

## Key question 7: How good is our care and support during the COVID-19 pandemic?

This key question has three quality indicators associated with it. They are:

7.1 Children and young people's wellbeing and potential is fully supported and fulfilled.

7.2 Procedures and practices support a safe environment for both children and young people experiencing care and staff.

7.3 Management, staffing and practice frameworks drive and support the best outcomes for children and young people experiencing care.

### Quality Indicator 7.1: Children and young people's wellbeing and potential is fully supported and fulfilled

Key areas include the extent to which:

- children and young people are safe, and feel loved and valued
- children and young people have positive learning experiences, achieve their goals, and reach their potential
- children and young people enjoy contact with families, carers, friends, and this is maximised

#### Quality illustrations

##### Very good

Staff demonstrate the principles of the Health and Social Care Standards in their day-to-day practice. This means that children and young people experience care and support with compassion because they have warm, nurturing and positive relationships with staff.

Staff recognise the impact that protective equipment (for example masks and visors) may have on communication and relationships with the children and young people they support. They adjust how they

##### Weak

There is a lack of recognition of children and young people's interests, culture or history, including sexuality, gender identity, spirituality or important relationships, and of the importance of this for each young person.

Children and young people's human rights are compromised because there is a risk-averse approach to restrictions in place to prevent the spread of infection. The restrictions are not reasonable, justifiable, or in line with current good practice.

<p>communicate and take sensitive steps to minimise any negative impact.</p> <p>Children and young people feel safe, and staff demonstrate a clear understanding of their responsibilities to protect children and young people from harm, including the risk of infection. Measures are in place to prevent harm, and staff are confident that if they identify concerns or improvements, the open and supportive culture within the service ensures that they are responded to appropriately.</p> <p>Children and young people are supported to be emotionally resilient during the pandemic through the very good relationships with staff and staff expertise in trauma informed care. This includes supporting children and young people who are experiencing stress and distress in response to the changes in the environment and routines and exacerbated by media coverage.</p>	<p>Children and young people may not be or feel safe. Staff are not clear about their role in identifying and reporting concerns about children and young people's safety and wellbeing.</p> <p>Children and young people's health and wellbeing may be compromised because processes are not in place to support effective communication about changes in their condition. Staff lack understanding about the potential for atypical presentation of COVID-19, and they do not escalate concerns, seeking clinical advice as necessary.</p>
<p>Where there are restrictions placed on children and young people's freedom of movement, choice and control to prevent the spread of COVID-19, these are kept to a minimum and undertaken sensitively, proportionately, and in line with guidance. Restrictions are clearly understood by young people, documented, linked to risk and implemented with the involvement and consent of relevant individuals.</p> <p>Personal plans reflect children and young people's rights, choices and wishes. They are person-centred and include information on children and young people's preferences for keeping in touch with people who are important to them, the supports needed to achieve this and ways they can remain active and engaged.</p> <p>Children and young people benefit from high quality interaction and engagement</p>	<p>Decisions about care and treatment for children and young people are not made on an individual basis or based on their best interests. They are not made in consultation with the individual or their families/representatives, taking account of any expressed wishes contained in their personal plan.</p> <p>Despite the best efforts of staff, care and support is basic, with little time for speaking with children and young people or supporting them to maintain interests.</p> <p>The quality of children and young people's experiences is negatively affected because staff do not know them as individuals, or do not use their personal plan to enhance both the care provided and social interactions.</p> <p>Outdoor space may not be freely accessible to children and young people e.g. due to</p>

<p>from staff, and experience support that promotes independence, dignity, needs, rights, privacy and choice. This includes encouragement and resources to take part in meaningful activities that validate the young person’s identity, and provide opportunities to feel included and attached to others, resulting in psychological comfort.</p> <p>Children continue to benefit from education and have access to the tools and equipment necessary to fully participate in blended learning. There continues to be an educationally rich environment and quiet space suitable to study and learn. Staff use imaginative ways to support learning during these times where access to school building is limited due to COVID-19.</p> <p>Children and young people are encouraged to remain as active as they can be, including using outdoor space where possible.</p>	<p>staffing limitations, and there is a risk-averse approach to this.</p> <p>Children and young people’s psychological needs are not being met as they lack a sense of purpose or direction because there is not enough additional structure or stimulation when they cannot pursue their normal routines and daily activities.</p> <p>Personal plans are basic or static documents and are not routinely used to inform staff practice and approaches to care and support during this challenging time.</p>
<p>Children and young people have clear plans in place for staying connected with the people who are important to them, and staff ensure that these are supported as a priority with easy access to the internet and a telephone. They are routinely and actively supported to make best use of these, reducing the potential impact of visiting restrictions.</p> <p>Family members and professionals know about visiting arrangements and keeping in touch because these are clearly communicated to everyone.</p>	<p>Leaders in the service have not co-ordinated and communicated a clear plan for how the service is responding to COVID-19 for children and young people, staff, their families and carers.</p> <p>The culture in the service is inward-looking, with limited attempts to establish alternative methods of engaging with families, professionals and other stakeholders.</p> <p>Families and others who are important to children and young people are not kept up to date about the impact of COVID-19 in the service.</p> <p>Staff lack empathy about the impact and sense of loss experienced by children and young people who are unable visit to family, friends and partners. Expressions of distress are treated punitively.</p>

