



EXECUTIVE COMMITTEE PAPER

A CALL FOR A NATIONAL CARE SERVICE IN SCOTLAND

COMPILED AS A RESULT OF THE COVID-19 PANDEMIC IN 2020

October 2020

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Introduction:

At the time of writing this paper Scotland has faced the initial stages of coronavirus and was subject to lockdown restrictions during March, April, May and a range of other restrictions since then. An easing of those restrictions has brought about a mixed bag of outcomes for older people who have survived that intense period of Covid-19 related deaths right across Scotland.

Many older people are confused and fearful about the future as the restrictions reduce and more of the economy is opened, such as pubs, restaurants, schools and universities. Many of the population are trying to gain back some sort of normality but rising localised outbreaks of the coronavirus has led to the compulsory wearing of facemasks in public areas and the continued need to socially distance.

It is within this backdrop that older people feel challenged and anxious about leaving their homes. Those who require care are even more distressed at the thought of being moved into a care home after the number of deaths that have taken place in these places.

It is with this thought at the foremost of our thinking that we need to discuss the perceived lack of standards in some of the privately run care homes and to consider the need for a National Care Service (NCS) across Scotland.

The Scottish Government (SG) are planning to radically overhaul the social care system by setting up an independent review which will consider the move to an NCS. Scotland is already far further down the line on health and social care integration and offers its older citizens free personal care at point of use in line with NHS.

If the SG is serious then consideration needs to be given to the demands of the STUC, and those trade union members, that they represent in the current care system. It is expected that the SG will ensure that trade unions are included throughout all aspects of development and implementation of changes in the social care sector.

Working conditions in Scottish care homes are like those in the rest of the UK. The Scottish Social Services Council (SSSC) is the regulatory body for social care staff which seeks to professionalise care work. Its role is to oversee the registration, workforce development, codes of practice and fitness to practice for all care workers. There are around 205,000 care workers in Scotland. Just over three quarters of the workforce remain in the same post from year to year. Care workers in Scotland are low paid and many are working part-time.

Background:

There are 1,084 adult care homes in Scotland of which 817 cater mainly for older people. This number has declined in recent years, though the number of registered places for older people has remained relatively stable at around 37,500. This implies a gradual increase in the size of care homes, the majority of which are managed by private sector enterprises. These have tended to replace smaller charitable sector and local authority care homes. One reason for the contraction of the charitable sector is the difficulty of finding staff in rural and more remote areas.

The number of older care home residents in Scotland has also been stable at around 33,000, implying a generally high rate of occupancy. For the last two decades, Scottish policy has favoured care provision in individuals' own homes rather than in care homes. This has offset demographic pressures which might have resulted in increased provision of care home places. In 2017-18 around 47,000 people aged 65+ were receiving "personal care" funded by the Scottish Government in their own homes. Personal care is care associated with personal hygiene, feeding, toileting and appearance.

Care homes typically cater for the oldest old. This ranges from 0.5 per cent of those aged 65-74 to around 1/3 of those aged 95 and above. Given that the prevalence of COVID-19 increases with age, it is not surprising that care home residents are particularly vulnerable. A typical pathway through social care provision in Scotland would involve care in the domiciliary setting until that is deemed unsafe for the client followed by transfer to a care home.

Principal responsibility for providing services to social care clients falls on Scotland's 32 local authorities. Partly because of the UK Government's austerity measures, Scottish Government funding to these councils has fallen by 7.6% in real terms since 2013-14. This has led to increased funding pressures on care homes. The Scottish Government has also sought to integrate health and social care to improve service delivery to care clients. The Public Bodies (Joint Working) (Scotland) Act 2014 set out the legislative framework for integrating health and social care. It created new organisations, known as integration authorities, that are intended to break down barriers to joint working between NHS boards and local authorities.

The Care Inspectorate is the regulatory body charged with ensuring that care standards are met in Scotland. It carries out regular, unannounced inspections of Scottish care homes.

The Role of The Care Inspectorate:

The Care Inspectorate has been attempting to assess Scottish care homes in relation to the pandemic.

Whilst some care homes have improved, there are serious concerns about the quality of data being gathered and the slow and seemingly random way in which care homes are being reassessed. This raises concern that six months on from the onset of the pandemic in Scotland, staff in care homes are still not being professionally trained in infection control.

The Care Inspectorate (which is responsible for monitoring standards in care homes) is currently doing only about a third of its usual checks and at the current rate would take over two years to inspect all care homes to assess Covid-19 control measures.

This means there simply is not enough data to provide any confidence that, as a sector, care homes are doing any better than they were six months ago.

