Monitoring our Performance 2013-14

| **Report to:** | Strategy & Performance Committee |

Report to: Strategy & Performance Committee

Date: 4 March 2014

Report by: Karen Anderson, Director of Strategic Development
Tim Gronneberg , Information Analyst
Ingrid Gilray, Intelligence and Analysis Manager

Report No: SP-01-2014

Agenda Item: 6

PURPOSE OF REPORT

To present the Q3 2013-14 summary report on performance

RECOMMENDATIONS

That the Strategy & Performance Committee:

1.   Discusses the performance against the Key Performance Indicators, Monitoring Measures and Quality Indicators for the Care Inspectorate.

2.   Informs the Information Analyst of any changes required to the report.

3.   Approves the report for submission to the Board.

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Version Control and Consultation Recording Form

Version	Consultation	Manager	Brief Description of Changes	Date
1.0	Senior Management		All members ET and other lead officers were consulted.	13/2/14
	Legal Services			
	Resources Directorate			
	Committee Consultation (where appropriate)			
	Partnership Forum Consultation (where appropriate)			

Equality Impact Assessment	
To be completed when submitting a new or updated policy (guidance, practice or procedure) for approval.	
Policy Title:	NA
Date of Initial Assessment:	NA
EIA Carried Out	YES ☐ NO ☒
If yes, please attach the accompanying EIA and briefly outline the equality and diversity implications of this policy.	
If no, you are confirming that this policy will have no negative impact on people with a protected characteristic and a full Equality Impact Assessment is not required.	Name: Ingrid Gilray Position: Intelligence and Analysis Manager

Authorised by Director	Name: Karen Anderson	Date: 06/02/2014

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1.0 INTRODUCTION

This paper presents an account of our performance against our Corporate Plan 2011-2014, as amended in March 2013.

It focusses in particular on performance against the Operational Improvement Plan and the Key Performance Indicators (KPIs) and Quality Indicators (QIs) approved by the Audit Committee (last updated on 11 June 2013).

These have been supplemented by addition Monitoring Measures (MMs) as agreed by the Audit Committee.

The Quality Indicators are a new feature of our performance reporting framework, and we will develop our reporting on these over the coming months and years.

2.0 SUMMARY OF PERFORMANCE Q1- Q3 2013/14

2.1 Outcome 1: The quality of services in Scotland is improving

2.1.1 Services maintaining or improving good grades

At 31 December 2013, there were 14,173 registered care services operating in Scotland. Of these, 10,335 (73%) had maintained or improved on grades of 4 or above for every quality theme since 1 April 2013 (Monitoring Measure 1). This is an increase from the 71% at the same point last year.

This means that 427 of the 10,762 services that started the year with good grades and were still registered had declined in at least one theme following an inspection in Q1 to Q3. 60% of these services (58% last year) had dropped to a grade of 3 for at least one theme. A further 25% (29% last year) had dropped at least one theme to grade 2 and 15% (13% last year) had dropped to at least one theme graded 1 following an inspection in Q1 to Q3.

The majority of services with a decline in grading are privately operated (figure 1). Decline amongst Voluntary and Local Authority run services was less in terms of number of services, but as a percentage of services in the sector was slightly higher. Most of these services were daycare of children, care homes and child minding services.

Discussions will be taken forward with the local authorities where there is decline in grading in Daycare of Children services and also with Scottish Care, Scottish Childminding Association, National Day Nursery Association and other umbrella bodies regarding privately operated services.

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The following table shows the numbers of services by service type and sector that had a decline in grading. The numbers in brackets are the number of services with reduced grades as a percentage of all graded services of that type.

Although there were more Daycare of Children services with reduced grades than for any other service type, this accounts for a relatively low 4% of all such services.

Grades reduced in a higher percentage of care homes than for any other type of service. In particular, further analysis has shown that 11% of Care Homes for Older People saw grades reduce in this way – although this is a lower proportion than the 16% of Care Homes for Older people with reduced grades at the same point last year.