<b>Scrutiny and improvement toolbox</b>	
<b>Scrutiny and improvement support actions</b>	<b>Key improvement resources</b>
<ul style="list-style-type: none"> <li>• Observation of staff practice and interactions.</li> <li>• Discussion with:               <ul style="list-style-type: none"> <li>- children and young people</li> <li>- staff</li> <li>- relatives</li> <li>- social workers</li> <li>- advocacy workers</li> <li>- other professionals.</li> </ul> </li> <li>• Personal plans and relevant documentation.</li> <li>• Policy or procedure for accessing other services.</li> <li>• Observation of the setting, inside and out.</li> </ul>	<p>Coronavirus (COVID-19): Residential Child Care  <a href="https://www.gov.scot/binaries/content/documents/gov-scot/publications/advice-and-guidance/2020/04/coronavirus-covid-19-residential-childcare/documents/coronavirus-covid-19-residential-childcare-guidance/coronavirus-covid-19-residential-childcare-guidance/govscot%3Adocument/Coronavirus%2B%2528COVID-19%2529%2B-%2Bresidential%2Bchildcare.pdf">https://www.gov.scot/binaries/content/documents/gov-scot/publications/advice-and-guidance/2020/04/coronavirus-covid-19-residential-childcare/documents/coronavirus-covid-19-residential-childcare-guidance/coronavirus-covid-19-residential-childcare-guidance/govscot%3Adocument/Coronavirus%2B%2528COVID-19%2529%2B-%2Bresidential%2Bchildcare.pdf</a></p> <p>Health Protection Scotland guidance  <a href="https://www.hps.scot.nhs.uk/a-to-z-of-topics/covid-19/#publications">https://www.hps.scot.nhs.uk/a-to-z-of-topics/covid-19/#publications</a></p> <p>Coronavirus (COVID-19) ethical advice and support framework  <a href="https://www.gov.scot/publications/coronavirus-covid-19-ethical-advice-and-support-framework/">https://www.gov.scot/publications/coronavirus-covid-19-ethical-advice-and-support-framework/</a></p> <p>Mental Welfare Commission. COVID-19 FAQ for practitioners – advice notes  <a href="https://www.mwscot.org.uk/sites/default/files/2020-05/Covid-19%20advice%20note%20v9%2027%20May%202020.pdf">https://www.mwscot.org.uk/sites/default/files/2020-05/Covid-19%20advice%20note%20v9%2027%20May%202020.pdf</a></p> <p>Guide for repurposing prescription only medications in care homes  <a href="https://www.careinspectorate.com/images/documents/coronavirus/Guidance_for_repurposing_medicines_May_2020.pdf">https://www.careinspectorate.com/images/documents/coronavirus/Guidance_for_repurposing_medicines_May_2020.pdf</a></p> <p>Communication for people with sensory loss during the COVID-19 pandemic: advice for health and social care staff  <a href="https://www.pmhn.scot.nhs.uk/wp-content/uploads/2020/04/COVID-19-Communication-for-people-with-Sensory-Loss.pdf">https://www.pmhn.scot.nhs.uk/wp-content/uploads/2020/04/COVID-19-Communication-for-people-with-Sensory-Loss.pdf</a></p> <p>Information on 'Near Me' video consulting  <a href="https://www.careinspectorate.com/index.php/coronavirus-professionals/near-me">https://www.careinspectorate.com/index.php/coronavirus-professionals/near-me</a></p>

**Quality Indicator 7.2: Procedures and practices support a safe environment for both children and young people and staff**

**Key areas include the extent to which:**

- children and young people are protected as staff take all necessary precautions to prevent the spread of infection

**Quality illustrations**

**Very good**

Staff carrying out housekeeping and cleaning in the service have access to and are up to date with HPS guidance, are familiar with required environmental and equipment decontamination processes specific to the COVID-19 pandemic. They are trained in these processes and wear the appropriate personal protective equipment (PPE). They adopt systematic measures to minimise cross infection between different areas of the environment.

