

Care Home Assurance report

Introduction

On 17th May 2020 Dumfries and Galloway Health and Social Care Partnership (HSCP) and all other HSCPs in Scotland were asked to conduct assurance visits on all registered Adult Care homes in their area in the context of the Covid 19 emergency.

This report provides findings on the broader areas of assurance including Strengths and Areas for Development, and specific actions identified for partner agencies to support improvement.

Reason for & purpose of Assurance visits

The purpose of these visits was to provide assurance that the Care needs of individual residents were being adequately met and that appropriate infection prevention and control measures, including PPE and cleaning requirements were in place.

Approach

Given the huge pressures on care homes and the vulnerability of residents at this time, in Dumfries and Galloway we were clear that our visits while providing the assurance required would be as unintrusive and supportive as possible.

Four teams of three, comprising of Community Nurses and Social Workers from within the Health and Social Care Partnership, were identified to conduct visits to the 31 Adult Care Homes within Dumfries and Galloway. Visits started on 29th May 2020 and the last one was completed on 18th June 2020.

All visiting staff were tested for Covid 19 prior to and at required intervals throughout the visiting schedule. They also wore PPE and maintained social distancing within their teams and while visiting the care homes.

An audit template was developed, informed by the national Health and Social Care standards and plans shared by colleagues nationally, to address the required areas of assurance (**Appendix 1**). This was completed for each care home visited. The care home was also asked to participate in a telephone survey following the visit to explore their experience of the process and provide them with an opportunity to comment.

Each care home was contacted by a senior manager by telephone prior to the visit to explain its purpose, and the template was shared with them in advance.

Individual reports were completed including Strengths, Areas for development, analysis and a statement of the overall assurance provided by the care home. These have been sent to each care home inviting comment and response to be included in the reports then provided to the Dumfries and Galloway Care Home Clinical and Care Professional Oversight team.

Findings:

In most Care Homes the strengths overwhelmingly outnumbered the areas for development and support, and the overriding impression was of managers and staff dedicated to providing the best possible care and quality of life to residents in the current emergency. Those residents who we were able to talk to said they were happy and well cared for and treated with respect, and there was some good evidence of measures in place to maintain contact with family and friends within the Covid restrictions.

Overall Assurance

In 29 of the thirty assurance visits completed to date the care home was able to provide assurance to the Health & Social Care Partnership that they are providing a good quality of care and support within the Covid-19 restrictions.

In the one exception, issues were raised in relation to Individual Care Planning and communication. This was followed up by the Locality Social Work Manager who contacted the care home, reviewed the evidence, and was provided with assurance from the Care Home Manager about actions taken. This now provides the required assurance to the Health & Social Care Partnership that they too are providing a good quality of care and support within the Covid-19 restrictions.

Areas of assurance required with respect to COVID 19:

PPE and Infection Control

There was generally good evidence of measures in place for infection prevention and control with evidence of actions taken to promote good practice in this respect in all care homes.

Most displayed appropriate signage with respect to social distancing, hand hygiene and the use of PPE, organising space and providing prompts to support residents in maintaining social distancing. Several of the larger care homes had zoning arrangements in place with staff dedicated to particular areas and groups of residents to minimise cross infection.

There was little evidence of the use of floor marking to encourage social distancing in communal areas but this was usually because the area was carpeted and / or because this approach would not work well for EMI residents or those with sensory impairment.

Where it was suggested that signage could be improved this was readily accepted and several actions were passed to Public Health to provide the information required.

Adaptations had been made to provide staff changing and additional hand washing facilities where, and there was evidence that spot checks were being conducted by managers on hand hygiene and use of PPE. Good practice in this respect was also observed by the assurance teams. Staff spoken to generally appeared confident and competent in their understanding of the protocols for Covid-19 and PPE and how to report for testing.

Advice was given to some managers about display of posters, recording spot checks about and improving accessibility of hand sanitiser and PPE.

Most Care Homes appeared to have a good supply of PPE and plans in place to replenish stock.

In a few cases flip top bins were in use but interim advice was accepted, and managers quickly arranged for these to be replaced with pedal bins. Some but not all care homes employed designated domestic staff, and cleaning schedules were generally robust with cleaning day & night, supported by more regular cleaning of frequently touched surfaces. There was evidence of good stocks of appropriate cleaning products. Some homes having a scheduled deep clean on a regular basis.

