Coronavirus (COVID-19): Care Home Outbreaks - Root Cause Analysis

Progress Report

November 2020 to September 2022

June 2023

Scottish Government
Riaghaltas na h-Alba

Contents

Acronyms

Acronym	Name
AMS	Anti-Microbial Stewardship
ARC	Association for Real Change
ARHAI	Antimicrobial Resistance and Healthcare Associated Infection
CCPS	Coalition of Care and Support Providers in Scotland
CFRT	Covid-19 Flexible Response Team
CHI	Community Health Index
CHIPCM	Care Home Infection Prevention and Control Manual
CHRAG	Care Home Rapid Action Group
CI	Care Inspectorate
CMO	Chief Medical Officer
CNO	Chief Nursing Officer
CNRG	Covid-19 Nosocomial Review Group
CPAG	Clinical and Professional Advice Group
CQC	Care Quality Commission
DPH	Director of Public Health
HAI	Healthcare Associated Infections
HB	Health Boards
HIS	Healthcare Improvement Scotland
HP	Health Protection
HPT	Health Protection Team
HSCP	Health and Social Care Partnership
HSCS	Health and Social Care Standards
IMT	Incident Management Team
IPC	Infection, Prevention and Control
IRISR	Independent Review of Inspection, Scrutiny and Regulation
LA	Local Authority
LFD	Lateral Flow Device
NES	NHS National Education Scotland
NHS	National Health Service
NIPCM	National Infection Prevention and Control Manual

NLDP	National Leadership Development Programme
NSS	National Services Scotland
PCR	Polymerase Chain Reaction (Test)
PHS	Public Health Scotland
PPE	Personal Protection Equipment
PRASCG	Pandemic Response Adult Social Care Group
RAD	Risk Assessment Document
RAG	Red, Amber, Green (Risk based on traffic light system)
RCA	Root Cause Analysis
RCGP	Royal College of General Practitioners
RQIA	Regulation and Quality Improvement Authority
S.O.P	Standard Operating Procedure
SCRC	Social, Community and Residential Care
SG	Scottish Government
SHT	Safety Huddle Tool
SICP	Standard Infection Control Precautions
SIPCEP	Scottish Infection Prevention and Education pathway
SLWG	Short Life Working Group
SPSO	Scottish Public Services Ombudsman (Act 2022)
SSP	Safe Staffing Programme
SSSC	Scottish Sector Skills Council
SVQ	Scottish Vocational Qualifications
TBP	Transmission based precaution
TBP	Transmission Based Precautions
UK SAGE	United Kingdom Scientific Advisory Group for Emergencies
UKHSA	United Kingdom Health Security Agency
UPRN	Unique Property Reference Number
WGS	Whole Genome Sequencing

Introduction

On the 12th of October 2020 the then Cabinet Secretary for Health and Sport, commissioned an independent review into the circumstances surrounding the occurrence and transmission of COVID-19 infection within four care homes in Scotland: Coronavirus (COVID-19) - Care Home Outbreaks: Root Cause Analysis' (RCA)[1].

The primary aim was to collate and evaluate local level experiences and responses to COVID-19 outbreaks within care homes and to identify learning and practice that would enhance support to improve care and outcomes.

The report found a number of contributory factors or root causes were present in at least two or more of the four care homes investigated in the review. Contributory factors are the influencing and causal factors that contributed to the outcomes which led to the initiation of this review; they are highlighted for their impact on systems, and they include: care home risk factors; leadership; training and education; inspection process; guidance and local adoption; visiting and carer concerns; built environment; and raising concerns. In summary the contributory factors or "root causes" were summarised as:

1) High community prevalence of COVID-19 in the region the care home is based in,

2) Care home size and occupancy,

3) Staff members who worked and who were asymptomatic but SARS-CoV-2 positive (unknowingly due to asymptomatic presentation was exacerbated by errors and delays to reporting screening results to care homes),

4) Staff members who worked in more than one place intra- and inter-organisations (staff, inclusive of nurses, carers and kitchen staff) not cohorted to floors/units, and continuing to work across these until outbreaks were confirmed (agency use, wider care home group staff use was high in some homes),

5) Missed opportunities to identify early warnings in safety huddle data and Directorate of Public Health (DPH -Presently reported as Care home assurance group: CHOG returns) reports (indicators included staffing data, single positive cases and self-reporting of these not accurate enough to identify risk. For example, 100% compliance with IPC and PPE self-reported, but this was found not to be accurate when on-site inspections were conducted),

[1] Coronavirus (COVID-19): care home outbreaks - root cause analysis - gov.scot (www.gov.scot)

6) Inadequate familiarity and adherence to infection prevention and control measures which may contribute to risk of transmission, delays to introducing additional transmission based precautions when a known case was suspected or identified,

7) Challenges to implementing infection control practices, including keeping up to date with latest guidance, specific care home built environment aspects and lack of expert advice of guidance in context, e.g. cleaning products,

8) Inadequate staff IPC measures to minimise staff to staff transmission. Situational awareness regarding risks in changing rooms, break rooms, smoking shelters, car sharing and socialising outside work with respect to social distancing,

9) Delayed recognition of cases in residents because of a low index of suspicion (not familiar with broader syndrome of COVID-19 in older people),

10) Delayed identification of cases, related to limited testing availability at the right time and turnaround time of the test, and difficulty identifying persons with COVID-19 based on signs and symptoms alone, asymptomatic/pre-symptomatic residents,

11) Underlying health conditions and advanced age of many long-term care facility residents and the shared location of residents in one facility places these persons at risk for severe morbidity and death. These homes had high levels of residents with dementia and receiving end of life care,

12) System relationships to support staffing in crisis. Larger care homes groups do not have well-established relationships with the NHS boards, the duty to establish these relationships lies with the NHS Board. Larger care home groups operate in more than one board area and may not have been fully informed or aware of the identified capacity and support available. There were indicators that there was high staff absence and fewer staff than the establishment identified as required at times for various reasons, this warrants further investigation,

13) The policy position of transferring people from hospital to community care without testing taking place to guide care.

Given the high number of contributory factors, the report noted that there is no single intervention that will prevent spread but instead there is a requirement for a multi-layered model of various individual controls in settings, system behaviours and factors/policies[2].

Overall, a series of 40 recommendations were made under 15 overarching headings. The RCA was carried out an early phase in the pandemic when the situation and understanding of COVID-19 was evolving rapidly. Many of the recommendations were therefore not static

[2] Human error: models and management | The BMJ : 2000; 320 :768 doi:10.1136/bmj.320.7237.768

and naturally evolved as additional scientific and clinical knowledge emerged on the virus. In addition, other recommendations were not specifically related to the pandemic but were guided through of lens of providing high quality person centred care and support.

The recommendations were wide ranging and the responsibility for implementing and leading change lies with the Scottish Government (SG) and supporting agencies such as Public Health Scotland (PHS), Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) in National Services Scotland (NSS), the CI (CI), Scottish Social Services Council (SSSC), Health Boards (HBs), Health and Social Care Partnerships (HSCPs), Local Authorities (LAs) and care homes providers, managers and staff.

It should be noted that this report examines progress of the recommendations, since the publication of the RCA to the end of September 2022, on each overarching heading in turn and outlines what further progress must be taken. A “summary of further progress” is given in Appendix 1.

Where there has been significant progress since the end of September 2022 this is summarised in Appendix 2.

1. Care Home Risk Factors

Care homes are part of wider communities and when prevalence is high in the surrounding locality then the care home or care homes within that geography are also highly susceptible to COVID-19 entering. The shared environment of a care home and number of residents (especially in older peoples care homes) with underlying health conditions/cognitive decline and often towards end of their life, make the setting at risk of transmission and impact of COVID-19 and other pathogens. Such factors, especially in the context of these settings being people's homes, also make it challenging to control transmission with measures such as limiting movement and implementing isolation. There is also a balance to consider in taking measures to prevent the spread of a virus and the impact on mental health and wellbeing of what is people's own homes.

The RCA report and wider literature also indicated high occupancy[3] in care homes is associated with high infection rates. This created a particularly challenging situation as care home occupancy needs to be high in order for them to be commercially viable.

1.1 It is important to recognise that any care home, irrespective of size or number of residents, is vulnerable to outbreaks, and prevention strategies at care home level and HSCP level should take account of this.

Progress

Enhanced local oversight support for the care home sector from NHS Boards, Local Authorities and Health and Social Care Partnerships (HSCPs) was set up from May 2020. The Winter Plan 2020/21[4] sought to strengthen oversight arrangements by asking that daily huddles continued and that proactive monitoring was taking place using the information reported in the Safety Huddle Tool (SHT).

To support care homes the Scottish Government provided funding to Executive Nurse Directors to provide collaborative oversight and assurance which was extended to March 2023. The use of funding has varied across localities, however has included clinical insight and access to expert advice on infection prevention and control.

The Scottish Government led a Short Life Working Group (SLWG) to review oversight arrangements to understand how good practice can be built upon to facilitate improvement

[3] COVID-19 infection and attributable mortality in UK care homes: Cohort study using active surveillance and electronic records (March-June 2020) | medRxiv

[4] Adult social care - winter preparedness plan: 2020 to 2021 - gov.scot (www.gov.scot)

across the sector. The work has now concluded and in December 2022 the Scottish Government published a letter and advice note[5] recommending the continuation of the whole system multidisciplinary support arrangements for care home.

Timely access to clear and concise guidance remains critical for care homes and ARHAI and PHS has been responsible for ensuring guidance is up to date throughout the pandemic. Care homes have previously raised concerns with the changes to guidance and associated delays and alignment of release of guidance from various sources. The CI supports the care home sector with enquiries and interpretation of rapidly changing guidance and developed a Compendium which enabled services to access guidance in one document with most relevant first.

To nationally enable local prevention strategies, PHS collaborated with ARHAI to create a Care home COVID-19 Outbreak checklist[6] which was published in April 2022. This provides; the definition of a COVID-19 outbreak; how many cases are considered to be an outbreak; information on declaring an outbreak; Standard Infection Prevention and Control Precautions (SICPs) for all residents and Transmission Based Precautions (TBPs) for managing known/ suspected cases.

The CI also published updated Care Homes for Adults - The Design Guide[7] guidance for new homes in 2022. This was done to ensure learning from COVID was used to inform the future design of care homes and was extensively consulted on. The guide links the size of care homes, quality of care and an association with outbreaks of COVID-19; it recommends that new care homes for older people should have no more than 60 residents with small self-contained units which support cohorting if required as part of TBP and to ensure better IPC outcomes. This guidance was shared with the sector and Health and Social Care Partnerships (HSCPs) via provider updates and on the corporate website/Hub. The Quality Framework[8] for care homes has been updated to reflect the learning from COVID and includes a specific Quality Indicator about IPC detailed in Section 7

[5] Letter - 14 December 2022 - Care homes – new support arrangements: advice note - gov.scot (www.gov.scot)

[6] COVID-19 outbreak checklist (publichealthscotland.scot)

[7] Care Homes for Adults – The Design Guide.pdf (careinspectorate.com)

[8] Quality framework for care homes for adults 2020.pdf (careinspectorate.com)

Recommendations:

1.2 A campaign of awareness-raising amongst Care Home staff of particular symptoms in older people should be undertaken

Progress

Reminding people of how individual behaviours can have an impact on the spread of COVID-19 has been a critical part of population level messaging since the onset of the pandemic. Equally, for the workforce it was recognised there needed to be targeted messaging on the importance of certain measures to prevent spread.

The CI supported the care home sector by sharing information on their "provider update," established a specific COVID-19 response team and an enquiry line to manage and resolve individual concerns, questions or complaints. They also developed a COVID-19 compendium to assist services to find the most up to date guidance from PHS and Scottish Government. Information was also sent directly to care services communications for ease of access. Service feedback was positive that it enabled them to use the right guidance at a time of rapid change. CI regularly filtered constantly changing healthcare guidance on behalf of care homes and kept the sector informed of the continuous updates to enable them to limit the spread of infection in care homes. In response to feedback from the sector, COVID guidance was tailored to the care sector

The Implementation of good IPC practice was assessed during scrutiny and assurance activity and complaint visits. Reports were published[9] after every inspection to identify good practice and areas for improvement. Please refer to Appendix 3 for data about complaints and inspections completed for Care Homes for Adults/Older People, 2020/21, 2021/22 and 2022/23 to 31 August 22. More details on IPC are detailed in Section 7

Going forward

- There should be greater clarity and transparency on commissioning of guidance related to IPC (including testing) and national local partners are able to give timely and responsive advice on social care.
- The Scottish Government will work with policy areas across Government and stakeholders to ensure that there is alignment with publication of guidance from various sources.

[9] Care Homes for Adults | CI Hub

2. First Wave

The RCA report highlighted the range of lessons that were learned from the first wave of the pandemic. These included structural factors such as the time to mobilise resources and support by national and local partners as well as specific sector challenges such as staffing, pay and conditions, and availability of PPE. However the issues facing the four care homes that formed part of the RCA were different to that of wave one. During wave two, challenges related to continuing awareness and vigilance, including but not limited to IPC training; physical distancing; car sharing; and understanding or managing risk that arises outside of the direct care environments, for example staff returning from holiday in parts of the UK/abroad where there is high prevalence.