Leaders carry out regular observations and audits of staff, and staff support each other, to ensure that everyone maintains good practice in relation to PPE and infection prevention and control. This includes the safe management of linens, clothing and waste.

Where necessary, there are clear signs directing people to handwashing facilities (and reminders of the recommended technique) that reflect the needs of children and young people using the service, for example accessible pictorial or written cues.

All staff are able to recognise and respond to suspected or confirmed cases of COVID-19, including following local reporting procedures and contacting local health protection teams.

Staff are proactive in recognising and responding to challenges children and young people may have in following guidance on social distancing and infection prevention and control, including those with

**Weak**

Staff working in the service are not familiar with, or do not follow, up-to-date guidance on infection prevention and control. This means that children and young people are not protected from the spread of infection. This may be because there are not enough domestic staff, cleaning equipment or because staff have not had the necessary support to devise effective cleaning schedules and regimes

Staff show limited understanding of when and how they should use PPE and other infection prevention and control methods (such as handwashing and social distancing). This is because training has been insufficient to enable staff to feel confident about the correct measures.

Managers do not ensure appropriate actions are taken in response to an incident or outbreak or follow up on actions identified.

Sufficient attention is not paid to the difficulties children and young people may have in recognising when and how they should follow infection control and social distancing guidance. This may lead to children and young people not receiving the support they require and putting themselves and others at risk.

Staff do not have ready access to the appropriate PPE, either due to poor planning or storage of supplies.

Children and young people are not supported to understand and make decisions about testing, and attempts to seek informed

<p>reduced capacity, sensory loss and physical and learning disabilities.</p> <p>Decisions on whether it is appropriate for children and young people moving into the service to be tested are made locally in discussion with the Health Protection Team. Children and young people who test positive (or are symptomatic) are isolated for 7 days. Children and young people who are moving in from a household where there is someone affected with COVID-19 are isolated for 14 days from the date of admission.</p> <p>Leaders in the service understand the potential challenges presented by COVID-19. They work in partnership with GPs, pharmacists and other health professionals to ensure they have timely access to medications to help alleviate symptoms.</p>	<p>consent from individuals or their representatives are not made.</p> <p>Children and young people may not always receive the right medication or treatment at the right time, with the potential to negatively affect their health. Repurposing of medication is used inappropriately in place of good medication management systems. There is a risk-averse approach to enabling young people to manage their medication.</p>
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Scrutiny and improvement toolbox	
Scrutiny and improvement support actions	Key improvement resources
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	<p>National infection prevention and control manual and handwashing video <a href="http://www.nipcm.hps.scot.nhs.uk/chapter-1-standard-infection-control-precautions-sicps/">http://www.nipcm.hps.scot.nhs.uk/chapter-1-standard-infection-control-precautions-sicps/</a></p> <p>Best Practice - How to Hand Wash visual <a href="http://www.nipcm.hps.scot.nhs.uk/appendices/appendix-1-best-practice-how-to-hand-wash/">http://www.nipcm.hps.scot.nhs.uk/appendices/appendix-1-best-practice-how-to-hand-wash/</a></p> <p>Best Practice - How to Hand Rub visual <a href="http://www.nipcm.hps.scot.nhs.uk/appendices/appendix-2-best-practice-how-to-hand-rub/">http://www.nipcm.hps.scot.nhs.uk/appendices/appendix-2-best-practice-how-to-hand-rub/</a></p> <p>COVID-19 – the correct order for donning, doffing and disposal of Personal Protective Equipment (PPE) <a href="https://www.hps.scot.nhs.uk/web-resources-container/covid-19-the-correct-order-for-donning-doffing-and-disposal-of-personal-protective-equipment-ppe-for-healthcare-workers-hcws-in-a-primary-care-setting/">https://www.hps.scot.nhs.uk/web-resources-container/covid-19-the-correct-order-for-donning-doffing-and-disposal-of-personal-protective-equipment-ppe-for-healthcare-workers-hcws-in-a-primary-care-setting/</a></p> <p>Unsuspected COVID-19 PPE in Social/Community/Residential poster <a href="https://hpspubsrepo.blob.core.windows.net/hps-website/nss/3006/documents/2_non-covid-19-ppe-poster-A3-social-community-ppe-poster.pdf">https://hpspubsrepo.blob.core.windows.net/hps-website/nss/3006/documents/2_non-covid-19-ppe-poster-A3-social-community-ppe-poster.pdf</a></p> <p>Suspected or confirmed COVID19 PPE for health and social care poster <a href="https://hpspubsrepo.blob.core.windows.net/hps-website/nss/3006/documents/3_covid-19-ppe-poster-A3-RED-mixed-AGP-general.pdf">https://hpspubsrepo.blob.core.windows.net/hps-website/nss/3006/documents/3_covid-19-ppe-poster-A3-RED-mixed-AGP-general.pdf</a></p> <p>Young inspectors video to share their thoughts and ideas about staying safe and getting through the lockdown <a href="https://www.youtube.com/watch?utm_medium=email&amp;utm_source=govdelivery&amp;v=G6K3-eweS_0">https://www.youtube.com/watch?utm_medium=email&amp;utm_source=govdelivery&amp;v=G6K3-eweS_0</a></p>
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This quality indicator is to be used in conjunction with the core assurances

