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Remote inspection: Risk management during the COVID-19 pandemic

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Jerusalem | July 2021

1. Introduction

On March 11, 2020, the World Health Organization declared the outbreak of COVID-19 a pandemic. The ensuing crisis was accompanied by a high degree of uncertainty. Crises such as these, including natural disasters, war, and economic recessions impact most severely on society's most vulnerable populations as they lack the resources to prepare for such situations or to cope with them when they do occur. During these periods, social services have a crucial role to play as they command the necessary knowledge and tools to respond to the needs of these groups (Eydal et al., 2016). Inspection organizations that are in charge of the social services and the protection of service recipients, are an additional important factor in the new realities.

In this period of the COVID-19 pandemic, social service inspection organizations face unprecedented challenges and questions: How to protect the service recipients – who, largely, fall into society's vulnerable groups – from the disease, and how to ensure that they receive appropriate care regarding other aspects of service? Concurrently – how to protect the social services which now must contend with unprecedented overload? And in view of these challenges – what modes of action should be adopted?

The Quality Assurance Team of the Myers-JDC -Brookdale Institute has closely followed inspection organizations in several countries to learn how they have coped with these challenges. In March 2020, the team published a review covering the period immediately after COVID-19 was declared a pandemic (Dolev & Hasin, 2020). The current review continues the first, and also elaborates on aspects relating to a risk management approach. It is also a part of a broader international review on risk management and social service inspection organizations undertaken for the Inspection Administration of the Ministry of Labor, Social Services and Social Affairs.

For this review, we examined how health and social care inspection organizations have been inspecting during the pandemic, utilizing a risk management approach. The review presents the actions taken by the inspection organizations and includes specific examples shown in text boxes.

We relied on the information and guidelines published by these organizations on their official websites as well as the correspondence and personal contacts that we initiated with representatives of several inspection organizations. We chose to focus on organizations that inspect social care services for the elderly, and long-term care, since elders were at the highest risk during this period. In total, we reviewed inspection organizations in 10 countries: Australia, Canada, England, Ireland, North Ireland, Wales, Scotland, Sweden, Malta and Croatia. Data from the websites of the inspection organizations were collected from early March 2020 to July 2020. Additional information was received in personal correspondence during June and July 2020.

Key Findings

1. At the start of the COVID-19 pandemic, inspection organizations in the countries examined intensified their risk management work methods. They defined their goals for this period and the risks that they sought to minimize:

First goal: to ensure the health and welfare of service recipients

The risks were: (a) To the individual's health due to COVID-19; (b) To the individual's emotional, social, and mental state due to lockdowns, isolation, and social distancing; (c) To the individual's physical and mental state due to poor service (not necessarily related to the current crisis)

Second goal: to support service providers

The risks were: (a) To the health of staff due to COVID-19; (b) To core functions due to administrative and regulatory overload and workforce shortages; (c) To economic stability due to resource shortages

2. The actions that were taken by the inspection organizations were derived from the defined goals and risks
3. One key action was to pause routine inspection visits, and replace them with remote inspection
4. The remote inspection was focused on a list of standards and guidelines adjusted for the risks:
 - a. Actions to prevent disease transmission
 - b. Maintaining the mental and emotional welfare of service recipients
 - c. Service management in terms of workforce and of support for staff
5. The remote inspection was aimed to collect data from all relevant sources: Service managers, care staff, and service recipients via several channels – telephone, online, and through greater use of feedback and complaint forms
6. The emphasis of the remote inspection was on the identification of social service needs and challenges for purposes of learning and support rather than penalization
7. At the same time, the inspection organizations reserved the authority to conduct visits in person if necessary, particularly if alerted to the possibility of severe inadequacies
8. The inspection organizations transferred some of the responsibility for control to the inspected organizations and to service recipients; they required the inspected service to conduct its own control and, concurrently, invited the service recipients themselves to assess the service by providing them with relevant information and tools



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9. In addition to the routine tasks that assume new significance in this period, the inspection organizations appeared to take steps to assist service providers with practicalities to reduce risk, in the following ways:
 - a. The provision of consultation and guidance
 - b. The dissemination of knowledge, creative responses, and success stories
 - c. Concrete assistance in the form of protective personal equipment and the coordination of tests for COVID-19
 10. This is a test case of how inspection organizations operate during a crisis, which sheds light on optimal practices in similar crisis situations
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2. Risk management: Defining goals and mapping risks

2.1 Risk management as a work practice

Risk management is an approach that assists in decision-making processes under conditions of uncertainty, and it is at the basis of any regulatory policy (Mor, 2018). The Organization for Economic Cooperation and Development (OECD) has defined risk management as one of the 11 principles of best practice in inspection and enforcement tasks (OECD, 2014). The argument is that any social or economic activity includes a degree of risk to the assets or purposes for which it is intended, so optimal inspection should identify the risks it is facing, and not just the regulatory requirements it needs to enforce. Inspectors usually have an overload of regulatory requirements. In practice they cannot enforce all regulatory requirements in all services at all times. Striving for this can cause a massive and unnecessary administrative burden. Thus, regulatory bodies should prioritize regulated laws and services in accordance with risks, and then create transparency regarding their choices (Black, 2010; OECD, 2014).

In the inspection of social services, the risk management method is intended **to improve the inspection performance** and lead to a more efficient allocation of resources, based on the assumption that improving the inspection will result in the service recipients being more protected and safer and receiving better-quality care (Stein et.al. 2010).

In designing and planning risk management policies, inspection organizations are called upon to define their goals - the assets or population that they wish to protect; to map and characterize the risks that may harm these goals; to define their courses of action to reduce risks; and finally, to assess their course of action in retrospect (Mor, 2018). We will examine the risk management policies of inspection organizations in several countries on these issues, except for the post-assessment phase. This stage can only be examined over time and in retrospect.

2.2 Objectives of inspection organizations during the pandemic: who / what do they want to protect?

The overwhelming majority of the inspection organizations we reviewed defined two main goals for their activities during this period

1. **Ensure the safety and well-being of service recipients.** This is their main goal at all times. It did not change during this period, the outbreak of the pandemic.
2. **Support service providers.** This is a goal that is usually not emphasized during routine times but has been identified as important due to the concern for the health of the service providers and the unprecedented burden placed on them. Inspection organizations have identified that this burden could also have serious consequences for the well-being of service recipients.

2.3 Mapping the risks

2.3.1 The risks to the safety and welfare of service recipients

Inspection organizations have identified three such key risks:

1. Health risk - due to COVID-19: morbidity and death.
2. Emotional, social, and mental risk - due to a policy of movement restrictions and guidelines for the prevention of infection, which require social distancing and wearing a mask: development or strengthening of anxieties, a feeling of loneliness, confusion and helplessness.
3. Physical and mental risk - due to inadequate service which is not necessarily related to the current crisis: neglect and abuse.

