

Agenda Item 9

Overview: Inspection Reports and National Publications



Falkirk IJB Clinical and Care Governance Committee

27 August 2021

Overview: Inspection Reports and National Publications

For Consideration & Comments

1. Executive Summary

- 1.1 The purpose of this report is to provide an overview of the inspection reports and national reports published since the last meeting of the Clinical and Care Governance Committee (CCGC).

2. Recommendations

The Clinical and Care Governance Committee is asked to:

- 2.1 consider and comment on the contents of this report.

3. Background

- 3.1 The report presents to Committee a summary of recently published inspection reports and national reports in an overview paper. Where there are significant issues arising from these reports, more detail will be provided in the report. Committee members can highlight if they think that more detailed consideration of any paper is required, and if so, what the appropriate reporting route would be.

4. Inspection Reports

4.1 Mental Welfare Commission

The Mental Welfare Commission (MWC) has not published any reports on local services since the last update to Committee.

- 4.2 The MWC wrote to all Chief Officers in March to advise that they would be carrying out a themed visit to individuals between March and May 2021 with a diagnosis of alcohol related brain damage who were subject to welfare guardianship orders. The MWC have not published their findings and recommendations, update will follow once the report has been received.

- 4.3 The MWC published a themed visit report in April 2020 in relation to people admitted to wards for older people with functional mental illness in 2019. Recommendations to Integration Authorities were:

Recommendations	NHS FV benchmarking Response
Review and increase where necessary the provision of psychological intervention for older people with mental illness.	Dedicated psychology support available for older adults including those in inpatient settings.
Ensure people with dementia are not admitted inappropriately to wards for older people with functional mental illness.	<p>People with dementia are not admitted to our functional inpatient area routinely.</p> <p>There are occasions where people with a mild stage of dementia are admitted due to a functional concern. This is decided on an individual, risk assessed basis and only undertaken if it is thought to be in the patient's best interests. The placement is continually reviewed by MDT throughout period of admission</p>
Where wards are mixed (admit people with dementia alongside those with a functional mental illness), the physical environment should provide privacy and dignity for both patient groups and staff should be suitably trained and resourced to meet the complex and diverse needs of both groups.	<p>Staff in older adult wards have access to the all training/education programmes and have the same mandatory units allocated which covers both groups of patients.</p> <p>Dementia friendly environmental audits are completed 2 yearly with improvement plans generated. Operational teams action improvements where required to ensure environment supports people with dementia.</p>
Review the skill mix in wards for older people with functional mental illness to ensure there is adequate availability of staff to recognise and manage physical health needs.	<p>Workforce tools undertaken regularly. Results interpreted and workforce reviewed by operational management team.</p> <p>Numbers of registered nurses appropriate to ensure physical health needs are identified, escalated and treated appropriately. NEWS completed routinely on all inpatients across the unit.</p> <p>Ward team supported by portfolio team as well as Consultants & Doctors in training and have direct links to escalate to Ageing and Health consultant if required</p>

Invest in the provision of staff who are trained and resourced to provide a range of therapeutic and recreational activities.	<p>There is a dedicated activity co-ordinator for older adult wards in place and an OT assistant. Registered AHPs aligned to ward proactively assess and initiate individual treatment plans.</p> <p>Ward based nursing staff also undertake a range of therapeutic activities to compliment the other roles and support recovery and wellbeing.</p>
Ensure clear protocols, that include social work, are in place for patient transition from adult to old age services and decisions to transition are based on individual need and not on arbitrary age limits or the needs of the service.	NHS Forth Valley has a Graduate protocol in place which supports transfer to older adult services on a needs led basis.
Provide a range of community services to support older people with mental illness, particularly in relation to crisis and preventing unnecessary admission to hospital.	<p>Various HSCP and third sector services are available to support people in community settings including Alzheimer Scotland support workers, Joint Dementia Initiative, Emergency Respite Care, Home Care, Day Care, MECS .</p> <p>Currently CHMTOA react to crisis situations Mon – Fri 9am – 5pm, MHAATS respond outwith these hours. The aim of all interventions is to prevent hospital admissions.</p> <p>DOT service provides crisis intervention for those with a diagnosis of dementia however currently no MHAATS/IHTT service for older people with functional mental illnesses.</p>

4.4 [Care Inspectorate – Burnbrae Care Home Inspection](#)

The Care Inspectorate (CI) has recently completed the follow up inspection at Burnbrae Care Home since the previous CCGC meeting on 21st May 2021. During the visit on [17 June](#) 2021 the inspection focussed on actions taken to address requirements. Committee members will be aware that following the previous inspection of 4th May 2021, the CI had graded the service as poor (2) as five of the six requirements that had been issued in an inspection in October 2019 had still not been met.

