



Remote Inspection: Risk Management during the COVID-19 Pandemic

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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 weakest populations as they lack the resources to prepare for such eventualities or to cope with them when they do occur. In these periods, social services have a decisive 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 are charged both with oversight of social services and with the protection of service recipients, constituting 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 contagion, and how to ensure that they receive appropriate care regarding other aspects of service? Concomitantly – 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 Regulation and QA 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, the team published a review covering the period of early March to March 24, i.e., the immediate period after COVID-19 was declared a pandemic (Dolev & Hasin, 2020). The current review follows on from the first and, as well, is part of an 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 social service and healthcare inspection organizations have been conducting oversight during the pandemic, employing risk management methodology. 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 formed with representatives of several inspection organizations. Our choice of organizations that inspect elder services was due to elders being at the highest risk for the pandemic. In total, we reviewed 10 inspection organizations: Some for elder services – in Australia, Canada and England, some for child services – in 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.

The additional information received in personal correspondence covered the months of June to July 2020.

Key Findings

1. At the outbreak 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

Risks: (a) To the individual's health due to contagion; (b) To the individual's emotional, social, and mental state due to closures, 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

Risks: (a) To the health of staff due to contagion; (b) To operations due to administrative and regulatory overload and workforce shortages; (c) To economic stability due to resource shortages

2. The measures adopted by the inspection organizations derive from the defined goals and risks
3. One key measure adopted by the inspection organizations was the cessation of inspection visits and their replacement by remote inspection
4. Remote inspection focuses on service management according to a list of standards and guidelines adjusted for risk:
 - a. Behavior to prevent contagion
 - b. Maintenance of the mental and emotional welfare of service recipients
 - c. Service management in terms of workforce and of support for staff
5. Remote inspection aims to collect data from all relevant parties: Service managers, treatment staff, and service recipients via several channels – telephone, online, and through greater use of feedback and complaint forms
6. The emphasis of remote inspection is 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 reserve the right to conduct visits in person if necessary, particularly if alerted to the possibility of severe inadequacies
8. The inspection organizations transfer some of the responsibility for control to the inspected organizations

and to service recipients; they call on the inspected service to conduct its own control and, concurrently, invite the service recipients themselves to assess the service by means of information and tools that the organizations provide

9. In addition to the routine tasks that assume new significance in this period, the inspection organizations appear to take steps to assist service providers with practicalities to reduce risk, e.g., in the following ways:
 - a. The provision of consultation and instruction
 - b. The dissemination of knowledge, creative responses, and stories of success
 - c. Concrete assistance in the form of protective personal equipment and the coordination of tests for COVID-19