

Witness Name: Gillian Baranski
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UK COVID-19 INQUIRY - MODULE 6

WITNESS STATEMENT OF GILLIAN BARANSKI

The Care Inspectorate Wales, Corporate Statement, provided in response to a request for evidence under Rule 9 of the Inquiry Rules 2006.

I, Gillian Baranski, the Chief Inspector of the Care Inspectorate Wales, Welsh Government, will say as follows:

Preface

1. My name is Gillian Baranski, and I am the Chief Inspector of Care Inspectorate Wales. I have responsibility for ensuring the effective and efficient day to day delivery of all Care Inspectorate Wales's regulatory and inspection functions across Wales. This is my first statement for Module 6; an earlier statement has been provided for the purposes of Module 2B, and I understand the statement has been disclosed as part of that module INQ000335481.
2. At the outset I wish to express my deepest sympathies to all those who lost a loved one, friend or colleague because of the Covid-19 virus. This has been, and continues to be, an extremely stressful and difficult time. I wish to acknowledge the heroic efforts of those working in social care and my deepest gratitude to care service providers and those who worked in the care sector. I recognise however that despite those heroic efforts the loss and pain of so many remains incalculable.

Role of the Care Inspectorate Wales

3. Care Inspectorate Wales is the operationally independent regulator of social care and childcare in Wales. Care Inspectorate Wales exercises its regulatory functions on behalf of the Welsh Ministers to provide assurance on the quality and safety of services. The operational independence is conferred through the Government of Wales Act 2006 (as amended) and protected through a Memorandum of Understanding between the Chief Inspector and the relevant Welsh Ministers. A copy of the Memorandum of Understanding is available on the Care Inspectorate Wales website and is exhibited at **GB2/001-INQ000182573**.
4. Care Inspectorate Wales registers, inspects, and takes action to improve the quality and safety of services for the well-being of the people of Wales. Care Inspectorate Wales decides who can provide services; it inspects and drives improvement of regulated services and local authority social services; it undertakes national reviews of social care services; it takes action to ensure services meet legislative and regulatory requirements and responds to concerns raised about social care services.
5. The Regulation and Inspection of Social Care (Wales) Act 2016 (the 2016 Act) establishes the system for regulating adult social care services in Wales. It provides the basis for Care Inspectorate Wales to regulate services as defined in Schedule 1 of the 2016 Act. It is the Welsh Ministers who have the regulatory functions under the 2016 Act, but those functions are carried out by Care Inspectorate Wales on a day-to-day basis in accordance with the Memorandum of Understanding.
6. Care Inspectorate Wales subsequently regulates a number of services, some of which are outside the scope of this module. However, below is the list of services which the inspectorate regulates, commonly referred to as 'regulated services'.

Adult and children's services

7. Care Inspectorate Wales regulates care home services for adults and children; domiciliary support services; adult placement schemes, residential family centre services, fostering services; adoption services; advocacy services; special school residential services (since January 2024); and secure accommodation services under the 2016 Act and in accordance with the regulations made under section 27 and 28 of

the 2016 Act. We regulate care home services and domiciliary support services in accordance with the Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017 (the 2017 Regulations).

Childcare and play services

8. Care Inspectorate Wales regulates child minders; crèches; full day care; sessional day care; out of school care and open access play provision under the Children and Families (Wales) Measure 2010 and in accordance with the Child Minding and Day Care (Wales) Regulations 2010 (the 2010 Regulations).

Local Authorities

9. Care Inspectorate Wales also reviews the performance of local authorities in delivery of social services functions. The Social Services and Well-being (Wales) Act 2014 provides the basis for Care Inspectorate Wales to review the way in which the social services functions of local authorities are exercised. Care Inspectorate Wales carries this function out through a combination of inspection and performance evaluation activity. This process is further elaborated later within the statement.

Others

10. In addition, although outside of scope of this module, Care Inspectorate Wales inspects, but does not regulate:
 - a. local authority fostering and adoption services, and
 - b. further education colleges accommodating students under 18.
11. As social care, health and education are all policy areas for which the Welsh Government has devolved responsibility, Care Inspectorate Wales's functions were predominantly affected by decisions made by the Welsh Government rather than decisions made by the UK Government or relevant departments. Therefore, Care Inspectorate Wales was not impacted directly by the decisions made by the UK Government.

Engagement with Government and other stakeholders

12. During the relevant period, namely, 1 March 2020 to 28 June 2022, Care Inspectorate Wales engaged extensively with a number of stakeholders to ensure not only the voice of the sector was heard, but also to share its findings as a result of exercising those regulatory functions and the contemporaneous feedback Care Inspectorate Wales would receive as part of its check-in calls, and latterly the monitoring calls with providers (these are addressed later in this statement).
13. Below I have listed the key stakeholders with whom Care Inspectorate Wales engaged during the relevant period, and I have summarised the central matters which were addressed as part of that engagement. Further detail with regards to those matters which have been summarised as part of this section, is provided later in this statement under the relevant respective headings. However, I wish to add the Inspectorate considers it is vitally important to have a good working relationship with its stakeholders to achieve the well-being goals of those in receipt of regulated services, therefore the engagement with the following stakeholders goes beyond that of the relevant period.

Key stakeholders

Welsh Government, Health and Social Services Group and the Chief Social Care Officer Wales;

14. As I have addressed above, although Care Inspectorate Wales is operationally independent, it exercises functions on behalf of the Welsh Ministers; consequently, it has a close working relationship with the Welsh Government and its policy officials. Care Inspectorate Wales has subsequently developed a strong working relationship with those officials within the Welsh Government, the Health and Social Services Group but particularly those officials within the Social Services and Integration Directorate. During the relevant period I would frequently meet with the Chief Social Care Officer Wales, Albert Heaney, to discuss emerging themes within the care sector including but not limited to discharge from hospitals to care homes. The deputy chief inspectors would also frequently meet with senior civil servants within the Social Services and Integration Directorate such as, Alistair Davey and Andrea Street.
15. Additionally, Care Inspectorate Wales was a member of a number of Welsh Government groups, some of which were activated in response to the Covid-19 pandemic. For example, Care Inspectorate Wales was a member of the Social Care

Planning and Response sub-group, the Social care testing and infection control strategy and policy development group, the Nosocomial Transmissions Group and the Social Care Stakeholder Communications Group. The Inspectorate also facilitated the Care Home Visiting Stakeholder Group to inform the development of non-statutory guidance to support care services to enable family and friends to visit their loved ones as safely as possible whilst restrictions were in place. I also met regularly with the Deputy Minister for Health and Social Services to discuss matters such as hospital discharge, PPE, testing capacity and the number of care homes impacted by Covid-19 including cases and deaths reported to the Inspectorate.

Welsh Local Government Association

16. Within the relevant period Care Inspectorate Wales met regularly with the Welsh Local Government Association to share information and intelligence about the impact of Covid-19 on local authority social services and on regulated services across Wales. Where appropriate, Care Inspectorate Wales fed this information back to the relevant Welsh Government groups via group meetings which in turn was used to inform the respective group's work.

Association of Directors of Social Services Cymru

17. During the relevant period Care Inspectorate Wales would also engage frequently with the Association of Directors of Social Services Cymru on matters such as the Inspectorate's modified inspection model and to share its weekly data reports to assist those directors in their local planning and response.

Public Health Wales

18. Care Inspectorate Wales engaged with Public Health Wales extensively, particularly in relation to the guidance to providers entitled 'Admission and Care of Residents during Covid-19 Incident in a Residential Care Setting in Wales'. This was guidance adapted by Public Health Wales from guidance produced by the Department for Health and Social Care with Public Health England, the Care Quality Commission and NHS England and is addressed further in this statement. The Inspectorate also, for example, would share its data on notifications from care homes of suspected and confirmed Covid-19 with Public Health Wales.

Chief Medical Officer and Chief Nursing Officer

19. Care Inspectorate Wales directly engaged with the office of both the Chief Medical Officer and the Chief Nursing Officer, for example, with regards to end of life care in care homes, testing and PPE for inspectors.

Local Health Boards

20. During the relevant period it was essential for Care Inspectorate Wales to continue its engagement with local health boards. This was particularly beneficial in terms of sharing concerns and intelligence which was crucial to allow Care Inspectorate Wales and local health board commissioners to have accurate and up to date information about the position in regulated services to inform their work.

Healthcare Inspectorate Wales

21. Care Inspectorate Wales has always collaborated closely with Healthcare Inspectorate Wales, and this did not change during the relevant period, producing joint statements to the adult care sector whenever that was considered appropriate. By way of an example, Care Inspectorate Wales and Healthcare Inspectorate Wales worked together to produce a joint statement on advance care planning in Wales and the consideration of a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR), which I discuss later in this statement.

Care Quality Commission, Care Inspectorate Scotland, Regulation and Quality Improvement Authority

22. The health and social care regulators across the UK and Ireland met regularly throughout the pandemic. The regulators continue to meet, but less frequently than during the pandemic. The meetings provided an opportunity to share experiences and approaches across the four nations. As regulators and inspectors, we were able to share details of revised approaches or methodologies. In addition, those meetings led to further joint work across the four inspectorates and with the other health and social care regulators in the UK and Ireland on lessons learned, which I discuss later in this statement.

Local Authorities and commissioners of care/commissioning leads

23. Ensuring effective communication and regular engagement with commissioners was particularly key with regards to understanding the position on the ground and to highlight those services of concern. This included sharing concerns and intelligence with local authority/health board commissioners, for example, the summary reports collated through the information the Inspectorate was gleaning during check-in calls with providers. I exhibit these reports later in my statement. These summary reports provided intelligence from the ground which would hopefully inform their planning and response. Care Inspectorate Wales also attended meetings with local authority and health board commissioners to share intelligence about individual services.

Care Home Service Providers and Domiciliary Support Service Providers

24. Care Inspectorate Wales is in a unique position as it has a direct link and relationship with every regulated service and local authority in Wales. The Inspectorate considered it vitally important to have regular contact with the providers it regulated. Therefore, an early system of check-in calls and monitoring calls was set up to hear directly from providers around the challenges they were facing and to ensure those messages were not lost and shared with Welsh Government officials to inform policy makers. Monitoring calls also enabled the Inspectorate to gain further assurance about the quality and safety of services. It also supported the Inspectorate in identifying any matters which could be supported by guidance.

National Commissioning Board Wales

25. Care Inspectorate Wales attended regular National Commissioning Board meetings. This board included representatives from local authority and health board commissioners, the association of directors of social services in Wales, Social Care Wales, the Welsh local Government Association and provider representatives. During these meetings, the Inspectorate provided the board with its reflections and intelligence on what was happening on the ground in regulated services.

Chief Statistician

26. Throughout the relevant period Care Inspectorate Wales maintained a close working relationship with the Welsh Government's Knowledge and Analytical Services and its

Chief Statistician. This included sharing data on reported cases of Covid-19 in care homes and deaths notified to the Inspectorate with the Knowledge and Analytical Services. This data was published to provide greater transparency and information to the public.

Older People's Commissioner for Wales

27. Care Inspectorate Wales's engagement with the Older People's Commissioner included sharing information such as providing an overview of the check-in calls with service providers or seeking contributions and views on guidance such as visiting care homes.

Social Care Wales

28. Care Inspectorate Wales engaged with the social care workforce regulator to provide updates on the Inspectorate's respective work, share intelligence and discuss and agree joint areas of work. Examples of this included engagement in relation to the extension of the period of time given to care staff working in domiciliary support services to register with Social Care Wales, and joint work on options for volunteers to provide much needed capacity to support visiting within care homes.

Group memberships

29. I have been invited to provide details of the groups Care Inspectorate Wales was a member of during the relevant period.

Social Care Planning and Response Sub-Group

30. The Social Care Planning and Response sub-group was stood up in February 2020 and was co-chaired by Albert Heaney (Deputy Director General for Health and Social Services, now the Chief Social Care Officer) and NR (Deputy Director Social Services and Integration). It consisted of stakeholders from across the social care sector including Directors of Social Services, the Welsh Local Government Association, Social Care Wales, and Care Inspectorate Wales. Care Inspectorate Wales first joined this group on 13 March 2020. The group also included members that provided significant input from co-dependent areas such as housing, British Red Cross, the Wales Council for Voluntary Action, Care Forum Wales, and the Community

Health Council. The group was actively used as a networking platform to seek views, test ideas and cascade information between the sector and the Welsh Government. During the first six months of the pandemic, the meetings were held approximately once per week. The group provided advice, guidance and leadership for all care settings in Wales and focused not only on short term immediate issues/actions in relation to the pandemic but also the group began to consider medium to long-term considerations, for example, winter preparedness, consideration of future Covid-19 waves and efforts to return to a business as usual or Covid-19 stable position. The group focused upon registered care homes for adults and children; domiciliary care; supported living; learning disability 'shared lives' arrangements; personal assistants; and unpaid carers.

Social Care Testing and Infection Control Group

31. The Social Care Testing and Infection Control Group was set up in November 2020, the purpose of which was to provide a forum for the co-ordination of clinical, social care sector and operational intelligence to inform the effective design and implementation of testing and infection control strategy and policy for social care. This group was initially chaired by Albert Heaney and met for the first time on 16 November 2020. It continued to meet every two to four weeks throughout the remainder of the specified period. Care Inspectorate Wales first attended a meeting of this group on 16 November 2020. During these meetings Care Inspectorate Wales was able to provide comments on how the proposed testing arrangement might work in social care settings and share the intelligence it was picking up about testing from regulated services. I exhibit the Terms of Reference at **GB2/002-INQ000198526**.

Nosocomial Transmission Group

32. The Nosocomial Transmission Group was established on 19 May 2020 and stood down on 28 March 2022. This was a health-led group, jointly chaired by the Welsh Government's Deputy Chief Medical Officer for Wales, Chris Jones and the Chief Nursing Officer for Wales,. The group included representation from Public Health Wales and other clinical leads.
33. The purpose of the group was to provide advice, guidance and leadership on the actions needed to minimise the nosocomial transmission of Covid-19, and to enable the safe resumption of routine services in health and social care settings. The work

covered hospitals, primary and community care settings, prisons, registered care homes, domiciliary care, and learning disability facilities. The group developed and oversaw the implementation of infection prevention and control measures ("IPC"), including patient and staff isolation and testing. Care Inspectorate Wales first joined this group on 11 August 2020. During these meetings Care Inspectorate Wales shared a dashboard including data about the impact of Covid-19 regulated services, in particular the number of care home reporting outbreaks. I produce here the terms of reference of the Nosocomial Transmission Group, as exhibit **GB2/003–INQ000252576**.

Social Care Stabilisation and Reconstruction Board

34. The Social Care Stabilisation and Reconstruction Board was a board of internal Welsh Government colleagues and key stakeholders from across the sector including the Association of Directors of Social Services Cymru, Regional Partnership Board leads, third sector representatives and Care Inspectorate Wales. The board was chaired by Alistair Davey. I understand the purpose of the board was to:
- a. advise on the Welsh Government's approach to stabilisation and reconstruction for the social care sector in Wales following the Covid-19 crisis.
 - b. develop a Social Care Stabilisation and Reconstruction Framework, building on the most recent data, evidence and research and based on board members' own experiences and expertise from within the sector.
 - c. support the collection of best practice, innovation and lessons learned from across the sector to inform the approach to stabilisation and recovery.
 - d. use its networks to facilitate evidence gathering, specifically ensuring that the voices of people with lived experience and the voices of carers were embedded in the approach to stabilisation and recovery.
 - e. work collaboratively to ensure that the framework was developed through genuine co-production.
 - f. ensure that the approach to social care stabilisation and reconstruction was developed by the sector for the sector
35. The Stabilisation and Reconstruction Board oversaw the production of the 'Health and Social Care in Wales – Covid-19: Looking forward' plan published on 22 March 2021 (exhibited as **GB2/004-INQ000066129**). This was followed by a specific framework for social care on 22 July 2021, entitled 'Improving Health and Social Care (Covid-19

Looking Forward) Social Care Recovery Framework' exhibited as **GB2/005-INQ000066131**, dated 22 July 2021.

Care Home Visiting Stakeholder Group

36. Care Inspectorate Wales facilitated the Care Home Visiting Stakeholder Group to inform the development of non-statutory guidance to support care services to enable family and friends to visit their loved ones as safely as possible whilst restrictions were in place. This group met for the first time on 1 June 2020 and continued to meet until January 2022.

European Partnership for Supervisory Organisations in Health Services and Social Care

37. During the relevant period Care Inspectorate Wales also attended weekly meetings of the European Partnership for Supervisory Organisations in Health Services and Social Care. This is an informal group of governmental and government-related organisations involved in law enforcement, supervisory activities, monitoring and accreditation, related to Health Services and Social Care in European countries or regions, including European Free Trade Area countries. The aims of the European Partnership Supervisory Organisation are generally to:
- a. improve cooperation amongst supervisory bodies to ensure the quality of inspection, supervision and monitoring of health services and social care;
 - b. improve the exchange of ideas, outcome of research, information and good practice;
 - c. facilitate the exchange of experience between interested organisations;
 - d. promote cooperation on topics such as education and dissemination of knowledge;
 - e. improve the quality of health care and social care in Europe including European Free Trade Area countries.
38. Care Inspectorate Wales is not a formal member of the European Partnership Supervisory Organisation. However, during the pandemic the organisation set up a specific pandemic group which was opened up both to broader international countries and non-members. Care Inspectorate Wales attended this group once a week during the period. The first meeting was on 1 April 2020, and it remains in place today.

Other groups

39. Care Inspectorate Wales was also invited from mid-March 2020 to join and contribute to a range of ad hoc and time limited groups that came together on specific issues. These ad hoc meetings, predominantly arranged by the Welsh Government or Public Health Wales officials, were often convened quickly with no minutes or notes produced after the meetings. I am unable to provide dates of the meetings of these groups as I no longer have access to calendars for this period. It is not possible to recall the full range of issues addressed in these meetings. Those that can be recalled include:
- a. how testing could be made available for specific social care sectors e.g. care homes and domiciliary support staff;
 - b. how Care Inspectorate Wales data on numbers of cases and outbreaks in care homes could be reconciled with Public Health Wales data;
 - c. the content of guidance on the admission and care of residents during Covid-19.
40. The health and social care regulators across the UK and Ireland also met regularly throughout the pandemic and continue to do so. The meetings with the regulators provided an opportunity to share learning on a four nations basis.
41. In January and November 2021, Care Inspectorate Wales also participated in learning events with the British Isles and Ireland Health and Social Care Regulators to discuss and share lessons learned. An email issued on 2 February 2021 containing a letter to participants and the seminar report is exhibited at **GB2/006-INQ000198544**. A copy of the letter to participants is exhibited at **GB2/007-INQ000198545** and the seminar report is exhibited at **GB2/008-INQ000198546**. The PowerPoint presentation for the event in November 2021 is also exhibited at **GB2/009-INQ000198635**.

Overview of the Care Sector in Wales

42. To assist the Inquiry to understand the position of the care sector in Wales, I have produced two tables; Table 1 below includes the number of *services registered* and Table 2 which includes the number of *places* available at those services from 2017 to 2022.

Table 1: Numbers of services registered						
Year ending	31-03-2017	31-03-2018	31-03-2019	31-03-2020	31-03-2021	31-03-2022

Adult care homes with nursing	259	262	259	263	263	260
Adult care homes without nursing	822	820	801	790	786	773
Domiciliary Support Services	432	437	509	526	595	614

Table 2: Numbers of places in registered adult care home services						
Year ending	31-03-2017	31-03-2018	31-03-2019	31-03-2020	31-03-2021	31-03-2022
Places in adult care homes with nursing	11408	11657	12019	12391	12408	12452
Places in adult care homes without nursing	14345	14336	13636	13102	13058	12880

43. The data shows while the number of services providing nursing care has dropped marginally from 263 on 31 March 2020 to 260 on 31 March 2022, the number of places available overall has increased by 61 in that period.
44. However, the number of services without nursing care has dropped from 790 on 31 March 2020 to 773 on 31 March 2022 with a reduction in the number of places of 222 in that period. This is consistent with the approach to support people's independence for as long as possible, which results in people remaining in their own homes or in extra care housing for longer. As a result, people moving into care homes often have more complex needs which require nursing care.
45. It is important to note all adult (and children's) services were required to re-register during 2018 and 2019 in a phased approach due to the introduction of new legislation (the Regulation and Inspection of Social Care (Wales) Act 2016). This Act changed the

structure of registration. In the case of domiciliary support services this resulted in higher numbers of services in 2019.

46. Care Inspectorate Wales does not hold data on the staffing levels in these services.

Registration

47. In Wales any person providing a “regulated service” under the Regulation and Inspection of Social Care (Wales) Act 2016 (the 2016 Act) is required to register with Care Inspectorate Wales. The definition of regulated services is set out under Schedule 1 of the 2016 Act. Under that Schedule a “care home service” is defined as the provision of accommodation, together with nursing or care at a place in Wales, to persons because of their vulnerability or need. An “adult placement service” means a service carried out (whether or not for profit) by a local authority or other person for the purposes of placing adults with an individual in Wales under a carer agreement (and includes any arrangements for the recruitment, training and supervision of such individuals). A “domiciliary support service” is the provision of care and support to a person who by reason of vulnerability or need (other than vulnerability or need arising only because the person is of a young age) is unable to provide it for him or herself and is provided at the place in Wales where the person lives (including making arrangements for or providing services in connection with such provision).
48. There are a number of factors Care Inspectorate Wales considers when determining an application to register a service. For example, in addition to the suitability of any premises and undertaking a premises assessment, the Inspectorate will also establish whether the applicant is fit and proper; whether the Responsible Individual is suitable; and whether the Inspectorate is satisfied the service provider is likely to provide a good quality and safe service.
49. In determining whether the service provider and Responsible Individual are “fit and proper” Care Inspectorate Wales must be satisfied the test laid down in section 9 of the 2016 Act is met. Subsections (4) to (8) of that section set out various matters which are likely to affect the fitness of a service provider or Responsible Individual, such as: the commission of offences, an association with a person who has committed offences, previous involvement in the misconduct or mismanagement of a regulated service and

issues of non-compliance with the regulations made under the 2016 Act. However, the Inspectorate must also have regard to all matters it thinks appropriate.

