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**Report To: Social Work & Social Care Scrutiny Panel**

**Date: 6 December 2022**

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**Report No: SWSCSP/07/2023/LM**

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**Subject: Care Home Assurance Tool Themes and Trends Report – Social Work & Social Care Oversight - December 2022**

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## **1.0 PURPOSE AND SUMMARY**

1.1  For Decision  For Information/Noting

1.2 The purpose of this report is to provide an overarching report on the themes and trends identified from the care assurance visits undertaken in the 21 care homes across Inverclyde in late 2021. The report highlights the emergent themes and trends in addition to areas of good practice and areas for improvement.

The report is being presented to the Social Work and Social Care Scrutiny Panel for information and noting.

## **2.0 RECOMMENDATIONS**

2.1 It is recommended that the Social Work and Social Care Scrutiny Panel receive the report for information and note both the contents of the report and the actions as detailed at paragraph 4.9 of the report.

**Kate Rocks  
Chief Officer  
Inverclyde Health & Social Care Partnership**

### **3.0 BACKGROUND AND CONTEXT**

- 3.1 Care Home Assurance Tool (CHAT) visits commenced across all NHSGGC partnerships in May 2020 in response to the impact of COVID-19. The visits set out with the aim to provide additional clinical input, support and guidance to care homes which were under extraordinary pressure.

This report is based on a series of visits to the older peoples and adult care homes which took place in Spring and Summer 2022 using the GGC CHAT tool.

Outputs from the assurance visits have been analysed and this report provides a summary of emerging themes, including what care homes are doing well and where improvement work is required.

The report includes feedback and learning captured from the process itself as well as a series of recommendations and next steps.

### **4.0 PROPOSALS**

- 4.1 Care Home Assurance Tool (CHAT) visits commenced across all NHSGGC partnerships in May 2020 in response to the impact of COVID-19. The visits set out with the aim to provide additional clinical input, support and guidance to care homes which were under extraordinary pressure. This work also aligned to the Executive Nurse Directors responsibilities set out by Scottish Government in which they were to provide nursing leadership, professional oversight, implementation of infection prevention and control measures, use of PPE and quality of care within care homes.

All older peoples care homes across Inverclyde received assurance visits in late 2021. Additional supportive visits particularly during COVID-19 outbreaks were also undertaken with support from the Care Home Collaborative (CHC) Infection Prevention and Control team as required. Good practice and improvements were identified during the assurance process, with care homes taking ownership of the actions required and working in collaboration with HSCP colleagues to achieve improvements.

The assurance process has continued to be reviewed and updated using a Plan, Do, Study, Act (PDSA) approach. This report is based on a series of visits to the older adult, adult and Inverclyde Association for Mental Health (IAMH) care homes which took place in Spring and Summer 2022. There was significant delay in carrying out all of the visits due to the increased numbers of COVID outbreaks during this period, and the fact that the Care Inspectorate were also visiting homes at this time. Every effort was made to not overburden the homes with multiple visits within the same time period. The tool utilised for these visits was the current version at that time – version 8.2, which was a paper version of the tool.

Outputs from the assurance visits have been analysed and this report provides a summary of emerging themes, including what care homes are doing well and where improvement work is required. Some analysis has also been done to identify if learning from the last round of visits in late 2021 has been applied to practice, where this was possible. It should be noted that care assurance visits are just one part of the supportive framework around care homes and sit alongside HSCP day to day relationships with individual care homes, HSCP oversight Huddles and the Care Home Assurance Group. However, the CHAT outcomes give the opportunity to discuss with care homes areas of strength as well as key priorities for the next 12 months. Going forward the Care Home Collaborative (CHC) model will support ongoing improvements.

The report includes feedback and learning captured from the process itself as well as a series of recommendations and next steps.

## 4.2 Process

Visits were planned in accordance with the NHSGGC Standard Operating Procedure (SOP), which was agreed in October 2021. The aim of the SOP is to ensure that the CHAT visits are approached in a consistent, collaborative way that promotes partnership with care homes to achieve high quality care that enables residents to live their best possible life aligned to what matters to them. CHAT visits should be person centred, supportive and collaborative in their approach and provide a link between HSCP to GGC Care Home Hubs to support improvement.