There is no rationale presented by the Care Inspectorate for which care homes are being chosen, nor any reasonable explanation for why those care homes identified as having pre-existing infection prevention problems were not prioritised for inspection

There should be a mandatory ban on the discharge of people to any care home assessed as Weak.

Of those previously graded as Weak, ten have improved (three to the status of Good) but ten have not.

Of those previously graded as Adequate, five have improved but seven have deteriorated (ten remained the same).

The Care Inspectorate chose to inspect 17 care homes rated Good or Very Good, of which three are now downgraded to Weak and four to Adequate (the second lowest). Only four remained Good and one Very Good (with five no longer graded as a result of different methodology).

More than one in seven care homes inspected have received a 'letter of serious concern' from the Care Inspectorate.

In only one case has the Care Inspectorate used new Covid-19 powers to issue an Improvement Notice with intent to close the care home.

It recently withdrew the licence of a care home on the Isle of Skye where there had been 10 COVID-19 related deaths.

Early Covid-19 Data:

Scotland began collecting data on adult care homes that had reported a suspected COVID-19 case on 11th April 2020. This data is collected by the Care Inspectorate and released by the Scottish Government. By 11th April, 406 care homes, comprising 37% of all adult care homes had been infected by COVID-19. Since then, the number of homes affected has increased steadily, reaching 629 (58% of the total) by May 14.

Given the significant mortality risk posed by COVID-19 to the oldest old, the inevitable consequence of infection spreading among care homes was an increasing number of deaths among care home residents.

The pandemic started later in care homes than in hospitals. In both settings, deaths grew at about the same rate. As one would expect, the share of COVID-19 deaths rose in all three settings throughout March. By the second week in April, the share of COVID-19 deaths occurring at home began to level off, most likely a reflection of social distancing measures beginning to work. From the final week in March to the end of the second week in April, deaths relating to COVID-19 occurring in hospital and care homes rose steeply. In hospitals, the share of COVID-19 deaths was largest until mid-April, after which it declined steeply. In care homes however, the share of all deaths attributed to COVID-19 continued to increase, peaking around 22nd April, and since then has levelled off. Deaths in care homes peaked later and have not declined as fast as those in hospitals. Since mid-April, deaths in care homes have been more common than those in hospital or elsewhere.

This stark contrast between excess mortality in care homes and that in other settings is perhaps in line with the experience of other countries, but nevertheless is particularly troubling. It should be noted that these may be underestimates of excess mortality among care home residents, since the Scottish data define care home residents who die in hospital as hospital deaths.

This could indicate that by emptying hospitals to prepare for a potential influx of COVID-19 patients (which was partially averted by effective lockdown measures), the "normal place of death" shifted for a large proportion of individuals. Any assessment of "excess deaths" in care homes should, therefore, be viewed in this context. The rise in care home deaths may, in part, be due to a reduction of the flow from care homes to hospital as a preventative measure to ensure that hospitals were not overwhelmed. This would also mean care homes are dealing with a greater load of palliative care, over and above the increase due to COVID-19.

The Role of The Scottish Government:

The Scottish Government is under pressure to apologise after 1,200 people were discharged from hospital into care homes without being tested for Covid-19.

First Minister Nicola Sturgeon said in May that "if a patient in a hospital has the virus, they must have two negative tests before they can be discharged," claiming this would prevent infection getting into care homes. But a Freedom of Information request revealed that there had been 796 patients transferred to care homes without tests in March, 357 in April and 50 in May.

Ms Sturgeon said that understanding of testing had developed during the pandemic but following the revelations Scottish Labour leader Richard Leonard has called for an apology. He said: "out in communities across Scotland people were being discharged from hospital into residential care homes where the most vulnerable and most susceptible to this virus are living".

Other commentators have said that the series of failures which have led to the death toll in Scotland's care homes describe the handling of this as the single greatest failure of devolved government since the creation of the Scottish Parliament.

Decisive action might have helped reduce the risk and would have prevented deaths.

There are strong suggestions that, as well as probable discharge failings, some care homes were very willing to fill empty beds & may have given false assurance about their abilities in infection control?

Few Care Homes have the health skills necessary to prevent Covid-19 spreading, exacerbated by a recruitment crisis resulting from low pay in the sector

For two months the Scottish Government was simply in denial about what was happening in Care Homes.

Scotland has a regulatory framework which puts private ownership and private financial interests before care and there are no effective mechanisms for improving standards of care in failing Care Homes. 'Partnership working' (cooperation with private companies) comes before standards. The privatisation of the care sector is clearly not in the public interest.

