received about standalone Support Service - Care at Home and combined Housing Support/Care at Home services between 1 April and 26 August 2020. The sources of those complaints included those receiving services, their relatives and staff members. These concerned a range of issues, including communication, staffing, and the consistent application of policies and procedures.

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?**

The Care Inspectorate looks at commissioning and procurement by health and social care partnerships and this forms part of strategic inspections. Prior to the pandemic, we were working to develop a methodology that brought our regulation of commissioning and procurement and services commissioned in health and social care together. This will enable us to look more closely at outcomes of commissioning and procurement, and we are still committed to take this forward. When we inspect individual services we are aware that looking at this in isolation of commissioning and procurement is not satisfactory as this has a direct impact on service delivery. Scotland Excel has worked to identify fair working practices and the cost of services but it is not compulsory for partnerships to use their framework. The responsibility for fair work sits with the partnerships.

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?**

The Care Inspectorate's autonomous leadership role is defined in the Public Services Reform (Scotland) Act 2010, which established the Care Inspectorate as Social Care and Social Work Improvement Scotland. This statutory framework defines the role, powers and duties discharged by the Care Inspectorate as an independent body. This means that we report our findings as an independent body, using quality improvement frameworks and standards in order to assess the quality of care provided by services.

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?**

As described in our submission to the Committee and answers to previous questions, we will continue to undertake the roles described in this question. The evidence that we gather is powerful in its description of services and what is required to change or improve. We use that evidence to take immediate action where we identify concerns, up to and including enforcement activity. That will continue to be at the core of our organisational response. We rapidly adapted

our model of operation in response to the pandemic and continue to do so. We will actively engage in the drive towards further improvement of care services in Scotland.

We believe our contribution to the independent review of adult social care will be critical. We will continue to apply our resources and powers across registration, inspection, improvement support and enforcement to support services and drive improvement and innovation across the sector.

I trust that you will find that the responses provided cover the points raised in all of the questions. Please do not hesitate to let me know if I can provide any further information to assist the committee.

Yours sincerely

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