



CORPORATE PLAN 2014-18

To provide assurance and build confidence through robust regulation and inspection of the quality of care

Strategic objective 2

To contribute to building a rights based, world class care system in Scotland

Strategic objective 3

To support people's understanding of high quality, safe and compassionate care by promoting the standards and quality of service they should expect and make sure their voices are heard

Strategic objective 4

To build capacity within care services to make sure there is high quality development and improvement of rights based care across Scotland

Strategic objective 5

To support and inform local and national policy development by providing high quality, evidence based advice and information on care

Strategic objective 6

To perform effectively and efficiently as an independent scrutiny and improvement body and work in partnership with others

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FOREWORD: WHAT WE ASPIRE TO DO Paul Edie, Chair



I am delighted to introduce the Care Inspectorate's Corporate Plan for 2014 to 2018. Our staff, our experience and our scrutiny and improvement role all combine to make ours a powerful organisation that can and does protect people who use care services and their carers. Exercising this important responsibility requires a clear, strategic vision and a strong values based approach to focus on the things that matter most.

Almost everybody in Scotland will use care at some stage in their life, and most care services perform well. Our vision is that every person receives high quality, safe and compassionate care that meets their needs and promotes their rights. This is only possible, I firmly believe, by embedding a human rights based approach across the entire care sector ensuring that dignity and respect are embedded as a golden thread throughout the planning, delivery, inspection and improvement of care. This means that people who use care services and their carers are at the centre of planning and delivering them, ensuring voice, choice and control for people in the care that they receive.

This corporate plan sets out six high level strategic objectives which will guide the Care Inspectorate's work through a period of unprecedented change. Each of these strategic objectives are inter-connected to achieve synergy in realising our vision of high quality, safe and compassionate care for people in Scotland. Each objective informs detailed projects and activities within our operational plan and interlink right through to an individual's workplan so that we evidence our achievements in being a high performing and transparent, learning organisation.

By the end of this plan, the care sector and the health sector will be working across the whole of Scotland in an integrated way for the first time. Self directed support will change the way people choose and use care services, and the way in which care is designed and delivered.

Technological advances, for example in the use of telehealth in rural areas or assistive technology to help an older person remain in their own home longer, will alter the way people are cared for. There will be no let up in the pace of demographic change. We know that in Scotland we have a growing and ageing population – by 2035 predictions by the National Records of Scotland indicate that the number of people aged over 65 will have increased by 63 percent. Even in the face of such change, I am confident that this corporate plan is robust and flexible enough to adapt unforeseen circumstances, because it is underpinned by sound organisational values, namely: person centred, fairness, respect, integrity and efficiency.

By 2035 people aged over 65 will increase by

That is also why there is clear continuity from our last corporate plan. That plan too, put the users of care services and their carers at the heart of activity, stressing the need to be outcome focused in our work. Key objectives were focused around ensuring that the standards of care in Scotland are improving, that people should understand the quality of care they expect and receive, and that the Care Inspectorate itself operates effectively. There is significant success to report in all these areas, but of course there is no room for complacency.

I trust that the Care Inspectorate's work in support of these **six new strategic outcomes** will have great benefit for people who use care services across Scotland.



INTRODUCTION: WHAT WE HAVE ACHIEVED SO FAR Annette Bruton, Chief Executive



Our last corporate plan brought together the work of predecessor bodies, to effectively conclude and deliver their programmes of work, and concentrated on integrated working and clear objectives to establish the Care Inspectorate. The Care Inspectorate has undertaken significant changes, not least the implementation of a new structure and specialist teams across our regulatory, inspection and administrative functions. All of these changes are designed to ensure that we continue to strengthen our approaches to putting people who use care services and their carers at the heart of what we do.

We must remain an efficient and effective organisation, working in strategic and operational partnership with other scrutiny partners. At the same time we must focus firmly on ensuring that everyone receives the care they need that is based on an individual's rights, delivered safely, compassionately and to the right standards.

Our role means that we regulate and inspect individual care services and undertake joint strategic inspections with partners, of adult and children's services.