From the very beginning of the pandemic, it became clear that among the service recipients, there were population groups at high risk of developing severe symptoms of the disease, and that many were at risk of death. These were population groups with health problems and comorbidity, especially the elderly population.

2.3.2 The risks to the operational and economic stability of the inspected services

The spread of the virus has created an unprecedented burden on social services. In addition to their routine activities, social services were called upon to act to prevent infection among the service recipients and among the care staff. For this purpose, they were required to regroup in terms of providing care, controlling entry and

exit of people to and from the care settings (residents, visitors and the care staff) and invest in the purchase of personal protective equipment.

The increased load exposed and intensified the difficulties that already existed in social services and increased the risk to their stability. There was an **operational risk**, due to managerial and regulatory overload (the need to comply with the new guidelines in addition to the existing regulatory requirements in force during normal times) and lack of manpower (staff members absent due to illness and / or other reasons related to the situation). There was also an **economic risk**: Due to lack of resources (investment required to prevent infection and to purchase suitable equipment as well as to find creative solutions to the new needs of the service recipients and their relatives).

2.3.3 At the highest risk level: out-of-home services for the elderly and for people with disabilities

Data on deaths from COVID-19 have shown that a high percentage of cases are among residents in nursing homes and long-term care institutions. According to estimates by the World Health Organization (WHO, 2020) about half of all deaths from COVID-19 throughout the European continent are residents in nursing homes (WHO, 2020). Similar data are also referenced by the OECD (OECD, 2020). In the data for May through July 2020, the death rate from COVID-19 in nursing homes in the majority of the countries reviewed ranged between 21% in England to 82% in Canada, a rate much higher than this group's proportion in the general population (**Table 1**).

Table 1: Proportion of all COVID-19 deaths occurring in nursing homes (as of May 2020) and proportion of elderly in the general population, selected countries

| Country | Proportion of all COVID-19 deaths occurring in nursing homes (%) (May 2020) | Proportion of people aged 65+ in the general population (2018) | Proportion of people aged 80+ in the general population (2018) |
|---------------|---|--|--|
| Australia | 29 | 16.4 | 4.2 |
| Ireland | 62 | 14.1 | 3.3 |
| England | 21 | 18.2 | 8.3 |
| Wales | 25 | 16.4 | 4.2 |
| Malta | 0 [^] | 18.7 | 4.2 |
| Canada | 82 | 19.1 | 5.2 |
| Croatia | 46 ^{^^} | 20.6 | 5.3 |
| Scotland | 45 | 18.9 | 4.8 |
| North Ireland | 53 | 16.6 | 4.3 |
| Sweden | 50 | 20.4 | 5.2 |

Information from: Comas-Herrera et al., 2020; European Center for Disease Prevention and Control, 2020; Shnoor & Beer, 2019; Aurora Fenech et al., 2020.

[^] In all of Malta, there were nine deaths in the May 2020 data (Aurora Fenech et al., 2020).

^{^^} July 2020 data (Jutarnji List, 2020).

Residents in out-of-home settings are especially vulnerable during an epidemic, due to three main reasons (European Center for Disease Prevention and Control [ECDC], 2020): The infections may spread quickly because of the physical closeness among the residents; staff members, who are in close contact with the residents, may themselves become infected or spread the virus unknowingly and finally, many residents residing in such settings suffer from comorbidities and their immune system is poor.

3. Inspection organizations' methods of action for reducing risks

The risks mapped led to a new way of thinking about the ways in which inspection organizations are operating at this time, as detailed below:

1. The main tasks during routine times took on a new meaning:
 - a. **Definition of standards and administrative requirements:** Inspection organizations set new standards aimed at reducing risks, and at the same time eased existing standards, which are designed for routine times. Similarly, they adapted the administrative requirements related to documentation and information transfer to the current situation, i.e., they defined what the service providers were required to report and what not.
 - b. **Standard Monitoring:** Lockdown policies led to the replacement of physical inspection visits with remote inspections.
 - c. **Enforcement:** Inspection organizations prioritized the gaps and their treatment in accordance with the risks mapped and defined the actions to be taken in cases of gaps that were not addressed.

During this period, the inspection organizations assumed additional tasks, which were also intended to protect the service recipients and support service providers and to help reduce the risks. These included: providing advice, guidance, and a sympathetic ear for inspected services; dissemination of knowledge, creative solutions, and success stories; and tangible assistance, for example, providing personal protective equipment, coordinating COVID-19 tests, and simplifying the process of recruiting personnel.

Looking at the set of measures taken by inspection organizations in the countries reviewed, it is possible to discern that there were those that formulated an organized plan to deal with the new situation: Ireland, the United Kingdom (England, Wales, and Scotland), Australia, Canada and Malta. In contrast, inspection organizations in other countries, such as Croatia and Sweden, carried out changes in the inspection process but did not construct an orderly plan. In any case, there are many similarities between the inspection organizations in the countries reviewed, in terms of the strategies deployed to minimize the risks.

4. Defining the standards and administrative requirements

4.1 Prevention of infection

The inspection organizations emphasized the importance of adhering to the guidelines of the health organizations in the country. All inspection organizations announced that an infection or suspicion of infection among the care staff, service recipients, volunteers, visitors, or providers who came in contact with the service, must be reported within 24 hours. Most of the inspection organizations also emphasized the obligation to report the death of a resident (this obligation exists during routine times as well). The English Inspectorate (the Care Quality Commission - CQC) updated the policies requiring reporting the death of a service recipient, as of April 9, 2020, they added a section to the death report that focuses on death from COVID-19 (Care Quality Commission [CQC], 2020b).

4.2 Minimizing harm to the mental and emotional well-being of service recipients

Some of the inspection organizations (in the UK, Australia, and Ireland) have deemed it appropriate to clarify to service providers for residential services that the basic care for the health of the residents is the first priority, but this should be accompanied by care that supports their well-being. These organizations have also issued guidelines according to which service providers should continue to report to the inspection organizations on incidents that occur within the service. These guidelines were reflected in the update of the inspection organizations' assessment tools and their adaptation to this period (see Box 1).

Box 1: Adding a new key question for care home inspections (Care Inspectorate, Scotland)

The inspection organization in Scotland, like the inspection organizations in other countries in the UK, bases its inspection method on a limited number of key questions / organizational themes. During this period of the COVID-19 pandemic, the organizations added a key question aimed at examining the conduct of residential services for the elderly and people with disabilities in the context of the pandemic:

To what extent does the service provide beneficial and supportive care during the COVID-19 pandemic?

Three aspects of quality are attached to this question:

1. Maintaining the health and well-being of service recipients:
 - Their rights and dignity are preserved.
 - They are given the opportunity to keep in touch with outsiders.
 - Their physical, mental, and emotional health is supported.
2. Infection control practices support a safe environment both for people receiving care and for staff:
 - The team uses all precautions and obeys instructions to prevent the spread of the pandemic.
3. Staffing arrangements are responsive to the changing needs of people experiencing care:
 - There is flexibility in employing manpower.
 - Support is provided to staff members.
 - Staff members have the knowledge and skills required to improve the situation of service recipients.

