

Dumfries and Galloway
Integration Joint Board

18th March 2021

This Report relates to
Item 6 on the Agenda

Care Home Assurance Update

Paper presented by Alice Wilson

For Noting

Author:	Alice Wilson, Nurse Director, IJB Lead Nurse
Approved By:	Julie White, Chief Officer
List of Background Papers:	Not Required
Appendices:	Appendix 1 – Table of Recommendations Appendix 2 - Partnership/Provider Improvement Plan - Process & Guidance Note Appendix 3 - Care Home Assurance Tool

Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	X
	2. Dumfries and Galloway Council	
	3. NHS Dumfries and Galloway	
	4. Dumfries and Galloway Council and NHS Dumfries and Galloway	

1. Introduction

- 1.1 The communication from the Cabinet Secretary on the 17th May 2020 highlighted that the vast majority of Care Homes in Scotland are for older people (75%) and that of these homes 75% are operated by the private sector, in Dumfries and Galloway that number is 100%. Care Homes are environments that have proved to be particularly susceptible to Coronavirus and many residents are at risk of poorer outcomes if they were to contract it due to pre-existing conditions.
- 1.2 The governance arrangements for the care home oversight work were developed and shared with NHS Board and Integration Joint Board (IJB) in Autumn 2020 The purpose of these arrangements is to ensure a clear understanding of the new accountabilities and responsibilities Scottish Government requires NHS Boards and Health and Social Care Partnerships (HSCP) to establish to provide enhanced professional clinical and care oversight arrangements for care homes with effect from the 18th May 2020. A Care Home Oversight Group (CHOG) was established as per the cabinet secretary's instruction and reports to both the Chief Executive of NHS Dumfries and Galloway and the Chief Executive of Dumfries and Galloway Council.

2. Recommendations

- 2.1 **The Integration Joint Board is asked to note:**
- **Progress of the Care Home Oversight Group around the introduction and use of the national Safety Huddle Tool in Care Homes**
 - **Actions taken and planned as a result of the national review into outbreaks in Care Homes**
 - **Themes from Care Home assurance visits and actions taken or planned to address these**
 - **Uptake of staff testing in Care Homes**
 - **Progress with vaccination in Care Homes**

3. Background and Main Report

- 3.1 Prior to the May 2020 guidance, the HSCP, given understanding of the increased risk for care homes, had already in place a suite of initiatives supporting the 31 adult care homes within the region.

This included:

- The formation of a Care Home Support group comprising of a range of stakeholders connected with care homes.
- A Community Nurse Manager was identified to lead on a number of initiatives including providing a named 'link' community nurse for each individual care home. These 'link' nurses provided extra support around infection control, PPE and advice.
- Support teams were put in place to support rapid deployment across the region should any care home experience issues with staff or sickness/absence
- The Health Protection Team carried out phone audits and then followed up

with unannounced visits in most care homes.

- A programme of education and training around Covid 19 was made readily available and distributed by Scottish Care to care home colleagues. Subsequent updates have followed
- Staff and family testing is available and outreach testing for residents is in place

The Care Inspectorate is providing liaison support to care homes and has been available to the HSCP to support this agenda.

With the establishment of the CHOG further support was established. This group developed tactical level support through the appointment of a small team, led by a Lead Nurse and Senior Social Work Manager to provide assurance around a number of specific areas detailed in the guidance.

These were:

- Infection prevention and control support
- Cleaning to prevent transmission and appropriate use of PPE
- Development and implementation of a testing approach
- Support sourcing of staff to care homes
- Reviewing care home safety huddles and data provided to Public Health
- Specific nursing support including clinical input from Community Nursing supporting individuals with increasingly complex needs

Initial assurance visits to all care homes registered with the Care Inspectorate (CI) (number = 34*) were carried out and gave a baseline for any follow up support as well as establishing relationships with the care home staff

*(*initial number of adult care homes was 31, however a further 3 respite units were noted to be registered with CI and were expected to be included in all reporting and support. One of the units has remained closed throughout the pandemic and therefore we regularly report and refer to 33 care homes)*

Progress:

National review:

In November 2020 a review, commissioned by the Cabinet Secretary to make recommendations for systems review and highlight good practice, was published (Care Home Review; a rapid review of factors relevant to the management of Covid 19 in the care home environment in Scotland)

Whilst there was no requirement to action the recommendations, the CHOG felt it was appropriate to measure where Dumfries and Galloway was in relation to all appropriate recommendations. Subsequently, the table of recommendations has been considered and any actions that can be applied locally have been included in the CHTT work plan.

