care
inspectorate

CARE HOME REPORT:

KEY THEMES FROM OUR WORK COMPLETED
IN REGISTERED CARE HOME SERVICES FOR
ADULTS AND OLDER PEOPLE BETWEEN
1 APRIL 2020 AND 31 DECEMBER 2022

HAPPY TO **TRANSLATE**

Contents

Foreword – Jackie Irvine

As the independent regulator and scrutiny body for social care and social work services, the Care Inspectorate is responsible for assessing and providing information on the quality of care across Scotland. We are a scrutiny body that supports and drives improvement. People are at the heart of everything we do, and our focus is always on the experiences, wellbeing and outcomes for people who use services. Everyone has the right to experience kind and compassionate care, and to be safe and protected from harm.

Care homes play a central role in supporting people to remain in their local communities and for maintaining community links. They enable people to remain connected to people important to them and for them to continue to provide care and support if this is what they wish.

The pandemic brought challenges around decisions that impacted significantly on the care home sector, including restrictions to meaningful contact between people experiencing care and those important to them. Families experienced loss and trauma through separation from their loved ones, and we must continue to listen to people who experience care and people living in care homes to ensure we respond to any future pandemics and promote people's rights to self-determination and to a family life. Throughout the pandemic we supported the rights of people, and we are proud to be working with others to prepare the sector for Anne's Law, which will enshrine in law the rights of people to be connected to loved ones. We are committed to sharing good practice, hearing people's experiences and working with the sector to enable meaningful connection for people which is central to their wellbeing.

We adapted what we did during the pandemic to support the sector and meet the duties placed on us by the Coronavirus Act 2020. If you want to read more about this, please see our 'The Care Inspectorate's scrutiny and support of adult social care during the Covid-19 pandemic'.

We have continued to support the sector and work with partners, including Scottish Government. The social care sector in which care homes operate is complex with a wide range of different types of services operated by voluntary, private and public sector providers, each with their own distinct identities and cultures, which we recognise and support.

The sector continues to face significant challenges which impact on outcomes for people experiencing care, in particular acute recruitment and retention issues and rising costs. If services cannot recruit the right staff with the right skills, then outcomes for people will not be as good as they could be. We must do more to value social care as a profession and recognise the skills, knowledge and expertise that are required of social care staff. As well as recognising the complex role that staff undertake, we must also support their wellbeing and this was never more important than during the pandemic. I want to sincerely thank all staff who work in social care and in care homes as I recognise the complex work they do and the challenges they face. Day in and day out, they care for people's loved ones with professionalism, commitment and compassion, and we regularly see and hear about that.

The care home sector must receive the support it needs. We are committed to continuing to undertake our core purpose of providing scrutiny, public assurance and supporting quality improvement across services, while recognising the challenges they are facing. Where necessary, we will continue to identify poor practice and take action to support improvement.

Everyone, regardless of where they live in Scotland, must have access to good health and social care support. We will continue to support the sector as we move forward and work with statutory partners in Scotland.

Executive Summary

This report aims to highlight the key themes from our work completed in registered care home services for adults and older people between 1 April 2020 and 31 December 2022.

325 variations to existing conditions of registrations for care homes for adults and older people were assessed and granted. There were 155 cancellations in that period. For 84 of these we had information on whether a service was going to continue providing care or not. Of those 84, 55% said the the service would continue under a new registration of a different provider. Financial viability was the main reason for a service not continuing.

2,410 inspections in 1,025 care homes for adults and older people were completed, with over half of all care homes evaluated as good or better despite huge pressures from the pandemic, including ongoing recruitment and financial issues that all services have had to respond to. Common themes from the 2,279 requirements issued were quality assurance, care planning, staff skills and knowledge, medication management, environment and cleanliness. To help address this, we will continue to undertake dedicated work to support the sector with self-evaluation and plan our improvement work based on key themes emerging from scrutiny and assurance activity. We will also continue to recognise the context in which services operate, including sector pressures, while upholding the rights of people to experience positive outcomes.

Complaints about care homes continue to be the highest area of complaints received. These were resolved using our complaints pathway (pg. 24) which includes noting for intelligence, direct service action, investigation by provider, investigation by the Care Inspectorate and escalation to local authority social work departments and Police Scotland in line with child/adult protection concerns and criminal activity. Early in the pandemic where a complaint required a site visit we carried out an inspection of the service. From the complaints investigated, common themes from requirements issued were responsive care and support, staff responding to people's changing health and social care needs, organisations being responsive to people's needs, people not feeling included in their care and support, and overall wellbeing.

74 services had enforcement notices issued, with an improvement notice being our most frequently used type of enforcement, of which we issued 63. Most services complied with their improvement notice within the timescales set. However, we found serious risk to the life, health, or wellbeing of people experiencing care in six care homes, and in each case, we made an application to the Sheriff Court for an emergency cancellation of the service's registration. To help address this, we will publish guidance to support the closure of a service where an emergency cancellation of a service registration occurs.

We undertook a number of improvement initiatives between 1 April 2020 and 31 December 2022 in response to the intelligence gained from our scrutiny and assurance work. Each initiative aimed to support the sector with key areas through development of best-practice guidance, webinars and practical support in services. We undertook work on meaningful connection and occupation for people experiencing care, visiting, personal planning, safe staffing, a review of psychoactive medications in care homes, and our Care About Physical Activity (CAPA) and Growing a Good Life initiatives. We will continue to support the sector through our improvement work, aligned to the changing social care landscape.

Introduction

The Care Inspectorate is the independent scrutiny and improvement support body for social care and social work services in Scotland.

Our Vision

Our vision is for world-class social care and social work in Scotland, where everyone, in every community, experiences high-quality care, support and learning, tailored to their rights, needs and wishes.

Our Mission

Our Mission is to provide public assurance about the quality of care, social work and early learning services, promote innovation and support continuous improvement. We will take action where experiences and outcomes are poor.

Our Values

Our values are at the heart of all that we do.

Person-centred:
we will put people*, compassion and kindness at the heart of everything we do.

Fair:
we will act fairly and consistently, be transparent and treat everyone equally.

Respectful:
we will be respectful in all that we do.
*infants, children, young people, adults and older people

Integrity:
we will be impartial and act to improve care for all those in Scotland.

Efficient:
we will provide the best possible quality and public value from our work.

Equality:
we will promote and advance equality, diversity and inclusion in all our work and interactions.

Although this report covers our activity in care homes for adults and older people between 1 April 2020 and 31 December 2022, the data in graphs may extend beyond this time, which we believe helps provide the reader with a greater degree of information for comparison and context. However, we have only used data relevant to the time period of 1 April 2020 and 31 December 2022 in our analysis of care homes' performance for the purpose of this report.

Sector profile

Service numbers and spread

	Number of services	Total registered places
31 December 2018	1,101	40,966
31 December 2019	1,086	40,986
31 December 2020	1,074	40,844
31 December 2021	1,056	40,644
31 December 2022	1,038	40,538

Table 1: Total number of registered care home services and overall capacity
(Data source: Care Inspectorate register of services)

Table 1 illustrates the total number of services registered to provide a care home service and the total number of registered places nationally from 2018 to 2022. The number of registered care home services has declined over the past five years, with 6% fewer in 2022 compared to 2018. The total number of registered places has also declined but at a slower rate (down 1%). Services on average have increased in capacity; now offering 39.0 places per service in 2022 on average compared to 37.2 places per service in 2018.