Another difference noted by the RCA was that outbreaks in the second wave were reportedly occurring more frequently (80%) in those care homes not impacted in the first half of the year. None of the four care homes that formed part of the RCA previously had an outbreak. The report noted that aside from the finding from studies in the earlier wave that care home size was linked to higher rates of suspected cases, care homes could be 'virus naïve' as they had not had an outbreak in the first wave and so may not have had the same level of preparedness and vigilance around on-going risk; wider use of PPE and variation in IPC adherence may be impacting transmission in specific homes, especially given the risk of asymptomatic spread.

Recognising the international evidence that once COVID-19 has been introduced into a care home it has the potential to result in high attack, the report set out a series of recommendations with the aim of supporting care homes to adopt active measures to prevent the introduction of COVID-19.

Recommendations:

2.1 Board level and national-level lessons learned for care homes are required to be continuously reported and shared in the pandemic with the care homes and the wider system.

The RCA found little collation of any formalised wider system learning reports from the first wave and subsequently. Therefore, given the changing issues facing care homes and the importance of active measures to prevent introduction of COVID-19, this recommendation was made to ensure a continuous cycle of whole system learning at both local and national level.

Progress

As reported in the previous section, the enhanced local oversight support for care homes established in May 2020, which has evolved over time, has been helpful. As well as

supporting the sector in relation to IPC procedures, PPE use, and translation of guidance, a range of mechanisms were put in place at local level to share learning both at individual and regional care home level. Regional level opportunities included care home forums / networks to bring staff together to discuss current challenges, learning from outbreaks, update to date guidance etc.; and the CI worked with oversight teams to support implementation of guidance in registered care services.

Nationally, a number of initiatives were developed to firstly understand the impact and challenges of COVID-19 in care homes and secondly to share that information/learning and critically respond where needed. The former focused on up to date good quality data and information and the second various cross-sector forums where issues could be discussed, experience shared and solutions developed.

At the start of the pandemic, there was no single source of timely quality and safety information/data for care homes. Specific recommendations on data and digital were made separately in the RCA, but the foundation for this recommendation under first wave and so many others is ensuring that there is robust evidence base to guide local and national discussion and response.

To support national understanding of key issues for care homes, the Scottish Government asked the Directors of Public Health (DPHs) across Scotland to complete a weekly return on key information relating to the sector from May 2020. The returns reflected the judgement of DPHs on the basis of the totality of assurance data including HSCP and CI data. DPHs identified a RAG status for care homes on the following areas: the level of COVID-19 suspected or confirmed; knowledge and adequacy of IPC measures; staffing position; an overall assessment of the RAG rating of all homes. The reports were used to inform local and national thinking and action planning to help the sector and were shared with the CI .

In August 2020 the Scottish Government, in collaboration with care homes, the Scottish Care and the Scottish Social Services Council, developed the ‘safety huddle tool’ (SHT) for the care home sector, hosted on the TURAS platform. The premise of SHTs are well researched and established in the health sector and are critical to continuous improvement[10]. The SHT was designed to collect pertinent data such as IPC measures, occupancy, staffing and outbreak levels to enable situational awareness and risk assessment for care homes. As recognised in the Independent Review of Adult Social Care to support timely escalation and early intervention where appropriate. However, the SHT is completed by care homes, and places a considerable administrative burden on them during the height of pandemic. There are also ongoing questions over data quality and completeness. Ensuring data quality by design and ways to minimise reporting burden for

[10] Safety briefing and huddles | ihub - Safety briefing and huddles

data collection needs to be considered as part of the lessons learned from implementing new data systems.

The CI completed lessons learned from COVID this brought together intelligence from inspections and complaints carried out. The CEO wrote to the sector to outline areas for improvement identified through scrutiny and assurance activity (8 October 2020) and provided links to good practice documents to support services. They developed winter plans incorporating lessons learned and provided webinars and guidance for the sector. This included specific information about IPC and wellbeing. The CI also developed and implemented two winter plans that included lessons learned and used webinars to guide and support the sector.

The CI also updated their inspection framework[11] to take account of learning from the pandemic which included developing and publishing quality illustrations of very good IPC practice and weak practice. From May 2020, Key Question 7 was used to support services this was incorporated into the full self-evaluation framework. The Inspectorate used the IPC Addendum and Care Home Infection Prevention and Control Manual (CHIPCM) as a key line of enquiry at inspection from September 2021.

A short life working group (SLWG) was established to devise and develop IPC standards, promoted HIS IPC standards from the publication in May 2022 along with developing, planning and leading on learning events about the new standards and provided learning to all adult care homes over the summer months of 2022.

The National Outbreak Management (NMT) team met weekly during the peak pandemic period, and the data was shared with local Health Protection Teams (HPT) provided by care homes on a weekly basis to support sharing of lessons learned nationally and locally. HPTs worked with Care Homes with outbreaks throughout the pandemic and they were often in daily contact with the care home with an outbreak, who would provide their daily figures to the HPT. This was reduced to monthly basis when the cases were low.

The Care Home Rapid Action Group (CHRAG) was set up weekly from May 2020 as a whole system group to urgently consider the impact and response of the pandemic in care homes. The group comprised of Government, Local Government, NHS, HSCP, Scottish Care, Coalition of Care and Support Providers in Scotland (CCPS), SSSC, Health Improvement Scotland, BMA and RCN. This was replaced by the Pandemic Response Adult Social Care Group (PRASCG) which met on a twice weekly/then weekly basis from September 2020. This had an expanded remit to continue to consider wider social care pandemic challenges beyond care homes.

[11] Quality Frameworks (careinspectorate.com)

The GOLD command adult social care group, comprising national and local partners, met regularly to firstly to consider the impact of the pandemic in the sector and secondly to consider the need for national and local responses.

The Clinical and Professional Advisory Group (CPAG) was established by Chief Medical Officer (CMO) and Chief Nursing Officer (CNO) at the start of the pandemic to provide clinical and professional advice and guidance for protecting the care home sector during COVID-19. Initially focused on care homes, it was then expanded to adult social care. The group, which has supported the development of guidance throughout the pandemic, brought together clinicians and external stakeholders including care home providers, NHS, CI, SSSC and Local Authority. The group considered a number of the RCA recommendations in their agenda. The last meeting of CPAG took place in December 2022.

2.2 All long-term care facilities (care homes, residential settings and community hospitals) need to implement active measures to prevent introduction of COVID- 19 and be kept up to date with the emerging epidemiology and IPC issues.

The recommendation refers to the timely and effective introduction/adoption of guidance in what was a fast moving environment where understanding around the epidemiology of the virus was rapidly evolving. Comment was made in the RCA report about the challenges staff had in keeping up to date with the latest guidance which was being updated on a regular basis.

Progress

The CI developed the COVID-19 compendium of guidance for social care. This combined all guidance sources into a single resource for care services. This included guidance on PPE, laundry, IPC, visiting, health and wellbeing. It enabled services to access easily the most up to date links to Covid-19 guidance developed by Scottish Government, PHS, ARHAI, SSSC and social care overarching bodies.

This was designed to support ease of access to current guidance and to support the sector who expressed concern about the volume of changes to guidance. The COVID-19 compendium was a ‘one stop shop’ for COVID-19 guidance in social care. This initiative ended in September 2021 and was replaced with promoting the Scottish Government COVID-19 information platform for social care.

CPAG considered ways to ensure COVID-19 guidance was streamlined and communicated in an engaging and effective way. As part of this the Scottish Government undertook work to understand staff feedback about national guidance from a range of organisations . This resulted in changes to the issuing guidance for example not issuing updates on Fridays, ensuring that any updates were identified at the top of guidance. PHS has streamlined its COVID-19 guidance for social care settings with the publication of social, community and

residential care (SCRC) settings guidance which now incorporates adult and older adult care homes. There is still work to do to streamline COVID-19 guidance – face mask, public health and IPC guidance is developed by different bodies for example, PHS and AHRAI and Scottish Government resulting in different publications. However there is considerable coordination between organisations and the PHS COVID-19 guidance for social care settings now contains all advice.

2.3 Additional factors found for consideration of further guidance and support include: travel associated risks in care workers, on-going variation in care homes with respect to glove use, hand hygiene, and cleaning.

The wider lessons learned from other population-level COVID-19 outbreaks, such as shared coach travel and holidays in areas of high prevalence of COVID-19 within and outside of the UK underpinned this recommendation. This aimed to ensure that the workforce understood the risks associated with certain individual/group behaviours and the resulting impact on the spread of infection. In particular, it was considered that care home managers should manage the risk by ensuring uptake of staff testing remains high and is undertaken in a timely manner.

Progress

Messaging on the prevention of key risks was to care homes directly and reinforced by local public health teams, NHS Boards and Health and Social Care Partnerships (HSCPs). As discussed above, the CI actively undertook considerable activity to share resources and guidance designed to guide and support the workforce on risk factors.

This activity included the CI's COVID-19 Flexible Response team (CFRT) running two workshops for Nurse Agencies in February 2022, highlighting key guidance to reduce the spread of transmission and supporting good practice. In addition, the SSSC supported CI to make resources available to non-registered social care staffing agencies.

In October 2021, the CI , Scottish Government and ARHAI Scotland delivered IPC workshops about IPC good practice, to health and care staff who provide support and care in adult care homes. Consistent practice was the focus of learning which also included exploration of the built environment as a homely rather than clinical setting.

The CI developed, planned and led other learning events to the sector about the implementation of the HIS IPC standards between June and August 2022.

The Healthcare Framework for Adults living in Care Homes: My Health, My Care, My Home (would be referred as Health Framework in this document) (June 2022) also included a recommendation about the implementation of the HIS IPC standards.

2.4 IPC, inclusive of its application to visiting, is critical to the sector. Care homes should have access to expert IPC advice to support local risk assessment and a

mechanism should be developed to enable sharing of what works well, in terms of applying the national guidance in a local context.

The aim of this recommendation was to ensure that where needed care homes would have access to local level IPC advice and support.

As outlined above there was local wrap around enhanced support for care homes from Health Boards and Health and Social Care Partnerships who were able to provide oversight and assurance in a collaborative manner. As part of this, Nurse Directors were asked to be provide support in a range of ways including: being accountable for the provision of nursing leadership support and guidance; support for clinical input with effective community arrangements in place; providing support and oversight of IPC in care homes; and identify and support sourcing of staffing. This has continued throughout the pandemic and evolved over time. As noted above the arrangements for the oversight teams including the nurse director role has been reviewed and confirmed for 2022/24.

The CI in addition to the activity described above provided an advice line for registered services, their staff and members of the public to support understanding and application of guidance. They published Q&A for services and direct support to managers. They worked closely with Directors of Public Health (DPH) teams to support services in understanding the need for risk assessment and application of policy. When IPC concerns were raised or observed during scrutiny and assurance activity, the CI worked with partners to ensure the necessary steps were taken by care homes to address concerns.

Going forward

- The Scottish Government need to ensure the purpose of the SHT on quality and safety is achieved and we work with the care home sector, and other key stakeholders, to realign the focus of the tool towards improvement.
- In doing so national local partners need to support care homes and the sector to realise the benefits of robust quality and safety information.
- National local partners need to actively continue to address the data reporting burden on care homes to ensure that information is reported once but shared when needed multiple times.
- As highlighted in section 1 we need to continue to ensure there is transparent, timely and easy to access guidance for the sector in relation to COVID-19 but also other infectious pathogens.
- Work should continue on streamlining and where possible aligning IPC guidance for social care settings
- The national local partners need to ensure care homes have the confidence to continue to implement the relevant IPC guidance in a local context.
- The Scottish Government will continue to review collaborative improvement partnership with the sector

- The CI will continue to advise individual services about ways to reduce infection risk while maintaining connections between residents and their relatives. For example, by providing information about how visits could be safely managed and providing practical assistance to connect digitally.
- The CI will continue to work with the Scottish Government and relative groups in preparation for the introduction of Anne's Law that will protect people's rights.

3. Data landscape and Digital infrastructure

The RCA reported on the challenges of the data and digital environment facing care homes with some care homes having weak digital infrastructure and infrequent experience of continuous reporting on key IPC measures. While there was challenges, the report also noted the enthusiasm of the sector to use data to identify risks and drive improvement.

Recommendations:

3.1 Incident Management Team (IMT) systems need connected within and between boards to enable outbreak management and network analysis to be further enabled
3.2 Intelligence sharing across the system of national organisations supporting the pandemic needs strengthened to inform national action planning in support of local needs.

One of the challenges identified with reporting of outbreaks was the different systems in operation across Health Board areas and the inability for these to connect to one another in a timely and meaningful way or to link to care homes. Information governance was also highlighted as a barrier to data sharing.

Similarly, the ability for the local Health Protection teams to identify individual COVID-19 cases in residents and staff to trace back to an individual care home is problematic. There was an effort at the start of the pandemic to create a linked file in PHS which would identify residents with a care home flag at individual level so any positive COVID-19 tests could then be identified. However, this was incomplete as it required personal information and the Community Health Index (CHI) number for linkage. However, care homes did not have access to it for staff or residents so had to get in touch with GP practices/other health services to quickly compile which unsurprisingly resulted in incomplete data fields. Similarly, many staff working in the sector are from oversees and may not have a CHI number. Incomplete personal information and a lack of CHI made it difficult to identify with ease staff vaccination levels.

With regard to residents the prime issue is that the CHI Institution flag is not complete and not all care homes are flagged. The flag also relies on GP registered change of address so there is often a delay in this being changed and temporary residents are likely to be missed.

The delay has lessened during COVID-19 as PHS are now getting updates weekly rather than monthly on CHI. Unfortunately, the flag only tells you that this is a resident not which care home a person resides in.