Several Care homes launder staff uniforms in the home with one noted to provide staff work shoes. Where this was not the case most staff had bags to take them home in. Advice was provided on which bags are most suitable for this purpose.

Laundry was generally well organised and separated to minimise cross infection. Further guidance is needed to clarify required practice on the labelling of clinical waste.

Most care homes were regularly taking and recording residents' temperatures, but more advice is needed on the optimal frequency for this. Similarly, while in most homes staff are checking their temperature on arrival this is not always evidenced in records. Improvements could also be made on the display of signage to remind staff of this requirement, reporting illness, COVID-19 testing and return to work.

Care home managers generally had contingency plans in place involving redeployment of existing staff or the use of bank or agency staff as required,

Individual Plans and understanding of need

Most Care Homes had a detailed individual care plan for each resident. These were sampled by the assurance teams and generally found to be accessible and to include necessary information with respect to their views and legal status i.e. Guardianship, Power of Attorney DNAR etc... Most had Anticipatory Care Plans but there was some room for improvement in keeping these up to date.

There were not many specific risk assessments for those who struggle to understand and manage the COVID 19 restrictions, and this is an area where it would be helpful for the Health and Social Care Partnership to provide guidance.

However, assurance teams observed good staff engagement with and response to residents. There was generally positive contact being maintained with families and contact was being promoted through various means of technology. A few care homes struggled with or did not have Wi Fi or sufficient equipment such as I pads, and it may be that this is something the HSCP can assist with.

Most homes reported positive supportive relationships with partner agencies, including GPs and pharmacies.

Staff had access to e Learning with respect to Covid 19 and generally presented as well informed about this and the wider needs of residents. They also reported to feeling well supported by their managers

Non-Care Home Actions

A table of recommended actions is provided at **Appendix 2**

In summary, the observations by the teams were primarily around poster information and display. The homes have previously been provided with the information, but some were not displaying some of the information sent. A list of where communication posters were missing has been discussed with Public Health colleagues. There was a mix of other support required from home to home including advice on cleaning solutions and IT support including wi-fi and I-pads for residents to maintain contact with their family. . With regards to Anticipatory Care Planning support and updating care plans, discussion has taken place with the Improvement Advisor – Anticipatory Care Planning , who advised that work will be ongoing supporting the care homes with a paper going forward about an electronic system which would be available for all care homes should they wish to use it. The remote prescribing question is being raised at Bronze Command Care Home Support group for further discussion. Support with risk assessments for those individuals who have difficulty in understanding and managing the COVID 19 restrictions will be requested from the IDEAS team.

Feedback from Care homes - Responses to telephone survey

Managers of the care homes were asked to agree to take part in a telephone survey following the visit to share their experience of this process. Detailed findings are attached as **Appendix 3**.

In summary:

There were some understandable concerns before the visits, but managers were generally reassured by the communication received and there were very few negative comments on the visits themselves.

All but one, were positive about the safe and supportive approach by visiting teams and commented positively on the use of PPE by the assurance teams, who were experienced as having taken a cautious and respectful approach in the care homes.

In the one exception the Care Home Manager felt a member of the team was not supportive and did not listen to their explanation about the format of personal records. This issue will be further explored and addressed through debriefing with the teams.

Care Home Managers were welcoming of feedback and discussions on areas for development and support and had made some changes right away. They also appreciated the quick follow up they had received from public health when this was needed.

Some aspects of standards used in the assurance visits were questioned in terms of how they applied to care homes generally or to specialist circumstances, and some have given written feedback in individual reports in this respect.

In more general comments , one was extremely positive about tests throughout the Covid emergency having been prompt, with results next day, saying that in her view Dumfries and

Galloway is “*phenomenal*” and felt there had been good support in this and other respects even during the peak of the crisis.

Other issues raised included frustrations at the amount of information coming to them from different agencies and the view that there should be pay rises for social care staff to reflect their skills.