The many thousands of inspections of individual care services we have undertaken since we began in April 2011 show that the quality of services in Scotland is, generally, improving. The services scoring grades of good or better across all quality themes rose between the last two inspection years, although there are still services whose performance is inadequate. This suggests that the rising expectations now placed on care services are being embedded in most services.

Since the last corporate plan was published, our inspections of individual care services and our strategic inspections have become more risk based. We use intelligence and data from a wide range of sources to plan scrutiny. Targeting our scrutiny on services that present the greatest risk is not just proportionate: it is essential in protecting vulnerable people. That said, some types of services, by their nature, carry greater risks than others and we will put our time, effort and resources into in-depth inspections in these areas to ensure quality.

Inspections of some service types, such as care homes for older people, are now all unannounced. We generally use announced and short notice inspections only for the types of service where the nature of delivery means that some notice is necessary, such as childminders.

The move, throughout the care sector, towards a human rights based approach is an important one. Our inspectors should not and do not just assess whether care is safe and meets the prescribed standards: they look at whether care is designed and delivered in a way that reflects basic rights such as dignity, privacy and respect while reflecting an individual's needs and choices. As part of our drive for ever higher standards of care I want them, in future, to be even more empowered to reflect on the first principles of high quality care: questioning whether care is safe and protects and promotes people's human rights; requiring improvements when it does not; challenging whether it is sufficiently compassionate; and operating with more flexibility to take the action necessary to make it so. This means continuing to work with Scottish Government to ensure our legislative framework enables us to make decisions to safeguard and protect people who use services and their carers. We will achieve this new way of working by continuing to invest in our workforce to become a learning organisation, ensuring our staff have the rights skills, knowledge and expertise, with current good practice at their fingertips. This approach will ensure we are pioneering in the way we work with providers and people who use services and their carers to achieve innovation and improvement in care.

Supporting this will be new approaches to inspection that will continue to strengthen our focus on evidencing high quality, safe and compassionate care that is rights based and delivers person centred outcomes.

We will spend longer on inspections of those services we know are inherently risky, for example care homes. This will mean our specialist workforce spending more time in these services observing practices and talking with more people who use services and their families and carers. This targeted inspection will enable us to provide ever stronger detailed assurance and protection on the quality of care.

Key to this is developing new national health and care standards and ways of regulating and inspecting that are focused on: human rights around participation, decision making and choice; privacy and dignity; empowerment and realising potential; safety and positive risk taking; non-discrimination and equality; as well as those rights that are enshrined in law.

Inspection must be combined with improvement. It is the primary duty of people providing care services to improve them where necessary, and it is our job to support them to do so. The common phrase, the improvement journey, no longer reflects the urgency with which we expect improvement to occur. Where we identify shortcomings on an inspection or when looking at a complaint, we expect providers to work quickly to improve the quality of care for people using the service. Depending on the seriousness of the improvement required, and particularly where it impacts negatively on a person's health, safety and well-being, we will require immediate, often same-day, action, to rectify matters.

Vital though the inspection of individual care services is, we also need to examine how well services are provided in any given community planning partnership area, so that we can assess how well organisations are working together to support people effectively on their individual care pathways. Our joint inspections of services for children and young people in each area have progressed well and there has been much learning from the pilots. We are developing similar work with Healthcare Improvement Scotland that will look at services for older people, again using a strategic joint inspection model. These strategic inspections are essential to ensure that care, health, police, social work and education colleagues all work effectively in pursuit of a common aim: supporting and safeguarding people properly and effectively across local communities.

Regulation and inspection in itself does not guarantee quality, but are essential ingredients of it along with robust quality standards, effective self assessment and a real focus on outcomes for people who use services and their carers. In regulation and inspection, our responsibility is to protect and support some of the most vulnerable people in society. I am determined that we will uphold our profound responsibility to members of the public in whose name we act.

THE CARE INSPECTORATE VISION, VALUES AND PURPOSE

OUR VISION

The Care Inspectorate believes that every person in Scotland should receive high quality, safe and compassionate care that reflects their rights, choices and individual needs through their whole care experience.