Identifying staff in testing/vaccination/health records is much more difficult as there is currently no national comprehensive care home workforce data source. The SSSC workforce data does not include registered nurses and other staff groups and NMC registration body for nurses does not hold information about non-nursing staff.

Progress

Throughout the pandemic, the CI continued their practice of sending all notification information about outbreaks to local public health teams. This ensured that information that was received was shared and that local teams had the information on outbreaks that was notified to the CI , including suspected and confirmed outbreaks of covid. This provided details of individuals and a direct link to care home.

Public Health Scotland have been working with Directors of Public Health (DPHs) through a short life working group to make recommendations on consistent data fields and reporting systems with a view to standardising outbreak reporting. The recommendations from that work will be published shortly.

Work has also commenced on attaching a Unique Property Reference Number (UPRN) to care home flag in PHS[12] which will help identify the actual care home of residence. This effort needs to continue to ensure that for COVID-19 and other public health purposes that there is a robust mechanism to capture care home residents in national data sets.

In addition, we need to be able to ensure we have improved information on the workforce at care home level which would benefit public health response in terms of testing and vaccination but also quality and safety more generally. The latter is at present difficult to achieve as the registered data that SSSC hold is not routinely linked to health data. The Framework for Healthcare in Care Homes[13] ("Health Framework") which was published at the end of June 2022 contains nine recommendations on data and digital that recognises the fundamental role this enabler plays in improvement for residents and staff**.**

3.3 The TURAS safety huddle system should consider wider winter preparedness and broader IPC needs as part of planned future developments and how the system might move to be used for local improvement

[12] A Guide to CHI-UPRN Residential Linkage (CURL) File (isdscotland.org)

[13] 8. Data, Digital and Technology - My Health, My Care, My Home - healthcare framework for adults living in care homes - gov.scot (www.gov.scot)

3.4 Support in building capacity and capability for data systems to be used by care home staff for quality improvement is required

The Scottish Government have run training sessions when the SHT was first launched but those modules were not included in education/training material and did not meet the requirements of different needs for different parties to improve understanding of the importance of data for care homes, how to input, how to use for improvement.

The RCA report commended the SHT for its ambition and ability as a platform for quickly enabling for the first time standardised information on key safety indicators in response to the pandemic. The report also supported its development for sustained improvement going forward. This sentiment was also strongly echoed in the Independent Review of Adult Social Care.[14] The latter recognised the acute need for sustainable improvement in collaboration with the sector and national bodies and commended the SHT for being an important step to realising that vision.

To strengthen the use of the SHT, especially given the fact that care home staff were not all used to regular data reporting of this nature or improvement methodology, the RCA recognised that care home managers and staff needed support.

Progress

Care homes were extremely compliant with the SHT, which is not mandatory, throughout the height of the pandemic from its inception to August 2021 with the percentage of care homes consistently reporting at around 90%. The return rate began to decline in May 2022 to around 80% in part due to care homes not seeing the value of the SHT given that many of the COVID-19 measures have been paused or relaxed.

The SHT is under review (July 2022 onwards) to ensure it meets the needs of providers/users and reflects present and future pandemic/endemic status. This review aims to determine its future frequency of reporting and usage requirements, alongside, considerations of potential evolution 'post-pandemic' to serve as a supportive improvement tool beyond COVID-19 reporting. This review is due to report in 2023 and will consider:

a) The short term immediate future for the tool –COVID-19 focus and actionable information gathered, especially in relation to winter planning and supporting care homes/local partners.

[14] Adult social care: independent review - gov.scot (www.gov.scot)

b) The long-term and evolving the SHT to support improvement in line with the recommendations of the RCA, IRASC and Health Framework.

At this stage in the pandemic, it is recognised that ongoing work is required to foster continued understanding and of the value of the SHT approach..

A refreshed National Digital Health and Care Strategy[15] was published in October 2021 which details the overarching/strategic approach to digital across the health and social care sector. It recognised the importance of sustaining the innovation that was demonstrated through the pandemic and provided a vision and principles in data. Work is also progressing on a national data strategy for health and care with three high level aims:

- to empower the people of Scotland to have greater access and control over their health and social care data,
- to empower those delivering health and social care services to have the confidence and ability to gather and share data to improve services
- to ensure high quality data is accessible to drive the development of new and improved ways of working, treatments and technologies.

3.5 Care homes should ensure preparedness for any potential outbreak by maintaining a current register of all required staff and resident data

As noted above the importance of having a current staff and resident register was critical for testing, vaccination and ultimately being able then trace positive cases to a specific care home.

All care homes in Scotland are required to maintain an up to date register of all staff and residents and this is outlined in the CI 's 'Records management good practice which states that services (except childminding) must keep and guidance on notification reporting[16]. The challenge is keeping this up to date in a sector where turnover is high. People were dealing with the pandemic and also if all care homes has a digital record rather than a manual collection. There are no requirements to keep the CHI number of care home residents which is key to linkage with health information and was needed as explained above in the case of the pandemic to trace COVID-19 test positives to individual care homes. As noted previously in this report, not all care home staff are registered with a GP Practice, so accurate personal date on other demographics is even more important at the care home level.

[15] Digital health and care strategy - gov.scot (www.gov.scot)

[16] Rcds services(except cm) must keep and guidance on notification reporting (300420).pdf (careinspectorate.com)

A revised version of Discharges from NHS Scotland Hospitals to Care Homes[17] (Page 81) was published in April 2021 from the data collected from March 1 – 31 May 2020 by PHS. This report recognises the need to improve the systematic recording of information on hospital records to identify when a person is either admitted from or discharged to a care home. PHS is working with NHS Boards and IT System suppliers to enable the name of the care home to be recorded on admission and discharge. This will then be submitted to PHS as part of the routine datasets. Alongside this PHS are planning training materials and reminders about why it is vital for all staff to record this information accurately.

Going forward

- The Scottish Government need national statistics which are consistent with respect to care homes. We need all national bodies to use the same definition of what constitutes a care home (i.e. that defined by the care regulator, the CI) and we need consistent recording of care home residency in CHI and institution coding.
- The Scottish Government is currently undertaking a Care Home Data Review with partners which will appraise the quality, frequency of reporting and content of the current data landscape with a view to determining the future requirements.
- The Scottish Government will work with care homes, CI, Scottish Care and the wider sector to develop the tool so it has an improvement focus in the context of the wider data landscape.
- To supplement this learning we will work with care homes and Health and Social Care Partnerships (HSCPs) to test the use of the SHT for improvement and to align with the requirements of the national data and digital strategies.
- the Scottish Government will re-engage with the sector to showcase how the current information captured in the tool can be used by care homes for planning and early warning. In doing so consider the issue of data duplication as highlighted above.
- National local partners need to ensure that the resource invested in data collection produces data that is of sufficient quality, consistency and completeness to enable comparisons between areas over time and for local improvement also.

[17] Discharges from NHSScotland Hospitals to Care Homes between 1 March and 31 May 2020 (publichealthscotland.scot)

4. Early Warning Systems

The RCA report cited a lag in turnaround time for testing results as being a factor in delay of a care home declaring an outbreak. This also impinged on a managers ability to identify and react quickly in order to put in place additional control measures.

Early warning indicators require to be sensitive to a number of factors including; staffing, sickness absence, increased testing initiatives test kit availability and community prevalence.

A knowledge of broader COVID-19 symptoms among care home staff was acknowledged as key within the report as was the added degree if suspicion that comes with that. The report noted an example of one failure to swiftly introduce control measures following one symptomatic resident only being tested on their admittance to hospital and that communication of findings were not reported back to the care home by the NHS.

An outbreak definition requires identification of two or more linked cases and thus a single case may not trigger outbreak precautions, but this potential 'early warning' system needs to be activated at the level of individual hospital teams communicating with care homes, whether the individual is being admitted or discharged. In practice, the notification is likely to occur if the resident is being discharged, however it has the potential to be overlooked when residents are being admitted/remaining as inpatients due to their illness presentation as not all clinical staff know that there is no central notification/alerting system and the importance of sharing this information themselves.[18]

In the second wave of the pandemic NHS boards were identifying outbreaks earlier and dealing with them more swiftly and responsively. However it was highlighted that there was delays between the first known or confirmed cases and the declaration of an outbreak in the safety huddle data. There was a variety of data issues throughout the system which not only contributes to delays in timeous action being taken in care homes but highlights the importance of early warning systems.

The CI gathered information on suspected and confirmed cases notified to them and shared this daily with local public health teams. They developed support for services who had a suspected or confirmed outbreak by direct contact with the service to ensure the manager had put in place the current and up to date guidance. Due to level recognised level of risk with COVID the CI required notification of one confirmed or suspected case and not two as is the definition of HPS.

[18] Publications - Public Health Scotland

Recommendations:

4.1 TURAS, and supporting processes for its use in the HSCP and care homes, should continue to be further developed to ensure it can be used as effectively as possible as an early warning systems.

Progress

As indicated in the sections above work is ongoing to streamline data across Health Boards/ Health and Social Care Partnerships (HSCPs) to ensure that cases of COVID-19 (or other pathogens) can be picked up swiftly and acted upon. The use of the SHT as a reporting mechanism for outbreaks needs to be reviewed in line with the work PHS has carried out on HP zone.

4.2 Care homes should be supported to use the TURAS data for local improvement

Progress

As outlined in the section above, work will be taken forward with care homes and the wider sector to explore the use of the tool for improvement. The TURAS platform has also enormous potential for training and education more generally and allowing material to be accessible to care home staff.

4.3 A further detailed review of staffing rosters and workforce capacity should be considered based on the findings from the TURAS indicator data, it may be helpful for care home oversight groups to work collectively with care homes in the use of workforce tools to enable system level planning and mutual support

Progress

The Health and Care (Staffing) (Scotland) Act 2019 will be enacted in April 2024. The CI 's Safe Staffing Programme (SSP) was commissioned by Scottish Government in preparation for this.

In 2023, the CI will make recommendations to Scottish Government about whether there is a need to develop a staffing method particularly (but not exclusively) for care homes for older people. The SSP will also review how workforce data is collated and analysed and make recommendations for change.

In addition, the CI introduced a staffing Risk Assessment Document (RAD) which enabled services to inform them when staffing levels were critical or reach crisis point. These were shared with oversight teams to enable supports to be put in place in care homes to ensure safe staffing levels. This has now been removed but a new notification around staffing

across social care has been introduced which gathers information on vacancies in care services and data is shared with Scottish Government and informs Scottish Government Gold.

Going forward

- The Scottish Government will work with national bodies to understand the appropriate role for TURAS (SHT) as a mechanism for reporting COVID-19 (or other outbreaks).
- The Scottish Government also need to clear who is primarily responsible for reviewing/analysing the data on outbreaks and the flow of data from SHT to those who need to see/act upon that information.

5. Testing

The RCA report indicated that timeliness of testing in an outbreak and reporting of results from local HPT teams were common themes in the care homes that were reviewed. There was also reports of long turnaround times in the UK lighthouse network labs which were initially used for weekly asymptomatic staff weekly PCR testing. These labs also did not have the facility for Whole Genome Sequencing (WGS) to understand the genetic code and ultimately new strains of the virus.

Since the onset of the pandemic care home staff have been prioritised for regular screening for COVID-19 and the Scottish Government has continually reviewed testing for this group (and wider social care staff) on the basis of clinical advice.

The winter preparedness plan (2021/22) detailed the commitment to move weekly PCR asymptomatic testing from the lighthouse network to a series of regional NHS labs by the end of March 2021. This had the direct effect of mitigating the peaks in turnaround times due to high demand for PCR across the UK at times of high prevalence. NSS added barcodes specific to each care home which allowed the identification of orphan results (samples that were partially or not filled out at all with information that would allow either the individual or care home to be identified). Unique barcodes allowed positive lab test results to be flagged to the care home immediately.

A number of processes were also made in the winter plan including enhanced support for care homes in the event of a suspected outbreak including where appropriate whole home testing for staff and residents in the event of one positive test.

Recommendations:

5.1 Urgent action should be taken to ensure parity of access to testing and speed of response for care home and wider NHS and agency staff deployed there

Progress

Testing guidelines have applied to those who working in a care home even if not directly employed there. All staff working including agency were eligible for weekly asymptomatic weekly PCR testing and LFD testing. Agency staff could also access PCR and LFD tests from local testing centres/postal service. As widespread testing at the population level was scaled back, care homes had additional stocks of LFDs so they could offer agency staff testing kits to either test on site or take home. Nationally, a number of seminars were undertaken throughout 2021 for social care staff on the benefits of testing and swabbing. Training materials were added to TURAS learn and various guidance was added to the Scottish Government website.

5.2 Urgent action to ensure suspected outbreaks in care homes result in all staff and residents being quickly tested and there are no delays to total turnaround time from sample being taken, to results being reported back

Progress

As highlighted in this section above various actions on testing and general support were put in place to improve turn-around times for testing of suspected/then confirmed outbreaks in a care home. Testing guidance for staff and residents in the event of suspected/confirmed outbreaks changed over the course of the pandemic in response to risk. The response has moved from rapid whole home testing to identify cases and contain/prevent an outbreak to targeted testing.

High levels of vaccination among care home residents and the risk of severe harm lessoning since Omicron means that only symptomatic residents and staff are now tested and in the event of a suspected respiratory outbreak up to five residents displaying symptoms will be tested.