Appendix 1

Name of Care Home:

Date and Time of visit:

Visiting team names:

Date of Visit:

Person in charge of Care Home at time of visit:

Status of service:

Home open or closed to admissions	Current Number of residents:	Number of beds in care home	Number of residents nearing end of life	Number of residents positive for Covid-19:	Number of residents awaiting test results	Number of tests still to be carried out:

Staffing levels

Number of posts	<i>Number of Staff Vacancies</i>	Number absent through:		
		Sickness	self-isolation	Underlying health conditions

Standards	Yes/No	Comments	Recommendations
Access and Communal spaces The door entry and reception is accessible, secure and welcoming.			
Hand sanitiser is available at door entry and visitors are required to use it			
Signage is present at the front door and all delivery entrances noting the care home is closed to visitors because of coronavirus restrictions			
There is a visitors' log which records			

<p>time date, reason for visit and contact details – please comment on visiting patterns of deliveries and professionals during lockdown period</p> <p>Fire safety arrangements are clear and there is appropriate signage.</p> <p>There are floor markings where possible to indicate the 2 metre social distancing rule for visitors</p> <p>Are there arrangements in communal areas to allow social distancing to be achieved by residents?</p> <p>The environment is clean, bright, warm, comfortable and well-maintained.</p>			
<p>Infection Prevention and control</p> <p>Hand washing facilities are designated for staff in their changing area and each floor or unit of the service.</p> <p>All wash hand basins have liquid soap, paper towels and a pedal bin or open bin for waste towels (no “flip bins)</p> <p>Staff are observed carrying out effective hand washing technique at the correct times and a poster displayed at each sink.</p> <p>There are documented spot checks by managers on hand hygiene compliance.</p> <p>Staff change their clothing when they arrive for work and separate staff changing facilities are provided to support this.</p> <p>The manager is checking compliance</p> <p>There is clear guidance on PPE use e.g. poster?</p>			

<p>The correct PPE is available in all required areas e.g. aprons, masks and gloves.</p>			
<p>Stations are available with instructions for donning, doffing and disposal</p>			
<p>PPE is seen in use by staff.</p>			
<p>The correct products are in use for cleaning and disinfection and in good supply</p>			
<p>Staff are clear on the correct dilution levels for disinfectants/sanitiser.</p>			
<p>There a poster to remind staff about correct products and dilution</p>			
<p>There is a robust cleaning schedule for frequently touched surfaces such as handrails, door handles etc</p>			
<p>Personal items – including mobility aids- are stored in resident’s room and not left in communal corridor.</p>			
<p>Any communal items are cleaned correctly to prevent cross-infection.</p>			
<p>There is a contingency plan for zoning to keep suspected or confirmed infected residents apart from non -infected residents</p>			
<p>Waste management</p>			
<p>There is a poster about using paper tissues, binning after use and washing hands</p>			
<p>Colour coding of bags and segregation is observed</p>			
<p>Any clinical waste is appropriately labelled and traceable</p>			
<p>Laundry</p>			
<p>Resident’s clothing & linen is appropriately stored and laundered to a good standard</p>			

<p>There is a hand wash basin for staff use</p> <p>Items are laundered at the correct temperature.</p> <p>There are water soluble bags for soiled items</p> <p>Staff uniforms are being laundered by the service.</p> <p>If staff are taking uniform/work wear home for washing check it is being carried home in a disposable or water-soluble plastic bag and brought back in a clean bag</p>			
<p>Individual Care Planning and communication</p> <p>Residents have individual care plans which fully involve them.</p> <p>Individual care plans include an up to date Anticipatory Care Plan within the last 6 months. Are you and staff clear from the plan how much medical intervention would be wished should the resident become unwell?</p> <p>Staff are aware which residents have a Guardianship order or enacted Power of Attorney in place</p> <p>Individual care plans are supported by a clear risk assessment for those who struggle to understand and manage the COVID 19 restrictions</p> <p>Residents are enabled to understand the COVID 19 precautions within their capacity</p> <p>Next of kin, family and legally representatives (e.g. Guardian,</p>	<p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p>		

<p>Power of Attorney) contact details are up to date and readily available</p> <p>There is good communication between the care home and significant others in the person's life.</p> <p>Any changes in care or treatment are fully discussed with relevant parties and decisions are clearly recorded.</p> <p>All relevant medications for individual residents are available</p>			
<p>Residents Care and Wellbeing</p> <p>There is good nutrition including access to fresh water and snacks.</p> <p>Residents are supported to exercise and move around.</p> <p>There is sufficient variety and choice for involvement in stimulating activity.</p> <p>Residents are treated with compassion including time given to individuals.</p> <p>People have their privacy respected</p> <p>People are supported to maintain hygiene</p> <p>People are enabled to maintain relationships with family, friends, and other community links available through telephone, video or internet.</p> <p>Residents are fully involved through the removal of communication barriers (e.g. glasses at hand, batteries for hearing aids replaced, consideration of cognitive impairment)</p> <p>Residents are confident that they will receive a prompt response when needed whether in their own rooms</p>			