OUR PURPOSE

The Care Inspectorate will contribute to this vision by:

- providing assurance and protection for people who use services and their carers
- delivering efficient and effective regulation and inspection that meaningfully involves people who use services and their carers
- supporting improvement and signposting good practice
- acting as a catalyst for change and innovation
- working in partnership with people who use services and their carers, scrutiny, delivery and policy partners.

OUR VALUES

Person-centred – we will put people at the heart of everything we do.

Fairness – we will act fairly, be transparent and treat people equally.

Respect – we will be respectful in all that we do.

Integrity – we will be impartial and act to improve care for the people of Scotland.

Efficiency – we will provide the best possible quality and public value from our work.

ABOUT THE CARE INSPECTORATE

The Care Inspectorate was established under the Public Services Reform (Scotland) Act 2010 (referred to as the 'Act') and is the independent scrutiny and improvement body responsible for regulation and inspection of care and support services, scrutiny of criminal justice social work services and joint inspections with other scrutiny partners of services for adults and children. In all our scrutiny activities we are required under statute to take into account the National Care Standards and the Scottish Social Services Council's codes of conduct and practice in making our judgements and decisions on the quality of care.

We are an executive non-departmental public body and our functions, duties and powers are set out in the Act and in the Management Statement and Financial Memorandum (MSFM) drawn up by the Scottish Government Directorate for Health and Social Care Integration. We operate independently and at arm's length from Scottish Ministers but are accountable to them through the Scottish Parliament. The Care Inspectorate is governed by its Board which holds responsibility for setting the strategic direction of the organisation, executing good governance and managing performance while taking account of legislation and policy guidance from the Scottish Government to contribute to national outcomes and priorities.

Our expectations

We expect that every adult or child will receive high quality, safe and compassionate care throughout their whole care experience, based on an appropriate assessment that reflects his or her rights and individual needs and choices.

How we contribute to this expectation

- We regulate and inspect care and support services to ensure that people experience high quality, safe and compassionate care.
- We protect and promote the rights of people using care services and their carers, including those who rights are restricted under Adults with Incapacity legislation, in our role as corporate parents or with those who have limited communication abilities.
- We expect all providers to continuously improve and we take action to demand improvement where quality of care is poor, targeting our finite resources on poorly performing services.
- We signpost good practice and innovation by offering a range of resources to support improvement through our dedicated online portal 'The Hub' and in our regulatory, inspection and improvement activities.
- We report publicly on our findings to provide assurance and protection on the quality of care and help people make confident and informed decisions.
- We make independent and fair judgements based on risk using the rigour of our intelligence, evidence and professional expertise.
- We undertake joint inspection of services for children and adults across community planning partnerships and hold chief officers responsible for working together effectively to promote the rights and meet the needs and choices of people living in local communities.

- We collaborate and co-operate with other scrutiny and delivery partners to deliver public value in our scrutiny and improvement activities.
- We register care services that meet the standards set out in legislation, current best practice and our requirements to deliver high quality, safe and compassionate care.
- We investigate complaints about care providers and the Care Inspectorate.
- We work with people who use services and their carers and the public to listen and ensure that their views and experiences inform all our scrutiny and improvement activities.
- We use our equality outcomes and action plan to ensure we eliminate discrimination and value everyone equitably.
- We advise Scottish Ministers and inform national policy, based on evidence from our scrutiny and improvement activities.
- We exercise our legal powers (and will continue to work with policy makers to ensure we have the necessary effective powers) to take action where acceptable standards are not met and act quickly to provide protection and assurance for people using services and their carers.