Scottish Care Homes.

Everyone in Scotland has the right to safe, compassionate care which meets their needs and respects their rights and it is good that improvements have been made in the quality of care offered at the care home with support from the health board, the Care Inspectorate and other partners. This includes practices related to infection prevention and control, use of PPE, staff training, cleaning of premises and the maintenance of adequate staffing levels.

Currently the Care Inspectorate must report to the Scottish Parliament every two weeks and lay before the parliament the most recent inspections they have undertaken. In relation to COVID-19 infection prevention and control, PPE, staffing and people's wellbeing in which the Key question 7: How good is our care and support during the COVID-19 pandemic? Is assessed.

The quality indicators for key question 7 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.

In their latest report the following six care homes had unannounced inspections and was laid before the Scottish Parliament on September 2nd, 2020.

1. **St Modans** care home Fraserburgh is registered to provide care to 53 older people. The provider is St Modans Care Home Limited, which is part of the Meallmore group.

Overall evaluation for key question 7 'How good is our care and support during the COVID-19 pandemic? Adequate

- QI 7.1 People's health and wellbeing – Adequate
- QI 7.2 Infection prevention and control practices – Very good
- QI 7.3 Staffing arrangements – Very good

2. **Collisdene** care centre Strathaven is registered to provide care to 41 adults. The provider is Canterbury Care Homes Limited.

Overall evaluation for key question 7 'How good is our care and support during the COVID-19 pandemic?' – Adequate

- QI 7.1 People's health and wellbeing – Good
- QI 7.2 Infection prevention and control practices – Good
- QI 7.3 Staffing arrangements – Adequate

3. **Claremont Park** nursing home Edinburgh is registered to provide care to 33 older people. The provider is Claremont Park Ltd.

Overall evaluation for key question 7 'How good is our care and support during the COVID-19 pandemic?' – Unsatisfactory

- QI 7.1 People's health and wellbeing – Weak
- QI 7.2 Infection prevention and control practices – Unsatisfactory
- QI 7.3 Staffing arrangements – Weak

4. **Southside** care home Inverness is registered to provide care to 33 older people. The provider is Southside Nursing Home Ltd.

Overall evaluation for key question 7 'How good is our care and support during the COVID-19 pandemic?' – Weak

- QI 7.1 People's health and wellbeing – Adequate
- QI 7.2 Infection prevention and control practices – Weak
- QI 7.3 Staffing arrangements – Adequate

5. **Tigh a Rudha** residential home Isle of Tiree is registered to provide care to 12 older people. The provider is Argyll and Bute council.

Overall evaluation for key question 7 'How good is our care and support during the COVID-19 pandemic?' – Adequate

- QI 7.1 People's health and wellbeing – Adequate
- QI 7.2 Infection prevention and control practices – Good
- QI 7.3 Staffing arrangements – Good

6. **Arcadia Gardens** care home Glasgow is registered to provide care to 72 older people. The provider is HC-One.

Overall evaluation for key question 7 'How good is our care and support during the COVID-19 pandemic?' – Adequate

- QI 7.1 People’s health and wellbeing -Good
- QI 7.2 Infection prevention and control practices – Good
- QI 7.3 Staffing arrangements – Adequate

The seriousness of Covid-19 appears to be an ongoing struggle for care home providers to get on top of.

Evaluation Table

Evaluation	Description
Excellent	performance which is sector leading and supports experiences and outcomes for people which are of outstandingly high quality.
Very Good	performance that demonstrates major strengths in supporting positive outcomes for people. There are very few areas for improvement.
Good	performance where there is a number of important strengths which, taken together, clearly outweigh areas for improvement.
Adequate	performance which is evaluated as adequate may be tolerable in circumstances, such as where a service or partnership is not yet fully established, or in the midst of major transition. However, continued performance at adequate level is not acceptable.
Weak	performance requires action in the form of structured and planned improvement by the provider or partnership with a mechanism to demonstrate clearly that sustainable improvements have been made.
Unsatisfactory	will apply when there are major weaknesses in critical aspects of performance which require immediate remedial action to improve experiences and outcomes for people. It is likely that people’s welfare or safety will be compromised by risks which cannot be tolerated. Those accountable for carrying out the necessary actions for improvement must do so as a matter of urgency, to ensure that people are protected, and their wellbeing improves without delay.

Conclusion:

The First Minister announced an independent review into how adult social care can be most effectively reformed to deliver a national approach to care and support services. Undoubtedly, the experience of Home Farm through the pandemic will feed into the review which will build upon the existing commitments to improving provision.