50. Individual applicants and Responsible Individuals will also be required to undergo a Disclosure and Barring Service (DBS) check as part of the registration process. In the event of a positive disclosure on a DBS check, Care Inspectorate Wales will consider whether any further action is required. This may include holding an interview, to establish whether the disclosure is likely to have an impact on the individual's suitability to be providing a regulated service. Individual applicants and Responsible Individuals must also provide two references in relation to their competence to fulfil the role of Responsible Individual for the regulated service.
51. The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017 place certain duties on the Responsible Individual, and Care Inspectorate Wales must be satisfied the Responsible Individual designated for each service will comply with these duties. When designating a Responsible Individual, providers will therefore need to be confident the individual is competent to fulfil those duties. To ensure the Responsible Individual is suitable they are required to complete a questionnaire and undertake a suitability interview. This questionnaire is intended to establish an individual's ability to comply with the duties imposed upon them by the regulations and identify any areas to be discussed further at the suitability interview.
52. In determining whether the service provider is likely to provide a good quality and safe service, Care Inspectorate Wales needs to be satisfied the service will be provided in such a way that it complies with all relevant legislation. This will include the regulations made under the 2016 Act and any other legislation that is relevant to the service, such as health and safety legislation
53. The Regulations and the accompanying Welsh Government guidance, which I exhibit at **GB2/010-INQ000501725** set out the requirements on service providers. The Determination Framework, which I exhibit at **GB2/011-INQ000496067** provides greater detail on the sources of evidence Care Inspectorate Wales uses to reach its registration decision. As part of the registration process the Inspectorate will undertake a premises assessment which includes a site visit. The premises assessment is carried out against the Statement of Purpose. The Statement of Purpose is the key document which sets out the applicant's visions for the service and how the applicant intends to meet the needs of the people using it.

Changes to the approach to registration

54. In light of the pandemic, and in order to progress the flow of registration work, on 23 March 2020, Care Inspectorate Wales published a news article on its website stating the registration process would be adapted to help create additional capacity in adult social care. This article is exhibited at **GB2/012-INQ000496068**. Internal guidance was also developed for staff to ensure there was a consistent internal understanding on the changes so that it could be clearly articulated to all applicants.
55. The adaptation meant Care Inspectorate Wales registration teams prioritised areas of work in the order outlined below:
- a. All registration and variation work that supported providers to provide services because of Covid-19.
 - b. All registration and variation work that brought additional capacity to the sector.
 - c. Registration of services operating without registration.
 - d. High-risk registrations or variations, for example relating to the purchase of services in administration.
 - e. All other registration and variation work.
56. As part of that process, Care Inspectorate Wales contacted all applicants to confirm their registration intentions. This enabled the Inspectorate to put non-priority applications on hold and to prioritise those bringing capacity into the adult care system.
57. For example, the adaptations to the registration process meant site visits would only occur when absolutely necessary and if there were no other means of assessing the suitability of the premises. This was implemented to not only reduce the risk of inspectors carrying the virus into services, the risk to inspectors becoming infected, but also to allow for a continued flow of registration applications to be processed to free up capacity within the sector. I exhibit the guidance which was produced in April 2020 around undertaking a virtual visit as **GB2/013-INQ000496070**. Care Inspectorate Wales also adopted alternative methods of identification by remote means, for example via Skype or other virtual tools.
58. Care Inspectorate Wales continued to meet with applicants and Responsible Individuals but remotely, including as part of the registration interviews. Site visits

would only be undertaken in unoccupied care home services. Further, Care Inspectorate Wales allowed applicants to provide self-declarations to reduce the burden on Social Services departments and General Practitioners. I exhibit the April 2020 adapted registration guidance for applicants and providers in response to Covid-19 at **GB2/014-INQ000501660**.

59. Inspectors were provided with guidance to help them determine how they should adapt the registration process depending on the Covid-19 restrictions in place at the time which I exhibit as **GB2/015-INQ000497207**. In addition, within Care Inspectorate Wales's digital case management system, a flag was placed on the digital system to indicate whether those services had received an in-person site visit or not. This was to ensure there was a clear marker of those premises which had been assessed as part of a virtual inspection.
60. Care Inspectorate Wales sought to take a pragmatic and proportionate approach to supporting the delivery of new, additional, or innovative services to ensure people could access the care they needed. During the months of March and April 2020, the number of childcare and play services reporting temporary closure rapidly increased and at the peak of the first wave in June 2020 almost half of these services were reported to be temporarily closed (1,731 services or 47%). This equated to 57% of capacity. During this period, it was imperative adequate childcare services were available to care for the children of key workers. In some areas, where there was insufficient provision available, local authorities worked to create hubs of childcare provision. In some cases, local authorities provided these services themselves whereas in others they engaged a private provider to deliver them. The Inspectorate prioritised registration of these services to ensure additional capacity could be created to enable the children of essential workers to be cared for, for example staff working in care homes and those delivering home care. In total 11 such services were registered providing 400 places for children of key workers.
61. Around March 2020 Care Inspectorate Wales recognised the number of people requiring support in hospitals and in the community was expected to increase as a direct result of Covid-19. Local authorities, health boards, independent, voluntary and third sector providers needed to be agile in providing additional capacity at short notice. Local authorities and health boards were considering how they could establish urgent provision, predominantly care home provision. Additional care home beds were needed to relieve capacity pressures in hospitals. These services would therefore

require to be registered under the 2016 Act. The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017, which underpin the 2016 Act, include requirements that would constrain their ability to bring services and or staff on stream as quickly as was needed at that time. The principal areas of concerns included part 12 and 13 of the 2017 regulations, in particular Regulations 49-54 which relate to premises standards. Part 12 of the 2017 regulations sets out the requirements on service providers in relation to the suitability of premises, facilities and equipment. Part 13 addresses the 'additional requirements on service providers in respect of premises' in relation to new accommodation for example the requirements around room sizes, availability of accessible en-suites, sufficient outdoor space etc. Local authorities and local health boards were seeking to use buildings unlikely to meet these standards.

62. Care Inspectorate Wales therefore put forward options to the Welsh Government regarding possible amendments to the regulations that could enable the sector to respond quickly, create the increased capacity required, and reduce pressures in the context of the present emergency. This included the option to use section 2(3) of the 2016 Act to exempt services created to respond to the Covid-19 emergency from registration. The Inspectorate suggested this could be limited to services provided by local authorities and health boards or commissioned by them and delivered by providers who had an existing registration with Care Inspectorate Wales or the Care Quality Commission. The Welsh Government subsequently amended the regulations to include this exemption in June 2020. The exemptions remained in place until November 2022. Providers of such exempt services therefore were required to submit a notification to the Inspectorate which included information in relation to the service they intended to provide including staffing numbers, fitness of staff, support and supervision for staff, health and safety etc. The Inspectorate also produced guidance for inspectors and maintained a central record of these services. I exhibit the guidance setting out the process for monitoring incoming notifications of services operating under the Covid-19 exemption at **GB2/016-INQ000496071**. During the period of time this exemption was in place, the Inspectorate received notifications regarding twelve services which proposed to operate as a care home under the exemption, three of which did not become operational.
63. In November 2020, Care Inspectorate Wales issued further revised guidance outlining the approach to registering services. The guidance retained many of the adapted processes from the April 2020 guidance and implemented a more nuanced approach

to site visits and when the Inspectorate would visit services in person. For example, the April guidance indicated inspector site visits would only occur in respect of vacant care home services and were only to be undertaken when a premises was vacant, or the service was closed; whereas in the November guidance, the Inspectorate adopted a risk-based approach to decisions about whether to carry out an in person visit. For example, if a visit was to be made to an occupied premises, consideration would be given to whether the person an inspector was meeting had any symptoms of Covid-19 (as defined in the NHS and Public Health Wales guidance), and whether all relevant risks assessments has been completed prior to the visit. This guidance was withdrawn in early 2022 as restrictions were lifted. I exhibit the November 2020 adapted registration guidance for applicants as **GB2/017-INQ000496073**.

64. Since the withdrawal of this guidance, Care Inspectorate Wales has returned to pre-pandemic registration processes and the standard prioritisation of applications.

Inspection regime

65. Care Inspectorate Wales inspects services in accordance with the powers and requirements set out in sections 32 - 37 of the Regulation and Inspection of Social Care (Wales) Act 2016 (the 2016 Act). I exhibit the Code of Practice for the Inspection of Regulated Services which details the manner in which inspections are carried out including the frequency of inspections at **GB2/018-INQ000496074** prior to the pandemic. The Code of Practice is a requirement under Section 33 of the 2016 Act. It describes Care Inspectorate Wales's approach to how it inspects services regulated under the 2016 Act, including the frequency in which services will be inspected. It also sets out the principles guiding inspection work. Inspectors are required to have regard to the guidance in the Code of Practice and be able to explain how they have taken it into account when undertaking an inspection. The Code of Practice informs everyone about how care and support services are inspected in Wales. This includes, people using services, their families, friends and carers, as well as providers of care and support services, commissioners of those services and members of the public. Table 3 below includes the inspection frequencies for adult care homes and domiciliary support services prior to the pandemic.

Table 3: Inspection intervals

Type of regulated service	Maximum interval between inspections		
	Routine	Early	Priority
Care homes adults	18 months	12 months	6 months
Care homes providing care for people assessed as requiring 24 hour nursing care	12 months	N/A	6 months
Domiciliary support	18 months	12 months	6 months

**Table 3: the scheduling of inspections will depend on a range of factors including but not limited to: incoming concerns and safeguarding referrals; manager absence/vacant manager post and/or absent Responsible Individual for more than three months; the service is a newly registered service; the service or provider is deemed to be a 'service/provider of concern' within the enforcement pathway.*

66. The Inspection process consists of four key stages, inspection planning; the inspection visit; feedback; and the inspection report. Inspection planning will, for example, include reviewing service information, previous inspection reports, and any notifications or concerns received. The lines of enquiry explored during the inspection visit are drawn from the relevant inspection framework. I exhibit the inspection framework for care home services, secure accommodation services, residential family centres, and domiciliary support services at **GB2/019-INQ000514055**. Inspectors do not inspect against every line of enquiry in the inspection framework. Rather the lines of enquiry explored are determined based on the information the Inspectorate holds about that service including the outcomes of the previous inspection, any intelligence gathered from meetings with commissioners, concerns raised, and notifications received from the service. In addition, the inspector may add lines of enquiry during the inspection based on their observations of care and examination of care records during the visit to the service. During the pandemic, when inspections began again in July 2020, interim inspection guidance set out specific areas inspectors considered during inspection as described in paragraph 106.
67. The site visit for example will include observing care practices, speaking to service users, families, staff and professionals, reviewing records, and generally inspecting the physical environment. In terms of feedback, the inspector will provide feedback to the Responsible Individual following an inspection visit. This will be an overview of

findings at the end of the inspection visit as further analysis may be required before firm conclusions can be drawn.

68. Inspections will generally focus on four themes:
- a. *Well-being*: the well-being of individuals receiving care and support. Inspectors evaluate the extent to which those well-being outcomes are being achieved.
 - b. *Care and support*: the quality of care and support staff provide. Inspectors evaluate the degree to which people receive a high-quality service which reflects best practice, is provided by staff who have the appropriate knowledge and skills and supports people to achieve the best possible outcomes.
 - c. *Environment*: the physical setting in which care and support is provided. This theme only applies to accommodation-based services. Inspectors evaluate the degree to which outcomes for people are supported by surroundings that are safe, clean, accessible, comfortable, welcoming, well-maintained, stimulating, and suitably equipped and furnished.
 - d. *Leadership and management*: governance arrangements for the provision of care and support. Inspectors evaluate the degree to which governance arrangements provide assurance for the delivery of high-quality services, by motivated staff in a well-led and managed service.
69. Care Inspectorate Wales undertakes different types of inspections as described below.

Full inspection

70. Full inspections involve in-depth consideration of all four themes. In the case of services not providing accommodation, environment is not considered. The first full inspection takes place approximately six months after a provider is registered and/or begins providing services at or from a particular location. It is an opportunity for inspectors to check providers are providing good quality and safe services, adhering to legislative and regulatory requirements and are meeting the conditions of their registration.

Focused inspection

71. Focused inspections are usually carried out in response to a specific concern, or to follow-up on regulatory breaches or other issues identified at a previous inspection. Focused inspections are generally shorter than full inspections and may not necessarily cover all four themes. However, a focused inspection will always cover the theme of 'well-being'. Where the follow-up inspection relates to a previously identified regulatory breach, the follow-up inspection will usually take place within six months of that previous inspection. However, the timing of that inspection will be based on the judgement of the inspector in considering the severity of the regulatory breach and the time required by the provider to address the issue(s).

Provider inspection

72. Where a service provider is delivering regulated services at or from a number of places, Care Inspectorate Wales will maintain oversight of all the services delivered by the provider. Where the Inspectorate identifies patterns or high volumes of non-compliance, concerns or safeguarding issues in a number of services, this may trigger a provider inspection. Provider inspections will look specifically at the corporate governance and management arrangements of the service provider. Depending on the circumstances this may also include an inspection of all the services within the provider's portfolio, focusing on specific areas of concern. These inspections of the individual services will normally be focused inspections but could be full inspections depending on the circumstances.

Thematic inspections

73. Thematic inspections focus on certain areas of practice across the social care sector. For example, this could include reviewing care practice in learning disability residential homes, medication practice in care homes or dementia care. This enables Care Inspectorate Wales to have an understanding of, report on and make recommendations in relation to specific care practices across Wales.
74. The size and complexity of the service will determine how long an inspection is and the number of inspectors present. A small service where there are no concerns will normally be inspected by one inspector over the course of one day. A service that is large or has complex issues could result in more than one inspector being present and could take longer than one day. As part of the inspection, we have discussions with

people using the service, their representatives and staff. Care Inspectorate Wales may do this separately to the site visit, for example, when visiting people receiving domiciliary support services.

75. Inspections are scheduled periodically, in accordance with the inspection intervals set out in the Code of Practice for the Inspection of Regulated Services. The frequency of inspection is determined by a range of factors such as service history, notifications, incoming concerns and safeguarding referrals, and other intelligence to identify whether a service requires a routine, early or priority inspection. The timescales for inspection, set out in the code, are based on maximum intervals between inspections. However, Care Inspectorate Wales may undertake a focused inspection at any time in response to incoming concerns, notifications and safeguarding referrals.
76. During and after an inspection, findings are documented in an inspection report, which includes judgments on the quality of care and compliance with regulation. The inspection reports are shared with the service provider and are ultimately published on the Care Inspectorate Wales website for public access. While regulations requiring ratings to be published as part of an inspection report are due to come into force from April 2025, these were not in place for services regulated under the 2016 Act during the relevant period.
77. Where inspectors identify poor outcomes for people or where providers do not meet the standards required by the law, providers are expected to take appropriate action to improve. The Inspectorate operates a graduated approach in line with its Securing Improvement and Enforcement Policy which I exhibit at **GB2/020-INQ000501398**. Care Inspectorate Wales may conduct follow-up inspections to ensure improvements have been made and sustained. Enforcement actions, such as issuing priority action notices or imposing restrictions, are available to the Inspectorate in accordance with the 2016 Act and can be taken for serious or persistent failures.
78. Table 4 below provides details of the inspections undertaken by Care Inspectorate Wales during January, February and up to 5pm on 16 March 2020.

Table 4: Inspections undertaken between January and up to 16 March 2020			
Service Type	Total inspections	Total visits in person	Total visits - virtual
Domiciliary Support Service	51	99	1

Care Home Service	198	279	0
Total	249	378	1

79. To assist the Inquiry I have divided the relevant period into three distinct phases to describe the assurance and inspection activity undertaken by Care Inspectorate Wales. This is set out below.

January – June 2020 – Response during the initial phase of the pandemic

80. In those first months of 2020, Care Inspectorate Wales was aware of the developing issues outside the United Kingdom with Covid-19. To ensure the Inspectorate kept its staff, service users and members of the public safe, it published news items signposting people to the Public Health Wales website for the latest advice and information. Care Inspectorate Wales also took action to alert its staff to the evolving situation, again signposting staff to Public Health Wales advice.
81. Where Care Inspectorate Wales became aware of or was informed about non-compliance with the 2017 regulations as a direct result of Covid-19, it sought to take a risk-based and proportionate approach. However, while it was reasonable and appropriate to recognise the need for providers to focus on delivering care, the Inspectorate always balanced this with its responsibility to assess the safety of people using service. Care Inspectorate Wales set this out in a guidance note to inspectors on 6 March 2020 which I exhibit as **GB2/021-INQ000501665**.
82. On 10 March 2020, Care Inspectorate Wales wrote to all local authorities, registered social care and childcare and play providers and umbrella organisations to share an update on how it was responding to the outbreak of Covid-19, and how it planned to approach any future decisions as the situation developed. I exhibit a letter to providers regarding Care Inspectorate Wales's response as **GB2/022-INQ000497197**.
83. Care Inspectorate Wales established three key principles which it used to make sure services continued to be safe. Those principles were:
- It would focus its activity where it was needed most to ensure people received safe care – this meant concentrating on those areas where the Inspectorate believed the risk to the quality of care was the highest and where it could make

the biggest difference. The assessment of risk and quality of care was based on the intelligence contained within any notifications, concerns and incidents, the Inspectorate's prior knowledge of the service coupled with information obtained as part of inspectors' contact with providers, and commissioners as described in paragraph 90 and 91.

- b. It would support providers by looking at how it could act flexibly and proportionately.
- c. It would honour its duty of care to employees of the Inspectorate.

84. To support this, and in preparation for potential disruption to the inspection programme, Care Inspectorate Wales identified priority actions for its staff to undertake during that period. These actions included:

- a. Ensuring effective communication with commissioners, providers and the Welsh Government policy leads in relation to specific services, particularly services of concern and any intelligence the Inspectorate had about the position on the ground.
- b. Undertaking any action required to implement government measures put in place for regulated services in response to Covid-19 (for example relaxation of regulations).
- c. Considering concerns and notifications, which were expected to increase due to concerns over service provision affected by Covid-19. This included contacting providers for further clarification and seeking assurance about the quality of and safety of the service.
- d. Prioritising inspections where non-compliance affecting well-being had been identified at the previous inspection and/or Care Inspectorate Wales was aware of any concerns meriting an inspection.

85. Care Inspectorate Wales therefore expected the first point of contact service (CIW Connect) and inspection support staff to deal with an increase in calls relating to the crisis and the Inspectorate's response. I exhibit the informal advice to the Deputy Minister for Health and Social Services about the Inspectorate's operational activities which I have described above as **GB2/023- INQ000198265**.

86. On the morning of 16 March 2020, I recall that I met with the Deputy Chief Inspectors (Margaret Rooney and Vicky Poole) to discuss the current position. Following that discussion, I made the decision to pause the routine inspection programme for childcare and social care services, with effect from 5pm on 16 March 2020. This

decision included local authority social services. Care Inspectorate Wales did not consult with stakeholders about this decision. This is because the evidence at this point led me to believe there was a risk of inspectors spreading a virus, which was not fully understood, to people using and working in care services and of inspectors themselves becoming infected. At that time, the Inspectorate had received eleven notifications from care home and domiciliary support agency providers about the outbreak of an infectious disease which involved either suspected or confirmed Covid-19. Further, on the same day, the Inspectorate received its first notification about a death of a care home resident due to suspected or confirmed Covid-19. I considered there was a duty of care to protect people as far as possible but also to ensure inspectors did not carry the virus into care services where vulnerable people were being cared for. I believed the decision needed to be taken quickly in order to safeguard them. The sector was informed of this decision and I exhibit a letter to providers with regards to pausing routine inspections as **GB2/024-INQ000501664**. I exhibit the advice sent to Ministers regarding this decision at **GB2/025-INQ000497198**.

87. Care Inspectorate Wales also paused the publication of inspection reports, local authority annual performance review letters and national reports relating to all regulated services and local authorities as the Inspectorate believed this could create an additional burden (particularly where reports may identify areas for improvement). Although reports were not published, all reports were issued to the provider / local authority so any urgent issues could be addressed.
88. To increase the level of intelligence about the quality and safety of services during the period when routine inspections were not being undertaken, and to assist with contingency planning, the Inspectorate wrote to local authorities setting out its response to Covid-19 and requesting them to share information in a timely way on any service they had concerns about, and equally committed to sharing any concerns it might have had with local commissioners. I exhibit the letter issued to local authorities on 16 March 2020 as **GB2/026-INQ000198575**.
89. On 20 March 2020, the Deputy Chief Inspector, Vicky Poole sent a letter to directors of social services, copied to local authority chief executives and health boards with an update on Care Inspectorate Wales's work. The letter included suggested arrangements for sharing concerns and intelligence at an operational and strategic level. This was crucial to ensure both the Inspectorate and local authority/local health board commissioners had as accurate and up to date information about the position in

regulated services as possible, but was also crucial to the Inspectorate in terms of highlighting significant concerns about the safety and well-being of people and where an inspection was required. Care Inspectorate Wales committed to share notifications received from services about Covid-19 on a daily basis. I exhibit the letter to local authority commissioners at **GB2/027-INQ000198270**. This led to regular meetings with local authority and health board commissioners enabling intelligence to be shared with regards to those regulated services. Between 4 and 15 June 2020, the Deputy Chief Inspector and Head of Adult and Children's Services Inspection held a series of meetings with local authority and health board commissioners to explore with them what was working well in terms of information and intelligence sharing arrangements, and what more Care Inspectorate Wales could do. The Inspectorate agreed the arrangements implemented during the pandemic allowed for more regular and systematic sharing of intelligence which was beneficial, and this should continue and be formalised within a Memorandum of Understanding. I exhibit the Memorandum of Understanding as **GB2/028-INQ000501681**.