Figure 1: Number of Services with any decline in grading by service type and sector

Care Service type	Health Board	Local Authority	Private	Voluntary or Not for Profit	All Sectors
Adoption Service		1 (3.6%)			1 (2.9%)
Adult Placement Service				1 (11.1%)	1 (3.1%)
Care Home Service	1 (7.7%)	21 (10.3%)	52 (11.8%)	19 (5.8%)	93 (9.5%)
Child Care Agency					
Child Minding			86 (1.9%)		86 (1.9%)
Day Care of Children		36 (2.3%)	50 (6.3%)	39 (4.8%)	125 (4.0%)
Fostering Service		1 (3.7%)	1 (20.0%)		2 (3.7%)
Housing Support Service		12 (8.2%)	19 (14.1%)	21 (3.7%)	52 (6.1%)
Nurse Agency			3 (10.7%)		3 (10.0%)
School Care Accommodation Service		1 (20.0%)	1 (2.9%)	1 (5.6%)	3 (5.3%)
Support Service		18 (5.8%)	22 (9.9%)	21 (4.1%)	61 (5.8%)
Grand Total	**1 (3.1%)**	**90 (3.9%)**	**234 (3.8%)**	**102 (4.4%)**	**427 (4.0%)**

An additional expanded table showing the above breakdown by Care Service and National Specialist Team is included in Appendix 1.

2.1.2 Requirements Met and Additional Inspections

66% of requirements made at the previous inspection were confirmed as met in 2013/14 inspection reports finalised in Q1 to Q3. During Q2 we made an amendment to our Inspection Reporting Template to allow inspectors to record which requirements were being met within the timescales set. Up to this point, we were not able to differentiate between requirements met within timescales and those met but outwith timescales. Since this functionality was introduced in early September, 62% of requirements were met within the timescales set (KPI 1).

In Q1 to Q3, there were 62 inspections carried out that were additional to our inspection plan, which is 1.1% of all planned inspections completed (KPI 2).

2.1.3   Self-assessment Grading

In 17% of unannounced inspections the grades awarded confirmed the service's own evaluation for all Quality Statements that we assessed (Monitoring Measure 2).

Furthermore, in another 35% of unannounced inspections the grades awarded exceeded the service's own estimation for all Quality Statements that were assessed. This means that just over a third of services are underestimating their own grading in the self-assessment.

The remaining 48% are services that either over estimated or both over and under estimated for different areas of the self-assessment their own grading for some statements.

We will work with services to improve their capacity for self-assessment as part of our work to develop new methodologies.

2.1.4   Quality Indicator 1 – Improvements to the Quality of Care

The Care Standards Questionnaires are completed by people who use services and their relatives and carers. We analysed questionnaires from 2778 services in Q1 to Q3. In 90% of care services, 90% or more respondents were satisfied or very satisfied with the overall quality of the service. This is slightly lower than the 92% of respondents who were satisfied or very satisfied with the overall quality of service in the same period in 2012/13.

The Care Inspectorate continues to use Inspection Satisfaction Questionnaires to assess the quality of care service inspections. This is measured as the satisfaction of care service staff and service users with the inspection and whether they think the service quality will improve following inspection. In Q3 2013/14 93% of staff and 88% of service users thought that the quality of their care service would improve following the inspection (Staff total 638 respondents, service users total 329 respondents). In Q3 of 2012/13 93% of staff and 86% of service users thought that the quality of their care service would improve following the inspection.

2.2   Outcome 2: People understand the quality of service they should expect and have a good experience of services centred on their needs, rights and risks

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2.2.1 Quality Indicator 2 – Involving People

56% of all graded care services at 31 December 2013 have grades 5 or 6 for all Involving People quality statements. This means that over half of all care services graded by 31 December 2013 demonstrated very good or excellent quality practices in involving people who use care services in the delivery of the service. This is consistent with the 56% of services with all statements graded 5 or 6 at the same point last year.

The Care Inspectorate currently supports 63 lay assessors, with another 21 in the process of recruitment. In Q3 lay assessors supported 98 inspections (5.1% of all inspections completed). In these 98 inspections lay assessors spent a combined 622 hours and spoke with a total of 594 service users and 186 relatives, carers and friends.
In the year to date up to 31st December, lay assessors have been involved in a total of 319 inspections (10.2% of all inspections completed) spending 2034 hours on inspection activity and speaking to 2,252 service users and 781 relatives, carers and friends.

