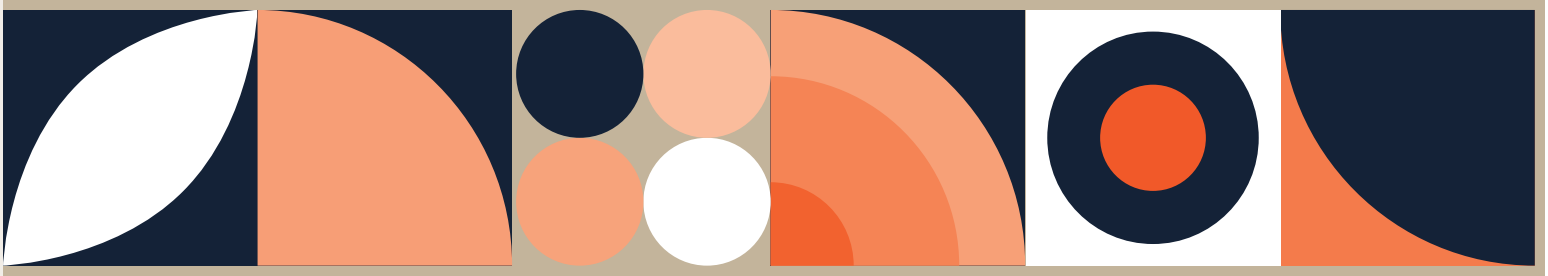
care inspectorate

REVISED SCRUTINY, ASSURANCE AND IMPROVEMENT PLAN 2020-21



HAPPY TO TRANSLATE®

Preface

When we submitted our Scrutiny, Assurance and Improvement Plan 2020-21 to Scottish Ministers for approval in February 2020, no one could have predicted how different the world would look less than a year later.

At the beginning of March 2020, we acted quickly to change our approach to scrutiny and improvement support and implement different approaches in order to keep people safe in the face of the escalating pandemic. Given the evident risk that our staff could transmit or spread COVID-19 in services, we took the decision, with advice from directors of public health (DsPH) that it would have been untenable to continue with on-site inspections at that time. Our approaches to scrutiny and improvement support evolved and we developed new and enhanced ways to support the care sector and to provide assurance to the public. We significantly increased levels of contact with services and continued our monitoring and oversight activity. For the first time, oversight also included contact with services through Near Me video consultation and observation that enabled us to examine services' environments, systems and practice.

We continued to encourage people to raise concerns and complaints with us and take appropriate action where needed to ensure guidance and procedures are followed and people are kept safe and their needs met. Any child or adult protection concerns are referred to police and social work services, and we work closely with them, taking part in any multi-disciplinary meetings that are necessary.

We began targeting on-site inspections and taking robust action, including enforcement where the intelligence deemed it necessary to do so. This is done in a strictly risk-assessed way, with inspectors rigorously following infection prevention and control guidance before, during and after visits to keep themselves and care homes safe.

We have augmented our quality frameworks, which we use as scrutiny tool and which services use for self-evaluation, by including a new key question designed to focus on how services are responding to COVID-19 and practising infection prevention and control.

An enhanced system of assurance for care homes was established and is led by health boards and directors of public health with whom we have had joint agreement to carry out service visits. As the national regulator of social care, we have the power, duty and authority to enter services if it is assessed necessary to do so.

We have been working closely with directors of public health, health and social care partnerships (HSCPs) and local clinical oversight teams led by directors of nursing, to jointly assess circumstances within each and every care home in Scotland. We come to joint decisions on those care homes that need further intervention, to provide the right support from a range of specialists including infection prevention and control experts, community nursing, GP services and inspection.

To date, we have published two overview reports on COVID-19 and how it has impacted the care sector: The Care Inspectorate's role, purpose and learning during the COVID-19 pandemic; and Delivering care at home and housing support services during the COVID-19 pandemic. It is crucial that we build, understand and share the whole picture of how COVID-19 is impacting the care sector, and that we are all able to learn the lessons and adapt accordingly. We will continue to gather, interrogate and analyse intelligence to inform future reports that we will publish in due course.

Other bodies will also be carrying out their own research and inquiries into the impact of the pandemic, an early example of which is Public Health Scotland's report on discharges from NHS hospitals into care homes, and we pay close attention to these, drawing learning and insight from their findings.

We continue to adapt our approach to oversight as we take the learning from the pandemic through reflections, for example from root cause analysis and listening to the voice of care workers and people experiencing care.

We are also working with other bodies and strategic groups including Scottish Government, directors of public health, the national contingency planning group (now merged with the pandemic response in adult social care group), the Chief Medical Officer's clinical and professional advisory group, the care home rapid action and intelligence group (now known as the pandemic response in adult social care group), health and social care partnerships, and Scottish Care to ensure the rapid and cohesive response that Scotland requires, and we must all deliver.

What's next?

Different approaches to scrutiny and improvement support

We know that our approaches to scrutiny and improvement support need to continue to evolve during the pandemic. We are very aware that providers will be considering how they balance the needs, choices and rights of people they support with infection prevention and control measures. We must also find this balance. It is everyone's right to have the best quality of care and, through our work, we will support and encourage providers to improve their services so that adults and children across Scotland are able to realise their potential and live well. Where it is necessary, we will take action.

A blended approach to scrutiny

As part of an enhanced system of assurance for care homes, we are continuing on-site inspections of services identified as being high risk, taking robust action when required. We are doing this in an intelligence and risk-assessed way and our inspectors are rigorously following infection prevention and control guidance before, during and after visits in order to keep residents and staff in care homes and themselves safe.

Intelligence

During the pandemic, we have broadened and enhanced the way we gather, analyse and share data and intelligence about services. This includes intelligence gathered from scrutiny and oversight of services, and gathering information from public health and other agencies. This allows us to assess more accurately the quality of care and improvements required and determine priorities from all the available intelligence to determine the focus of our work. We will continue to progress and develop our intelligence-led, risk-based and proportionate approach to all that we do.