Ms Sturgeon said, "I am in support of the establishment of a National Care Service that is on par with our National Health Service with a focus on not for profit care. I do not want care services run like hospitals with councils cut out of the loop, but I want a clear national plan and infrastructure that builds services around the everyday needs of people in their own homes or in their own community, with clear lines of accountability and redress."

At the outset of this paper the SPF indicated that it would wish to support the establishment of a National Care Service and that all of Scotland's care homes are brought under the control of such a body.

- We would expect to see a National Care Service which recognises trade unions and national collective bargaining. This should involve discussions on the future role of the Scottish Social Services Council and the Care Inspectorate.
- We would also anticipate that there would be a uniformity of terms and conditions across Scotland, full and permanent contracts where desired, flexible working arrangements, good pension contributions and encouragement for care workers to join a recognised pension scheme and permanent full sick pay.
- Scotland should no longer tolerate the delivery of poor care to older and vulnerable people in care homes. We believe this can only be achieved by removing profit seeking private operators who care little for their residents whilst chasing profits and dividends and in the case of Home Farm on Skye putting lives in jeopardy.
- Many of the care home groups are up for sale, with few takers, largely because the opportunities to profit from care are much reduced. Transfer to some form of public ownership should not allow existing owners to cut their losses and walk away with any reward for their mismanagement. The balance sheets of the offshore entities which are the ultimate owners of many of our care homes should not benefit from any transfer of assets.

As we await the conclusion of the review we need to ask the Care Inspectorate to identify as a matter of urgency all Care Homes where, like Home Farm, residents might be particularly at risk (perhaps a third of all Care Homes in Scotland). This may require resourcing of Local Authorities and Health Boards so that they can step in and take over failing services.

In modern day Scotland one does not expect to read reports that care home residents were left lying in their own faeces and urine and that basic medical care was absent. These issues were brought to light before the pandemic and as soon as coronavirus entered the care home then the outcome was only ever likely to end badly for those residents.

The current care system puts profit and shareholder dividends before health and wellbeing and as such a National Care Service must be introduced without delay.

The Home Farm Care Home on Skye was sold to HC-One, a private sector company, following the collapse of the Southern Cross company in 2011 (the Scottish Government made no provision for taking failing Care Homes into public ownership so dropped the usual evaluation process for this HC-One takeover).

Home Farm Care Home is registered to provide a care service to a maximum of 40 older people, of whom one person may be an adult with physical or sensory impairment. Respite/short break places may also be provided. The provider is HC-One Limited. Home Farm Care Home is a purpose built two storey care home situated in Portree on the Isle of Skye. All bedrooms are single with en-suite toilet and wash hand basin facilities. There is a main dining room and two lounges on the ground floor and a lounge and dining room on the first floor. There are shared bath and shower facilities on both floors. There is an enclosed garden within the grounds which can be accessed directly from the ground floor lounge.

The Home Farm Care Home on Skye saw its quality rating decline rapidly between 2016 and 2018, falling two grades to 'adequate'. The Care Inspectorate issued two legal requirements for improvement.

A year later a follow-up inspection found neither legal requirement to have been met – so the deadline was extended to June. There appears to have been no follow-up inspection until two serious complaints were received in October and November. While the results of that inspection are not public it is understood it identified neither legal requirement as having been fulfilled. An additional legal requirement on infection control was also issued and staffing at the home was reclassified as 'weak' (the lowest rating on a six-point scale), but the deadline for compliance was extended until 31 December.

An unannounced inspection was made between 21 and 24 January 2020, discovering that none of the three legal enforcement orders had been met.

Despite being over a year since the first orders were issued, the deadline was extended by the Care Inspectorate yet again, until 31 March.

The failings identified all could be expected to lead directly to major problems in the event of a pandemic, making the eventual outcome tragically predictable.

This care home hit the headlines with 10 Covid-19 related deaths during the height of the pandemic. This was not just bad luck but the poor level of care at the home as highlighted by the Care Inspectorate Report of May 2020.

Following intervention by the Care Inspectorate, NHS Highland provided significant levels of input to the care home in order to improve the standards of care and cleanliness for the residents and safeguard their wellbeing.

The Scottish Government has worked closely with NHS Highland and the Care Inspectorate throughout this period to deliver long-term stability for the home and ensure the safety and wellbeing of residents.

In a follow up visit in July the Care Inspectorate found that several families felt that communication was an issue, especially before the outbreak. They spoke of having to raise concerns and there being a poor response from the manager. Most families felt that communication had improved recently and that they were being kept up to date with how their family member was keeping.