THE ENVIRONMENT WE WORK IN

Our working environment is undergoing unprecedented change. Combined with challenging financial pressures, there are a number of legislative and social policy changes, including those to aid joint working across public bodies and support the integration of health and social care and those that will improve national provisions and practice for children and young people. These, alongside reviews of the National Care Standards and community justice services across Scotland, mean that there has never been a greater imperative for organisations to work collectively to review how we design, deliver, scrutinise and improve the quality of care. Such transformational change requires fresh and creative thinking that puts human rights at the heart of all we do. We are operating within an emerging landscape of tighter financial constraints, technological advances and increasing societal expectations. There are significant demographic changes, with many people living longer and vast differences in the experiences and outcomes for people across local communities. To meet the challenges these changes present, we need to develop flexible regulatory practices and integrated scrutiny and improvement activities that focus on and foster a culture of innovation. We will act as a catalyst and facilitator for innovation, so that ever improving and aspirational standards of care quality are evident in service design and delivery.

Early intervention and prevention, integrated health and social care pathways, partnership working and co-operation and a true focus on enabling people who use services and their carers to have a voice, choice and control are fundamental to achieving positive and meaningful outcomes for everyone in Scotland.

High quality care that is designed and delivered to reflect individual needs and promote our rights is essential to maintaining and improving independence, health and wellbeing. We are committed to providing rigorous risk analysis and evidence based judgements and advice that continually drives improvement to care quality across Scotland, making a tangible difference to people's lives. To support this we are developing new ways to regulate, inspect, gather intelligence and risk based information that will contribute to improvement across regulated care services and joint strategic inspection activities. It is, of course, primarily the responsibility of community planning partners and providers to improve their own services, but we will support and challenge their self assessment and improvement plans as well as sharing and signposting good practice.

Our plans for 2014–18 set these out in greater detail but we cannot deliver new approaches to scrutiny and improvement in isolation. Therefore we will continue to invest heavily in forging new and purposeful relationships with people who use services and their carers, the public, community planning partners, other scrutiny and regulatory bodies, service providers, umbrella groups and policy makers.

We are committed to being a learning organisation with a culture of continuous improvement. We want to encourage and value our employees for new ways of thinking and embracing change and qualitative working practices that strengthen our role in providing assurance and protection for people who use services and their carers. We will continue to invest in our workforce so that we have people with the right skills well placed to achieve the ambitious strategic objectives within our Corporate Plan.

Duty of Co-operation

The Public Services Reform (Scotland) Act 2010 includes the Duty of Co-operation which requires us to collaborate closely with other scrutiny and improvement bodies and national policy makers. The regulation, audit and inspection activities of scrutiny bodies should be co-ordinated to be efficient, effective and economical for all those involved. We work closely with other bodies such as Healthcare Improvement Scotland, Education Scotland, Audit Scotland, and Her Majesty's Inspectorate of Constabulary Scotland to co-ordinate our scrutiny activities so that regulation, inspection and audit across Scotland are efficient, effective and duplication is reduced. We also play a key role in improving the quality of care across community planning partnerships and in collaboration with the above scrutiny bodies as well as other bodies including the Joint Improvement Team, Improvement Service, Mental Welfare Commission, NHS National Education Services and Scottish Social Services Council. We work closely to co-ordinate our individual and collective contribution and responsibility to support improvement activities and make a tangible difference to the quality of care.



Duty of User Focus

We are also required under the Public Services Reform (Scotland) Act 2010 to evidence continuous improvement in our statutory responsibilities for Duty of User Focus. Putting people who use services and their carers at the heart of our work is critical to improving the quality, design and delivery of care across Scotland as well as making a significant impact in shaping our business activities and national policy developments. We co-produced our ambitious Involvement Plan with those who know best about the quality of service design and delivery: people who use services and their carers. We know that the rights, needs and choices of people who receive care change over time and must be promoted and protected. That is why during the course of this Corporate Plan we will revise our Involvement Plan so that it continues to be an exemplar of good practice and is aspirational in its achievement of meaningful involvement across all our business activities.

One of the measures we will use to assess the quality of our involvement is Consumer Focus Scotland's report 'User Focus in the Scrutiny of Public Services: 7 tests'.

- 1. An organisational commitment to user involvement.
- 2. User involvement in the governance structure.
- 3. User involvement in the design of scrutiny.
- 4. User involvement during scrutiny.
- 5. User involvement as members of scrutiny teams.
- 6. Accessibility of scrutiny outputs.
- 7. User involvement in improvement action.

