Inspecting and improving care and social work in Scotland

Findings from the Care Inspectorate
2011–2014

HAPPY TO **TRANSLATE**

Contents

Foreword

I am pleased to present the Care Inspectorate's first triennial review. This presents findings from our scrutiny and improvement work during three years of operation, and its evidence base is significant.

Since being formed on 1 April 2011, the Care Inspectorate has carried out over 30,000 inspections, complaint investigations and registrations. Our inspectors have spoken to tens of thousands of people who use care services, and their carers and families, and people who provide care.

We have also undertaken large numbers of specialist scrutiny and improvement interventions, designed to improve lives for people using care services.

This report shows what we have found. I hope this evidence base will be of use to people who use, provide and commission care services and that it will be of importance in implementing the Vision and Strategy for Social Services in Scotland.

A core principle for the Care Inspectorate is that we are not just an inspection body. We are rigorous in our inspection of services, but our job is not just to comment on the quality of care; it is to help care services improve when that is required. Indeed, we are statutorily charged with the general duty of furthering improvement in the quality of social services.

Almost everyone will use a care service at some point in their life. We regulate and support improvement in care services for people from cradle to grave. This means the work we do assumes a special responsibility, because we do it on behalf of virtually the entire population of Scotland.

While the evidence in this report shows satisfactory progress across most services types over the period of the review, we will be relentless in our pursuit of further improvement and will not hesitate to use our regulatory powers where the quality of care provided is unsatisfactory or creates harm or the potential for harm.

Enormous thanks must go to the staff who work in care services across Scotland. They dedicate their lives to helping others, supporting them in times of need to live happy, fulfilled lives.

I hope this report is of interest to them, as well as to many other people.

Paul Edie
Chair

Introduction and Chief Executive's commentary

The Care Inspectorate has the statutory duty of furthering improvement in the quality of social services. In the first three years of our inspections, we have found that most care services perform well.

Since 2011, there has been a general improvement in the number of care services operating at the higher levels of quality. We can point to three years of solid progress in the quality of care experienced by people who need it. That is welcome, but complacency is unwarranted. In some cases, we have seen a decline in quality and even in services which are performing well, it is necessary to continually reflect on how further improvements can be made to keep abreast of practice developments and rising public expectations.

At any one time, there a small minority of services are not meeting the standards that we, or the public, expect. Although relatively few in number, the impact of poorly performing services on those who use them must be recognised and those services must improve.

While there is some variation in the quality of care between different types of services and the people they are aimed at supporting, excellent examples of care can be found in all types of service, in all areas.

When we assess the quality of a care service, our inspectors speak to people using it, their families and carers the staff, and the manager or providers. We observe practice, read files and examine the quality of provision. Inspectors speak with other professionals and analyse intelligence and information, to try and form a picture of the quality of the service they are inspecting, ensuring that evidence is triangulated where possible.

In our inspections of care services, we currently use an inspection framework that looks at four themes: the quality of care and support; the quality of environment; the quality of staffing; and the quality of management and leadership. At inspection, we evaluate each theme on a scale comprising excellent, very good, good, adequate, weak and unsatisfactory.

We also undertake significant strategic scrutiny of the social care and social work sectors. The period of the review has seen the culmination of extensive work around child protection and the operation of social work departments, and the start of new joint strategic inspections with partner agencies. Looking at services for children and adults, they examine how well agencies such as social work departments, health, police and third sector are working together to support better outcomes for people in local areas.

Key strengths and improvements

Services for children in their early years

At a strategic level, partner agencies are working well together, aiming to give very young children the best start in life by having a positive impact on their wellbeing, although, in some cases, further evidence is needed to be able to demonstrate the direct link between these positive joint developments in early intervention and improved outcomes across the child population generally. In some cases, planning and leadership of change and improvement requires stronger direction and momentum in order to improve outcomes for all children and to reduce the outcome gap for children who may be particularly vulnerable and disadvantaged.

Overall, the quality of daycare and childminding services available to children in their early years is positive and improving; in many cases, services are operating at a high and sustained level of quality. There are important differences in the quality of daycare services according to provider type, with the local authority and voluntary /not-for-profit sectors generally evaluated better than the private sector across all themes, although there are examples of excellent practice in all sectors.

Services for children and young people

The progress of local authorities and their community planning partners in demonstrating improved outcomes for looked after children and young people, including care leavers, is gaining momentum but is still at an early stage for some areas. Partners are making good progress with their approaches to early intervention and prevention. This needs to be supported by greater consistency in the quality of assessment of risk and need in order to ensure that support and services are focused and delivering change where and when it is most needed.

Increasing numbers of children and young people who are unable to remain at home are growing up with kinship carers[1]. Whilst we know that overall outcomes are generally better where children can remain in their families[2], there is less evidence about what supports this. The findings from our joint inspections and feedback from our link inspectors[3] tell us that the arrangements for assessing the needs and planning for children living in kinship care placements varies considerably between local authorities. Similarly, the level of support, including financial support, available to kinship carers is also highly variable. Some provide dedicated teams or extend the support and training available to foster carers to kinship carers, while for others arrangements are much less well defined. The need to secure

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[1]   Children's Social Work Statistics Scotland, 2012-2013. Scottish Government.
[2]   The Poor Relations? Children and Informal Kinship Carers Speak Out. Selwyn et al, 2013. Also Relative Support: A Review of Kinship Care in Scotland. Mentor, 2013.
[3]   We allocate a strategic inspector as a link inspector to each local authority area in Scotland. They are responsible for providing constructive professional challenge to partnerships, monitoring the performance and quality of social work services, and working with strategic partnerships to build capacity for joint self-evaluation.

long-term nurturing environments for children in kinship and fostering care remains a challenge for local authorities.