- 4.5 The CI inspect against 6 key areas, using a 6 point scale, where 1 is unsatisfactory and 6 is excellent. The key areas are:
1. How well do we support people's wellbeing?
 2. How good is our leadership?
 3. How good is our staff team?
 4. How good is our setting?
 5. How well is our care and support planned?
 6. How good is our care and support during the COVID-19 pandemic?
- 4.6 Based on the follow up inspection of 17th June, the service has shown positive improvement and the report in the main highlighted extremely good progress and positive change. Many of the areas inspected were described as being very good, however, given the prior grades and the need to show consistent ongoing improvement the home was subsequently evaluated as Adequate (3) in all areas. The report also noted that each point was adequate whilst highlighting important or significant strengths.

Care Inspectorate Standard, current grade and comment	Recommendation
<p>How well do we support people's wellbeing? 3 - Adequate</p> <p>We observed kind and warm interactions from staff with the residents they were supporting. Residents and families spoke highly of the staff and how friendly and chatty they were.</p> <p>We observed people who required help to be supported by staff in an unhurried manner. Residents we spoke with told us how good the food was and that they had plenty of choices. However, the way food and fluid intake was recorded and monitored for people who needed this could be improved.</p> <p>People were supported to maintain contact with their family and friends using mobile phones, electronic tablets, window visits and garden visits. Indoor visiting and outings were taking place in line with Scottish Government's 'Open with Care' guidance.</p> <p>Overall, people could be confident that their health care needs were being met.</p>	<p>1. To ensure that people can be confident that their care and support is managed well and based on relevant evidence guidance, best practice and standards, the service should ensure that:</p> <p>a) A robust system is in place, to record and follow up changes in the health needs of residents identified by staff or any visiting health professional.</p> <p>b) Senior staff monitor daily fluid and nutrition records for those at risk from dehydration and malnutrition with any gaps or concerns clearly identified and any actions taken clearly noted.</p> <p>This ensures care and support is consistent with the Health and Social Care Standards, which state: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.." (HSCS 4.19)</p>

Care Inspectorate Standard, current grade and comment	Recommendation
<p data-bbox="199 271 914 315">How good is our leadership? 3 - Adequate</p> <p data-bbox="199 338 914 528">Staff we spoke with told us that the management team were approachable and very supportive. Staff meetings has started back which were useful for sharing information and giving ideas and suggestions to direct improvement.</p> <p data-bbox="199 562 914 707">Management had an overview of staff supervision and had identified that night staff were less well supported than day staff and had plans in place to address this.</p> <p data-bbox="199 741 914 931">We found that the provider had made improvements to their quality assurance system, which had led to improvements since the last inspection however, a few aspects still needed more focus</p> <p data-bbox="199 931 914 1111">We found the acting manager very open, honest and pro-active during the inspection process, which meant that several aspects were immediately addressed and improved before the inspection finished</p>	
<p data-bbox="199 1151 914 1196">How good is our staff team? 3 - Adequate</p> <p data-bbox="199 1218 914 1408">We received positive feedback from the residents and relatives we spoke with. They spoke highly of staff and our own observations told us that staff were kind, warm and respectful in their manner and approach</p> <p data-bbox="199 1442 914 1554">We could see that staffing levels on both days and nights had increased to be responsive to the needs of the people experiencing care.</p> <p data-bbox="199 1588 914 1778">Systems were in place to monitor staff practice and support staff to reflect on their practice. Staff confirmed they had formal opportunities to discuss work practice and training needs through regular supervision and staff meetings.</p> <p data-bbox="199 1812 914 1957">In response to previous inspections, the training being offered to and attended by staff had improved. This meant that residents could be confident in the people who supported them.</p>	