Many families were genuinely concerned for the future of Home Farm; in particular, the future staffing and management arrangements. Families wanted clear communication about that future.

The future ownership of this home by NHS Highland also provides an assurance for people on Skye that provision of residential nursing care in their community will continue.

Securing the future of the home under the Highland Health and Social Care Partnership within the NHS will enable them to ensure these standards are maintained.”

The transfer of the care home to NHS Highland is due to take effect from November 2020 and will involve the transfer of staff into the employment of the NHS with improved terms and conditions.

Key Dates:

May 4th and 6th 2020 An unannounced inspection took place in response to concerns about the provider's preparation for and management of a COVID-19 outbreak.

May 7th Feedback was given to the provider at which representatives from NHS Highland were also present. A serious concern letter was issued requiring the provider to make immediate improvements to the environment and management and leadership.

May 12th Care Inspectorate carries out an unannounced inspection at Home Farm which raises serious concerns about the running of the facility.

May 13th NHS Highland and home operators HC-One said they had agreed a partnership approach to quickly and effectively address the situation at the home. NHS Highland helping to provide social care management, nursing leadership and direct care.

May 15th It was confirmed that a 10th resident at Home Farm had died from coronavirus.

May 20th Care Inspectorate raise a court action at Inverness Sheriff Court to remove HC-One operating licence. The case is deferred to allow concerns to be addressed. The Health Secretary announced she was seeking emergency powers to allow the Scottish Government to take over failing care homes when lives are at risk from Covid-19.

June 20th Legal case deferred after Sheriff told not all concerns had been resolved. Families of home residents claim they are being excluded from decision-making on the facility's future.

July 6th Some resident's families receive a letter from HC-One Director John Kirk apologising for the level of care and service provided. He said he is "extremely disappointed" with finding outlined in the Care Inspectorate's report, which he said may be "upsetting" for families to read.

August 18th Care Inspectorate drop the legal action against HC-One, saying there has been "considerable improvement" in the quality of care and issues that were putting residents at risk have been addressed. No date for release of initial inspection report has been given.

August 20th The purchase of the home by NHS Highland from provider HC-One has been secured with £900,000 of additional funding from the Scottish Government.

Care Inspectorate Report Completed May 18th, 2020:

We evaluated the service to be performing at an unsatisfactory level. There were major weaknesses that required immediate remedial action to improve experiences and outcomes for people. NHS and HC-One staff were urgently deployed to Home Farm in response to a COVID-19 outbreak. All the people living and working in the home were tested. 29 people living in the home and 26 staff tested positive.

Redeployed staff told us that it was difficult to provide safe care due to a lack of information about people's care needs. Staff had to provide care without being able to read people's care plans and in some cases without a verbal handover.

Staff raised serious concerns about the quality of people's care. People should be confident that their personal care is carried out in a dignified way. We were told that most staff were kind and helpful but there were concerns that some people were not treated with respect. This included occasions when bedroom doors were left open while people received personal care, people's continence needs not being met and people left with food round their mouths after eating. A person who was upset was described as 'attention seeking'. Some people did not receive the right support to eat and drink well.

Staff told us that some people's drinks were left out of reach, a person's meal was untouched several hours after it had been served and a person was served a meal that was the wrong texture which increased their risk of choking. A person's weight can be an indicator of wellbeing; however, the service had made the decision to stop monitoring some people's weight in response to the national COVID-19 pandemic. During that time, several people had lost weight.

We were concerned that people did not receive the right level of support to manage their continence. Staff told us some people were lying in urine and faeces, including occasions when the urine and faeces had dried. This is undignified and can cause discomfort and skin damage. Some people were wearing more than one continence product. This is an unsafe practice that can be uncomfortable and increase the risk of skin damage and leakage due to poor placement of products.

We were not confident that people were being assisted to move safely. Staff told us that a person was assisted to move using an ill-fitting sling and a person was manually lifted from the floor rather than using a hoist. This unsafe practice increases the risk of injury for the person and the member of staff who assists them.

We were concerned that people's medication was not always administered safely. Staff told us that a tablet was found in a person's bed. Some people's medicines were left in pots without being taken. This is unsafe as it can mean that a person does not receive their medication as intended or another person can take it by mistake. We were told about two occasions when a person was distressed when the administration of time sensitive medication was significantly delayed. A delay like this can have a negative effect on the person's health.

People should receive basic mouth care every day. Staff told us that some people did not have toothbrushes and did not receive assistance with mouth care or to moisten their mouths.