6. IPC knowledge and expertise

The RCA indicated that care home managers reported inconsistency in local board level IPC advice provided and the need for access to expertise to support them in a context specific way for the IPC risk assessment within the care home environment. Acknowledging the lack of IPC specialists in community settings, the report recommended building local IPC capacity at Health and Social Care Partnership (HSCP) level through for example

Community IPC Nurses and building IPC capacity in or connected to the HPTs, who know their local care homes and the context.

Recommendations:

6.1 Local IPC capacity requires to be developed at HSCP level and with HPTs to support care homes with expert IPC advice which is risk based, proportionate and supports compassionate care in a homely setting

Progress

A review of the antimicrobial stewardship (AMS) and IPC workforce was commissioned in 2020 with a final infection services workforce strategic plan due for publication at the end of 2022. This will be of significant relevance to those providing support to the sector. This takes into account the rapid changes experienced through the COVID-19 pandemic, demographic shifts in care from acute to community settings, and opportunities brought by new data and analytical services, new technology and new ways of working.

This workforce plan aims to build capacity and capability of AMS, Health Protection (HP) (with relevance to IPC) and IPC workforce in all health and care settings. It contains recommendations around developing the optimal workforce along with appropriate education and training.

A review of current available learning opportunities is being conducted by NES. This will allow for key priorities to be identified for development and to meet future and evolving needs. In addition, NES are currently undertaking a review of the existing IPC frameworks for the IPC workforce. Furthermore, work has begun on the creation of an AMS framework as well as other career frameworks for IPC/HP and AMS workforce can be found in Section 7.

Learning events, held by the CI , have encouraged sector staff to create a TURAS account to give access to a range of health and wellbeing information including the Scottish Infection Prevention and Control Education Pathway (SIPCEP) modules to help develop skills to care/support people experiencing care. These events were open for all staff to attend. The SSSC provided resources, including induction resources, which linked to the TURAS resources. They signposted care staff to NHS Education Scotland resources.

An IPC Sub Group of the CPAG was established on 29th April 2021. Reporting to the CPAG, the subgroup was a multidisciplinary group which aimed to address the RCA recommendations related to IPC, support embedding of IPC within the social care sector and provide clinical and professional advice for the care home sector regarding all aspects of IPC. The group has now concluded but consideration of IPC issues in the context of adult social care is undertaken in AHRAI community Scotland's Community IPC Programme Working Group

The CI led, developed and delivered learning events to the social care sector, including care homes, care at home and housing support services about consistent IPC practice and the IPC Standards. Over 600 staff attended these events between June and August 2022. The events have evaluated very well and have been supported by a number of agencies. This has allowed the CI to facilitate discussions about each standard: In response to feedback, two additional dates for care at home, housing support and adult day care providers and staff were added to allow more focus on these settings.

Preventing the spread of infections has always been important within care homes, and has been even more apparent during the COVID-19 pandemic. Care homes are not and should not become sterile 'clinical' settings, but they must remain safe environments for people to live in. The Healthcare Improvement Scotland (HIS) Infection Prevention and Control (IPC) standards (see description below Section 7) are a requisite for safe, high quality care in all settings. They must be supported by access to relevant IPC guidance, advice, education/training and guidance. By applying best practice, infections such as respiratory tract, gastrointestinal or wound infections, may be prevented. It is essential that this is part of routine compassionate care in a homely environment. IPC plays a part but so does hydration, mobility and medicines management. In addition, the aforementioned nurse directors responsibilities under oversight also covered IPC support.

Going forward

- The Scottish Government will consider ways to implement at local level IPC SICPs capacity in context of Health and Social Care Partnerships (HSCPs) and to ensure consistency of messaging on IPC in the care home context.
- The Scottish Government will work with partners to consider the development an IPC strategy for social care settings setting out vision, aims priorities including around workforce development and capacity building.
- Consideration should be given to whether this should be combined with an overall integrated strategy for health and social care settings.

7. IPC Indicators

The report indicated that IPC practices were not necessarily embedded in care homes and there is a need to ensure that IPC and in particular Standard Infection Control Precautions (SICPs), including hand hygiene, should be employed for every resident, every time as the first line of defence to prevent transmissions of any infection.

Furthermore the scale up required to Transmission Based Precautions (TBPs) needed in the context of a single case, and at pace was a key challenge, particularly for those homes with no experience of an outbreak in the first COVID-19 wave. As a result, the RCA provided a series of recommendations around monitoring IPC indicators, embedding SICPs

in every day practice and the use of TURAS to understand safe staffing, escalation and IPC standards.

Recommendations:

7.1 IPC indicators (such as hand hygiene compliance) should be routinely monitored in care homes and comparative reporting over time developed – TURAS should be considered for further development to encompass this

7.2 Monitoring systems for IPC quality improvement in care homes should be further developed

7.3 Further work is required to develop SICPs as part of day to day practice in care homes settings

7.4 The TURAS dashboard should be used by care home managers and by HSCP in order to provide assurance in relation to safe staffing, escalation and IPC

Progress

Indicators:

Health Care Improvement Scotland (HIS) published IPC standards in May 2022 for health and social care settings which superseded HIS's 2015 HAI standards. With the aim of supporting efforts to reduce the risk of infections, these standards support: organisations to quality assure their IPC practice and approaches, and the IPC principles set out in the National Infection Prevention and Control Manual[19]. The standards are expected to be adhered to across all health and social care settings including NHS Scotland settings, independent healthcare and adult social care including care homes. The CI and Healthcare Improvement Scotland take these into account during all relevant scrutiny and regulatory activities. All other health (including independent healthcare) and adult social care organisations and settings (including adult day care) are encouraged to adopt the standards as good practice.

Monitoring:

Standard 4 relates to assurance and monitoring systems requiring organisations to use robust assurance and monitoring systems to ensure there is a co-ordinated and rapid response to reduce the risk of infections and to drive continuous quality improvement in IPC.

[19] The National Infection Prevention and Control Manual (NIPCM)

The SHT was initially used as a monitoring tool for IPC, but as the RCA report found self-reports tended to show 100% IPC compliance before and during the outbreak which contradicted the findings from CI, inspections and complaints investigations, and HIS reviews. There is a likely need for training and a greater need for monitoring systems of IPC in care homes.

As noted above, during the COVID-19 pandemic the CI introduced an additional key question to the Quality framework[20] for care homes for adults and older people Key question 7 focused on 'how good is our care and support during the COVID-19 pandemic?'. This key question is no longer a part of the framework, however the quality indicator 1.5, 'People's health and wellbeing benefits from safe infection prevention and control practices and procedures ' has been implemented for scrutiny and assurance activities. QI 1.5 takes account of the Care Home Infection Prevention and Control Manual (CHIPCM) published in May 2021[21]. It puts IPC at the centre of our work in care homes with all interventions. It is a self-evaluation framework and the CI have provided a self-evaluation and tools for the sector to assess their own performance against the quality indicator which is based on the standards and other good practice guidance.

Standard Infection Control Precautions (SICPs):

SICPs are the basic infection prevention and control measures necessary to reduce the risk of transmission of infectious agent from both recognised and unrecognised sources of infection.

The CI has led IPC standards learning events to reinforce the need to embed SICPs into everyday practice including monitoring and QA of staff practice. The CI promote and signpost to the NES SIPCEP resources. Learning events included representatives from adult care homes, adult day care, housing support services and care at home services to promote the use of SICPs in social care practice.

The CI promotes the Preventing infection in Social Care Settings pocket book [22] for use in social care - Preventing Infection in Social Care Settings (including community, care home and homely settings) and the foundation SICEP level at all IPC webinars internal and external

[20] Quality framework for care homes for adults 2020.pdf (careinspectorate.com)

[21] National Infection Prevention and Control Manual https://www.nipcm.scot.nhs.uk/infection-prevention-and-control-manual-for-older-people-and-adult-care-homes/

[22] Preventing infection in Social Care Settings pocket book | Turas | Learn (nhs.scot)

Policy and standard operating IPC procedure guidance was developed and published by the CI to support/inform new applicants of the CI 's expectation around what is required in relation to IPC precautions and practice, before registration is granted.

The National Infection Prevention and Control Manual[23] (NIPCM) and the Care Home Infection Prevention and Control Manual[24] (CH IPCM) provide more details on SICPs and TBPs to be applied depending on the route of infection. Until the publication of the National Infection Prevention and Control Manual (NIPCM) for older people and adult care homes in May 2021, a link to the NIPCM was provided on the CI website. Information was also sent to every individual care home and care at home service. A Q&A guide was produced for services to support the use of SICPs.

To support the provision of IPC, education, training and support, in relation to care home and care at home settings. NES and SSSC have been asked by the Scottish Government to work in partnership to provide educational and training solutions to support care home and care at home staff to deliver safe and person –centred care in respect to infection prevention and control (IPC). Reflecting the recommendations from the RCA report the work comprises:

1. Development of a mandatory induction module for IPC, in partnership between SSSC and NES, should be undertaken as soon as is practicably possible.
2. Consider a supportive education model where care homes educators' roles are developed to support every care home in Scotland.
3. Workforce development needs for IPC requires to be considered for all staff in care homes and those providing IPC support to this sector

The IPC advisory group will inform, design and deliver the induction module with the following proposals:

- To extend the reach of the existing SIPCEP 5 Foundation Layer modules and IPC pocketbook to ensure they have relevance for care at home and housing support staff as well as care home staff.
- To create resources that are mobile accessible to ensure parity of accessibility across the sector based upon the content of 5 Foundation level SIPCEP modules and the IPC pocketbook

[23] National Infection Prevention and Control Manual: Home (scot.nhs.uk)

[24] National Infection Prevention and Control Manual: Infection Prevention and Control Manual for older people and adult care homes (scot.nhs.uk)

The induction module will be the first part of the Foundation Layer of the Scottish Infection Prevention and Control Education pathway and will be made available as a NES/SSSC badged mobile enabled learning resource available from both NES[25] and SSSC[26] websites.

Safety Huddle tool / TURAS / Health and Social Care Partnerships (HSCP) oversight
With respect to monitoring , TURAS has allowed care home managers to identify care needs and staffing levels to be able to deliver safe and effective care. This has then supported local Care Home Clinical and Professional Oversight teams to provide support where required and if necessary escalate issues to the CI and Scottish Government, and ultimately if required, to use emergency powers held by Ministers.

As noted above the SHT is being reviewed with some questions already having been removed or changed but there is further work to do to review the questions to ensure that there are fit for purpose

Going forward

- There will be a continuing need for further training and support for care homes to adopt and sustain robust IPC monitoring as per HIS IPC standards - standard 4
- Given the high turnover of social care staff, it will be important for organisations supporting care homes to continue to promote and embed SICPs for example through promoting the NES SIPCEP resources.
- Enhancement of staff access to development opportunities such as webinars and learning events, peer support networks providing time and appropriate IT equipment.

8. Leadership

Leadership roles within care homes, particularly care home managers, as in other sectors are vital and are recognised as being one of the key factors in the successful running and the quality care and support [27] [28] [29]These roles, are particularly complex and demanding, but have been especially so through the intensity of the COVID-19 pandemic. Staff have had to deal with grief and loss on an extraordinary level as well as adopt a range of measures to keep people safe. Management organisations, structure, size and degree of staff specialism can vary depending on care home, bringing added complexity.

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[25] NHS Education for Scotland | NES

[26] The Scottish Social Services Council - Scottish Social Services Council (sssc.uk.com)

[27] Leadership styles and leadership outcomes in nursing homes: a cross-sectional analysis - PubMed (nih.gov)

[28] Support for leaders and managers (skillsforcare.org.uk)

[29] Appropriate leadership in nursing home care: a narrative review | Emerald Insight

The high pressure, turbulent and high-risk nature of the pandemic has put significant strain on the resilience of care home managers. This is recognised within the RCA report, citing the need for managerial organisations, regardless of size, to act and provide support allowing managers to successfully undertake their role.

The RCA report recognises the diverse range of backgrounds and skills among care home mangers whilst identifying the desirability of access to; enhanced leadership training, mentoring and local leadership networking. The report acknowledged that managers with professional nursing backgrounds are more likely be registered with the Nursing and Midwifery Council than they are the SSSC. Care home managers who are also registered nurses are not, therefore, mandated to obtain a leadership or management qualification.

Recommendations:

8.1 Organisations should take steps to ensure the emotional wellbeing of all staff, with a particular focus on care home managers, through providing access to support and signposting to the range of resources currently available.

The RCA report recognised the immediate need to support the emotional wellbeing of care home managers, as they and their staff grapple with resilience in dealing with the pressures created by the COVID-19 pandemic. These included; police investigations, being the focal point for family members concerns; as well as coping bereavement, grief and loss on an unprecedented level were noted as key challenges to resilience and wellbeing.

Progress

Recognising the pressures facing health and social care staff and in particular care home staff a range of national and local wellbeing programmes have been developed.

In May 2020, a partnership was launched with National and local professional bodies for looking after the emotional and psychological wellbeing of health and social services workers, providing support relating to the emotional and physical wellbeing of staff. This is now a partnership initiative between the Rivers Centre for Traumatic Stress and Scottish Government Health and Social Care Directorate. This was done with the support and engagement of key partners – NHS Boards, Health and Social Care Partnerships, Trade Unions, professional bodies and associations.

The emotional wellbeing of staff has been in focus for the SSSC. They have undertaken work to ensure support such as being an active member of national wellbeing focus groups; providing support for the 'Wellbeing Champion Network; promoting the 'Coaching for Wellbeing Programme'. They have also provided leadership development, supervision, coaching and mentoring materials via the SSSC 'Step into Leadership' resource.