1. Introduction

Each year, in accordance with Section 54 of the Public Services Reform (Scotland) Act 2010, the Care Inspectorate must prepare a plan for carrying out inspections in line with best regulatory practice and the agreed budget. The plan must set out arrangements for inspections to be carried out (including inspections of those services subject to self-evaluation (S.54 (2) (a)). It may make different provision for different purposes (S. 54(2) (b)). In preparing the plan, the Care Inspectorate must have regard to any guidance issued by Scottish Ministers. The plan must be kept under review and may, from time to time, be revised to reflect risk. The Care Inspectorate will seek ministerial approval for this plan and any updates to it. Our Scrutiny, Assurance and Improvement Plan for 2020-21 was submitted to, and approved by Scottish Ministers in February 2020. The purpose of this revised scrutiny assurance and improvement plan is to outline how we have deviated from the original plan submitted in February 2020 in order to respond effectively to the COVID-19 pandemic and set out as best we can our revised plan for the next six months until 31 March 2020.

The pandemic is far from over and clearly there is still significant uncertainty in how it might impact on our work during this period and beyond, not least on our ability to enter and inspect care services and care homes in particular. Nationally and internationally, infection rates (the 'r' number) is rising and some restrictions on public life are being re-imposed or tightened, albeit on a more localised/geographic basis. Like other public bodies and organisations, the pandemic has had a significant impact on our own staff, and this continues to be the case. It is therefore difficult to plan in these circumstances with any degree of certainty. While it is not possible to return to pre-COVID-19 business as usual approaches when there remains such uncertainty, the proposals outlined in this plan are targeted, proportionate and risk-based, and intended to support the national response to COVID-19 in the best way we can.

2. How we have changed what we are doing

2.1 On-site inspections

We are targeting on-site inspections and taking robust action including enforcement where the evidence deems it necessary.

We have radically changed the way we prioritise our inspections and target our resources, using learning from the COVID-19 outbreak. This involves gathering intelligence from, and greater collaboration with, public health, clinical support and oversight teams, and health and social care partnerships.

Our approach to scrutiny, assurance, intervention and support is balanced against the considerable public health risk that continues during this pandemic.

2.2 Enforcement action

Following on-site inspection, we may issue a letter of serious concern to formally document and share with the provider those matters requiring immediate action that must be fully addressed; usually within 48 hours (72 hours at a weekend). Up to the week commencing 26 October we have issued 27 letters of serious concern.
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We may also take formal enforcement action by issuing an improvement notice. Up to the week commencing 26 October 2020, we have issued nine improvement notices.

2.3 Follow-up inspections

What has been particularly effective in our response to the COVID-19 pandemic is the way in which we have undertaken follow-up inspection visits quickly when significant concerns were identified, often within a few days and sometimes repeatedly over a period of weeks until the required improvements are not only made but sustained over time. While this is resource intensive and more limiting on the overall number of inspections we can undertake (particularly if we continue to count inspections as we have always done; by the number of reports) it has demonstrated unequivocally the power and effectiveness of inspection as a diagnostic tool as well as a key driver of improvement in the quality of care and thereby the safety, protection and wellbeing of people.

2.4 Fortnightly reports to the Scottish Parliament on Care Inspectorate inspections

In accordance with Paragraph 22 in Part 9 of Schedule 1 to the Coronavirus (Scotland) (No.2) Act 2020, which came into force on 27 May 2020, the Care Inspectorate must lay before Parliament a report every two weeks setting out:
(a) which care home services it inspected during those two weeks
(b) the findings of those inspections.

The first report was laid on 10 June 2020. By Wednesday 28 October 2020, we had published 11 reports and we continue to produce these reports as required by the Act.

To meet the duties imposed by the Act and to comply with associated guidance, the Care Inspectorate must focus and report on infection prevention and control, personal protective equipment (PPE) and staffing. Consequently, we have amended our quality framework for care homes to support this process. This enables us to focus on these areas while also considering the impact on people's wellbeing. This framework supports openness and transparency, and helps to ensure a fair and consistent approach, including in any evaluations we make.

To support our inspections under these circumstances, we have developed inspection tools on wellbeing, infection prevention and control, and staffing that have been agreed with Health Protection Scotland and Healthcare Improvement Scotland. Some of our inspections have been undertaken with inspectors from Healthcare Improvement Scotland and NHS public health staff. We have taken account in all inspections of the scrutiny intelligence we have, including previous inspections, complaints made to us, notifications made by the services, and information shared with us by health and social care partnerships and directors of public health for the relevant local authority areas.

We have augmented our quality framework by creating an additional key inspection question with associated quality indicators. This reflects our current inspection focus on service performance in relation to COVID-19 infection prevention and control, PPE, staffing and people's wellbeing.

Up to week commencing 26 October 2020, we had undertaken 343 on-site inspection visits covering 205 services. In all cases where we identify significant concerns, we carry out follow-up inspection visits and report on improvements. In some services, we have carried out several follow-up visits to ensure improvements are made and sustained over time.

Notwithstanding the fortnightly report to the Scottish Parliament, we continue to publish more detailed, individual inspection reports that follow our normal

publication protocols. For these, we normally work to a target of 20 days for a draft report to be sent to a provider for a factual accuracy check, but during the COVID-19 pandemic we have reduced that to publication in around ten days.

The publication of the fortnightly parliamentary reports together with much quicker publication of the full reports has been generally well received, but this is extremely time consuming and challenging for our staff. While we will continue to do this in accordance with the emergency legislation, scaling up our scrutiny and assurance activity will make this even more challenging. The fortnightly parliamentary reports will get much longer and become even more difficult to manage effectively in the course of a fortnightly cycle. If this requires to be continued after 30 September 2020, we will need to review and reduce the level of detail in the fortnightly report to make it more manageable. Unless we do so, it will impact on our ability to undertake and manage scrutiny effectively, and potentially compromise the quality of that and associated reports.

2.5 Performance reporting

Our current practice is to measure our performance by counting inspections by the number of published reports. For example, one service was visited and inspected on five separate occasions over an eight-week period, but for recording purposes that counts as one inspection. This method of counting does not truly reflect the scale of our work and we are proposing to address that in line with our new business model outlined in our Corporate Plan 2019-22 and as detailed below.