Over this five-year period, Scottish Government has developed and implemented policies designed to support people to be cared for in their own homes for longer.
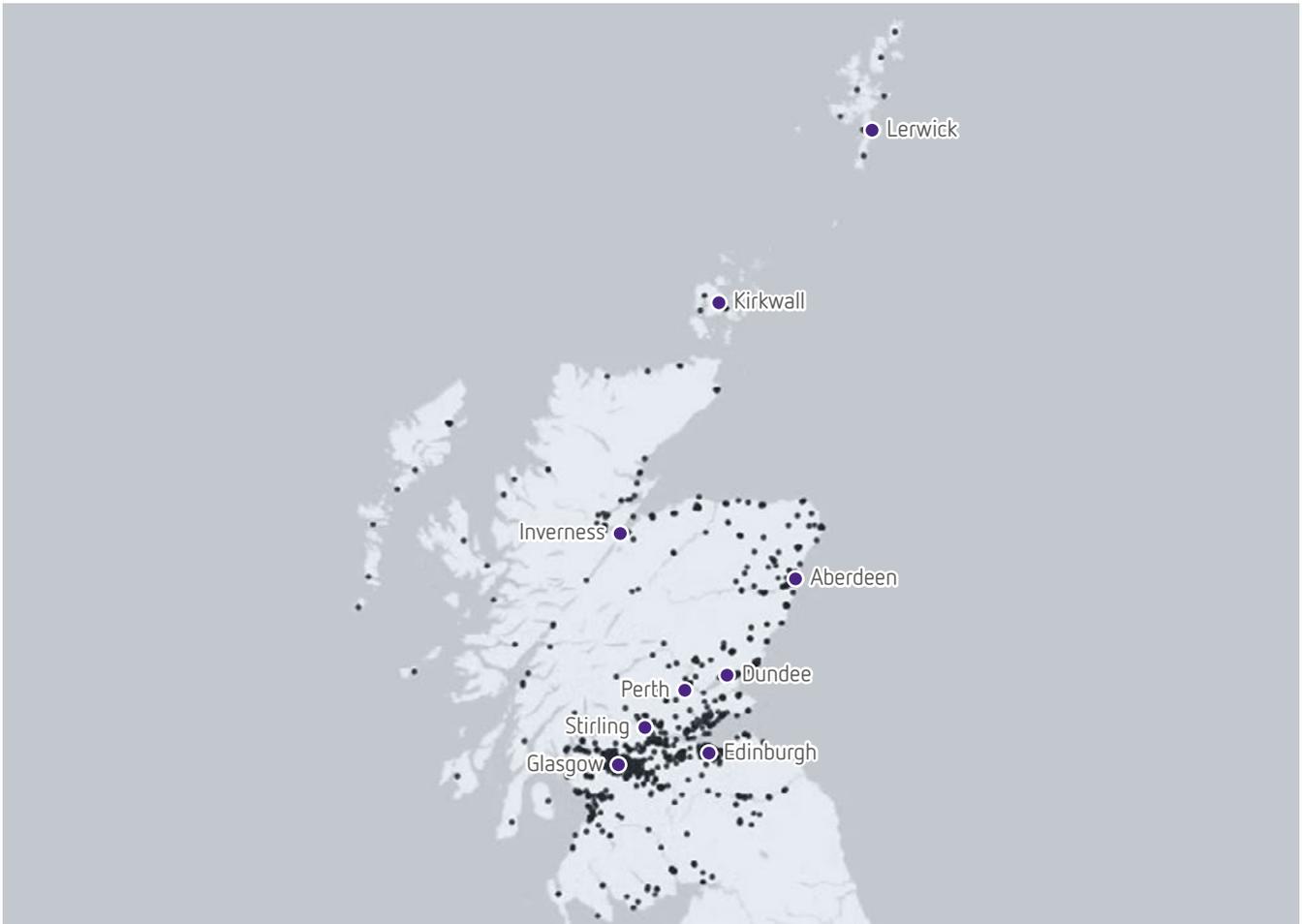
Map of services

Figure 1: Map of care homes in Scotland
(Data source: Care Inspectorate register of services)

Figure 1 illustrates the spread of care home services across Scotland. Notably, there is a greater concentration of services within the central belt and around major cities. There remains a challenge within rural communities for people requiring a care home service as this may not always be provided in the community where they live.

It is important to people that they are able to stay within their local communities so they can access familiar supports and maintain meaningful contacts. This can be difficult in some localities where access to appropriately qualified staff is particularly challenging. Access to housing for staff who relocate for work is not always available or affordable in certain areas. This has led to significant challenges for some health and social care partnerships and integrated joint boards.

Over the past five years, the privately held share of services and registered places has increased while the overall share of voluntary and public services has decreased. Figures 2 and 3 illustrate the respective changes during these times.
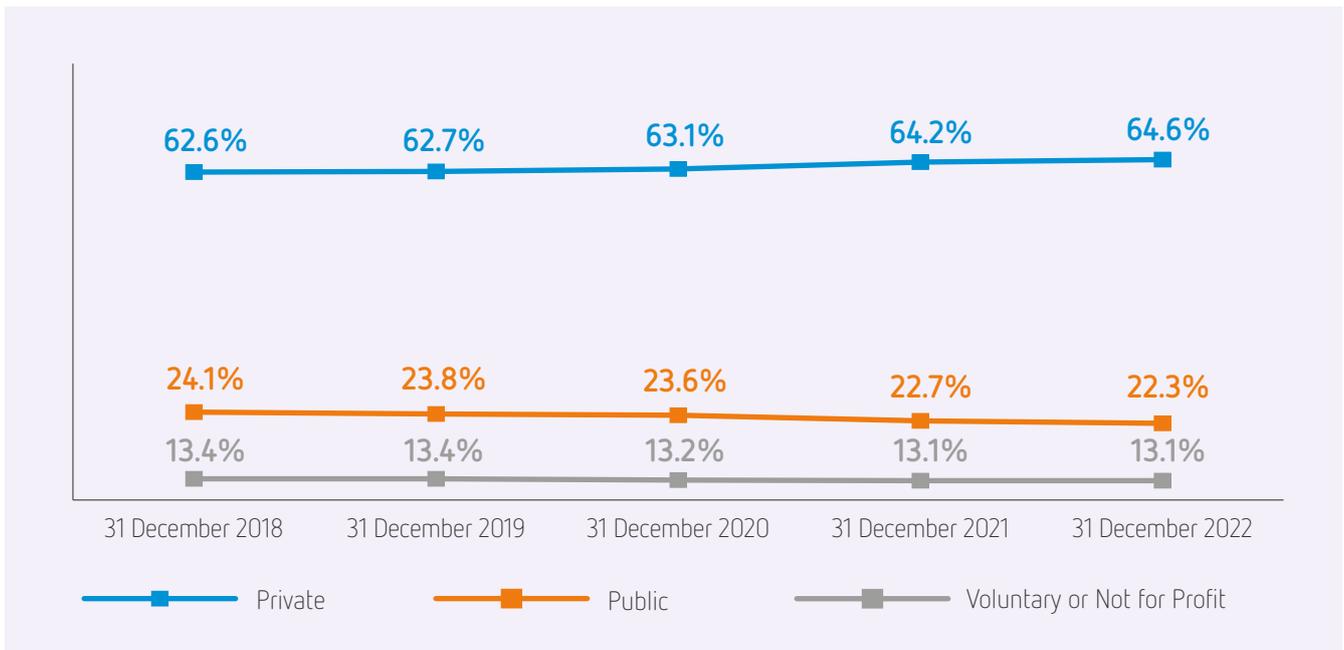
Figure 2: Share of services by sector and by year
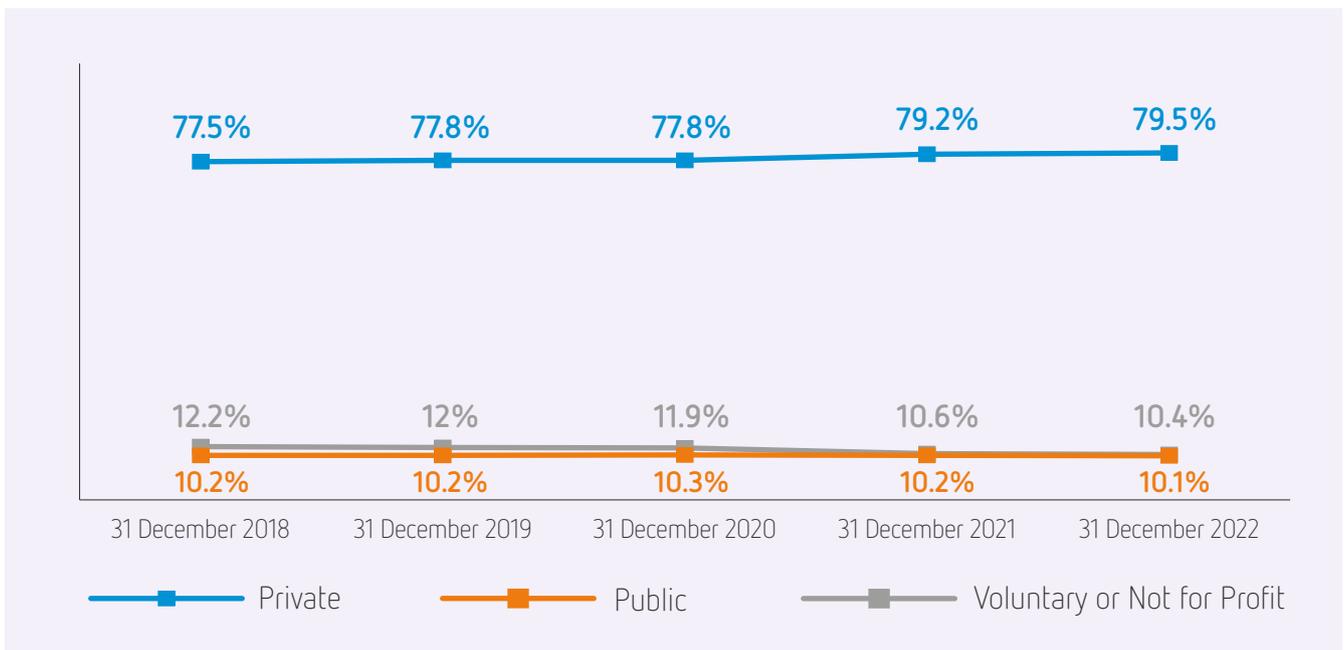(Data source: Care Inspectorate register of services)