Public Sector Equality Duty

The Equality Act 2010 outlines our duty to work towards a more equitable future for everyone we deal with. Putting people at the heart of everything we do and treating people fairly and equitably as well as adopting a human rights approach are the values which underpin our work.

We have published our equality outcomes and action plan which map out how we plan to meet the equality duty. This includes how we develop, evaluate and review all of our internal and external policies; how we regulate and evaluate rights based care; how we train our employees and volunteers; and how we procure services and goods from others.

We will continue to work towards meeting our equality goals and will publish details as we progress these actions.

OUR PLANS 2014-18

Our Corporate Plan 2014–18 sets out six strategic objectives. Each is underpinned by key priorities and measured through key performance and quality indicators so that we can demonstrate our success. We are further developing a series of monitoring measures so we can report publicly on any emerging themes or trends that would indicate changes to the quality of care being delivered across Scotland.

To support this plan we have developed a rolling operational improvement plan to outline in more detail some of the specific change programmes we will carry out. These programmes will underpin our corporate objectives by building our capabilities and capacity. Each year we will review our business activities to ensure they remain relevant in achieving our strategic objectives.

Although we operate independently and at arm's length from Scottish Ministers we are accountable to them through the Scottish Parliament. This Corporate Plan 2014–18 also explains how we contribute to the national performance framework and national outcomes.



Table 1: How the Care Inspectorate's objectives support the Scottish Government's strategic objectives

	Scottish Government Strategic Objectives				
Care Inspectorate Strategic Objective	Wealthier and fairer	Healthier	Safer and stronger	Smarter	Greener
 To provide assurance and build confidence through robust regulation and inspection of the quality of care. 		\checkmark	\checkmark		
2. To contribute to building a rights based world class care system in Scotland.	\checkmark		\checkmark		
3. To support peoples' understanding of high quality, safe and compassionate care by promoting standards and quality of service they should expect and make sure their voices are heard.	~	~	\checkmark	\checkmark	
4. To build capacity within care to make sure there is high quality development and improvement of rights based care across Scotland.	\checkmark	\checkmark		\checkmark	
5. To support and inform local and national policy development by providing high quality, evidence based advice and information.		\checkmark		\checkmark	
6. To perform effectively and efficiently as an independent scrutiny and improvement body and work in partnership with others.		\checkmark	\checkmark		\checkmark

Table 2: How the Care Inspectorate's outcomes support the Scottish Government's strategic objectives

National Outcome	How will we contribute to this outcome?
Our children have the best start in life and are ready to succeed.	We will focus our scrutiny and improvement activities on providing assurance on the quality of care: by driving up improvement to ensure vulnerable people are protected and their needs and rights are reflected and promoted, to contribute to health and wellbeing.
We live longer, healthier lives.	We will focus our scrutiny and improvement activities on providing assurance on the quality of care: by driving up improvement to ensure vulnerable people are protected and their needs and rights are reflected and promoted, to contribute to health and wellbeing.
We have tackled the significant inequalities in Scottish society.	We will continue to build rigour and consistency in all our scrutiny and improvement activities. We will work with partners to ensure services are registered, designed, commissioned and delivered in ways that address accessibility, availability, choice, fairness, affordability and equity within and across communities to reflect individual needs and promote their rights.
We have improved the life chances for children, young people and families at risk.	We will work with partners to target our scrutiny model for joint inspection of services for children on those children and young people identified as most vulnerable, and to identify areas of risk or improvement. We will, through our improvement focus, support community planning partners to prioritise early intervention and prevention through targeted services for children, young people and families identified most at risk. We will support delivery partners through regulation and inspection to deliver the objectives within the Children and Young People (Scotland) Act 2014.
We live in well designed, sustainable places where we are able to access the amenities and services we need.	We will support delivery partners and policy colleagues to develop innovative solutions to care provision by delivering a flexible, responsive, outcomes focused approach across all our regulatory functions.
We have strong, resilient and supportive communities where people take responsibility for their own actions and how they affect others.	We will focus our scrutiny activities on holding community planning partners accountable through their own governance structures for the delivery of positive outcomes for people in local communities. Through our improvement function, we will support and provide constructive challenge to community planning partners to develop capacity in building strong, resilient communities.