90. During the latter part of March 2020, although no physical inspections were undertaken, inspectors continued to monitor and follow up on:
 - a. Notifications including notifications of suspected or confirmed Covid-19 cases in staff or people using the service.
 - b. Concerns or safeguarding incidents reported to us by people using services, their families or representatives, staff, or other professionals.
 - c. Services already on the enforcement pathway. Where service failings had been identified at previous inspections, Care Inspectorate Wales wrote to these providers asking for an update on actions they had taken to address shortfalls.
91. Depending on the intelligence contained within any notifications, concerns and incidents coupled with prior knowledge of the service, inspectors followed up using a range of methods:
 - a. contacting the provider directly to seek further information or evidence of actions taken by providers,
 - b. referring appropriate matters to safeguarding,
 - c. liaising with the local authority and health boards to collect further intelligence, or,
 - d. a combination of the above.
92. On 23 March 2020, the UK went into the first national lockdown. At this point it became clear that Care Inspectorate Wales's ability to undertake routine inspection activity

would be limited for longer than had originally been anticipated. The Inspectorate therefore began the process of developing new ways of working to enable it to provide assurance when it was not regularly crossing thresholds.

93. Therefore, from 30 March 2020 Care Inspectorate Wales introduced the aforementioned weekly 'check-in calls' to adult and children's services care providers. The purpose of these calls was to 'check-in' with providers rather than 'check-up' on them. Through these calls, the Inspectorate sought to support providers through the difficult time and to gain feedback about services to inform a picture of pressures across Wales and identify any specific problems for services, whether these were areas the Inspectorate could develop guidance and advice about and/or areas the inspectorate could feedback to its key stakeholders in local authorities and health boards. I exhibit the website bulletin for providers as **GB2/029-INQ000198277**.
94. Care Inspectorate Wales developed a survey in April 2020 to capture the discussions during check-in calls. This enabled records to be taken of the intelligence arising from those discussions against each service in the care management system, and collation of the information (along with the information received via the concerns process and notifications) to better understand the impact of Covid-19 on social care services. I exhibit a template of those check-in calls as **GB2/030-INQ000514132**.
95. Check-in calls with adult services providers moved from weekly to fortnightly from 22 April 2020. This change in frequency recognised the pressures on providers internally, and through calls from multiple agencies. Some providers were contacted more frequently if Care Inspectorate Wales needed to gather more information or provide additional support, for example an outbreak at the care home affecting a high number of people. Questions to providers evolved over time and were refined to gather further details, or to encompass new themes related to the progress of the pandemic and the effects on care providers.
96. In addition to check-in calls, information shared with Care Inspectorate Wales via concerns from the public and staff working in care services was vitally important. Therefore, on 28 April 2020, the Inspectorate published a news article on its website reminding people and providers to get in touch with Care Inspectorate Wales to inform it about what was going well and what was not going well. Additionally, on 4 May 2020, Care Inspectorate Wales and Healthcare Inspectorate Wales published a joint statement reminding people who had a role in providing care about the importance of

speaking up and sharing concerns with the Inspectorates. I exhibit the news article as **GB2/031-INQ000497209** and the joint statement as **GB2/032-INQ000497178**. The joint statement was reviewed and re-published in March 2021, again calling on all staff working in health and social care in Wales to continue to "speak up" about the excellent care being provided, but also about care that did not meet the required standard. I exhibit the March 2021 joint statement as **GB2/033-INQ000501397**.

97. Care Inspectorate Wales attended meetings with local authorities and health boards about individual services as and when outbreaks occurred. From mid-April 2020 onwards Care Inspectorate Wales established scheduled Covid-19 discussions with commissioners from local authorities. These meetings still occur and enable Care Inspectorate Wales to share information about services and agree actions together.
98. Care Inspectorate Wales also has an existing internal RAG (red, amber, green) system to assist with the scheduling of inspections. This is built into the Inspectorate's electronic case management system and uses risk factor (such as absence of responsible individuals for more three months, noncompliance with regulations at the previous inspections etc) to schedule inspections as either 'routine', 'early' or 'priority'. This enables the Inspectorate to prioritise its inspection work and determine when specific services require an inspection. In response to the growing impact of Covid-19, particularly in care homes, Care Inspectorate Wales set up an additional system from May 2020 to enable inspectors to look specifically at services with Covid-19 outbreaks, identify those services where people may be at risk and agree actions for oversight and potential inspection or further action.
99. The Inspectorate's actions in relation to these services included working with partners to agree what might be needed to support the service and increased monitoring including inspection. This included a central record where inspectors recorded key information/issues identified and our action/monitoring activity. Inspectors considered intelligence obtained through:
 - a. Information and data from concerns, safeguarding and notifications, the history of the service
 - b. Information from commissioners, and
 - c. Intelligence gathered during check-in or monitoring calls

100. Based on this intelligence, inspectors made an assessment of the impact of Covid-19 at the service and the likelihood it would continue to impact on the service. Where this assessment indicated emerging or immediate risk to life or significant harm or neglect to people living at the service, the service was subject to increased levels of monitoring. This included frequent calls with the responsible individual at the service as well as the service manager to seek more detailed assurances about actions the provider was taking to deal with the outbreak. Where Care Inspectorate Wales was not satisfied with the responses and actions being taken by the provider, these services were referred to a Securing Improvement and Enforcement Panel where decisions were made about what action to take. Those actions include inspection, referrals to safeguarding, meeting with the provider or a combination of these actions. Guidance on identifying these services and appropriate action is exhibited at **GB2/034-INQ000497208**.
101. The Inspectorate developed and published guidance in May 2020, which set out its approach to providing independent scrutiny while ensuring it did not put people using services, staff or its own staff at unreasonable risk, and that it worked in line with national guidance. This included detail about the activity Care Inspectorate Wales was undertaking to support the sector. It also explained how the Inspectorate would monitor all services, analyse information to assess risks, determine priorities and the approach to services where the intelligence indicated there may be service failings including the option to undertake physical inspections. I exhibit the approach to assurance document as **GB2/035-INQ000501663**.
102. Crucial to the ability to physically inspect was having appropriate infection prevention and control measures in place. This included access to appropriate PPE, training on its use, Covid-19 testing and training on the use of lateral flow devices.
103. Guidance for inspectors entering adult care services on infection control and prevention principles was produced in May 2020. I exhibit the infection prevention and control guidance as **GB2/036-INQ000501399**. The purpose of the guidance was to ensure Care Inspectorate Wales staff protected themselves, those using services and staff at the settings from the risk of infection. This guidance was updated at various points to reflect changes to the process for collection of PPE or national guidance on PPE.
104. Care Inspectorate Wales followed Public Health Wales guidance on use of PPE throughout the pandemic. Inspectors entering services wore PPE in line with the

national guidance for the type of regulated service they were inspecting. PPE was made available from June 2020 when onsite inspections recommenced following the pause in inspections in March 2020. This included from November 2020, the provision of scrubs for inspectors inspecting services where there was an outbreak of Covid-19. A risk assessment was undertaken prior to every inspection to determine the appropriate PPE to be used. In addition, all inspectors likely to enter a regulated service received mandatory training in how to put on and remove PPE ('don' and 'doff') correctly.

105. Care Inspectorate Wales was unable to access testing until June 2020 when it was advised by the Welsh Government testing team that inspectors intending to inspect services should request a test via the UK Government website and/or contact their local health board to access a test. This advice is exhibited as **GB2/037-INQ000497199**. When lateral flow tests became more available, Care Inspectorate Wales accessed a stock of the tests via the Welsh Government, and this enabled inspectors to undertake self-administered tests prior to each inspection.

July 2020 – September 2020 – approach to recovery

106. In July 2020, as restrictions began to be lifted and the first wave appeared to be subsiding, Care Inspectorate Wales began planning for recovery. It moved to a recovery approach from 31 July 2020, in the context of continued yet diminishing community transmission. During this phase, Care Inspectorate Wales began to undertake more inspection activity, aligning with the changing alert levels in Wales. Care Inspectorate Wales continued focusing its inspections on services where evidence indicated people may be at significant risk of harm and was supported in doing this by having access to PPE and testing of inspectors. The Inspectorate established a key set of underpinning principles. These were:
- a. **Putting people first:** the voice and well-being of people remained at the heart of its work underpinned by a rights-based approach. This included people using social care and childcare services, those working in regulated services and its staff.
 - b. **Being risk-based and responsive:** Care Inspectorate Wales took a risk-based, proportionate and timely approach to its work. It would monitor services and local authorities, respond to concerns and take action to reduce risks to people's safety and well-being, and secure improvement.

- c. **Being intelligence led:** Care Inspectorate Wales's work would be informed by data and intelligence. This included intelligence from people who use services, working in services, people commissioning services and people working in wider social care, health and childcare networks.
 - d. **Working collaboratively:** Care Inspectorate Wales would continue to listen, share information and work collaboratively across social care and childcare sectors and the Welsh Government to drive improvement.
 - e. **Reflecting and learning:** Care Inspectorate Wales would learn from new approaches to inform the next phase (renewal) and continue to benefit from the new ways of working.
107. Care Inspectorate Wales was conscious the Covid-19 position was ever changing and therefore committed to keep its approach under review, but it anticipated it would be operating in the ways set out in the recovery statement until autumn 2020.
108. At this time there was still significant pressure on social care and childcare services in Wales and Care Inspectorate Wales did not wish to unnecessarily add to this with regulatory burden. Therefore, the Inspectorate did not believe it could return to the full inspection programme during the recovery period. The recovery phase represented a move back to regulating and inspecting, but in a risk-based and intelligence led way. The Inspectorate adopted an increased focus on monitoring to gain further assurance about the quality and safety of services. It was important for the Inspectorate to be able to continue to fulfil its responsibilities in regulating and providing assurance about the quality of care and support. Therefore, it signalled its intention to replace the 'check-in calls' with 'monitoring calls'. Whilst 'check-in' calls primarily focused on the developing situation within care services, on matters such as, outbreaks of infection, access to PPE, impact of infection on staffing levels, access to medication and food supplies; 'monitoring calls' enabled the Inspectorate to gain further assurance about the quality and safety of services, with an increased focus on how providers were ensuring the safety and well-being of people in receipt of care. While the calls to providers continued to focus on key areas such as access to PPE and support from other agencies, for example GP and end of life services in adult services, the Inspectorate also brought in elements related specifically to monitoring regulatory matters. Through these calls, the Inspectorate sought to capture the positive aspects for people receiving the service as well as identify any early indicators of potential risk. Examples of additional areas covered during these calls included: whether quality of care reviews were being undertaken and the actions arising from that work (quality

care reviews are undertaken by providers to assess and improve the quality of care and outcomes for the people using the service); how people in receipt of care were being involved in the running of the services and supported to communicate; what staff supervision and training was being undertaken and queries about how visiting was being facilitated. Monitoring calls were made monthly, to adult services, then moved to a more extended period in the autumn and winter months.

109. During the 'recovery phase' Care Inspectorate Wales committed to working as far as possible in a remote way, making effective use of technology available. The Inspectorate sought to use the recovery phase to test new ways of working and learn from this to inform its operations in the future. For example, it signalled its intention to use virtual inspection methods in some circumstances. Virtual inspection methods could include virtual tours of premises (where appropriate), virtual interviews with staff and with people using services.
110. In this phase, Care Inspectorate Wales adopted a risk-based approach, carrying out inspections where this was necessary, or by other means to gain assurance around those concerns. Care Inspectorate Wales used the intelligence it gained from a range of sources including inspector's monitoring calls with providers, statutory notifications, concerns raised by staff, the public or professionals, and information from local authority and health board commissioners to inform its risk-based approach to inspection. Care Inspectorate Wales believed this range of intelligence sources provided it with as reliable information as was possible during this period of time.
111. Care Inspectorate Wales developed guidance for inspectors undertaking inspections in this phase exhibited at **GB2/038-INQ000514054**. This set out the circumstances that would lead to an inspection which included where one or more of the following features applied:
 - a. *'off-site assurance activity has raised serious concerns about actual or possible harm, abuse, or breaches of human rights and the provider has been unable to provide sufficient evidence that allows us to decide that people are safe*
 - b. *Care Inspectorate Wales have received information that has raised concerns Care Inspectorate Wales can only fully consider through an on-site visit*
 - c. *Care Inspectorate Wales must visit to be able to decide whether to take, or to stop taking enforcement action*

- d. *the service is already on the securing improvement and enforcement pathway with non-compliance notices issued or enforcement action underway*'.

112. The guidance also set out the inspection methodology to be used including the core areas to be considered at each inspection. These included:
- a. Review of the service statement of purpose and relevant policies including Covid-19 infection control policy;
 - b. Compliance with Public Health Wales guidance;
 - c. Consideration of any new admissions to the home;
 - d. People's personal plans and how their general well-being needs were being met;
 - e. Standards of care and support;
 - f. Safeguarding including any measures of control and restraint;
 - g. Management and staffing including contingency arrangements;
 - h. Quality assurance measures including statutory reports Responsible Individuals were required to prepare (these included reports of their statutory visits to the service and quality of care review reports);
 - i. Any other documentation that had been identified from the analysis.
113. The guidance set out circumstances where a virtual inspection would be appropriate. The Inspectorate understood this would mean inspectors would not be able to observe care delivery in the same way they could at an onsite inspection. Therefore, inspections would only be undertaken virtually where the service risk assessment determined there was medium to low level of impact on people's well-being, the risks were not likely to reoccur, and there was no evidence of wilful neglect or deliberate harm. This approach only applied to services where people could engage with the inspector via telephone or Skype and/or with the support of a relevant advocate. Time to consult with key stakeholders including people using the service or their advocates was built into the plan and timescales of inspection. This included the use of video interviews, telephone calls, e-mails or questionnaires. In practice virtual inspection visits only accounted for 8% (66) of the inspection visits during the period when routine inspections were suspended. Details of the number or virtual visits undertaken is provided in table 7 at paragraph 134.
114. Most inspections in the 'recovery phase' were focused to reduce the amount of time spent on site. Care Inspectorate Wales continued to use risk assessments to inform planning for each inspection to ensure the safety of people using the service, staff and

inspectors. I exhibit the 'Response to Recovery Approach' as **GB2/039-INQ000501666**.

115. During the recovery phase, in addition to working closely with local authority commissioners to share information and intelligence about services to inform our risk-based decision making, Care Inspectorate Wales also pro-actively sought feedback from people about their experiences through targeted social media campaigns. In this phase the Inspectorate was undertaking priority inspections in adult and children's services. I exhibit two examples of social media posts as **GB2/040-INQ000497183** and **GB2/041-INQ000497184**.
116. In my statement for Module 2B, I stated that, *"while virtual inspections enabled CIW to get some insight into what was happening at a service, some inspectors fed back it was difficult to get a real sense of quality and safety and what people's experiences were like virtually."* To mitigate these concerns in July 2020, Care Inspectorate Wales undertook an exercise to engage with and listen to people living in care homes. Inspectors spoke to people in receipt of adult care services by phone or Skype to ask for their reflections about the period between March and July 2020. The discussions focused on their experience during the pandemic, keeping in contact with friends and family, communication, and support. Care Inspectorate Wales spoke to 228 people using adult care services (eight younger adults) between 27 – 31 July, which I exhibit as **GB2/042-INQ000497206**. I also exhibit the August 2020 feedback as **GB2/043-INQ000501542**. Care Inspectorate Wales shared the feedback with local authorities, health boards, and the Older People's and Children's Commissioners for Wales. I exhibit the email sharing this feedback with the Older People's Commissioner as **GB2/044-INQ000501539**, and the Children's Commissioner as **GB2/045-INQ000501541**.

October 2020 – 30 May 2022 – Providing assurance during subsequent waves of the pandemic

117. In October 2020, as community transmission began to increase during the second wave of Covid-19, the Welsh Government introduced a two-week firebreak to try to bring the virus under control. The firebreak lasted from 23 October until 9 November, with restrictions similar to those during the first national lockdown in March 2020. It

therefore became clear Wales was not in a recovery phase. The Inspectorate took the decision to continue to undertake work it was able to do, such as registering, regulating, reviewing and physically inspecting services. Care Inspectorate Wales continued to prioritise work for those services it was most concerned about. It took this approach in October/November 2020 because the position was quite different to March 2020: there was a much greater understanding of how the virus spread and the Inspectorate had access to testing and PPE for inspectors, thereby reducing the risk of inspectors bringing the virus into care services.

118. Care Inspectorate Wales felt it was important to signal to the sector its intention to continue to undertake regulatory work and on 10 November 2020 published a document entitled 'Our approach to assurance'. The document set out the Inspectorate's intention to retain many of the adapted processes set out in the approach to recovery and reiterated inspections were continuing. The Inspectorate also outlined the measures it was taking to ensure the safety of people using the service, staff and inspectors, including risk assessment and management plans, infection prevention and control, training for inspectors, and the use of PPE. I exhibit Care Inspectorate Wales's approach to assurance during this phase as **GB2/046-INQ000496075**.
119. By March 2021, the second wave of Covid-19 started to diminish. On 26 March 2021, Care Inspectorate Wales re-issued the approach to assurance on its website, again reiterating it continued to undertake physical inspections of services.
120. On 4 August 2021 Care Inspectorate Wales again updated its approach to assurance document, signalling its intention to return to a more structured and routine inspection programme. This included:
 - a. Care Inspectorate Wales began a revised programme of inspections for all adult and domiciliary support services with the aim of delivering this programme within an 18-month period.
 - b. Following up on assurance checks and undertaking risk-based inspection of local authority social services where Care Inspectorate Wales had concerns about people's safety and well-being.
121. I exhibit Care Inspectorate Wales's approach to assurance from 4 August 2021 phase as **GB2/047- INQ000504041**.

122. Care Inspectorate Wales continued to work in this way from August 2021, in conjunction with undertaking developmental work drawing on the learning from the revised ways of working during the pandemic. This included:
- a. Preparing for the introduction of ratings in adult and children's services in a phased way from April 2023 – the publication of ratings was subsequently delayed until April 2025,
 - b. Revised performance review and inspection approach for local authority social services,
 - c. Development of enhanced data reporting tools which would make its information and data more accessible to the public and stakeholders.

Qualitative analysis of check-in calls

123. Between March and August 2020, Care Inspectorate Wales made 10,958 check-in calls to adult and children's services across Wales. These primarily focused on the developing situation within care services, outbreaks of infection, access to Personal Protective Equipment, impact of infection on staffing levels, potential issues such as access to medication and food supplies. Care Inspectorate Wales was able to focus on services where there were concerns about care and support for people, provide links to relevant agencies to support the service, and to consider whether there may be reason to take forward inspection due to potential harm to people. This information when collated enabled the Inspectorate to play an active role in highlighting specific concerns to the Welsh Government, Public Health Wales and more locally with commissioners of services from health and social care. For example, the Inspectorate was able to raise problems for the sector accessing sufficient PPE early in the pandemic along with issues on hospital discharge; access to GPs, for example, GPs were not visiting care homes and virtual appointments were putting pressure on staff; and end of life support services, including the availability of end-of-life pain relief medication. The Inspectorate was also able to share issues it had been made aware of by Care Forum Wales and some individual providers about the problems they were having in renewing their public liability insurance. Providers reported some insurance companies would not renew their insurance and those companies that did provide cover had included coronavirus exclusions against certain insured risks and/or a general communicable disease exclusion within the policies. Providers also reported significant increases in the cost of indemnity insurance premiums e.g. in one case the cost had increased by £2,500 (+80%).

124. Between 30 March and 26 June 2020, Care Inspectorate Wales produced ten qualitative analysis reports of the information collected as part of the check-in calls, as set out below:

Week Number	Date (2020)	Exhibit reference
1	30 March - 5 April	GB2/048- INQ000514052
2	6 April - 12 April	GB2/049- INQ000198643
3	13 April - 19 April	GB2/050- INQ000198642
4	20 April - 26 April	GB2/051- INQ000514317
5 & 6	27 April - 10 May	GB2/052- INQ000514308
7 & 8	11 May - 24 May	GB2/053- INQ000509288
9,10 & 11	25 May - 14 June	GB2/054- INQ000514316
12 & 13	15 June - 28 June	GB2/055- INQ000514051
14 & 15	29 June - 12 July	GB2/056- INQ000198640
16 & 17	13 July - 26 July	GB2/057- INQ000514053

The findings from the first four weeks of the survey showed the main areas of concern were PPE, managing the virus, and testing. On PPE, care providers reported some problems with supply and concerns about the application and impact of guidance, for example, providers were reporting PPE guidance provided by some local authorities contradicted national guidance. Further, some providers wanted clearer guidance and expressed any guidance should not be changed to accommodate shortages. However, providers also reported good examples of immediate PPE supply when required urgently. On managing the virus, providers' responses were characterised by uncertainty about responding to an outbreak and managing staff with signs and symptoms, and there were concerns about inconsistent advice and guidance about Covid-19. On testing, availability of testing and time taken to receive results was an issue for providers. Providers described pressure to admit people from hospital without confirmation about testing; providers were worried about an infected individual passing on the virus. Other findings from the survey included providers reporting they had managed to maintain food supplies and medication, but with additional complications and obstacles; that communication and support from local authorities had been very good, but less so from health boards, and providers had concerns about financial pressures, and the impact on the workforce. Around guidance more generally, providers stated there was a lot available but sometimes there was too much. Providers

reported the guidance being provided from different bodies was good, however, each body was interpreting it differently, leading to confusion.