Along with CCPS and Scottish Care, the SSSC carried out research in Spring 2021 to establish what kind of wellbeing support was required by managers, frontline workers in care homes, housing at home and care at home workers. Using the feedback received, the SSSC delivered peer support, reflective support and leading in crisis sessions in the early part of 2022. Despite attendance being lower than expected, due to service pressures, feedback was positive.

The Kinharvie institute developed and delivered similar sessions for senior leaders supported by Scottish Government funding and in close collaboration with the SSSC. Similarly, to the previously mentioned courses, despite positive feedback, attendance was low with service pressures being the cause.

To support staff during the pandemic, the CI operated 7 days a week, providing advice and support to managers and staff on managing large outbreaks. Along with this support they also dedicated a part of their website to staff wellbeing resources linking both the Scottish Government and SSSC content. This was in conjunction to delivering wellbeing webinars and establishing a reference group to engage with staff on pandemic experiences. Wellbeing was also included as part of the inspection methodology used by the inspectorate, something they introduced from May 2020. In addition, the Safe Staffing Programme (SSP) delivered 24 stakeholder events which included staff wellbeing.

Locally NHS and Local Authority partners came together to ensure support for staff wellbeing, making use of national resources such as the National Wellbeing hub. This was done in range of ways for example through regular peer forums where staff come together to discuss and share issues as well as the provision of individual wellbeing support for staff. One example was an initiative in NHS Lanarkshire led by clinical psychologists: 'The Care Home Wellbeing Group – in the corner for care home staff'. Recognising the significant impact of the pandemic on care home staff wellbeing and resilience, work was undertaken to gain a better undemanding of the challenges staff were facing to tailor support for all staff regardless of role or employer/ owner. Staff indicated that they found the support from each other to be beneficial so a peer support network was established for staff and managers. A campaign was launched to attract in-house wellbeing supporters in care homes with psychological first aid training provided and access to experienced clinical psychologists. This was complimented by providing information on wellbeing resources and access to support as well as regular newsletters. NHS Lanarkshire developed a video[30] about the work.

[30] Lanarkshire Care Home Wellbeing Group (vimeo.com)

8.2 Consider access to enhanced leadership training, mentoring and leadership networks

Recognition of the diverse range of backgrounds and skills among care home managers was acknowledged within the RCA report. However, particularly given that 41% of managers were still to achieve the required SSSC management qualification, it was identified that access to enhanced leadership training, mentoring and local leadership networking was desirable. Irrespective of background, it is important that managers possess the skills and abilities to support the workforce in challenging times, undertake their role successfully and be supported to do so by the managing organisation.

Progress

Scheduled for launch in October 2022, development of the Leading to Change (L2C) (formerly known as the National Leadership Development Programme (NLDP)) is underway. This will provide a variety of leadership development offerings and support for social care and social work staff. This endeavour is supported by the SSSC who work closely with the Scottish Government in the programme development. Various L2C subgroups have been established, including groups that are social work and social care specific.

NES and SSSC co-designed 'Leadership Links' seminars, with NES hosting. These complimented Project Lift/ L2C leadership community events throughout 2021/22. Staff have been encouraged to attend these events.

The SSSC's promotion and support of Wellbeing Champions as well as the 'Coaching for Wellbeing Programme' have contributed to the advancement of this recommendation along with the delivery of peer support, reflective support and the leading in crisis sessions in early 2022.

The SSSC's Step into Leadership resource has provided social service workers with access to a range of leadership development learning resources and activities including a (360 degree) leadership capability feedback tool for frontline workers. It shares examples of good leadership in practice. It is structured around six leadership capabilities which have been adopted by for a similar resource, hosted by NES on the TURAS dashboard. The SSSC's leadership logic model provides an illustration of what good leadership looks like in social services and can be used to provide focus to leadership development discussions.

As part of the Healthcare Framework implementation, the Scottish Government has funded 5 places for care home managers on the Person-Centred Practice (Advancing Care Home Practice) PGCert programme run by Queen Margaret University (QMU)[31]. This is a newly

[31] MSc/PgDip/PgCert Person-Centred Practice (Advancing Care Home Practice) (qmu.ac.uk)

developed programme specifically designed and tailored to suit leaders, both clinical and non-clinical, working within a care home setting. It consists of three modules (Theory and Practice of Person-centred Health and Wellbeing; Leading Person-centred Practice for Health and Wellbeing and Advancing Care Home Practice). There will be a focus on leadership, promoting autonomy and experimenting with a range of methodologies, including quality improvement and practice development, to create person-centred cultures that improve the experiences of residents, families and teams in care homes.

8.3 A national information campaign should be considered for care home staff to ensure information is well understood in relation to how personal behaviour can impact on their role whilst at work, to include social distancing, cigarette breaks, car sharing, and remaining vigilant to risks at all times

Progress

The recommendation was written in the height of the COVID-19 pandemic to address concerns at the time including social distancing, personal hygiene etc. This was included in subsequent guidance from ARHAI and PHS in support of the pandemic needs.

The Kind to Remind campaign, developed as part of the CNRG COVID-19 behavioural insights sub group work, was approved at the IPC subgroup on 9 December 2021 and ran until it was rebranded as 'COVID Sense' in May 2022. The aim of the initial campaign was to inform health and social care staff behaviours that prevent and limit infection and transmission such hand hygiene, ventilation, quality mask wearing, risk of gathering during break times, being distance aware and car sharing. To support conversations, posters and social media tools called "kind to remind" were produced and issued to the sector.

Launched in May 2022 'Covid Sense' Healthcare Workers Stakeholder Toolkit was published to demonstrate the impact of positive behaviours on individuals and those around them. This includes a campaign film "Because I care" supporting staff in IPC excellence. More campaign links can be found at Scottish Government Marketing News[32]. The CI has shared this with the social care sector and will continue to share this kind of information and updated guidance with the sector.

Going forward

- The Scottish Government with the sector will continue to recognise the importance of investment in leadership, support and wellbeing. SSSC will provide peer support, reflective practice and leading in crisis sessions to allow staff, who could not attend the early 2022 sessions the opportunity to do so.

[32] Scottish Government Marketing News (prgloo.com)

- Supervision and learning resources are to be revised by SSSC – including how supervision can be used as wellbeing support for workers.
- The Safe staffing Programme at the CI to support the sector to prepare for enactment of the Health and Care (Staffing) (Scotland) Act 2019. Part 1, the guiding principles, includes staff wellbeing to ensure safe and high-quality services.
- The Scottish Government will continue to support the development and promotion of the national wellbeing hub for health and social care staff.
- NES and their delivery partner, HULT Ashridge will deliver the Developing Senior Systems Leadership programme to the first cohort in September 2022 – a further two are also planned.
- 'You as a collaborative leader' programme is scheduled for late 2022. This is a product of the leadership of integration activity between NES and RCGP Scotland and the SSSC.
- Queen Margaret University is creating a course that is centred on nurses, enhanced leadership training. This includes 'business in care' and 'kindness - person catered framework for organisations.

9. Training and Education

Education standards, set by SSSC for care workers, have seen variation in both attainment of SVQ level qualifications and adherence to routine practices relating to IPC standards.

The RCA report highlighted inconsistencies within organisations such as; IPC content being included within their induction, permission of staff to access online education platforms, lack of external resources and differing amounts of in-house expertise.

Cited within the RCA report was the previous good work between the SSSC and NES in developing education modules. The extension of this work to develop mandatory IPC induction modules was recommended along with "the provision of a network of dedicated care home educators for all care homes". This would aid in the reinforcing of knowledge into practice. However, it was recognised that consideration should be given to the varying access staff have to educational material.

Recommendations:

9.1 Development of a mandatory induction module for IPC, in partnership between SSSC and NES, should be undertaken as soon as is practicably possible

The report found that some organisations included IPC content within their induction. It was also highlighted there was a challenge in some organisations to ensure that practices were consistently adhered to, especially with the added pressure of the pandemic.

SSSC have collaborated successfully with NES on educational materials previously. Within the report it specifies that an extension of the previous approach should be taken to develop mandatory IPC induction training.

Progress

In April 2022, work concluded on the development of the mandatory induction module 'Why IPC Matters'. This was based on the NES foundation SIPCEP module and will be embedded within the SSSC pocketbook smartphone application. The application will be available by the end of 2022.

The design and technical build across the foundation layer modules is being managed by NES. This started in April 2022 with the induction module with work continuing through December 2022 on other modules within the foundation layer.

As a result of collaborative work between the SSSC and NES, The National Induction Framework for new entrants into social care was launched in February 2022, and materials are available via the SSSC website[33]. Further work is ongoing to expand materials to ensure the framework offers a robust induction for all social care staff.

9.2 Consider a supportive education model where care homes educators roles are developed to support every care home in Scotland

Within the RCA report it was noted that there were inconsistencies in educational support referencing variability with in-house expertise and availability of external assistance. As well as the IPC induction module, the report specified that the SSSC and NES should develop the "provision of a network of dedicated care home educators for all care homes".

Progress

Progress toward this recommendation is enhanced by the free offerings from the National Leadership Development Programme. This is funded by the Scottish Government via the Development Programme.

Workshops were held by the CI who invited care home assurance/oversight teams to support his work. Workshops were delivered to care home staff and providers to promote consistent advice, provide proportionate IPC advice, the CHIPC manual and to take account of the specific care environment/setting. There was benefit in exploring the balance of IPC risk against protecting people's rights.

[33] Getting started - Scottish Social Services Council (sssc.uk.com)

The Scottish Government published COVID-19: Guidance for care at home, housing support and supported housing[34] and held workshops in May and June for care homes with a turnover of 349 attendees. These covered many topics including; the importance of continuing IPC measures, hand hygiene, vaccination, car sharing, appropriate use of PPE and Safety through the application of Standard Infection Control Precautions (SICPs). Attendees were also sign-posted to further training and guidance as well as enhanced measures which can be taken.

HIS IPC Standards were also promoted through learning events which were led by the CI. The events covered the understanding of application and implementation of these standards within care home and care at home settings. These events were interactive and focussed on sharing good practice and implementation. Over 600 people attended these events.

In addition to this, some services are also using the Restore2[35] or Restore2 mini, escalation tools to support care homes in recognising when a resident is, or is at risk of, physical deteriorating and allow for appropriate escalation.

9.3 Workforce development needs for IPC requires to be considered for all staff in care homes and those providing IPC support to this sector

RCA report highlighted some inconsistencies with regard to staff being enabled to access online learning materials. This recommendation aims to ensure that those inconsistences are considered to ensure IPC development needs can be met. This recommendation aligns with the recommendation 6.1 and the progress in this area is detailed in section 6.1

Going Forward

- The SSSC and NES to continue stakeholder testing and involvement in development of the remaining resources.
- Enhancement of staff access to development opportunities such as webinars and learning events providing time and appropriate IT equipment.
- SSSC to remind employers of the Code of Practice for Employers that includes induction and staff having dedicated time for training.

[34] Coronavirus (COVID-19): guidance for care at home, housing support and supported housing - gov.scot (www.gov.scot)

[35] RESTORE2 (wessexahsn.org.uk)

10. Relationships

The RCA report suggested that all parties should take active steps to build strong relationships with care homes - example NHS, local authority, Health and Social Care Partnerships (HSCPs) - to enable robust responses to COVID- 19 outbreaks. The report noted that where local networks were strong prior to the pandemic, this provided a positive platform which could be built upon to provide support and solve problems. Other than acknowledging the importance of continuing to develop these relationships across the system. No specific recommendations were made.

11. Guidance and Local Adoption

The RCA report acknowledged that guidance is complex and changing in light of emerging evidence for COVID-19 which makes it challenging for staff to keep appraised of updates. The importance of effective local leadership within the home and access to expertise and support from local NHS Boards was seen as essential to support adoption. The RCA reported on good examples of where this has taken place. However the report noted difficulties for staff in accessing timely advice through lack of access to online systems for learning, emails, or general communication; guidance issued too close to the weekend; expectation of families following announcements for updates to be implemented immediately; challenges in accessing advice and support from the Health and Social Care Partnerships (HSCPs), the HPTs and where applicable the care home group. Fundamentally the report indicated that experience of COVID-19 has illuminated a care home system which is not IPC-resilient and needs considerable investment to ensure its future preparedness. Recommended steps to ensuring resilience included the use of the World Health Organisation (WHO) multimodal improvement strategy for IPC in health and care settings[36] to support standardisation, improvement, monitoring and reporting. In practice, this means the use of multiple approaches as part of quality improvement programmes that in combination contribute to influencing the behaviour of the staff towards the necessary improvements that will impact on outcomes and contribute to organisational culture change.

Recommendations:

11.1 HSCP planning using a multimodal approach to IPC is required; this may be supported by national IPC lead organisations such as ARHAI Scotland

[36] WHO multimodal improvement strategy summary

11.2 The new national care home manual for IPC planned for completion in December 2020 should be produced with a multimodal strategy plan for dissemination and implementation

Progress

Health and Social Care Partnerships (HSCP) planning using multimodal approach

Local oversight groups and public health HPT teams have provided public health and IPC advice and support for care homes. The Scottish Government also made available supportive materials including posters, video clips and online webinar sessions. In addition to individual advice and support, many local areas have developed a range of initiatives to support area-wide improvements for IPC and other issues through peer learning networks collaborative. Support for interpretation and implementation of guidance updates has also been provided through newsletters and seminars.