The majority of inspections involving lay assessors were of Care Home services (67). Sixteen inspections of Housing Support/Care at Home/Support Services for adults and one inspection in a Daycare of Children service also involved lay assessors.

We exhibited at the following external conferences in Q3:

October
SPPA Annual Conference: Reflecting on play and Learning
SCMA Annual Conference

November
City Health Conference 2013
Children in Scotland Annual Conference
Holyrood Communications Older People 2013
Scottish Care Annual Conference
Meet Sid Launch
NHS National Services Scotland 6th Annual Regulation Conference

December
Scottish Older People's Assembly

2.3 Outcome 3: The Care Inspectorate performs effectively and efficiently as an independent scrutiny and improvement body and works well in partnership with other bodies

2.3.1 Complaints against the Care Inspectorate

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In Q1 to Q3 we received 42 complaints against the Care Inspectorate. As at 31 December 2013, 19 remained in progress and 9 were completed. The remaining 14 were withdrawn, which means, for example, that either the complainant did not wish to proceed, or that the matter was not within the remit of the Care Inspectorate to investigate. Of the 9 completed complaints, four were partially upheld (where some elements of the complaint were upheld and others not) and five were not upheld.

Not all complaints received were formally registered. Twenty four complaints against the Care Inspectorate were registered as formal complaints in Q1 to Q3 (which includes some complaints which were received towards the end of 2012/13). Those not formally registered were either still at an informal stage or were withdrawn (see reasons above). We completed investigations into 26 complaints against the Care Inspectorate in Q1 to Q3, some of which were complaints received in 2012/13.

Of the 26 complaint investigations completed in Q1 to Q3, 12 of these were either upheld or partially upheld which is 46% (Monitoring Measure 4).

Work is underway, as part of the wider review of complaints and registrations, to establish the timescales for completing complaints against the Care Inspectorate in order to report against KPI 4.

The Complaints Committee met twice to review 3 complaint cases in Q3. Two of these were partially supported and one was not supported.

2.3.2 Efficiency Measure

We received 2642 complaints in Q1 to Q3, an increase compared to the 2483 received over the same period last year.
99% of complaints acknowledged had their acknowledgement letter sent within 3 working days (KPI 5a). Our target level is 100%. This does not include withdrawn cases (for example where the complainant does not wish to proceed, or the complaint is about a matter that we cannot investigate) or where the complainant is anonymous, has only supplied their name or requested no correspondence. This is a slight improvement on 98% at the same time last year. Reasons for not meeting the target include delays in complaints being passed to the complaints team to log.

We registered 52% of complaints against care services as formal complaints within 12 working days in Q1 to Q3 (KPI 5b). This is higher than the 47% at Q3 last year but lower than the target of 60% we are aiming for this year.
We will re-brief our complaints inspectors on the importance and necessity of making contact with the complainant, to inform them that they are the person charged with progressing their complaint.

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In Q1 to Q3, we completed 99.4% of complaint investigations within 20 days (or complainant was notified of an extension) (KPI 5c). The 20 day target was introduced in October 2012. Prior to this we had a 28 day completion target. As a comparison, in Q1 to Q3 of 2012/13, we completed 99.4% of investigations (or notified complainant of an extension) within 28 days, but only 77% within 20 days.

Overall, we completed 93% of registrations within timescales in Q1 to Q3 (KPI 5d). 93% of childminder registrations were completed within three months and 95% of other care service types were registered within six months. This exceeds our target of 85%. This is slightly higher than in Q1 to Q3 of 2012/13 when we completed 91% within timescale overall, with 91% of Childminders completed within 3 months and 94% of other services completed within 6 months.

2.3.3   Enforcement Notices Issued

In Q1 to Q3 we sent a total of 199 enforcement notices. 27 of these were notices related to the quality of care and 172 were 'technical' enforcements (for example procedures we use to cancel services if we cannot contact them any longer or procedures relating to inactive services). This year we have sent more 'technical' enforcements but less quality of care notices compared to Q1 to Q3 of 2012/13 (119 technical notices and 54 quality of care related notices).