Care Inspectorate Standard, current grade and comment	Recommendation
<p>After speaking to staff across various departments throughout the inspection, we concluded that there was good team working and staff enjoyed working at the care home.</p>	
<p>How good is our setting? 3 - Adequate</p> <p>The care home had a warm and friendly atmosphere and was nicely decorated with one lounge/dining area having just been refurbished. This had been done to a high standard.</p> <p>On the first day of our visit, whilst at a glance the care home looked clean, on further inspection there were aspects that were not clean including, seating in lounges and some shared equipment. Staff knowledge in infection prevention and control was inconsistent with two domestic staff working who had not yet received any training.</p> <p>The management team were very responsive to our findings and when we returned the next day, the home was significantly cleaner. However, the service had previously had a requirement around this last year, which they had met at the time.</p> <p>Whilst we found the service to be generally well maintained, we were concerned that significant delays to essential repairs compromised some aspects.</p>	<p>1. To ensure that people are confident in the provider's infection prevention and control procedures the provider must by 29 August 2021, ensure that:</p> <p>a) The environment and equipment are appropriately cleaned and safe for use and infection risks associated with the care environment and care equipment are minimised;</p> <p>b) Effective leadership is provided to ensure infection prevention and control procedures are in place within the service;</p> <p>c) Effective infection prevention and control audits are implemented and findings are reviewed with appropriate action taken.</p> <p>d) That all staff receive training on infection prevention control, handwashing, COVID-19 and the use of PPE and that this is re-assessed for existing staff.</p>
<p>How well is our care and support planned? 3 - Adequate</p> <p>Residents should be confident that their care plans give clear direction on how to deliver their support. We sampled these across the service and found that there had been significant work completed in this area to ensure that staff could have clear guidance on how best to offer care and support to each resident.</p> <p>Risk assessments to assess resident's care needs were carried out regularly and were then used to inform the care plan.</p>	

Care Inspectorate Standard, current grade and comment	Recommendation
<p>How good is our care and support during the COVID-19 pandemic? 3 - Adequate</p> <p>We found that staff and visitor COVID-19 Testing was taking place in line with current guidance.</p> <p>Staff changed in and out of their uniforms at the service to reduce the risk of cross infection from staff coming to and from work.</p> <p>We spoke to staff who told us that they had felt well supported with information and updates to guidance throughout the pandemic.</p>	

- 4.7 All the outstanding requirements from October 2019 were subsequently met (out-with timescale) at the most recent inspection. The HSCP will continue to monitor improvements to ensure the standards evidenced throughout the inspection are built upon and the follow up actions are fully embedded

4.8 **Care Inspectorate Reporting**

Under the duties placed on the Care Inspectorate by the Coronavirus (Scotland) (No.2) Act, the CI report to the Scottish Parliament fortnightly on their inspections activity. These inspections place a particular focus on infection prevention and control, personal protective equipment and staffing in care settings and the arrangements put in place by care services to respond to the Covid-19 pandemic. This enables inspectors to focus on these areas while also considering the overall quality of care and impact on people's wellbeing. Appendix 2 provides a summary of the fortnightly reports to the Scottish Parliament on Care Inspectorate inspections where these relate to service providers in the Falkirk Council area.

5. National Publications

- 5.1 An overview of nine national publications of interest to the CCGC since the last report is attached at Appendix 3.
- 5.2 The [Independent Review of Adult Social Care](#) report was published in February 2021. This report highlighted several high-level areas of focus, including the establishment of a National Care Service (NCS), with Scottish Ministers being accountable for adult social care support.
- 5.3 The Scottish Government has now launched a [consultation](#) to seek views on the scope of the NCS. It is proposed that the NCS will define the strategic direction and quality standards for community health and social care in Scotland for both adults and children. It is also proposed that local delivery

boards are established, which will work with the NHS, local authorities, and the third and independent sectors to plan, commission and deliver the support and service. There is a significant focus on wider prevention and wellbeing being delivered by integrating services to meet local need.

- 5.4 The scope and role of the NCS is intended to take forward recommendations of the Independent Review of Adult Social Care around:
- ensuring that care is person-centred and human rights based
 - providing greater recognition and support for unpaid carers
 - improving conditions for the workforce
 - commissioning for public good, and
 - more effective approaches to scrutiny and improvement of social care services.
- 5.5 The consultation is open until 18 October 2021. We will encourage wide participation in the consultation and arrange focussed sessions to help facilitate this. The Scottish Government propose new legislation to be introduced to Scottish Parliament in summer 2022 and that the National Care Service will be established and operational by 2026.
- 5.6 At a minimum, the NCS will cover adult social care services. The scope of the NCS has been extended beyond the recommendations in Feeley's report to oversee all age groups and a wider range of needs including, children and young people, community justice, alcohol and drug services, and social work.
- 5.7 The consultation sets out proposals for an expanded scope for the National Care Service. It is a three-month consultation. Responses to the consultation are due by 18 October 2021.