Figure 3: Share of registered places by sector and year
(Data source: Care Inspectorate register of services)
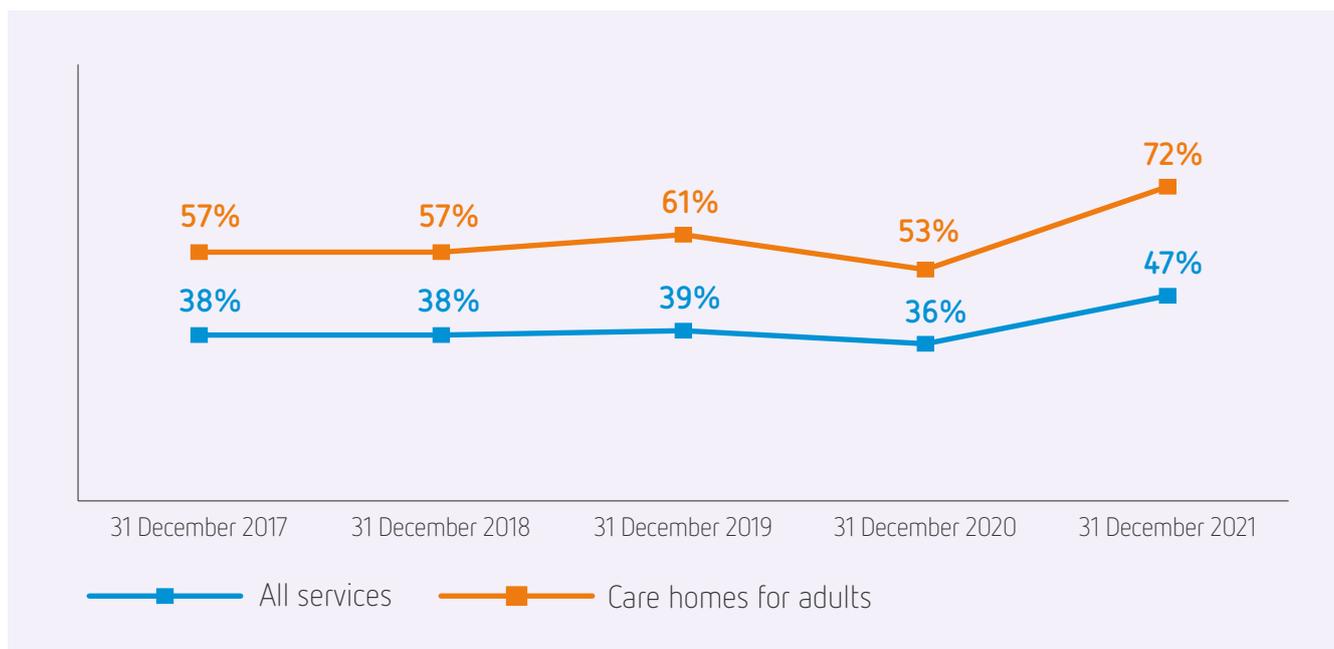
Staffing vacancy rates

Figure 4: Percentage of care homes reporting vacancies 2017–2021
(Data source: Care Inspectorate Annual Return data)

Figure 4 illustrates that care homes for adults and older people have had significantly higher vacancies than the national average for all services* every year since 2017. Following relatively stable figures between 2017 and 2020, we saw a large rise in 2021 with up to 72% of care homes for adults reporting vacancies. These figures are not dissimilar to those set in the social care briefing published by Audit Scotland, which highlights the significant problem with recruitment and retention throughout the social care sector and indicates that 74% of care home staff reported not having enough time to spend with people experiencing care due to recruitment and retention issues. We will continue to acknowledge the difficulties faced by the sector in respect of recruitment.

Having the right staff and leaders, including managers with the right skills, in appropriate numbers and effectively deployed is essential for good outcomes for people experiencing care. This remains a core assurance that we look for in all our inspections. It is important for people to receive the right care at the right time, and it is essential that providers make evidence-based staffing decisions that are linked to individual needs, choices and preferences. Our Safe Staffing Programme team is working with the care home sector to prepare it for the introduction of new legislation. Further information about our Safe Staffing Programme is available in the Improvement support section of this report, and on our knowledge and improvement website The Hub.

*All service types: Adoption service, adult placement service, care home for adults, care homes for children and young people, childcare agency, childminding, daycare of children service, fostering service, housing support service, nurse agency, offender accommodation services, school care accommodation service, secure accommodation service, support service.

Occupancy rates

	Number of services
31 December 2018	90.5%
31 December 2019	89.9%
31 December 2020	83.2%
31 December 2021	84.3%

Table 2: Percentage of occupied beds in care home services
(Data source: Care Inspectorate Annual Return data)

Occupancy has declined from 2018 (90.5%) to 84.3% in 2021. There was a significant drop over 2020 and 2021, when we know care homes faced significant pressures and death rates were higher due to the Covid-19 pandemic. While we are now seeing occupancy rates rising, ongoing analysis will be important as occupancy levels have a direct impact on care home viability and staff vacancy levels impact providers' ability to admit people to care homes.

Registration

Between 1 April 2020 and 31 December 2022, we progressed and granted registrations to 110 care homes for adults and older people. Figure 5 illustrates this over time.
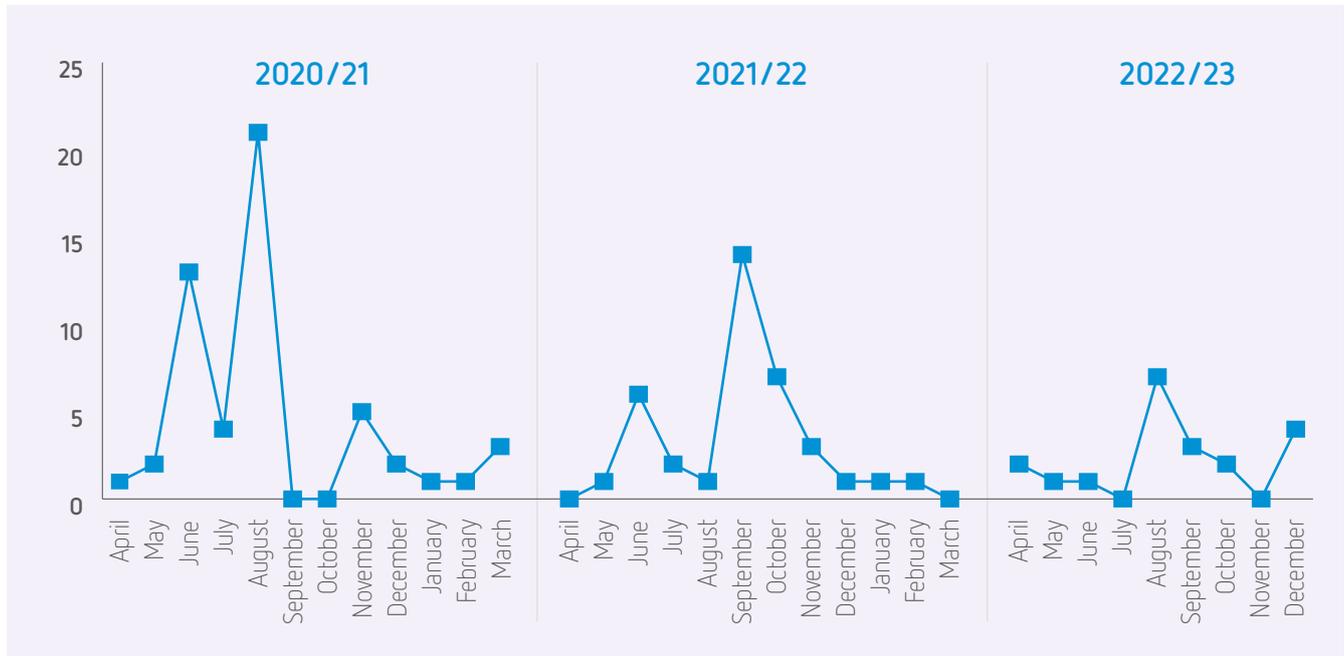
Figure 5 Number of registrations of care home services over time
(Data source: Care Inspectorate register)

During this time, our registration team provided pre-application advice for new care home developments and supported services in a timely manner where the provider changed to ensure people living in affected care homes did not have to move.

Our registration team took learning from the pandemic including research and consultation with the sector to develop our comprehensive guidance on good care home environments, Care Homes for Adults: The Design Guide.

Variations to registration conditions

Between 1 April 2020 and 31 December 2022, we assessed and granted 325 variations to existing conditions of registrations for care homes for adults and older people.

From March 2020, we developed our Covid-19 intermediate response guidance for registration. The aim was to support enquiries on registration and variation applications. This allowed services to make changes to their conditions of registration to ensure people got the care they needed when they needed it. For instance, our guidance 'Changes to service delivery – coronavirus Covid-19' permitted care homes for older people to admit a person younger than 65 by submitting a notification to us instead of applying for a variation, so long as staff had the requisite skills and knowledge to meet the person's needs. We have left this in place to support services as they continue to face pressures such as delayed discharge from hospital.

Cancellation

Between 1 April 2020 and 31 December 2022 155 care homes for adults and older people cancelled their registration.

Of these cancellations:

84 submitted information on whether they were going to continue providing a service after cancellation of registration	• 45% indicated the service was permanently closing and no new service would operate after the cancellation of the current registration. • 55% indicated the service would continue following the current providers cancellation under a new registration of a different provider.
75 submitted information on the reason for cancellation	• 28% stated it was due to financial unviability. • 20% stated it was for a change of legal owner. • 17% stated the business was being sold as a going concern. • 11% stated they could not recruit suitable staff.