Care Home Infection Prevention and Control Manual:

As noted earlier, the new national Care Home Infection Prevention and Control Manual (CHIPCM) [37] was published in May 2021. Implementation was supported by a series of webinars delivered with partners: ARHAI, the CI , HIS and Health Facilities Scotland with the aim of promoting consistent application of SICPs. The CI takes account of the CHIPC annual and all good practice documents at inspections, IPC is a core assurance of the self-evaluation framework for care homes for adults and older people. Providers and visiting health and social care professionals continue to follow the Scottish COVID-19 Community Health and Care Settings Infection Prevention and Control Addendum as highlighted in section 2.1. The Care Homes Cleaning Specification[38] published in May 2021 provides a guide to planning, and implementing cleaning services. It provides tools to help with the planning, and implementing, and recording of cleaning activities and with the overall management activities. Workshops and letters were provided to the sector. The CI take account of the CHIPCM and the Safe Environment cleaning specification continues to be promoted during learning events to reinforce the importance of SICPs in everyday activity.

The CI developed and made available the COVID compendium to support providers and managers to have access to the most up to date guidance. The use of resources of compendium and Quality framework[39] in maintaining IPC standards are detailed in section 2.1.

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[37] Care Home Infection Prevention and Control Manual (CH IPCM)

[38] Safe Management of the Care Environment (SHFN 01-05) | National Services Scotland (nhs.scot)

[39] Quality framework for care homes for adults 2020.pdf (careinspectorate.com)

The CI have IPC as a core assurance for every inspection visit. They established a separate quality indicator and ensure that IPC practice is part of induction and training for all staff.

11.3 National organisations should be mindful of the impact of publication of guidance on days towards the end of the week or over weekends, and the availability of senior managers to support interpretation, dissemination planning should be considered as part of the guidance development process

11.4 Most recent versions of guidelines should clearly highlight the additional information or changes from the previous version

Progress

Guidance has evolved and been updated rapidly in response to the emerging situation. In view of feedback from the sector around timing of and updates to guidance, there was considerable engagement with the social care sector to improve guidance development, publication and communication. Discussions were held with a range of care at home, care home and supported housing providers, involving Association for Real Change (ARC) Scotland, Coalition of Care and Support Providers in Scotland (CCPS), Scottish Care, Health and Social Care Partnerships (HSCP) care home managers.

In response to feedback from the sector about the need for other forms of communication around guidance, Open with Care visiting guidance comprised a principles document with – concise, plain English; easy read version, family leaflet and other communications. More recently the Scottish Government extended use of face mask guidance published in September 2022 included a poster and video.

For the most part, national organisations have tended to avoid publishing guidance on Fridays following feedback from the health and social care sectors. This has broadly been welcomed by the sector however there were exceptions, most notably when guidance was issued by the Scottish Government to coincide with the discontinuation of test and protect before the May 2022 holiday in order that staff were aware of arrangements. Considerable work has been done by a range of organisations to highlight forthcoming and actual changes to guidance to make it clearer for social care providers.

The CI continues to support the sharing of guidance across the sector and use of COVID Compendium as detailed in Section 2.1 and also send out provider updates weekly or as required. Feedback suggests that care services find them useful and informative. As noted in section on the First Wave, some progress has been made in streamlining COVID guidance but there is still work to do.

Going forward

- National local partnership areas should continue to consider what support care homes require to enable adoption of guidance using the multimodal approach
- The Scottish Government will continue to ensure that updated guidance is provided in a timely manner, liaising with relevant stakeholders to ensure coordination and alignment.

12. Inspection Arrangements

The RCA report considered the most recently published inspection reports for each of the four homes, all of which highlighted ongoing issues related to the cleaning of the environment, staff IPC practice including correct use of PPE, management of waste and staffing numbers as well as concerns about people social distancing, who cannot self-isolate due to living with dementia, and end of life care for individuals. This was not unexpected as inspections were being completed in high risk services where there were concerns about outbreak management in agreement with DPHs.

The report noted the statutory function of the CI to undertake scrutiny and assurance activities in care homes but emphasised the importance of additional expertise particularly of the clinical elements of IPC. During the pandemic HIS supported the CI to inspect some care homes. Inspectors were full partners supporting development of inspection tools, carrying out inspections, reporting on inspections and being involved in enforcement action. They worked together as part of teams who carried out inspections. The lead agency in terms of the legislation was the CI with the legal framework for inspecting care homes.

The report also noted that many care homes operate as part of wider Scotland or UK wide corporations. The culture, management process and impact of the overarching corporate approach or parent company impacted on the agility of the independent homes to quickly assimilate information and adopt measures. As a result, it was recommended that the CI consider ways to move beyond individual inspections to allow an understanding of the corporate culture management and approach. The CI operate a relationship manager system where each corporate entity /provider has a link contact who provides advice, guidance and feedback on the intelligence across the provider organisation this includes identifying areas for improvement and this does include management approach and governance arrangements. However, to undertake regulation of a corporate entity/provider group would require a change of legislation.

Recommendations:

12.1 Undertake a thorough review of the joint inspection process to ensure a truly integrated approach to inspection in care homes is in place

Progress

As noted in the RCA report, during the pandemic, a "joint arrangement" way of working was established between the CI and HIS linked to the functions that the CI carries out under Part 5 of the Public Services Reform (Scotland) Act 2010. There is now provision in the NCS Bill which sets out a clear legislative basis for HIS to provide additional clinical advice to CI inspections should any future joint working be required such as during a pandemic. It should be recognised that the CI has a Chief Nurse and Health and Social Care Senior Improvement Advisor in IPC who provide advice on health and clinical matters. They also employ multi-professional health workers to carry out scrutiny, assurance and improvement activities in registered care services. All inspectors are contracted to maintain their professional qualifications and skills and are supported to do this matter routinely.

The HIS updated standards for HAI and include all health and social care settings so the associated inspection processes undertaken by HIS and the CI are working to the same standards.

Alongside this, the CI undertook a number of actions relating to learning from outbreaks and inspections including:

- Revising the 'Building Better Care Homes' guidance 'Care Homes for Adults – The Design Guide'[40] guidance taking into account information learned from outbreaks and learning environments.
- Development of a lessons learned plan based on intelligence gained from inspections to date – identifying common themes to shape quality improvement support. This resulted in targeted IPC learning events for the sector and ongoing learning events.
- Presenting to CPAG, DPH, PRASC, Scottish Care, Scottish Government, Nursing Directorate and other oversight groups lessons learned and outcomes from inspections.
- From the lessons learned, the CI developed two winter plans complementing the Scottish Government Winter Plan
- Developing early on in the pandemic Key Question 7 for use at inspection by HIS and CI staff in care homes. This covered IPC, Wellbeing and Staffing

IPC is a core assurance which is undertaken at all inspections as part of the CI quality framework. Having the Core Assurances l ensures IPC oversight in care services at every inspection.

[40] care-homes-for-adults-the-design-guide.pdf (careinspectorate.com)

By ensuring its scrutiny and assurance activity focus on health and wellbeing as well as IPC, CI aims to achieve a balance between IPC and general health and wellbeing, which includes the importance of connection for people.

The CI follow up any requirements with a further inspection in timescale to evidence improvement in care of people and publish those reports. They have also updated Quality Frameworks with learning from COVID and added quality indicator for IPC in Care at Home, Housing Support and Nurse Agencies.

Reviewing and publishing updated inspection frameworks for care homes and care at home from learnings from the pandemic. This includes quality indicators 1.5 in the Quality for Care Homes Framework[41] to support IPC Practice as described earlier in Section 7.1. In July 2022 IPC policy and Standard Operating Procedure framework[42] for CI registration teams to use was also developed to help assess prospective adult service applicants understanding of IPC. This includes highlighting good practice and key elements of policy forming and supporting S.O.P linked to SIPCEP and the education section of TURAS.

12.2 Ensure that relevant professional national IPC expertise is at the centre of the [inspection] process, to provide a consistent level of expertise and support

Progress

Clinical IPC expertise is provided through National ARHAI Community Infection Control Programme. National ARHAI work in collaboration with Public Health Scotland in the production of guidance and support for the sector.

More than 70 nurses work as inspectors at the CI alongside qualified social workers, allied health and social care professionals. All Inspectors received IPC training as part of their role. Pre pandemic the CI used the National IPC manual (2012) and HIS IPC standards (2015) as good practice guidance. Pre-pandemic, the Inspectorate reached agreement with HPS about a joint IPC post developed to ensure close working between HPS and CI and a review of practice and work. The person was in post when the pandemic started and a toolkit trial was planned. This work was paused due to the pandemic when the worker was recalled to their substantive post at HPS. Since then, the CI reviewed their structure and employed a Chief Nurse and established a Health and Social Care Improvement team including a Senior Improvement Adviser who has a focus on IPC across social care.

There has been collaboration on the development of national IPC and wellbeing resources. This work has been supported by the Chief Nurse and Chief Inspector of Adults along with

[41] Quality framework for care homes for adults 2020.pdf (careinspectorate.com)

[42] IPC guidance for applications.pdf (careinspectorate.com)

the implementation and development of a Health and Social Care Improvement Team which comprises of several specialist Senior Improvement Advisors.

The CI have tailored their communication to different service types ensuring they can provide updates on guidance and good practice quickly which also helps learning and supports quality improvement. This was noted in the Scottish Government Winter Preparedness Plan 2021/22.

The CI co-chaired (along with CQC, RQIA And other European regulators) seminars for Health and Social Care regulators across the UK and Ireland to enable the sharing of lessons learned and collective experiences and work on next steps.

Early in the pandemic the CI put in place a COVID Flexible Response Team, transferring staff with relevant expertise to these roles to support the sector and the CI pandemic response. The team ensured guidance was shared with the sector and the COVID-19 compendium for social care was created and maintained. The team also collected and collated feedback from the sector and from enquiries received to highlight areas of guidance that required clarification or changed for application and implementation across social care. The CI participated, developed and delivered a number of learning events around IPC guidance and HIS IPC standards, oversight and practice with different service sector groups.

The CI Chief Nurse and Chief Inspector Adults meets with ARHAI regularly to review work, share intelligence and undertake joint programmes of work.

12.3 At present the operation of the wider company structure is out with the scope of CI scrutiny, and consideration should be given to extending its remit to corporate entities

Progress

The CI's intelligence team provide reports on provider (company) performance and have provided this to the Scottish Government and partner agencies to inform decisions. This information is publicly available in the CI Data Store along with performance at a local health and social care partnership level.

The current legislation does not make provision that would permit the CI to take action (such as cancellation of registration) from inspections against the wider company structure. The CI does not have the legislative powers to inspect or take enforcement action in this way and there would be a number of significant legal barriers to overcome in order to give CI the statutory powers to do so. However, whilst the CI cannot inspect wider company structure, the CI has in place a relationship manager arrangements for providers/companies. The role of the relationship manager was extended during the

pandemic to include all providers of care homes with more than two services. The relationship manager takes an overview of a provider, using the performance reports provided by the intelligence team alongside other information about the provider and services it operates, and provides improvement support at a provider level. It enables the CI to share intelligence with providers/companies and where there are common themes or need for improvement. It provides improvement support from inspectors and improvement teams to support the provider organisation to improve across services.

Scottish Government has established an Independent Review of Inspection, Scrutiny and Regulation[43](IRISR). The IRISR will look at how social care services are regulated and inspected across social care support services in Scotland to ensure that scrutiny keeps up with an evolving landscape and changing skills required of the workforce.

Going forward

- The Quality Frameworks[44] for Support Service (day care) will be updated to include learning from COVID and have quality indicators for IPC.
- The CI should continue to monitor the impact of practices across whole provider organisations through the relationship manager, available data and intelligence.
- The IRISR will look at how social care services are regulated and inspected across health and social care support services in Scotland to ensure that scrutiny keeps up with an evolving landscape and changing skills required of the workforce
- It will be important to ensure formalisation of the process for ensuring IPC expertise availability between ARHAI and CI
- The CI continue to engage with subject matter experts as required.
- The CI collaborate with partners to develop and contribute to learning events for the sector and stakeholders based on intelligence and feedback from sector.

13. Carer Perspectives

COVID-19 led to prolonged periods where adult care home residents and in some other residential settings were unable to receive visitors during lockdowns and local outbreaks. Social connections and meaningful activity are vital for the wellbeing and quality of life of people living in a care home. Families and friends play an essential role in the health and wellbeing of people who live in care homes, in terms of both practical and emotional support.

[43] Social care: Independent Review of Inspection, Scrutiny and Regulation - gov.scot (www.gov.scot)

[44] Quality framework for care homes for adults 2020.pdf (careinspectorate.com)

The RCA report considered visiting policies, guidance and local adoption and highlighted the distress experienced by residents and carers, due to lack of contact. It noted the importance of considering the delicate balance between maintaining a safe environment in relation to footfall, with the clear adverse impact on the mental and physical health of residents who are unable to comprehend the rationale in relation to restrictions.

Variance in local implementation of national visiting guidance by some care homes was highlighted and in some cases resulted in extended closures of care homes to visiting. The importance of support and guidance to care homes from local DPH NHS boards / Health and Social Care Partnerships to ensure that people remain connected to their loved ones was emphasised. As a result recommendations were made around context specific care home guidance or advice in line with national guidance and consideration of the role of visiting champions

The CI's Quality Indicator Framework for use in self-evaluation and inspection includes guidance about the importance of the role that relatives, friends and named person(s) play in the delivery of care.