Care Home managers were informed of the planned visits and were sent the CHAT tool a couple of weeks prior to the visit and were asked to self-assess their current position against the criteria. Visiting teams utilised the previous visit report and the self-assessment to provide them with a background on the home pre the visit. Visiting teams were made up of a group of up to four staff representing nursing, commissioning, social work with a senior nurse leading the visit from the HSCP or Care Home Collaborative.

On the day of the visit, visiting teams spent a short amount of time outlining the purpose of the visit with the Care Home manager emphasising that this is a supportive process and asking the Manager about areas of good practice or concern that they would like to discuss. Members of the assurance team spent time walking around the units observing practices – e.g. handwashing, donning and doffing, social distancing and the interactions between staff and residents. Other members of the team looked at training records and care plans, discussing these with staff from the care home. At the end of the visit the visiting team spent time with the manager giving preliminary feedback highlighting areas of good practice and any areas of improvement.

The visiting team worked collaboratively to complete the visit reports and these were sent back to the Care Home managers for factual accuracy checking and sign off. It is these reports from all 21 care home visits which have been analysed to produce this report.

## 4.3 THEMATIC ANALYSIS OF ASSURANCE VISITS

The GGC agreed assurance tool which is utilised for the visits focuses on three main areas:

1. Infection Prevention and Control (IPC)
  - Environment inclusive of effective cleaning
  - PPE and handwashing
  - Laundry and waste management
  
2. Resident Health and Care Needs
  - Anticipatory Care Planning, caring for people who are unwell and at the end of life
  - Caring for people with cognitive impairment during lockdown
  - Resident safety
  
3. Workforce, Leadership and Culture
  - Staff resource
  - Staff wellbeing

This report will comment on the key areas of strength and any areas of improvement required in each of these areas, pulling out themes and trends from across all of the homes visited in relation to each of the three key areas.

There were many areas of exemplar practice identified throughout these visits. To illustrate these practices, examples of direct quotes from across the reports themselves have been included at

the end of the health and care need section to share good practice. It is beyond the remit of this report to include every example of good practice that was evident, however the random selection included gives a good representation of the levels of care and practice that were observed.

#### 4.4 INFECTION PREVENTION AND CONTROL

There are 69 questions within the Infection Prevention and control section of the CHAT tool, the section encompasses visualisation of the environment, observation of practice and discussion in relation to national Infection Prevention and control guidance. The aim of this section is to provide assurance that the home can keep their residents safe and prevent transmission of infection.

Areas of strength:

All of the homes visited showed a high level of compliance against the IPC criteria in the report and visiting staff commented that the homes were visibly clean

In particular –

- Homes had robust processes in place on entry to the home to undertake risk assessments and check LFT status of visitors
- The home environments were noted to be clean, tidy and odour free
- PPE was readily available and donning and doffing practices were good. Signage and guidance was clearly displayed around the homes
- In relation to admissions and visiting, all homes were implementing open with care, and had good processes in place to ensure regular contact could be maintained with the people who matter to the residents including virtually if required
- Housekeeping staff were knowledgeable about cleaning requirements as per guidance, cleaning schedules were in place and maintained
- All homes were aware of the processes to be followed in the event of an outbreak and knew who to contact
- Staff were aware of actions to be taken in the event of a suspected or confirmed case of COVID in the home, and were aware of isolation procedures

There were a few areas in some of the homes visited where the review team noted that further work remains necessary to support all homes to achieve consistently high standards. These areas of improvement are listed below, and are all included in the action plans for those individual homes.