Inspection

Between 1 April 2020 and 31 December 2022, we completed 2,410 inspections in 1,025 care homes for adults and older people.

We undertook inspections based on intelligence and risk. In May 2020, we augmented our existing frameworks to include Key question 7, which asked 'How good is our care and support during the Covid-19 pandemic?'. This was done in response to the pandemic and in recognition that services had to adapt and operate differently. It ensured that services implemented relevant practice in line with health protection guidance.

Key question 7 was developed in consultation with Health Protection Scotland and Healthcare Improvement Scotland. It enabled us to meet the duties placed on us by the Coronavirus (Scotland) (No. 2) Act and subsequent guidance, whereby we were required to evaluate and report on infection prevention and control, and staffing. We identified the need to also include the wellbeing of people experiencing care and living in care homes during the pandemic, and we added this as a quality indicator for Key question 7.

In accordance with Paragraph 22 in Part Nine of Schedule One to the Coronavirus (Scotland) (No.2) Act, which came into force on 27 May 2020, we were required to lay before Parliament a report every two weeks setting out: a) which care home services for adults we inspected during those two weeks and b) the findings of those inspections. We published 35 Parliamentary Reports between 10 June 2020 and the 29 September 2021.

We decided which care homes to inspect during this time based on intelligence and risk and it is therefore important to note these reports were not representative of the care home sector as a whole.

Our publication 'The Care Inspectorate's scrutiny and support of adult social care during the Covid-19 pandemic' provides further detail on what we did during the pandemic, including the support offered to care homes.

In consultation with the sector and professionals, we reviewed our existing framework to take account of learning during the pandemic and published our new quality framework for care homes for adults and older people in April 2022. We used this to inspect care home services from 1 April 2022. To support the sector, we produced as part of this framework, self-evaluation guides and improvement support links for care homes.

Evaluations (grades) profile December 2018 to December 2022
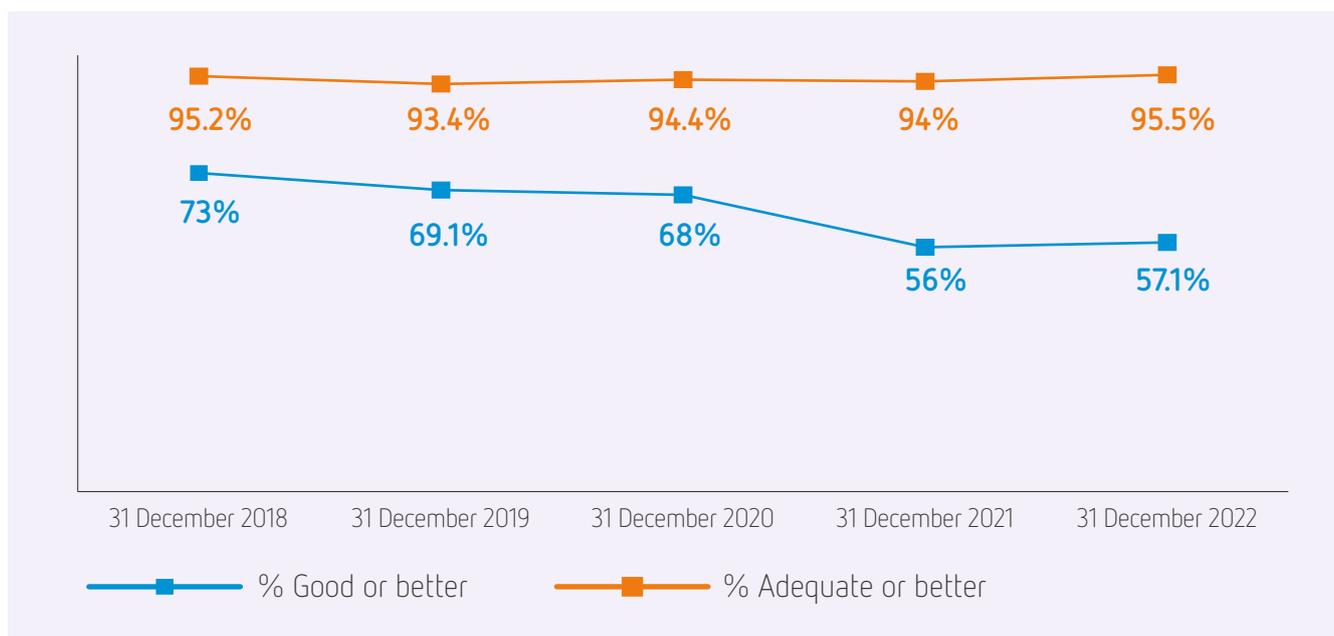
Figure 6: **Percentage of care homes with 'good or better' and 'adequate or better' over past five years** (Data source: Care Inspectorate datastore files)

Figure 6 shows a decline in evaluation/grades of those services graded good or above. However, the services evaluated /graded adequate or better has remained fairly stable with some increase. Whilst we have seen a decline in the percentage of care homes for adults and older people with evaluations of good or better since 2018, from 31 December 2020 to 31 December 2021 the figures evidence a larger decline (figure 6). This coincides with us changing our approach to inspecting. We could not carry out our usual programme of inspection because of pandemic restrictions therefore we carried out inspection in services that were assessed as the highest risk, linked to intelligence and complaints.

It is important to note that over half of all care homes for adults were still evaluated as good or better, despite huge pressures from the pandemic, including ongoing recruitment and financial issues that all services have had to respond to.

Most care homes continue to achieve evaluations of adequate or above. Where we evaluate a service as lower than adequate, we follow up on the improvements we have required within set timescales to ensure outcomes for people experiencing care have improved.

Requirement themes (from inspection)

A requirement is a clearly focused statement that sets out what a care service must do to improve outcomes for people who use services. Requirements should only be made where there is evidence of poor outcomes for people using the service or there is the potential for poor outcomes that would affect people's health, safety or wellbeing. Requirements are based in legislation and set clear timescales for making the necessary improvements to enhance outcomes for people experiencing care.

When we make a requirement, we refer to the relevant Health and Social Care Standard and detail the relevant regulation or law that has been breached.

Requirements can be made in inspection and complaint reports. There may also be circumstances when providers are notified of requirements if we send a letter of serious concern, such as when an urgent matter cannot wait until the inspection or complaint report is issued.
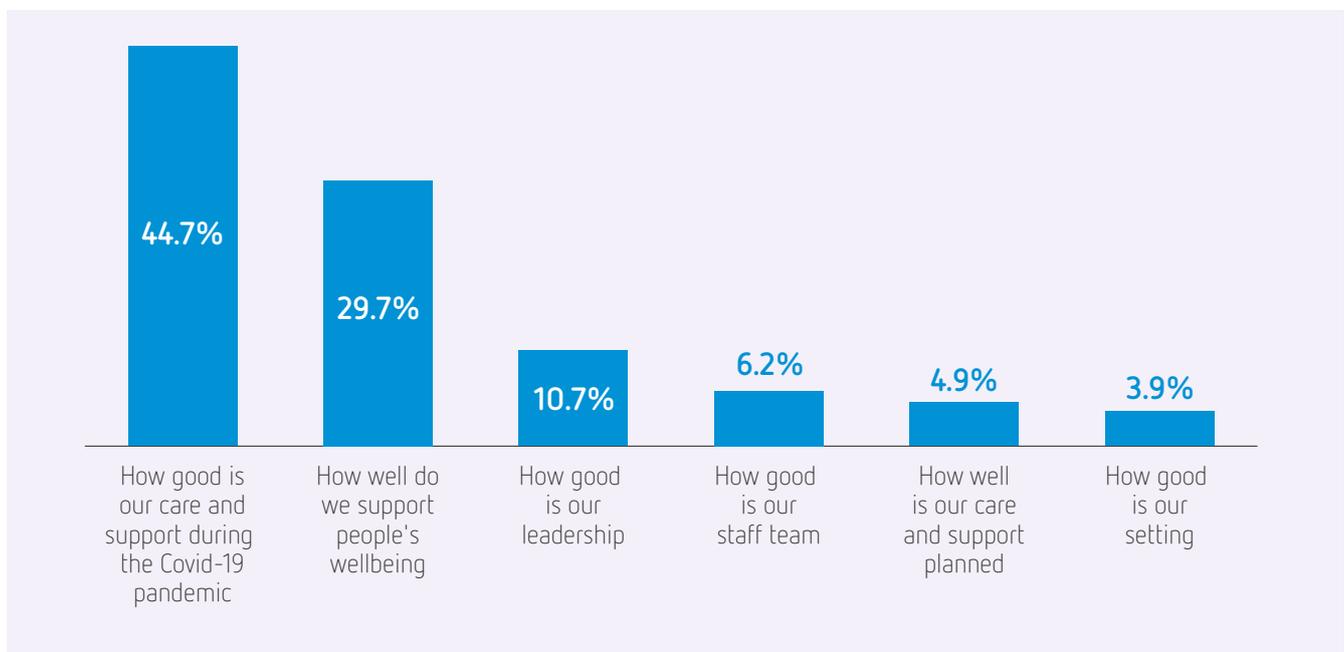
Figure 7: Percentage of requirements made under each key question.
(Data source: Requirement data from Inspection reports)

Between 1 April 2020 and 31 December 2022, we made 2,279 requirements following inspection in care homes for adults and older people (figure 7).