National Outcome	How will we contribute to this outcome?
Our people are able to maintain their independence as they get older and are able to access appropriate support when they need it.	We will work with delivery and scrutiny partners to support and promote the design and delivery of integrated care pathways across health and social care so that people receive streamlined services in acute and community settings that reflect their needs and promote their rights leading to positive outcomes.
Our public services are high quality, continually improving, effective and responsive to local people's needs.	We will strive to evidently reflect our values in all that we do: person-centred, fairness, respect, integrity and efficiency; placing the voice of people who use services and their carers at the heart of our activities while being responsive and inclusive to our partners.

To provide assurance and build confidence through robust regulation and inspection of the quality of care

Key priorities

- 1.1 Develop new models of regulated care services scrutiny based on new National Health and Care Standards that evidence rights based outcomes for people who use services and their carers and evidences sustained and continuous improvement in the quality of care. In developing our new approaches we will ensure that we carry out our duties to take account of new legislation for children and in joint working.
- 1.2 Refine and further develop strategic and locality based inspection methodologies with partners to evidence outcomes for people across their whole care experience.
- 1.3 Refine and continuously improve our complaints process through customer feedback to ensure it is easily accessible, robust and rigorous in its application and that we publicly report on and learn from complaints findings.
- 1.4 Develop in negotiation with other scrutiny partners, an annual risk based, proportionate, targeted and co-ordinated inspection plan for Ministerial sign off.
- 1.5 Provide publicly available annual reports on child, adult and public protection for all community planning partnerships along with evidence based Ministerial advice.
- 1.6 Develop evidence-based publicly available annual reports on serious incident reviews and significant case reviews.
- 1.7 Revise our quality assurance processes and practices and develop a quality improvement strategy that empowers staff to perform efficiently and effectively and therefore continually improve our inspection and regulatory activities.
- 1.8 Develop: new, user friendly ways of publicly reporting our inspection and regulatory findings; statistical information about care; and our improvement work and range of tools, to enable people who use services and their carers, health and social care professionals and the public to make informed decisions on the quality of care.

- 1.9 Revise our registration process to make sure it is efficient, customer focused, transparent and flexible to new integrated health and social care models so that registration sets a high standard for entry into the care market by ensuring that prospective providers evidence their abilities to deliver safe, high quality, compassionate care.
- 1.10 Undertake focused inspection activity in care services and report publicly on our findings in order to provide information about the quality of care and make recommendations for change and continuous improvement.

How will we know we are successful?

KPI-1

- a) % of required inspections (as per approved inspection plan) completed.
- b) % of inspections completed by last date of inspection.
- c) Number of inspections completed as % of total planned (excluding cancelled and inactive services).
- **KPI-2** % inspections undertaken that were additional to our inspection plan.
- **KPI-3** % Requirements met within the timescale set by the Care Inspectorate.
- **QI-1** Improvements to quality of care.

To contribute to building a rights based world class care system in Scotland

Key priorities

- 2.1 Contribute to the development of rights based, aspirational national health and care standards that reflect voice, choice and control for people who use services and their carers.
- 2.2 Ensure that regulation inspection and improvement activities act as enablers to the development of new and innovative models of integrated health and social care practices.
- 2.3 Work with other agencies such as NES, SSSC, NMC and education partners to provide evidence and inform future workforce development and innovative models of service delivery and practice and improvement activities.
- 2.4 Develop guidance, standards and information on our expectations for rights based, outcomes focused, high quality, safe and compassionate care in collaboration with people who use services and their carers, providers, other delivery partners, professional health improvement advisors and scrutiny and improvement bodies.
- 2.5 Develop, as part of our review of our registration processes and our legislative framework, more rigorous tests of whether potential providers are fit to deliver high quality care services based on our intelligence, therefore acting as an efficient and effective gatekeeper to the care sector.
- 2.6 Respond to recommendations from national policy and best practice guidance, such as Keys to Life, the National Dementia Strategy and national inquiries (for example, Francis Report, Winterbourne Report or from findings from other bodies such as Mental Welfare Commission) in the way we implement and focus our scrutiny and improvement activities.