New key question for care home inspections [10.6.20]

<https://www.careinspectorate.com/index.php/coronavirus-professionals> [retrieved June 18, 2020]

4.3 Reducing the bureaucratic burden

In some of the countries, inspection organizations have outlined new guidelines for streamlining the administrative processes required during routine times, while emphasizing national needs and the sustainability of services. In

Australia, Ireland, Scotland, Wales and Sweden, inspection organizations announced that they would facilitate the issuance of permits to accelerate opening a new service, adding beds or expanding occupancy in response to demand (Dolev and Hasin, 2020).

The inspection organization in Wales (CIW - Care Inspectorate Wales) announced several legislative amendments that came into force in early June 2020 in order to provide relief to service providers in three areas: Enabling the possibility of providing emergency services to the elderly in the community or through out-of-home service through an expedited procedure; minimizing required background checks to recruit personnel; relief in room occupancy limitations in a building to increase service capacity (Care Inspectorate Wales [CIW], 2020c).

4.4 Reducing the shortage of manpower

Inspection organizations in some of the countries (Scotland, Wales, England and Ontario in Canada) stated that they would allow flexibility in recruiting personnel for treatment teams to maintain the treatment continuity and quality. The inspection organization in Scotland announced that it would support the discretion of service administrators in recruiting non-professional workers and volunteers (Care Inspectorate, 2020a).

5. Standard monitoring: Remote inspections

5.1 Objectives of remote inspections

Inspection visits are a key tool that inspection organizations use to gather information about the services, to ensure that they meet the required standards and provide quality care. When the World Health Organization announced the outbreak of the pandemic, many countries pursued lockdown and social distancing policies. Accordingly, the inspection organizations in all of the countries reviewed declared the cessation of routine inspection visits until further notice (Dolev and Hasin, 2020). Aside from the fact that cessation of inspection visits was intended to prevent the infection of the service recipients, the staff and the inspectors themselves, the inspection organizations stopped the visits also to reduce the burden on the service providers. In Sweden, although no lockdown policy was adopted, the inspection organization adopted a similar approach (The Health and Social Care Inspectorate [IVO], 2020d).

Inspection organizations stated that remote inspections would be based on two objectives:

1. **Protection of service recipients:** Inspectors shall focus on how the service providers act to manage the pandemic according to the guidelines, while at the same time ensuring the safety and well-being of the service recipients. Only in cases where there is a risk of harm to the service recipients will the inspectors make physical visits.
2. **Support for service providers:** Inspectors shall gather information primarily to study and assess the situation, while at the same time advising and supporting service providers. The purpose of remote inspection at this time is to support, not to penalize.

5.2 Remote monitoring mechanisms

Remote inspections posed a new challenge for the inspection organizations. Though inspection organizations routinely also carry out some of the monitoring remotely, they were now forced to do so en masse. Remote monitoring took place using several channels: telephone contact with service providers, gathering information by online means and strengthening feedback and complaint mechanisms. In addition to these means, inspection organizations conducted inspection visits in cases of exceptional incidents, for example when there was concern of abuse.

5.2.1 Telephone contact with supervised service managers

As an alternative to face-to-face communication, the inspectors maintained personal contact with service managers, by telephone conversations. Inspection organizations stressed that these conversations have the following goals: First, to listen to service managers, advise them and clarify the guidelines for them. Second, to learn about how services were being operated during the pandemic, including their challenges and their successes. And third, to understand how inspection organizations can assist (see Boxes 2-3).

As part of risk management, the inspectors gave priority to the services they identified as being at the highest risk. Priority for specific services was given based on considerations related to the characteristics of the population group receiving the service and reports received of treatment inadequacies. The inspection organizations entrusted with a range of social services in the country (e.g., in Sweden, Wales, Croatia and Malta) have explicitly stated that during this period they gave priority to residential services for the elderly.

For details on the characteristics of the telephone calls that inspectors in the countries reviewed had with service providers, including the purposes and issues contained therein, see Appendix 1.

Box 2: The phone call experience with service providers – an inspector's point of view (England, CQC)

In a blog post, an inspector for the inspection organization CQC described the nature of the conversations he had with some service providers, and in particular their benefits:

“ Having a call from your inspector, especially when you are new in post, can be daunting, but I did my best to reassure them and make the conversation as relaxed as possible. It is never about judging but about listening and being there for someone. The record summary itself is not an inspection report, but something private for the provider...the ESF conversation sparked a chain of events which resulted in more joined up, collaborative working, and a manager who instead of going home crying is now gaining confidence, growing into the role and feels listened to” (An adult social care inspector about one of their Emergency Support Framework conversations).

<https://medium.com/@CareQualityComm/our-emergency-support-framework-conversation-f1ba4e4ae8a6>

[retrieved June 11, 2020]

Box 3: Data collected through telephone conversations conducted by inspectors with service providers (Sweden, IVO)

Data collection: In April 2020, the Swedish Supervisory Authority carried out a telephone inspection of approximately 1,700 services for the elderly. The services were selected on the basis of a risk assessment, based on information from reports and complaints as well as on geographical considerations (an attempt to include all local authorities) and the type of service (public or private). In addition, interviews were conducted with the head nurses in all local authorities in the country (329) and with health supervisors in all districts (21). The purpose of the inspection was to identify the inadequacies in the care, as well as to gather information that would contribute to reducing the spread of the pandemic.

Findings: The inspection found serious inadequacies in approximately one-tenth of all services, especially with regard to the rules of hygiene. Differences were found between geographical areas in which the epidemic spread rapidly and between those that were still unaffected. In the latter it was found that the services collected information and guidelines and managed to prepare accordingly. In addition to identifying the inadequacies, the inspection organization stated that the conversations with the services had sharpened the staff's awareness of the guidelines and what is required of them during this period. The increased awareness may itself lead to a reduction in the spread of the pandemic.

Actions taken following the findings: The inspection organization decided to carry out a more in-depth inspection of 90 services with increased risk profile and stated that it would examine all the files of patients who fell ill or died in the period between February and June 2020 and interview the head nurses of the services.

<https://www.ivo.se/publicerat-material/nyheter/2020/ivo-fordjupar-granskningen-av-var-d-och-behandling-pa-sarskilda-boenden-for-aldre/?> [7.7.20], [retrieved 9.7.20]

5.2.2 Gathering information from supervised services with digital tools

Simultaneously with the telephone calls, and as part of the monitoring activities, the inspection organizations in most of the countries reviewed asked the service providers to provide information digitally. Such information enabled the inspection organizations to obtain a snapshot of what was happening in the services, to identify and assess risks and to make decisions. The information obtained also made it possible to aggregate information and

make decisions at the national level. And finally, some collected information in this way about the successes in managing services in the current period (e.g., the Australian inspection organization).