44.7% of requirements were issued against 'How good is our care and support during the Covid-19 pandemic'	of which **47.5%** were specific to the quality of infection prevention and control practice.
29.7% of requirements were issued against 'How well do we support wellbeing'	of which **68.6%** were specific to people's health benefitting from their care and support.
10.7% of requirements were issued against 'How good is our leadership'	of which **92.6%** were specific to quality assurance.
6.2% of requirements were issued against 'How good is our staff team'	of which **46.5%** were specific to staff possessing the right skills and knowledge to meet people's needs.
4.9% Of requirements were issued against 'How well is our care and support planned'	of which **100%** were specific to assessment and care planning reflecting people's needs, wishes and outcomes.
3.9% of requirements were made against 'How good is our setting'	of which **86.7%** were specific to people experiencing high quality facilities.

Analysis of the requirements made between 1 April 2020 and 31 December 2022 indicates the following specific themes.

1. Key aspects of care and support were not always fully assessed using effective quality assurance and where these had been completed, they did not inform overall quality improvement by way of specific remedial actions that should be put in place by the service. Self-evaluation and S.M.A.R.T (specific, measurable, achievable, realistic, time-framed) action planning was lacking where these requirements were made. The specific areas of practice where this appeared the most are: infection prevention and control; care planning; medication; staff practice including training and supervision; environment; and falls management.

2. Care planning was reported under 'How well do we support wellbeing?' and 'How well is our care and support planned?'. Key themes from the requirements made indicated that health needs assessments were not always completed correctly or timeously, which inhibited services' abilities to effectively plan care and support interventions, including referral to external professionals when needed. Most prevalent within this was a lack of effective assessment of nutrition, hydration, falls, skin care, and support of stress and distress. Where external professionals' advice was sought, changes to care and support were not always clearly defined within care plans. A further key theme from the requirements made regarding care planning was the need to ensure information was updated as individuals' needs changed, which should be done in consultation with the person experiencing care or their representative.

3. Staff knowledge and skill in relation to specific learning needs was a key theme from the requirements made, specifically in relation to good dementia care, moving and assisting, supporting individuals experiencing stress and distress, medication management, and adult support and protection. Where training had been completed, it was not always clear how this influenced or changed practice. Infection prevention and control was also a key feature of the requirements made in relation to staff skills and knowledge, with the most notable finding from this being staff were not always aware of key guidance documents and had not put these into practice.

4. Medication management was a key theme from requirements set, and outwith quality assurance, we found services did not always manage medications in a safe or effective way. Key themes from the requirements made include training on, and correct completion of, medication administration records. Most notable of these was the use of electronic medication records, administration of medications aligned to the prescribers' instructions, and maintaining adequate stock for continued administration.

5. Environment and cleanliness was found to be a key theme from the requirements made, with the most notable being the cleanliness of the environment and equipment to mitigate the risk of infection spread. We found remedial actions to address issues within services had not always been completed in a responsive way, linked to the overall quality of the environment, equipment and furnishings.

To help address requirements, we supported the sector by undertaking a number of activities:
- updated our quality framework for care homes for adults and older people (including quality illustrations and key improvement resources)
- developed and published self-evaluation toolkits to support service's evaluate aspects of service delivery
- wrote to all providers to outline themes from our scrutiny and assurance work and signpost them to best-practice guidance
- updated and published our 'Guide for providers on personal planning'
- held webinars on infection prevention and control guidance for providers
- worked with Public Health Scotland to update guidance.

We also provided direct practical support to services during inspection when needed.

The proportional split of requirements issued has changed across the inspection years between 1 April 2020 and 31 December 2022. In 2020/21, 88% of requirements were issued against 'How good is our care and support during the Covid-19 pandemic. This subsequently dropped to 50% of requirements issued in 2021/22, then further dropped to 0.4% in 2022/23 (up to December 2022).   This is due to the change in the frameworks used and the impact of the pandemic on our inspection focus. In May 2020, we implemented 'Key question 7' to the existing framework, and in April 2022, we implemented our new framework for care homes for adults and older people.

Collaborative improvement (oversight groups)

Enhanced clinical and care oversight arrangements were put in place for care homes early in the pandemic by Scottish Government to support care home staff and ensure good outcomes for people experiencing care.   Local daily multi-agency meetings were established across all health boards and health and social care partnerships, with the Care Inspectorate attending to share intelligence, information and provide guidance on support for care homes.   We have seen many good examples of information sharing leading to support and scrutiny action that has led to better outcomes for people experiencing care.

The oversight arrangements remain in place to support care homes as they emerge and recover from the pandemic, and to support the sector with the current pressures they face.   We welcome the opportunity to continue to work collaboratively with stakeholders to build on existing good practice and guide improvement.   We have taken part in reviews of oversight arrangements and called for these to be supportive and not seen as another scrutiny process, which many providers told us was their experience. These must be carried out with an improvement focus and be a safe space where care homes can be supported, access clinical advice and receive training to enable them to provide support to people experiencing care.   It is our opinion that we need a consistent approach and model of support for care homes across Scotland and we welcomed the 'Scottish Government Advice Note on New Arrangements for Enhanced Collaborative Clinical and Care Support for Care Homes', issued on 14 December 2022, stating the main purpose must be to support improvement and to work collaboratively with the sector and not blur the lines between regulation and oversight.

The care home sector is complex with a wide range of different types of homes operated by voluntary, private and public sector providers, each with their own distinct identities and cultures. It is important we recognise this and do not assume that what works in the public sector will work in the wider care home sector. Most care home providers are smaller organisations and therefore do not have the same resources.

It is important that all those supporting care homes understand the sector and the challenges it is currently experiencing, including staffing and rising costs, and not place unnecessary extra or new demands on them, for example data collection.   Work is being done to look at data requests of care homes and while this is taken forward, all those supporting the sector are encouraged to review data requested to ensure that what is asked for has a legal basis, is required, will lead to better outcomes for people and is not a duplicate of data requested by other agencies.

Good practice

We found many examples of innovation and good outcomes for people experiencing care in care homes in Scotland.

Below are just some examples of these.

The Oaks care home, Glasgow

During lockdown, two residents at The Oaks care home in Glasgow, worked with social enterprise group Lingo Flamingo. They completed a 12-week course and achieved a SQA National 2 qualification in Modern Languages, with tutoring support from a fellow resident who has a degree in French and German. The course covered topics such as greetings, personal language, geography, animals, sports, hobbies, days of the week, likes/ dislikes, and music.

The home celebrated with a special graduation ceremony followed by an afternoon tea at a local restaurant.

The residents enjoyed the course so much they have signed up to a more advanced qualification to expand their French.

Creative Care in the Bloo Toon – Peterhead

People living in four care homes in Peterhead wanted to share with the local community how they spent their time, and in particular, their talents for homemade crafting. People felt the perception about care homes was not accurate to their experience. An exhibition in the town was arranged, and the residents of Kirkburn Court, Grange Park, Wyndwell and Allandale care homes displayed a range of artwork, crafts, homemade produce and videos. This showcased the creative talents of people experiencing care and demonstrated their positive wellbeing and creativity..

CREATIVE CARE IN THE BLOO TOON

To mark International Older Person's Day, join us in a celebration of the talents and creativity of local older people.

Four of Peterhead's local care providers – Kirkburn Court, Grange Park, Wyndwell and Allandale – are joining forces to bring you a creative showcase featuring their residents.

We will be displaying an array of creativity including art work, produce, videos and more.

Come along and visit our exhibition throughout the morning on Saturday 1st October in the Buchan Giving Tree shop in Drummers Corner.

We would be delighted to welcome the local community to view our displays and join us in celebrating the positive wellbeing and creativity of our residents.

In collaboration with:

Bagatelle care home, Greenock

Bagatelle care home was named winner of the Nursing Older People Award at the RCN Nursing Awards in October 2021. The judges praised their creative and innovate approach to enabling visits during the Covid-19 pandemic. Early work on establishing Covid-19 testing protocols and risk assessment to support visitors being reunited with their loved ones informed Scottish Government's 'Open with Care" guidance.

The service's rights-based approach to visiting had supported people to have meaningful contact and develop a variety of ways for maintaining relationships.

For those individuals with fewer visitors, the service worked with a network provider to support meaningful contact. The Care Home Companions project enabled those people to have a phone call with a volunteer and gave the opportunity to chat with someone focusing on them as an individual.

We aim to gather and report on best practice by care services, and you can see many more examples of innovation on The Hub, and our Growing a Good Life project.