The table of recommendations and actions is included in **Appendix 1**

Assurance visits:

A series of assurance visits have continued, including during and post outbreak, to support care homes and give assurance to CHOG about the standards. Themes from the visits include support needed for social distancing, storage of PPE, laundry processes and ensuring all staff are bare below the elbow. Whilst these are relatively minor themes, they are the more recurring ones in care homes across the region. Visits have been carried out in every care home and, for some, on more than one occasion, particularly where there has been an outbreak or where there are

recommendations to make change

Visits are undertaken by the CHTT and Health Protection Nurses and include the manager of the care home. Staff and, where possible, residents are spoken to during the visit

The cooperation from care home staff has been positive

Where particular support is needed the CHTT have worked with the HSCP and Scottish Care to produce a template for improvement plan, with guidance for care home staff to complete. This is currently being tested in care homes and CI have supported this work as an exemplar in practice to support homes (**Appendix 2**)

The next iteration of the care home assurance tool has been developed and is being tested, this will widen the scope of the visit, based on the learning from the most recent CI visit and the need to consider aspects of care beyond infection control (**Appendix 3**)

Outbreaks:

There have been outbreaks in a number of homes over the period of the Covid pandemic with significant attack rate for both staff and patients in a small number of homes and, in those cases subsequent loss of life. The care home staff have worked hard, supported by the HSCP as well as the CHTT to reduce the impact of staff shortage on the care of residents

Prior to reopening deep clean and assurance visits are undertaken however the recent CI inspection at one home has highlighted some learning for the CHTT, CHOG and the Incident Management Team around the home's understanding of the deep clean process which is being addressed with all care homes

Covid testing:

Discharges:

In November 2020 paper was submitted to the NHS Board and IJB having the detail of an analysis of discharges of patients from hospital to care home in the period of the first wave of the pandemic, from 1st March to 17th June 2020 and, whilst there were a number of individuals who had not been tested for Covid prior to discharge, the evidence shows there was no correlation between those discharged and any care home outbreak.

Since the end of 2020 CHOG receives a monthly report on testing of individuals prior to discharge to a care home

Care home staff testing:

Care home staff are asked to undertake covid testing every week, this began with a single weekly test and an ambition that at least 70% of staff undertook the test. There was initially some work needed to support the staff to undertake tests and accurately record them on the TURAS* Safety Huddle Tool system, however the staff are consistently reporting up to 100% concordance with testing, with only a very small number at less than that.

*(*TURAS is a national platform, hosted in NHS Education for Scotland)*

The CHTT follow up every week on any drop in testing, mostly the issues are with the system or accurate understanding of eligible staff, rather than any reluctance to undertake tests

In recent weeks with the introduction of lateral flow device (LFD) testing, staff are now asked to complete a further two tests very week using LFD

Visiting:

Visiting has been restricted in care homes since December 2020, prior to which the CHTT was working with the homes to introduce indoor visiting.

Given the recent guidance from Scottish Government, plans are once again being brought into line to ensure safe and supportive visiting.

Visiting is an area of concern for some care homes as they are concerned it brings additional risk and further work to support visitors with LFD testing and recording

All parties recognise the significant psychological effect on residents and their families that restricted visiting can have and the potential harm both during and beyond the restrictions, particularly where families have lost a loved one

Vaccination:

First vaccinations of care home residents and staff began in early December 2020, with all homes completed by 24th December.