<p>or in communal areas</p> <p>Do staff know the process if a resident requires testing for COVID 19?</p>			
<p>Residents Health Care</p> <p>Staff are checking and recording the temperature of each resident at least twice a day and recording these: if raised reporting this and checking if any other symptoms</p> <p>Appropriate signage is visible on doors of residents who are isolating</p> <p>Residents are supported and enabled to remain well-nourished and hydrated particularly if they are unwell and /or isolating.</p> <p>Staff provide extra fluids and supplements to residents who cannot eat a normal diet and advice is sought if they require special supplements.</p>			
<p>Staff Health and wellbeing (Staff discussion – please comment on how staff are feeling)</p> <p>There is signage to remind staff about reporting illness, COVID-19 testing and return to work.</p> <p>Are staff aware of how and when they can access testing?</p> <p>Staff are logging their own temperature on arrival in the service and if raised being advised to go home</p> <p>Staff have opportunities to debrief, reflect, and receive support.</p> <p>Staff can access services to support their mental health and wellbeing</p>			

<p>Education and training of staff</p> <p>All staff have received training about COVID-19, infection prevention.</p> <p>Staff are aware of how Covid-19 can present in atypical ways</p> <p>Staff have received training on PPE and infection control and are confident in the use of PPE</p> <p>Staff are confident about who they can access advice from if they have any concerns</p> <p>Staff have up to date written briefing or access to web-based materials to supplement verbal messages</p>			
<p>Continuity of Care</p> <p>Individual Care Plans provide clear information about each resident’s care needs and pre-existing conditions which are accessible as required for all staff including agency staff</p> <p>There are good handover practices at the end of shifts</p> <p>The care home is fully staffed, or managers are addressing and resolving any staffing issues in light of Covid 19.</p> <p>There is continuity of key workers</p>			
<p>Leadership and Management</p> <p>Staff rotas are clear and there are sufficient breaks between shifts</p> <p>Managers lead by example and role</p>			

<p>model positive behaviour</p> <p>Arrangements are in place for maintaining contact with, and support from the Health and Social Care Partnership</p> <p>This includes regular contact from community nurses, links with social work and input from public health</p> <p>Contingency Planning</p> <p>There is a contingency plan in place to address high levels of staff absence</p> <p><i>This includes:</i></p> <p>A clear position on how the home would manage if too great a proportion of staff were off.</p> <p>Thresholds for contacting/escalating to the Health and Social Care Partnership for support</p>			
<p>Key strengths</p>			
<p>Areas to consider for development and support</p>			
<p>Overall Analysis (<i>Overall impressions of how well the Care home is delivering high quality care and support within the Covid 19 restrictions – referring to areas above – balancing strengths and areas for improvement</i>)</p>			
<p>Overall Assurance provided</p>			

Appendix 2

Non-care home actions noted from individual visits

Action required	Detailed requirement	Care home	Referred to	Follow up 25/6/20
Provision of infection control posters	Use of PPE – donning and doffing	10 care homes	Public Health	Links sent out and 'hard copy' to those who have difficulty printing off
	Hand washing	8 care homes	Public Health	Links sent out and 'hard copy' to those who have difficulty printing off
	Cleaning products and dilution	5 care homes	Public Health	Links sent out and 'hard copy' to those who have difficulty printing off
	Reporting staff illness, testing and return to work	8 care homes	Public Health	Links sent out and 'hard copy' to those who have difficulty printing off
	Waste management	6 care homes	Public Health	Links sent out and 'hard copy' to those who have difficulty printing off
Covid 19 posters	Bold posters for front doors	All care homes	Public Health	Links sent out and 'hard copy' to those who have difficulty printing off
Provisions of posters – covid 19	Signs and Symptoms	2 care homes	Public Health	Links sent out and 'hard copy' to those who have difficulty printing off
	Self-isolating	2 care homes	Public Health	Links sent out and 'hard copy' to those who have difficulty printing off
	Tissue/Bin it/wash hands	3 care homes	Public health	Links sent out and 'hard copy' to those who have difficulty printing off
Social distancing posters	2m social distancing	1 care home		Links sent out and 'hard copy' to those who have difficulty