Throughout our inspections, when vulnerable children and young people are unable to remain at home, many services designed to support their needs are performing well. Fostering and adoption services maintain a consistent and very high level of quality.

Where a residential service is identified as the most effective way to support a young person, the shift away from large campus-based residential special schools and secure placements to smaller services brings both benefits and challenges. There are some excellent examples of care in this sector, with services performing extremely well. Given the national priority of closing the outcome gap for the most vulnerable young people and care leavers, providers and commissioners of services must ensure that resources are in place to optimise all aspects of the wellbeing of children and young people, particularly where they are placed away from their home communities.

Services for adults and older people

Generally, the quality of care and support in housing support services and in support services for adults is very positive. The quality of care for adults with a learning disability is positive, with most services considered to be good or better, and significant numbers performing to a very good or excellent standard. Care homes run by the voluntary/not-for-profit sector perform, on average, better than other sectors. The quality of the environment in care homes for adults overall is generally positive. In our inspections, we have found evidence of many highly motivated staff who are striving to engage, involve and enable the people they support. The learning disabilities sector often attracts well-qualified staff, with many staff investing in specialist training.

In larger, dispersed housing support services which primarily support adults with learning disabilities, our inspections highlight the importance of managers with the right balance, skill, knowledge and capacity at team leader or local level to lead services effectively.

Residential care for adults with complex learning disabilities is becoming increasingly specialised. Despite the recommendations of the Winterbourne View report[4], local authorities are continuing to place people with behaviours that challenge services in care homes outwith their own authority areas, and sometimes in larger care homes, where it can be hard to create a homely setting. During 2014, we began to examine the extent to which care services supporting adults with a learning disability were using the Keys to Life policy to reflect on their practice, and the impact this was having on people's experiences. This approach will underpin future scrutiny of these services.

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[4] Winterbourne View Hospital: a serious case review. South Gloucestershire Safeguarding Adults Board, 2012.

Services for older people

The majority of care homes for older people are considered to be good or very good for the quality of care and support provided, but the proportion of services receiving the highest evaluations has decreased over the period of the review. Our inspectors have evidenced excellent practice in all sectors, where care homes create and sustain a homely feel, high-quality provision of care, and great compassion but, compared with care homes for younger adults, the proportion of services for older people achieving the highest evaluations is significantly lower.

Whilst very few services operate at the lowest level of quality – and those that do cannot remain in such a position for long – some care homes for older people appear unable to raise their quality of staffing above adequate, with consequent impacts on the quality of care provided for those residents.

There is a well-established national commitment, clarified in policy, to shifting and sustaining the balance of care in favour of older people remaining at home. Overall, the quality of care offered by care at home services is mostly good or better, although we know that it is a sector where scrutiny is more difficult to apply than services operating out of defined premises to which inspectors have a right of access. The voluntary sector performs best in this area, although across all sectors our inspections show high staff turnover being a consistent area of concern and lower evaluations being made of the management of staff.

The quality of participation

The Care Inspectorate strongly believes that involving people who use care services in decisions about their care is of fundamental importance. We expect care to be planned, delivered and reviewed in partnership between the person using a care service and the person or people providing it, because in almost all cases a person receiving care is in the best possible position to judge whether it is right for them.

We expect care services to afford people the opportunity to be actively and meaningfully involved in the service, to be able to evidence the opportunities provided, and ensure that services have taken account of the views of people who use the service, and their carers.

We generally assess and consider the quality of participation in a care service across a number of different themes. On an inspection, for example, we may consider how well people using the service can participate in improving the care and support provided, the environment that exists, the staffing, and the management and leadership. Our inspections tell us that there is a strong correlation between the quality of participation in each of these themes: if a service is evaluated as being positive in one theme, it is likely their participation in another theme will also be positive, but this is not universal. Over time, the nature of the evidence we look for to demonstrate effective participation has changed.

Inspectors are now less interested in plans and policies, and more interested in determining whether there is genuine participation that improves outcomes for people using the service.

Generally, we evaluate the quality of participation as having improved over the period of the review. Across most settings, the proportion of services with very good and excellent participation increased, whist the proportion of services with weak or unsatisfactory participation has generally declined.

Summary

Overall, the quality of care in Scotland is good and rising, with only small pockets of weak and unsatisfactory provision. There are many outstanding and sector-leading examples. That said, there is a small, albeit significant, number of services where improvements are not sustained and the quality of outcomes for people using those services are consequentially limited. That is unacceptable and will continue to be the focus of our scrutiny and improvement work.

Karen Reid
Chief Executive

Use of data in the report

Most data in the report is from information held by the Care Inspectorate as a result of our registration, inspection, complaints and enforcement activities over three cycles of our scrutiny and improvement plan. This covers the period from April 2011–March 2014. Data drawn from other sources is generally referenced in footnotes.

Where data is collected or published in such a way that it is impossible to match the principal time period of April 2011–March 2014, we seek to illustrate improvement or make comparisons over a different but stated time period.

