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

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

7.1 People's health and wellbeing are supported and safeguarded during the COVID-19 pandemic.

7.2 Infection control practices support a safe environment for both people experiencing care and staff.

7.3 Staffing arrangements are responsive to the changing needs of people experiencing care.

Quality Indicator 7.1: People's health and wellbeing are supported and safeguarded during the COVID-19 pandemic

Key areas include the extent to which:

- people's rights are respected, and they are treated with dignity and respect
- people are enabled and supported to stay connected
- people's physical, mental and emotional health is promoted.

Quality illustrations	
Very good	**Weak**
Staff demonstrate the principles of the Health and Social Care Standards in their day-to-day practice. This means that people experience care and support with compassion because there are warm, nurturing and positive relationships between staff and the people they support.	There is a lack of recognition of people's interests, culture or past life, including sexuality, gender identity, spirituality or important relationships, and of the importance of this for each person in relation to the potential impact of COVID-19. People's human rights are compromised because there is a risk-averse approach to

Where there are restrictions placed on people's freedom of movement, choice and control to prevent the spread of infection, these are kept to a minimum and undertaken sensitively. Restrictions are clearly documented, linked to risk and implemented with the involvement and consent of relevant individuals. The service keeps restrictions to a minimum and implements them sensitively. Staff recognise the impact that protective equipment (for example masks and visors) may have on communication and relationships with the people they support. They adjust how they communicate and take sensitive steps to minimise any negative impact.	restrictions in place to prevent the spread of infection. The restrictions are not reasonable, justifiable, or in line with current good practice. Decisions about care and treatment for people who have a deterioration in their condition are not made on an individual basis or based on the person's best interests. They are not made in consultation with the individual or their families/representatives, taking account of any expressed wishes contained in their anticipatory care plan or ethical practice guidance.
People benefit from creative and innovative ways to stay connected using technology with easy access to the internet and a telephone. People are routinely and actively supported to make best use of these, reducing the potential impact of visiting restrictions. Family members and friends know about visiting arrangements because these are clearly communicated to everyone. This includes people with dementia who are experiencing increased stress and distress and those receiving palliative or end of life care, for whom visiting arrangements are risk-based, proportionate and person-centred. Personal plans reflect people's rights, choices and wishes. They are person-centred and include information on people's preferences for maintaining contact, the supports needed to achieve this with those important to them, and ways they can remain active and engaged. People benefit from regular interactions and engagement from staff, and experience support that promotes independence, dignity, privacy and choice. This includes encouragement and resources to take part	Leaders in the service have not co-ordinated and communicated a clear plan for how the service is responding to COVID-19 for staff, people experiencing care, their families and carers. The culture in the service is insular, with limited attempts to establish alternative methods of engaging with families, professionals and other stakeholders. Families and others who are important to people are not kept up to date about the impact of COVID-19 in the service. Despite the best efforts of staff, care and support is basic, with little time for speaking with people or supporting them to maintain interests. The quality of people's experiences is negatively affected because staff do not know them as individuals, or do not use their personal plan to enhance both the care provided and social interactions, including at the end of life. There is a risk-averse approach to the use of any outdoor space, and it may not be freely accessible to people.

in meaningful occupations that validate the person's identity, and providing opportunities to feel included and attached to others, resulting in psychological comfort.	People's psychological needs are not being met as they lack a sense of purpose or direction because there is not enough additional structure or stimulation when they cannot pursue their normal routines and daily activities.
People can choose well-presented, healthy meals, snacks and drinks that reflect their cultural and dietary needs, including fresh fruit and vegetables. There is a system in place to ensure regular access to fluids and nutrition, especially for people who need support to eat and drink. Records are maintained where required. People feel safe, and staff demonstrate a clear understanding of their responsibilities to protect people from harm, including the risk of infection. Measures are in place to prevent harm, and staff are confident that if they identify concerns or improvements, the open and supportive culture within the service ensures that they are responded to appropriately. Leaders in the service understand the potential challenges presented by COVID-19. They work in partnership with GPs, pharmacists and other health professionals to ensure they have timely access to palliative and anticipatory medications to help alleviate symptoms and reduce suffering. People are encouraged to move regularly and remain as active as they can be, including using outdoor space where possible. People have an anticipatory care plan (ACP) in place that reflects their wishes and where appropriate, those of their representatives. Staff are familiar with people's preferences for palliative and end of life care. People are supported to be emotionally resilient during the pandemic because staff acknowledge the potential impact of COVID-19 and use imaginative and	People's choice of meals, snacks and drinks is limited and does not always reflect their cultural and dietary needs. People may not get enough to eat or drink, and the necessary support is not always available to help them with this. People may not be or may not feel safe. Staff are not clear about their role in identifying and reporting concerns about people's safety and wellbeing. People may not always receive the right medication or treatment at the right time, with the potential to negatively affect their health. Repurposing of medication is used inappropriately in place of good medication management systems. People's health and wellbeing may be compromised because processes are not in place to support effective communication about changes or deterioration in their condition. Staff lack understanding about the potential for atypical presentation of COVID-19, particularly in people who are older or frail, and they do not escalate concerns, seeking clinical advice as necessary. Decisions in relation to end of life care or DNACPR are not made as part of a person-centred assessment. The views of the person and their family or any proxy decision maker such as a welfare attorney or guardian are not sought. As a result, there is limited opportunity to consider the risks and benefits of any treatment or intervention for an individual. Personal plans are basic or static documents and are not routinely used to inform staff practice and approaches to care and support during this challenging time.

innovative methods to minimise this. This includes supporting people who are experiencing stress and distress in response to the changes in their environment, routines and exacerbated by media coverage.	