6. Conclusions

- 6.1 This report provides an update on local inspection activity, as well as national reports which have been published since the last report to the CCGC. Updates on ongoing inspection improvement plans is also included.

Resource Implications

There are no resource implications arising from this report.

Impact on IJB Outcomes and Priorities

The inspection reports and national reports will provide standards and recommendations that the IJB can assess itself against to ensure delivery of the Strategic Plan and the national Health and Social Care Standards.

Directions

A new Direction or amendment to an existing Direction is not required as a result of the recommendations of this report.

Legal & Risk Implications

There are no legal and risk implications arising from this report.

Consultation

There are no consultation implications arising from this report.

Equalities Assessment

There are no equality implications arising from this report.

7. Author Signature

Suzanne Thomson, Senior Service Manager

8. List of Background Papers

The inspection and national reports are set out in the appendices.

9. Appendices

Appendix 1:	Summary of Care Inspectorate and Healthcare Improvement Scotland reports
Appendix 2:	Fortnightly reports to the Scottish Parliament on Care Inspectorate Inspections
Appendix 3:	Summary of national publications

Publication Date	Inspection: type and date	Service	Evaluation of Service 1= unsatisfactory 6= excellent		Areas for Improvement	Progress report as at August 2021
17/06/21	Unannounced	Burnbrae Care Home	How well do we support people's wellbeing?	3 – Adequate	<p>1. To ensure that people can be confident that their care and support is managed well and based on relevant evidence guidance, best practice and standards, the service should ensure that:</p> <p>a) A robust system is in place, to record and follow up changes in the health needs of residents identified by staff or any visiting health professional.</p> <p>b) Senior staff monitor daily fluid and nutrition records for those at risk from dehydration and malnutrition with any gaps or concerns clearly identified and any actions taken clearly noted.</p>	Detailed information is contained in the covering report.
			How good is our leadership?	3 – Adequate		
			How good is our staff team?	3 – Adequate		
			How good is our setting?	3 – Adequate		
			How well is our care and support planned?	3 – Adequate		
			How good is our care and support during the COVID-19 pandemic?	3 – Adequate		

Publication Date	Service	Evaluation of Service	Further action
04 August 2021		There were no reports for service providers operating in the Falkirk area	Ongoing care assurance through the Care Home Oversight Group
21 July 2021		There were no reports for service providers operating in the Falkirk area	Ongoing care assurance through the Care Home Oversight Group
07 July 2021	Burnbrae, Falkirk	<p>Burnbrae is a care home registered to provide care for 28 older people. The provider is Falkirk council.</p> <p>CI carried out an initial inspection of the service on 24 August 2020 with NHS Forth Valley, the findings of which were outlined in the report laid before parliament on 2 September. We visited the service with NHS Forth Valley on 8 October and outlined our findings in the report laid before parliament on 28 October. We carried out a follow-up inspection on 4 March 2021 and reported our findings in the report laid before parliament on 17 March. We inspected the service on 30 April and outlined our findings in the report laid before parliament on 12 May. We completed further visits to the home on 15, 16 and 17 June to follow up on the requirements made during previous inspections. We found that sufficient improvements had been made around risk assessment and care planning for people, training and quality assurance.</p> <p>Evaluations</p> <p>Key Question 1: How well do we support people's wellbeing? - Adequate</p> <p>QI 1.1 People experience compassion, dignity and respect - Good</p> <p>QI 1.2 People get the most out of life - Adequate</p> <p>QI 1.3 People's health benefits from their care and support – Adequate</p> <p>Key question 2: How good is our leadership? - Adequate</p> <p>QI 2.2 Quality assurance and improvement is led well - Adequate.</p> <p>Key question 3: How good is our staff team? - Adequate</p> <p>QI 3.3 Staffing levels are right, and staff work well together - Adequate</p> <p>Key question 4: How good is our setting? - Adequate</p> <p>QI 4.1 People experience high quality facilities – Adequate</p> <p>Key question 5: How well is our care and support planned? - Adequate</p> <p>QI 5.1 Assessment and care planning – Adequate</p> <p>Key question 7 How good is our care and support during the Covid-19 pandemic? – Adequate</p> <p>QI 7.2 Infection prevention and control practices – Adequate</p>	<p>CI informed Falkirk Health and Social Care Partnership of findings.</p> <p>Ongoing care assurance through the Care Home Oversight Group</p> <p>Refer to update in Cover report</p>