Second vaccinations of residents and staff will be complete by week of 8th March 2021

Safety Huddle Tool:

The Safety huddle Tool (SHT) is a national tool, on TURAS, which care homes are required to populate daily around staffing levels, PPE, testing, any residents or staff with symptoms or testing positive and any escalation to the local Health Protection Team

The introduction of this tool has required significant support from the CHTT and data analysts to help the care homes understand the tool and submit information

The tool aims to allow both national and local reporting in real time although there are still a number of concerns about the validity of information

Support for care homes:

The CHTT, with Health Protection, Health Intelligence and Scottish Care teams offer regular and frequent (sometimes daily) support to care homes. There is also very close working with HSCP, particularly during outbreaks

- Daily calls to care homes for any help required with the SHT
- Focussed and specific training on Infection Control for care homes as need
- Fortnightly webinars with care home managers, attended by a CHOG representative
- Established and separate communication streams for 'regular' communication and those elements which require action or provide advice on changes in national guidance – for instance on the introduction of the care home addendum to the National Infection Control Manual and the new visiting guidance
- Support to introduce new guidance, through the webinars and by condensing guidance into a clear to read format
- A training needs analysis will determine the future training and support plan

for care homes

4. Conclusions

- 4.1 There is support in place for Care Homes, with Managers and staff willing participants in the vast majority of cases. In some instances there is dispute between the local Care Home position and that of the parent company, this was particularly evident with the progression of visiting, where some larger companies had made regional or national decisions.
- 4.2 There is evidence that the Care Homes have been supported to make the environment as safe as possible for staff and residents.
- 4.3 There have been lessons learned from the most recent outbreak which have been taken into account as we go forward although the hope is that vaccinations will mean much lower rates of infection, transmission and impact

5. Resource Implications

- 5.1 There are no resource implications as a result of this Report.

6. Impact on Integration Joint Board Outcomes, Priorities and Policy

- 6.1 The content of this report links with the national health and wellbeing outcomes.

7. Legal and Risk Implications

- 7.1 Any legal and risk implications have been discussed and dealt with throughout since the legislation was finalised.

8. Consultation

- 8.1 The content of this Report have been discussed with the Chief Officer.
- 8.2 This report forms part of the consultation pack which is presented to the Health and Social Care Governance and Performance Group.

9. Equality and Human Rights Impact Assessment

- 9.1 As this Report does not propose a change in policy an EQIA is not required at this time.

10. Glossary

- 10.1 All acronyms must be set out in full the first time they appear in a paper with the acronym following in brackets.

CHOG	Care Home Oversight Group
CHTT	Care Home Tactical Team
CI	Care Inspectorate
HSCP	Health and Social Care Partnership
IJB	Integration Joint Board
LFD	Lateral Flow Device
SHT	Safety Huddle Tool

Dumfries and Galloway Integration Joint Board



DIRECTION

(ISSUED UNDER SECTIONS 26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014)

1.	Title of Direction and Reference Number	
2.	Date Direction Issued by Integration Joint Board	
3.	Date from which Direction takes effect	
4.	Direction to	
5.	Does this direction supersede, amend or cancel a previous Direction? If yes, include the reference number(s)	
6.	Functions covered by Direction	
7.	Full text of Direction	
8.	Budget allocated by Integration Joint Board to carry out Direction	
9.	Desired Outcomes	
10.	Performance Monitoring Arrangements	
11.	Date Direction will be Reviewed	