In a similar vein, it is important to note that the statutory interpretation of what defines an inspection is much wider than has hitherto been applied by the Care Inspectorate and its predecessor body, the Care Commission. The Care Inspectorate is empowered to design its own approaches to furthering improvements in social services, including designing what constitutes an inspection. The need for broad ministerial approval for a plan of inspections notwithstanding, Section 53 of the 2010 Act describes a very wide range of purposes for which an inspection may take place, including:

(a) reviewing and evaluating the effectiveness of the provision of the services
(b) encouraging improvement in the provision of those services
(c) enabling consideration as to the need for any recommendations to be prepared as to any such improvement
(d) investigating any incident, event or cause for concern
(e) enabling consideration as to the need for enforcement action
(f) reviewing and evaluating the extent to which a social service is complying with the integration delivery principles and contributing to achieving the national health and wellbeing outcomes.

Our current approach to defining an inspection has been largely drawn from (a) above, with other areas secondary components of it. However, the primary purpose

of an inspection may also be any of the others (b-f) above undertaken separately or together and without necessarily progressing (a) at the same time. In other words, an inspection could consist of simply reviewing and evaluating the effectiveness of a service as in (a). However, a separate visit to the service to encourage improvement; monitoring visits to check progress in making improvements; or investigating a complaint could also be considered as separate inspections. This opens up a much wider field of thinking about what our interactions with care services might look like, and what the associated methodology may be, and is reinforced by Section 53 (2A) (5) of the 2010 Act, which clarifies that "an inspection may, subject to any regulations made under section 58, take such form as SCSWIS considers appropriate".

This is another example of how we need to radically change our approaches and be more flexible and responsive, including in meeting the challenges arising from the COVID-19 pandemic and beyond, and to better reflect in the reporting of our performance all that we do. We are also proposing to address this in line with our new business model outlined in Corporate Plan 2019-22 and as detailed below.

2.6 Moving forward in the context of the COVID-19 pandemic

As well as considering the ongoing impact of COVID-19 on our work and our communities, the onset of winter will undoubtedly present new challenges and new risks, particularly to the most vulnerable. We need to consider the potential impact the influenza viruses may have in a COVID-19 context on social work and social care services and their partners, staff in those services, our own staff and most importantly people who use services, their families and carers. Our scrutiny and assurance plan needs to be flexible and responsive to this and therefore dynamic.

We need to be able to identify and respond to risks in individual services however they may be identified, but also be able to use our scrutiny and improvement support activities in the most effective and efficient way we can; not only to continue providing robust assurance and supporting improvement in the quality of care, but to support services to prepare for the onset of winter and where possible, reduce risks to people who use services. Such approaches need to adhere to our now well-established principles of being targeted, proportionate, intelligence-led and risk-based. In order to make the best use of our resources during a time of increasing demand, that means different approaches for different services and service types.

We also need to continue working collaboratively with providers of services and scrutiny and delivery partners to maximise our collective efforts and the impact we have. During the COVID-19 pandemic, we have already significantly strengthened our collaborative approaches with, for example, Healthcare Improvement Scotland, public health staff and health and social care partnerships, particularly in the areas of sharing information and intelligence, but also in joint inspections. We continue

to recognise the unique skills, knowledge and experience that those partners bring. These assets complement those of our own staff who are themselves highly skilled, knowledgeable and experienced in health, social work and social care, and uniquely placed to develop and deliver scrutiny assurance and improvement support. We will continue to build and strengthen these partnerships but recognise they may have competing priorities that may limit this, particularly if they are responding directly to COVID-19 outbreaks and other public health situations.

It important that we continue to work closely with, albeit independently from, Scottish Government ministers and officials to ensure that our scrutiny, assurance and improvement support is not only flexible and responsive to a rapidly developing and changing context, but aligned to Scottish Government policy. It is also important that our scrutiny findings continue to inform the development, implementation and review of policy. Our collaborative arrangements have been strengthened during the past six months; we value and recognise the importance of maintaining this and commit to further strengthening those arrangements where possible.

We will continue to attach a high priority to working with the many other bodies and strategic groups that we regularly engage with, to ensure the rapid and cohesive response that Scotland requires, and we must all deliver.
These bodies include:

- the Scottish Social Services Council (SSSC)
- Audit Scotland
- Her Majesty's Inspectorate of Constabulary in Scotland (HMICS)
- Education Scotland
- Her Majesty's Inspectorate of Prisons for Scotland (HMIPS)
- the Chief Medical Officer's clinical and professional advisory group
- the pandemic response adult social care group (PRASCG)

and representative bodies such as Scottish Care, the Coalition of Care and Support Providers in Scotland (CCPS) and the Scottish Childminding Association (SCMA)

2.7 Public reporting of inspections

In developing a more flexible and responsive approach to scrutiny, assurance and improvement support, we have given due regard to Section 57 of Public Services Reform (Scotland) Act, 2010, which requires us to report publicly on any inspection intervention.

Section 57 states that where an inspection has been completed, the Care Inspectorate must prepare a report on the matters inspected and must without delay send a copy of that report to the person providing the service that has been inspected. It follows, therefore, that if we take a wider view of what constitutes an

inspection, as we are entitled to do by virtue of section 53 (detailed above) then we must produce a report, however we already do that in one form or another.

In terms of section 57(2) of the Act, it is important to note that we are required to make copies of the report available for inspection at our offices by any person at any reasonable time, and we must take such other steps we consider appropriate to publish the report. The proposal outlined in this draft amended plan is aligned to these provisions, which helpfully create a 'footprint' of all our scrutiny, assurance and improvement activities in the particular service(s) to which they relate. The approaches outlined in this plan aim to provide strong public assurance that we have 'eyes and ears' in services in one form or another, despite the challenges the pandemic presents.