Publication Date	Service	Evaluation of Service	Further action
23 June 2021	Dunvegan Stenhousemuir	<p>Dunvegan, Stenhousemuir is a care home registered to provide care to 33 adults. The provider is Parkcare Homes (No.2) Limited.</p> <p>Care Inspection of the home was carried out on 5 and 8 June</p> <p>Evaluations Overall evaluation for key question 1 'How well do we support people's wellbeing?' – Adequate Quality indicator (QI) evaluations: QI 1.1 People experience compassion, dignity and respect – Good QI 1.2 People get the most out of life – Adequate QI 1.3 People's health benefits from their care and support – Adequate Overall evaluation for key question 2 'How good is our leadership?' – Adequate</p> <p>Quality indicator (QI) evaluations: QI 2.4 Staff are well led – Adequate Overall evaluation for key question 7 'How good is our care and support during the Covid-19 pandemic?' – Adequate</p> <p>Quality indicator (QI) evaluations: QI 7.2 Infection prevention and control practices - Adequate QI 7.3 Staffing arrangements are responsive to the changing needs of people experiencing care – Adequate</p>	<p>CI informed Falkirk Health and Social Care Partnership of findings.</p> <p>Ongoing care assurance through the Care Home Oversight Group</p>
09 June 2021		There were no reports for service providers operating in the Falkirk area	Ongoing care assurance through the Care Home Oversight Group
26 May 2021		There were no reports for service providers operating in the Falkirk area	Ongoing care assurance through the Care Home Oversight Group
12 May 2021	Burnbrae, Falkirk	<p>Burnbrae is a care home registered to provide care to 28 older people. The provider is Falkirk Council.</p> <p>CI carried out an initial inspection of the service on 24 August with NHS Forth Valley, the findings of which were outlined in the report laid before Parliament on 2 September. We completed a further visit to the home, with NHS Forth Valley, on 8 October. Our findings were detailed in the report laid before Parliament on 28 October. We carried out a follow-up inspection on 4 March 2021 and reported our findings in the report laid before Parliament on 17 March.</p> <p>We completed a further inspection on 30 April and found some improvement in the areas required. Risk assessments had been developed but further detail was needed in these. Staff had undertaken training in falls prevention and risk assessment. Records were up to date and a training plan was in place.</p> <p>People's needs had been assessed and protocols were in place to inform staffing levels. Further improvement is required to improve people's health and wellbeing outcomes and experiences.</p>	<p>CI informed Falkirk Health and Social Care Partnership of findings.</p> <p>Ongoing care assurance through the Care Home Oversight Group</p>

Publication Date	Service	Evaluation of Service	Further action
		<p>We will be undertaking a further inspection of this service.</p> <p>Evaluations</p> <p>This was a follow-up inspection. We did not change the service evaluations.</p>	

Publication date	Organisation	Report title and summary	Implications for the CCGC	Timescales
17 June 2021	Audit Scotland	<p><u>Covid-19: Personal Protective Equipment</u></p> <p>The report starts by identifying two key areas the Scottish Government could have performed better in – firstly, the Scottish Government could have implemented the preparedness exercises to a fuller extent and secondly, ensured better access to PPE and related training. It also recognises the significant increase in cost of PPE.</p> <p>Audit Scotland recognised the very real lack of PPE available to workers at the start of the pandemic and continued to explore the response to this, such as the establishment of 48 regional hubs to distribute, new emergency contracts to procure PPE as well as new supply chains. The most relevant change being the expansion of NHS NSS remit to include the distribution of PPE to primary and social care providers.</p> <p>The report continues to inform readers about PPE agreements and methods of distribution prior to the pandemic and then breaks down the pandemic by core dates.</p> <p>Audit Scotland gave reference to the concerns raised by frontline workers at the start of the pandemic relating to the adequacy of PPE protecting individuals and the mass shortages in full-face visors, FFP3 masks and eye protection. The ways in which this was tackled, for example the establishment of PPE Strategy and Governance Board, is discussed.</p>	<p>The report suggested many ways to move forward, however, most relevantly to the CCGC were:</p> <ul style="list-style-type: none"> • Analysis of the challenges presented by the pandemic and lessons to be learned. • Implement a new approach to pandemic stockpile – find a balance between demand and managing stockpile, ensuring the risk of outdated items is minimised. • The arrangements for the provision and funding of PPE for social care and primary care in longer term. • Take into consideration a more sustainable method of PPE procurement. • Be respondent to changes to modelling of NHS NSS. 	Ongoing
14 July 2021	Carers Trust	<p><u>Covid-19 in Scotland: The Impact on Unpaid Carers and Carer Service Support Workers</u></p> <p>The premise of the report is to better understand the impact the pandemic has had on carers, carer support workers and</p>	<p>All suggestions have been based upon experiences expressed by unpaid carers and carer support workers:</p> <ul style="list-style-type: none"> • Consider undertaking an evaluation of needs moving out of the crisis phase of the pandemic and engage with the wider remobilisation plan. 	Ongoing