125. Moving into May 2020, providers reported an improving situation in relation to PPE, but continuing concerns related to discharge from hospitals, including pressure to admit people from hospital without confirmation about testing and inadequate information sharing. Many providers reported a challenge to ensure residents were tested before hospital discharge, but some reported good discharge processes, with good cooperation with discharge teams and discharge nurses. Providers continued to report good support from organisations such as Public Health Wales and local authorities, but contact could be over burdensome with frequent contact and duplication of requests from different agencies. The survey results also indicated providers were demonstrating resilience and innovation to support people's emotional and mental health.
126. From the middle of May 2020, providers reported the position in relation to hospital discharge was improving, although communication remained an issue, and some providers still described pressure to admit people from hospital without confirmation about testing, but also they were being more assertive in challenging proposed discharges. Similarly, the testing process presented as improving, with mainly good arrangements, but also a growing concern about the timely reporting of results. There were an increasing number of remarks made about GPs; mostly related to GPs not attending care homes.
127. From late May into June 2020, discharge arrangements continued to improve, with strengthened arrangements for testing at discharge, though issues were still being reported. Feedback about some GP support was described as 'mixed'. Just under 50% of providers stated they were admitting new people to the home or accepting new packages of care. Providers reported various social and physical activities, some of which had been introduced as new activities during the pandemic, had been essential for people's mental, physical and social well-being. The importance of family contact continued to be recognised.
128. At the end of June and into July 2020, continued improvement in hospital discharge processes was reported, including in relation to communication and information exchange. Mass testing had commenced for many providers and was providing reassurance, although some reported arranging testing and receiving results had been

complicated and difficult to organise and understand. Providers continued to work on re-establishing safe contact with family and friends. Support from health professionals in the community was reported as improving. A small number of services reported a significant impact on staffing capacity through the pandemic. For some this related to the number of staff from Black, Asian and Minority Ethnic backgrounds employed, or due to staff roles within the organisation (e.g. nursing staff, manager or Responsible Individual). In one case this related to a nurse from a Minority Ethnic background leaving due to workload pressure and the publicity about higher risks for people from such backgrounds. In other cases, this related to the outcomes of the All Wales Covid-19 Workforce Risk Assessment Tool which resulted in people from Black, Asian or Minority Ethnic backgrounds scoring as higher risk and therefore needing to have their duties modified in some way to protect them. This could make managing resources more difficult, particularly where these staff were nurses of which there may be very small numbers in the service or in some cases, these staff were the only nurses employed. Most providers were aware of the All Wales Covid-19 Workforce Risk Assessment; one provider said they found the risk assessment very useful and had used it in their service in England.

129. As services began to recover, providers focused on government guidance in relation to re-connecting families, restarting activities, refurbishment and routine service work that was paused because of the pandemic.
130. Care Inspectorate Wales published the feedback from all check-in calls in an overview report September 2020. The report provided an overview of all check-in calls from 30 March 2020 until 26 July 2020 (10,045 responses). I exhibit the overview of feedback from the Care Inspectorate Wales check-in calls with providers of registered services for adults as **GB2/058-INQ000198499**.
131. As described earlier in this statement, Care Inspectorate Wales replaced 'check-in calls' with 'monitoring calls' in August 2020. Between August 2020 and March 2021, it made 2,507 monitoring calls to adult care home and domiciliary support services across Wales. These calls gave the Inspectorate a line of sight of the position in individual services and were a crucial part of monitoring during the initial phases of the pandemic.

Inspections undertaken during the relevant period

132. Care Inspectorate Wales' approach to inspection is set out in the code of practice for inspection referred to earlier in this statement. Table 5 below provides the number of inspections Care Inspectorate Wales performed in each financial year 2018/19, 2019/20, 2020/21, 2021/22 and 2022/23.

Table 5: Number of inspections performed in each financial year					
Numbers of inspections performed					
Year ending	31/03/2019	31/03/2020	31/03/2021	31/03/2022	31/03/2023
Adult care homes with nursing	274	268	71	231	247
Adult care homes without nursing	528	590	94	486	543
Adult & children's care homes	2	4	13	12	14
Domiciliary Support Services	212	190	130	244	399
Total	1,016	1,052	308	973	1,203

133. Table 6 below details the number of services inspected in each financial year 2018/19, 2019/20, 2020/21, 2021/22 and 2022/23. The number of inspections performed may be greater than the number of services inspected, where Care Inspectorate Wales has inspected an individual service more than once in the same year. For example, this could happen where the Inspectorate is following up on failings identified at a previous inspection or where concerns have been raised and the inspectorate has decided to undertake an inspection.

Table 6: Number of services inspected in each financial year					
Number of services inspected					
Year ending	31/03/20 19	31/03/20 20	31/03/20 21	31/03/20 22	31/03/20 23
Adult care homes with nursing	210	228	62	167	187
Adult care homes without nursing	446	534	82	429	479
Adult & children's care homes	2	4	9	11	11
Domiciliary Support Services	199	179	127	222	366
Total	857	945	280	829	1,043

134. Table 7 below illustrates during the period between March 2020 to August 2021 (the period during which routine inspections were suspended) Care Inspectorate Wales undertook 808 inspections. Usually, all Care Inspectorate Wales' inspections involve an unannounced, in person visit to the service. During the period when routine inspections were paused, only a very small number of inspection visits were undertaken virtually out of the 808 inspections, 786 were in person site visits and 66 virtual site visits. As each inspection could require more than one visit depending on the size and complexity of the service and the level of concerns found during the inspection, the number of visits was greater than the number of inspections. These inspections took place where intelligence from concerns raised with the Inspectorate through, notifications, or information shared by commissioners which indicated people may be at significant risk of harm. I have been asked to provide a breakdown of the specific reasons for these inspections, however, in light of the number of inspections it has not been possible to list the reason for each inspection. However, the themes of the issues found at those inspections has been provided in paragraph 144.

Table 7: Number of inspections and visits undertaken during the period when routine inspections were suspended

16/03/2020 to 04/08/2021

Service type new	Number of inspections	Number of in person site visits	Number of virtual site visits
Adult care homes with nursing	221	218	14
Adult care homes without nursing	312	312	19
Domiciliary Support Services	257	240	31
Adult & children's care homes	18	16	2
Totals:	808	786	66

135. I have been asked to provide details about incidents where residents in care homes may have been, or were being abused, during the Covid-19 pandemic. Under regulation 60 of the Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017, providers of adult social care are required to notify Care Inspectorate Wales of any abuse or allegation of abuse in relation to an individual involving the service provider and/or a member of staff. Table 8 provides the details of these notifications during the relevant period.

Table 8: Online notifications received for abuse/allegations of abuse				
	21/01/2020 to 30/05/2022			
Type of Abuse or allegation of abuse:	Adult care homes with nursing	Adult care homes without nursing	Adult & children's care homes	Total
Physical abuse	922	936	51	1909
Psychological abuse	69	116	5	190
Neglect	354	274	6	634
Emotional abuse	71	150	9	230
Sexual abuse	81	169	19	269
Financial abuse	53	96	0	149
Totals:	1550	1741	90	3381

136. I have specifically been asked to provide the average number of notifications received in relation to abuse or allegations of abuse outside of the relevant period. This is set out in table 9 below. The data has been broken down annually for the purpose of comparison.

Table 9: the average number of notifications received for abuse/allegations of abuse					
	21 Jan 2019 to 20 Jan 2020	21 Jan 2020 to 20 Jan 2021	21 Jan 2021 to 20 Jan 2022	21 Jan 2022 to 30 Jun 2022	01 Jul 2022 to 30 Jun 2023
Type of Abuse	Monthly average	Monthly average	Monthly average	Monthly average	Monthly average
Emotional abuse	9.1	9.7	7.1	5.1	7.5
Financial abuse	5.0	5.4	5.0	4.2	6.3
Neglect	0.0	6.4	33.1	28.3	51.0
Physical abuse	47.0	71.0	63.0	53.3	96.5
Psychological abuse	4.8	7.1	5.9	6.0	5.2
Sexual abuse	7.7	9.2	8.3	10.4	12.0
<i>Totals:</i>	73.5	108.8	122.4	107.4	178.5

137. Although providers are only required to inform Care Inspectorate Wales of abuse or alleged abuse involving the service provider and/or a member of staff, they very often also make notifications about abuse or alleged abuse of a resident by another resident. The notifications the Inspectorate receive include a detailed narrative of the concern, therefore, in light of the number of notifications it is not possible to simply extract data on the numbers of these notifications that related specifically to abuse by the provider or staff, or by residents. However, when Care Inspectorate Wales receives a notification of actual or alleged abuse, the inspector will review the information and any actions the provider has taken to determine the most appropriate action. For the reasons I have described above, it has not been possible to extract data on the numbers of each of these actions taken in response of the notifications made.
138. In addition to notifications, individuals can raise concerns with Care Inspectorate Wales about a regulated care service. Table 10 provides details of the number of concerns raised during the pandemic. It has not been possible to extract data on the specific issues these concerns related to. However, it is possible to identify the themes of those concerns.

Table 10: Number of concerns raised with Care Inspectorate Wales 21 January 2020 – 30 May 2022

Theme	Adult care homes without nursing	Adult care homes with nursing	Domiciliary Support Services	Adult & children's care homes	Totals:
Care and Support	316	330	218	39	903
Safeguarding	134	146	125	8	413
Environment	62	42	7	8	119
Leadership and Management	725	862	577	119	2283
Wellbeing	169	172	79	16	436
Staffing	159	256	119	25	559
Operating without registration	8	2	118	6	134
Record started but not completed	0	0	0	1	1
Totals	1573	1810	1243	222	4848

139. There are a range of actions an inspector can take in response to notifications and concerns. These include:
- following up with the provider to ascertain whether appropriate action has been taken to mitigate any risk if this is not sufficiently clear in the notification itself or to engage with them about the concerns raised,
 - raising a safeguarding referral to the local authority,
 - referring to the Police,
 - referring to another regulatory body,
 - highlight the issues raised in the notification for review at the next scheduled inspection,
 - prioritise an inspection, or
 - a combination of these actions.
140. In April 2022 Care Inspectorate Wales made improvements to its digital case management system which changed the way concerns and actions arising from them are captured and recorded. These improvements now make it easier to extract data about the actions the Inspectorate takes in response to concerns. Prior to these changes being made, it was not possible to accurately differentiate between inspections initiated as a result of concerns, as opposed to those which occurred as part of the normal inspection schedule, but the date was brought forward as a result of a concern. Therefore, it has not been possible to provide accurate data on the number of inspections completed as a direct result of a concern raised.

Securing Improvement

141. Where Care Inspectorate Wales identifies failures in services that impact or pose a risk to people's well-being outcomes, it will use its enforcement pathway to require a service provider to improve by issuing Priority Action Notices. This is the first stage of the securing improvement and enforcement pathway. These non-statutory Notices set out the regulatory failings for the service provider and the action they are required to take to improve the service. I exhibit Care Inspectorate Wales's Securing Improvement and Enforcement Policy as **GB2/20-INQ000501398**. Where issues are identified which are less serious in terms of risk and impact on people, this will be highlighted as an area for improvement.
142. Services issued Priority Action Notices are prioritised for a follow-up inspection within six months to establish whether the required actions have been taken. Where areas for improvement are highlighted, the Inspectorate will undertake an early inspection within 12 months to check the necessary improvements have been made.
143. Table 11 below sets out the number of services inspected in each financial year 2018/19, 2019/20, 2020/21, 2021/22 and 2022/23, where one or more Priority Action Notice (was issued.

Table 11: Number services inspected in each financial year where one or more Priority Action Notice was issued					
Year ending	31/03/2019	31/03/2020	31/03/2021	31/03/2022	31/03/2023
Adult care homes with nursing	85	94	40	92	110
Adult care homes without nursing	147	176	43	163	162
Adult & children's care homes	1	4	1	5	1
Domiciliary Support Services	68	55	44	63	94

Total	301	329	128	323	367
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144. During the period between March 2020 and August 2021, Care Inspectorate Wales issued 382 Priority Action Notices, as part of the 808 inspections undertaken when routine inspections were suspended. Table 12 below breaks down the themes of these priority action notices. The table highlights the themes where the highest number of priority action notices were issued. These included leadership and management and standards of care and support. It has not been possible to provide a specific breakdown of priority actions notices in relation to categories such as infection prevention and control. Improvements made to the Care Inspectorate Wales' digital case management system now enable more detailed breakdowns of priority action notices to be produced.

Table 12: Priority Action Notices issued following inspections completed between 16 March 2020 and 14 August 2021					
	Leadership and Management	Care and Support	Environment	Well-being	Total
Adult care homes with nursing	61	28	8	1	98
Adult care homes without nursing	91	30	21	8	150
Adult & children's care homes	51	24	3	1	79
Domiciliary Support Services	39	15	0	1	55
Totals:	242	97	32	11	382

145. In this same period, March 2020 to August 2021, Care Inspectorate Wales continued to take statutory action. This included issuing improvement notices specifying the proposed action the Inspectorate would take, for example cancellation of registration and the actions the provider must take, or the information the service provider must provide, within a specified time limit to satisfy the Inspectorate the improvements required had been made to avoid cancellation. This also included issuing notices of decision placing conditions on provider's registration such as restricting admissions.

The table 13 below details the number of statutory notices issued by Care Inspectorate Wales between March 2020 and August 2021.

Table 13: Statutory notices issued between March 2020 and August 2021				
Notice Type	Number	Outcome		
		Improvements not made and proposed action taken	Improvement made - proposed action not necessary	Provider voluntary cancelled
Improvement notice to remove responsible individual	4	3 (removed)	0	1
Improvement notice to cancel the registration of the provider	1	1 (cancelled)	0	0
Improvement notice to close a service	10	2 (closed)	6	2
Notice of proposal to place restrictions on the provider's registration	5	4 (restrictions imposed)	1	0
Urgent notices of decision to impose restrictions on the provider's registration	17	17	0	0
Total	37	27	7	3

146. In addition to the civil enforcement pathway, where Care Inspectorate Wales issues Priority Action Notices to service providers who have not met the required standards, the Inspectorate may also take criminal enforcement action in response to breaches of certain regulations made under the 2016 Act, and sections of the 2016 Act itself. Such action is taken against any registered provider and/or designated responsible individual (depending on the relevant legislation), or a person/provider carrying on a regulated activity without being registered to do so. Criminal enforcement action can also be brought against any person who obstructs Care Inspectorate Wales in the course of an inspection and against registered or unregistered persons where they have made a false or misleading statement in any application to register a service. I have been invited to provide any details of any criminal enforcement cases brought by Care Inspectorate Wales in 2019, 2020, 2021, 2022 and 2023 respectively; I can confirm the Inspectorate did not bring any criminal enforcement cases in relation to adult social care within that timeframe.

Care Inspectorate Wales function to review local authority social services

147. In addition to its powers to regulate and inspect service providers delivering regulated services, Care Inspectorate Wales has the power to review local authority social services functions as prescribed under section 149 of the Social Services and Well-being (Wales) Act 2014. This includes reviewing:
- a. the overall exercise of local authority social services functions in Wales
 - b. the way in which the social services functions of a particular local authority are exercised
 - c. the exercise of a local authority social services function of a particular description (including the power to inspect two or more local authorities where they are working together through regional arrangements)
 - d. the exercise of a local authority social services function by a particular person or persons
148. Care Inspectorate Wales is required under Section 161A of the Social Services and Well-being (Wales) Act 2014 to publish a Code of Practice. This sets out the Inspectorate's approach to reviewing local authority social services functions in Wales through its performance review activity. It describes its approach to how it will review the exercise of local authority social services functions in Wales.
149. Care Inspectorate Wales reviews how local authorities support and deliver their social services functions through a range of performance review activities, of which inspection is just one element. It considers how local authorities are performing in relation to the four principles of the Social Services and Well-being (Wales) Act 2014 as set out below. To note, during the Covid-19 pandemic the line of enquiry for the partnership principle was amended slightly to reflect the context of the pandemic.
- a. People - voice and control - How well were local authorities ensuring people, carers and practitioners were having their voices heard, making informed choices, and maintaining control over their lives
 - b. Prevention - To what extent were local authorities successful in promoting prevention and reducing need for increased or formal support from statutory agencies
 - c. Partnerships and Integration – To what extent were local authorities able to assure themselves opportunities for partnership working during the pandemic were positively exploited

- d. Well-being - To what extent were local authorities promoting well-being, ensuring people maintained their safety and achieve positive outcomes that mattered to them
150. These are considered at three levels:
- a. Individual – focused on people’s experience and their personal outcomes
 - b. Operational – focused on frontline practice and delivery
 - c. Strategic – focused on leadership, planning and governance
151. The majority of social services departments in Wales provide both adults and children’s services with a single statutory director of social services. Care Inspectorate Wales reviews the performance of both adults and children’s services.
152. Prior to the pandemic, performance review activity included:
- a. National thematic reviews: this included field work in a number of local authorities as well as a national survey which culminated in a national themed report to enable greater shared learning, impact and improvement in the outcomes of people in Wales.
 - b. Performance Evaluation Inspections.
 - c. Focused activity: We undertook focused activity either as separate activity with one local authority or with several local authorities as part of wider national thematic reviews.
 - d. Follow up: Follow up activity took place where we had specific areas to monitor and track progress.
153. I exhibit the code of practice for inspection of local authorities as it was prior to the pandemic at **GB2/18-INQ000496074**.
154. In March 2020, Care Inspectorate Wales suspended its programme of routine local authority performance review activity to enable local authorities to focus fully on responding to the challenging circumstances of the pandemic.
155. Care Inspectorate Wales was mindful of its assurance role and believed it was essential to seek reassurance on behalf of the public, about people’s safety and well-

being. This was balanced against the need to reduce the risk of infection inherent in on site activity and not create any additional pressures for local authorities.

156. Care Inspectorate Wales developed a new more agile way of working, developed in collaboration with local authorities. This resulted in an assurance check alongside enhanced engagement through regular dialogue with social services leaders.
157. From September 2020, Care Inspectorate Wales began its revised programme of assurance checks. The aim was to understand how local authorities were safeguarding people and promoting their well-being during the pandemic. It used information and intelligence gathered throughout the year to consider the strengths and risks in each local authority.
158. Care Inspectorate Wales undertook assurance checks in 19 local authorities from September 2020 to July 2021. In three local authorities more in-depth activity was carried out due to previous concerns or issues. In line with the Inspectorate's underpinning principles (as set out in paragraph 106), putting people first was central to the approach. Across our assurance check activities, we spoke to over 800 people who worked in, worked with or experienced social care services.
159. In November 2021, the Inspectorate published a national overview report of all assurance check activity. I exhibit the report as **GB2/059-INQ000501727**. The report covered the Inspectorate's findings and identified future challenges for the social care sector.
160. The findings of the assurance checks in 19 local authorities identified several examples of positive practice. These included:
 - a. local authorities supporting people to maintain and promote their well-being; with people often being active participants in designing their own care and support package.
 - b. managers and staff demonstrating an ability to adapt to rapidly changing circumstances throughout the pandemic, with social services staff at all levels going 'the extra mile' to keep what mattered to people central to their practice and working tirelessly to ensure the least possible disruption to services despite Covid-19 restrictions.

- c. an increased commitment to collaborative working between local authorities and partners. The Inspectorate found improvements in working relationships between health and social care at points of crisis during the pandemic. A major strength across Wales was the effort of volunteers and community support groups to help people during the pandemic.
161. Care Inspectorate Wales also found areas for improvement. These included:
- a. the recruitment and retention of skilled and experienced social workers was problematic in many rural and urban local authorities.
 - b. the quality of care and support assessments and plans could be improved in many areas, including clearly detailing what actions were required to ensure people's outcomes were met and measurable.
 - c. a lack of mental health support for adults, children and young people in local authorities across Wales. Care Inspectorate Wales found thresholds for access to services were high, interventions short, and for some people support was withdrawn at a time where risk of harm was extremely high.
162. In revising its approach, Care Inspectorate Wales also amended its reports to ensure published letters and reports provided a clearer narrative about strengths and areas for improvement.
163. The change in approach during this period resulted in a revised Code of Practice for Review of Local Authority Social Services being published in April 2023. This set out the following as specific methods of inspection within the performance review approach:
- a. National thematic reviews: this includes a national themed report to enable greater shared learning.
 - b. Performance Evaluation Inspections: to be completed in each local authorities every 5 years.
 - c. Assurance Checks.
 - d. Improvement checks to follow up on a local authority's progress in securing improvements following an inspection.

Data collection and sharing

164. Through its registration process, Care Inspectorate Wales has a direct link and relationship with every regulated service in Wales. It uses a digital case management system, which records and holds information about every regulated service. This system has been developed to also enable providers to submit information and notifications to Care Inspectorate Wales online. The case management system enables the Inspectorate to hold information about registered service providers and the services they operate, but it is not intended to be an information management system in respect of those individuals who are in receipt of care.
165. On 12 March 2020, Care Inspectorate Wales received the first notification of a resident of a care home with a suspected case of Covid-19 and a confirmed case on 13 March 2020. The Inspectorate received its first notification about a death of a care home resident due to suspected / confirmed Covid-19 on 16 March 2020. At this stage it was not known how the pandemic would progress or for how long it would last. Therefore, from 15 March 2020, Care Inspectorate Wales produced a daily report (working days) to monitor the number of cases being notified to it. An example of an email circulating this report on 15 March 2020 report is exhibited at **GB2/060-INQ000198263** and a copy of the report is exhibited at **GB2/061-INQ000198264**. This report was initially produced manually and was e-mailed to colleagues in the Welsh Government. The Inspectorate was aware the data it held would be important intelligence about individual services, but also about the impact and prevalence of Covid-19 in regulated social care services across local areas, local health board areas and Wales in general. Therefore, during the week beginning 16 March 2020 the Covid-19 Data and Intelligence Team was established by the Inspectorate to monitor incoming notifications in relation to cases (residents or staff) in social care services and to develop this report further so it could be produced automatically from the digital case management system.
166. The Covid-19 Data and Intelligence Team included representatives from Care Inspectorate Wales's data analyst team, inspectors and the Welsh Government Knowledge and Analytical Services statisticians. By 18 March 2020, the Team was producing the report daily (7 days a week). This report was entitled 'Coronavirus Notifications Report' on suspected and confirmed cases notified to Care Inspectorate Wales. From 19 March 2020, this data was made available via an iShare link (Welsh Government file storage system) to the Welsh Government Social Care Co-ordination group, policy teams and the Emergency Coordination Centre Wales to inform national planning and response. An email providing the live link to colleagues is exhibited at

GB2/062-INQ000198268. By providing a live link to the file, colleagues could access it whenever they needed and see the latest daily updated data.