3 What we are proposing to do:

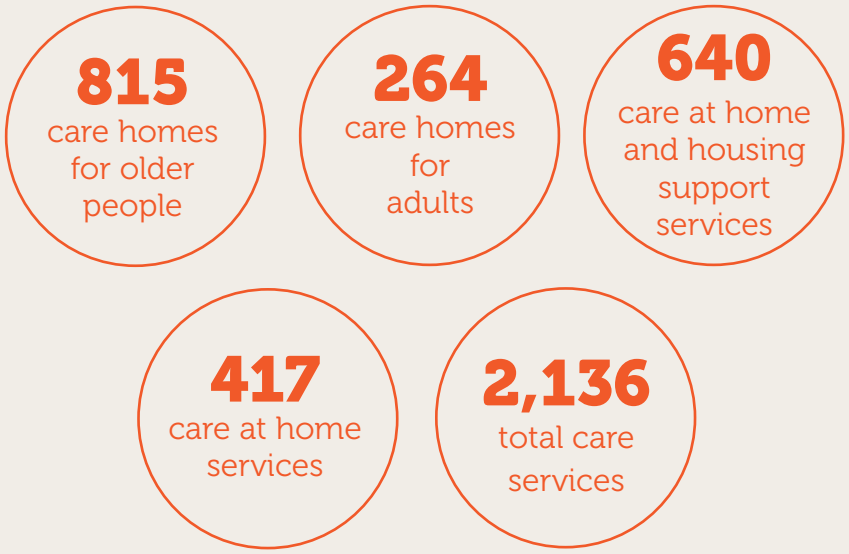
Scrutiny, assurance and improvement support, September 2020 to 31 March 2021

3.1 Regulated care services for adults

The Care Inspectorate is in a unique position to use learning from the pandemic and our overall scrutiny and assurance functions to:

- continue to respond to identified risks in individual services
- continue to provide independent assurance about the quality of care
- support services to prepare for winter.

As at 31 July 2020, there are the following numbers of registered services for adults.



Between 1 May 2020 and and 26 October 2020, we inspected 205 registered care homes for older people and three care homes for adults. These numbers continue to increase week on week as we carry out our inspections.

3.2 Prioritising inspections

It is not possible to inspect all 2,136 services in the conventional way over the course of the next six months. We need to do things differently by taking a targeted, intelligence-led and risk-based approach to achieve the greatest impact and make the best use of our resources, which may change over time. The different approaches can be broadly described as scrutiny, assurance and improvement interventions. Whatever approach is taken, it will be determined by an assessment of risk that is based on the intelligence we have.

Broadly speaking, we will continue as we have been doing to prioritise all care homes for older people over care homes for adults and care at home and housing support services unless there is an identified risk in any of those care homes for adults or care at home and housing support services.

That risk may surface in a number of ways, for example through our own intelligence, notifications or complaints, or through information shared with us by others such as health and social care partnerships that have a role in compliance and monitoring of the services they commission, or from public heath staff.

We will prioritise on-site inspections in:

- services where an immediate risk is identified
- services needing follow-up inspections to ensure urgent improvements required are made and sustained
- larger care homes over smaller services
- those linked to COVID-19 outbreaks
- those with a poor or inconsistent regulatory history
- those with grades of adequate and below.

Note: While we are prioritising services for inspection by service type, for example care homes for older people, there is sufficient flexibility detailed above and below for inspectors and their managers to prioritise inspections of care homes for adults, and housing support and care at home services ahead of care homes for older people if they are considered to be high or immediate risk.

Immediate risk is most likely to be identified through intelligence, including complaints, notifications or that which is shared with us by others. Experience has shown us that the risks arising from COVID-19 are greater in larger care homes.

We will continue to work collaboratively in this regard, including undertaking joint inspections as necessary with Healthcare Improvement Scotland, health and social care partnerships and public health teams as we currently do. We will work with Healthcare Improvement Scotland to review the number of inspections that they are able to undertake with us and how we prioritise their involvement.

Taking account of our learning and inspection evidence during the COVID-19 pandemic, we will have a particular focus on:

- laundry management
- domestic cleaning staff/products used
- infection prevention and control practice and learning
- use of PPE/disposal of waste
- how to adapt and support people with social distancing
- supporting wellbeing and staying in touch
- management of uniforms.

This is consistent with what we are required to do and is in addition to our overall assessment of wellbeing, and any specific matters that we deem necessary to follow up from the intelligence we have or from previous inspections.

We will continue to evaluate the following quality indicators (QIs) when we carry out an on-site inspection in the above circumstances.

QI 7.1 People's health and wellbeing
QI 7.2 Infection prevention and control practices
QI 7.3 Staffing arrangements

3.3. Alternatives to on-site inspections

Our adults and improvement support teams have developed a proposal to plan for winter using a range of scrutiny and improvement support approaches. We will update our scrutiny assessment tool (SAT) to help identify the best scrutiny, assurance or improvement intervention for each service based on an assessment of the intelligence and risk.

As well as the on-site inspections described above, we will:

- use technology-enabled virtual visits (Near Me) to 'inspect' care services and publicly report these as an inspection
- undertake targeted/stand-alone improvement support work and report these as an inspection as provided for in the legislation and/or as part of our monthly performance reporting.
- include a review and evaluation of quality indicator 7.2: Infection prevention and control practices in any on-site improvement support meeting in a care service.

We will report on all our scrutiny, assurance and improvement support work and not just those services that receive an on-site inspection (See section on public reporting at 2.7 above).

Broadly speaking, we will prioritise services for a virtual visit or targeted/stand-alone improvement support work if they are:

- better performing
- low risk.

The well-established role of team managers acting as relationship managers with health and social care partnerships and large national providers has been strengthened during the the past six months to include their participation in the multi-disciplinary 'safety huddles' (meetings) and care home provider forums. We plan to strengthen this role further to encompass provider assessments. As well as sharing and discussing with providers performance across all services in their portfolio as we already do, we will share and discuss findings from inspections

generally and seek assurance that the providers are taking appropriate action across all of their services.

3.4 Complaints

We will continue to look closely at information we receive through our complaints procedure about people who are not receiving good care or who have concerns about their care or the care of their loved ones, whether or not that is related to the COVID-19 pandemic.