Appendix 1 – Table of Recommendations

Action No:	Related to:	Recommendation	Current Position	Actions	Action Lead	Timescales
1.	Care Home risk factors	<ul style="list-style-type: none"> 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 	This risk fully understood by the Health and Social Care Partnership and input and support provided to all care homes in the region.	<p>Care Home Tactical Team (CHTT) meet on a daily basis. Care Home Oversight Group meet 3 x weekly.</p> <p>Daily Turas Escalation Report</p> <p>Processes in place to deploy a team within 48hrs of any identified outbreak Planned Assurance visits offer prevention strategies and support</p>	<p>Care Home Oversight Group (CHOG)_</p> <p>Care Home Tactical Team</p>	Ongoing
		<ul style="list-style-type: none"> A campaign of awareness-raising amongst care home staff of the particular symptoms in older people should be undertaken 	This has previously been covered in the Public Health audit in April 2020 and was again highlighted in an updated symptomatic letter to care home managers on the 16/10/2020.	<p>Poster has been developed for putting up in care homes –</p> <p>Video of aspects of COVID-19 care been sourced and shared with Care Homes</p> <p>E-mail to local GP/Geriatrician for care home staff regarding symptoms</p>	<p>Alice Wilson (Nurse Director) / Ken Donaldson (Medical Director Elaine McCartney (Scottish Care)</p> <p>Ken Donaldson</p>	<p>23.11.2020 Re-circulated Wk 25/01/21</p> <p>Complete</p> <p>Complete</p>

				Incorporate with vital signs training taking place. Programme includes on-line module, face-to -face observation and competencies.	Elaine McCourtney / Graham Haining (Nurse Manager)	Due for completion April 2021
2.	First wave	<ul style="list-style-type: none"> 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 	HIORT and HIAT being shared with ARHAI. Issues discussed at DPH meetings.	<p>Lessons learned will be added to IMT agenda and collation of lessons learned will be submitted to Tactical Team on a monthly basis</p> <p>Small working group considering lessons learned. Triangulation with outbreaks, assurance visits and CI reports.</p>	<p>Public Health – Health Protection Team</p> <p>Tactical Team</p>	<p>Ongoing</p> <p>Initial report being drafted March 2021)due</p>
		<ul style="list-style-type: none"> 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. 	Number of measures in place for care homes for older people and community hospitals.	<p>Review of Oversight arrangements for Care Homes, Care at Home and other residential settings.</p> <p>In respect of Care Homes the following is in place: Turas Safety Huddle, Assurance visits, Training Needs Analysis, Fortnightly webinars, Weekly Scottish Care info sheet Weekly PCR and twice weekly LFT testing embedded for staff, many homes achieving 100% against the 70% target. Weekly PCR testing of</p>	Care Homes and Care Home Tactical Team	Ongoing

				residents variable due to capacity / consent / size of care home, 10% target. COVID vaccinations – care homes now on 2 nd dose.		Vaccinations due for completion wk 8/3/21
	<ul style="list-style-type: none"> Additional factors found for consideration of further guidance and support include : travel associated risk in care workers, on-going variation in care home with respect to glove use, hand hygiene and cleaning 	National Infection and Prevention Control Manual for Care Homes implemented December 2020	Updates to guidance will be shared through weekly Tactical assurance calls. Fortnightly webinars and programme of assurance visits in place.	Tactical Team/HPT	Ongoing	Since August 2020 weekly calls made to Care Homes ongoing supported by Scottish Care Webinars in place previously, HPT involvement since June 2020
	<ul style="list-style-type: none"> 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 	Access to this currently available via HPT/ICT and Tactical Team IPCN	<p>Clinical Educators / Infection Control / HPT ongoing programme of training re these areas.</p> <p>Collation of what works well will be shared at Care Home webinars in relation to IPC and Care Home visiting.</p> <p>IPC Champion model to be developed (link staff member in each home) All care homes have</p>	Tactical Team	IPC training commenced Jan 2021. Training Needs Analysis shared with all care homes for completion by 08/2/21. Some response still being followed	