Percentages are rounded up or down. Where we have relied on figures, we have tried to standardise the terms of quantity so that 'few' means up to 15%; 'less than half' means 15% up to 50%; 'the majority' means 50% up to 75%; 'most' means 75% up to 90%; and 'almost all' means 90% or more.

Additional detailed tables of data that underpin the findings in this report have been released at the same time as this report. You will find these in the publications section on our website, www.careinspectorate.com

'almost all' means 90% or more

'majority' means 75% up to 90%

'most' means 50% up to 75%

'less than half' means 15% up to 50%

'few' means up to 15%

0	20	40	60	80	100
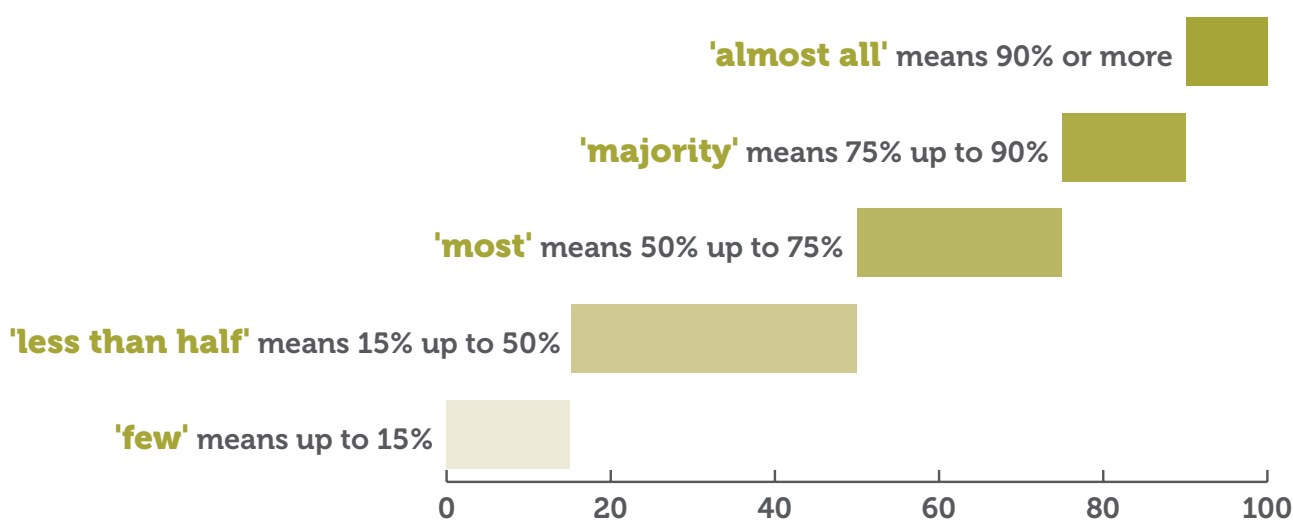
Examples of care services we have inspected are provided at various points in the report. Recent inspections of these services may take place after publication, but the latest inspection reports are always published online.

CHAPTER ONE

EARLY YEARS SERVICES FOR BABIES AND YOUNG CHILDREN

This chapter presents information about registered care services for babies and young children[5] and considers how well local authorities and their community planning partners are working together to make a positive difference to the lives of children in their early years.

There are some 911,000 children in Scotland aged under 16 years, of whom around 353,000 are aged 5 years and under[6]. Over one quarter of the child population aged 0-15 years and one-half of the child population aged 0-5 years is registered with a childcare service that is regulated and inspected by the Care Inspectorate[7].

Just under 6% of all children aged 0-5 are registered with a childminding service. Of these, the most common age group is those aged under one (8%) closely followed by those aged 2-3 years (7.5%).

Children aged 0-5 years may also be registered in some form of daycare. Such daycare services include:

38.3%
of children 0-5 years go to
nursery

2.6%
go to a children/
family centre

1.9%
go to out of
school care

less than **1%**
go to a holiday
play scheme

1.1%
go to crèche

2.4%
go to playgroup

Some nurseries care for babies and very young children, providing part- or all-day care to allow parents to access the labour market, or carry out other caring responsibilities. A fifth of one-year-old children and over half of the child population aged 2-3 years are registered with a nursery service. Other nurseries offer an early learning and childcare service that is funded by the local authority; some

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[5]   Services are not registerable as care services if they operate for two hours or less per day, are services for school age children that provide supervised activities rather than care, constitute care provided by family members, or care provided by nannies who are not members of a registered agency.
[6]   Childcare Statistics 2013. Care Inspectorate, 2014.
[7]   Here, the term 'childcare service' includes all registered childcare services including local authority or partnership funded pre-school places for eligible children aged 2-5 years. Where we are able to comment specifically on local authority or partnership funded pre-school places we will refer to these as early learning and childcare services.

provide both. While some local authorities do provide full-day, full-year care and care for 0-3 year olds, generally statutory provision is part-day and part-year for children aged 3-5 years. Family centres provide the main form of current provision for vulnerable children aged 0-3 years. Full-day and full-year care and care for 0-3 years is more usually provided by nurseries, childminders and nannies within the private sector. The shape and scope of services is currently undergoing significant change in order to meet the requirements of the Children and Young People (Scotland) Act 2014, which aims to provide additional hours of funded early learning and childcare.