Complaints

At the outset of the pandemic, we enhanced our frontline triage teams, which answer calls and receive complaints about services. Anticipating an increase in calls from families, concerned members of the public and staff working in services, we adapted the work of complaints inspectors to ensure that people raising concerns were supported, and that we could act quickly and effectively on their concerns. An example of this was an escalation protocol for personal protective equipment (PPE) supply to care services, to support people to be with loved ones at the end of their life. This protocol enabled services to access PPE quickly when required, ensuring the risk of infection was reduced and people protected.

During the pandemic, we strengthened the risk assessment of complaints and where we identified a visit to the service was needed, our complaints inspectors met with our inspection teams and a Covid-19 inspection was undertaken. We also strengthened our overall approach to complaints and inspection work. When we visited a service to undertake a complaint investigation, we also inspected infection prevention and control practice. More detail on our complaints work during the pandemic can be found in our publication The Care Inspectorate's scrutiny and support of adult social care during the Covid-19 pandemic.

Between 1 April 2020 and 31 December 2022, we received 7,031 complaints about care homes for adults and older people, many of which were in relation to infection prevention and control practice and Covid-19. Each complaint was assessed and resolved using our complaints pathways. Since the start of the Care Inspectorate, the number of complaints we receive has increased steadily, year on year. We believe this increase is associated with a greater awareness and understanding of the Care Inspectorate's role and our ability to act quickly to secure improvements for people. This is in line with our complaints pathways/procedures. We consider complaints as an opportunity to support improvements for people and encourage and support services to do the same.

All complaints are assessed for adult / child protection concerns and criminality. Where we identify protection issues or criminal concerns, we make immediate referrals to the relevant social work team and Police Scotland. The lead inspector for the service will follow this up with relevant agencies and ensure identified action is taken by the service.

We can investigate only those complaints that are within our remit or when the complainant wishes to proceed with the complaint. If this is not the situation, then the complaint is revoked which means we take no further action except in those referred to Police or social work.

Reasons to revoke a complaint include: the complaint not being within the remit of the Care Inspectorate to investigate; the complainant not wishing to proceed with the complaint; the complainant wishing to go through the service provider's complaints process; or the complaint identifying child or adult protection or criminal issues that are reported to other statutory agencies.

All information from revoked complaints are shared with the lead inspector of the service for intelligence. We also provide advice to complainants on the correct agency to take their complaint to, for example the NHS or health and social care partnerships, and advice on how to submit a complaint. Between 1 April 2020 and the 31 December 2022, we revoked 1298 concerns.

Our complaints procedure is designed to be open, transparent, risk-based and focused on peoples' experiences. We aim to resolve simple matters quickly and effectively and focus our attention on more serious issues. This approach is based on complaint handling guidance from the Scottish Public Services Ombudsman's (SPSO) Model Complaints Handling Procedure. The aim of this model is to standardise and streamline complaints handling procedures across all sectors. The guidance shows that concerns about a service are best resolved as close to the point of service delivery as possible. Therefore, our approach includes direct service action or investigation by the provider, where we encourage the service to resolve the concerns directly. This enables the Care Inspectorate to ensure resources are used for high-risk complaints where the outcomes for people's health and wellbeing needs are investigated and action taken.

Complaints handling pathways

Intelligence – where we receive and record information about a care service and highlight that to the inspector for that service. This approach would only be used for lower-risk complaints and/or complaints where we may not have enough information. This helps our inspectors develop a broader overview of concerns about a service, which in turn informs the timing and focus of our inspections. We may use the information as intelligence about the service to help inform our scrutiny and improvement support activity. For example, bringing forward a full, unannounced inspection of a service.

Direct service action – when issues are straightforward and suitable for quick or immediate action, we contact the service and ask that they engage directly with the person making the complaint to resolve the issues directly with the person. Typically, this is used for straightforward or simple matters where people are unsatisfied with their experiences to intervene quickly and achieve a positive result.

Investigation by the care provider – when issues are suitable for the complaint to be investigated using the service's own complaint procedure, we obtain consent to share the person's contact details with the service and we then ask the service provider to investigate the concerns and respond to the complainant.

Complaint investigation by the Care Inspectorate – following assessment, we investigate serious complaints about failings in care that have led to or are likely to lead to poor outcomes from an individual or individuals.

Adult and children support and protection – any concerns that require to be assessed as adult or child protection concerns are referred to the lead agency, the social work department or the health and social care partnership. We keep in touch with the social work department until a decision is made about whether an investigation will take place. If a decision is made that no investigation is required by them, the issues will be re-assessed and investigated by the Care Inspectorate if this is appropriate.

Care homes continue to be the subject of the highest numbers of complaints we receive. From 1 April 2020 to 31 December 2022, we investigated 751 complaints about care homes for adults and older people and upheld over 80% of these. This is in addition to those complaints where we identified a visit was necessary during the pandemic that were undertaken as an inspection. For further information please see page 16.

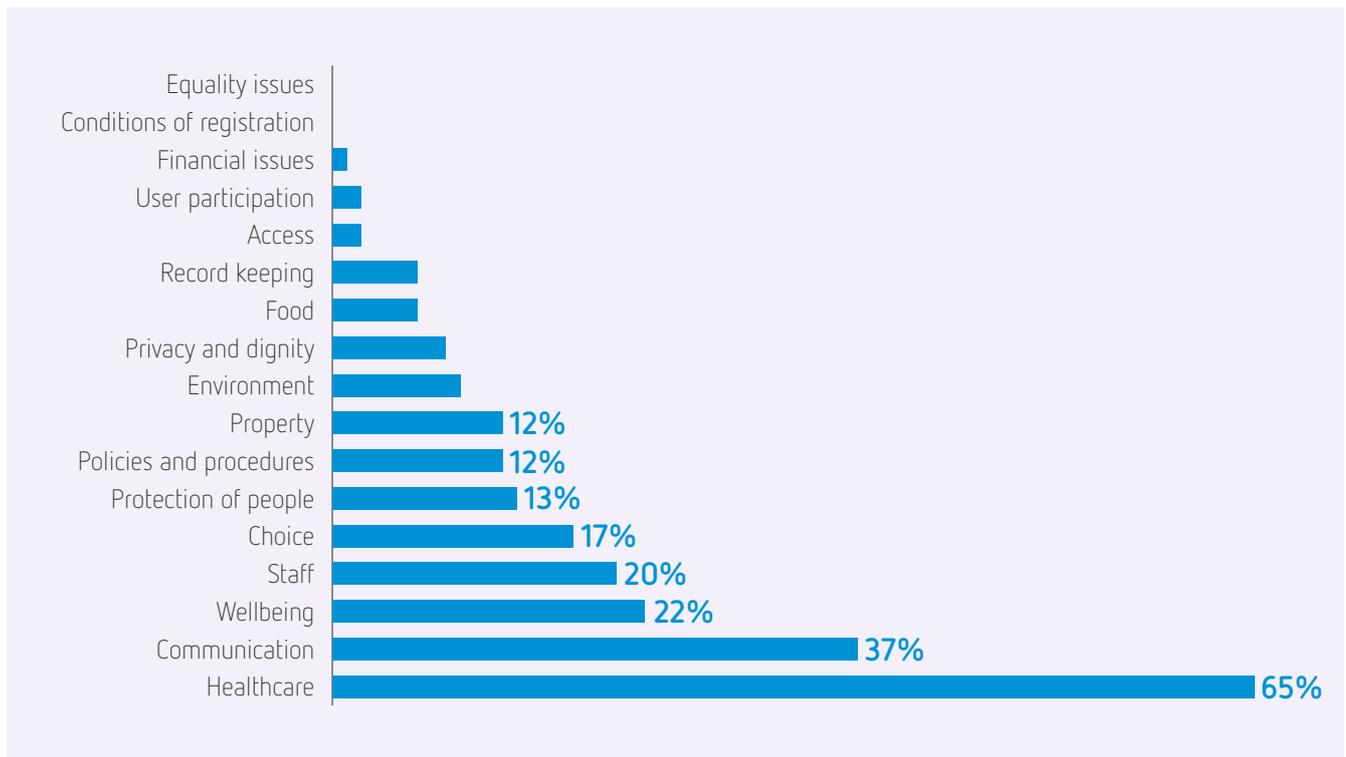Figure 8 shows the key themes from complaints raised and investigated.

Figure 8: Themes from complaints investigated
(Data source: Complaint data from the Care Inspectorate complaints app)

If either the complainant or complained against believes we have made a mistake in our findings and have come to the wrong conclusion, either or both can ask for a post investigation review. Of the total number of complaints we investigated, we received 63 requests for a post investigation review from complainants and 57 requests for a post investigation review from those complained against. This means of those complaints investigated by the Care Inspectorate, only 16% considered our findings not to be accurate and asked for a post investigation review. A post investigation review does not mean our outcome changed but ensures a review of findings is undertaken.

We are currently developing a procedure to check whether, following complaint investigations, complainants have experienced a positive difference in outcomes.

You can find further information about our complaints work, including themes, where complaints come from and outcomes from investigation, in our report 'Complaints about care services in Scotland, 2019/20 to 2021/22'.

Requirement themes (complaints)

When we make a requirement, we will refer to the relevant Health and Social Care Standard and detail the relevant regulation or law that has been breached.   For more details on requirements, see page 16.