				completed risk assessments, processes and protocols to enable indoor visiting when national guidance allows		upAnalysis and training schedule to follow
3.	Data landscape and Digital infrastructure	<ul style="list-style-type: none"> IMT systems need connected within and between Boards to enable outbreak management and network analysis to be further enabled 	Data shared between Local Authority and NHS to allow data linkage and subsequent analysis	This is established and functioning		Complete
		<ul style="list-style-type: none"> Intelligence sharing across the system of national organisations supporting the pandemic needs strengthened to inform national action planning in support of local needs 	National Recommendation Monthly National DPH report received	National Recommendation National discussions re linking LFT information and Care Inspectorate reports	Tactical Team Leads/ Health Intelligence Team	Ongoing
		The TURAS safety huddle system should consider wider winter preparedness and broader IPC needs as part of the planned future developments and how the system might move to be used for local improvement	National Recommendation.	Partnership will support implementation of updates Data Analyst represents D&G as part of National Group TURAS data considered on a daily basis by Tactical Team Reports from TURAS used influence local improvements	Health Intelligence/ Tactical Leads	Ongoing
		<ul style="list-style-type: none"> Support in building capacity and capability for data systems to be used by care home staff for quality improvement is required 	National Recommendation Data Analyst represents D&G on National group	National Recommendation Data Analyst attending Care home managers webinar 23/2/21 to discuss future TURAS developments and	Health Intelligence/Tactical Leads	Ongoing

				reporting functions for individual care home use.		
		<ul style="list-style-type: none"> Care homes should ensure preparedness for any potential outbreak by maintaining a current register of all required staff and resident data 	Homes advised to keep such data up to date.	<p>HPT will provide a spreadsheet to the Care Homes to help preparedness in the event of an outbreak. This is being recirculated to encourage care homes to keep data up to date.</p> <p>Strategic Planning currently carrying out scoping exercise to consider business continuity./contingency plans from individual care homes assessing documentation fitness for purpose. Workshops on 'best practice' to be considered</p>	Health Protection Team/ Strategic Planning	Dec 2020/ recirculating wk 22/2/21
4.	Early Warning Systems	<ul style="list-style-type: none"> 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 system 	National Recommendation	National Development	Tactical Team	Ongoing
		<ul style="list-style-type: none"> Care homes should be supported to use the TURAS data for local improvement 	Partnership supporting implementation of the TURAS safety huddle tool. Significant	Support updates and developments of TURAS. Local guidance document available. Drop in and bespoke training	Tactical Team	Ongoing

			support required to develop the concepts of a safety huddle within a care home.	sessions. Compliance much improved. Further work required to develop 'concept' of safety huddle		
		<ul style="list-style-type: none"> 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 	Workforce tool for care homes not currently developed. In outbreak situations discussions take place about what workforce support might be needed from the partnership but this is currently guided by the Care Home rather than workforce planning tools.	Tactical Team to embed the understanding of safety huddle Workforce planning/surge planning part of CHTG workplan Staff 'bank' model being developed	Care Home Tactical Group (CHTG)	Ongoing
5.	Testing	<ul style="list-style-type: none"> 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 	Care Homes asymptomatic surveillance testing via Social Care Portal. Symptomatic testing via NHS local labs.	Engage with projects to look to move asymptomatic testing to NHS regional testing nodes when capacity allows. PCR testing regimes embedded. Transition to NHS labs completed by mid Feb 21. LFT processes commenced Dec 20,	CHOG Tactical Team HPT Scottish Care	Complete
		<ul style="list-style-type: none"> 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 	NHS staff deployed to care homes have access to NHS testing. Re-testing of asymptomatic positive Social Care Portal tests due to number of false positives.	In an emergency situation Agency staff to be given access to NHS Testing if the Social Care portal is not responsive enough.	Tactical Team	Complete