Service trends

The total number of registered childcare services has decreased over the period of the review, but the number of children registered with them has increased. At December 2013, there were 9,968 registered childcare services in Scotland[8] and apart from a small increase in 2011, the overall number of childcare services fell slightly over the period of the review[9], continuing a longer-term trend. Whilst the number of childminders increased over the early period of this review, the number decreased in the year-end to 2013[10] and the slight fall in the number of daycare services continued[11].

While further work is needed to understand the causes of, and implications for this shifting pattern of provision, the proportion of children registered with childminding and daycare of children services has increased over the period of this review, from 24.3% of the population aged 0-15 years in December 2011 to 24.6% in December 2013.

There was a small increase in the number of daycare services offering additional services during 2013[12], although the number of playgroups offering additional services doubled in that time from 7% to 13%. Breakfast clubs were the most common type of additional service, with 93% of breakfast club services offered by nurseries and out of school care.

Provider type

The largest proportion of daycare of children services were provided by local authorities (45.5%), continuing a rising trend. The private sector share increased slightly over the period of the review to 28.5%, whilst the proportion of voluntary or not-for-profit services decreased to 26%.

The profile of daycare services registered to care for babies and very young children aged 0-3 years differs. The total number of such services decreased from 1,633 to 1,559 during the review, with the

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8 Information from Care Inspectorate annual returns is collated at December each year; equivalent figures in March are not available.
9 A 1.3% decrease in the number of registered services in the year up to 31 December 2013
10 A 1.4% decrease in the number of registered services in the year up to 31 December 2013
11 A 1.1% decrease in the number of registered services in the year up to 31 December 2013
12 A rise from 27% to 29% from 31 December 2012 – 31 December 2013.

private sector providing around half of all 0-3 years services, and the local authority sector 17%. The voluntary and not-for-profit sector has seen a reduction of over 10%. This profile may change further over the coming years with an increase in local authority and partnership services providing care to eligible two to five year olds following the Children and Young People Act 2014. At December 2013, there were 5,720 active childminders in Scotland, all of whom run their service as a private business.

Geography

The pattern of distribution of childcare services varies across urban and rural areas. There are more nursery places per head of population in rural areas than in urban areas, but nurseries in rural areas tend to have a smaller capacity (20.7 places) than those in urban areas (52.5 places). The distribution of childminders is more even across the country, with the exception of large urban areas, where childminding services are fewer in number[13].

Areas of deprivation

There are currently half as many childcare services per head of population in the most deprived areas of Scotland when compared to the least deprived[14]. This is particularly striking in relation to childminding: as levels of deprivation increase there is a clear, corresponding decrease in the number of services. The distribution of playgroups shows a similar pattern, with fewer and smaller services in more deprived areas. Children and family centres, though relatively low in number, are more likely to be found in more deprived areas, and tend to be larger than in less deprived areas. Whilst there is more even distribution of nursery provision across all areas, the 10% most deprived areas of Scotland have the least amount of services per 10,000 population (19), and the highest average capacity (55.2). Generally, there are higher levels of private providers in more affluent areas. However, it does not automatically follow that reduced availability means that demand is not being met, so caution must be exercised when interpreting these findings.

Pattern of registrations

Market trends have continued to change gradually but consistently, with playgroups generally decreasing and nurseries increasing. Although the numbers of registered childminders have decreased recently, this largely represents a decrease in the number of inactive childminders (those with a registration but not actively looking to care for children).

Although the number of childminding services has decreased slightly over the period of the review, the number of childminders' assistants has increased by 13%[15]. There are currently an estimated 594 childminding assistants, deployed in 600 childminding services; the vast majority of childminders (over 5,000) operate on their own. A very small number of services are now caring for larger numbers of

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[13]   In large urban areas, there are approximately 43 childminding services per 10,000 head of population with an average capacity of 5.9 places, whereas in remote rural parts of the country there are 60 services per 10,000 population with 6.2 average capacity.

[14]   54.3 per 10,000 population in the most deprived areas against 109.9 per 10,000 in the least deprived.

[15]   Childcare Statistics 2013. Care Inspectorate, 2014.

children, in some cases over twenty. In these circumstances, childminders are required to have the right number of assistants present to maintain the correct child to staff ratio, and the childminder must be present at all times. The number of new registrations of childminders registered to look after more than 11 children fell from three in 2011/12 to one in 2013/14.

Early learning and childcare provision

Local authorities are responsible for providing what was formerly known as pre-school provision, now generally known as early learning and childcare. From August 2014, the Children and Young People (Scotland) Act 2014 required local authorities to increase the amount of early learning and childcare from 475 hours a year to 600 hours for each eligible child. Although the implementation date falls beyond the period of this review, local authorities had been preparing to meet their additional responsibilities during this review.

Table: the distribution of services providing early learning and childcare provision across the provider sector in 2012 and 2013[16]

	Early learning and childcare directly provided by local authority services		Early learning and childcare provided (in partnership) by privately run services		Early learning and childcare provided (in partnership) by voluntary/not-for-profit services	
	Dec 2012	Dec 2013	Dec 2012	Dec 2013	Dec 2012	Dec 2013
Children's/family centre	80%	90%	2%	1%	13%	10%
Nursery	63%	61%	25%	24%	6%	7%
Playgroup	6%	0%	9%	8%	66%	59%
All	**57%**	**54%**	**22%**	**21%**	**13%**	**13%**

It is important to note the strong and positive relationship between the quality of daycare services and partnership arrangements with local authorities, as we can see from this table.