Service providers were required to report mainly on these issues:

- a. **Service status:** Morbidity or death from the virus among patients and staff; absences of staff members and the reasons for them; bed occupancy; protective equipment inventory.
- b. **How the service is conducted and its preparedness for the outbreak of the pandemic:** Conduct in accordance with guidelines; changes in conduct due to the situation; the number of tests performed; training employees to deal with the situation; monitoring infection; maintaining an orderly plan for managing the outbreak of the virus; restricting the entry of visitors.
- c. **Creative ideas for conduct at this time.**

The digital channels were one or more of the following: an online reporting system, a dedicated application, or a dedicated e-mail address. The frequency of reports varied and ranged from daily reporting to reporting as needed.

For details on the characteristics of supervision by digital means, see Appendix 2.

5.2.3 Collecting information from service recipients

Because service recipients were directly affected by the way services were conducted during the epidemic, they too could provide valuable information to inspection organizations. Inspection organizations in the countries reviewed were working to strengthen the mechanisms designed to gather information from service recipients.

The English inspectorate (CQC) created a link for public enquiries. Recipients of the service were called upon to convey feedback (positive or negative), and it was emphasized that during this period feedback was more important to the organization than ever (CQC, 2020a).

The Welsh Inspectorate requested information from the public not only to monitor the conduct of services, but also called on the public to contact it and share ideas on how nursing homes can allow family members to visit safely (CIW, 2020a).

On April 1, 2020, the inspection organization in Sweden (IVO) launched a new service, "Tip IVO," which aimed to encourage the public, and especially professionals, to report risks in care. The organization defined the service as complementary to the regular communication channels and emphasized that the information coming through this channel was valuable and served to analyze the risks and understanding of what needs to be checked immediately (IVO, 2020a).

In Malta, the volume of inquiries of service recipients' relatives expanded during this period, mainly due to the ban on visits to service sites. Most of the inquiries were about options for leaving the service and communication with relatives. According to a representative of the inspection organization, all inquiries were handled in conjunction with the relevant service (M. Mizzi, National Inspector at the Social Care Standards Authority [SCSA] in Malta, personal communication, 23 June 2020).

5.2.4 Collecting information from professionals and the treatment staff

Not only the service recipients, but also the staff members in the social services, can provide valuable information to the organizations supervising the conduct of the services during times of crisis (see Box 4).

In Wales, the Organization for the Inspection of Social Services released a joint statement with the Organization for the Inspection of Health Services, titled "Speaking Up". In the statement, the inspection organizations called service managers to encourage a supportive culture, in which employees feel comfortable talking about risks and gaps without fear of blame or personal consequences and explained that it is important to report on anything which impairs the ability of the service to provide optimal care. Reporting could be done in a variety of ways: as part of risk management processes done at the local level as part of a direct conversation with the managers or by bringing the subject to the attention of the inspectorate (Healthcare Inspectorate Wales, 2020).

Box 4: Gathering information from social services staff (England, CQC)

Scope and characteristics of inquiries:

- During the pandemic there was an increase in calls to the organization's national contact center from staff raising concerns about care. From March 2 to May 31, 2020, 2,612 calls were received from staff members working in services for the elderly, compared to 1,685 inquiries in the same period last year (an increase of 55%).
- 26% of all inquiries were related to a shortage of personal protective equipment or other infection control products.
- 32% of all inquiries were related to the manner in which the services were conducted in accordance with the guidelines for preventing the spread of the pandemic.
- 4% of all inquiries were related to the impact of the pandemic on service quality.

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Methods of action following the findings:

- The inspection organization passed the information about the shortage of equipment to the local authorities to ensure that the services received the required supplies. In some cases, the inspection organization was able to arrange loans of equipment from one service to another to give an immediate response.
- In other cases, the inspection organization carried out direct contact with the service providers, usually by telephone.
- Eleven of the 17 physical visits that the organization made as part of risk management during this period were made following information received from professionals or the public.
- The organization's inquiries center became more efficient: calls from staff members on issues of quality or safety of the service were automatically forwarded to inspectors or senior staff in the inspection team so that any such issue could be investigated without delay.
- The inspection organization collaborated with social service-related unions to publicize the call center phone number and encourage people to contact it if necessary.

Regulating during COVID-19 - why raising concerns about care is more important than ever [17.6.2020]

<https://www.cqc.org.uk/news/stories/regulating-during-COVID-19-why-raising-concerns-about-care-more-important-ever> [retrieved June 23, 2020]

5.2.5 Providing tools to service recipients to assess the service themselves

Inspection organizations not only collected information from service recipients during this period, but also presented them with the most relevant guidelines and information, thus enabling them to assess the service, report inadequacies or file a complaint when necessary. This activity harnessed the service recipients and enabled them to act as inspectors themselves.

Australia's inspection organization (Aged Care Quality and Safety Commission - ACQSC) developed a tool for service recipients in residential care services for the elderly and their families, designed to help them the service according to the most relevant aspects of the crisis period (see Box 5).

Box 5: Tool For service recipients and their families to examine the service during the COVID-19 pandemic (Australia, ACQSC)

The Australian oversight organization developed a tool designed for service recipients and their families that enabled them to examine the service in terms of its coping with the pandemic and the steps taken to prevent it from spreading. The tool offers questions that service recipients can refer to service providers in four areas:

1. Communication
 - How are you providing information to residents and their families about your response to COVID-19?
2. Recipient well-being
 - What actions have you put in place to prevent social isolation and support social and mental well-being of residents within the service?
 - My loved one has dementia; how will you ensure they understand what's happening at this time?
 - How are you ensuring the quality and safety of the care and services being provided to my relative?
 - Who can I contact if I have concerns at any time about the care my relative is receiving?
3. Visitor restrictions
 - Are you adhering to the principles laid out in the Industry Code for Visiting Residential Aged Care Homes during COVID-19?
 - What are the different ways I can stay in contact with my loved one?
 - Can I still take my loved one to an appointment outside of the service?
 - What arrangements do you have in place for families in circumstances where their loved one is close to the end of life or is highly distressed and unable to settle in the absence of a family member?
4. Infection control
 - What are you doing within the service to ensure the health of staff and residents?
 - Are all staff and visitors screened before they enter the facility?
 - What procedures do you have in place if a resident, staff member or visitor presents with flu-like symptoms or contracts COVID-19?
 - Are you practicing physical distancing within the service? What precautions are being taken when a nurse or personal care worker provides hands-on care for my relative?



Common questions you may want to ask your residential aged care service about COVID-19 [15.6.2020]

<https://www.agedcarequality.gov.au/new-COVID-19-questions-consumers-and-their-loved-ones-ask-residential-services> [retrieved June 18, 2020]

5.2.6 Requiring service managers to perform self-monitoring

Self-monitoring means that the service itself performs an inspection, examining the extent to which it meets the requirements. Self-monitoring has three main advantages: strengthening the responsibility of the service provider and thereby assimilating the required standards; more efficient use of government inspection resources; and more effective government inspection, as self-monitoring findings help determine the frequency of government monitoring actions, based on the degree of congruence between these findings and the external inspection findings (Social Procurement Guide, Department of Government and Society, Prime Minister's Office 2017). However, self-monitoring may also be biased, due to the constraints, interests, or narrow vision of service providers, so it is often used as a complementary tool for external inspection. In a time in which the inspection is done mostly remotely, inspection organizations see special importance in strengthening the self-monitoring of service providers.