				printing off
Provision of clinical waste labels	Supply labels	1 care home	Public Health	Not reqd
Advice regarding sourcing or alternative product or method for dealing with soiled items	Manager unable to source water soluble bags	2 care homes	Public Health	Signposting should be via care home managers network
Advice re appropriate cleaning products	Provide advice	5 care homes	Public Health	Signposting should be via care home managers network
Advice re taking temperatures	Advice re temperatures twice a day for people not showing symptoms	4 care homes	Public Health	All care homes to receive funding for vital signs training. Training currently being arranged
Advice on clinical waste	Advice re appropriate labelling and traceability	4 care homes	Public Health	Infection control manual demonstrates best practice. All care homes have own contracts. Waste does not need labelling like in hospital
Training on use of PPE	Provide training resources	3 care homes	Public Health	Links provided
Guidance for those who struggle to understand and manage the COVID 19 restrictions (including risk assessment)	Issue guidance for care homes on how to manage risks in respect for people struggling to understand the requirements of Covid 19	All Care homes	Social Care Sub-group	Referred to IDEAS team IDEAS team deployed to CMHT. One staff member supporting care homes 'east' and one 'west'. Information sent to care homes and followed up by fortnightly contact. Advice given on individual

				residents, contact numbers available.
Support with ACPs	Provide support to complete ACPs for residents	12 care homes	HSCP Improvement Advisor CPN's	Current discussions with Scottish Care/Care Inspectorate/ Care Homes re use of MS TEAMS as a platform. Build in case reviews, Palliative care training resulting in a more holistic approach. Digital Care planning paper to HSCSMT requested a more detailed proposal which will be complete in next couple of weeks
Communication tools	Access to I pads or other appropriate equipment to support communication between the home and externally with family or professionals	3 care homes	HSCP	Trial to commence in 2 care homes with I pads week commencing 29/6/20. This will be to test Near me and NHS mail and TEAMS. Advice given re most suitable devices for family contact.
	Provision of technical support	3 care homes	HSCP	These were primarily Wi-Fi issues being dealt with by individual homes
Access to medication	Provision of remote prescribing	1 care	HSCP Community	Referred to Care Home

		home	Health and Social Care Directorate, Pharmacies	Support group
Staff wellbeing information	Details of support available	2 care homes	HSCP Public Health	Links and posters provided

Appendix 3

Care home quality assurance

Report on telephone survey feedback

Background

Care home quality assurance visits were requested to take place by the Scottish Government in response to the Covid 19 emergency. Arranged by the Health and Social Care Partnership, visits to Dumfries and Galloway's 31 care homes took place in May – June 2020.

Visits were made in pairs consisting of a health professional and a social worker to look in partnership with the care home at the quality of care with a focus on the care and support of residents and staff in the context of the Covid 19 epidemic. The standards used as the measure of care were agreed with the oversight group and the care homes were sent a copy of them in a template format prior to the visits.

Feedback survey

It was important to ensure that care homes felt supported during this time so managers of the care homes were asked for permission to be telephoned by a member of Social Work Services' improvement and quality team following the visit to listen to their views on the visits, and particularly whether they were carried out safely and supportively. All 31 care homes gave permission to be contacted and gave feedback on their visit.

The following questions were put to managers:

- 1. How are you/staff/residents generally at the moment?**
- 2. How did you as the manager feel about the idea of the visits beforehand?**
- 3. Did you feel prepared for the visit and have a full understanding of what it was about? (had information, had discussions, were feeling ok about it?)**
- 4. How did the process of the visit go? (did you feel it was done safely and that there was a supportive approach?)**
- 5. Do you have any comments, positive and negative that you would like to make about the visit?**

Results

The questions were put in an open way, with managers free to say as much or as little as they liked in response. The following is a summary of the findings which were themed together to understand the balance of 'what went well' and 'what could be better.'

All views which were slightly different to the main themes in content are included as well as quotes from some managers.

Question 1 – how are you/staff/residents at the moment?

What went well

When speaking about how they were feeling just now around half gave a very positive response, that all was well and that their morale was good.

All managers gave a positive response to how they were just now.

What could be better

A few said that staffing was a bit difficult, but that they were managing. There was also comment that it was important to keep vigilant in relation to the virus.