Recommendations:

13.1 Context specific care home level guidance is required locally, in line with national guidance, for visiting and care practices within the individual home that makes it easy for consistency in application of IPC needs in a risk based and proportionate way to enable compassionate care in a homely setting

13.2 Provision of a 'visiting champion' or other similar arrangement is desirable in ensuring that advice and guidance relevant to specific contexts is readily available and consistently applied

Progress

A staged approach to the return of indoor visiting was initially launched in summer 2020 starting with support for outdoor visiting moving to indoor visiting. The ability of care homes to return to full indoor visiting was challenging due to outbreaks, the emergence of new variants including DELTA and variance in approach across organisations and health boards and the Scottish Government policy. In February 2021 'Open with Care'[45] supporting meaningful contact in care homes was published which encouraged care homes to return to indoor visiting. Since then Open with Care guidance on visiting has been updated to support and encourage care homes to return to routine and regular visiting within and

[45] Open-with-care-Supplementary-information-15-July-2021.pdf (scottishcare.org)

outwith the home with links to detailed IPC advice from AHRAI and PHS COVID-19 guidance for care homes.

A subgroup of CPAG was formed - Open with Care Oversight Group - comprising Care Home Relatives Scotland, the CI, Directorate for Public Health, Health and Social Care Partnerships and provider representatives to monitor implementation of visiting guidance and provide recommendations for further support and guidance. At the same time a CPAG engagement group met to provide opportunities for family and third sector organisations to provide feedback on visiting. This group was merged with the oversight group in early 2022. The Open with Care oversight group was expanded in late 2021 to encompass legislation on visiting - Anne's Law[46].

In September 2021 guidance was updated to recommend a 'named' visitor during an COVID-19 outbreak. This guidance was developed in consultation with PHS, the CPAG, Care Home Relatives Scotland and the care home sector. People living in care homes can now choose up to three named visitors to visit them one at a time during an outbreak.

Open with Care visiting guidance was updated in June 2022 to support the continued move to routine and normalised visiting. This included a principles document[47], a family leaflet[48] and an easy read[49].

Throughout the pandemic the CI has advised individual services about ways to reduce infection risk while maintaining important connections between residents and their relatives to ensure people have contact with loved ones when restrictions resulted in closing down care homes to visiting. In March 2020 CI published a guidance on how to support people to stay in touch using technology, The CI, provided practical assistance about how to connect digitally.

The CI supported people to have visits with loved ones at the end of life and where people were experiencing distress symptoms. Early on in the pandemic the CI highlighted the rights of people and included wellbeing and connected to people in the inspection methodology from May 2020 and provided information about how visits could be safely managed. The CI supported the introduction and implementation of Open with Care ensuring that people had contact with people important to them in line with their rights and to support wellbeing. The CI developed and delivered webinars on visiting, sharing good

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[46] Introduction - Anne's Law - supporting people who live in adult care homes to maintain family and friendship connections: consultation - gov.scot (www.gov.scot)

[47] Open with Care: supporting meaningful contact in adult care homes – principles - gov.scot (www.gov.scot)

[48] Open with care: Guide to adult care home visiting (www.gov.scot)

[49] Open with Care: adult care home visiting guidance - easy read - gov.scot (www.gov.scot)

practice and shared a blog by a care home manager on how visits could be safely managed and difference made to people living in the care home.

Building on Open with Care guidance, the Scottish Government utilised powers conferred by Section 50 of the Public Services Reform (Scotland) Act 2010 with the introduction of two new statutory Health and Social Care Standards[50] on visiting in March 2023. The Health and Social Care Standards set out what people should expect when experiencing health, social care or social work services in Scotland. The CI supported development of these standards and developed guidance for the sector on the implementation of the new standards. The CI in April 2022 published updated Quality Framework[51] for Care Homes for adults and older people and they introduced a new quality indicator to support connect and visiting for people taking account of the new standards and the fundamental rights of people to see and be connected to those important to them.

The CI has been commissioned by the Scottish Government to work with the sector to prepare them for implementation of Annes Law. Work is underway with the CI and stakeholders to support and prepare the sector for the introduction of Anne's Law, which has been incorporated into primary legislation as part of the National Care Service (Scotland) Bill[52] that was published on 21 June 2022. It will allow Scottish Ministers to exercise a power under subsection 2 of the Public Services Reform (Scotland) Act 2010[53] to require care home service providers to comply with any direction issued by the Ministers. The Directions will set out in more detail how providers are to facilitate visiting and enable residents to maintain contact with the people who are important to them and can be implemented before the National Care Service is established.

While care homes have for the most part adopted 'Open with Care' guidance and the new Health and Social Care Standards, Anne's Law will underpin rights by statute and ensure a consistent approach in the context of any future health threats. The CI Anne's Law project was set up in 2022 to ensure people have the right to see and receive support from those who are important to them. The project team hear directly from people and their relatives.

Regarding the RCA recommendation on visiting champions, many care homes used COVID sustainability funding to employ visiting coordinators to support the practical elements of safe visiting including advice to families, managing footfall within the home, supporting visitor testing etc.

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[50] Health and Social Care Standards: my support, my life - gov.scot (www.gov.scot)

[51] Quality framework for care homes for adults 2020.pdf (careinspectorate.com)

[52] Introduced | Scottish Parliament Website

[53] Public Services Reform (Scotland) Act 2010 (legislation.gov.uk)

Going forward

- The Scottish Government will continue to work with the Anne's Law and Open with Care Oversight Group alongside the CI, local partners and relatives to monitor visiting in care homes and the adoption of the new H&SC standards, and to prepare the sector for the introduction of Anne's Law.
- The Scottish Government will work with the Anne's Law and Open with Care oversight group to develop visiting Directions to ensure they capture the lessons learned from the COVID-19 pandemic and deliver on Anne's Law.

14. Built Environment Issues

Maintenance of clean and hygienic areas wit in the built environment in adult care homes is essential in the prevention of the spread of infectious diseases[54]. The RCA found that environmental factors were an important consideration in the ability of homes to limit disease transmission. As a result, the extent to which homes were able to fully incorporate guidance in relation to social distancing, PPE storage and availability, separation/ isolation and staff cohorting was variable and dependent on the design of the home. Additionally, challenges around design, ergonomics, communal spaces, corridor width and shared shower and bathing facilities, together with the complex nature of the residents' conditions, made the provision of effective isolation challenging.

Many care homes accommodate frail, older residents, some with additional and increasingly complex needs, including those living with dementia and. Staff therefore needed to balance the harms of infection with the need to keep an individual's environment familiar to them as well as support residents who 'walked with purpose'. As a result, the RCA highlighted the importance of understanding local context and the need to adapt the built environment in a risk based and proportionate way. Recommendations, based on findings at four registered services, were therefore made around specialist IPC support for care homes for built environment issues and risk assessment coupled with risk assessment around consideration of fire and falls in context of the built environment to ensure no unintended consequences.

With regards to ventilation the RCA report noted that ventilation should be considered as a control measure in care homes . UK SAGE[55] (September 2020) published the role of ventilation in controlling transmission of COVID-19, noting its importance, especially during winter. In the intervening period adaptation of spaces for circulation of fresh air has been

[54] National Infection Prevention and Control Manual: Home (scot.nhs.uk)

[55] EMG: Role of ventilation in controlling SARS-CoV-2 transmission, 30 September 2020 - GOV.UK (www.gov.uk)

high priority in mitigating the risks of transmission and featured in national campaigns and guidance.

Recommendations:

14.1 Infection prevention and control specialist support for individual care homes is required when considering the built environment and risk assessment.
14.2 Risk assessment inclusive of advice relating to the built environment covering areas such as fire and falls is required, to ensure that no unintended consequences of changes in the built environment due to IPC measures, are present.

Progress

The built environment covers all aspects of IPC associated with the construction and adaptation of health and care buildings, as well as the design and provision of care in these settings.

In order to support care homes successfully adopt and implement IPC measures, the NIPCM, and context specific Care Home IPCM has been co-produced with national and local stakeholders. The manual has been developed and produced by ARHAI and this includes a link to the care home cleaning specification which was produced by Health Facilities Scotland to coincide the publication of the CHIPCM.

Throughout the pandemic the guidance produced by PHS and ARHAI evolved to reflect the evidence and epidemiology available and incorporated the hierarchy of controls to be used to assess any care setting. This was to ensure that aspects of the care environment were considered in terms of any COVID infection transmission risk. Appendix 18 - Hierarchy of controls[56] Ventilation was added to the guidance as a part of this in May 2022.

Consideration of the environment is included in the Health and Social Care Standards[57]. Standard 5.22 states: “I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment” and 4.11 states: “I experience high quality care and support based on relevant evidence, guidance and best practice.

As noted earlier HIS published “IPC Standards for health and adult Social care settings”[58] in May 2022, where Standard 8 of the publication address the built environment in a standard statement “The organisation ensures that infection risks associated with the health and care built environment are minimised”.
In brief, the standards focus on

[56] Appendix 18 - Hierarchy of controls (scot.nhs.uk)

[57] Health and Social Care Standards: my support, my life - gov.scot (www.gov.scot)

[58] Infection prevention and control standards (healthcareimprovementscotland.org)

- organisations taking actions to minimise the risk of infection across all areas of the environment in line with a. Statutory legislation and regulations and b. national guidance processes.
- Communication channels for exchanging information
- IPC risks associated with construction, renovation, maintenance and repair
- Cleanliness of the environment, robust regular monitoring and reporting in line with national guidance
- Staff having access to information, specialist guidance and support with clear understanding of their roles and responsibilities
- Learning from incidents, outbreaks and building and maintenance projects and sharing lessons learned across organisation and sectors to support continuous quality improvement in IPC.

As noted above, the CI Care Homes for Adults – The Design Guide[59] was published May 2022. This highlights what is expected in designing or refurbishing a building or registering a premises of prospective care home providers when providing a care home service. Prior to the publication of the 'design guide' the CI had in place 'Building Better Care Home guidance'.

It recognises that to enable infections to be reduced, IPC must be an integral part of the planning and design stages of a new-build or refurbishment project with input continues up to the final build stage. This must include arrangements for cleaning once the care home is operational. The guidance signposts a range of resources to support planning and decisions around new builds/ refurbishments. This includes guidance and best practice resources developed for health facilities but which are relevant to residential settings. Importantly the Design Guide recommends that a fire risk assessment should be undertaken at the same time so that measures to assist with IPC do not impede fire safety measures within the building.

14.3 Ventilation guidance should be considered nationally to share general principles to mitigate transmission risks re aerosols over the winter months in care homes

Progress

Good ventilation in indoor spaces can reduce the risk of SARS-CoV-2 transmission. Advice on measures to support good ventilation in care homes is now outlined in PHS COVID-19 guidance, The latest information for ventilation guidance was published in Sept 2022 in

[59] Care Homes for Adults – The Design Guide.pdf (careinspectorate.com)

COVID-19 - information and guidance for social, community and residential care settings (including care homes for older people registered with the CI)[60] providing guidance for residential care settings and care homes, focused on ventilation in various areas of the care home setting and links to provide steps in improving ventilation in general workplace[61] as well as advice to keep room temperature to at least 18^0C in accordance with UKHSA COVID-19 ventilation of indoor spaces guidance.

The Scottish Government has developed guidance for employers on improving ventilation and the supply of fresh air into the workplace. Coronavirus (COVID-19): ventilation in the workplace[62]. While not specifically aimed at social care settings, the guidance is relevant as it includes advice on assessing requirements, types of ventilation – natural and mechanical - and the role of air cleaning technologies.

The CI have implemented adult and children's care home design guides[63]. They take account of the Health and Social Care Standards (as amended 2022) and take account of learning from COVID-19

TURAS Learn have a dedicated page "Protecting yourself and your workplace environment[64] - Unit C – COVID-19: helping you in your role: Protecting your workplace", one of the multi-professional skill bundles developed for any health care practitioner working in any setting who may be caring for people with COVID-19. They are provided to use in conjunction with other resources from NES or from their own health board. They provide resources to support staff with infection prevention and control and proper use of PPE when caring for suspected or confirmed cases of COVID-19.

14.4 Consider extension of the whistleblowing service to all staff across the health and care sectors.

Complaints and whistleblowing:

Whistleblowing is an act of staff or ex-staff raising concern about wrongdoing at work. Under the Public Interest Disclosure Act, to be considered whistleblowing, the allegation must be in the public interest and the worker must believe that one of more of the following has occurred:

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[60] Coronavirus (COVID-19): adult social care guidance - gov.scot (www.gov.scot)

[61] Ventilation in the workplace (hse.gov.uk)

[62] Coronavirus (COVID-19): ventilation in the workplace - gov.scot (www.gov.scot)

[63] Care Homes – The Design Guide (careinspectorate.com)

[64] Protecting yourself and your workplace environment | Turas | Learn (nhs.scot)

- a criminal offence
- someone's health and safety is in danger
- risk or actual damage to the environment
- a miscarriage of justice
- the company is breaking the law
- someone is covering up wrongdoing.

Under the Public Interest Disclosure Act, every registered care home must operate a complaint procedure so that people can make their complaint directly to a service. This legislation underpins the CI work and all services have a statutory duty to have a complaints policy and procedure in place. The CI has a complaints function as the regulator for social care and social work and people can also make complaints directly to them. Complaints to the CI are managed through complaint pathways. The CI provides information on their website about complaints and whistleblowing and their complaint procedure.

The RCA report highlighted that two care homes out of the four that were reviewed, had complaints made either from a family member or staff in areas of care environment, IPC and staffing issues.