The inspection organization in Ireland (Health Information and Quality Authority – HIQA) established a regulation (which went into effect on April 29, 2020) according to which services must conduct self-monitoring to examine their level of readiness in the event of an outbreak of the virus. There was no requirement to submit the findings of the inspection to the inspectorate, but the inspection had to be complete and available if an inspection visit were to take place. As part of the assessment, each service manager was required to examine his service according to these standards (HIQA, 2020):

1. The governance, leadership and management arrangements in place will ensure the quality and safety of the services in the event of an outbreak of COVID-19.
2. The care and welfare of all residents is maintained and promoted at all times.
3. The actions and measures in place to prepare for an outbreak are effective.
4. Risk assessment is an ongoing element of the service's preparedness/contingency plans and their supporting arrangements ensure a timely and appropriate response to any identified deficits.

5. The registered provider and staff are aware of the internal and external support and resources available in the event of an outbreak, and how to access them.
6. The registered provider has the capacity and capability to sustain the provision of quality care to residents in the event of an outbreak.

At the end of April 2020, the inspection organization in Australia (ACQSC) offered an online tool designed for self-monitoring of nursing home readiness to deal with the virus. The tool included questions on the following topics: the framework plan for dealing with the outbreak of the virus; managing the clinical aspects; training of staff and volunteers; management of manpower, equipment, and resources; communicating with clients and their families; overall assessment of framework readiness (ACQSC, 2020b).

6. Enforcement

The responsive approach (responsive regulation) is prevalent in the inspection of social services in many countries. According to this approach, deviations from the requested standards must be responded to in a proportionate manner, taking into account the severity of the deviation in combination with the way the inspected body handles it. The more serious the deviation, and the less responsive the inspected service, the higher the level of risk in this service, so the inspection organization needs to use more severe punitive tools; and vice versa - the more trivial the deviation and the quicker the inspected service responds effectively, the more it is possible to use less severe and more facilitating enforcement practices. The assumption is that mitigating practices, based on dialogue, persuasion and partnership, are both less expensive and more respectful of the inspected service. Moreover, when inspected parties understand that inspectors will not hesitate to use sanctions, the effectiveness of persuasion and dialogue is greater (Ayres & Braithwaite, 1992).

Even during the COVID-19 pandemic, the enforcement activity of most inspection organizations has been based on responsiveness. An example of this is conducting physical inspection visits only in places where there was a suspicion of poor treatment, neglect, or abuse.

In England:



CQC will only initiate a targeted inspection, or take enforcement action, where absolutely necessary, for example if there are concerns about the potential abuse of people with care and support needs” (Department of Health & Social Care, 15.4.2020)

In Australia, the inspection organization has developed an “enforcement pyramid” tailored to the current period: At the basic level, the organization provided service managers with self-monitoring tools and guidelines and information on how to conduct themselves during this period. In addition, it examined the level of risk of the service using one key question. Next, the inspection organization contacted services in which it had identified increased risk, then it made visits to places where it identified that the risks had not been properly addressed, and finally it considered enforcement actions when necessary (for details see Box 6).

In Croatia, too, the inspection organization conducted emergency visits to nursing homes after receiving warnings about poor medical care and overcrowding in service settings (S. Vasung, National Welfare Inspector, Ministry of Demography, Family, Youth and Social Policy of Croatia, Personal Communication, 23 June 2020).

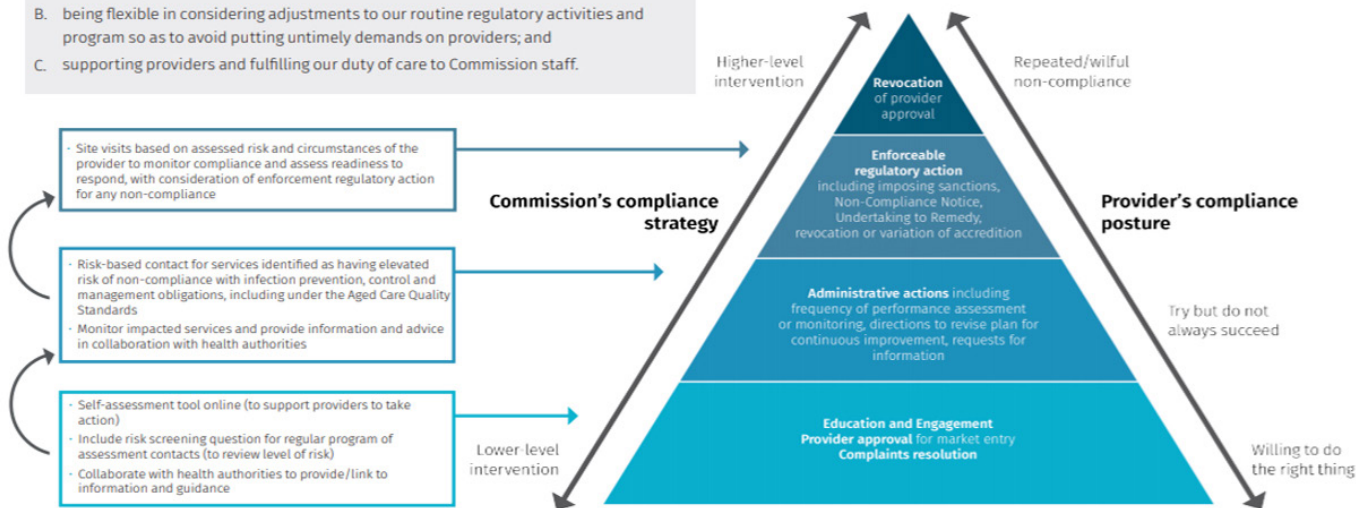
BOX 6: Enforcement Pyramid during the COVID-10 Pandemic (Australia, ACQSC)

Aged Care Quality and Safety Commission

Proportionate risk-based regulatory response to COVID-19

We will always act in the best interests of people who receive aged care services by:

- A. focusing our additional effort where it is needed most to ensure that aged care consumers are safe, by concentrating on services where we identify elevated risk to safe, quality care; and
- B. being flexible in considering adjustments to our routine regulatory activities and program so as to avoid putting untimely demands on providers; and
- C. supporting providers and fulfilling our duty of care to Commission staff.



7. Assisting service providers

In addition to the inspection organization's routine tasks, which took on a new meaning during this period, it seems that they also initiated tasks that were not part of their work during routine times. These tasks were also aimed at reducing risks and they included the following: consultation and guidance; dissemination of knowledge, creative solutions to dealing with the pandemic, and success stories; and assistance in the purchase of personal protective equipment, coordination of tests and recruitment of staff.