167. The Coronavirus Notifications Report developed over time to include dashboards presenting the numbers of care homes notifying Care Inspectorate Wales of cases of Covid-19 in the last seven and 28/20¹ days in each local authority and local health board area. This provided an indication of the numbers of care homes that were locked down. It also included charts showing total deaths and Covid-19 related deaths notified to us over time. An example of the fully developed report is exhibited at **GB2/063-INQ000198645**.
168. From the beginning of May 2020, Care Inspectorate Wales also shared the reports on a weekly basis with local authority directors of social services via the Association of Directors of Social Services Cymru, to assist them in their local planning and response. The Inspectorate continued to share these reports with directors of social services until May 2021 following the move to Alert Level Three. An example of the email issued is exhibited at **GB2/064-INQ000198327**, and attachments provided to those recipients are also exhibited.
- a. The first is a report on Covid-19 impact on care providers 13-19 April exhibited as **GB2/065-INQ000198328**. This report presented 839 responses across the 22 local authorities in Wales. It illustrated matters such as the number of staff within care home and domiciliary support services with confirmed or suspected Covid-19, whether services were reporting sufficient supplies of PPE and medication.
 - b. The second was the Care Inspectorate Wales Provider survey thematic report period 30 March 2020 to 20 April 2020, a narrative report collated from responses by care providers to a survey seeking feedback on matters including, workforce demands, PPE, food supply etc. The report focused on the key themes identified by providers, such as concerns and understanding about the application and impact of advice on PPE; for example, uncertainty on when to use masks. Providers were also expressing anxiety about supply of PPE when infection was identified. The thematic response is exhibited as **GB2/066-INQ000198321**².

¹ This was aligned to the number of days a care home remained locked down following the start of an outbreak. The 28 day timescale was based on Public Health Wales advice, which represented two incubation periods. When testing capacity had increased and it could be shown that no one at the care home had the virus it was reduced to 20 days in January 2021.

² *This exhibit has been provided by another material provider to the UK Covid-19 Inquiry and is a duplicate of a document held by the Welsh Government and disclosed to the UK Public Inquiry [INQ000198329]*

- c. The Notifications of Deaths received from Adult Care Homes report 1 March 2020 to 29 April 2020 exhibited as **GB2/067-INQ000198330**, presented the data on the number of notifications Care Inspectorate Wales received from adult care homes. The data did not specify the cause of death.
 - d. The monitoring of notifications of deaths from adult care homes 30 April 2020 report exhibited as **GB2/068-INQ000198331** provided a breakdown by service name.
 - e. The Care Inspectorate Wales - Coronavirus Notifications 29 April 2020 exhibited as **GB2/069-INQ000198332** identified the number of confirmed and suspected Covid-19 cases by service name.
169. A highlight 'dashboard' of daily care home data was extracted from Care Inspectorate Wales's Coronavirus Notifications Report and shared with the Nosocomial Transmission Group (which I have described earlier within this statement) from November 2020. An example of this report is exhibited at **GB2/070- INQ000514056**.
170. On 15 April 2020, Care Inspectorate Wales generated its first report detailing daily notifications it had received from providers regarding the deaths of care home residents; known as the 'Care Home Deaths Report'. This report described the total number of deaths notified to the Inspectorate; it was generated each day, circulated by e-mail to the Inspectorate's Senior Management Team and made available via an iShare link (a live link that allows individuals to view the most up to date data) to Welsh Government Health and Social Services policy officials, the Welsh Government Knowledge and Analytical Services Covid-19 team, and the Technical Advisory Cell. The report is exhibited at **GB2/071-INQ000198634** and the email circulating the report is exhibited at **GB2/072-INQ000198299**.
171. On the same day, Care Inspectorate Wales submitted an informal briefing to the Deputy Minister for Health and Social Services to update her on the number of notifications being reported to the Inspectorate of service user deaths in adult care homes for the period 1 to 14 April 2020 **GB2/073-INQ000198301**. The briefing was drawn from Care Inspectorate Wales's Care Home Deaths Notification Report and provided a comparison of the two weeks prior to the reporting day. The briefing noted the figures were based on notifications received from Adult care home services and the dates were based on the date the notification was submitted to Care Inspectorate Wales as opposed to the date of death.

172. By way of an example, the tables below were included in the briefing to the Deputy Minister.

Table 14: Notifications of Service User Deaths in Adult Care Homes 1 April 2020 – 14 April 2020

Care Provided	Current Period	One Year Prior	Two Years Prior
With Nursing	356	144	168
Without Nursing	130	76	115
Total	486	220	283

Table 15: Notifications of Service User Deaths in Adult Care Homes 26 March 2020 - 08 April 2020

Care Provided	Current Period	One Year Prior	Two Years Prior
With Nursing	310	156	169
Without Nursing	121	73	98
Total	431	229	267

173. During meetings with the Deputy Minister for Health and Social Services, I discussed the headline figures from the Care Home Deaths Report and the Coronavirus Notifications Report. This included headline figures of all deaths in care homes notified to us to date and in the last fortnight. I also provided headlines about the Covid-19 cases which Care Inspectorate Wales had been notified of, such as numbers of services with outbreaks in

last seven or 28/20 days and the percentage of care homes with outbreaks by local authority and local health board geographical footprint.

174. As the Inspectorate's online death notification did not collate information about the person's ethnicity or any protected characteristics, Care Inspectorate Wales was unable to collate and report on this in relation to Covid-19 deaths. Although from late August 2020, the Inspectorate collected information on death notifications about age, gender and learning disability and autism, it was unable to conduct robust analysis of this data as it did not have the equivalent data in respect of all residents living in care homes. Therefore, it was difficult to draw reliable conclusions about any over representation of a particular age range, gender or of people with a learning disability or autism.
175. Care Inspectorate Wales considered it was in a good position to use the data and information it collected and held, both to inform the regulatory work and to share with the Welsh Government, local health boards and local authorities to inform their planning and decision making. However, there were some challenges in respect of data, including:
- a. Care Inspectorate Wales's data collection tools were not set up to collect specific information about Covid-19, making it initially difficult to get robust data. However, the Inspectorate made changes to the online notifications to address this at an early stage in the pandemic.
 - b. While Care Inspectorate Wales was confident compliance with notification requirements was reasonably good, it could not guarantee every death or confirmed case in a social care was notified to it. This was principally due to a recognition that providers were under significant pressure and may not have notified us about every incident. The Inspectorate made this clear by including this caveat alongside the data. It also took action to limit underreporting through its communications with providers and by reviewing data to identify and contact providers with low level of notifications, which could possibly indicate noncompliance with notification requirements.
 - c. Providers received requests for data and information from a number of organisations which placed additional pressures on them. For example, providers have legal requirements to notify Care Inspectorate Wales about certain events as described earlier in this statement; they are also expected to notify Public Health Wales about notifiable diseases; provide Environmental Health Officers with required information; and commissioners of care often included data requirements within their contractual arrangements with

providers. Whilst the Inspectorate was able to provide some of the information required at the relevant time to others, it did not collect the full range of information at the frequency required. There was no one single data collection process or arrangement which would enable information to be collected from social care providers and used by different agencies. Care Inspectorate Wales believes in any future health emergency; it would be beneficial for agreement at the start for one agency to take the lead on collecting a regular single set of data from social care providers to be shared with partners for emergency planning and response purposes. It would seem logical the regulator takes the lead on this as the Inspectorate has a broad range of statutory powers it can rely on.

- d. Care Inspectorate Wales engaged with Public Health Wales and the Office for National Statistics to share its data to provide a fuller picture and validate the national data set produced by the Office for National Statistics. However, it was clear there were different definitions of what constitutes a care home. Care Inspectorate Wales registers care homes as defined by law i.e. the provision of accommodation, together with nursing or care at a place in Wales, to persons because of their vulnerability or need. However, Public Health Wales and the Office for National Statistics categorised other types of care settings as care homes which were not registered as care homes, for example, supported living environments. The Inspectorate shared its data with the Office for National Statistics so that these differences could be understood and explained.
- e. There were two areas for which Care Inspectorate Wales was asked for data but which it was unable to provide. Those requests related to the numbers of staff working in social care services, the numbers of people living in care homes and the numbers of vacant places in care homes. The Welsh Government's 'Care Home Capacity Tracker' (an online tool giving providers the ability to record their vacancies) was still in development at the start of the pandemic and was fast tracked into early release to enable data on care homes vacancies to be collected although submission of information to this tool is voluntary and therefore reliant on providers keeping it updated in a timely way.

- 176. From the beginning of May 2020, the Inspectorate's aggregated data on reported cases of Covid-19 in care homes and deaths notified to it was published to provide greater transparency and information to the public. In addition, this data could be used to inform planning and response at a national, regional and local level.

177. On 5 May 2020, the Inspectorate's data was first published on the Welsh Government Statistics Wales website. This data was then published weekly until the end of July 2020, then moved to fortnightly publication up to the summer of 2023. The Welsh Government's Knowledge and Analytical Services also published a statistical report containing a narrative on the interpretation of the data including comments on quality and methodology. The email issuing a briefing to Ministers before publishing the first set of data is exhibited at **GB2/074-INQ000198335** and the attached documents within the email are exhibited: Care Inspectorate Wales national headline figures as at 1 May 2020 is exhibited at **GB2/075-INQ000198336**; the Chief Statistician's update regarding mortality statistics is exhibited at **GB2/076-INQ000299980**; and Adult Care Home Death notifications 4 May 2020 is exhibited at **GB2/077-INQ000282310**. While the data continued to be published until the summer of 2023, the statistical report ended in July 2022 having been initially published weekly until July 2020 and then fortnightly until July 2022. The Office for National Statistics used this data in the weekly publication to inform its publications.
178. From 16 May 2020, testing was extended to include all symptomatic and asymptomatic care home residents and staff with weekly testing of asymptomatic care home staff beginning on 15 June 2020. I exhibit some examples of feedback on testing at **GB2/078-INQ000396515** and **GB2/079-INQ000198346**, these examples include the Deputy Chief Inspector recommending that "all staff (and residents in care homes) should be tested whether they are symptomatic or not and in truth these tests need to be repeated at regular intervals", and seeking clarification with regards to "how any prioritising will be undertaken (for the care homes with no outbreaks) and then the mechanics of getting the test". A Written Statement by the Minister for Health and Social Services regarding the extension of weekly testing for care home staff is exhibited as **GB2/080-INQ000198394**. On the basis testing was extended, from 19 August 2020 Care Inspectorate Wales stopped requesting notifications of suspected Covid-19 cases. It continued to require providers to notify it of each confirmed Covid-19 cases i.e. those staff or residents with a positive Covid-19 test result. Communications to providers on this matter are exhibited at **GB2/081-INQ000198441**.
179. From early December 2020, the data on the number of care homes by local authority area that had informed Care Inspectorate Wales of a confirmed case of Covid-19 in staff or residents in the last seven and 28/20 days was published alongside the death data described above on the Welsh Government Statistics Wales website. An example of this is exhibited at **GB2/082INQ000198580**.

180. Between July and November 2020, Care Inspectorate Wales received seven requests to disclose data on deaths relating to Covid-19 in individual named care homes. These requests were received from relatives of people living in care homes, members of parliament or the Senedd and the media. Margaret Rooney, as the Information Asset Owner for Care Inspectorate Wales considered these should be refused and I agreed. This position was reached because between 12 March and 19 August 2020, providers were not only notifying the Inspectorate of deaths of people with confirmed Covid-19 but also suspected cases. These notifications did not necessarily reflect the cause of death included on death certificates. Therefore, data on numbers of notifications of deaths at individual care homes could present an inaccurate picture as some of these deaths may have been caused by other factors. Care Inspectorate Wales also believed it was not in the public interest to disclose information which may identify people and consequently result in further distress to people or their families. This is due to some care homes having very low numbers of people residing in them. Therefore, publishing the information at a care home level may have led to individuals and their cause of death being identified. In addition, the Inspectorate was concerned the public could erroneously associate high deaths with poor care and did not believe it was in the public interest to negatively impact the care sector by releasing this information, particularly given the pressures on the sector during the height of the pandemic. This could prejudice their ability to provide the necessary quality and levels of care to their residents. The Inspectorate's reasons for refusing to release this information were set out in each individual response to such information requests. Through our regular meetings and correspondence with the Care Quality Commission and Care Inspectorate Scotland, Care Inspectorate Wales was aware that the Care Quality Commission and Care Inspectorate Scotland had taken a similar position when dealing with such requests.
181. Therefore, Care Inspectorate Wales's response during the height of the pandemic had been to refuse the requests and to advise those who sought that information of the care provider's duty under the Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017 to be open with people in their care and their families. In some cases, Care Inspectorate Wales was able to provide other information about a specific person to their relative. In others the Inspectorate provided the data at a local authority level.
182. Care Inspectorate Scotland and the Care Quality Commission published information on notifications of deaths in individual care homes on 26 May 2021 and 21 July 2021 respectively. Through our communication with the Care Quality Commission, Care

Inspectorate Wales was aware the Information Commissioner's Office had issued a decision notice on 19 May 2021 in relation to a request to the Care Quality Commission in June 2020 for information on deaths at individual care homes. The Commission had refused to disclose the requested information and the Information Commissioner's Office decision notice stated that the Commission had correctly withheld the information. However, the Information Commissioner's Office added:

'this is an extremely finely balanced case, she considers that at the time of the request the public interest in favour of disclosure is outweighed by the public interest in favour of maintaining the exemption. She also notes that the CQC recognises that the balance of the public interest will change and is now actively considering and reviewing when and how the withheld data can be released'.

183. The Care Inspectorate Wales Senior Management team therefore decided on 28 July 2021 the time was right for the Inspectorate to reconsider its position and to publish death notification data at individual care home level. The rationale for this decision was Covid-19 cases had reduced over the summer of 2021 and pressures on the sector had eased (Wales moved to Alert Level 1 on 7 August). In addition, Care Inspectorate Scotland and the Care Quality Commission had published this data in Scotland and England and the Information Commissioner's Office comments in the decision report suggested Care Inspectorate Wales would be successfully challenged if it continued to refuse disclosure of this information. There was no reasonable argument at that time not to release the information especially when the other regulators in the UK had already released it.
184. Care Inspectorate Wales sought to publish the data in a manner which would provide a picture of the impact of Covid-19 on care homes but also the context in which the notifications were made, so the data would be interpreted accurately. For example, Care Inspectorate Wales explained the notifications it received included people who may have died in hospital, but who lived at the care home. Care Inspectorate Wales worked with Care Forum Wales, an umbrella organisation representing social care providers in Wales, to develop the key messages accompanying this data. The data was published on 21 October 2021 and those who had requested the information previously were sent a link to the publication. A copy of the email to providers advising of the publication date of information about Covid-19 related deaths of people in care homes is exhibited at **GB2/083- INQ000198570**.

Notification requirements of an outbreak of an infectious disease

185. The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017 which set out the requirements placed upon service providers includes, amongst others, a requirement to notify Care Inspectorate Wales of a range of events and incidents in accordance with regulation 60 of the 2017 Regulations. Where notifications are made, Care Inspectorate Wales collects and holds the name of the person concerned and the relevant details of the incident involving them. This information about individuals is held within the Care Inspectorate Wales's digital case management system and is used to inform the regulation and inspection of service providers. For example, where Care Inspectorate Wales is notified of an incident involving a person using the service, it may follow up with the provider to enquire about what actions they have taken, or may case track that person's care during the next inspection.
186. In addition, as discussed earlier in this statement, the public can raise concerns with Care Inspectorate Wales about services, and the narrative of those concerns are logged in its case management system. People who raise concerns may name a specific person receiving care or they may raise a general concern about care practices in the service. Again, the Inspectorate uses information from concerns to inform its inspection of service providers.
187. Under regulation 60 providers are also required to notify Care Inspectorate Wales about the outbreak of an infectious disease. Inspectors follow up on notifications of an outbreak of infectious disease by contacting the provider to ascertain what measures they are taking to mitigate the risk of transmitting the infection. This is part of Care Inspectorate Wales's standard monitoring approach of regulated services.
188. Covid-19 was made a notifiable disease on 6 March 2020, meaning providers were required to notify Care Inspectorate Wales of an outbreak of Covid-19. Prior to the pandemic, it was generally accepted that two or more cases of any infectious disease represented an outbreak, based on general Public Health Wales guidance about infectious diseases. Therefore, providers would only notify Care Inspectorate Wales when they had two or more cases of any infectious disease as opposed to each individual case.
189. To gain further intelligence about the prevalence of the coronavirus in regulated services Care Inspectorate Wales used additional powers under section 32 of the Regulation and Inspection of Social Care (Wales) Act 2016. From 12 March 2020, providers were required

to notify the Inspectorate of each individual case of suspected or confirmed cases of Covid-19 within the service **GB2/084-INQ000198257**. This could be a member of staff, or a person who used the service. However, the Inspectorate did not require providers to provide names of people who had suspected or confirmed Covid-19, rather they provided numbers of people.

190. On 12 March 2020, the same day the UK moved from 'contain' to 'delay', Care Inspectorate Wales received the first notification of a resident of a care home with a suspected case of Covid-19 and a confirmed case of Covid-19 was notified to us on 13 March 2020.
191. As part of Care Inspectorate Wales's standard monitoring approach of regulated services, information provided through notifications is held within Care Inspectorate Wales's case management system and is used to inform our regulation and inspection of service providers. For example, where the Inspectorate is notified of any incident involving a person using the service, it may follow up with the provider to enquire about what actions they have taken. The Inspectorate may case track that person's care during the next inspection, or the issue the notification relates to (e.g. outbreak of infectious disease) could be a specific line of enquiry at an inspection. In the case of notifications of an outbreak of infectious disease, inspectors will follow these up by contacting the provider to ascertain what measures they are taking to mitigate risk.
192. During the latter part of March 2020, although no physical inspections were undertaken, inspectors continued to monitor and follow up on notifications including notifications of suspected or confirmed Covid-19 cases in staff or people using the service. Inspectors would also generally follow-up notifications with regards to:
 - a. Concerns or safeguarding incidents reported to us by people using services, their families or representatives, staff, or other professionals.
 - b. Services already on our enforcement pathway. Where service failings had been identified at previous inspections, Care Inspectorate Wales wrote to these providers seeking an update on actions they had taken to address shortfalls.
 - c. Depending on the intelligence contained within notifications, concerns and incidents coupled with prior knowledge of the service, inspectors followed up using a range of methods:
 - contacting the provider directly to seek further information or evidence of actions taken by providers,
 - referring appropriate matters to safeguarding,

- liaising with the local authority and health boards to collect further intelligence, or
- a combination of the above.

193. As discussed earlier, Care Inspectorate Wales introduced from 30 March 2020 weekly check-in calls made by inspectors to adult and children's services care providers. On 30 June 2020 it agreed to move to a recovery phase from 30 July 2020. The Inspectorate subsequently agreed to adopt an increased focus on monitoring to gain further assurance about the quality and safety of services. It replaced 'check-in calls' with 'monitoring calls' in early August 2020. Monitoring calls were made monthly, to adult and children's services, then moved to a more extended period in the autumn to winter months.
194. Below Table 16 sets out the number of notifications Care Inspectorate Wales received of both confirmed and possible cases of Covid-19 between 2 March 2020 and 1 June 2022 in adult care homes and domiciliary support services (DSS).

Table 16: Covid notifications received - Adult Care Homes & Domiciliary Support Services			
Service Type	Service Sub Type	Number of notifications - confirmed Covid-19 02/03/2020 to 01/06/2022	Number of notifications – suspected* Covid-19 02/03/2020 to 05/11/2020 (last day of data collection)
Care Home Service	Adults With Nursing	5097	849
Care Home Service	Adults Without Nursing	7079	860
Care Home Service	Adults and Children Without Nursing	227	19
Domiciliary Support Service	None	6164	816
Total		18567	2544

Suspected cases of Covid-19 are people showing symptoms of the virus (new continuous cough and high temperature).

Notification requirements of any deaths related to Covid-19

195. As I have outlined at paragraph 165 above, on 16 March 2020, Care Inspectorate Wales received its first notification about a death of a care home resident due to suspected/confirmed Covid-19. The Inspectorate established a Covid-19 Data and Intelligence Team to monitor incoming notifications in relation to cases (residents or staff) in social care services and on 15 April 2020 generated its first report detailing daily notifications it had received from providers regarding the deaths of care home residents, known as the 'Care Home Deaths Report'. This report described the total number of deaths notified to Care Inspectorate Wales and was circulated to the Inspectorate's Senior Management Team and made available to Welsh Government Health and Social Services Group policy officials, the Knowledge and Analytical Services Covid-19 team and the Technical Advisory Cell. The report is exhibited at **GB2/071-INQ000198634** and the email circulating the report is exhibited at **GB2/072-INQ000198299**.
196. From 1 March 2020 to 29 June 2022, Care Inspectorate Wales was notified of 15,885 deaths in adult care homes residents. This included deaths from all causes, not just Covid-19. 10,629 death (66.9%) notifications related to residents in adult care homes with nursing care and 5,256 death (33.1%) notifications related to residents in adult care homes without nursing.
197. From the data it could be established that notifications of deaths in adult care home residents rose sharply from early April 2020 and peaked in early May 2020. By mid-June 2020 notifications had returned to the 2018 and 2019 average, however, they increased again through November 2020 and December 2020. From early January 2021, notifications increased but remained below the peak in May 2020. Following this, the number of notifications generally remained below or similar to the 2018 and 2019 average until mid-July 2021. From mid-July 2021, notifications of deaths in adult care home residents increased. After a period of reduction during August 2021, they have since fluctuated and generally remain similar to the 2018 and 2019 average.
198. From 1 March 2020 to 29 June 2022, Care Inspectorate Wales was notified of 2,205 care home resident deaths with suspected or confirmed Covid-19. This makes up 13.9% of all

reported deaths. 1,668 of these were reported as confirmed Covid-19 and 537 suspected Covid-19. At the start of November 2020 there was an increase in the number of Covid-19 related deaths notified to Care Inspectorate Wales. There was a further increase in January 2021 that exceeded the number seen at the end of April 2020. However, testing in April 2020 was not as extensively available as it was in January 2021. Between 27 March 2021 and 21 June 2021, there were no reported deaths of care home residents relating to suspected or confirmed Covid-19.