We have recommenced some on-site complaint inspections and the evidence from these shows that we still need to fulfil our statutory duty to respond to complaints we receive and ensure people receive good-quality, safe and compassionate care. We need to balance our other inspection work with our legislative responsibilities to investigate complaints in accordance with our complaints procedures. Recently increased visits to care homes by family and friends may well increase the number of complaints that we receive in the coming months. We need to ensure that complaints are addressed properly and in good time. Complaints are a key element of our overall intelligence and provide a valuable source information about how well a service is operating. They provide us with specific information, which enables us to look at individual care delivery and, in most cases, evidences the experience of a wider group of people in the service. It enables an independent investigation and evaluation of a particular situation and allows us to give assurance to people using services, their families and the public when we publish the outcome of a complaint. It also allows people who are concerned about their own or their loved one's care to make a complaint confidentially, so the service is not aware who has made it.

In order to maximise the opportunities to provide assurance, support improvement and preparedness for winter while progressing an on-site complaint investigation, we will, during that on-site investigation, review and evaluate quality indicator 7.2: Infection prevention and control practices.

We will report on that as a separate inspection as already provided for in the legislation. (See section on public reporting at 2.7 above.)

3.5 Registration and variations

In order to maximise the opportunities to provide assurance, support improvement and preparedness for winter while progressing any on-site registration or variation visit to a service, we will during that on-site visit:

- review and evaluate quality indicator 7.2: Infection prevention and control practices.

We will report on that as a separate inspection as already provided for in the legislation. (See section on public reporting at 2.7 above.)

3.6 Care homes for adults

People with learning disabilities are at increased risk from COVID-19 and while we have seen outbreaks in care homes for adults, we have not seen the same number of deaths. These homes tend to be small and more able to support people to self-isolate and socially distance.

All care homes for adults will be subject to an ongoing, dynamic assessment of risk by case holdings inspectors as is normal practice.

Notwithstanding the overarching prioritisation detailed above in section 3.2 Prioritising Inspections, if we identify the need to inspect individual services sooner because of the level of risk identified, or should the resourcing allow us to begin inspections of these services more generally, for example after all the care homes for older people have been covered, we will inspect those through either an on-site or virtual ('Near Me') visit according to the level of risk and intelligence we hold and determined by application of our scrutiny assessment tool (SAT).

As with care homes for older people, if we carry out any on-site complaint, registration, or improvement support visit, we will review and evaluate quality indicator 7.2: Infection prevention and control practices and report on that accordingly.

For better performing, low-risk services we will develop an improvement support session around infection prevention and control guidance and good practice.

It should be recognised that continuing to prioritise and focus on care homes for older people as detailed in section 3.2 above means that the time between inspections of care homes for adults will increase. There is, therefore, a much greater reliance on individual inspectors, and our intelligence capacity and capability to identify and respond effectively and in good time to risks that develop in individual services or at a corporate provider level. This approach is, however, consistent with a commitment to scrutiny and assurance that is targeted, proportionate, intelligence-led and risk-based, and makes best use of our resources.

3.7. Housing support and care at home

Housing support and care at home services have been affected by COVID-19 and have tragically experienced some deaths. This type of service is hard to inspect during the COVID-19 pandemic as we cannot enter people's homes, where these services are delivered. The services impacted the most tend to be large services registered as housing support and care at home. It is a service type with a mobile workforce, which presents specific challenges in terms of infection prevention and control practice.

All housing support and care at home services will be subject to an ongoing, dynamic assessment of risk by case holding inspectors as is normal practice.

Notwithstanding the overarching prioritisation detailed above in section 3.2 Prioritising Inspections, if we identify the need to inspect individual services sooner because of the level of risk identified or should the resourcing allow us to begin inspections of these services more generally, for example after all the care homes for older people and adults have been covered, we will inspect those through either an on-site or virtual ('Near Me') visit according to the level of risk and intelligence we hold and determined by application of our scrutiny assessment tool (SAT).

As with care homes for older people, if we carry out any on-site complaint, registration, or improvement support visit, we will review and evaluate quality indicator 7.2: Infection prevention and control practices and report on that accordingly.

For better performing, low-risk services, we will develop an improvement support session around infection prevention and control guidance and good practice.

As with care homes for adults, it should be recognised that continuing to prioritise and focus on care homes for older people as detailed in section 3.2 above means that the time between inspections of housing support and care at home services will increase. There is, therefore, a much greater reliance on individual inspectors and our intelligence capacity and capability to identify and respond effectively and in good time to risks that develop in individual services or at a corporate provider level. This approach is, however, consistent with a commitment to scrutiny and assurance that is targeted, proportionate, intelligence-led and risk-based and making best use of our resources.

We have concluded an inquiry into care at home and housing support services during the COVID-19 pandemic involving all 31 health and social care partnerships in Scotland focusing on:

- decision making about and prioritisation of care at home and housing support services to be delivered
- monitoring of impact of any changes to care and support packages delivered
- engagement and partnership working with providers
- contingency planning for potential impact of test and protect strategy
- recovery plan for care at home and support services.

We will use that information to determine any scrutiny response that might be necessary.

3.8 Regulated care services for children and young people

The re-opening of early learning and childcare (ELC) in August has seen us refocusing our scrutiny and assurance responses to align with that.

The Scottish Government asked the Care Inspectorate to consider how assurances can be sought that the provision of services is in line with the national guidance. In response to this, we have issued for completion a self-evaluation tool for ELC settings, including out of school care and childminders. This has been developed to support settings to assess how well they are supporting children and families within the context of COVID-19.

Settings will not be asked to submit a completed self-evaluation to the Care Inspectorate until requested. Instead, inspectors are requesting the completed document on a risk and sampling basis. This work commenced in August and will continue.

We will use the completed self-evaluations to assess how well the setting is managing the situation and assess whether further scrutiny is required. If there is no further scrutiny work undertaken, an assessment of the self-evaluation will be sent to the setting and may be shared with the local authority if they are providing funded ELC. We will work to develop a system to make the assessment available on the Care Inspectorate's website. We will not apply evaluations from our grading scale to the self-evaluation assessment.

In addition to this, we will begin to scale up other scrutiny and assurance activities that mirror approaches described above for adult regulated care services. This will be a combination of on-site inspections and virtual visits.