Pressure ulcers can cause pain and distress and make people vulnerable to life-threatening infections. Some people had red areas of skin which can be an early symptom of a pressure ulcer. Repositioning can help to relieve pressure and keep skin healthy. Staff told us they were not informed about people's repositioning needs. This increased the risk of people developing pressure ulcers. Inspecting the skin regularly can reduce the risk of skin breakdown for people who are at high risk. It is important to identify, report and record early changes in the skin as quick and appropriate intervention can prevent further damage.

People did not have appropriate skin care records in place. These documents are used to help staff record and share information with colleagues to ensure people get the right support to maintain healthy skin.

Some people had dynamic mattresses to relieve pressure but there was no readily available information about how to use them. We were not assured mattresses were functioning correctly or that people were getting the benefit of the equipment.

Staff told us that a person had not received foot care and as a result, they had exceptionally long nails. This can cause pain and discomfort, decrease mobility and increase the risk of falls. NHS Highland raised serious concerns about the quality of care with us and the provider.

NHS Highland continued to work with the provider to protect people from harm and improve care. While we acknowledged the challenging circumstances caused by the outbreak, we were concerned that the provider's failure to prepare for a potential outbreak, poor quality care planning and a lack of well-established safe and person-centred work practices contributed to the poor care people experienced.

Despite ongoing multidisciplinary support from NHS Highland during 2019 and early 2020 there had been a significant failure in the way the service

was provided and managed. Requirements from November 2019 to improve cleanliness, infection control and staffing levels (including housekeeping) were not met.

As a result, people were living in an unsafe and unclean environment. At the start of the outbreak the provider was resistant to working effectively with NHS Highland and did not make the most of the support that was available despite serious concerns about the quality of people's care, the environment, staffing and leadership. For example, initial offers to assist with cleaning the care home and disinfecting it with a recommended cleaning product were refused. This placed people at unnecessary risk.

Senior managers gave assurances on 12 May 2020 that urgent and robust action had and was being taken to make improvements and protect people from harm. When we inspected the service on 13 May 2020, we found further evidence of unsatisfactory performance in key areas including cleanliness, infection control and food safety.

We were concerned about the provider's lack of transparency. Our confidence in the provider's capacity to work with others to make improvements and protect people from risk was significantly reduced.

We considered there was a real risk of redeployed staff becoming infected, given the unsatisfactory infection control arrangements. Three redeployed HC-One staff chose not to have a COVID-19 test despite being requested to do so by public health. This decision unnecessarily increased the risk of the infection spreading. This concern was escalated to a senior HC-One manager and testing took place thereafter.

Permanent and redeployed staff were working under significant pressure without the necessary information, resources, leadership or support. This contributed to people experiencing poor quality care.

Staff did not consistently use personal protective equipment (PPE) to protect themselves and others from the risk of infection. We had serious concerns about the staff team's ability to safely put on, wear, remove and dispose of personal protective equipment. As our inspection continued, we observed further poor practice in the use of PPE. An NHS Highland infection control audit on 12 May 2020 identified staff training in the safe and effective use of PPE as a priority.

Duty rotas for previous weeks showed that there had been times when staffing levels were insufficient to fully meet people's needs. We found evidence of care staff who were working in excess of 60 hours every week. We observed that some staff appeared very tired after working excessive hours.

The provider had a responsibility to ensure there were sufficient staff to ensure the service was clean. This was part of an unmet requirement from November 2019. The service did not have adequate domestic staffing levels to maintain to ensure the care home was safe and clean. The duty rota showed that care staff were regularly removed from caring duties to cover domestic shifts. This impacted on the quality of people's care and support and the environment.

People were living in an unsafe and unclean environment that posed a risk to their life, health and wellbeing. As previously noted, requirements from November 2019 to improve cleanliness, infection control, staffing levels (including housekeeping) were not met. People's environment should be safe and well maintained. People have the right to experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment.

The overall cleanliness of the home gave rise to serious concern. Carpets were ingrained with dirt. There was an unpleasant odour and some areas of carpeting felt sticky. The whole house was very dirty and looked like it had not been thoroughly cleaned for some time. Glass panels and mirrors were streaked with dirt and there was dust on ledges. There was chipped paintwork throughout the home. Cupboard floors were visibly dirty, and bathrooms were cluttered with moving and handling equipment. The staff kitchen and changing area were very dirty and in disarray. We had significant level of concern over infection control in this area.