Publication date	Organisation	Report title and summary	Implications for the CCGC	Timescales
		<p>carer services by undertaking research between November 2020 and May 2021. The purpose is to present recommendations of support in the 'new normal'.</p> <p>In terms of unpaid carers, 90% found they were caring more due to the pandemic; 46% found the person's needs had intensified (mainly due to the restrictions); many now live with/alterd their accommodation for their person mainly due to travel restrictions. The impact of the pandemic has targeted the majority of unpaid carers negatively – 84% say their mental health has deteriorated to varying degrees and 78% say the same about their mental health. In terms of their wellbeing, over 50% of unpaid carers stated they feel stressed, tired, lonely/isolated or anxious/worried much more than usual this could be related to the lack of respite as 82% stated they had not had access to a break. Support for carers seems to be problematic as 42% say they had not accessed support, however, 36% said they accessed it through the local carers centre – the move to online support generally did not receive positive feedback.</p> <p>In terms of carer support workers, the vast majority found the following to be challenges: unpaid carers not having access to IT; unpaid carers needs have become more complex; statutory services closing or being unavailable; less services open; resistance to remote support from unpaid carers and lack of respite for unpaid carers. The majority of carer support workers agree their workload has increased, working in different patterns and beyond their contracted hours (all to varying degrees). Carer support workers generally feel a low in confidence, higher pressure and lack of adequacy. Homeworking has brought both negative and positive experiences depending on the individuals personal situation.</p>	<ul style="list-style-type: none"> • Assist carer organisations to reaffirm organisational purposes by considering their legal duties and wider roles. • Be transparent about the funding received in relation to the Carers (Scotland) Act and the allocation of such funding. • Embed the health and wellbeing of carer support workers into support and supervision processes. • Involve carer services, and their staff, in the decision making process. 	
May 2021	Mental Welfare Commission	<p><u>Authority to Discharge</u></p> <p>The report is centred around the reality that those who are treated for in care may not have the capacity to participate in</p>	<p>The following recommendations have previously been presented to the IJB:</p> <ol style="list-style-type: none"> 1. Undertake full training to identify gaps in knowledge with capacity and assessment – legislation, definitions 	

Publication date	Organisation	Report title and summary	Implications for the CCGC	Timescales
		<p>the discharge planning process and therefore legal frameworks have to be in place.</p> <p>A sample of 457 cases was taken of which there were 20 unlawful moves – some were down to the misuse of the Coronavirus (Scotland) Act 2020. There was further movement away from biding by legislation as not all HSCPs followed guidance and policy.</p> <p>78 out of 267 cases showed that those working in hospital discharge were not fully aware of the power held by attorneys or guardians. This was furthered by a general lack of understanding of law, poor practice, unsure of what amounted to good practice, misunderstanding around power of attorney.</p> <p>14 FHSCP cases were analysed and it was found that most discharges that had individuals with inability were handled legally. It was recognised that this number is low and could overlook any illicit behaviour.</p> <p>There were a number of positive areas of practice that the investigation identified:</p> <ul style="list-style-type: none"> • Robust AWI processes in place for consideration of legal authority for discharge • Case conferences convened to determine the appropriateness and agreement for the use of Section 13za of the Social Work (Scotland) Act 1968 and a record of this for audit • Promotion of the use of advocacy services to ensure individuals were involved to support decision making • Outcomes focussed assessments and social work practice focussed on upholding the rights of the individual 	<p>and human rights. The aim is to produce a confident, competent, multidisciplinary workforce.</p> <ol style="list-style-type: none"> 2. Establish a consistent system for recording incapacity assessments. 3. Make it clear the status of the registered care home placements in terms of law and financial/welfare implications. 4. Practitioners facilitating hospital discharges should have copies of relevant documents detailing the powers as evidence if any future action was to be taken. 5. Assessments should reflect the individual and decisions are focused on their personal outcomes. 6. Ensure a robust system of recording for auditing is in place 7. Audit processes should extend to ensuring evidence of practice that is inclusive, maximising contribution by the individual and their relevant others, specifically carers as per section 28 Carers (Scotland) Act 2016. 8. Have strong leadership and expertise to support operational discharge teams. 	

