

Comments on Module 6 Provisional List of Issues

Description/ Explanation	Issue
Section 1	
Scope of section 1	This should include consideration of the impact on individuals in receipt of / providing all types of ASC and across the full range of settings, including in mental health units and supported living arrangements and at home as well as those who may have struggled to access ASC. This should also specifically include carers i.e., 1(a) should state: "...and their families, loved ones, carers, and chosen representatives."
Suggested amendment to 1(b)	'providing ASC in any care setting, including supported living arrangements and/or at home'.
Meaning of "impact" in section 1	Consideration of "impact" should include consideration of effect of mental and physical health as well as overall well-being and quality of life and care.
Section 2	
To be inserted in section 2	To remove the word "bed" and replace it with "room". This is important as it demonstrates the Inquiry's understanding that social care is different from the healthcare system, which is where the 'beds' terminology is used. In social care, we should refer to rooms as these are people's homes.
Section 3	
To be inserted in section 3(b)	To include consideration of whether and how guidance was implemented in practice/ on the ground.
To be inserted in section 3(c)	To include adequacy of communication and consultation with individuals receiving care and their loved ones, family carers and chosen representatives.
To be inserted in section 3	To include the impact of the closure and reduction of support services, including the work that had to be done by carers to fill gaps in healthcare / other support provision (e.g. the significant reduction in GP access to care homes).
To be inserted in section 3	To include the understanding (or lack thereof) of the care sector by government / decision-makers
To be inserted in section 3	To include consideration of how adult social care is funded, including an analysis of individuals who self-funded, and the implications of this on the quality and adequacy of care.
Section 4	
To be inserted in section 4(a)(ii)	To include the impact on residents of isolation, in addition to the ability of adult residential and nursing homes to isolate and/or socially distance residents.
To be inserted in section 4(b)	To include testing for carers.
To be inserted in section 4 (a) add as v	To include the steps taken to reduce/minimise the use of staff across different sites.

To be inserted in section 4(d)	To include the use of technology and virtual communications in care homes and whether there was overreliance on virtual care and virtual contact with loved ones and family carers.
To be inserted in section 4	To include consideration of insurance liability issues and to what extent they were a factor in care homes, including how this impacted care providers' ability to facilitate movement in and out of their care homes.
To be inserted in section 4	To include consideration of the extent to which care homes were out of step with restrictions imposed on the rest of the population and the extent to which this was necessary / appropriate.
Section 5	
To be inserted in section 5 after (a)	The extent to which individuals receiving care and their families were involved in DNACPR decisions and advance care planning, and what this meant in terms of patients and their chosen representatives being able to effectively participate in healthcare consultations and treatment plans. To also consider how DNACPR notices were interpreted within a patient's wider treatment plans, and the use of ReSPECT in this context.
Section 6	
To be inserted in section 6 (a)	To include analysis of the impact of those decisions (applying the definition of impact as set out above) on those drawing on care and their loved ones
To be inserted in section 6	To consider the avenues that were available for people drawing on care and those supporting them to challenge decisions and/or make complaints or raise concerns, including where conflicts arose with the care provider and, for example, eviction notices were threatened. To add: '(d) procedures for challenging / raising concerns / making complaints and how concerns/complaints were responded to'.
Section 7	
To be inserted after section 7(a)	To add 'and the limits / accuracy of available data, including how this may have impacted decision-making'
To be inserted in section 7(b)	To include specific consideration of the following issues: (i) impact of visiting restrictions on a dying person and their loved ones, (ii) failure to define terminology around palliative care and end of life and adequately recognise 'end of life' and the resulting impact for provision of appropriate care and support.
Additional section to be added	To consider the extent to which statutory duties across the UK, including under the Human Rights Act 1998, Equality Act 2010 and under mental capacity legislation were (1) understood and (2) adhered to or abandoned.
Section 8	
Consideration of care provision at home / by unpaid carers must be expanded	Care in the home including by unpaid carers must be considered holistically and not just in relation to IPC / in the context of PPE provision. To include consideration of whether and how unpaid carers were recognised and supported, how the overreliance on unpaid carers impacted the quality of care as well as their wellbeing.