How will we know we are successful?

QI-2 Partnership working.

To support people's understanding of high quality, safe and compassionate care by promoting standards and quality of service they should expect and make sure their voices are heard

Key priorities

- 3.1 Strengthen how we listen and act on the views and experiences of people who use services and their carers, by continuously improving our communication and involvement activities to inform and continually improve our work.
- 3.2 Strengthen our role in executing our responsibilities for vulnerable people whose ability to make decisions under Adults with Incapacity Act is restricted, or in our role as a Corporate Parent; and in supporting the rights of people with learning and for physical disabilities and those with mental health issues to ensure their voice is listened to and acted upon.
- 3.3 Work with people who use services and their carers, delivery and scrutiny and improvement partners to identify, signpost and promote good practice across health and care.
- 3.4 Strengthen our approaches and develop new ways to listen and gather real-time information on the views, opinions and experiences of people using care services and their carers, including working with external bodies such as Care Opinions and others where appropriate and hosting forums, events and conferences.
- 3.5 Revise our co-produced involvement plan so that, together with people who use services and their carers, we continue to strive for innovation, improvement and excellence in our user focus activities.
- 3.6 Support people who use services and their carers to improve their understanding of rights based high quality, safe and compassionate care particularly but not exclusively in relation to self directed support so that they become better informed, assertive consumers of care exercising voice, choice and control.
- 3.7 Continue to invest in recruitment, training and involvement of inspection volunteers to inform inspection findings by spending more time with people who use services and their carers; contribute to the improvement agenda; and inform our scrutiny activities.

How will we know we are successful?

QI-3 Improvements in involving people.

To build capacity within care services to make sure there is high quality development and improvement of rights based care across Scotland

Key priorities

- 4.1 Develop a new quality improvement framework that aspires to excellence and acts as a catalyst for innovation across scrutiny and improvement activities, while supporting our own internal self evaluation and action plans for continuous improvement of activities.
- 4.2 Support community planning partnerships by adopting a targeted, evidence led, risk based cluster style approach with other scrutiny and improvement bodies when improvement is slow.
- 4.3 Develop meaningful engagement and strengthen relationships with providers and delivery partners through quality forums and learning circles, to share innovative concepts and good practice across scrutiny, improvement and health and social care practices.
- 4.4 Further develop, promote, test, evaluate and continuously improve publicly available resources that are evidence based to identify, signpost and promote good practice. For example, using our online portal 'The Hub' and in our regulatory, inspection and improvement activities to raise awareness of what constitutes high quality, safe and compassionate care and how this links to grading and evaluation of care.
- 4.5 Support regulated care services and community planning partners to build their own capacity through robust self evaluation.

How will we know we are successful?

MM-1 Services maintaining or improving on good grades.

MM-2 Accurate self assessment.

QI-7 Quality assurance and improvement of the Care Inspectorate.

To support and inform local and national policy development by providing high quality, evidence based advice and information of care

Key priorities

- 5.1 Promote examples of validated national and international good practice of rights based health and social care design, joint strategic commissioning and service delivery that reflects voice, choice and control for people who use services and their carers.
- 5.2 Publish statistical information and thematic reports on rights based care or health issues within a care context to support improvement and models of excellence: in the integration of health and social care and for children and young people and those involved in the justice system.
- 5.3 Refine our approach to information and analysis to be more targeted, evidence led and risk based in our use and sharing of intelligence.
- 5.4 Develop our contribution and seek examples and opportunities for collaborative working to examine trends, participate in research and evaluation innovative practices emerging across health and care from national and international partners.
- 5.5 Provide regular information and reports on themes, trends, statistics and performance analysis and emerging areas of concern across the health and care sector with partner bodies, where relevant.
- 5.6 Ensure that any new information system and inspection methodology developments capture relevant high quality data which can be used to improve the transparency and efficiency of our work and inform national policy.