**Quality Indicator 7.3: Management, staffing and practice frameworks drive and support the best outcomes for children and young people.**

**Key areas include the extent to which:**

- staffing arrangements are right and are responsive and flexible
- staff are confident and well supported
- staff knowledge and skills improve outcomes for young people

**Quality illustrations**

<b>Very good</b>	<b>Weak</b>
<p>The right number of staff with the right skills are working in the service at all times because providers and leaders understand children and young people’s needs and wishes. Staff have time to provide high quality care and support with compassion and engage in meaningful conversations and interactions with children and young people.</p> <p>Staffing arrangements are determined by a process of continuous assessment. This includes consideration of the number of children and young people being supported in their rooms due to self isolating , requiring one-to-one support, or additional support to maintain good hygiene and infection control practices.</p> <p>Staff are clear about their roles and are deployed effectively. Staff help each other by being flexible in response to changing situations to ensure care and support is consistent and stable.</p>	<p>Staffing arrangements are relatively static, with infrequent reviews, and are not adjusted to meet children and young people’s changing needs. Staff numbers and mix are not determined by the use of appropriate measures or feedback</p> <p>The service does not have a staffing contingency plan in the event that staff are absent as a result of illness, self-isolation or exclusion following a positive COVID-19 PCR (polymerise chain reaction) swab test.</p> <p>There is a minimal number of staff and this is sometimes insufficient to fully meet children and young people’s needs. Staff work under pressure, and some important aspects of care and support may be missed, affecting outcomes for children and young people.</p> <p>There may be an over-reliance on agency staff, which leads to children and young people experiencing a lack of consistency in how their care and support is provided. There are no protocols in place about the use of agency, sessional or bank staff, which are designed to help prevent transmission of COVID-19.</p>
<p>Staff benefit from personal and professional wellbeing support that includes planning for managing difficult situations, personal safety, and assessment of workload. There is supportive and visible leadership that enables them to voice their concerns, share</p>	<p>Staff feel fearful about the risks associated with COVID-19 because they lack confidence in the leadership of the service or the protective measures that have been introduced, or because there is poor support and communication. Pressure on staff leads</p>



<p>ideas, explore ways to promote resilience, and achieve an appropriate work-life balance.</p> <p>Management show an appreciation of the mental wellbeing stressors on staff as a consequence of COVID-19. This includes being responsive to staff members individual vulnerabilities and family circumstances.</p>	<p>them to stick to their designated tasks because there is no capacity to respond to other demands.</p>
<p>Staff who are not involved in providing direct care and support to children and young people understand how they can contribute to keeping children and young people safe, including supporting good hygiene and infection control.</p> <p>Staff are supported to keep up to date with current and changing practice, with easy access to a range of good practice guidance relating to supporting children and young people during the COVID-19 pandemic.</p> <p>Children and young people are confident that staff have the necessary skills, training and competence to support them.</p> <p>Observations of staff practice are regularly undertaken to assess learning and competence. Outcomes from this are discussed through team discussions, reflective accounts or supervision. Informal support within the staff team, particularly in relation to infection control measures, is welcome and valued.</p> <p>Children and young people can have confidence in their support because any redeployed, temporary or new staff have ready access to the right information about them and their needs, and about the service.</p>	<p>Training does not reflect the changing needs of children and young people being supported in the service during the COVID-19 pandemic. There is limited access to good practice guidance or opportunity for further discussions to ensure that knowledge is consolidated and embedded into practice. There is no effective training analysis for the service or individual staff. The training plan and records are incomplete or held in a format that does not allow the identification of priorities.</p> <p>Staff feel anxious and defensive about making mistakes because there is a critical and punitive culture in the service that has been exacerbated by the unfamiliar protective restrictions introduced in response to the COVID-19 pandemic.</p> <p>Leaders do not engage with the additional support available during the pandemic, for example the recruitment portal, or make the required notifications to relevant bodies.</p>

<b>Scrutiny and improvement toolbox</b>	
<b>Scrutiny and improvement support actions</b>	<b>Key improvement resources</b>
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