We will prioritise on-site inspections in:

- services where an immediate risk is identified
- services needing follow-up inspections to ensure urgent improvements required are made and sustained
- residential care services for children and young people
- those linked to COVID-19 outbreaks
- those with a poor or inconsistent regulatory history
- those with grades of adequate and below.

The immediate risk is most likely to be identified through intelligence, including complaints, notifications or that which is shared with us by others.

We will continue to work collaboratively in this regard, including undertaking joint inspections as necessary with Education Scotland.

In July 2020, we published a self-evaluation tool for early learning and childcare settings, including out of school care and childminders, during COVID-19. It includes key question 5: How Good is our care and support during the COVID-19 pandemic?

This key question has three quality indicators:

QI 5.1: Children's health and wellbeing are supported and safeguarded during the COVID-19 pandemic.
QI 5.2: Infection prevention and control practices support a safe environment for children and staff.
QI 5.3: Staffing arrangements are responsive to the changing needs of children during COVID-19 (not applicable to childminding services who do not employ assistants).

Where we undertake an inspection of an ELC setting during this period, this key question will form all or part of that inspection, depending on the level of assurance and scrutiny undertaken. The Health and Social Care Standards will continue to apply and will be referenced as appropriate.

3.9. Alternatives to on-site inspections

We will update our scrutiny assessment tool (SAT) to help identify the best scrutiny, assurance or improvement intervention for each service based on an assessment of the intelligence and risk.

As well as the on-site inspections described above, we will:

- use technology enabled virtual visits (Near Me) to 'inspect' services and publicly report these as an inspection
- undertake targeted/stand-alone improvement support work and report these as an inspection as provided for in the legislation and/or as part of our monthly performance reporting.
- include a review and evaluation of quality indicator 5.2: Infection prevention and control practices support a safe environment for children and staff, in any on-site improvement support meeting in a care service.

We will report on all our scrutiny, assurance, and improvement support work and not just those services that receive an on-site inspection (see section on public reporting at 2.7 above).

Broadly speaking, we will prioritise services for a virtual visit or targeted/stand-alone improvement support work if they are:

- better performing
- low risk.

3.10 Complaints

There are far fewer complaints about regulated care services for children and young people compared to services for adults and older people. Nevertheless, we will continue to look closely at information we receive through our complaints procedure about children and young people, whether or not that is related to the COVID-19 pandemic.

We have recommenced on-site complaint inspections in adult services and will do the same in services for children and young people if this is determined to be necessary through an assessment of risk.

In order to maximise the opportunities to provide assurance, support improvement and preparedness for winter while progressing an on-site complaint investigation, during that on-site investigation we will include a review and evaluation of quality indicator 5.2: Infection prevention and control practices support a safe environment for children and staff.

We will report on that as a separate inspection as already provided for in the legislation. (See section on public reporting at 2.7 above).

3.11 Registration and variations

In order to maximise the opportunities to provide assurance, support improvement and preparedness for winter while progressing any on-site registration or variation visit to a service, during that on-site visit we will include a review and evaluation of quality indicator 5.2: Infection prevention and control practices support a safe environment for children and staff.

We will report on that as a separate inspection as already provided for in the legislation. (See section on public reporting at 2.7 above).

3.12 Improvement support team

As part of the overall scrutiny, assurance and improvement support for regulated care services over the course of the next six months, particularly in relation to preparedness for winter, the improvement support team can offer a tiered approach to services that would be determined by an assessment of risk.

Tier One: Webinars signposting resources and sharing information

A total of eight regional webinars, four of which would be targeted to care homes for adults and older people and four targeted to care at home and housing support services with capacity for 120 participants at each webinar.

Total of 960 services reached if one person comes from each service.

Tier 2: Self-evaluation and key question 7 (see section 3.2)

A total of eight webinars comprising:

- two national webinars for care homes for adults and older people (120 participants)
- two national webinars for housing support and care at home services (120 participants)
- four regional webinars of joint sessions for more discussion and support (60 participants at each.

Total of 480 (care homes and care at home) services if one person comes from each service.

Tier 3: Topic and service type specific webinars

Each webinar will host 60-100 participants, depending on the technology and the subject matter to be discussed, which will dictate the format of the session.

Three sessions could average a total attendance of 250 (care homes and care at home) services if one person comes from each service.

The scale and frequency of webinars will be dictated by the capacity of the improvement support team and whether any additional staffing is approved until 31 March 2021.

Identification of the care homes invited to participate will be determined by an assessment of risk and geared towards low-risk, better-performing services that would need to be identified by the intelligence team working closely with inspection colleagues and the improvement support team.

However, it must be noted that this will not provide any opportunity to give assurance in terms of either assessing the current practice in relation to COVID-19, evaluating wellbeing or identifying any risks in individual services. It will not count as an inspection and there will be no record of this on our public website. However, our improvement support team will keep a record of services and the named individual who attends each event, and record that in our regulatory management system (RMS) against the relevant service.

Our improvement support team will work closely with colleagues from our scrutiny and assurance directorate to deliver a COVID-19 response and a winter preparedness improvement collaborative across Scotland that invites all services from adult social care to participate. The collaborative model will be used regionally to support care homes and care at home services to prepare for winter and to understand and implement the COVID-19 guidance from national bodies such as Health Protection Scotland and the Scottish Government into their settings.

The improvement support team will work with inspection teams, taking an intelligence-led approach to ensure the level of improvement support is appropriate for service types and individual services. Key areas identified through inspection and self-evaluation will form the foundation of the improvement support offered and the production of bite-size improvement support resources and a COVID-19 toolkit.

3.13 Strategic scrutiny

We suspended our strategic scrutiny around mid-March 2020 as we began to implement our contingency plans in response to the COVID-19 pandemic. At that time, inspections were at various stages, ranging from formal announcement to field work and prereporting. For example, the joint inspection of services for children and young people in Midlothian was in the latter stages and the report was able to be progressed and published on 1 September 2020. Others had to be suspended without the necessary fieldwork having been completed, for example the adult support and protection inspection of Inverclyde. Although we suspended inspections, our strategic inspectors have continued to maintain contact with partnerships throughout the pandemic.