A breakdown of the quality of care related notices are summarised in the following table:

Non-Technical Enforcements 2013/14
(note: this table excludes 'technical' enforcements which are not related to the quality of the service)

Inspection Area	Number of Notices sent 1 Apr – 31 Dec	Number of Services
Early Years	10	9
Justice and Young People	2	1
Older People	15	12
Total	**27**	**22**

2.3.4   Inspections Completed

During Q1 to Q3 we completed 92% (5789 inspections) of the inspections we planned to complete over that period (KPI 6c).

In Q1 to Q3 we had planned to do 76% (6329 inspections) of our annual planned number of inspections. Reasons for not meeting the target include services that we planned to inspect in Q3 becoming inactive, a number of childminders being unavailable for inspection and staff

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absences (including some long term sick leave). This also reflects the move to specialist teams where the Executive Team have taken action to address skills gaps in specific geographic areas.

In Q1 to Q3 we completed 77% (4821) of inspections by their last possible date of inspection (KPI 6b). Reasons for not completing inspections before the last possible date of inspection are collected and monitored by the National Inspection Planning Team. The most common reasons for going beyond this date included: a higher risk service being given priority; the service being unavailable for inspection; unexpected issues or concerns found at the inspection which caused it to conclude later than originally planned; and services being re-allocated to different teams to manage capacity. The Executive Team are rigorously monitoring performance and taking action to ensure delivery of the 2013/14 inspection plan.

In care services that we have inspected this year, 3% of services had a low risk assessment score before the inspection and went on to have a higher risk assessment following the inspection (Monitoring Measure 3).

In our strategic joint inspections of services for children, we published our report on North Ayrshire in Q3. Draft reports for the inspections in East Dunbartonshire and Midlothian were also produced in Q3. We currently have inspections ongoing and at different stages of completion in East Lothian, Highland, Dumfries & Galloway and Clackmannanshire & Stirling.

We completed our development test site work for strategic joint inspection of integrated health and social care in West Lothian and Perth & Kinross during Q3. Inspections in Aberdeenshire and Moray are ongoing.

We issued 86% of draft care service inspection reports within 20 working days in Q1 to Q3. 91% of final inspection reports issued in Q1 to Q3 were issued within 13 weeks of the inspection feedback date. In Q1 to Q3 of 2012/13, we issued 86% of draft reports and 96% of final reports were sent within timescales. Reasons for not issuing reports within timescales in Q1 to Q3 include staff absences and protracted discussion with providers.

2.3.5 Quality Indicator 3 - Partnership Working

We made progress on the National Scrutiny Bodies Information and Intelligence review during Q3. Amendments to information supplied by the various scrutiny bodies was received and consolidated to enable a report to be considered by the Accounts Commission Strategic Group

In Q3 we agreed a data sharing arrangement with the Good Care Guide (www.goodcareguide.co.uk). We have supplied Good Care Guide with the first tranche of data with regular updates planned. The Good Care

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Guide is an online resource that allows users to find, rate and review local care services.

Our multi-agency inspection of child protection and services for looked after children on the Isle of Man was completed in Q3. The inspection closely followed the model of the joint inspections of services for children and is subject to full cost recovery. The inspection report is due to be issued early in Q4.

2.3.6 Quality Indicator 4 - Best Value

Our Business Continuity Planning is ongoing and on target. Most of the detailed planning work is completed for HQ and our focus now moves to our national offices.

We created and circulated the following (internal and external) surveys during Q3:

- JISFC Clackmannanshire/Stirling survey
- JISFC Dumfries & Galloway survey
- Central allocation of complaints
- Procurement Training Feedback
- Legislative Framework Survey
- Evaluation of Dementia Informed Services

2.3.7 Quality Indicator 5 - Staff Experience

We held a development event for our link inspectors and contact managers to discuss these roles and the expectations associated with this work. Follow up events are being planned for the future. Work is ongoing allocating contact managers to large, multiple service providers. A paper on the integrated roles of the link inspectors and contact managers was submitted to the Executive Team in Q3.

We held 3 internal focus groups for staff to discuss how we communicate internally and how this could be improved to help the outcomes of our work. These sessions were run by the Policy and Communications Manager.

2.3.8 Quality Indicator 6 - Leadership and Direction

We submitted our 2014-2018 Scrutiny Plan to the Board in Q3. We plan to submit the plan to Ministers in early Q4.