			Mass testing implemented as soon as possible after a case in either a resident or staff member is identified.	Include timelines for mass testing and surveillance testing in the EPI curves for Outbreaks, to be reviewed at IMTs. Systems in place and rigorously tested	Health Protection Team	
6.	IPC knowledge and expertise	<ul style="list-style-type: none"> Local IPC capacity requires to be developed at H&SCP 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 	<p>Two additional Health Protection Nurses and. 1 x Infection Control Nurse recruited.</p> <p>Joint working between HPT team , IPC and Tactical Team ongoing.</p>	<p>Develop joint working approach between IPC and HPT – shared learning and development for new staff coming into post.</p> <p>1x IPCN, 1 x Clinical Educator, 1x HPT nurse in place. Further advert for 1 x IPCN - interviewing on 18/2/21.unsuccessful & Tactical Leads to review requirements.</p> <p>Joint working going well</p>	<p>Alice Wilson / Valerie White (Interim Director of Public Health)</p> <p>Tactical Leads</p>	Ongoing
7.	IPC indicators	<ul style="list-style-type: none"> 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. 	Homes have been encouraged by HPT to monitor ongoing infection and prevention control practice with examples shared by the HPT.	<p>Ongoing monitoring and support for implementation via IPC / HPT /Clinical Educator input and review at assurance reviews. Further round of Assurance visits commenced Dec 2020 and finished mid Feb 2021. Rolling programme of assurance visits in place.</p>	Tactical Team/HPT	Ongoing

		<ul style="list-style-type: none"> Monitoring systems for IPC compliance in care homes should be further developed 	National development	IPC 'ability to comply' with Infection Prevention and Control measures currently recorded on TURAS and also on DPH report Also as 7.2 of Care Inspectorate Inspections and included in Assurance visits.	Tactical Team/Care Homes	Ongoing
		<ul style="list-style-type: none"> Further work is required to develop SICPS as part of day to day practice in care homes settings 	Advice and support provided by HPT/ICT	Training programme being progressed Jan 2021	IPCN training programme Champion model to be developed with care homes and Tactical Team IPCN	Ongoing
		<ul style="list-style-type: none"> The TURAS dashboard needs to be used by care home managers and by HSCP in order to provide assurance in relation to safe staffing, escalation and IPC 	This is an ongoing developmental process as care homes start to get to grips with the new tool.	Further dedicated local input will be provided by HPT, Care Home IPCN and Clinical Educators. Local guidance document available. Compliance much improved. Daily report reviewed by Tactical Team	Care Homes	Ongoing
8.	Leadership	<ul style="list-style-type: none"> 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 	A range of supports from psychology services is available to all care home staff including 1-1 interventions and signposting to web based resources.	Ongoing engagement and promotion of this service Onward referral systems from Test and Protect team to psychology services to be put in place, this is included in the Local Script	Gillian Bowie (Psychologist) Justine Laurie (Trace and Protect Manager)	Ongoing Complete

		<ul style="list-style-type: none"> Consider access to enhanced leadership training, mentoring and leadership networks 	Not currently in place through the H&SC partnership.	Further work will be undertaken to review opportunities to access leadership support. Training Needs Analysis in progress - covers Leadership themes	CHOG Tactical Team	Ongoing
		<ul style="list-style-type: none"> 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 	National Campaign but these issues have been highlighted to care home managers via letter on 16th October 2020 and at Webinar on 3rd November 2020.	Ongoing pick up of such issues at weekly assurance calls also assurance visits Urgent and highly important communications are sent via the Tactical Team, routine communications and updates are sent via Scottish Care. This system helps 'draw' staff attention to them	Tactical Team	Ongoing
9.	Training and education	<ul style="list-style-type: none"> Development of a mandatory induction module for IPC, in partnership between SSSC and NES, should be undertaken as soon as it is practicably possible. 	Care Homes have access to a range of induction training provided through their organisations / private providers.	Review of mandatory training compliance for registered SSSC professionals Training has been 'stood down' by SSSC over time of pandemic. Information to be sought re future planning	Lillian Cringles (Chief Social Work Officer)	Ongoing
		<ul style="list-style-type: none"> Consider a supportive education model where care homes educators roles are developed to support every care home in Scotland 	Advice and support provided by HPT / IPCT	Further development of this model through HPT, IPCN and Clinical Educators re SICPs. TNA (Training Needs Analysis in progress)	Tactical Team	Ongoing
		<ul style="list-style-type: none"> Workforce development needs for IPC requires to be 	National Recommendation	Further development of this model through HPT, IPCN and Clinical	Tactical Team	Ongoing