During the pandemic the CI put additional processes in place to manage complaints this included enhanced triage of complaints by inspectors and escalation pathways to obtain support for services for example supply of PPE from PPE hubs. Where complaints were received about services these were risk assessed, discussed with oversight groups including DPH to gather full information and agreement needed on addressing concerns. Where the CI did investigate this was undertaken as a full covid inspection and outcomes shared with all partners.

As part of its complaint procedure and duties the CI has in place whistleblowing procedures that inform staff of their rights and protection. Employees can raise issues of concern (whistleblowing disclosures) in confidence or anonymously with the CI about services that are registered.

Progress

The CI have duties as a third-party prescribed person under the the Public Interest Disclosure (Prescribed Persons) Order 2014, which means an employee or former employee can make an internal or external whistleblowing disclosure to the CI. It has in place robust whistleblowing policies that enable staff making complaints to the CI of their right and protection under the legislation. Most whistleblowing complaints received by the CI comes via the complaints team and as a prescribed body under the Public Interest Disclosure Act, the CI is required to publish and annual report on complaints from staff that

are considered whistleblowing. This Act provides protection to workers that make disclosures in the public interest.

The Prescribed Persons Order 2014 sets out a list of over 60 organisations and individuals that a worker may approach outside their workplace to report suspected or known wrongdoing. The organisations and individuals on the list have usually been designated as prescribed persons because they have an authoritative or oversight relationship with their sector, often as a regulatory body. An up-to-date list can be found at Whistleblowing: list of prescribed people and bodies under social care section[65].

The CI, HIS and SPSO[66] have whistleblowing duties and the three regulators have held joint whistleblowing workshops. In addition all Health and Social Care Partnerships and NHS boards have whistleblowing policies in place.

Unison also published a whistleblowing guidance and model policy[67] in July 2022 which can be used by staff from all public service organisations.

SSSC regulate people working in social services to make sure that there is confidence that staff have the right skills, values and training to do the job. In March 2022 SSSC updated their fitness of practise threshold to provide more clarity for anyone who like to raise a concern if they believe that a worker is not fit for practise or impaired who are registered with them or a student applying to register with SSSC. Details to raise a concern can be accessed from their website.

The SSSC and the CI published raising concerns in the workplace guidance[68] for social service workers, social work students and employers (2019). Recognising that every social service worker has a professional duty to take action to raise any concerns they have about the care, dignity and safety of people who use services, the guidance was developed to support staff to raise concerns. The guidance explains the difference between raising a concern and whistleblowing and when a person raising a concern qualifies for legal protection under whistleblowing law.

Going forward

- Consideration should be given to further advice on ventilation for social care settings for example by adapting the Scottish Government's guidance for employers on

[65] Whistleblowing: list of prescribed people and bodies - GOV.UK (www.gov.uk)

[66] For whistleblowers | INWO (spso.org.uk)

[67] Whistleblowing | Disputes and grievances | UNISON National

[68] Raising concerns in the workplace: Guidance for employers, social service workers and social work students - Scottish Social Services Council (sssc.uk.com)

improving ventilation and the supply of fresh air into the workplace, taking account the availability of other guidance e.g. the Health and Safety Executive

- Consideration should be given to the emerging evidence base around use of systems to support monitoring of ventilation in settings.

Appendix 1

Summary of Further Suggestions

1. Care home risk factors

- There should be greater clarity and transparency on commissioning of guidance related to IPC (including testing) and national local partners are able to give timely and responsive advice on social care.
- The Scottish Government will work with policy areas across Government and stakeholders to ensure that there is alignment with publication of guidance from various sources.

2. First wave

- The Scottish Government need to ensure the purpose of the SHT on quality and safety is achieved and we work with the care home sector, and other key stakeholders, to realign the focus of the tool towards improvement.
- In doing so national local partners need to support care homes and the sector to realise the benefits of robust quality and safety information.
- National local partners need to actively continue to address the data reporting burden on care homes to ensure that information is reported once but shared when needed multiple times.
- As highlighted in section 1 we need to continue to ensure there is transparent, timely and easy to access guidance for the sector in relation to COVID-19 but also other infectious pathogens.
- Work should continue on streamlining and where possible aligning IPC guidance for social care settings
- The national local partners need to ensure care homes have the confidence to continue to implement the relevant IPC guidance in a local context.
- The Scottish Government will continue to review collaborative improvement partnership with the sector
- The CI will continue to advise individual services about ways to reduce infection risk while maintaining connections between residents and their relatives. For example, by providing information about how visits could be safely managed and providing practical assistance to connect digitally.
- The CI will continue to work with the Scottish Government and relative groups in preparation for the introduction of Anne's Law that will protect people's rights.

3. Data and Digital infrastructure

- The Scottish Government need national statistics which are consistent with respect to care homes. We need all national bodies to use the same definition of what

constitutes a care home (i.e. that defined by the care regulator, the CI) and we need consistent recording of care home residency in CHI and institution coding.

- The Scottish Government is currently undertaking a Care Home Data Review with partners which will appraise the quality, frequency of reporting and content of the current data landscape with a view to determining the future requirements.
- The Scottish Government will work with care homes, CI, Scottish Care and the wider sector to develop the tool so it has an improvement focus in the context of the wider data landscape.
- To supplement this learning we will work with care homes and Health and Social Care Partnerships (HSCPs) to test the use of the SHT for improvement and to align with the requirements of the national data and digital strategies.
- the Scottish Government will re-engage with the sector to showcase how the current information captured in the tool can be used by care homes for planning and early warning. In doing so consider the issue of data duplication as highlighted above.
- National local partners need to ensure that the resource invested in data collection produces data that is of sufficient quality, consistency and completeness to enable comparisons between areas over time and for local improvement also.

4. Early warning signs

- The Scottish Government will work with national bodies to understand the appropriate role for TURAS (SHT) as a mechanism for reporting COVID-19 (or other outbreaks).
- The Scottish Government also need to clear who is primarily responsible for reviewing/analysing the data on outbreaks and the flow of data from SHT to those who need to see/act upon that information.

5. Testing

6. IPC knowledge and Expertise

- The Scottish Government will consider ways to implement at local level IPC SICPs capacity in context of Health and Social Care Partnerships (HSCPs) and to ensure consistency of messaging on IPC in the care home context.
- The Scottish Government will work with partners to consider the development an IPC strategy for social care settings setting out vision, aims priorities including around workforce development and capacity building.
- Consideration should be given to whether this should be combined with an overall integrated strategy for health and social care settings.

7. IPC Indicators

- There will be a continuing need for further training and support for care homes to adopt and sustain robust IPC monitoring as per HIS IPC standards - standard 4

- Given the high turnover of social care staff, it will be important for organisations supporting care homes to continue to promote and embed SICPs for example through promoting the NES SIPCEP resources.
- Enhancement of staff access to development opportunities such as webinars and learning events, peer support networks providing time and appropriate IT equipment.

8. Leadership

- The Scottish Government with the sector will continue to recognise the importance of investment in leadership, support and wellbeing. SSSC will provide peer support, reflective practice and leading in crisis sessions to allow staff, who could not attend the early 2022 sessions the opportunity to do so.
- Supervision and learning resources are to be revised by SSSC – including how supervision can be used as wellbeing support for workers.
- The Safe staffing Programme at the CI to support the sector to prepare for enactment of the Health and Care (Staffing) (Scotland) Act 2019. Part 1, the guiding principles, includes staff wellbeing to ensure safe and high-quality services.
- The Scottish Government will continue to support the development and promotion of the national wellbeing hub for health and social care staff.
- NES and their delivery partner, HULT Ashridge will deliver the Developing Senior Systems Leadership programme to the first cohort in September 2022 – a further two are also planned.
- 'You as a collaborative leader' programme is scheduled for late 2022. This is a product of the leadership of integration activity between NES and RCGP Scotland and the SSSC.
- Queen Margaret University is creating a course that is centred on nurses, enhanced leadership training. This includes 'business in care' and 'kindness - person catered framework for organisations.

9. Training and Education

- The SSSC and NES to continue stakeholder testing and involvement in development of the remaining resources.
- Enhancement of staff access to development opportunities such as webinars and learning events providing time and appropriate IT equipment.
- SSSC to remind employers of the Code of Practice for Employers that includes induction and staff having dedicated time for training.

10. Relationships

11. Guidance and Local Adoption

- National local partnership areas should continue to consider what support care homes require to enable adoption of guidance using the multimodal approach

- The Scottish Government will continue to ensure that updated guidance is provided in a timely manner, liaising with relevant stakeholders to ensure coordination and alignment.

12. Inspection Arrangements

- The Quality Frameworks[69] for Support Service (day care) will be updated to include learning from COVID and have quality indicators for IPC.
- The CI should continue to monitor the impact of practices across whole provider organisations through the relationship manager, available data and intelligence.
- The IRISR will look at how social care services are regulated and inspected across health and social care support services in Scotland to ensure that scrutiny keeps up with an evolving landscape and changing skills required of the workforce
- It will be important to ensure formalisation of the process for ensuring IPC expertise availability between ARHAI and CI
- The CI continue to engage with subject matter experts as required.
- The CI collaborate with partners to develop and contribute to learning events for the sector and stakeholders based on intelligence and feedback from sector.

13. Carer's Perspectives

- The Scottish Government will continue to work with the Anne's Law and Open with Care Oversight Group alongside the CI, local partners and relatives to monitor visiting in care homes and the adoption of the new H&SC standards, and to prepare the sector for the introduction of Anne's Law.
- The Scottish Government will work with the Anne's Law and Open with Care oversight group to develop visiting Directions to ensure they capture the lessons learned from the COVID-19 pandemic and deliver on Anne's Law.

14. Built Environment

- Consideration should be given to further advice on ventilation for social care settings for example by adapting the Scottish Government's guidance for employers on improving ventilation and the supply of fresh air into the workplace, taking account the availability of other guidance e.g. the Health and Safety Executive
- Consideration should be given to the emerging evidence base around use of systems to support monitoring of ventilation in settings.

[69] Quality framework for care homes for adults 2020.pdf (careinspectorate.com)

Appendix 2

Published and work progress since September 2022

Data and Digital infrastructure

- In October 2021, the Scottish Government in collaboration with COSLA published Care in the Digital Age: Delivery Plan 2022-23 (www.gov.scot)
- In February 2023, the Scottish Government in collaboration with COSLA published Health and social care: data strategy - gov.scot (www.gov.scot) Scotland's first data strategy for health and social care, setting out how we will work together in transforming the way that people access their own data to improve health and wellbeing; and how care is delivered through improvements to our systems.

Infection Prevention and Control

- In December 2022, the Scottish Government published a letter and advice note recommending the continuation of the whole system multidisciplinary support arrangements for care homes. This followed a review undertaken by a Short Life Working Group. The advice note provides guiding principles and a framework to support health and social care professionals to continue to work together to identify ways to improve the health and wellbeing of people living in care homes including through the adoption of My Health, My Care, My Home - healthcare framework for adults living in care homes.
- In December 2022 the Scottish Government published Publication of 'The Infection Prevention Workforce: Strategic Plan 2022 – 2024' (scot.nhs.uk)

Leadership

- Five core/foundation SIPCEP modules have been updated to provide a meaningful learning experience for care home, care at home and housing support staff that can be used for induction and are now live on the Turas Learn SIPCEP webpage https://learn.nes.nhs.scot/3393# .
- Preventing Infection in Social Care Settings pocketbook has been updated to align with Care Home National Infection and Prevention and Control Manual and is currently live on Turas https://learn.nes.nhs.scot/7721 and can be downloaded and printed. A separate mobile enabled practice support app which reflects the updated pocketbook is currently in development and due to be launched May 2023.
- Leading to Change (L2C) : Funding was granted to NHS Education for Scotland (NES) to recruit a significant 'delivery team' responsible for the scoping, planning

and delivery of the work with the SSSC continuing to provide collaborative support for activity relating to social care and social work staff.

- Research was commissioned by Scottish Government (SG) towards the end of 2022 into health and social care workforce leadership development needs – the findings have yet to be analysed and published. L2C's social care/ social work sub-group has been under review and will begin meeting again with new chairs from the NES Social Care Directorate in May 2023. L2C are currently hosting several online 'Taster' sessions focusing on its new website and upcoming opportunities for development, social services staff are being encouraged to attend.
- As from April 2023, the L2C team is hosting a collaborative group to share and discuss content relevant to L2C's programme's aims. This will encompass what was previously 'Leadership Links' seminars and the wider community leadership events. The group will meet quarterly and help share what is already available and gather thoughts and insights for upcoming new content. The group will draw together representatives from social work, social care and health roles in Scotland around content regarding leadership, collaboration, equality and diversity, team's communities and learning.
- A review and update of the Supervision resources on the Step Into Leadership website has taken place following staff feedback gathered via focus group sessions. This is due to be launched and communicated imminently and will involve engagement activities with a range of social care and social work staff.

Appendix 3

Number registered, and inspections completed for Care Homes for Adults/Older People, 2020/21, 2021/22 and 2022/23 (to 31 August 22) inspections completed of care homes from April 22 to 31 August 22

Since April 2022 and 31 August 22 of those home inspected with new framework what is grading profile for 1.5.

Number and percentage of inspections in care homes for adults/older People graded Good or better vs Adequate or poorer on '1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure' as submitted between 1 April 22 and 31 August 22

Note: There were 337 inspection against Key indicator 1.5 in 333 care homes for older people and adults
Data Source : eforms table inspection_evaluations extracted on 30/11/22

	Percentage split	Number of gradings
Good or better	76%	256
Adequate or lower	24%	81
Total	100%	337

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