7.1 Consultation and guidance

Some inspection organizations offered service providers support and advice in dealing with the challenges they faced. The inspectors' advice was based, among other things, on the service providers' experience and on drawing lessons from their conduct about which the inspectors learned from the conversations they held and the information they gathered in the control process.

In early April 2020, the inspection organization in Ireland (HIQA) launched an information and support center for all residential services, including nursing homes, housing for people with disabilities and frameworks for children at risk. This center provided information and advice on ways to prevent infection and the measures to be taken when there was a suspicion or when a resident was known to be infected with the virus. The center could be contacted by phone or e-mail (HIQA, 2020b).

7.2 Disseminating best practices (learning from successes)

Learning from success is an approach that sees deep analysis and understanding of organizational success as a tool for personal, team and organizational development. This approach is based on the search and learning of the principles of actions that drive the success (Ellenbogen-Frankowitz et al., 2011).

The inspection organization for services for the elderly in Australia (ACQSC) collected innovative ideas designed to ensure the health and well-being of the service recipients. The ACQSC worked towards that purpose through several channels: establishing a dedicated e-mail box, conducting interviews with service providers and collecting ideas from other places in the world. The information collected was published on the organization's website and in its bi-weekly online newsletter. So far, ideas have been published on a variety of topics, including ways to admit visitors into service sites; options for communication with the family by technological means; encouraging keeping in touch with grandchildren and great-grandchildren through drawings, letters and greeting cards;

taking part in physical activity, picnics and leisure activities in small groups; developing local talents of staff and residents; development of gardening activities; enriching the variety of books, games, crossword puzzles, etc.; carrying out poetry and culture evenings on Zoom (ACQSC, 2020g).

The inspection organization in Sweden (IVO) also gathered knowledge and ideas from services for the elderly (nursing homes, sheltered housing and community care services) to learn and disseminate strategies to prevent the spread of the virus. Following this, the organization published a series of information sheets about topics such as the staff's preparedness to reduce infection; maintaining the quality of life of service recipients despite the restrictions; addressing the concerns of service recipients; dealing with the concerns of relatives; and creating a clear flow of information (IVO, 2020c).

An example of a successful case of dealing with the pandemic is at "Beit Gil Paz" in Kfar Saba, Israel, whose management disseminated its successful actions through YouTube videos (for details see Box 7).

Box 7: The strategy of "Beit Gil Paz" in Kfar Saba, Israel

"Gil Paz House" is an assisted living residence in Kfar Saba, which also includes a nursing department. In June 2020, Gil Paz House went on the radio to announce that, thanks to its policies, its residents had not contracted COVID-19. At the same time, the Gil Paz House management uploaded four videos detailing the policies that led to its success.

At the beginning of the crisis, in early March 2020, understanding that the residents were at high risk, the residence management decided to take preventive measures ahead of the issuance of official government policy. The team performed a risk mapping procedure and thought of all the ways in which it would be possible to prevent the virus from entering and spreading, while maintaining the residents' routine and quality of life. The decisions were made in collaboration with the residents and their families.

Steps were taken both to prevent infection and to strengthen the mental well-being of the residents, as follows:

1. Preventing infection:
 - Closure of the residence to outsiders: entry of family members and delivery people was prohibited (deliveries were taken for disinfection before delivery to residents); also prohibited was suppliers' direct contact with staff and residents, and the exit and re-entry of private caregivers.



-
- Reducing contact with staff: With the application of movement restrictions, the staff was divided into field staff and workers from home, in order to reduce unnecessary contact of workers with residents.
 - Conducting health tests for staff daily.
 - Disseminating information about the procedures (isolation, distancing, hygiene, etc.) throughout the residence.
 - Splitting the cleaning and disinfection team into two separate groups and distributing disinfecting and cleaning materials to the residents.
2. Concern for residents' mental well-being:
- Use of technologies to keep in touch with families (such as video calls).
 - Maintaining continuous contact with the residents' committee and families - to update, share and receive additional information about the residents' needs.
 - Ongoing supply of food products for cooking and baking.
 - Operating an intensified support center and providing telephone or face-to-face response to any need.
 - Operating a visits staff for daily visits to each resident and maintaining continuous contact with the residents and their family members.
 - Giving personal attention.
 - Establishing a cultural and content program (indoor TV, courtyard performances, Holocaust Remembrance Day, and Memorial Day ceremonies).

The early decisions on procedures and strict adherence to carrying them out, yielded the desired results: none of the staff members were infected with COVID-19 by the time the videos were publicized on June 1, 2020.

<https://youtu.be/f-BOGtL10t8>

<https://youtu.be/OzoUELJ8x2Q>

<https://youtu.be/krc6Ou955Pc>

<https://youtu.be/YDbWmKX9Uu8>

7.3 Assistance in equipping, testing and recruiting personnel

The inspection organization in England (CQC) led the coordination of COVID-19 tests. The organization contacted managers of services for the elderly, mapped the needs and took care to ensure that priority was given in testing to the staff members of the services, the elderly and their families. For this purpose, the organization worked in cooperation with local decision-makers, including the Association of Directors of Adult Social Services (ADASS) and with local forums for community resilience (Local Resilience Forums) alongside national bodies such as Public Health England (PHE). In addition to supporting staff, this action was intended to help service providers in managing their workforce and address absences (Department of Health & Social Care, 2020).

The UK inspection organization was also involved in developing a digital platform designed to streamline the process of recruiting staff for welfare services. The platform also offered access to online training. The organization's involvement in the development of the platform was designed to ensure that the workforce met the requirements (Department of Health & Social Care, 2020).

8. Concluding insights

What can be learned about risk management in emergency situations, from the conduct of inspection organizations during the COVID-19 pandemic?

In recent years, risk-based management has been considered a necessary condition for better regulation. Risk-oriented planning enables inspection organizations for social services to deal with situations of uncertainty and channel their resources to reduce risks (OECD, 2014; Black, 2010). The COVID-19 pandemic brought about a new state of emergency with a high level of uncertainty, which required regulators to base most of their work on risk-focused thinking and practice. This is a test case for the ways in which inspection organizations handle emergency, which enables us to learn about optimal conduct in similar emergencies. The set of insights on best practices in an emergency, as derived from the conduct of the inspection organizations during the COVID-19 pandemic, are presented in **Table 2**.

In the future, it will be important to examine the extent to which the measures taken by the inspection organizations helped to reduce the risks that were mapped and what their implications were for the services that were defined as low risk (and as a result were not emphasized). It is also important to examine which of the new courses of action that were developed during the crisis should be maintained and even strengthened upon return to routine, such as remote monitoring channels, encouraging service recipients and service providers to be vigilant and report concerns, using self-monitoring tools, and disseminating knowledge and information based on learning from success.