Where a requirement is made following a complaint investigation, complaints inspectors will carry out a follow-up inspection to ensure that outcomes for people have improved and report publicly on this. We make sure there is strong communication between our case-holding and complaints inspectors, as complaints are an integral source of intelligence on a service's performance.

Between 1 April 2020 and 31 December 2022, we issued a total of 322 requirements following a complaints investigation in care homes for adults and older people.   The main themes for requirements are illustrated in figure 9.

41.3%	4.3%	26.4%	24.5%	3.4%
I experience high-quality care and support that is right for me	I am fully involved in all decisions about my care and support	I have confidence in the people who support and care for me	I have confidence in the organisation providing my care and support	I experience a high-quality environment if the organisation provides the premises

Figure 9: Percentage of requirements by Health and Social Care Standard
(Data source: Complaint data from Care Inspectorate complaints app)

41.3% of requirements were issued against 'I experience high quality care and support that is right for me'	of which **92.4%** were specific to responsive care and support.
26.4% of requirements were issued against 'I have confidence in the people who support and care for me'	of which **85.9%** were specific to staff being responsive to people's health and social care needs.
24.5% of requirements were issued against 'I have confidence in the organisation providing my care and support'	of which **82.3%** were specific to the organisation being responsive to individual's needs.
4.3% of requirements were issued against 'I'm fully included in decisions about my care and support'	of which **42.9%** were specific to people feeling included in their care and support.
3.4% of requirements were issued against 'I experience a high-quality environment if the organisation provides the premises	of which **90.9%** were specific to wellbeing.

The proportional split of requirements issued has remained relatively stable across the inspection years between 1 April 2020 and 31 December 2022.

Enforcement

While many people living in care homes experienced good quality care, a small number of homes with poor quality care posed a significant risk to people's health, safety, wellbeing or life. When it was necessary and proportionate, we promptly used our statutory enforcement powers.

Between 1 April 2020 and 31 December 2022, we issued a total of 74 enforcement notices in care homes for adults and older people. The breakdown of enforcement types across all registered care homes for adults and older people is illustrated in figure 10.
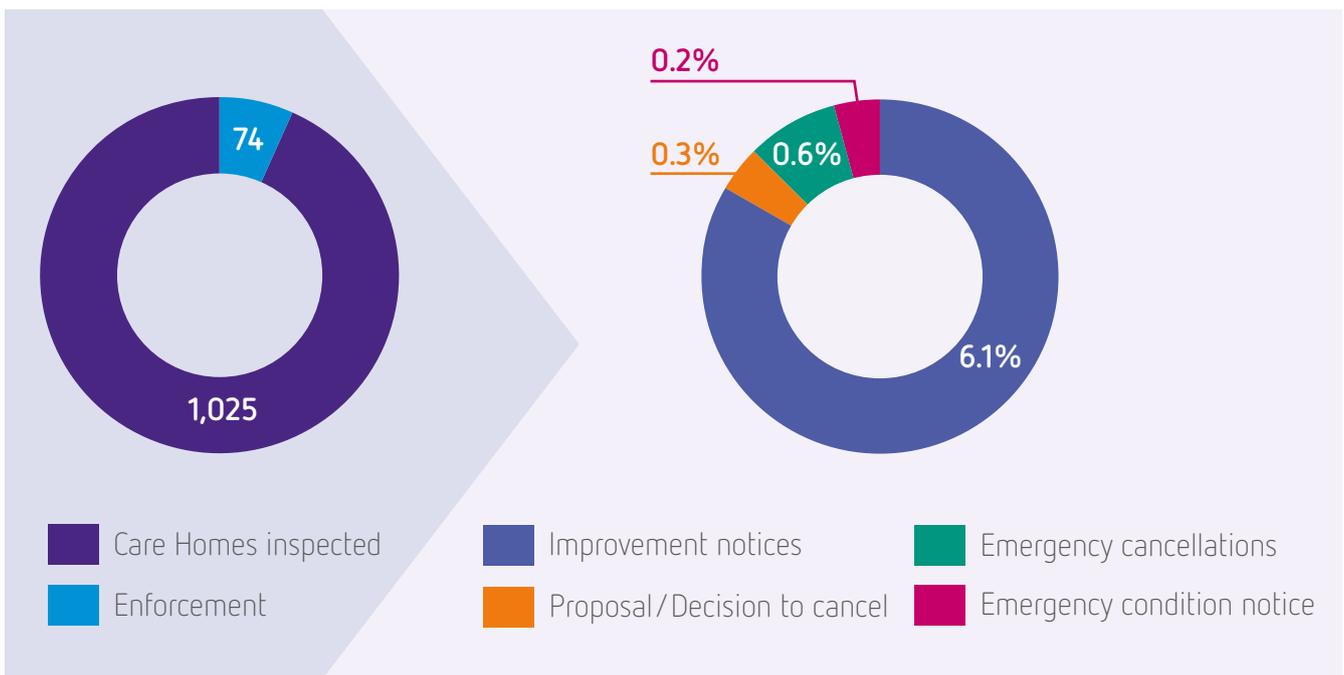

Figure 10: Percentage of enforcement actions and type of enforcement action

An improvement notice was our most frequently used type of enforcement notice. An improvement notice is a formal letter we send to the provider. It sets out one or more required improvements that must be made within a specified timescale. If the provider does not comply with the improvement notice and people are still at risk, we can move to cancel the care service's registration.

Between April 2020 and 31 December 2022, we issued 63 improvement notices. Most care homes complied with their improvement notice within the timescales set. We cancelled three care home registrations when they did not comply and make the necessary improvement.

In six care homes, we found serious risk to the life, health, or wellbeing for people experiencing care. In each case, we made an application to the Sheriff Court for an emergency cancellation of the service's registration. This type of enforcement is a last resort. In making decisions about emergency cancellations, we take account of the impact on people, and work with our partners in health and social work to ensure families and people who experience care are supported.

We have worked with health and social care partnerships to develop guidance that supports them in responding to enforcement action where there is serious risk to peoples life, health or wellbeing.

Guidance and checklist for health and social care partnerships: when serious risks to people's life, health or wellbeing are identified in regulated care services.

Themes from enforcement action

Each improvement notice was focused on improving people's experiences and outcomes. The main theme was improving the support people received with everyday care and keeping well.

The main areas within the improvement notices issued were about infection prevention and control practice, the leadership, the staff team, the setting and how care and support was planned.
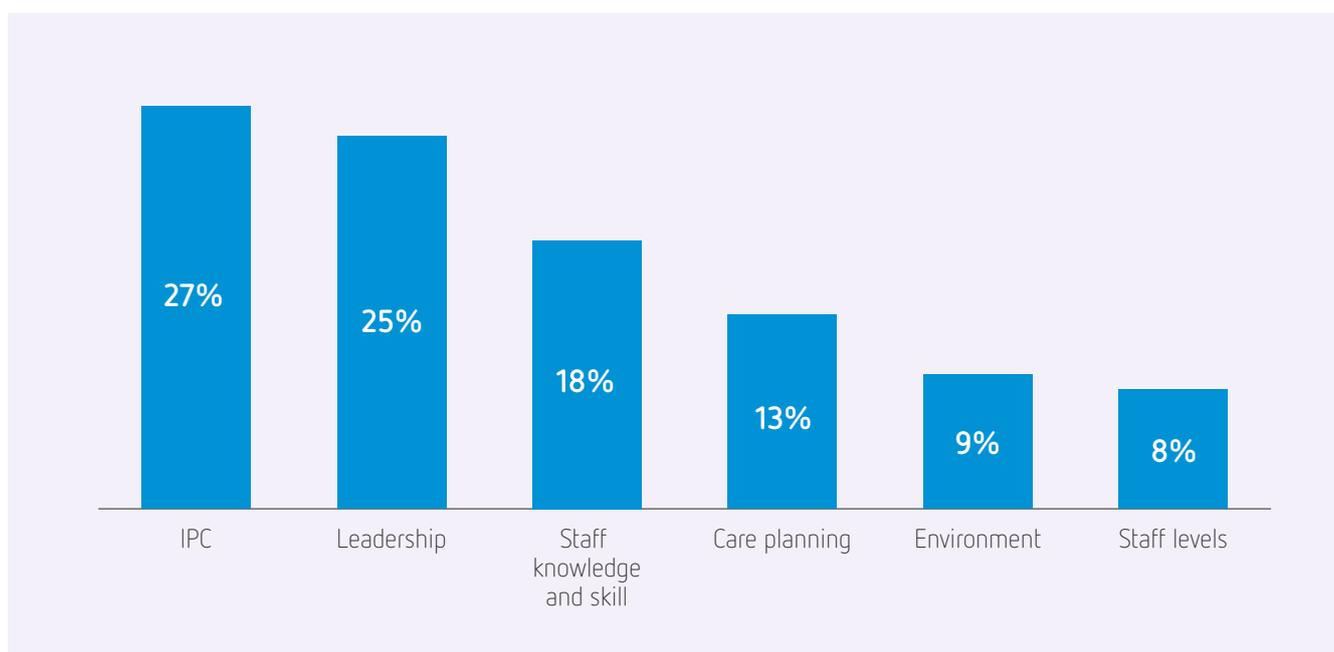

Figure 11: Improvement notice themes

Infection prevention and control (IPC) was included in 27% of improvement notices. Significant improvements were made by implementing guidance on infection prevention and control guidance, including providing staff with training and support.

