

# **PE2071/E: Take action to protect people from airborne infections in health and social care settings**

## **Care Inspectorate submission, 21 May 2024**

As the independent scrutiny, assurance and quality improvement support public body for social care and social work in Scotland, we welcome the opportunity to inform continued consideration of PE2071.

### How “adequate and suitable” ventilation is defined in practice

The reference to “adequate and suitable ventilation, heating and lighting” is taken directly from The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, which set out the requirements which must be complied with by providers of care services under Part 5 of the Public Services Reform (Scotland) Act 2010.

The [Health and Social Care Standards](#), which we led the development of with Healthcare Improvement Scotland, set out what people should expect when using health, social care or social work services in Scotland. They are rights-based and written from the perspective of people experiencing care, placing emphasis on assessing experiences of people rather than compliance with set processes. Since they came into use in April 2018, we have incorporated these into our inspection methodology ensuring they inform our scrutiny and quality improvement support approach. The Scottish Government has indicated its intention to review the Standards, as recommended by the Independent Review of Inspection, Scrutiny and Regulation of Social Care in Scotland.

As set out in our previous submission, there are a number of relevant Health and Social Care Standards to consider in relation to the topic at hand:

- Standard 5.12 states: “If I live in a care home, I can control the lighting, ventilation, heating and security of my bedroom.”
- Standard 5.18 states: “My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells.”
- Standard 5.19 states: “My environment has plenty of natural light and fresh air, and the lighting, ventilation and heating can be adjusted to meet my needs and wishes.”

As the national scrutiny, assurance and quality improvement organisation for social care we support the implementation of good infection prevention and control (IPC) practice in registered services and we signpost and recommend that the national infection guidance is followed in this regard. Specific guidance on this can be found in the [Care Home Infection Prevention and Control Manual](#) (CH IPCM), which is maintained by Antimicrobial Resistance and Healthcare Associated Infection Scotland (ARHAI).

As set out in the Manual: “Ventilation is also an effective measure to reduce the risk of some respiratory infections, by diluting and dispersing the pathogens which cause them. Consider opening windows and vents more than usual, even opening a small amount can be beneficial. Opening windows and doors may present security and safety issues and so a local risk assessment should always be undertaken.”

During every care home inspection, as a core assurance we observe the setting and physical environment. We would expect services to ensure natural ventilation wherever possible, though we understand that this is not always a straightforward judgement due to the nature of the physical environment and/or people’s personal needs and preferences. We note that ventilation is one of a number of mitigating factors in preventing the transmission of infection. For example, the CH IPCM states that hand hygiene is the “most important thing you can do to prevent the spread of infection in a care home”.

We stress, however, that requirements in relation to building standards (and ventilation provision in this regard) are set in building standards legislation, and do not sit within our remit. We also acknowledge that we are not the foremost authority in relation to the topic of ventilation and as such we signpost a range of other sources of appropriate guidance and information, including the Health and Safety Executive (HSE), the Chartered Institution of Building Services Engineers (CIBSE) and Health Facilities Scotland (HFS). We also draw attention to Scottish Government [guidance](#) for employers on improving ventilation and the supply of fresh air into the workplace. In addition, we note that our locus is restricted to social care settings and we would not have a role in relation to healthcare settings.

In relation to care at home, we would also expect good practice to be followed in line with the [National Infection Prevention and Control Manual](#). We inspect care at home services and combined services, with infection prevention and control an area we look at as a core assurance. However, we would not make a judgement on ventilation as the home environment is not the responsibility of the care provider.

On the use of facemasks, Personal Protective Equipment (PPE) is the last level of control in the ‘hierarchy of controls’, as set out in the CH IPCM. In line with Scottish Government guidance, staff and visitors within social care settings do not need to routinely wear a face mask or face covering. For many, their social care setting represents their home, and we know how beneficial [meaningful connection](#) is to physical, mental and emotional health and wellbeing. We note that prolonged use of facemasks can inhibit communication, particularly for people living with dementia and communication difficulties, and be detrimental to wellbeing, resulting in increased levels of distress. However, services should continue to follow IPC guidance and a facemask should be worn where staff think there is a risk of the supported individual being exposed to infection, taking reasonable steps to explore alternative measures should a facemask create a significant communication barrier. We would expect a care worker to wear a mask if the person they are caring for expresses a wish for them to do so.

## How the Care Inspectorate assesses and enforces the ventilation standards

Responsive regulation enables us to assess risk, use professional judgement and be proportionate in our response and action. Supporting services to improve by signposting and providing professional and specialist advice enables them to adapt, learn and improve practice.

As such, when a service is not operating at the standard we expect, we seek to try and support improvement. Where this does not happen we have enforcement powers. We can impose extra conditions of registration, serve formal improvement notices requiring changes within a required timescale and cancel registration if an improvement notice is not complied with, subject to appeal to the sheriff. Closing a care service is not common and a last resort.

As mentioned previously, an observation of the setting and physical environment is conducted at every inspection of a care home service. If we become aware of a service not implementing good practice in relation to infection prevention and control, we would raise this with the service to find a resolution. If the necessary improvement is not forthcoming we may take action in line with our powers, as set out above.