We have continued to assess our PDRS system in Q3, carrying on from the preliminary work in Q1 and Q2. A report was considered by the Executive Team in Q3 and a full review of PDRS will be undertaken in early 2014.

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The implementation of our carbon management plan, environment policy and estates rationalisation plan is being split into smaller manageable elements. Progress will be reported through the resources committee.

2.3.9 Quality Indicator 7 – Quality Assurance and Improvement

A report on the Registration and Complaints review was submitted to the Executive Team in Q3. An action plan is under development for consideration by the Programme Management Team for inclusion into the Operational Improvement Plan.

In Q3 we completed preparation for a new series of pilot childminding inspections for 2014/15. As part of this we developed a new pilot inspection report format with new wellbeing indicator descriptors linked to SHANARRI (Safe, Healthy, Active, Nurtured, Achieving, Respected, Responsible and Included). Staff that will be undertaking these pilot inspections received training in December 2013.

The National Enquiry Line received 5270 calls in Q3. This is lower than the 6538 calls we received in Q2. The most common areas that these calls related to are as follows:

- General enquiries (1567 calls)
- 850 Staff or Office enquiries (850 calls)
- Registration enquiries (437 calls)
- E-forms or Website queries (258 calls)
- Registration application requests (195 calls)

In Q3, 80% of calls were answered at the first point of contact. 20% of calls received (1029 calls) were transferred to duty inspectors. The largest proportion of calls transferred to duty inspectors related to concerns with or complaints against services.

In Q3 we produced the following publications and reports:

Printed and Published Electronically

- Annual Report 2012/13
- How the Care Inspectorate can help MSPs and their researchers in their parliamentary work
- Connect Issue 8
- Care News - Autumn 2013

Published Electronically only

- Quality and performance of adoption agencies 2011-13
- Childcare Statistics 2012

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- Going for Gold (issue 2)
- Preparing for an inspection
- Reference Questionnaire
- Services for children and young people in North Ayrshire
- Guidance for providers: looked after and accommodated children who need ongoing support as young adults
- Outcome of Complaints Research for the Care Inspectorate - Executive Summary
- Registering and running a childminder service

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3.0   SUMMARY OF PERFORMANCE AGAINST KPIs Q3 2013/14

Unless otherwise indicated, all figures are cumulative totals for the year

Key Performance Indicator 2013/14	Target	Q3 2012/13	Q3 2013/14	Notes
KPI 1: % of Requirements met within the timescale set by the Care Inspectorate	80%	New KPI	66% (2851/4344)	This is a baseline year
KPI 2: % inspections undertaken that were additional to our inspection plan	Baseline year	New KPI	0.4% (15/3842)	This is a baseline year
KPI 3: % efficiency savings achieved	3%	New KPI		Reported Annually
KPI 4: % complaints investigated against the Care Inspectorate that were completed within timescales	100%	New KPI	22 complaints received, 17 complaints registered as formal complaints and another 17 investigations completed (some of which were received last year).	As part of the review of complaints we have agreed the need to establish the timescales for completion of complaints

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Key Performance Indicator 2013/14	Target	Q3 2012/13	Q3 2013/14	Notes
KPI 5(a): Complaints against care services acknowledged within 3 working days	100%	98% (693/705)	99% (711/720)	
KPI 5(b): Complaints against Care Services registered within 12 working days	60%	43% (429/990)	55% (507/928)	New KPI for this year. Last year's figure is included for information only.
KPI 5(c): Complaints against Care Services completed within 20 working days (or complainant notified of an extension)	100%	72% (636/887)	99.5% (823/827)	We started monitoring the 20 day target in October 2012. Previously we had a 28 day completion target. In Q1 and Q2 of 2012/13 we completed 99.9% of investigations within 28 working days.