Chief Inspector Annual Reports

199. In addition to reports I have listed above, Care Inspectorate Wales produces the Chief Inspector Annual Report which sets out the key reflections and themes from the Inspectorate over the previous year. I exhibit the report for the period 2020/21 which was published on 18 August 2021 as **GB2/085-INQ000501726** and the Annual Report for the period 2021/22 which was published on 20 October 2022 as **GB2/086- INQ000509652** .
200. The report for the period 2020/21 summarised the key themes and reflections from that period. The 2020/21 report described the methods used by Care Inspectorate Wales to provide assurance during the pandemic through the check-in calls, monitoring calls and inspections. It also set out matters such as the adapted approach to registration to alleviate the pressures within the sector.
201. The report for the period 2021/22 again highlighted a number of key themes and recognised trends in terms of registered adult services. The report, for example, illustrated a small reduction in the number of adult care homes and places being registered, compared with the previous year. However, the report identified there was a general increase in the number of places provided for people needing nursing care, whilst the number of places for people who need personal care without nursing had decreased.
202. In terms of closures, the 2021/22 report specified the most common reasons given for services permanently leaving the market was the service no longer being financially viable, or providers were no longer wishing to operate a care home service. In terms of new care home services entering the market, the report highlighted 100% of those services were owned by private providers.

203. In terms of domiciliary support services, the report highlighted there continued to be a general trend in the number of services increasing over time, although fewer new services registered in the period 2021/22 than the previous year. With a greater number of services cancelling their registration, 15% of closures citing insufficient staff.

Easements

204. This statement has previously addressed easements with regards to the registration and inspection regime. The purpose of this section of the statement is to summarise those easements and to set out the additional easements to the regulatory system which were introduced over the relevant period.
205. In March 2020, Care Inspectorate Wales recognised the number of people requiring support in hospitals and in the community was expected to increase as a direct result of Covid-19. Local authorities, health boards, independent, voluntary and third sector providers needed to be agile in providing additional capacity at short notice. Local authorities and health boards were considering how they could establish urgent provision, predominantly care home provision. Additional care home beds were needed to relieve capacity pressures in hospitals. These services would require registration under the Regulation and Inspection of Social Care Act 2016. In addition, regulated social care providers would need to recruit additional staff or volunteers quickly to fill gaps due to staff shortages because of illness or staff shielding.
206. As touched upon earlier in the statement, the Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017 (the 2017 regulations), which underpin the Regulation and Inspection of Social Care (Wales) Act 2016, include requirements that would constrain the ability of local authorities, local health boards and providers to bring services and or staff on stream as quickly as was needed at that time. Care Inspectorate Wales therefore put forward options to the Welsh Government regarding possible amendments to the 2017 regulations that could enable the sector to respond quickly, create the increased capacity required, and reduce pressures in the context of the present emergency. An email on 13 March 2020 providing comments on the Coronavirus Bill is exhibited at **GB2/087-INQ000198258** and attachments to that email are exhibited as the Coronavirus Bill Provisions Table which is exhibited at **GB2/088-INQ000198259** and Care Inspectorate Wales regulations hot issues arising from coronavirus Covid-19 which is

exhibited at **GB2/089-INQ000198260**. A further email on 16 March 2020 relating to additional thoughts since the email on 13 March 2020 is exhibited at **GB2/090-INQ000198266** and a revised copy of the Care Inspectorate Wales regulations hot issues arising from coronavirus Covid-19 document is exhibited at **GB2/091-INQ000198267**.

207. The options included:

- a. using section 2(3) of the 2016 Act to exempt services created to respond to the Covid-19 emergency from registration. Care Inspectorate Wales suggested this could be limited to services provided by local authorities and health boards or commissioned by them and delivered by providers who had an existing registration with us or the Care Quality Commission.
- b. amending the requirements for pre-employment checks for newly recruited staff. The 2017 Regulations contain requirements regarding evidence providers must hold in relation to fitness of staff such as evidence of qualifications, two written references. As the circumstances of the pandemic could make it difficult to source the full range of documented evidence, the amendment allowed these requirements to be discharged by providing as much evidence as was reasonably practicable.
- c. delaying implementation of the annual return requirement initially by one year to May 2021. The Regulation and Inspection of Social Care (Wales) Act 2016 requires registered service providers to submit an Annual Return following the end of each financial year. The annual return includes information such as number of persons to whom the provider provided care and support, training offered or undertaken and a description of the arrangements in place for the recruitment and retention of staff. Care Inspectorate Wales subsequently advised the Welsh Government to delay this again until October 2022 and that the scope of information required in the annual returns should be limited to that which is on the face of the 2016 Act.
- d. relaxing requirements under regulation 45 of the 2017 regulations which limits the number of people who may be accommodated in shared rooms in care homes for adults. Relaxing these conditions on a temporary basis enabled service providers with unoccupied rooms or rooms which were not in use as bedrooms to increase the maximum capacity within their home, where this was needed as a consequence of the Covid-19 pandemic. This could only be done with the agreement of Care Inspectorate Wales (as a variation to an existing service). This enabled the Inspectorate to assess these variations on a case-by-case basis, with regard to the best interests of all the residents.

208. Under the Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017, care staff working in domiciliary support services are required to register with Social Care Wales within six months of the date they commence employment. The regulations give Care Inspectorate Wales the power to extend the six months in exceptional circumstances. In response to the Covid-19 pandemic, Care Inspectorate Wales extended this period to 12 months for all new employees in these services, to support providers to recruit and retain additional staff when they needed them most. Ministers agreed to this approach on 20 March 2020 and a link to the Ministerial agreement is exhibited at **GB2/092-INQ000097598**.
209. Care Inspectorate Wales re-instated the six-month period in a phased way from 1 October 2022, aligning with the date the requirement for adult care home workers to register came into force. A copy of the informal briefing to Ministers in relation to this change is exhibited at **GB2/093-INQ000198574**.
210. Ministers agreed to these legislative changes, and the Regulated Services (Service Providers and Responsible Individuals) (Wales) (Amendment) (Coronavirus) Regulations 2020 which amended the Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017 were passed on 3 June 2020 and came into effect on 5 June 2020. Care Inspectorate Wales communicated these changes to the sector via a news item on its website which I exhibit at **GB2/094-INQ000497187**.
211. In terms of amendments to section 2(3) of the Regulation and Inspection of Social Care (Wales) Act 2016 to exempt services created to respond to the Covid-19 emergency from registration, providers of such exempt services were required to submit a notification to Care Inspectorate Wales which included information in relation to the service they intended to provide such as staffing numbers, fitness of staff, support and supervision for staff, health and safety etc. The Inspectorate produced guidance for its inspectors and maintained a central record of these services. It received notifications regarding 12 services which proposed to operate as a care home under the exemption, three of which did not become operational. The guidance is exhibited at **GB2/016-INQ000496071**.
212. Although outside scope of this module, Care Inspectorate Wales also provided advice to the Welsh Government in respect of relaxations to National Minimum Standards for Regulated Childcare for children up to the age of 12 years. These included:
- a. Staffing ratios

- b. Minimum standards in relation to minimum numbers of staff on duty and the number of supernumerary staffing arrangements
 - c. Staff qualifications
 - d. Disclosure and Barring Service (DBS) requirements – staff who moved from one setting to another were not required to apply for a new DBS if they had an existing DBS less than 3 years old.
213. This was important to ensure the children of essential workers, including those who worked in the adult care sector could receive childcare.

Discharge of patients from hospital to care homes

214. On 13 March 2020 Care Inspectorate Wales first became aware of decisions taken by the Welsh Government in respect of a framework of actions, within which local health and social care providers could make decisions in preparation for the anticipated increase in confirmed cases of Covid-19. The Inspectorate became aware of this via a statement made by the Minister for Health and Social Services. As part of this framework, health and social care providers were able to make decisions to expedite discharge of vulnerable patients from acute and community hospitals and fast track placements to care homes by suspending the protocol which gives the right to a choice of home. The statement is exhibited as **GB2/095-INQ000198262**.
215. At a Senior Management Team meeting on 20 March 2020, it was agreed Care Inspectorate Wales would act as the voice of the sector and raise concerns to the Welsh Government policy groups on Covid-19, in particular in relation to shortages of PPE and for testing of individuals being discharged from hospitals to care homes.
216. Care Inspectorate Wales was first asked to comment on and attend meetings to discuss Public Health Wales guidance for providers entitled 'Admission and Care of Residents during Covid-19 Incident in a Residential Care Setting in Wales' at the beginning of April 2020. As discussed earlier in this statement the guidance had been adapted by Public Health Wales from guidance entitled 'Admission and Care of Residents during C19 in a Care Home' produced by the Department for Health and Social Care with Public Health England, Care Quality Commission and NHS England. Deputy Chief Inspector, Margaret Rooney attended these meetings on behalf of Care Inspectorate Wales and provided

comments on draft guidance referred to in this section of this statement. For the reasons described earlier in this statement we do not have any minutes or notes from meetings. I am unable to provide dates of these meetings as we no longer have access to calendars for this period.

217. Care Inspectorate Wales was asked to comment on the 'Admission and Care of Residents during Covid-19 Incident in a Residential Care Setting in Wales' guidance and accompanying letter which was proposed to be sent to providers. Within the letter and guidance, providers were being advised and encouraged to accept patients from hospital including those that might have Covid-19. The guidance detailed how some patients being discharged to care homes might have Covid-19, whether symptomatic or asymptomatic and all of these patients could be safely cared for in a care home if the guidance was followed.
218. Care Inspectorate Wales understood the difficulties at this time around lack of availability of tests and the need to release capacity in hospitals and to reduce the length of time people remained in hospital where Covid-19 was present. However, the Inspectorate did not believe discharging people from hospital to care homes without a test or with a positive test was the right approach. The Inspectorate's position was that while it might be possible to care for the person being discharged safely in a care home, this placed other people in the care home at risk of contracting Covid-19. This was because of the levels of vulnerabilities of people living in care homes, many of whom live with dementia and move around in their environment. In addition, this approach was different and contradictory to that which was taken in respect of people at high risk living in the community, who were advised to shield. The Inspectorate shared these concerns with Public Health Wales and the Welsh Government in the meetings referred to earlier and in e-mail exchanges. Those concerns are set out in an email Margaret Rooney shared with Public Health Wales and Welsh Government officials on 7 April 2020, exhibited at **GB2/096- INQ000396527**³, which included the draft letter that was to be issued to care homes which is exhibited at **GB2/097- INQ000198280**. On 8 April 2020 Margaret Rooney noted those concerns which she had raised had not been reflected in the 'Admission and Care of Residents during COVID-19 Incident in a Residential Care Setting in Wales' guidance, and I subsequently received an update confirming the same, exhibited at **GB2/098- INQ000198288**.

³ This exhibit has been provided by another material provider to the UK Covid-19 Inquiry and is a duplicate of a document held by the Welsh Government and disclosed to the UK Public Inquiry [INQ000198279]

219. Care Inspectorate Wales refused to be included in the branding of this guidance because it remained opposed to the advice about accepting residents who had been discharged from hospital without testing or with confirmed Covid-19. Email exchanges in relation to this matter are exhibited as follows:
- a. An email exchange between Margaret Rooney and Public Health Wales and Health and Social Services Group colleagues on 7 and 8 April 2020 as **GB2/099-INQ000198569**. In this email Margaret Rooney explains Care Inspectorate Wales could not agree to being included in the branding of the guidance due to concerns about the advice in regard to discharge of people with positive Covid-19 tests. Margaret Rooney suggested a call with NR from Public Health Wales to discuss this. However, this call did not take place.
 - b. An email from me to Health and Social Services Group colleagues and Deputy Chief Inspectors on 8 April 2020 as **GB2/100-INQ000198281**. Within the email I express my concerns about the advice in the guidance: *"I am very concerned at the implication that providers must accept new residents with Covid 19, irrespective of whether there are currently confirmed cases in their home or not. I know we have suggested amendments which have not been accepted, and we have been unable to sign up to this as a result. I am concerned that in the section on discharge the letter contains a bold statement that "All of these patients can be safely cared for in a care home if the guidance is followed"."*
 - c. An email providing Care Inspectorate Wales's comments on draft briefing and advisory notes exhibited at **GB2/101-INQ000198302** and the draft documents attached to that email which contain Care Inspectorate Wales comments to the advisory note on support to care homes for Covid-19 as **GB2/102-INQ000198303**; and
 - d. An advisory note on the requirement to test patients discharged from hospital into a care home in Wales as **GB2/103-INQ000198304**. This was an advisory note on the requirement to test (for Covid-19) patients being discharged from hospital to a care home in Wales. The note advised all patients irrespective of their test status should be moved to the care home or other step-down setting provided and placed in isolation on arrival. Margaret Rooney commented on this, reiterating the Inspectorate's view people with positive Covid-19 tests or showing symptoms should not be discharged to care homes. Margaret Rooney suggested intermediate step-down facilities could be considered although she recognised this 'would mean firstly having the step-down facility available and secondly more transfers for the person

but the impacts of the alternative are too high (infection rates and deaths in care homes)'.

220. Under regulation 14 of the 2017 regulations, providers must not provide care and support for an individual unless they have determined they can care for and meet a person's needs taking into account the resources (PPE, staffing levels etc.) and facilities they have and the needs of the existing residents living at the home, before they agree to provide care. The Welsh Government did not suspend this regulation during the pandemic therefore providers were required to comply with those requirements which were set out in a frequently asked question document published on 1 April 2020.
221. While it is not now possible to provide specific numbers, the report of feedback from the first week of check-in calls with providers (30 March – 5 April 2020), shows a small number of providers shared their concerns about people who had not been tested being admitted to the home either from the community or hospital. At the same time 14.8% of the providers spoken to reported they were struggling to get adequate PPE, in particular masks. Examples of what they told the inspectors about the lack of testing include:

'Confusion over filling vacancies - people are being discharged from hospital / community without any tests. Need to self isolate for 14 days from day of admission. Unable to cover shifts for additional staff. Not sure what we should be doing under these circumstances re: duty of care to existing residents.'

'Not happy to admit new residents from hospitals if they won't provide a test to confirm if the new person has the virus.'

'Unclear if we should be admitting new residents from hospital and community. No testing prior to moving in. PHW states 14 days isolation but we don't have staffing levels to support this. Commissioning Team have provided some support but need clear guidance. New admissions versus risks to residents/staff at the care home, pressure on hospital beds etc.'

222. During the next two weeks (6 April – 12 April and 13 April – 19 April), providers raised more concerns about pressures to accept new admissions of people being discharged from hospital without testing or with confirmed Covid-19. A number of providers reported they were refusing new admissions while others did accept new admissions. Access to

appropriate PPE was improving with 11.8% of providers reporting they could not access sufficient PPE during the check in calls of 6 April – 12 April and 6.1% reporting these issues in the week 13 April – 19 April. Examples of what they told the inspectors include:

“The hospitals are pushing us to accept people infected with Covid-19 as emergency admissions. This is something we are refusing at present as we are concerned for the safety of existing residents but this is an ongoing pressure. We will accept people who have been tested or who are over the illness, however.”

“Manager advised staff are concerned if the home was required to accept new hospital discharges where individuals have not been tested for COVID-19. The manager would like to see routine testing of all people being discharged to care homes, for peace of mind and to minimise potential risks to existing residents and staff.”

“Being asked to support service users who have been tested positive with COVID-19 on discharge from hospital. Unsure what precautionary measures should be put in place to reduce risk of spread of virus to care workers as routine re-testing to confirm individuals are no longer symptomatic is not taking place. Unclear how long a person can remain contagious for after diagnosis.”

223. The reports from the check-in calls are exhibited at paragraph 124 above.

224. I exhibit the final version of the Public Health Wales ‘Admission and Care of Residents during Covid-19 Incident in a Residential Care Setting in Wales’ guidance as **GB2/104-INQ000283271**⁴ and a copy of the letter, which was signed by Albert Heaney (Director, Social Services and Integration Directorate) and Sir Frank Atherton, the Chief Medical Officer on 9 April 2020, as **GB2/105-INQ000338279**. As with the UK Government guidance, the Public Health Wales guidance expressly stated that,

“Negative tests are not required prior to transfers / admissions into the residential setting”. It also stated, “some of these patients may have Covid 19, whether symptomatic or asymptomatic. All of these patients can be safely cared for in a care home if this guidance is followed.”

⁴ This exhibit has been provided by another material provider to the UK Covid-19 Inquiry and is a duplicate of a document held by the Welsh Government and disclosed to the UK Public Inquiry [INQ000336402]

225. The Public Health Wales guidance advised a risk assessed approach, stating,
“The discharging hospital will clarify with care homes the COVID-19 status of an individual and any COVID-19 symptoms, during the process of transfer from a hospital to the care home. Public Health Wales will assist residential settings and hospital discharge teams in risk assessing whether it is safe and appropriate for an individual to return to a care setting”.
226. On 16 April 2020 I emailed the Chief Medical Officer updating him following a meeting that took place earlier that day with the leaders of local government and the Minister for Health and Social Services, testing people for Covid-19 prior to discharged from hospital to care homes being the main focus of the discussion. In that meeting the Minister advised he was following the Chief Medical Officer’s advice that asymptomatic people did not need testing before being released to care homes. I explained there was much consternation expressed by the leaders of local government. I also highlighted the email exchanges I refer to above between Care Inspectorate Wales and Public Health Wales. I stated we understood in England the position around testing would change as everyone released from hospitals to care homes (both symptomatic and asymptomatic) would be tested and discussions would be taking place about where people would be accommodated in the 72 hours before the test results were available. I asked the Chief Medical Officer whether the Welsh position was likely to change. I exhibit the email as **GB2/106-INQ000501494**. I sent a further email later that day advising the Chief Medical Officer that the Countess of Chester hospital, where Flintshire patients attend, had advised the local authority that *“all patients are to remain in hospital for 14 days post COVID positive result and will need to be re-swabbed and can only be discharged into care homes if the reswab is negative.”* The Chief Medical Officer responded later that day stating that he had discussed the need to revisit the Welsh testing policy with Albert Heaney given changes in England and Scotland with the support of health colleagues. I exhibit the email exchange as **GB2/107-INQ000501495**.
227. On 17 April, a meeting took place, organised by Public Health Wales, and attended by officials from Public Health Wales, the Health and Social Services Group of the Welsh Government, Care Inspectorate Wales, and two local authorities. The meeting was called to discuss a range of issues including testing, discharge to care homes, PPE, guidance, and data analysis. Three actions were agreed in relation to discharge of patients from hospital to care homes, as recorded in the note of the meeting which I exhibit as **GB2/108-INQ000336421**. The actions were:

- a. *“Action 3: Welsh Government Policy officials verbally outlined a clear request/ policy instruction from CMO/ Director of Social Services and Integration for the testing of non – COVID 19 patients prior to discharge from hospital to care home setting. This would be consistent with approach being taken in England. See letter and action plan attached. WG to confirm the policy decision and communication. Lead WG policy officials*
 - b. *Action 4. Agreed that this needed to be contexted by the scientific evidence and suite of public health actions (already identified in guidance/ Wales guidance) to minimize spread of COVID -19, which do not currently support this action. This all to be communicated in information and advice to care homes. Lead: WG policy Officials*
 - c. *Action 5: Discharge of patients from hospital with a confirmed diagnosis test of COVID -19, after 14-day period. Advice to continue with existing approach in guidance of NOT testing prior to discharge. Clear communication to care homes as to reason. WG officials to confirm policy position for Wales. Lead WG policy Officials”*
228. I sent a further email to Sir Frank Atherton, the Chief Medical Officer, Andrew Goodall (Director General, Health and Social Services Group, Marion Lyons (Senior Medical Officer) and Albert Heaney on 21 April 2020 reiterating the concerns that were raised by Margaret Rooney at the last iteration of the policy. My reading of the current position meant that frail elderly people who either had symptoms of Covid-19 or had tested positive for Covid-19 would be discharged back into residential care homes. I advised that the number of care homes in Wales which had confirmed/suspected outbreaks of Covid-19 as of 20 April 2020 was 361. I advised that I had attended a weekly call with the care regulators of the UK and Ireland and during that call there was significant disquiet at the level of Covid-19 in care homes. Ireland confirmed it had changed its position on Thursday the previous week confirming no one could be released to a nursing home without having two negative Covid-19 tests. The note at that time did not reflect the agreement reached at a meeting on 17 April 2020 and I sought assurance that this was not the final version.
229. A copy of email exchanges from 17 April 2020 to 21 April 2020 between Care Inspectorate Wales, colleagues within Health and Social Services Group and Public Health Wales regarding amendments to the advisory note on discharging hospital patients is also exhibited as **GB2/109-INQ000198305**. Within these exchanges Margaret Rooney expressed her dissatisfaction that people could be admitted to a care home with a positive Covid-19 test or active symptoms, on the basis Care Inspectorate Wales considered it was

not right to knowingly admit a person with a positive Covid-19 result or active symptoms to a care home.

230. However, I was pleased to note a new approach to hospital discharge to care homes, testing and step-down care was announced in two joint letters from the Chief Medical Officer and the Welsh Government Deputy Director General for Health and Social Services, Albert Heaney, which issued on 22 April 2020 to care providers and on 24 April to local health board chief executives, exhibited at **GB2/110-INQ000198573**. This approach included testing all individuals being discharged from hospital to live in care homes regardless of whether or not they were admitted to hospital with Covid-19. In addition, people being transferred between care homes or newly admitted from the community were to be tested. People would only be discharged from hospital to a care home where they had a negative Covid-19 test result. I also received an email from Marion Lyons on 23 April 2020 assuring me that going forward any individual discharged, transferred or admitted to a care home would be tested for Covid-19 and result known before decision to proceed was made. Marion Lyons advised there were care home residents in hospital for non-Covid-19 health related issues and any hospital stay could result in nosocomial spread of the virus, therefore an individual who had a negative test was to be discharged as soon as possible as waiting for a second test result added to the level of risk. Marion Lyons explained the guidance for those who had one or two tests was the same – supported self-isolation for 14 days. I exhibit the response as **GB2/111-INQ000501499**.
231. There was a delay in the updated guidance being amended by Public Health Wales. However, this was subsequently amended and published on 7 May 2020 and exhibited at **GB2/112-INQ000198367**.
232. During the first phase of check-in calls, outlined earlier in this statement, providers raised concerns about people being discharged from hospital without being tested for Covid-19. As a result, inspectors asked specifically about this issue over a number of weeks. The inspectorate shared findings with each health board in Wales and with Healthcare Inspectorate Wales to help secure improvements. In September 2020 Care Inspectorate Wales also published the feedback from these discussions in its overview report referred to earlier in this statement. That report included a summary of the providers' feedback about their experiences in relation to discharge of people from hospital to care homes.