Quality of leadership was included in 25% of improvement notices. Care providers made significant improvements by implementing more robust quality assurance arrangements. This often involved spending more time listening to people, their families and staff, more time checking the environment, observing staff practice and the quality of care, and using audits and action plans to identify and make improvements.

Quality of the staff team was included in 18% of improvement notices. Significant improvements were made by providing staff with extra training aligned to assessing and meeting individuals care and support needs.

Care planning was included in 13% of improvement notices. Significant improvements were made when staff at all levels spent more time listening to people, observing how they were supported and using the care planning process in a person-centred way to plan and evaluate people's care.

Environment was included in 9% of improvement notices. Significant improvements were made by developing and implementing plans to improve the quality of the care home environment. This included redecoration, refurbishment and using best-practice guidance to provide a more dementia-friendly environment.

Staffing was included in 8% of improvement notices issued. Significant improvements were made in a range of ways including increasing staff numbers, deploying staff more effectively, and improving communication between staff to ensure people's needs, choices and wishes were clearly understood and met.

New policy and procedure link to risk

We carried out a review of intelligence from enforcement actions, in particular those where we applied to the sheriff for an emergency cancellation. This identified some common themes and we used this to update our enforcement policy and procedure. We also updated our Scrutiny Assessment Tool (SAT) which we use to inform scrutiny activity. We also used Hull University's Early Indicators of Risks, which enables us to have robust processes to identify when people are at risk of harm. This supports us to intervene earlier and target our scrutiny, assurance and improvement support where it is needed most.

While an improvement notice is in place, we carry out regular visits to the service to monitor the quality of people's care. This helps us assess the level of risk and check the service is taking the right action. We also support improvement by sharing good practice, meeting with staff and providing ongoing feedback. We meet with families and people living in care homes to explain the action we have taken.

⚙ Improvement support

Our 'Quality improvement and involvement strategy 2022-25' sets out how we support social care and social work in Scotland to improve the outcomes for those who experience care. It details the four pillars of quality improvement and involvement and is aligned to our corporate plan.

Improvement support is carried out during all our scrutiny and assurance activities, where we measure improved outcomes for people experiencing care and provide advice and guidance on best practice. In our 'Quality framework for care homes for adults and older people', we include a self-evaluation and improvement tool box, which can be used by care home services to measure performance and improve.

Following a review of our learning from the pandemic, we have put in place the health and social care improvement team. They work alongside other improvement colleagues and scrutiny and assurance teams. Scrutiny is the diagnostic activity that identifies improvements required, including themes, that are used to build our improvement programme for the sector.

During the pandemic, we wrote to all care homes detailing the findings from our scrutiny activity, and signposted best-practice and improvement documents. This allowed services to develop practice and have access to improvement resources.

- Letter to sector September 2020
- Letter to sector November 2021

Meaningful connection in care homes

Restrictions during the pandemic for care homes limited people's contact with those important to them and the wider community, and routine access to health and social care professionals.

In March 2020, as restrictions began, we recognised the potential poor outcomes for people experiencing care when in-person visiting was stopped. We developed and published guidance for care homes to support them to maintain contact for people using virtual means.

Near Me

At the start of the pandemic, we identified the Near Me video call platform as a valuable way for all care home residents to have virtual access to health and social care practitioners during restrictions. However, only 11% of care homes had heard of Near Me, with only about 5% having used it before the pandemic started. We helped the sector by contacting every care home for older people in Scotland and offered support to use Near Me. By 8 June 2020, we had already contacted more than 800 care homes. We also used Near Me, which allowed us to remain connected with services, conduct virtual visits and provide practical advice and support.

Enriched model of psychological needs

We produced a poster that outlines the key elements of the enriched model of psychological needs. This can be used within care services to help staff consider what actions they could take to help promote better psychological outcomes for the people who use services, relatives, staff and themselves when isolating or restrictions to visiting are in place.

We also published guidance on supporting people living with dementia during the pandemic. This has been used by Scottish Government to promote good practice in care homes.

Anne's Law

In March 2022, Scottish Government introduced two new standards to the existing Health and Social Care Standards to support people's right to visiting and connection when restrictions are put in place during an outbreak of infectious disease.

We supported Scottish Government in developing the standards, and in March 2022, we published guidance for care homes on implementing these.

In October 2022, we were commissioned by Scottish Government to undertake a project of work to prepare the sector for the introduction of Anne's Law.   As part of this, we will engage with people who live in care homes, their families, friends, and staff, to hear about what social connection means to people and why it is important.   The project will uphold visiting rights and enhance and promote meaningful social connection for people who live in adult and older people's care homes.   As part of our role, we will produce guidance and training for the care home sector to support this. Information on the project can be found on the Visiting, meaningful connection and Anne's Law area of our website.

Covid-19 flexible response team

In early March 2020, we set up our Covid-19 flexible response team as a central resource to provide advice and guidance on Covid-19.

The team was made up of staff from across the Care Inspectorate, reflecting the breadth of work undertaken.   These staff possessed a range of specialist experience and expertise, including nurses with up-to-date infection prevention and control knowledge as well as lead practitioners in PPE, dementia and end-of-life care.   The team worked closely with colleagues at Health Protection Scotland and Scottish Government.

The team provided support and information to people who experience care and their families, the general public, registered services and external stakeholders. Their focus at all times was on the health and wellbeing of people experiencing care. The team developed, published and maintained frequently asked questions and a Covid-19 compendium of links to all the latest national guidance from a range of public bodies.   This enabled services to find the most relevant and up-to-date guidance for their setting more easily.   This was received very well from the sector, which was being challenged by the rapidity of change in guidance and expectations.

Personal planning guide

Our scrutiny and assurance directorate developed and published a guide for providers on personal planning to support the sector in developing meaningful and person-centred personal plans for people experiencing care. This focuses on rights, choice and preferences and provides examples of good practice.

We delivered a webinar on personal planning to the sector, which received positive feedback.

Covid-19: Right Choice, Right Time, Right Reason webinars

The health and social care improvement team, quality improvement support team, scrutiny and assurance and the Covid-19 flexible response team delivered a programme of webinars under the banner Covid-19: Rights Choice, Right Time, Right Reason. These were supported by providers, the Royal College of Nursing, the SSSC and Scottish Care.   They were well received by the sector with positive feedback.

Safe Staffing Programme

We were commissioned by Scottish Government to provide advice, guidance and learning to the sector to support them to get ready for the implementation of the Health and Care (Staffing) (Scotland) Act 2019. The programme team provides expert advice to Scottish Ministers to support implementation and has a role in ensuring that the Care Inspectorate is prepared for its duties in relation to the Act.

The foundations of the Safe Staffing Programme are embedded in the Health and Social Care Standards (amended March 2022) and the Care Inspectorate's strategic outcomes 2022 – 2025.

We started our collaborative work with volunteer care homes in 2021 to develop, test and introduce changes to workforce and workload planning using quality improvement methods.

This work continues alongside extensive consultation across the sector to engage and capture people's views.   From the results of our consultations, we are testing a prototype staffing method framework to support assessment and decision-making about staffing levels.

Safe and effective staffing levels are essential to the provision of high-quality, person-centred care. Further information about the safe staffing programme is available on The Hub.

Other improvement initiatives carried out to support the care home sector

- **PainChek**® is a new app that uses facial recognition and artificial intelligence (AI) technology to assess pain in people who are unable to verbalise pain.
- **Review of psychoactive medicines in care homes project** is aligned with the Scottish Government's Dementia and Covid-19 National Action Plan.
- **Foot health:** we delivered two webinars on foot health.   The first webinar focused on personal footcare, and the second webinar focused on the national CPR for Feet campaign.
- **Falls** awareness sessions aimed to highlight falls risks, and actions that can be taken to reduce them.
- **Care About Physical Activity:** we promoted the messages of activity and its connection to health and independence.
- **Growing a Good Life:** we work with care services and others to facilitate improvements in practice within care services that lead to improved outcomes for people experiencing care.

We have also published many guidance documents for care homes to support people in enhancing their health and wellbeing.   These are available on The Hub.

Commitments

We will...

Continue to target most of our scrutiny activity where there are known risks/ poor outcomes for people

Recognise the context in which services operate including sector pressures through our scrutiny and assurance work, while upholding the rights of people to experience positive outcomes

Undertake dedicated work within the sector to support self-evaluation

Continue to plan our improvement support to the sector based on key themes from scrutiny activity, feedback from people who experience care and collaborative work with local and national stakeholders

To continue to hear directly from people who experience care and their relatives

Continue to support the sector in preparation for the enactment of the Health and Care Staffing (Scotland) Act

Continue to support and work in partnership with the sector in readiness for the implementation of Anne's Law, with a focus on human rights

Gather and publish examples of good practice in care homes to highlight good outcomes for people experiencing care

Website: www.careinspectorate.com

This publication is available in alternative formats on request.