Publication date	Organisation	Report title and summary	Implications for the CCGC	Timescales
		<ul style="list-style-type: none"> • Embedding the role of the MHO in discharge planning processes as a key safeguard with expertise and focus on the rights of individuals • No evidence that Coronavirus emergency legislation was utilised unlawfully in FHSCP having not been enacted • Respect for multidisciplinary roles and responsibilities ensuring that health and social work retained focus on individuals and not other drivers such as beds and finance 		
July 2021	Mental Welfare Commission for Scotland	<p><u>Advance statements in Scotland</u></p> <p>Advance statements is a mechanism for an individual, who has previously been unwell due to a mental disorder, can explain how they wish, and do not wish, to be treated if they become unwell again in the future and have impaired decision making about medical treatment.</p> <p>Of those being treated under a T3 certificate, only 6.6% (309) had an advance statement. In comparison to those who did not have one, those who did were more likely to be young, male or in a deprived area of Scotland.</p>	<ul style="list-style-type: none"> • Promote individuals to complete advance statements and indicate to relevant professionals when these options should be discussed. • Quality Improvement Teams at health boards and the research community may wish to consider the utility of undertaking further tests of change/research to establish the optimal moment in a person's contact with mental health services to make an advance statement. Involvement of carers and the named person in this process also needs to be fully considered. 	3 years
1 July 2021	Mental Welfare Commission for Scotland	<p><u>Significantly impaired decision making ability – How well is it recorded in practice?</u></p> <p>SIDMA is a crucial, and unique, aspect to Scottish mental health law. The understanding of this concept is a mental disorder negatively impacts an individual's memory and communication skills directly related to decision making.</p> <p>Key reasons for SIDMA are: impaired insight, limited cognitive function and psychotic symptoms.</p> <p>The vast majority of CTO's were completed by an AMP whilst the rest were a GP.</p>	<p>The suggestions for review were primarily targeted at the Scottish Law Review, however, lessons that can be taken away from the research are:</p> <ul style="list-style-type: none"> • Encourage the use of SIDMA by medical professionals. • If any legal changes do occur, be willing and ready to embrace them. • Have discussions at a local level and understand research into the use, reasoning and impact SIDMA has. 	Ongoing

Publication date	Organisation	Report title and summary	Implications for the CCGC	Timescales
		The study found that many of the reasons behind SIDMA were aligned with previous studies, however, some forms offered no reason at all. In terms of quality, improvement has to be made – the specific link between SIDMA and mental disorder is seen in very few. The readability of the forms were also staggeringly low.		
25 June 2021	Scottish Government	<p><u>Open with Care – supporting people in adult care homes to have meaningful contact with others. Progress with implementation.</u></p> <p>The report begins by explaining the negative impact Covid-19 has had on care home residents, mainly the stopping of visits. The purpose of the report is to show the progress made since February 2021 in installing visits back into the community and ways in which these visits can become the norm again.</p> <p>There are three main ways in which this can happen:</p> <ol style="list-style-type: none"> 1. Care homes improving, maximising and embedding meaningful contact 2. Local system support and monitoring to maximise contact 3. Strengthening awareness and adoption of Open with Care <p>This report is directly linked to the Open with Care movement which is primarily there to improve contact patients have whilst in care.</p>	<ul style="list-style-type: none"> • Support and monitor care homes to maximise contact • Blanket decisions to restrict or prevent visiting or people leaving the home should be resisted and considered as a last resort due to the promotion of meaningful contact and the wellbeing of the individual being priority. • Open with Care should continue to be implemented. • Local oversight continues to be central to building confidence and improve practices, this is done through: • Supporting care homes to fully implement the content and ethos of Open with Care, increasing the frequency, duration and number of visitors, where residents so wish. • Empowering care homes through mentoring and wraparound support. • Providing intensive support, where there is greater hesitancy. • Working with care homes to align visiting policy and practice, taking appropriate action if and as necessary. • Using Turas returns to inform regular conversations and support with care homes around visiting policies and practice and appropriate increases to the flexibility, frequency and quality of visits, alongside continued and holistic support to essential visits. • Continuing to support and strengthen local learning and improvement, and sharing examples of good practice. • The Care Inspectorate continues to advise and support family/friends, where there are visiting concerns. 	
2 June 2021	Scottish Recovery Network	<u>A new future for mental health: Scottish Recovery Network Strategic Plan 2021-2024</u>	This impacts all HSCP boards across Scotland. The key ways in which CCGC will be impacted are:	3 years