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Key Performance Indicator 2013/14	Target	Q3 2012/13	Q3 2013/14	Notes
KPI 5(d): Registrations completed within 3 months for childminders and 6 months for other care services	85%	93% (470/507) Childminders- 91% (342/374) Other Services- 96% (128/133)	92% (472/514) Childminders- 91% (308/340) Other Services- 94% (164/174)	
KPI 6(a): % of required inspections completed in 2013/14	99%	New KPI		Reported Annually
KPI 6(b): % of inspections completed by last date of inspection	99%	New KPI	80% (3322/4166)	Amended figure for Q1 based on revised calculation: 86% (1868/2166)
KPI 6(c): Number of inspections completed as % of total planned	99%	New KPI	89% (3842/4318)	

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Monitoring Measures 2013/14	Target	Q3 2012/13	Q3 2013/14	Notes
MM1: % care services maintaining or improving on all grades 4 or above as a % of all services	Monitor trend	70.7% (10,126/14,327)	72.9% (10,335/14,173)	Revised for Q2 2013/14 report as requested by Strategy and Performance Committee on 3 September 2013
MM2: % of unannounced inspections where we confirm accurate self-assessment grading	Monitor trend	New Monitoring Measure	16% (298/1797)	
MM3: % of low risk assessments of care services by the Care Inspectorate that go on to have a higher risk assessment following inspection	Monitor trend	New Monitoring Measure	3% (75/2852)	We inspected 2852 services with a low RAD score prior to inspection. 75 of these had their RAD increase to High or Medium following the inspection.
MM4: % complaints against the Care Inspectorate that were upheld or partially upheld	Monitor trend	0% (0/9)	53% (9/17)	

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4.0   RESOURCE IMPLICATIONS

There are no additional resource implications arising from this report.

5.0   BENEFITS FOR PEOPLE WHO USE SERVICES AND THEIR CARERS

This report relates to the monitoring of performance against the Care Inspectorate Corporate Plan 2011-14 to enable rigorous governance and challenge to the Care Inspectorate's Executive Team. This evidences the performance of the organisation in delivering Corporate Objectives and as such providing assurance and protection for people who use services and their carers.

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Appendix 1: Number and percentage of services with decline in grading and by service type, sector and National Specialist Team (Monitoring Measure 1).

National Specialist Team	Care Service type	Health Board	Local Authority	Private	Voluntary or Not for Profit	Grand Total
Adult Services	Care Home Service		4 (21.1%)	7 (17.5%)	9 (4.8%)	20 (8.0%)
	Housing Support Service		5 (8.2%)	10 (16.7%)	15 (4.8%)	30 (6.9%)
	Support Service		7 (5.8%)	11 (13.1%)	14 (4.6%)	32 (6.2%)
Adult Services Total			16 (8.0%)	28 (14.4%)	38 (4.7%)	82 (6.8%)
Early Years	Child Minding			85 (1.9%)		85 (1.9%)
	Day Care of Children		36 (2.3%)	50 (6.3%)	39 (4.8%)	125 (4.0%)
Early Years Total			36 (2.3%)	135 (2.6%)	39 (4.7%)	210 (2.8%)
Justice and Young People	Adoption Service		1 (3.6%)			1 (2.9%)
	Adult Placement Service				1 (11.1%)	1 (3.2%)
	Care Home Service		6 (6.8%)	4 (7.4%)	1 (2.3%)	11 (5.9%)
	Child Minding			1 (3.0%)		1 (3.0%)
	Fostering Service		1 (3.7%)	1 (20.0%)		2 (3.7%)
	Housing Support Service			1 (8.3%)	3 (2.2%)	4 (2.4%)
	School Care Accom. Service		1 (20.0%)	1 (2.9%)	1 (5.6%)	3 (5.3%)
	Support Service			1 (12.5%)	1 (2.2%)	2 (3.3%)
Justice and Young People Total			9 (4.5%)	9 (6.2%)	7 (2.4%)	25 (4.0%)
Older People	Care Home Service	1 (9.1%)	11 (11.5%)	41 (11.9%)	9 (9.6%)	62 (11.4%)
	Housing Support Service		7 (10.3%)	8 (12.7%)	3 (2.4%)	18 (7.0%)
	Nurse Agency			3 (17.6%)		3 (15.8%)
	Support Service		11 (5.9%)	10 (7.6%)	6 (3.8%)	27 (5.6%)
Older People Total		1 (5.3%)	29 (8.3%)	62 (11.2%)	18 (4.8%)	110 (8.4%)
Grand Total		**1 (3.1%)**	**90 (3.9%)**	**234 (3.8%)**	**102 (4.4%)**	**427 (4.0%)**

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