233. Many providers informed Care Inspectorate Wales of the problems they experienced in the sharing of information between hospital and the care home, for example, not being advised about medication changes, no documentation being received and not being informed about a discharge. Hospital discharges were described by some providers as hurried and pressed. Some providers said they were worried about the health and well-being of people being discharged from hospital; for some people this resulted in being readmitted to hospital.
234. Service providers described pressure to admit people from hospital without confirmation about testing, although guidance on this changed during the period between March and July. A care home provider commented:
- "I have found that the demand and need for beds still drives the discharge. The safety and consideration for the home and the individual during this time, despite the procedures in place, appears a secondary consideration not a primary one."*
235. Another provider observed:
- "The hospitals are pushing us to accept people infected with COVID-19 as emergency admissions. This is something we are refusing at present as we are concerned for the safety of existing residents but this is an ongoing pressure. We will accept people who have been tested or who are over the illness, however."*
236. Good discharge processes were also being reported by some providers, with good cooperation with discharge teams, and testing and advice on barrier nursing, which I have addressed earlier in the statement in paragraph 128.
237. By June, the testing process prior to discharge had improved, though challenges remained, with some providers having to argue with hospital staff for people to be tested prior to discharge. By mid-June, providers were reporting more positive experiences of hospital discharge with over 70% of providers describing their experience of hospital discharge as being good or excellent. The majority of providers described stable arrangements in relation to patients being tested before hospital discharge, with some providers describing challenging conversations with hospital staff, but overall testing prior to hospital discharge had become standard practice. However, some providers expressed concerns testing was not being undertaken before discharge and discharge policy agreed by health boards and local authorities was not always being followed in some areas.

238. Some domiciliary support providers reported challenges specific to their service. One provider had asked to have a retest of an individual in receipt of domiciliary support services prior to discharge but the ward had refused, as the individual was being discharged to their own home. Yet the individual's home was supported living, where over 20 other residents lived in flats.
239. By July 2020, providers described a vastly improved situation with the hospital discharge process largely stabilised across care homes in Wales. This had coincided with the amended guidance, the virus outbreak diminishing, and as a result, pressure on the system being alleviated.
240. As part of identifying lessons for the future, which I address later in this statement, I have been asked to reflect on a discussion at a Senior Management Team level, about "lessons learned from the COVID-19 pandemic", the note of which is exhibited as **GB2/113-INQ000198571**. At that session on 29 July 2020, those members of the senior management team considered the lessons learned from the pandemic at both an internal and external level, including what practices Care Inspectorate Wales would keep and subsequently learn from.
241. The meeting considered a number of themes including internal reflections around learning and development and home working, but also external analysis around engagement with stakeholders, co-producing guidance and working with Welsh Government policy officials in terms of policy decisions that directly impacted the care home sector, in particularly the decision to discharge from hospital to care homes. As part of that discussion, the Senior Management Team considered whether Care Inspectorate Wales could have done more. There is no note of the meeting, rather the paper exhibited here **GB2/114- INQ000198529** was the vehicle which recorded what was discussed and subsequently presented at ExCo (the operational and strategic decision-making forum that supports the Permanent Secretary as Principal Policy Adviser to the First Minister, as Principal Accounting Officer and as Head of the Welsh Government Civil Service). Within that stock take, under the heading of "Decision Making", Care Inspectorate Wales considered that "regular meetings with Welsh Government policy colleagues, including sitting on stakeholder groups, to input into policies and guidance for the sector, and to share relevant feedback about what services are telling us (e.g. issues with accessing PPE, hospital discharge procedures, testing delays, visits to care homes, indemnity insurance)," went well. The corresponding

column, inviting observations of what went “less well”, makes no reference to whether Care Inspectorate Wales could have done more.

242. I have reflected further on this matter, and taking account of the very difficult circumstances which existed at the time these decisions were made, I do not believe there is anything further Care Inspectorate Wales could have done in relation to decision making around the matter of hospital discharge. I have discussed earlier in this statement the Inspectorate’s position on hospital discharge and the level of its engagement with Welsh Government policy colleagues in particular with regards to the hospital discharge guidance.

Infection prevention and control (“IPC”)

243. As referenced earlier in this statement, inspectors plan inspections based on the information and intelligence the Inspectorate holds about a service. This not only helps Care Inspectorate Wales to determine the type and frequency of inspection required for a particular service but also the lines of enquiry inspectors may need to focus on during that inspection. This information and intelligence includes, for example: notifications and safeguarding referrals, concerns or information from people using the service, relatives/friends, staff, other regulators or members of public, the outcomes from previous inspections, intelligence received from local authority or health commissioners etc. The lines of enquiry may also be expanded or changed during the inspection visit itself where the inspector identifies further issues that need to be explored.
244. Where pre-inspection intelligence or observations during the inspection visit indicate issues in relation to hygiene and infection control, this will be a specific line of enquiry during an inspection. Care Inspectorate Wales has an inspection framework for care home services, secure accommodation services, residential family centres, and domiciliary support services which sets out what good looks like under each line of enquiry. The elements of what good looks like for hygiene and infection control include:
- a. Policies and procedures are in place that promote hygiene and take into account current legislation and guidance, for example those which relate to food handling, hand washing, and cleaning and laundering arrangements (where relevant).

- b. Staff and volunteers are aware of the policies and procedures relevant to their role and have training to understand safe working practices concerning hygiene and the prevention of infection.
- c. In accommodation-based services:
 - cleaning programmes are in place, with appropriate staff and equipment for the care and support provided, to ensure that standards of hygiene are maintained;
 - systems are established to monitor levels of cleanliness and to take action where shortfalls are identified.
 - systems are in place for the oversight and monitoring of standards of hygiene.
- d. Equipment relevant to the statement of purpose is provided to maintain high standards of hygiene, for example:
 - in care homes, laundering facilities and hand washing facilities which are easily accessible and appropriately sited;
 - in all services, access to protective clothing, gloves and aprons.
- e. The service provider has policies and procedures in place that meet the requirements of the relevant regulatory authorities to ensure the health and safety of individuals using the service, staff, volunteers, and visitors.
- f. Procedures for the management of hazardous waste meet the requirements of relevant Health and Safety legislation and guidance.
- g. There are policies and procedures to prevent infection and the spread of infection which are aligned to any current legislation and national guidance. This includes, but is not limited to:
 - the safe handling and disposal of clinical waste;
 - dealing with spillages;
 - the provision of protective clothing including personal protective equipment (PPE);
 - hand washing.
- h. Equipment provided for cleaning and decontamination is suitable to meet the requirements of current legislation and guidance and relevant to the statement of purpose. It is:
 - easily accessible; and
 - cleaned and decontaminated after each use in line with current legislation, guidance and manufacturers' instructions.

245. As previously stated, Care Inspectorate Wales set up an additional assurance system from May 2020 to enable inspectors to look specifically at services with Covid-19 outbreaks, identify those services where people might be at risk and agree actions for oversight and

potential inspection or further action. Inspectors made an assessment of the impact of Covid-19 at the service and the likelihood it would continue to impact on the service. Where this assessment indicated emerging or immediate risk to life or significant harm or neglect to people living at the service, the service was subject to increased levels of monitoring. This included frequent calls with the Responsible Individual at the service as well as the service manager to seek more detailed assurances about actions the provider was taking to deal with the outbreak. Responsible Individuals and managers were asked specifically about the infection control measures the provider had in place and were asked to confirm the contact they had with environmental health officers, the health board and local authorities for support and advice around issues such as personal protective equipment, setting up red zones for isolation of people with confirmed Covid-19 etc. Guidance on identifying these services and appropriate action is exhibited above, as **GB2/034-INQ000497208**.

246. The Nosocomial Transmission Group, of which Care Inspectorate Wales was a member from August 2020, was the source of guidance around infection prevention and control measures in Wales. As a member of that group Care Inspectorate Wales shared the latest data it held and acted as a voice for people who received social care and those that provided social care and used its knowledge and understanding of the sector to inform discussions. For example, as part of that group's work, Care Inspectorate Wales supported the Welsh Government in developing a template checklist of Infection Prevention and Control measures for the management of Covid19 in Care Homes. I exhibit an email to a Welsh Government official with the Deputy Chief Inspector's comments and amendments as **GB2/115-INQ000497200**, the amended draft is exhibited as **GB2/116- INQ000497201**, the finalised template as **GB2/117-INQ000497204**.

Visiting

247. During early March 2020, Care Inspectorate Wales received correspondence and notifications from providers advising they were restricting non-essential visitors to their service to mitigate the risk of Covid-19 entering the home. On 23 March 2020, the Welsh Government wrote to all care home providers in relation to restricting visits to care home accommodation. This letter is exhibited at **GB2/118-INQ000198273**. It explained visits to a care home should only take place when absolutely essential and not as part of routine visiting previously experienced at the home. Non-essential providers such as hairdressers

and entertainers should cease attending the care home along with non-essential contractors or service providers.

248. The letter acknowledged the importance of relationships with family and friends in terms of emotional wellbeing. It also reinforced the crucial role visitors could play to protect their family and friends by not visiting and seeking to support their emotional wellbeing in alternative ways. It stated any request for a visit for a specific purpose felt to be absolutely essential must be made to the care home manager for a decision. The visit, if agreed, should be one person to see the individual and should not include children. The letter recognised sensitive discussions would need to take place around residents receiving end of life care. It advised any visit determined to be essential should be restricted to an agreed time of day and for an agreed period when staff could facilitate safe access to the person they were visiting.
249. The letter specified visitors should not attend the communal areas of the care home such as, the dining room and lounge, and the care home must maintain robust cleaning routines. It stated it was crucial that moving to an essential only level of visiting would be supplemented with opportunities for social contact within the care home, particularly where residents spend time in their individual rooms. Regular telephone calls with family and friends should therefore be encouraged and consideration should be given to visual mechanisms such as video calls e.g. Skype or Face Time.
250. Following changes to the Coronavirus Regulations on 1 June 2020, the Welsh Government wrote to all care home providers on 5 June providing updated guidance on how care homes could safely facilitate outdoor visits under the current regulations. Care Inspectorate Wales circulated this to regulated social care providers on behalf of the Welsh Government. A copy of this letter, entitled "Update on guidance for visits to care home services and reconnecting safely" is exhibited at **GB2/119-INQ000198383**. The letter noted that following the changes to lockdown restrictions in Wales and the latest coronavirus regulations and guidance which came into effect on Monday 1 June; it was acknowledged visits in outdoor spaces such as gardens were being considered.
251. Having consulted with Public Health Wales, the Welsh Government provided advice in this letter about the measures providers needed to consider when facilitating outdoor visits. These included:
- a. Ensure that visits only take place if homes are Covid-19 free;
 - b. Ensure a risk-assessment is completed for all types of visit;

- c. Ensure visitors pre-arrange all visits with the care home;
- d. Seek confirmation that visitors are not symptomatic;
- e. People who are required to self-isolate, including as an identified contact of a positive case under Test, Trace, Protect Strategy must stay at home (and are not permitted to visit a care home);
- f. Ensure visitors observe hand hygiene requirements and provide hand sanitiser at a fixed point;
- g. Take all reasonable measures to ensure all visitors maintain a 2-metre distance from residents, staff and other visitors at all times;
- h. Discourage visits from young children and toddlers due to the difficulty of maintaining social distancing and the risk that presents;
- i. Specify a maximum visiting time – we suggest 30 minutes as a guide;
- j. Limit the number of visitors to no more than two people from the same household;
- k. Minimise the number of households from which visitors are drawn. As a guide, it is suggested that visits be limited to visitors from 1 or 2 households per week (if multiple visits from the same household occur within a week, it should be the same two visitors, not different people from the same household). However, this should take into account the residents' individual circumstances - residents may have multiple adult children each living in separate households;
- l. Inform all visitors they will be required to wear a face covering, and specify whether they should bring their own or whether you will provide. If you are providing face coverings this should be restricted to single use type I or type II masks and should not compromise the supply of Personal Protective Equipment for the care home staff;
- m. Ensure that those making outdoor visits do not enter the care home premises;
- n. If a toilet visit is necessary consider having a designated "visitor toilet" which would need to be cleaned after each use and is not used by others (staff or care home residents) until it has been cleaned once all visitors have left;
- o. Ensure that food and drink are not shared;
- p. Inform all visitors that gifts and flowers are discouraged. If food is brought by visitors as a gift, restrict this to sealed, wipeable products which do not require refrigeration;
- q. Ensure all chairs and equipment are cleaned between visits.

252. Throughout the pandemic, I was particularly concerned about the impact on people living in care homes when there were restrictions on visits from family and friends. I absolutely understood the need to protect people living in care homes from infection. However, I was

concerned people living in care homes should have the same freedoms as people living in the community. I was also acutely aware of the rights of people to be with family members and the sadness, loneliness and confusion people living in care homes could suffer when they were unable to be with their loved ones. People who were unable to visit their loved ones in a care home also suffered great distress and worry. This was an issue regularly raised with me by the Deputy Minister for Health and Social Services in our informal meetings. Therefore, I was pleased when this led to Care Inspectorate Wales, working in collaboration with the Welsh Government to develop guidance to support care services to enable family and friends to visit their loved ones as safely as possible whilst restrictions were in place.

253. Care Inspectorate Wales facilitated a stakeholder group to inform the development of this non-statutory guidance. This group met for the first time on 1 June 2020, the attendance list is exhibited at **GB2/120-INQ000198378**. The guidance was agreed and circulated to providers by Care Inspectorate Wales on behalf of the Welsh Government on 23 June 2020. The email which circulated the guidance is exhibited as **GB2/121-INQ000198412**, the guidance is exhibited as **GB2/122-INQ000081250**. The guidance highlighted the importance of people being supported to maintain their relationships with families and friends and to have access to professionals when needed. The guidance acknowledged balancing the rights and responsibilities in relation to people, visitors and staff was not easy or straightforward; the guidance therefore included appendices such as frequently asked questions for care home providers to consider.
254. As the national restrictions changed during subsequent waves of the pandemic, the guidance was amended by the Welsh Government, taking account of the views shared by the stakeholder group and advice from Public Health Wales. There were 14 iterations of the guidance which was subsequently amalgamated and summarised within the Welsh Government's Social Care Transition plan in Spring 2022. Care Inspectorate Wales facilitated the Care Home Visiting Stakeholder Group to meet to discuss changes to the guidance in line with the changing regulations.
255. The changes over time to the visiting guidance were made to ensure the guidance continued to reflect the changes made to the coronavirus restrictions in response to the pandemic, and in the light of advice about the risks associated with visiting. These changes could be relatively modest, or more significant. For example, version 2 of the guidance was published on 7 July 2020; the only change made to the guidance was to reflect the

removal of the “stay local” message (meaning people were free to travel within and into Wales) from 6 July 2020. Version 3 of the guidance, published on 28 August 2020, was a more significant update: it supported the reintroduction of routine indoor visits, reflecting the relaxation in the national restrictions from 22 August 2020, when up to four households could form an extended household, enabling those individuals to meet indoors. I summarise subsequent changes to the visiting guidance later in this section of my statement.

256. Care Inspectorate Wales ensured stakeholders on this group included representatives of people with a learning disability and children, so their specific needs were recognised in the guidance. Welsh Government housing policy officials were also invited to join this group. They recognised the need to develop separate guidance for people with a learning disability living in supported living.
257. On 28 August 2020, the Minister for Health and Social Services confirmed indoor visits to care homes could resume from that date. However, in September and October 2020, as cases began to increase again, local restrictions were put in place in specific local authority areas. Where these restrictions were in place, meeting indoors with other people and extended households was not allowed. These local lockdowns subsequently led to local decisions being made to restrict visits to care homes. Some local authorities including those not subject to a local lockdown decided to restrict both indoor and outdoor visits. Our understanding was these decisions were made in local multi-agency Incident Management Teams. Care Inspectorate Wales was made aware of these either through our regular meetings with local authorities, via reports from providers and this was raised with us by the Older People’s Commissioner for Wales. We shared this feedback with the Welsh Government and provide it as an exhibit at **GB2/123-INQ000198535**.
258. Care Inspectorate Wales understood the difficulty local authorities and providers had in balancing people’s right to meet with family members with the need to protect those living in care homes from infection. Care Inspectorate Wales was also aware of the profound impact on well-being that could result from restrictions on visitors. I was keen to ensure proportionate and balanced decisions were made in relation to restricting visits, in particular outdoor visits. Our position at this time was what happened in care homes should mirror what was happening and permissible in the local communities. In particular, our view was while the public could meet outside, people in care homes should also have that right and we shared that with Welsh Government colleagues as exhibited at **GB2/124-**

INQ000198484. Therefore, following a statement from the Deputy Minister for Health and Social Services on 23 September, I issued a joint letter with Albert Heaney (Deputy Director General for Health and Social Services) to Directors of Social Services in Wales. The letter urged directors to ensure Public Health Wales was engaged via the local Incident Management Teams process to make these decisions. This would ensure the public could be reassured restrictions were only imposed when absolutely necessary on the basis of sound advice. A copy of the letter is exhibited as **GB2/125-INQ000198486.**

259. Restrictions on visits continued to change as cases increased or decreased during the latter part of 2020 and early 2021 with a further 17 day 'circuit break' lockdown imposed from 6pm Friday 23 October until the start of Monday 9 November 2020 and a new set of national measures coming into force in Wales from 9 November 2020, as I summarise in the changes to visiting guidance set out below.
260. In November 2020, Care Inspectorate Wales assisted the Welsh Government initiative to provide temporary 'pods' to care homes across Wales to help facilitate visits over the winter months. Care Inspectorate Wales communicated with the providers across Wales to seek expressions of interest to become involved in the scheme. It also agreed to the secondment of a member of staff to the Welsh Government to assist with the administration and delivery of these 'pods'. I exhibit the email circulated to providers advising those providers of the scheme and the process to express an interest as **GB2/126-INQ000501570.**
261. Care Inspectorate Wales also escalated issues as they were raised particularly in relation to local Incident Management Teams decision making which did not appear to be in keeping with the guidance. A copy of an email in relation this issue was exhibited at **GB2/123-INQ000198535** and a copy of an attachment to that email is exhibited at **GB2/127-INQ000198536.** Following this, the Welsh Government wrote to Incident Management Teams reiterating care home visiting should be risk assessed to facilitate visiting wherever possible even in Alert Level 4. A copy of this email is exhibited at **GB2/128-INQ000198537.** On the 13 January 2021, Deputy Chief Inspector Vicky Poole, wrote to inspection teams advising members that Incident Management Teams were providing different advice directing the team to reinforce current Welsh Government guidance. I exhibit that email as **GB2/129-INQ000501584.**
262. Care Inspectorate Wales also contacted local authority directors of social services on 12 February 2021 advising them the advice they gave to care home providers regarding visits

should be in keeping with the national guidance and asking them to alert us if different advice was given with an explanation for this. A copy of this communication is exhibited at **GB2/130-INQ000198551**. The Inspectorate does not recall receiving any alerts from local authority directors of social services with regards to different/contradicting advice being given to care home providers around this topic. However, if Care Inspectorate Wales was informed by families of advice from local authorities to care home providers which would contradict national guidance, Care Inspectorate Wales would alert officials in the Welsh Government.

263. In January 2021, Care Inspectorate Wales arranged a meeting with the Wales Council for Voluntary Action and Social Care Wales to discuss options for volunteers to provide much needed capacity to support visiting. The notes of these meetings which we have been able to find are exhibited as an email containing the notes of the meeting held on 6 January 2021 which is exhibited at **GB2/131-INQ000198542** and the associated meeting note which is exhibited at **GB2/132-INQ000198543** and an email containing the notes of the meeting held on 14 January 2021 which is exhibited at **GB2/133-INQ000198540** and the associated meeting note which is exhibited at **GB2/134-INQ000198541**. As a result of the good and close working relationships Care Inspectorate Wales has with Welsh Government policy teams and broader stakeholders, it was able to make links between Wales Council for Voluntary Action and the Welsh Government to facilitate additional funding to support this initiative. This is exhibited as an email on 6 January 2021 enquiring about extra funding which is exhibited at **GB2/135-INQ000198538** and a further email exchange on 3 March 2021 which is exhibited at **GB2/136-INQ000198552**. These exchanges were supported by Ministerial Advice and associated documents regarding the funding of a volunteering approach to support care homes to facilitate and support visiting and social contact between residents and relatives. The email to the Deputy Minister for Health and Social Services containing these documents is exhibited at **GB2/137-INQ000198553**, the Written Statement to accompany this decision is exhibited at **GB2/138-INQ000198555**, a project proposal for volunteering to support care homes is exhibited at **GB2/139-INQ000198556**, and the Ministerial Advice is exhibited at **GB2/140-INQ000198557**. This led to a pilot project run by Age Cymru and funded by the Welsh Government to recruit and train volunteers to help visitors with PPE and other safety guidelines when visiting loved ones in care homes. These volunteers reduced the burden on staff working in care homes, releasing them to focus on delivering care.