		considered for all staff in care homes and those providing IPC support to this sector		Educators re SICPs.		
10.	Guidance and local adoption	<ul style="list-style-type: none"> HSCP planning using a multi-model approach to IPC is required; this may be supported by national IPC lead organisations such as ARHAI Scotland 	Advice and support provided by HPT / IPCT	Further development of this model through HPT / IPCN and Clinical Educators re SICPs	Tactical Team	Ongoing
		<ul style="list-style-type: none"> The new national care home manual for IPC planned for completion in December 2020 should be produced with a multi-model strategy plan for dissemination and implementation 	Updates to guidance is circulated to Care Homes via Scottish Care, Tactical Team and HPT	Plan to support implementation of the new guidance. IPCN in place in Tactical Team to support implementation in partnership with HPT.	Tactical Team (IPCN)	Circulated to all care homes Dec '20
		<ul style="list-style-type: none"> 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 	National Recommendation	National Recommendation. Recommendation/request to SG at Webinar 20/1/21	CHOG	Ongoing
		<ul style="list-style-type: none"> Most recent versions of guidelines should clearly highlight the additional information or changes from the previous version 	National Issues	Any new update highlighted at webinars and weekly tactical team updates.	Tactical Team	Ongoing
11.	Inspection	<ul style="list-style-type: none"> Undertake a thorough review 	National	Weekly meetings	CI / Tactical Leads	Ongoing

	arrangements	of the joint inspection process to ensure a truly integrated approach to inspection in care homes is in place	recommendation	between Tactical Leads and Care Inspectorate (CI) Feedback / communication processes being developed. Ongoing development / review of assurance visits and template. Triangulation with all reports via 'Lessons learned'		
		<ul style="list-style-type: none"> Ensure that relevant professional national IPC expertise is at the centre of the process, to provide a consistent level of expertise and support 	National Recommendation	Relevant expertise available via local IPC Team. Tactical Team and HPT. National expertise available via professional links (IPC and HPT).	IPC / HPT / Tactical Team	Ongoing
		<ul style="list-style-type: none"> At present the operation of the wider company structure is outwith the scope of Care Inspectorate (CI) scrutiny, and consideration should be given to extending its remit to corporate entities 	National Recommendation	National Recommendation	Scottish Government	Ongoing – reference made within Independent Review of Adult Social Care Report (February 2021) to the CI having an 'enhanced role'.
12.	Carer perspectives	<ul style="list-style-type: none"> 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 	Local risk assessment approach already in place with access to HPT/ Tactical Team/Scottish Care support if required.	Visiting will be promoted in line with current CoVID tiering system. All stage 3 risk assessments reviewed and approved	Tactical Team/HPT/Scottish Care	Ongoing

		way to enable compassionate care in a homely setting				
		<ul style="list-style-type: none"> 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 	Action for the Care Homes to implement	Care Homes responsible for considering implementation of a ‘Visiting Champion’. Panel via CHOG available for advice and guidance relevant to visiting	Care Homes CHOG	Ongoing
13.	Built environment	<ul style="list-style-type: none"> Infection prevention and control specialist support for individual care homes is required when considering the built environment and risk assessment 	National recommendation	Health Facilities Scotland HPT support available IPCN nurse in place	Tactical Team/HPT	Ongoing
		<ul style="list-style-type: none"> 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 	National recommendation	Discuss with Care Inspectorate Commissioning reviewing Business Contingency Plans – advice and guidance to be provided to Care Homes in respect of this.	Tactical Leads Commissioning	Ongoing
		<ul style="list-style-type: none"> Ventilation guidance should be considered nationally to share general principles to mitigate transmission risks re aerosols over the winter months in care homes 	National recommendation	Part of assurance process Health Facilities Scotland	Tactical Team/HPT	Ongoing
14.	Raising concerns	<ul style="list-style-type: none"> Consider extension of the whistleblowing service to all 	National Issue	CHOG would implement any recommendations	CHOG	Ongoing

		staff across the health and care sectors				
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