Housekeeping standards were low. For example, a room that had just been cleaned had a dirty floor and there were sticky surfaces with dried on food. We found sluice rooms where chemicals were stored unlocked on two occasions. Chemicals must be safely stored to prevent people being harmed if they accidentally spill or consume them. There were large gaps in the cleaning documentation. Deep cleaning documentation was notably absent, particularly for the communal living areas. The service's failure to ensure that there were safe and robust cleaning arrangements put people's health and wellbeing at risk.

Health Protection Scotland guidance to help prevent and control the spread of infection was not followed.

The home was cluttered and untidy, limiting the extent to which it could be effectively cleaned. An initial offer from NHS Highland to help declutter and clean was refused. NHS Highland's infection control audit on 12 May 2020 highlighted decluttering continued to be an area for improvement.

The provider did not follow advice given by public health on 27 April 2020 to use a chlorine releasing disinfectant to help control the spread of infection. This is a standard infection control measure when there is an outbreak. NHS Highland's infection control audit on 12 May 2020 noted that chlorine releasing disinfectant was still not in use.

The laundry room was dirty and cluttered. It did not have an effective dirty to clean system in place to reduce the risk of cross-contamination. From 8 May 2020 onwards NHS support staff were deployed to clean, declutter and organise a hygienic laundry management system.

Effective arrangements were not in place to clean shared equipment, like hoists, after they had been used to help control the spread of infection.

At the start of the inspection personal protective equipment (PPE) stations were missing some essential items. Contaminated PPE was not disposed of safely. Several clinical waste bins were found to be overflowing in the corridors. We found a large black bag in the staff room overflowing with contaminated PPE. Bags of contaminated waste were tied and left on the floor of the sluice making it difficult to access the hand washing sink.

The provider informed us on 12 May 2020 that the standard of cleanliness had significantly improved after a commercial company completed a deep clean over several days. When our inspection continued overnight on 13 May 2020 there was some evidence of improvement, however, serious concerns remained.

The standard of cleanliness in the main kitchen where people's meals were cooked was unsatisfactory. We were concerned that people were at risk from food poisoning. People aged over 65 are at higher risk of hospitalisation and death from foodborne illnesses. We made an urgent referral to Highland Council's environmental health department on 13 May 2020. NHS Highland responded to the serious risk by temporarily supplying meals from the local hospital.

A Highland Council environmental health audit on 15 May 2020 concluded that hygiene regulations had been breached. Hand contact surfaces were visually dirty. There was insufficient cleaning. The cleaning product being used was ineffective against viral agents. The provider was served with a remedial action notice and required to implement sufficient and effective cleaning within the kitchen to control COVID-19.

There was also further evidence of poor infection control practice. In the staff room we again found a black bag full and overflowing with inappropriately discarded contaminated PPE. There was a contaminated mask and gloves on the floor and dining table where staff eat their meals.

Report Overview:

The Care Inspectorate in evaluating quality use a six-point scale where 1 is unsatisfactory and 6 is excellent. The following tables give the highlights of the inspection at Home Farm during May 2020.

How well do we support people's wellbeing?	1 - Unsatisfactory
How good is our leadership?	1 - Unsatisfactory
How good is our staffing?	1 - Unsatisfactory
How good is our setting?	1 - Unsatisfactory
How well is our care and support planned?	1 - Unsatisfactory

Further Detail How well do we support people's wellbeing?	1 - Unsatisfactory
People experience compassion, dignity and respect	1 - Unsatisfactory
People's health benefits from their care and support	1 - Unsatisfactory
How good is our leadership?	1 - Unsatisfactory
Staff are led well	1 - Unsatisfactory
How good is our staff team?	1 - Unsatisfactory
Staffing levels and mix meet people's needs, with staff working well together	1 - Unsatisfactory
How good is our setting?	1 - Unsatisfactory
People experience high quality facilities	1 - Unsatisfactory
How well is our care and support planned?	1 - Unsatisfactory
Assessment and care planning reflect people's planning needs and wishes	1 - Unsatisfactory

The Money Tree:

HC-One is part of a group that includes Meridian Healthcare (30 Homes, 1200 residents) and which, after the purchase of 120 Care Homes from BUPA in 2017 (now HC-One Oval Ltd), became Britain's biggest Care Home Provider. HC-One is now owned through Libra Intermediate Hold Co Ltd, based in Jersey and the ultimate owner of all the Care Homes in the group is FC Skyfall LP, based in the Cayman Islands. They have a complex corporate structure, with 50 companies, six of which are registered offshore either in the Cayman Islands or Jersey.

It is one of several highly geared care corporations which use Care Homes as a financial instrument to extract cash through sale and lease-back of property or via intercompany loans. • HC-One Ltd operates 170 Care Homes and has property lease costs of £36,513,000 or £215,000 per Care Home. Its top paid Director received a salary of £808,000. HC-One Ltd has only once returned a profit since 2011 and is now burdened by £265m in debts.