Occasionally managers mentioned that some residents wanted to go out, and that there were a few staff that were stressed. One commented that the workload is very high.

Question 2 - How did you feel about the visit beforehand?

What went well

Around half commented that they felt happy about the visit beforehand and that they had everything in place anyway and they welcomed the visit. A few said that there wasn't much notice, but also that this was a good thing.

What could be better

A few commented that they were a bit daunted that this may be overly official due to all the signatures at the end of correspondence on it. There were a some who were apprehensive or who wished the visit had happened sooner. There were a small number who were very concerned due to anxiety about cross-infection including one who checked the legality of the visit initially. One said they were very unhappy and thought it was the wrong thing to do due to the physical footfall into the care home.

Question 3 - Did you feel prepared for the visit and have a full understanding of what it was about? (had information, had discussions, were feeling ok about it?)

What went well

The majority said that they were prepared and had all the information needed and that they were already doing what was asked. Some also commented on being reassured that visitors would be tested for Coronavirus first, that they knew what would be happening at the visit and that it was to be supportive.

What could be better

A few commented that they would have liked a bit more notice or that it meant slight changes to allow for the visit or to plan but still welcomed the visit.

Question 4 - How did the process of the visit go? (did you feel it was done safely and that there was a supportive approach?) and Question 5 – any other comments

What went well

All but one said that the visit was carried out safely and supportively. Many of these also commented that PPE was used well and that the visit was carried out respectfully, with some specifically mentioning the way in which those carrying out the visit; checked with the manager where they would like them to go or to sit, and sought permission and guidance on the way in which they moved around the care home. It was very common for managers to say that it was a positive experience, even though some mentioned some aspects that have been written under 'what could be better.'

Some mentioned that there were good and helpful discussions on some issues. There were comments from a variety of managers that those visiting were amicable, professional, approachable, supportive, and thorough. It was also commented on that the process was reassuring. Several also commented that the process felt relaxed or that the visit was enjoyable and that there is always something to learn.

"Staff were buzzing afterwards as it was nice for them to hear that they are doing a fantastic job" was one manager's comment.

"It was good to get feedback from different people" was another's.

"They are welcome back – it would be good to do this annually"

There was comment that "The support generally in Dumfries and Galloway has been phenomenal even at the peak of this." And in that case also that tests were carried out straight away when asked for and results received the next day.

Some also commented that it is positive for others (the Partnership, the Public) to be reassured about what they are doing, and one mentioned also that they liked the format of the template of standards.

What could be better

There were some negative comments made in this question or in question 5 alongside the overwhelmingly positive feedback on the visits. A few managers mentioned that the visit was intense and another that it took longer than expected. One did not feel it was done supportively, feeling that one of the team didn't listen, particularly on the format of their personal plans.

One commented that they thought a blanket letter in preparation and support to all care homes would have been better but understand this was a Scottish government directive. It was suggested by one that some of the information could have been sought from previous

inspection rather than this process as not all considered on this visit was Covid-related. Two mentioned that PPE has been a difficult issue at some points as, much was being diverted to NHS early on.

It was suggested by a few that good practice in the care homes should be shared with other care homes. A few had felt that the standards didn't fully apply in their particular type of service.

There were a very small number who commented on slight differences from what they were advised at the time to what was in the report and one that minutia (eg a bar of soap that was out) could have been cleared up at the time, and not mentioned in the report. A few commented that it didn't seem that the difficulty of twice daily temperature checks was recognised or that this wasn't in the guidance. Some mentioned that there is a lot of information to deal with coming from different agencies, and that there is duplication. One person did not like the template as they felt it was very like for an inspection.

Some relevant comments here are:

"posters were not available on the website"

"it's a shame that all care homes get tarred with the same brush"

"we had suggested that these could be virtual visits and that people would also be able to talk to residents this way."

"The visit was long and we were shattered"

Conclusion

Overwhelmingly, care homes were positive about their care assurance visit. There were some understandable concerns before the visit, but managers were generally reassured by the communication received before the visit and there were very few negatives on the visits themselves.

Care home managers were comfortable with giving feedback on the visits and most commented in various ways on how safely and respectfully they were carried out, that advice and support was welcome, and that they felt their staff were doing very well in these circumstances. One felt that pay for carers should be improved. They had some comments on aspects of standards and how they applied in their situation and many have also given this in specific written feedback.

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26/6/20