How will we know we are successful?

QI-2 Partnership working.



To perform effectively and efficiently as an independent scrutiny and improvement body and work in partnership with others

Key priorities

- 6.1 Develop efficiency savings regimes and, continually identify, with partner bodies, ways of reducing duplication and deploying flexible, innovative approaches to evidence public value and meaningful contributions to outcomes focused quality of care practices.
- 6.2 Develop and implement an organisational development plan that strives for an open, transparent and enabling culture that: fosters leadership at all levels; invests in the ongoing development of our staff; and provides appropriate support for colleagues in their performance, professional development and in managing their own health and wellbeing.
- 6.3 Strengthen our governance arrangements, programme and project planning and performance reporting so that we are transparent, accountable and open to challenge on how we evidence our success and use of public monies and resources.
- 6.4 Build efficient, effective and fit for purpose ICT systems and digital services tailored to the needs of different stakeholder groups.
- 6.5 Develop systems, processes and practices that strive for excellence in putting people at the heart of all our business activities, evidenced through achievement of the Customer Excellence Award.
- 6.6 Continuously refine our workforce and national inspection planning so that we make best use of skills, expertise and resources to deliver our objectives.
- 6.7 Review in partnership with Scottish Government, our legislative framework to ensure it is fit for purpose and acts as an enabler in delivering our statutory responsibilities of providing protection and assurance for people who use services and their carers.

How will we know we are successful?

KPI-4 % efficiency savings achieved.

KPI-5 % complaints investigated about the Care Inspectorate that were completed within 20 days.

- **KPI-6** a) complaint about services and the Care Inspectorate acknowledged within 3 working days.
 - b) complaint about services registered within 12 working days.
 - c) complaint about services completed within 40 working days.
 - d) registrations completed within 3 months for childminders and 6 months for other care services.
- QI-4 Best value.
- **QI-5** Staff experience.
- **QI-6** Leadership and direction.
- **QI-7** Quality assurance and improvement of the Care Inspectorate.
- **MM-3** Effective risk assessment.
- **MM-4** Complaints upheld about Care Inspectorate.



RESOURCING OUR PLANS

We have confirmed funding of £34.034m for 2014/15. This consists of grant funding from the Scottish Government of £22.158m and income from fees charged to regulated care service providers of £11.876m.

2014/15 is the first year of the Corporate Plan period. We have assumed in developing the Corporate Plan that our funding and budget will remain broadly stable for the remaining three years of the Corporate Plan period of 2015–18.

There is a clear need to continue to deliver significant efficiency savings in order to meet increasing costs, maximise public assurance and deliver benefits to people who use care services and their carers.

consists of grant funding from Scottish Government **£22.1m** income from fees **£11.9m**

Confirmed

funding for 2014/15



WORDS WE USE IN THIS CORPORATE PLAN

Assurance means that people are confident about the quality of care.

Care services are defined in the Public Services Reform (Scotland) Act 2010. Broadly, they are the services we register where a vulnerable person is cared for.

Community planning partners are local organisations who come together to discuss how services can be better planned in their local area.

Improvement means that we see, or expect to see, the quality of care getting better.

Innovation means new ways of delivering care that help improve its quality.

Integration means bringing NHS health services and care services closer together, by planning the way they are delivered together.

Involvement refers to the way that people using care services are involved in planning and delivering them.

National Care Standards are standards set by Scottish Ministers which set out the quality and standards of care that people should receive.

Protection means that action is taken to ensure people are not exposed to harm.

Registration is the process we go through with new care services, before they are allowed to operate, to ensure they meet the necessary standards.

Regulation is the framework by which we oversee care services and require them to operate in certain ways.

Scrutiny means the way we examine, observe and oversee care and social work.

Self directed support is a way of allowing people to have more control and choice about what care services they receive and how.

Service providers are the people registered with us to provide a care service, and are usually a company, a local authority, a voluntary organisation or, sometimes, an NHS board.

Strategic objectives are the things we would like to have done by the end of this corporate plan in 2018.

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Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

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