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		<p>The report starts by highlighting the importance of lived experience approach to recovery and how this interlinks with the strategic plan.</p> <p>The increase in funding for Primary Care has directly improved the recruitment for new mental health workers and opportunities.</p> <p>The core message from the report is that the organisation will take a person-centred approach by working collaboratively across sectors to ensure availability and engagement for those in need, at any point in their recovery journey.</p>	<ul style="list-style-type: none"> • Enable those who have struggled with mental health issues to have a voice. • Engage with the peer support opportunities across the mental health system. • Play a role in the transformation of mental health services 	
06 August 2021	Scottish Government	<p><u>COVID-19 regulations / restrictions - 9th August Associated updates to care at home and supported housing guidance</u></p> <p>The First Minister announced this week, further relaxations of COVID-19 regulations and a retention of a range of protections, for beyond level zero, effective from 9th August.</p> <p>This guidance outlines the impact of moving to beyond level 0 on care at home and supported housing settings.</p> <p>National guidance will be updated to remove physical distancing requirements and limits on number of people who can gather within individual homes and in public places.</p>	<p>From 9th August, the following can be implemented:</p> <ul style="list-style-type: none"> • Individuals who access care at home services or supports and/ or live in sheltered housing or supported living arrangements, sometimes known collectively as 'supported housing' settings will continue to follow national guidance. • Continue to implement basic Covid-19 protection measures to keep everyone safe. This includes maintaining distance where practical and where fluid resistant surgical masks (FRSM) and following other relevant infection prevention and control practices. • Staff should continue to follow Scottish Government guidance for testing and isolation. • Communal spaces can be reopened. Service providers and individuals using these communal spaces should consider the basic actions that can be taken to minimise risk and use these spaces safely, including ventilation, distancing, hand hygiene and cleaning. • Supported housing settings which have communal areas that were previously considered "public", should continue to consider the functionality of the space, including who can access it and how it is being 	From 9 th August

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			accessed, to inform any specific sector guidance that should apply when using the space beyond level zero.	
06 August 2021	Scottish Government	<p>Relaxations to COVID-19 regulations / restrictions - 9th August ('Beyond Level 0') Associated updates to Open with Care and Open for Care</p> <p>The First Minister announced this week, further relaxations of COVID-19 regulations and a retention of a range of protections, for beyond level zero, effective from 9th August.</p> <p>This guidance encourages supporting residents to connect with their friends and family both in and out of the care home. It recommends that we increase opportunities for meaningful contact between residents and their friends and families as much as it is possible to do in a safe and flexible way, and reconnecting residents with each other through enhanced communal and group activities.</p> <p>The Scottish Government are currently developing updated Open with Care guidance for Beyond Level 0.</p>	<ul style="list-style-type: none"> On a short term and interim basis, the advice issued on 15th July for Level 0 continues to apply. Continue to support residents' re-engagement and reconnection through communal activities, outings away from the care home and in the grounds, and visits in line with Open with Care guidance. Continue to implement basic Covid-19 protection measures to keep everyone safe. This includes maintaining distance where practical and where fluid resistant surgical masks (FRSM) and following other relevant infection prevention and control practices. Scottish Government have implemented a survey to gather feedback from care home managers on implementing Open with Care. Each care home should submit one return only. The survey is open until 6pm on Sunday 15th August. 	