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[16] These figures are taken from the Care Inspectorate's annual returns data and exclude any forms of early learning not specifically related to local authority or funded partnership education.

Table: Private and voluntary sector daycare services with all quality themes evaluated as very good or excellent

	Provided in partnership with the local authority	Not provided in partnership with the local authority
2014	45.5%	26.5%
2013	38.1%	23.4%
2012	27.4%	18.8%

As local authorities implement their new responsibilities for additional hours, we might expect to see a change to the distribution pattern and the Care Inspectorate will report on this and any impact on quality of services in future publications.

Overall, service performance in early years services

The overall quality of registered daycare of children and childminding services is high, with frequent examples of services evaluated as operating a very good or excellent level across all quality themes. For example, at 31 March 2014:

- 89% of daycare of children services were evaluated as being good or better for every theme, with 41% considered to be very good or excellent for every theme
- 91% of childminders were evaluated as good or better for every theme, with 50% considered to be very good or excellent for every theme
- At the other end of the spectrum, only 9 (0.2%) daycare of children services and 15 (0.3%) childminders were considered to be weak or unsatisfactory for every quality theme.

This is indicative of a sector where, in many cases, quality is firmly embedded, although there is a minority of services where further improvement is needed or requires to be sustained.

For children aged 0-5 years, local authority children/family centres and nurseries are generally evaluated as providing a better quality than private nurseries and playgroups, although examples of excellent practice are found in all sectors. Statutory services providing specialist care and educational provision for children with complex needs are of a particularly high quality.

This generally positive picture is reflected by complaint investigations undertaken by the Care Inspectorate. We investigated 353 complaints about daycare of children services in 2013/14, and 168

about childminders. Early years services accounted for almost one third of all complaints completed that year and, of these, 58% of those about a daycare service and 45% of those about a childminder were upheld. This equates to 54 upheld complaints per 1,000 daycare of children services and 12 per 1,000 childminding services[17]. In 2013/14, complaints about staff were the most common area upheld in daycare of children services. In childminding services, the most common area of complaint upheld was general health and welfare issues.

Where we have serious concerns about the quality of a service, we can take enforcement action, which may lead to closure of a service subject to the decision of the courts. When a service is unable to improve and enforcement action with a view to closure is needed to protect children, this can cause significant distress and disruption for the parents of children attending the service. Whilst the overall numbers of enforcement notices served was low, most concerned private and voluntary sector services. In 2013/14, we served 10 enforcement notices to seven different daycare of children services. These were mainly improvement notices, which stipulate specific actions a service must take within a defined timescale. We served one enforcement notice to cancel a daycare of children service that year. In 2013/14, we served 11 enforcement notices to eight different childminding services. These were mainly improvement notices, but we commenced emergency cancellation procedures against two childminders where we were extremely concerned about the health, safety and wellbeing of children attending the service.

Some care services facing the prospect of enforcement action cancel their registration before such action is taken, particularly in childminding. For example, in the two years leading up to 2014, sixteen childminders cancelled their registration rather than the Care Inspectorate proceed with enforcement action. Some of this enforcement action was initiated following allegations of, or conviction for, criminal offences by a childminder or their partner. In some of these cases, this involved violent or sexual conduct and in other cases issues of neglect.

The Care Inspectorate's regulation of services is now complemented by the daycare of children workforce being regulated by the Scottish Social Services Council, meaning that scrutiny of service provision is supported by structures to ensure that managers and staff are qualified, accountable as approved practitioners, and receive the support of a professional network. The protection of children attending registered services has also been enhanced by the introduction of the vetting and barring scheme under the Protection of Vulnerable Groups Act. The Care Inspectorate has made a number of referrals of childcare providers registered with us to Disclosure Scotland for consideration for listing as unsuitable to care for children.

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[17] By comparison, the equivalent number of complaints per 1000 services amongst care homes was 378.

To what extent are the care and support needs of children in their early years being met by services?

Care and support in daycare services

At inspection, we select other important aspects of care to look closely at, depending on what we already know about the service. We may look at how well staff communicate with children, using a range of methods, how well the service enables children to make choices and achieve their potential and how well the service is supporting children's wellbeing considering the nationally agreed wellbeing indicators – safe, healthy, active, nurtured, achieving, respected, responsible and included.

Daycare services overall provide a good standard of care and support to children. This picture has remained fairly stable over the past three years, with most services evaluated as good or very good, and the majority considered to be very good or excellent in respect of the care and support they provide. The proportion of services considered adequate or worse for care and support decreased slightly to just over 5% in 2014; the Care Inspectorate is working with these services to secure and sustain improvements.

Our inspections show that outcomes for children are often good where:
- a play room is happy, fun and busy – but calm as well
- children are fully engaged, leading activities and experiences and asking questions, with staff who listen and clearly know the children well
- services create real opportunities for vulnerable children to make choices and take decisions about food, eating, play and relationships
- services focus on raising children's confidence and achievements through individual plans that really challenge them, including where children have their own learning journals.

This highlights the importance of care services constantly self-evaluating the quality of their provision, being aware of emerging research-based practice, and identifying effective practice that supports improved outcomes for children.