Table 2: Best practices in an emergency derived from the conduct of inspection organizations during the COVID-19 pandemic: Summary table

| Component in risk management | Inspection organizations actions during the COVID-19 pandemic (as a case study) | Insights on best practices in an emergency and recommendations for action |
|---|--|--|
| 1. Definition of the inspection goals: Who or what do the inspection organizations seek to protect? | 1. To protect service recipients 2. To support service providers | <p>In an emergency, the level of vulnerability of populations in need of social services increases and the scope of the population in need increases. As a result, the need for social services increases, as does the burden on them.</p> <p style="text-align: center;">↓</p> <p>Include the support of service providers as an additional goal, along with the protection of the service recipients</p> |
| 2. Mapping and characterizing the risks | <p>A. The risks to service recipients: Health risk resulting from the pandemic; mental, emotional, and social risk arising from lockdown and social distancing policies; and the risk of neglect and abuse arising both from these circumstances, as well as from circumstances that are often created in social services in routine times.</p> <p>B. The risks to service providers: Operational and economic collapse resulting from the difficulty of managing the service in the face of the new guidelines, a shortage of manpower and a shortage of resources.</p> | <p>Along with the risks to service recipients that are directly related to the state of emergency, there are also risks arising from the changes in the activities of social services.</p> <p>Along with the risks to service providers directly related to the emergency situation, there are also risks arising from the increased burden on them</p> <p style="text-align: center;">↓</p> <p>Map the set of direct and indirect risks to service recipients and service providers</p> |

| Component in risk management | Inspection organizations actions during the COVID-19 pandemic (as a case study) | Insights on best practices in an emergency and recommendations for action |
|---|--|--|
| 3. Mapping the services by risk levels | Residential services for the elderly and people with disabilities were defined as the most vulnerable services during this period | <p>In an emergency, the criteria for the level of risk involved in services in routine, may change.</p> <p style="text-align: center;">↓</p> <p>Map the risk levels of the services according to the characteristics of the situation and the risks mapped. The risk levels set for the services during routine times should be taken into account as another tier.</p> |
| 4. Defining and prioritizing the standards for providing quality care | <p>Provided the services with new guidelines and standards for managing the pandemic and for preventing infection.</p> <p>Mitigated the standards and administrative procedures that are routinely required.</p> | <p>The risks require creating adapted standards and prioritizing existing standards. In addition, it is important to keep in mind that additional standards can create an administrative burden on service providers</p> <p style="text-align: center;">↓</p> <p>Set new standards aimed at reducing the risks mapped and prioritize routine existing standards.</p> <p>Mitigate administrative requirements for service providers</p> |

| Component in risk management | Inspection organizations actions during the COVID-19 pandemic (as a case study) | Insights on best practices in an emergency and recommendations for action |
|---|--|--|
| 5. Monitoring compliance with standards | <p>Used remote inspections, which included:</p> <ul style="list-style-type: none"> ■ Collecting information by online means and through telephone calls ■ Contacting all stakeholders related to social services: service recipients, service managers and staff members ■ Collecting information for the purpose of learning, and assessing the situation and for enabling to provide advice ■ Demanding that service providers conduct self-monitoring ■ Enabling service recipients to evaluate the services themselves (using information and tools provided by organizations) <p>Along with remote inspections, inspection organizations reserved the right to make physical visits when necessary, especially in cases of concern for serious inadequacies</p> | <p>In an emergency, the possibility of making physical inspection visits as is customary may be limited</p> <p style="text-align: center;">↓</p> <p>Create alternatives to physical inspection visits by using online information systems and through phone calls</p> <p>Create direct communication channels and exchange of information with service managers, staff members and service recipients</p> <p>Request that service providers conduct self-monitoring and allow service recipients to evaluate the services themselves</p> <p>Be prepared for the possibility of physical visits in cases where there is a risk of serious inadequacies.</p> |
| 6. Enforcement | <p>Took actions proportionately, depending on the severity of the inadequacy they found and the efficiency in which the service provider was handling it</p> | <p>In an emergency, the definition of inadequacies' severity might change, according to the mapped risks</p> <p style="text-align: center;">↓</p> <p>Re-define the severity of the inadequacies according to the mapped risks</p> <p>Match the response to the severity of the inadequacy found and to how it is handled by the service provider</p> |

| Component in risk management | Inspection organizations actions during the COVID-19 pandemic (as a case study) | Insights on best practices in an emergency and recommendations for action |
|--|---|--|
| 7. Providing assistance to service providers | <p>Provided assistance to service providers in reducing risks, especially by these means:</p> <ul style="list-style-type: none"> a. Providing advice and guidance b. Disseminating knowledge, creative solutions, and successful practices c. Tangible assistance in equipping with personal protective equipment and coordinating tests | <p>Reducing risks may require proactive and tangible assistance by inspection organizations</p> <p style="text-align: center;">↓</p> <p>Expand routine inspection tasks to support service providers, helping them reduce risks.</p> <p>Strengthen the support for service providers by disseminating useful knowledge and information and providing advice.</p> |

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Appendices

Appendix 1: The use of telephone contact with service providers in some of the countries reviewed

| | Type of service | The goals | Topics |
|--------------------------------------|--|---|---|
| Sweden¹ (IVO) | Focus on services for the elderly and people with disabilities. Prioritizing services according to risk-based assessments, based on information received from complaints or other reports | Monitoring And learning: To learn about the service providers' coping with the pandemic. To identify challenges and learn about best practices | <ol style="list-style-type: none"> 1. Description of the routine of maintaining hygiene in the service 2. Description of the events or changes that occurred during the pandemic 3. The actions taken by the service to ensure that staff members know and obey the instructions |
| England² (CQC) | All supervised services (including health services, residential services for the elderly and for people with disabilities) | Monitoring, Learning and advising: <ol style="list-style-type: none"> a. Ensure that services provide a safe care that protects human rights b. Identify in which areas service providers need support c. Learn about the pandemic's effects on staff, on the service and on service recipients and to decide whether to deepen inspection or refer the issues to partners at the regional and national level d. Advise service providers in making difficult decisions³ <p>*This is a systematic program: Emergency Support Framework, that was formulated throughout the period and launched in early May, 2020</p> | <ol style="list-style-type: none"> 1. Safe care 2. Personnel arrangements 3. Protection from abuse 4. Quality assurance and risk management <p>For a full list of questions, see the document⁴</p> |

¹ <https://www.ivo.se/publicerat-material/nyheter/2020/nara-och-tydligt-ledarskap-viktigt-for-minskad-smittspridning-i-aldreomsorgen/> [7.5.20] [retrieved June 17, 2020]

² <https://www.cqc.org.uk/news/stories/cqc-launches-emergency-support-framework> [1.5.20] [retrieved May 3, 2020]

³ <https://www.cqc.org.uk/news/stories/cqc-launches-emergency-support-framework> [retrieved June 22, 2020]