Most of these inspections rely on a methodology that involves taking groups of inspectors and others to different parts of the country, usually with a need to stay away for days at a time, working in other people's premises and doing activities that bring people together in sizeable groups. None of this sits easily with social distancing. Consequently, we have been developing an approach that will allow us to read records without necessarily going to the health and social care partnership's local authority area. However, it will still involve a team of people going to an office of some kind, either a Care Inspectorate office or other office. The team would be accessing records online, sitting alone in a room or in a large space with others, physically distanced. This of course is not risk-free.

There remain significant IT and protocol issues to be resolved but we think we may be able to overcome these. If we are able to do so, it should help us progress a range of activity for other strategic scrutiny models, but we have to be realistic as the pandemic is far from over and national, regional and local restrictions may continue to limit what we are able to do. We must also be conscious of the impact of our scrutiny on services and staff who are already stretched and potentially overstretched in responding to rapid change.

Detailed below is a summary of the current position and plans, although these may change quickly relative to the national response to the pandemic, in particular the Scottish Government's route map.

3.14 Joint inspection of services for children

We have not yet set a date to resume the joint inspections of children and young people in need of care and protection. These inspections involve file reading on a multi-disciplinary basis, and on a larger scale than some other inspections. We are in discussion with Scottish Government policy officials and its Promise Fund team about this to consider how we might adapt our scrutiny approaches to take account of the findings of the Independent Care Review that reported earlier this year.

We are engaging with Stirling and Clackmannanshire health and social care partnership to explore how we make best use of the work it had done for an inspection that had just started in March when we had to suspend it.

We need to be mindful that in terms of restarting these inspections, we are committed to giving the partnership 12 weeks' notice that would be applicable for an inspection not yet formally started. As these are joint inspections with HIS, HMICS and Education Scotland, we also rely on them to be able to resource them.

Our joint inspections team continued to work on a report of the findings from joint inspections of services for children and young people in need of care and protection 2018-2020 and that report was published on 22 September 2020.

We continue to discharge our responsibilities for significant case reviews of children and young people, and deaths of looked after children, in line with the National Hub for the Prevention of Child Deaths established by the Scottish Government earlier this year.

Healthcare Improvement Scotland, in collaboration with the Care Inspectorate, is a co-host of the National Hub for Reviewing and Learning from the Deaths of Children and Young People.

The aims of the National Hub are to:

- ensure that the death of every child in Scotland is subject to a quality review
- develop methodology and documentation to ensure all deaths of children and young people, that are not subject to any other review, are reviewed through a high quality and consistent process
- improve the quality and consistency of existing reviews
- improve the experiences and engagement with families and carers
- channel learning from current review processes across Scotland that could direct action to help reduce preventable deaths.

3.15 Joint inspections of health and social care integration

The focus of our scrutiny activity in adult services changed in line with the requirements of the Public Bodies (Joint working) (Scotland) Act 2014. Our inspections of health and social care integration, carried out jointly with Healthcare Improvement Scotland, shifted to a focus on the effectiveness of strategic planning in 2018.

To date, we have carried out joint inspections in eight partnerships. The final stages of the inspection process on the last inspection in West Lothian was impacted by COVID-19, but the activity resumed, and the report was published on 9 September 2020.

The focus of these joint inspections has been on three key areas.

- Performance.
- Strategic planning and commissioning.
- Leadership.

In line with the recommendations of the Ministerial Strategic Group review of progress in integration, we had been reviewing the scope and methodology for our inspections prior to the outbreak of the COVID-19 pandemic with a view to future inspections having a greater focus on experiences and outcomes for people.

The COVID-19 pandemic adds complexity to our planning for future scrutiny in this area of adult services. However, the focus on outcomes for people in the context of integrated services remains as important as ever.

We will continue to consult with Scottish Government officials to determine how and when we recommence these inspections, again mindful that we are committed to giving the partnerships 12 weeks' notice for an inspection not yet formally started. As these are joint inspections with Healthcare Improvement Scotland, we rely on them to also be able to resource these inspections.

In the meantime, we have been reviewing the proposed methodology to determine how this could be adapted for more remote inspection activity. For example, through reading records off-site, engagement with health and social care partnerships, providers, staff, and people experiencing care and their carers using technology or other means. However, we have had very limited capacity to progress this work in the adults team during the past six months as they have principally been supporting others in our response to care homes and are continuing to so, but on a much more limited basis. In total seven strategic inspectors had been supporting our COVID-19 response to care homes.

3.16 Justice scrutiny

The justice social work inspection of Aberdeen city was underway at the start of the pandemic and then suspended. We have recently met with senior managers in Aberdeen with a view to resuming the inspection. We are considering options for bringing this work to a satisfactory conclusion that reflects the work done to date, progresses work at a distance where we can, and reports appropriately and robustly on our findings in a timely manner. We are planning to progress and conclude this over the course of the next 2-3 months subject to favourable conditions.

We continue to discharge our responsibilities for serious incident reviews (SIRs) that are the subject of guidance issued by Scottish Government, which, together with multi-Agency public protection arrangements, sets out responsibilities of services to conduct a SIR when offenders subject to statutory supervision or registered sex offenders are involved in a serious incident in the community.

We are due to produce a biennial report on SIRs. The groundwork has been done, but the report needs to be drafted and published. In addition to this, our justice team is planning to re-engage with stakeholders and refresh the guidance for SIRs. We intend to launch the updated guidance at the same time we publish the report.

In September 2019, following the submission of a business case, we received confirmation from Scottish Government of funding to assess the quality of appropriate-adult services. This involves a relatively small resource to enable us to quality assure and support improvement in relation to local authorities' implementation of their new responsibilities in relation to appropriate-adult services. The aim is that, over time, assurance about how the needs of vulnerable people are met at this early stage of the justice process is incorporated into ongoing scrutiny models as these evolve. In the first year, we intended to work with the new national co-ordinator and other stakeholders to develop a simple self-evaluation tool and process for partners. This work was suspended in March 2020 but has now restarted. Discussions are underway with stakeholders and we are beginning to draw up a plan for taking this forward. This work is now able to progress while there are still restrictions on movement, but subject to overall conditions being favourable.