During our inspections, we ask parents and carers to tell us about their views about the care experienced by their children. The care standard questionnaires we received during the review tell us that, overall, parents and carers were very happy with the quality of care their child receives. They were very satisfied with:
- information about the service and opportunities to visit before their child started
- opportunities for their child to take part in outdoor and energetic play
- the encouragement for their child to form positive relationships with other children
- a clear code of positive behaviour and the approach to promoting this.

Parents and carers were less confident that services were regularly assessing their child's learning and development and using this to plan their next steps or develop individual education and support programmes.

There were some important differences in the quality of care and support provided to children according to the type of service provided. This is reflected in the evaluations awarded, the number of requirements contained in inspection reports, and the frequency or otherwise of formal enforcement action taken by the Care Inspectorate. Local authorities provide around 45% of all registered daycare services (not including childminders), and almost three quarters (74.1%) of these services are evaluated as being very good or excellent for the quality of care and support provided. By comparison, around 60% of services provided by the voluntary/not-for-profit sector and around 57% of privately run services reach the same high standards. A higher proportion of services are considered to be unsatisfactory or poor in the private sector when compared to the local authority and voluntary sectors. However, more recently, there has been a gradual improvement amongst private and voluntary run services, and a slight fall in the proportion of local authority services evaluated as being at the highest level - we will report on this in our next review. Of the 318 playgroups registered at March 2014, 57% were evaluated as providing very good or excellent care and support.

Full-day care, full-year care and care for 0-3 years is more usually provided by nurseries, childminders and nannies, predominantly within the private sector. The quality of care and support provided by these daycare services follows a broadly similar pattern to those for children aged 3-5 years. Privately provided services have the lowest proportion of services considered to be very good or excellent, and the highest proportion of those services found to be weak or unsatisfactory. Over time, there has been a reduction in the proportion of all provider types achieving the highest evaluations, although this needs to be understood within the context of the Care Inspectorate's commitment to support continuous improvement in the quality of services.

Children living in the most deprived areas continue to have access to fewer higher quality services, assuming that families generally use services that are local to them. In less deprived areas, the proportion of daycare services with the highest evaluations across all themes tends to increase, although there is no corresponding pattern for those services with the poorest evaluations. Over the three-year period, the quality of care and support in daycare services improved in both the most and least deprived areas[18]. Although the gap between them has reduced by over a quarter, this remains an issue for community planning partners to consider, and one that we will continue to address in our joint inspections.

The longitudinal research project, Growing Up in Scotland (GUS), has tracked a large cohort of children and analysed their outcomes against the pre-school setting they attended[19]. While the greatest

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[18] Data from a combination of Care Inspectorate data and the Scottish Government's 2012 Scottish Index of Multiple Deprivation.

[19] For more information, see http://growingupinscotland.org.uk

impact on children's outcomes was family background, significantly this research demonstrated a positive correlation between the evaluations we are applying to services and the outcomes of the children attending these services. Specifically, GUS highlighted that the quality of care and support in a daycare service, as evidenced by quality evaluations from inspection, has a measurable impact on children's outcomes, particularly the critical language and communication skills. If children experience social or behavioural problems, it appears that high quality care may also be able to help address these, although the findings are not conclusive. This research finding should help prioritise our efforts at retaining and improving quality in early years services.

Signposting effective practice in inclusive care

The Early Learning Unit at Carlisle Road in Hamilton is operated by South Lanarkshire Council and our most recent inspection found the quality of care to be excellent.

The service is registered to provide care for a maximum of 108 children in mainstream nursery provision and an additional support needs nursery unit.

Staff had worked hard to ensure that they had effective systems in place to encourage all children the opportunity to share their views and make decisions. To achieve this staff used verbal and visual communications. Staff were extremely positive about the positive impacts of the increased use of Makaton and visual aids. We observed children making meaningful decisions and staff respecting their individual views. As a result, we found staff had an excellent awareness and understanding of children's needs and interests.

The daily routine, ethos and staff recognised the benefits for children being able to express their views and be involved in making decisions. We found that the service was rigorous in identifying the service's strengths and areas for improvement, which fully involved the views of those using the service. As a result, the service had a clear and comprehensive quality report demonstrating how they were doing and where they should go next.

We found that all children were routinely offered the opportunity to play outdoors. The outdoor areas provided a wide range of experiences from sensory experiences to physical activity. We concluded all children had regular access to fresh air and exercise and had the opportunity to enjoy learning outdoors. We observed children being encouraged to be independent and develop self-help skills.

Children were found to be confident, aware of how to keep safe and supported to reach their potential. Staff were committed to providing quality care and support for the whole family. For example, staff had undergone training and delivered the 'Early Birds' programme, which provided help and support for families of children with autism.

Care and support in childminding services

Our inspections of childminders assess the quality of care and support provided and consider how well children, parents and carers participate in assessing and improving the quality of the information provided by the service. We may also look at how well the service gathers and keeps information about children's needs; how they communicate with children and parents; and how well they encourage positive relationships and support children. From 2014, our inspection reports focus on the extent to which childminders are contributing to positive outcomes for children, using the nationally agreed wellbeing indicators – safe, healthy, active, nurtured, achieving, respected, responsible, and included.

The evaluations of childminding services for the quality of care and support over the three-year period present a positive and consistent picture, with almost all services considered to be good or very good. The number of excellent services has decreased slightly from 10% to 9% over the same period, while around 5% were considered to be adequate or poor. In such cases, the Care Inspectorate requires and supports improvement.