In its latest financial accounts, the care home operator said if the current worst predictions on occupancy and payroll cost proved correct there would be significant impact on its profitability and cashflows and it would require bank support on deferring loan repayments.

HC-One added that directors consider the impact of Covid-19 on the groups occupancy levels and cash-flows to be so significant that represents a material uncertainty that may cast substantial doubt on the group's ability to continue as a going concern.

However, Britain's biggest care home operator has paid out more than £48.5m in dividends in the past two years despite warning that local authority funding cuts have brought the sector to the brink of a financial crisis. The pay-out by HC-One will add to concerns over the role of private equity in delivering care for the elderly. HC-One, which has about 22,000 beds and 340 care homes, was founded in 2011 from the collapse of Southern Cross,

Although care homeowners complain that the industry has been hit by the rise in the minimum wage, higher costs for nurses and real-term cuts in residents' fees by local authorities, the dividends show this is far from the full picture. This shows that the issue is not just how much public and private funding goes into adult care, but where the money ends up. Like some other major care home operators, this company is ramping up its debt and paying high interest rates and huge management charges to facilitate financial gains for its owners, while leaving the risk with residents, employees and the state.

An analysis of the accounts filed at Companies House shows that HC-One paid its investors two cash dividends of £42.3m in 2017 and £6.2m in 2018. HC-One appears to have declared a loss every year except one since its creation in 2011. It has paid no UK corporation tax in that time, and instead received net tax credits of £6.5m since a reorganisation in 2014.

Care home residents with capital assets (including housing) in excess of £28,550 must contribute to the full cost of their care home costs. Scotland differs from the rest of the UK in paying for the “personal care” element of these costs. The personal care contribution is £180 per week.

In both Scotland and England, nursing care costs are subsidised. In Scotland, the nursing care contribution is £81 per week, while in England the amount varies between £180.31 and £248.06 per week.

In Scotland, because around 70% of care clients do not have sufficient assets, their fees are mainly paid by local government. Local authorities have negotiated a standard weekly charge of £614.71 with care home providers for residential care and £714.94 for nursing care.

Charges to self-funding residents average around £770 for residential care and £860 for nursing care.

HC-One said: we are proud to have a financially strong future ahead of us despite the very challenging public funding climate we operate within and we are currently finalising exciting plans with our owners to further invest in upskilling and professionalising our colleagues, as well as introducing new technologies to our homes.

In a recent statement HC-One said we are proud of our colleagues and their courage in rising to the coronavirus outbreak by showing huge dedication and commitment to our residents. We are providing round-the-clock support for all our teams, and we are also grateful to relatives for their ongoing support and understanding.

It is against this background that COVID-19 came to affect Scotland’s care homes. and how far COVID-19 deaths were concentrated across Scotland’s care homes for older people.

Latest at Home Farm

Recently it emerged that HC-One, the UK's largest care home operator, was facing potential legal action from families of Home Farm residents.

Glasgow law firm PBW Law, one of the firms representing families, has also written to Scotland's Lord Advocate seeking a fatal accident inquiry.

The privately-owned Home Farm in Portree was at the centre of a Covid-19 outbreak earlier this year.

Police Scotland said it was investigating if there had been "any possible criminal neglect" at the home.

The owner, HC-One, said the police had reviewed three deaths and that it would cooperate fully.

"We fully understand the effect of this unprecedented pandemic on our residents, their relatives and our colleagues who have been caring for them, and we have the utmost sympathy for the upset and loss that has been felt by so many in recent months."

The Crown Office, supported by Police Scotland, is leading a review into every Covid-19 death in a Scottish care home, as announced in May 2020, and HC-One will cooperate fully with this and any other investigations into Covid-19 related deaths.

The Crown Office and Procurator Fiscal Service (COPFS) had set up a Covid-19 Death Investigation Team to receive and deal with reports submitted by Police Scotland.

A spokesman said: "The procurator fiscal has received reports in connection with the deaths of 10 people at the Home Farm Care Home.

"The investigation into the deaths is ongoing and the families will continue to be kept updated in relation to any significant developments."

Leader of the Highland Council Margaret Davidson commented: "I want to congratulate the heroic efforts of staff involved in turning around a significant improvement in the care home.

"The Scottish Government has agreed to fund revenue costs for the first year, but funding for future years is uncertain. We cannot be in a position of having to cut services elsewhere in social care and we need a sustainable solution for the longer term."