Areas for improvement:

- Several homes stated that they were carrying out frequent handwashing audits but these were not being documented. Documentation is required to evidence this good practice. In other homes more frequent audits are required
- In several homes staff were noted to be wearing rings with stones in them which does not meet with infection control policies and procedures
- Cleaning schedules didn't always cover all of the areas being cleaned or were not signed. Spot checks were reported but not documented. Documentation is required to evidence these practices
- In a couple of homes it was felt that a deeper clean was required of all areas or specific areas which were utilised less frequently
- Some of the homes were noted to be "tired" in their décor and appearance which makes good IPC difficult
- Homes have a lack of storage space for equipment
- It was noted by the visiting teams that the CHAT tool does not fit well with the adult homes, where the environments are very homely, and where resident numbers are small therefore they live like one household. This also applies to the more clinical aspects of Theme 2 around health and care needs.

On comparison with the late 2021 visits, the theme of generally good compliance with all aspects of IPC has remained however the issues around hand hygiene audits, storage of equipment and cleaning schedules have remained and work needs to be done to improve these areas.

#### 4.5 **THEME 2 - RESIDENT HEALTH AND CARE NEEDS**

There are 33 questions in this section of the tool which is focused on the care being planned and delivered across the home. A selection of resident care plans are discussed to assist understanding of the care planning process - including how staff are facilitating person centred care and personalisation, in addition to application of evidence to provide safe and effective care.

Overall there was a lot of good practice evidenced in relation to resident health and care needs, which the assurance teams were impressed with. Particular areas of strength are noted below.

##### **Areas of strength:**

- Homes were noted to have homely atmospheres with residents rooms personalised with their own belongings and in some instances décor and furniture
- Positive and caring interactions were observed between staff and residents and it was clear that staff knew residents well
- Activities were observed to be in progress in many of the homes which residents were clearly enjoying and good care plans were observed which articulated 1-1 interests, preferences and identified goals
- Reviewers commented on dementia friendly environments, stress and distress plans identifying triggers and alternative communication methods for those residents who could not communicate verbally
- Several of the homes have completed MUST 5 (Malnutrition Universal Screening Tool 5) training since the last visits online and with the Care Home Collaborative (CHC)
- There were no issues raised with regard to confirmation of death training which was raised as a requirement from the last visits and has been offered by the CHC

##### **Areas for improvement:**

- There continues to be a degree of inconsistency in provision of service from GPs to the homes reported, with a few homes still struggling, but many saying that while they cannot access a GP, they can access nursing, Advanced Nurse Practitioner (ANP) support and in some cases virtual GP services

##### **Examples of Good Practice:**

The below examples have been copied directly from the reports, and provide examples of good practice, high quality care and a person centred approach to care –

*Residents are included in making shopping choices*

*The home have a weekly “Takeaway night” on a Saturday and residents can order from anywhere, staff will happily drive to several different restaurants to collect food as required to accommodate choice*

*A local fund is available to all residents to facilitate a holiday or trips – one resident was talking about going on a trip to a local Loch for 2 nights in the summer and was clearly looking forward to this. Another resident feels she is now too old for holidays but loves animals and therefore the home have booked a “zookeeper for the day experience”, she has the date and a photo on her wall about this as she is so looking forward to it*

*Every section (of the care plan) includes service user comments and staff comments. This highlights the residents are included, respected, responsive care and support, wellbeing and compassion is being provided by service*

*One resident always likes to know which staff are on shift for the rest of the day and the team have developed a pictorial board to depict this – which was a lot more fun and homely than having a chart with names listed on the wall.*

*Spoke to one family member who talked about how reassuring it was during the pandemic as not only could she call in to hear about how her relative was doing, but she was proactively called by the home and kept up to date*

*Relative - “Very Happy with the care”*

*Resident won award for hero of the year for Welcoming new residents into the home and including them*

*The home has lots of large spacious areas to support activities eg – carpet bowling, family parties, train set in situ and work to continue to build it. There is also a resident library and physiotherapy gym – where there is a physio and acupuncture services on a Friday.*

*Each resident had a care plan in relation to ‘How to support me in my home’. This included residents journey through covid and how they would like to be treated if they have to be isolated with virus. This showed a positive person centred approach.*

*A relative spoken to couldn’t fault the care home, he felt his wife was well looked after and cared for.*

*Every member of staff I spoke to, came across so caring*

*The care home staff discussed changes to dining areas, increasing numbers of areas but making small numbers of residents, they felt residents were more inclined to eat and drink better in these groups.*

#### 4.6 **THEME 3 - WORKFORCE LEADERSHIP AND CULTURE**

The final section looks at the workforce, culture and leadership within the home. There are 9 questions focused on current leadership, how supported staff feel and the overall culture of the home.