⁴ <https://www.agedcarequality.gov.au/assessment-contact-preparing-COVID-19> [retrieved June 24, 2020]

| | Type of service | The goals | Topics |
|--|---|--|--|
| Australia⁵ (ACQSC) | All supervised services (Services for the elderly) | <p>Clarifying guidelines, monitoring, and advising:</p> <p>Provide clear guidelines for conduct during the pandemic</p> <p>Offer advice</p> | <ol style="list-style-type: none"> 1. The situation in the service 2. The responsibilities of the frameworks to meet the standards of service delivery with an emphasis on infection prevention |
| Wales (CIW)⁶ | Retirement homes | <p>Monitoring, Learning, and advising:</p> <p>Provide support and advice</p> <p>Offer advice</p> <p>Make decisions to ensure the well-being of all involved</p> | <ol style="list-style-type: none"> 1. The situation in the service in terms of the number of residents and staff members infected, personnel, supporting staff, receiving new residents, financial stability, concern for the mental well-being of the residents, contact with community health services and need for advice and support 2. Innovative ways of dealing with the crisis <p>Inspectors enter the information into an online form which is entered into a national database</p> |

⁵ <https://www.agedcarequality.gov.au/assessment-contact-preparing-COVID-19> [31.3.20] [retrieved June 24, 2020]

⁶ Care Inspectorate Wales, 2020.

| | Type of service | The goals | Topics |
|---------------------------------|------------------------|--|--|
| Malta (SCSA)⁷ | All inspected services | Monitoring and Advice | <ol style="list-style-type: none"> 1. Personnel management in the framework (compensation for overtime, retention of employees, meeting the requirements for the scope of the workforce) 2. Dealing with resident morbidity 3. Absorption of new residents 4. Mortality and the actions that need to be performed upon the death of a resident (burial, care of belongings, etc.) 5. The new guidelines and procedures due to the situation with an emphasis on: measures to prevent infection; Maintaining availability of 10% of occupancy; Guidelines regarding lockdowns and quarantine |
| | Only retirement homes | Learning at the national level: A one-time telephone survey on the financial situation of retirement homes | Information about the economic situation of the services due to the unexpected expenses during the pandemic |

⁷ M. Mizzi, national inspector in the inspection organization in Malta, SCSA, personal correspondence, 23 June 2020

Appendix 2: Collection of information by digital means in the countries reviewed

| The country | Type the service | Purpose | Means and frequency of collection | Topics |
|--------------------------------------|--------------------------------------|---|--|---|
| England (CQC)⁸ | Health services and retirement homes | Aggregation of information at the national level | Online system: Capacity tracker *A new module for an existing system Every day (Monday to Friday) | <ol style="list-style-type: none"> 1. Bed occupancy 2. Absences of staff members 3. Protective equipment inventory 4. Morbidity among patients and staff |
| Australia⁹ (ACQSC) | Services for the elderly | Examination of preparation and readiness for the situation among service managers in light of the Ministry of Health guidelines (from 19.3) | Online survey among the services. One-time filling | <ol style="list-style-type: none"> 1. Framework's preparation for an outbreak 2. Staff, resident and family education 3. Staffing actions 4. Stock levels 5. Identifying an outbreak 6. A plan for maintaining contact with health bodies, employees and families in the event of an outbreak 7. Reinforcement of cleaning arrangements 8. Infection control/ outbreak management plan 9. Restrictions of visitors 10. Overall readiness assessment |

⁸ <https://www.gov.uk/government/publications/coronavirus-COVID-19-admission-and-care-of-people-in-care-homes/coronavirus-COVID-19-admission-and-care-of-people-in-care-homes#annex-i> [retrieved July 5, 2020]

⁹ <https://www.agedcarequality.gov.au/assessment-contact-preparing-COVID-19> [retrieved June 24, 2020]

| The country | Type the service | Purpose | Means and frequency of collection | Topics |
|--|-------------------------|---|--|--|
| Australia¹⁰ (ACQSC) | | Learning from successes: ¹¹ Gathering and publishing innovative ideas to ensure the safety and well-being of service recipients | Email of a supervisor that is in charge of collecting innovative ideas. Filling as needed | Ways to maintain the residents' contact with their family members through digital means, activities for residents and more |
| North Ireland (RQIA)¹² | Retirement homes | Ongoing collection of data on the pandemic and on the conduct of services | Application. Filling daily | <ol style="list-style-type: none"> 1. Number of available beds 2. Data on new cases of illness 3. The number of people with symptoms of the disease, the number of tests that came out positive for COVID-19 4. The number of COVID-19 tests performed over the last day for residents and staff 5. Cumulative total of residents and staff infected since the onset of the pandemic 6. The number of COVID-19 deaths within the framework during the past day |
| Wales¹³ (CIW) | All inspected services | Monitoring of morbidity and mortality status in the services in order to get a picture of the national situation | Online reporting system. Filling daily | <ol style="list-style-type: none"> 1. Morbidity 2. Mortality that is suspected or known to be due to COVID-19 |

¹⁰ <https://www.agedcarequality.gov.au/assessment-contact-preparing-COVID-19> [retrieved June 24, 2020]

¹¹ Aged Care Quality and Safety Commission, 2020c.

¹² [https://www.rqia.org.uk/guidance/guidance-for-service-providers/COVID-19-\(coronavirus\)](https://www.rqia.org.uk/guidance/guidance-for-service-providers/COVID-19-(coronavirus)) [retrieved June 24, 2020]

¹³ Care Inspectorate Wales, 2020

| The country | Type the service | Purpose | Means and frequency of collection | Topics |
|--|-------------------------|---|---|---|
| Scotland¹⁴ (Care Inspectorate) | All inspected services | Monitoring outbreaks of the virus | Online reporting system. ¹⁵ Filling as needed | <ol style="list-style-type: none"> 1. Notice of suspicion (manifestation of symptoms) or of infection with the virus (receiving a positive result) of patients 2. Notice of Deaths. A new online form must be submitted for each patient. At the end of the outbreak, when 14 days have passed without new patients, a notice regarding this must be sent. 3. Reporting changes in the provision of service following the pandemic, assuring that service can continue to be provided according to the standards |
| | All inspected services | Monitoring the absence of manpower in the service to provide a snapshot to the government and identify where assistance is needed | Online reporting system. Refilling once a week, on a set day | <ol style="list-style-type: none"> 1. Division into categories according to the type of absence (isolation, illness, care of an ill family member, etc.) 2. In the event of staff member mortality, immediate notification must be given. |
| Malta¹⁶ SCSA | Retirement homes | Obtaining a national picture of occupancy in retirement homes | Online form Fillings twice a week (Tuesdays and Fridays) | The number of beds occupied, the number of beds available and the number of contingency beds |

¹⁴ <https://www.careinspectorate.com/index.php/coronavirus-professionals/COVID-19-notifications> [retrieved June 23, 2020]

¹⁵ https://www.smartsurvey.co.uk/s/Notification_Outbreak_of_infectious_disease/ [retrieved July 13, 2020]

¹⁶ M. Mizzi, national inspector at the inspection organization in Malta, personal correspondence, 23 June 2020