Scrutiny and improvement toolbox	
Scrutiny and improvement support actions	**Key improvement resources**
• Observation of staff practice and interactions. • Discussion with: - people who use the service - staff - relatives and carers - other professionals. • Personal plans and relevant documentation. • Policy or procedure for accessing other services. • Observation of the setting, inside and out.	Anticipatory care planning for COVID-19 https://ihub.scot/acp-covid-19 Coronavirus (COVID-19) ethical advice and support framework https://www.gov.scot/publications/coronavirus-covid-19-ethical-advice-and-support-framework/ Dementia and COVID-19 learning bytes https://learn.nes.nhs.scot/30500/coronavirus-covid-19/practice-in-the-community-setting/mental-health-dementia-and-learning-disabilities Healthcare communication support tool https://hub.careinspectorate.com/media/3532/communications-tool-for-care-homes.pdf Mental Welfare Commission. COVID-19 FAQ for practitioners – advice notes https://www.mwcscot.org.uk/sites/default/files/2020-05/Covid-19%20advice%20note%20v9%2027%20May%202020.pdf Palliative care toolkit https://www.gov.scot/publications/coronavirus-covid-19-palliative-care-toolkit/ Guide for repurposing prescription only medications in care homes https://www.careinspectorate.com/images/documents/coronavirus/Guidance_for_repurposing_medicines_May_2020.pdf Dementia care during the COVID-19 pandemic https://www.careinspectorate.com/images/documents/5686/Dementia%20care%20during%20COVID%2019%20pandemic%20-%20final3.pdf?utm_medium=email&utm_source=govdelivery Communication for people with sensory loss during the COVID-19 pandemic: advice for health and social care staff

	https://www.pmhn.scot.nhs.uk/wp-content/uploads/2020/04/COVID-19-Communication-for-people-with-Sensory-Loss.pdf Supporting people to keep in touch https://www.careinspectorate.com/images/Supporting_people_to_keep_in_touch_when_care_homes_are_not_accepting_visitors.pdf Information on 'Near Me' video consulting https://www.careinspectorate.com/index.php/coronavirus-professionals/near-me Recognising deterioration and supporting people with acute care needs during COVID-19 https://learn.sssc.uk.com/coronavirus/acutecare/

This quality indictor is to be used in conjunction with the inspection reporting tool checklist

Quality Indicator 7.2: Infection control practices support a safe environment for both people experiencing care and staff

Key areas include the extent to which:

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

Quality illustrations

Very good	Weak
Staff carrying out housekeeping and cleaning in the service are familiar with required environmental and equipment decontamination processes specific to the COVID-19 pandemic. They are trained in these processes and wear the appropriate personal protective equipment (PPE). They adopt systematic measures to minimise cross infection between different areas of the environment. Leaders carry out regular observations and audits of staff, and staff support each other, to ensure that everyone maintains good practice in relation to PPE and infection prevention and control. This includes the safe management of linens, uniforms and waste.	Staff working in the service are not familiar with, or do not follow, up-to-date guidance on infection prevention and control from Health Protection Scotland, Public Health Scotland and the Scottish Government. People are not protected from the spread of infection because cleaning schedules and regimes are not based on good practice guidance or carried out when needed. This may be because there are not enough domestic staff, or because staff have not had the necessary support to devise an effective schedule. Staff show limited understanding of when and how they should use PPE and other infection prevention and control methods (such as handwashing and social distancing). This is

There are clear signs directing people to handwashing facilities (and reminders of the recommended technique) that reflect the needs of people using the service, for example accessible pictorial or written cues. All staff are able to recognise and respond to suspected or confirmed cases of COVID-19 including following local reporting procedures and contacting local health protection teams. Staff are proactive in recognising and responding to challenges people may have in following guidance on social distancing and infection prevention and control, including those with reduced capacity, dementia, sensory loss and physical and learning disabilities.	because training has been insufficient to enable staff to feel confident about the correct infection control measures. Managers do not ensure appropriate actions are taken in response to an incident or outbreak or follow up on actions identified. Sufficient attention is not paid to the difficulties people may have in recognising when and how they should follow infection control and social distancing guidance. This may lead to people not receiving the support they require and putting themselves and others at risk. Staff do not have ready access to the appropriate PPE, either due to poor planning or storage of supplies. People are not supported to understand and make decisions about testing, and attempts to seek informed consent from individuals or their representatives are not made.