Staff reported that they felt supported by their management teams and were happy in their roles. There were a few homes who have experienced management changes but in the main management teams have remained relatively stable.

##### **Areas of strength:**

- Staff reported strong and visible leadership from their managers
- Good handover processes between shifts and communication methods were reported with manager input
- Where there had been leadership changes or absence, homes had ensured these roles were covered and new staff were keen to engage in the process

##### **Areas for improvement:**

- Recruitment of staff is an ongoing issue for many of the homes as per the national picture
- Mandatory training is an area which features on some of the homes action plans which reflects the 2021 visits

#### 4.7 ACTION PLANNING AND HSCP CONTINUING ASSURANCE

All improvements that were suggested by the visiting team were discussed with the care home manager and captured within action plans by the assurance visitors. Actions are specific and measurable, and all have a named person in the care home as a lead and an agreed timescale for completion.

Many of the homes took immediate action to address areas of concern and fed back once they had reviewed the reports on actions already completed.

Comparison was done between the areas of improvement from the late 2021 visits and this round of visits. The majority of the actions for each home were different and new plans have been put in place, however it is clear that not all homes have managed to address all areas of improvement from the last visits. Seven of the older people's homes visited in late 2021 had one or more of the same areas of improvement identified on this round of visits. The key recurring themes which had not been addressed were in relation to –

- Hand hygiene audits
- Lack of storage
- Cleaning schedules
- Mandatory training

These areas need to be explored further as one of the recommendations from this report, in order to identify how the HSCP and CHC can support the homes to address these areas of concern.

The HSCP team collates an overarching action plan which contains the areas of improvement for each individual home, this action plan has not been routinely updated by the teams. Increased ownership of this plan and working to gain updates from the homes between visits would assist with the monitoring of these improvements.

As a result of the last round of visits and identified areas of improvement training was requested from the Care Home Collaborative – particularly around MUST and Confirmation of Death, and has been provided as per the table below. Attendance at sessions has been difficult on some occasions due to ongoing pandemic outbreaks, however some good comments were seen throughout the visit reports particularly in relation to nutrition which is positive.

Care home staff can self refer for training and support from the CHC at any time, and the HSCP is made aware of requests to support as able.

<b>Topic</b>	<b>Number of Sessions held</b>	<b>Number of attendees</b>
MUST 5	4 <i>plus shared video resources with the offer of further support if required</i>	44
Confirmation of Death	2 <i>1 cancelled due to lack of uptake</i>	4
Tissue Viability	3	12
Footcare	2	9

Scottish Ballet have developed a one to one digital resource package for those living with neurological conditions for use in bed or Chair. The CHC is working in partnership with Scottish Ballet to facilitate delivery, formal evaluation and support bringing together meaningful activity, movement and What Matters to you conversations in line with the Collaborative's Person centred care and Right care Right place improvement work streams. This work is being piloted in Inverclyde with three homes – Campbell Snowdon, Newark and Larkfield, this has involved participation from numerous staff, residents and in some cases family members. Data collection continues, however anecdotal improvements have been noted in participating residents.