The quality of local services available to children who are already experiencing deprivation by virtue of where they live remains variable. There are proportionately more childminding services with relatively lower evaluations in the most deprived areas. As the level of deprivation decreases, the proportion of childminding services with all quality themes evaluated as very good and excellent steadily increases. Moreover, the gap between services that are considered very good or excellent for each quality theme in the most and least deprived areas has continued to increase over time[20].

There is a wide variation between local authorities in the level of support they provide to childminders. In order to close the outcome gap for vulnerable children, community planning partnerships must consider how they improve access to high quality local services in some areas. Some local authorities are actively recruiting new childminders and supporting their applications to register in order to create an alternative to traditional statutory provision. For some two year olds without previous experience of group settings, their needs may indeed best be met by small scale, family-based support or by being placed in a domestic setting with an experienced childminder where they can learn to share, socialise, make sense of the world and test boundaries with one-to-one care or in a small group.

Parents and carers are generally very satisfied with the quality of care and support provided by childminding services. The findings from care satisfaction questionnaires completed by parents and carers highlighted a high level of confidence that the child's needs were being met and they were benefitting from positive relationships with the childminder. Parents were keen to be told when new children were about to start with the childminder.

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[20] In 2014, 27.3% of childminding services in the most deprived areas provided very good or excellent care or support, compared with 57.4% in the least deprived areas, whereas in 2012, the figures were 32.2% and 52.2% respectively.

From inspection, we know that outcomes for children are often good when:
- childminders are highly motivated to seek out training and development opportunities
- childminders make use of a variety of support such as existing community groups, and online research and resources, including those from membership organisations like the SCMA.

How well are community planning partners working together to have a positive impact on the needs of children in their early years?

The number of children in Scotland who are looked after[21] by the local authority had decreased by a small percentage in each of the last two years, but the number is 33% higher than in 2004. At July 2014 there were just under 16,000 looked after children, 1.5% of the total population aged 0-17 years, and 21% of these children were under five years old[22].

In our joint inspections of children's services, we select a proportionate sample of records of vulnerable children in order to review multi-agency practice23. The table below shows that the percentage of vulnerable children aged 0-4 in our samples that partner agencies were supporting and protecting at an agreed date during individual inspections varied considerably, from 16% to 41%. On average across these inspections, around 26% (277) of the records we read were of children under five years old.

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[21] A 'looked after child' generally means a child who is in the care of the local authority. Children become looked after because they need services and care in order to be supported, either to live with their own families, or in an alternative care setting. For further detail go to www.celcis.org/looked_after_children.

[22] Figures from the Scottish Government's Children's Social Work Statistics, 2012-13 which have a different reporting period from the Care Inspectorate's annual information about inspection performance (March) and from annual returns submitted by services (December).

[23] Vulnerable children from a list of all children who were looked after and/or included on the child protection register on an agreed date, as well as children referred by the authority reporter to the local authority for advice, guidance and assistance within the previous 12 months.

Table: Percentage of children age 0-4 years supported by agencies, out of a sample of vulnerable children and young people

Community Planning Partnership area inspected (to 31 March 2014)	Percentage of children age 0-4 years supported by agencies, out of a sample of vulnerable children and young people
Midlothian	28%
Clackmannanshire	41%
Dumfries and Galloway	31%
Orkney	26%
North Ayrshire	27%
Edinburgh	24%
Highland	30%
East Lothian	24%
East Dunbartonshire	29%
Argyll and Bute	23%
Stirling	16%

Our joint inspections looked at the extent to which individual children get the best start in life, and the impact services were having on the wellbeing of children and young people. We found that out of the 11 joint inspections where fieldwork had been completed during the period of this review, 10 community planning partnerships were evaluated as being good or very good for their impact on children and young people[24]. From the inspections, particular strengths included:

- effective multi-agency responses to children who had experienced or were at risk from domestic violence
- children's health needs being identified promptly through effective screening processes

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[24] Evaluations in this area are made against quality indicator 2.1, as set out in How well are we improving the lives of children and young people? A guide to evaluating services using quality indicators. Care Inspectorate, 2014.

- high quality early years services were helping vulnerable young children to develop and be ready for school, frequently benefiting from warm, nurturing relationships with staff
- family nurse partnerships helping parents form and sustain strong attachments with their babies and young children.

We also looked at the impact of services on family wellbeing, which included the extent to which families were helped to be resilient, the level of confidence parents and carers had in their parenting, and the impact of early intervention in strengthening families. Overall, we found that families were benefitting from a broad range of effective multi-agency supports. There was strong evidence of early, targeted support in pregnancy, which was identifying vulnerable pregnant women at an early stage and providing coordinated support in partnership with other services. In some areas, this included the provision of suitable housing, for example with Getting It Right Antenatal[25].

Successful programmed approaches such as Triple P (Positive Parenting Programme), Incredible Years and Parents as First Teachers were increasing parents' confidence by helping them to understand their children's development and develop skills in managing their behaviour[26]. Families were benefitting from staff using a shared language and common approach to relationship-based work as a result of training in the Solihull approach and the integration of parenting supports into early years services[27]. The voluntary/not-for-profit sector played a significant role in providing appropriate intervention for families at an early stage. However, not all families were getting the support they needed at the right time. The intensity and range of the support was sometimes insufficient and some services had waiting lists.