264. In February 2021, an updated version (Version 4) of the visiting care homes guidance was published. This was to reflect guidance provided in the “Coronavirus Control Plan: Alert Levels in Wales for Social Care Services” document which had been published on 23 December 2020, and which set out the guidance on what visits were possible within each Alert Level. At that point, Wales remained in Alert Level 4, in which one designated visitor was permitted for outdoor visits or visits in a pod provided there was no outbreak at the home, and with indoor visits permitted in exceptional circumstances. Version 5 was published in March 2021, following guidance from Public Health Wales supporting a careful, managed relaxation of the restrictions then in place to enable indoor visits to take place, subject to various control measures.
265. On 10 March 2021, Care Inspectorate Wales hosted a joint online webinar with Public Health Wales and the Welsh Government around dynamic risk assessments, with a focus on facilitating visitors. The purpose of the event was to increase providers’ understanding of the risk assessment tool which had been developed by Public Health Wales and assisted providers in their decision making. The event also provided an opportunity for providers to ask questions on risk assessments, care home visiting, or any other matter to Public Health Wales and Welsh Government colleagues. The invitation to the event is exhibited at **GB2/141-INQ000198558**.
266. Care Inspectorate Wales continued to receive contact from families of people living in care homes and providers who were aware the resumption of indoor visits had been announced by the Welsh Government from 13 March 2021, and from providers, who had received the updated version 5 of the visiting guidance on this. However, providers were being advised by some Incident Management Teams, Gwent and Pembrokeshire in particular, not to facilitate indoor visits. Care Inspectorate Wales again highlighted this to the Welsh Government so it could be raised at the appropriate meetings/groups. A copy of our email exchange is exhibited at **GB2/142-INQ000198566**.
267. In April 2021, the UK Government announced that care home residents in England would be permitted two designated visitors each who could participate in routine indoor visits. The stakeholder group convened by Care Inspectorate Wales considered whether the same change should be made in Wales and was broadly supportive of this. Version 6 of the guidance, published on 23 April, reflected this change. A further update (version 7) was published on 14 May 2021, under which two designated visitors were permitted for routine indoor visits, and those visitors were able to attend at the same time (socially distancing, if they were not members of the same household) as well as separately

268. On 12 May 2021, Care Inspectorate Wales again arranged joint webinars with the Welsh Government and Public Health Wales for providers to answer questions they had about the guidance for visiting care homes. These events took place on 12 and 19 May 2021. An email providing an update following the Question and Answer session on 12 May 2021 is exhibited at **GB2/143-INQ000198568**. Within that update, Deputy Chief Inspector, Vicky Poole, acknowledged the majority of providers were working hard and creatively to enable visits. However, she noted there were a minority of providers who were not which could have a negative impact on people's well-being, as well as breaching their rights, and therefore should be considered when Care Inspectorate Wales was prioritising services for inspection.
269. In light of the update following the Question and Answer session, both Care Inspectorate Wales and the Welsh Government received concerns and complaints about those care homes who were not enabling people to have visitors indoors, or were being restrictive about the length of visits allowed; Care Inspectorate Wales wrote to specific providers for whom concerns had been raised, setting out their regulatory responsibilities with regards to promoting people's rights by enabling them to have visits from their loved ones. Care Inspectorate Wales also followed up each concern reported to it with the provider to discuss the reasons for not facilitating visits. While it is not possible to identify specific inspections undertaken as a result of unreasonable restriction of visitors, Care Inspectorate Wales took these concerns into consideration when prioritising the inspection programme. If on inspection, inspectors found evidence of impact on people's safety and well-being, a priority action notice would be issued.
270. Several further versions of the care homes visiting guidance were published from May 2021, summarised as follows:
- a. Version 8, published on 24 May 2021, removed the requirement for a designated visitor and deputy designated visitor, though retained the limitation on the number of visitors at any one time to two per resident.
 - b. Version 9 was published on 16 July 2021 and reflected the national move into Alert Level 1, removing the requirement for residents to self-isolate following an overnight stay away from the care home, and allowing indoor visits from entertainers.
 - c. Version 10 was published on 6 August 2021, removing the limit of two visitors at a time, with this to be determined by the provider subject to a risk assessment.
 - d. Version 11 was published on 8 October 2021, removing the need for social distancing.

- e. Version 12 was published on 22 November 2021, enabling more routine visiting into and out of care homes to take place during some outbreaks, and to enable residents who were self-isolating after discharge from hospital to receive visitors in the care home
 - f. Version 13 was published on 15 December 2021, and introduced changes because of the Omicron variant, including that visits out of the home should cease during an outbreak, and that visitors into the home should be restricted to essential visits only during an outbreak in the home.
 - g. Version 14 was published on 28 January 2022 and reflected to move to Alert Level 0 in Wales. It enabled more routine visiting into and out of care homes to take place during some outbreaks and re-emphasised the importance of supporting residents to go out of the home if they wanted to do so.
271. At the end of March 2022, the Welsh Government published the 'Social care approach to respiratory viruses: autumn and winter 2022 to 2023' which included advice to care home providers about the need for visitors to be welcomed, encouraged and enabled when there was no outbreak at the care home. A copy of this document is exhibited at **GB2/144-INQ000198639**.

Testing

272. Care Inspectorate Wales's role in relation to testing was primarily one of commenting or offering assistance to facilitate testing in social care settings and sharing knowledge and understanding of the sector to inform decision making. Testing arrangements changed and expanded as more tests became available and knowledge about how Covid-19 spread grew. On 18 May 2020, Care Inspectorate Wales provided comments on testing plans as exhibited at **GB2/079-INQ000198346** and a copy of the interim guidance upon which the comments are made is exhibited at **GB2/145-INQ000198347**.
273. In March 2020, Covid-19 testing was not available for social care staff nor those living in care homes. Testing in Wales was prioritised for individuals requiring admission to hospital, health care workers involved in frontline patient facing clinical care and others, where recommended by health board Medical Directors. A Written Statement setting out this position is exhibited at **GB2/146-INQ000198641**.

274. In the initial weeks of our check-in calls with providers the availability of testing for staff and people living in care homes was raised by many respondents. Testing capacity was an issue and our understanding at that time (later part of March 2020) was, there were only approximately 500 tests available in Wales in mid-March. A copy of an email I received from the Deputy Director for Coronavirus response setting out the plans to upscale testing is exhibited at **GB2/147-INQ000198276**.
275. At the beginning of April Care Inspectorate Wales understood each local authority had a quota of 15 tests per day to be used for social care staff. There were set criteria which had to be met to be given a test, and providers had to refer to local authorities to access these tests. An email I received from the Deputy Chief Inspector relating to the testing criteria for social care workers is exhibited at **GB2/148-INQ000198282** and related attached documents are a Covid-19 testing form exhibited at **GB2/149-INQ000198283**, a Covid-19 Social Care worker testing referral form is exhibited at **GB2/150-INQ000198284**, Covid-19 staff Testing Criteria is exhibited at **GB2/151-INQ000198285** and testing criteria is exhibited at **GB2/152-INQ000198286**.
276. In a meeting with Welsh Government policy and Public Health Wales officials and attended by Margaret Rooney on 22 April 2020, the approaches to arranging testing for social care staff at this time were described as disparate in different areas. Although there had been an attempt to create a consistent approach, this had been applied differently across Wales. Margaret Rooney's notes of the meeting are exhibited as **GB2/153-INQ000198307**.
277. As all regulated providers in Wales have an online account with Care Inspectorate Wales, the Inspectorate offered to assist by enabling providers to refer staff for tests through their online Care Inspectorate Wales accounts. This would bring consistency to and streamline the approach for providers. However, it was important to engage with local authorities about this to ensure the offer of assistance from Care Inspectorate Wales would add value.
278. Margaret Rooney (Deputy Chief Inspector) contacted two directors of social services as representatives of the Association of Directors of Social Services Cymru to ask for a local authority view on this. The feedback suggested Care Inspectorate Wales's involvement might not be as helpful as anticipated as it could add an additional step to the process, therefore we did not proceed. Responses following our engagement and subsequent information provided to Welsh Government colleagues are exhibited at **GB2/154-**

INQ000198306 and **GB2/155-INQ000198316**. Examples of the support Care Inspectorate Wales offered around testing are exhibited as email exchanges of 1 May 2020 regarding testing of self-isolating care home staff which are exhibited at **GB2/156-INQ000198317** and **GB2/157- INQ000198318**.

279. At this time (April 2020) Care Inspectorate Wales was advocating for asymptomatic testing of all care home staff and residents, although it appreciated there were limits on the number of tests available and capacity to undertake tests in a timely manner. Email exchanges on this matter are exhibited at **GB2/158-INQ000198308** and **GB2/159-INQ000198311**.
280. Care Inspectorate Wales was able to assist the Welsh Government by giving access to the contact details and the unique service identification numbers of regulated social care providers in Wales. Care Inspectorate Wales shared this data on care homes with Welsh Government policy teams which was then passed on to the UK wide portal system so the services could be set up on the portal to access testing kits. In particular, the Care Inspectorate Wales service identification numbers enabled care home providers to be identified and given access to the portal. An email setting out how we were able to assist is exhibited at **GB2/160-INQ000198345**.
281. On 20 May 2020 the Welsh Government issued 'Interim guidance on delivering Covid-19 PCR testing in care homes, the management of residents and staff who test positive for Covid-19 and reporting arrangements'. This set out plans to extend testing to all residents and staff in care homes that had not reported an outbreak or any cases of coronavirus in the last 28 days. This also included arrangements for local health boards to report a daily situation report (sit-rep) on testing in care homes to Care Inspectorate Wales and Public Health Wales. Care Inspectorate Wales assisted with this by developing a template for local health board to complete, collating the results and sharing them with the Welsh Government. I exhibit an email the Deputy Chief Inspector sent to the Care Inspectorate Wales leadership on this matter as **GB2/161-INQ000198372** and the associated attachment containing the Situation Report Template - Aneurin Bevan University Health Board is exhibited at **GB2/162-INQ000198373**. Care Inspectorate Wales collected, collated and shared this information on behalf of the Welsh Government between 22 May and 24 July 2020 when these reports were no longer required.

282. In December 2020, Care Inspectorate Wales advocated for people living in supported living to be given the same access to testing and vaccinations as people living in a care home service. People with learning disabilities are often in receipt of domiciliary care through supported living arrangements. These settings can be providing care for a number of people, operating in 'closed' communities with shared facilities similar to care homes. Care Inspectorate Wales also gathered and aggregated information on supported living settings where five or more people were living in 'closed' communities, and shared this with Welsh Government policy teams to facilitate these supported living providers to get access to the RT-PCR Testing Programme for their workforce in January 2021. This meant these providers could order PCR tests via the portal whereas all other domiciliary support providers were to be part of the Lateral Flow Testing Programme at a later date. An email sharing contact details for providers is exhibited at **GB2/163-INQ000198539**.
283. Care Inspectorate Wales was also able to provide feedback to the Welsh Government, health boards and local authorities on how the testing arrangements were working on the ground. It did so by sharing the qualitative analysis of the responses gathered during check-in calls with regulated social care providers. An example qualitative analysis of check-in calls is exhibited at **GB2/056-INQ000198640**. The analysis was a snapshot of the period between 29 June to 12 July 2020 on themes such as hospital discharge, testing and staffing. In terms of testing, providers described mixed experiences of the mass testing process, most providers were satisfied and reassured by the testing arrangements, for example, providers in Monmouthshire advised,

'The staff have been tested every Wednesday for the last three weeks, we have trained the deputy manager and team leader to carry out the testing. They have found this straightforward and all the staff have complied with coming in on their days off to be tested. We pay the staff for one hour to come in and the test only lasts five minutes.'

'Very efficient and effective. We have found the process easy for all involved and turnaround of results has been within 48 hours for all tests.'

284. Some providers described a good relationship with the local authority, describing tests were being arranged quickly and the results returned promptly. However, there was inconsistency, as many providers expressed concerns with regards to receiving timely results. A provider in Torfaen advised that,

'the actual time taken from request of a test (i.e. symptomatic or mass testing) to getting the result has been on average for us about 5 days.'

285. A provider in Pembrokeshire reported: *'Testing ok but results have taken a week to 10 days.'*

286. A number of providers explained how arrangements were challenging where results of tests had gone missing or not received, there were very short notice periods to arrange testing and complications in arranging testing. The providers told us they had different experiences of two different testing systems for staff and those in receipt of care. A care home provider in Bridgend highlighted that it was,

'Time consuming having to log each staff member individually on the portal. However, the results on the portal come back in 24 hrs. Results for residents take much longer, several days, confusing having two different systems for residents and staff.'

287. Time demands associated with testing were cited as onerous by some providers, particularly for the larger care homes. A number of the respondents wanted additional information and guidance about testing arrangements for staff working in domiciliary support services and supported living settings. Providers also raised queries about gaps in the detail of guidance; new staff testing or isolation following holiday and testing for people in the community using domiciliary support. One provider also raised a specific issue about the impact of an "unclear" result on a service provision.

288. Care Inspectorate Wales's overview report of check-in calls with providers from 30 March 2020 until 26 July 2020 also included a specific section about providers experience and in relation to testing. The 'Overview of feedback from the social care sector - CIW check-in calls with providers of registered services for adults and children' report is exhibited at **GB2/058-INQ000198499**.

289. From November 2020, Care Inspectorate Wales attended and contributed to the Welsh Government's Social Care Testing and Infection Control Group. The purpose of the group was to co-ordinate clinical, social care sector and operational intelligence to inform the design and implementation of the testing and infection control strategy and policy for social care. An email of 11 November 2020 circulating the terms of reference with other associated documents is exhibited at **GB2/164-INQ000198524**, the further attachments

are also exhibited as a programme of asymptomatic testing of care home staff, guidance and mechanisms for local decision-making, exhibited at **GB2/165-INQ000198525** and a draft document regarding testing and infection control for social care is exhibited at **GB2/166-INQ000198527**.

290. In December 2020, the Welsh Government published the 'Coronavirus Control Plan: alert levels in Wales for Social Care Services for adults and children'. This set out a new four level plan of measures for dealing with coronavirus in Wales in terms of testing and infection prevention control measures for social care alongside each of the national levels.
291. I have been specifically asked to comment on the Inspectorate's role in Regional Incident Management Teams and whether those teams worked effectively in relation to local decision-making for asymptomatic care home staff testing. Whilst I understand the provisional make-up of membership of those Regional Incident Management Teams included Care Inspectorate Wales as described in **GB2/165-INQ000198525**, I do not recall the Inspectorate being part of any regional incident management teams.

Do Not Attempt Cardiopulmonary Resuscitation (DNACPRs) and End of Life care

292. During the first weeks of Care Inspectorate Wales's check in calls with providers, some issues were raised in relation to end of life medications and Do Not Attempt Cardiopulmonary Resuscitation (DNACPR). Providers reported pharmacies had been running out of certain medications and there were some problems with supply of end-of-life medication. One provider was concerned about a local health board directive to discuss DNACPR with her residents as they were young people, the provider had chosen not to pursue this with residents due to concerns about causing them undue distress. These concerns were expressed in the provider survey thematic report covering the period, weeks commencing 30 March 2020 to 20 April 2020 is exhibited at **GB2/066-INQ000198321**.
293. At the end of April and beginning of May 2020, 89% of providers the Inspectorate spoke to reported they felt confident to provide good quality end of life care to people and 95.5% of them told us they had access to the correct end of life medication. However, some providers continued to have difficulties obtaining certain medication, including end of life

medication. The provider survey thematic report covering the survey period, weeks commencing 27 April 2020 to 10 May 2020 is exhibited at **GB2/167-INQ000198644**.

294. On 5 April 2020 Margaret Rooney, Deputy Chief Inspector, received an email from a provider of a residential care home describing the death of a resident with Covid-19. The provider explained no palliative care package had been put in place by the GP and controlled drugs were not issued to ease their suffering at the end of their life. The person sadly passed away within 24 hours. The provider and staff were understandably distraught. The provider explained he believed GPs were placing DNACPRs on lots of individuals, which resulted in automatic non-admittance to hospitals. In many cases these individuals lived in residential care homes without the nursing care and appropriate end of life care they needed.
295. I forwarded this email to Sir Frank Atherton the Chief Medical Officer, Dr Andrew Goodall, the Director General of the NHS Wales, the Chief Nursing Officer and Albert Heaney, the then Deputy Director General for Health and Social Services, setting out the urgency of ensuring appropriate palliative care was available for people living in care homes. I provided the data on the number of care homes that did not have nurses working in them and stressed the urgency of ensuring care homes without nursing getting support from the district nursing services to manage end of life care effectively. I stressed those care homes did not have access to medication supplies for end-of-life care, nor access to oxygen. I also queried whether Care Inspectorate Wales could be confident families understood the implications of a DNACPR. I exhibit the emails as **GB2/168/INQ000500163**.
296. Margaret Rooney, Deputy Chief Inspector, also emailed and spoke to the office of the Chief Nursing Officer about this particular incident and was assured it would be raised with the health board concerned. I exhibit the email as **GB2/169/INQ000501641**. I am unable to confirm whether this was actioned.
297. Following concerns shared with Care Inspectorate Wales, as outlined above it became apparent DNACPR was an issue. Therefore, on 21 April 2020 Care Inspectorate Wales and Health Inspectorate Wales issued a joint statement on advance care planning in Wales. The statement acknowledged personalised advance and future care planning is, and has always been, a vital factor in ensuring people receive high-quality and dignified care; particularly for people who have serious and life limiting conditions, and older people

who may be frail. This statement highlighted this had never been more important than during the Covid-19 pandemic. The joint statement emphasised both Care Inspectorate Wales and Healthcare Inspectorate Wales fully supported the current legislation and guidance to support practitioners and staff in holding these conversations. It stated the guidance was clear decisions must only be made on an individual basis and never be made for groups of people.

298. Further, the Mental Capacity Act also requires those decisions to be taken in collaboration with the person involved. It sets out how discussions should take place if a person has capacity and what to do when a person lacks decisional capacity.
299. The joint statement acknowledged as part of advance care planning processes, there might also be consideration of a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) discussion and form. The statement emphasised personalised and compassionate communication had to be central to this process. Decisions should always be made on an individual basis and in the best interests of the person. It was crucial all staff involved in advance care planning followed the latest guidance and accessed support available to them to have these discussions. The statement listed the guidance documents and encouraged staff and practitioners to ensure they referred to that guidance when considering and carrying out advance care planning. I exhibit a copy of that joint statement as **GB2/170- INQ000227432**.

Lessons Learned

300. As the Inspectorate and regulator of social care in Wales, Care Inspectorate Wales is well placed to provide reflections on the impact of Covid-19 on the sectors and share any lessons that could be learned. Predominantly this came from monitoring, inspection and reporting findings.
301. In the summer of 2020, the Health, Social Care and Sport Committee of the Senedd undertook an inquiry into the Covid-19 outbreak in Wales, specifically considering the impact of the outbreak, and its management, on health and social care services in Wales. Care Inspectorate Wales provided written evidence to the committee exhibited at

GB2/171-INQ000198579. The committee report was published on 8 July 2020 and is exhibited at **GB2/172-INQ000349686**⁵.

302. In September 2020, Care Inspectorate Wales published the overview of the feedback it received from the social care sector about their experience of Covid-19 which I have exhibited earlier in this statement. In October 2020, Care Inspectorate Wales and Healthcare Inspectorate Wales jointly published the shared reflections and lessons learned during the first wave of the pandemic. The joint aim was to share some of the most significant issues that had been identified as part of Care Inspectorate Wales's work which could be considered in national and local planning for the upcoming winter period. An email sent on 2 October 2020 with a copy of the letter shared with Chief Executives of all health boards, trusts and local authorities in Wales is exhibited at **GB2/173-INQ000198490** and a copy of the attached letter also dated 2 October 2020 listing the reflections is exhibited at of **GB2/174-INQ000198492**.
303. The health and social care regulators across the UK and Ireland met regularly throughout the pandemic and continue to do so. The meetings provided an opportunity to share learning. In January and November 2021, Care Inspectorate Wales participated in learning events with the British Isles and Ireland Health and Social Care Regulators to discuss and share lessons learned. A copy of the letter to participants is exhibited at **GB2/007-INQ000198545** and the seminar report is exhibited at **GB2/008-INQ000198546**. The PowerPoint presentation for the event in November 2021 is exhibited at **GB2/009-INQ000198635**. The event in January 2021 was particularly beneficial as the regulators invited relevant government policy officials so that the UK and Ireland regulators could share joint learning with those officials to inform further planning and response.
304. Care Inspectorate Wales has also shared its reflections and learning at a number of partner events including the Association of Directors of Social Services Cymru Summer Festival in July 2021 and the Care Roadshow in November 2021. The notes for Association of Directors of Social Services Cymru Summer festival are exhibited at **GB2/175-INQ000198637**. The notes from the Care Roadshow are exhibited at **GB2/176-INQ000198646**.

⁵ This exhibit has been provided by another material provider to the UK Covid-19 Inquiry and is a duplicate of a document held by the Welsh Government and disclosed to the UK Public Inquiry [INQ000198422]

305. The key lessons learned and reflections Care Inspectorate Wales shared can be summarised as follows:
- a. The importance of a rights-based approach to ensure people receiving health and social care, and their families or advocates, are involved in decision making with decisions taken on an individual basis and in the best interests of the person.
 - b. Recognising, and minimising as far as possible, the impact of not being able to see family and friends has on the mental health and well-being of many people.
 - c. The importance of co-ordinated communication for successful hospital discharge, recognising family members and providers are partners in care for many people.
 - d. The importance of having a co-ordinated communication strategy to minimise duplication and ensure messages are shared with the right people at the right time.
 - e. Ensuring health and social care staff have access to testing with timely turnaround of results; sufficient PPE (personal protective equipment) with clarity about its use; access to infection prevention and control training and support, including support networks for managers and care workers.
 - f. The importance of continuity of staffing to help mitigate the risk of agency staff transmitting the virus if they are working across different services.
 - g. The interdependence of the health and social care sector recognising providers of social care services should be treated as equal partners in care and people working in the social care sector should have parity of esteem and terms and conditions as those working in the NHS.
 - h. The value of working co-productively with all partners to bring together a wide range of knowledge and stakeholders to address complex issues and achieve the best outcomes for people.
 - i. Working with and sharing information with partners is key to achieving improvements in care services.
306. As part of this Rule 9 request Care Inspectorate Wales has collated a table of the lessons learned exercises which I exhibit as **GB2/177-INQ000497186**.

Statement of Truth

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

Personal Data

Signed: _____

Dated: _____ 28th January 2025 _____