#### **4.8 FEEDBACK AND LEARNING FROM THE PROCESS**

All of the visiting team staff members were asked to attend a virtual feedback session to facilitate an open and honest discussion about the visits. The session was well attended and several areas for improvement were identified as below -

- Team to ensure at all times that the admin officer is to be kept up to date with changes and that visiting staff agree dates for completion of the reports in order that the admin officer can remind staff
- All staff to be cc'd in when final report goes to the care homes they have visited, so that they are aware of this
- Discussion to take place with the CHC regarding the possibility of the new electronic version of the CHAT tool be web based to ease completion of the 4 staff involved in visits
- Increased narrative on homes where little improvement is required would provide the homes with better feedback in their reports
- Training to be put in place for new staff involved in the process

Overall the visiting team reported that the staff in the homes were friendly and welcoming and were supportive of the CHAT process. The CHAT tool itself is currently under review by the CHC, as many of the staff across GGC involved in the visits have reported that the tool is cumbersome, too IPC focused and not aligned to adult homes. Inverclyde care homes were asked by the CHC to complete a short survey of their experiences in relation to the CHAT visits as part of this review and a focus group was also held in early October led by the CHC with local staff and care home managers in attendance. Feedback from this event is not yet available, but will be shared and then combined with feedback from all GGC HSCPs to agree a way forward.

Feedback received from the survey of care homes included –

- CHAT visits are seen as supportive
- Staff carrying out the visits are approachable
- Feedback and advice given is useful
- The self assessment helps with evaluation of the service
- Managers like the existing CHAT tool

#### **4.9 RECOMMENDATIONS FOR FUTURE VISITS**

The following recommendations, will be taken forward in preparation for the next visits to refine the CHAT process and maximise the outcomes from the process.



- To agree a process for increased ownership and monitoring of the progress against identified improvement actions on the overarching action plan. Working to gain updates from the homes between visits to assist with the monitoring of these improvements
- To work collaboratively with Care Home staff and the CHC to maximise attendance at training sessions
- To participate in the CHAT tool review process and ensure that the voices of all participants in the CHAT process are heard including to discuss that the current tool does not reflect the smaller, more homely nature of the adult homes and their residents
- To continue to work with the Medical Director, commissioning and primary care colleagues to determine and address the issues of delays to being able to contact GP colleagues when required

## NEXT STEPS

CHAT visits will continue to be held on a six monthly basis, or more frequently if there is an identified need for a specific home. All of the agreed recommendations from this report will be implemented to assist both this process and the ongoing support to the care homes locally.

Each CHAT visit where improvements are identified, has led to a specific action plan for that home and these action plans will be discussed and monitored regularly with the homes to ensure that any required support is identified and provided. In addition Managers of the care homes will be able to access the Care Home Collaborative to assist with the provision of advice and/or resource to support improvement, with the hub also offering support for the continuing development of the managers themselves.

CHAT reports for individual homes will all be submitted to NHSGGC for analysis as part of the Quarterly CHC CHAT reports, which are presented to the CHC Steering Group. Overarching themes and trends for GGC are pulled from this process which assists with the ongoing development of the CHC. Discussions will continue around analysis of local data to assist with the collation of this report.

This report will be presented to the Senior Management Team (SMT) at the HSCP including the Chief Social Worker and Medical Director for information and assurance, in addition to the Clinical and care Governance Committee.

The report will also be shared with the care homes themselves and teams who participated in the visits for information.

## 5.0 IMPLICATIONS

5.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO	N/A
Financial		X	
Legal/Risk		X	
Human Resources		X	
Strategic (LOIP/Corporate Plan)		X	
Equalities & Fairer Scotland Duty		X	
Children & Young People's Rights & Wellbeing			X

Environmental & Sustainability			X
Data Protection			X

## 5.2 Finance

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments
N/A					

## 5.3 Legal/Risk

There are no legal or risk implications arising from this report. This is a performance report for noting by the Social Work and Social Care Scrutiny Panel

## 5.4 Human Resources

There are no specific human resources implications arising from this report.

## 5.5 Strategic

There are no specific strategic implications arising from this report.

## 5.6 Equalities and Fairer Scotland Duty

### (a) Equalities

This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:

	YES – Assessed as relevant and an EqIA is required.
X	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqIA is required.

### (b) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
X	NO – Assessed as not relevant under the Fairer Scotland Duty for the following reasons: Performance report only. Does not affect or propose any major strategic decision.

## 6.0 CONSULTATION

6.1 Not applicable

## 7.0 BACKGROUND PAPERS

7.1 None.