There are currently vacancies (50%) on our justice team, but we have just recruited two strategic inspectors, however we may not see them in post until late this year.

3.17 Adult support and protection inspections

As detailed earlier, the planned inspection of adult support and protection in Inverclyde was in progress but suspended in March at the outset of the pandemic.

We are now actively working with Inverclyde to test off-site reading of social work, health and police records. However, this is complex and may require additional Care Inspectorate resources as we had previously planned to use local file readers to support this activity. In the current context, this may not be achievable to the same level, if at all, if we are reading off-site. If it is possible to take this work forward, it would still be conditional on those involved being together in an office of some description.

Not all health and social care partnerships are ready yet to be able to support restarting of inspections. The outcome of the work we are doing with Inverclyde will determine how, where and when we can progress the programme of inspections that we have previously committed to.

On a more positive note, we have updated the quality indicator framework to consider adult support and protection practice during the COVID-19 pandemic.

3.18 Significant case reviews – adults

In November 2019, following submission of a business case, we received confirmation from Scottish Government of funding to deliver a scrutiny, assurance, and improvement approach for significant case reviews (SCRs) for adults. The purpose of this work is to provide independent quality assurance of initial and significant case reviews and support learning and improvement in adult support and protection locally and nationally. However, this work was suspended in mid-March as a result of the COVID-19 pandemic.

We plan to go live with the new notifications for adult initial case reviews (ICRs) and SCRs from 1 October 2020. The code of practice and notification form have been uploaded to our website. We expect early reporting to us of adult ICR/SCR activity and have already had contact from two partnerships about this. All adult team members have been made aware of the work programme, and training will be provided to them in September with an expectation that all adult team members will participate in a rota for ICRs/SCRs

3.19 Care at home inquiry

As outlined earlier, the adults team has been leading a significant piece of our work during the last three months undertaking an inquiry into care at home and housing support services during the COVID-19 pandemic. This has involved all 31 health and social care partnerships in Scotland. It generated much more evidence than we anticipated and while that was very encouraging, the analysis was much more resource intensive than was originally planned. Nevertheless, we have produced a report on our findings, which was published on 24 September 2020.

Following publication of the report, there is likely to be some ongoing work with health and social care partnerships to follow up on some of the findings with individual areas, subject to overall COVID-19 conditions being favourable. There will also be further discussions with Scottish Government about the findings. We will also look at how the findings might inform our scrutiny of regulated care at home and housing support services as indicated earlier.

3.20 Other work

Detailed below are some other areas of work that we are continuing to deliver, although it is not exhaustive.

- Responses to and submission of evidence about deaths in care homes by Police Scotland on behalf of the Crown Office Procurator Fiscal Service (COPFS) which is particularly resource intensive.
- Responding to services that are high-risk and in enforcement.
- Continuing to closely monitor services and notifications to quickly identify those where there has been a second outbreak and where we may need to realign the inspection plan.
- Continuing to publish the fortnightly parliamentary reports, which will become larger and already take considerable resources.
- Publishing all inspection reports within 10 days of inspections being completed.
- Making child and adult protection referrals.
- Triaging all complaints, managing these and resolving them where possible.
- Carrying out high-risk complaint investigations.
- Responding to a significantly increased and unprecedented number of briefing requests from Scottish Government, which usually involve considerable work by managers and inspectors to gather information internally and externally to provide the necessary response.

Delivery of the proposals outlined in this report is contingent on all our support functions, in particular our intelligence, IT and business support functions being able to resource the work and the changes to systems and processes as necessary.

It is important to note that we have a significant number of inspector and team manager vacancies and while a recruitment process is well advanced, it is unlikely that successful applicants will be appointed before Christmas 2020 and they will not be 'inspection ready' for about 3-6 months following induction.

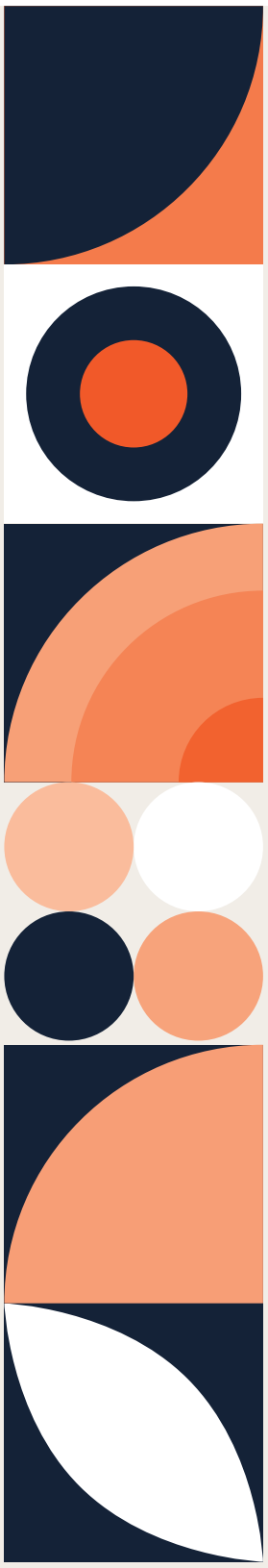
3.21 Resources

This work is delivered within the constraints of the current budget for 2020-21, but recognising that Scottish Government has recently confirmed additional grant in aid funding of £1.1m for the current year 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. The recently confirmed additional grant in aid funding to support regrading of inspectors should help us attract more applicants for the vacancies that we currently hold and historically found difficult to fill. The recruitment process is ongoing. Chief Executive Peter Macleod continues to discuss with our Scottish Government Sponsor Branch the need for a further increase to our core funding to support delivery of our plan in 2020-21 and beyond.

3.22 Policy implications

As made clear throughout this revised Scrutiny, Assurance and Improvement Plan, we carry out scrutiny and improvement within a complex and changing policy landscape made even more challenging by the impact of the COVID-19 pandemic. Our broad scrutiny and improvement remit will ensure we continue to contribute to many policy drivers and developments over the next six months and beyond.



Website: www.careinspectorate.com
Email: enquiries@careinspectorate.gov.scot
Telephone: 0345 600 9527

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