Scrutiny and improvement toolbox	
Scrutiny and improvement support actions	**Key improvement resources**
• Observation of staff practice and interactions. • Discussion with: - people who use the service - staff - other professionals. • Cleaning matrix and schedules. • Policies and procedures. • Inspection of the environment and equipment. • Availability of PPE at key points (including alcohol-based hand rub). • Availability of appropriate cleaning materials.	World Health Organization 4 moments – your moments for hand hygiene in residential care http://www.nipcm.hps.scot.nhs.uk/media/1444/who-4-moments-residential-care.pdf COVID-19 information and guidance for care homes And COVID-19 incident or outbreak tool https://www.hps.scot.nhs.uk/web-resources-container/covid-19-information-and-guidance-for-care-home-settings/ National infection prevention and control manual http://www.nipcm.hps.scot.nhs.uk/

Quality Indicator 7.3: Staffing arrangements are responsive to the changing needs of people experiencing care

Key areas include the extent to which:

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

Quality illustrations

Very good	**Weak**
The right number of staff with the right skills are working at all times to meet people's needs because providers and leaders in the care home understand the needs and wishes of the people living there. Staff have time to provide care and support with compassion, and engage in meaningful conversations and interactions with people. Staffing arrangements are determined by a process of continuous assessment that includes consideration of the number of people being supported in their rooms, requiring one-to-one support, or additional support to maintain good hygiene and infection control practices. Staff are clear about their roles and are deployed effectively. Staff help each other by being flexible in response to changing situations to ensure care and support is consistent and stable.	Staffing arrangements are relatively static, with infrequent reviews and are not adjusted to meet people's changing needs. No measures or feedback are used to determine what staff numbers are required. The service does not have a staffing contingency plan in the event that staff are absent as a result of illness, self-isolation or exclusion following a positive COVID-19 PCR test. The numbers of staff are minimal and sometimes insufficient to fully meet people's needs. Staff work under pressure, and some aspects of care and support may be skipped or missed, affecting outcomes for people. There may be an over-reliance on agency staff, which leads to people experiencing a lack of consistency in how their care and support is provided. There are no protocols in place about the use of agency, sessional or bank staff, which are designed to help prevent transmission of COVID-19.
Staff benefit from personal and professional wellbeing support that includes debriefing on the management of difficult situations, personal safety, assessment of workload and bereavement support. There is supportive and visible leadership that enables them to voice their concerns, share ideas and explore ways to promote resilience.	Staff feel fearful about the risks associated with COVID-19 because they lack confidence in the leadership of the service or the protective measures that have been introduced, or because there is poor support and communication. The pressure on staff leads them to stick to their designated tasks because there is no capacity to respond to other demands.

Staff who are not involved in providing direct care and support to people understand how they can contribute to the maintenance of good hygiene, infection control practices and keeping people safe. Staff are supported to keep up to date with current and changing practice, with easy access to a range of good practice guidance relating to supporting people during the COVID-19 pandemic, including Scottish Government and Health Protection Scotland guidance. People are confident that staff have the necessary skills and competence to support them during the pandemic. This includes specific training on COVID-19, the correct use of personal protective equipment (PPE) and infection prevention and control. Observations of staff practice are regularly undertaken to assess learning and competence. Outcomes from this are discussed through team discussions, reflective accounts or supervision. Informal support within the staff team, particularly in relation to infection control measures, is welcome and valued. People can have confidence in their support because any redeployed, temporary or new staff have ready access to the right information about the service and the individual's specific needs and outcomes.	Training does not reflect the changing needs of people being supported in the service during the COVID-19 pandemic. There is limited access to good practice guidance or opportunity for further discussions to ensure that knowledge is consolidated and embedded into practice. There is no effective training analysis for the service or individual staff. The training plan and records are incomplete or held in a format that does not allow the identification of priorities. Staff feel anxious and defensive about making mistakes because there is a critical and punitive culture in the service that has been exacerbated by the unfamiliar protective restrictions introduced in response to the COVID-19 pandemic. Leaders do not engage with the supportive functions available to them and do not make the required notifications to relevant bodies.

Scrutiny and improvement toolbox	
Scrutiny and improvement support actions	**Key improvement resources**
• Observation of staff practice and interactions. • Discussion with: - people who use the service - staff. • Staff training.	Guidance on testing and management of test positive residents and staff https://www.careinspectorate.com/images/documents/coronavirus/1_covid-19-interim-guidance-pcr-testing-in-care-homes-and-management-pcr-test-positive-residents-and-staff_UPDATED_.pdf

• Records of support, supervision and learning and development activities. • Management/senior presence (in person and on-call system). • Evaluation of assessment of staffing arrangements, rotas and staff contingency plan.	COVID-19 clinical and practice guidance for adult care homes https://www.gov.scot/publications/coronavirus-covid-19-clinical-and-practice-guidance-for-adult-care-homes/ National Wellbeing Hub for staff https://www.promis.scot Care Inspectorate notification guidance https://www.careinspectorate.com/images/documents/coronavirus/Records_that_all_registered_care_services_except_childminding_must_keep_and_guidance_on_notification_reporting_V7.pdf SSSC staff guidance, wellbeing and learning resources https://www.sssc.uk.com/covid-19/ COVID-19 learning materials for health and social care staff https://learn.nes.nhs.scot/27993/coronavirus-covid-19