We found that in 10 out of the 11 areas inspected, the key processes by which children and their families were able to access help and support at an early stage were working either well or very well. Where the implementation of Getting it Right for Every Child[28] was firmly supported by leaders and managers, staff had a very clear understanding of the importance of intervening early. Arrangements to identify children in need of additional support were becoming increasingly systematic and embedded in practice. The development of the role of the named person was supporting midwives and health visitors and staff in early years education services to share information at an early stage, provide effective advice and guidance and help babies, young children and their families access a range of helpful services. We found there was room for improvement in some areas with the need for better systems to support inter-agency working, more effective information between staff

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[25] Getting It Right Antenatal is a partnership approach to identifying and supporting vulnerable pregnant women in Argyll and Bute.

[26] Triple P (Positive Parenting Program), Incredible Years and Parents as First Teachers are all examples of research-based, validated programmes aimed at addressing behavioural and emotional problems in children.

[27] The Solihull Approach is a recognised way of working alongside families to strengthen and encourage positive parenting. www.solihullapproachparenting.com

[28] Getting it Right for Every Child is the Scottish Government's approach to making sure that all children and young people get the help they need when they need it.

responsible for children and those working with adults such as staff in criminal justice, mental health and substance misuse services, and a clearer understanding of the role of the named person across services.

Environment: to what extent is the care setting fit for purpose?

Our inspections of all early learning and childcare services are concerned with making sure that children are protected and cared for in a setting that is safe. We look at whether the accommodation and resources are suitable to meet children's development needs, and allow them to have as positive a quality of life as possible. We expect those providing services to ensure children have access to fresh air, exercise and outdoor space, and make good use of local community resources.

Overall, the quality of the environment is positive across all provider types with over 85% of services evaluated as good or better over the three-year period. Almost all local authority and voluntary daycare services were found to be good or better over the period of the review. Privately provided services performed slightly less well but have consistently improved over the same period. The quality of the environment in daycare services for children under three years old is generally positive, with most services being evaluated as good or better over the three years. Local authority services consistently had the highest proportions of evaluations of excellent across the period. There has been an increase in the proportion of private and voluntary/not-for-profit services evaluated as very good or excellent across the three-year period.

From inspections, we know services need to:
- ensure toys and resources are high quality, and appropriate for the developmental age and stage of children
- ensure the management of infection control is effective; in many nurseries, care staff also have cleaning duties, which can pose risks if they begin cleaning tasks before children have left for the day
- ensure that establishing good hand washing practice begins with very young children.

Outdoor play can be a major contributor to improving outcomes around physical activity and healthy weight. The proportion of services with an outdoor play area has grown slightly since 2011, up from 96% to 97% at December 2013. The development of activities such as 'mud kitchens' and the forest nursery model provide innovative opportunities to promote exploratory play, allow children to begin to make safe decisions about risk, and develop their capacity to take responsibility even from an early age. We have found evidence of managers effectively supporting staff to become confident in taking a balanced approach to assessing and managing any risks associated with outdoor play to ensure that only relevant and proportionate provisions are put in place to reduce the likelihood of accidents.

There are examples of good staff awareness and effective practice with regard to infection control. This follows a significant drive within the early years sector to raise awareness after a number of serious outbreaks, with the focus on good hand washing as well as physical changes to the environment.

The quality of meals and snacks is another relevant environmental factor affecting children's outcomes and recent nation guidance reflects the importance of nutrition in early years settings. Progress has been slow in respect of full-day services providing meals rather than relying on children bringing packed lunches. The provision of hot lunches prepared on the premises with fresh fruit and vegetables remains a significant improvement opportunity, although there are good examples of services where staff engage children in growing, preparing and eating healthy food.

Signpost to innovative practice: an outdoor nursery

Woodland Outdoor Kindergarten in Eastwood is a service provided exclusively outdoors using the woodlands area within Pollok Country Park, with access to a hall for use as a base, drop off point, and in poor weather. Our inspection found the service to be operating at an excellent level.

The different outdoor environments provided children with an extensive range of real-world experiences that enabled them to be active, explore, experiment, negotiate and investigate. Staff, through their on-going observations and responsive planning, provided children with individual challenges through identified possible lines of development to ensure that all children reached their full potential. The promotion of health and wellbeing was embedded in the work carried out by the manager and staff in the kindergarten.

The voice of the child was promoted, respected and responded to. We observed children discussing with staff and their peers and then voting on which parts of the forest to visit, linked to their interests. One group of children agreed on a project to find lost items in the base of trees; others were hunting for sticks to make bows and arrows; others built and painted a den. The outcome of this was learning experiences that were child-led, creative, imaginative and problem-solving.

Children were engaged in energetic outdoor play, which supported keeping themselves active and healthy. Children were very aware of their personal safety. They were given the responsibility of risk assessing resources they used, for example upturned logs. This meant that they were confident in accessing them independently and safely.

Staffing: to what extent are those providing care both confident and competent?

The early years workforce

Our inspections of early years and childcare seek to ensure that there is a professional, trained and motivated workforce where staff understand and are confident about the National Care Standards, legislation and effective practice. That workforce must be recruited in a safe and thorough manner in order to afford the highest level of protection to children. Mandatory registration with a workforce regulator means that individual practice is underpinned by the Scottish Social Service Council's enforceable codes of practice.

For childminders, inspectors look for evidence of provision that promotes the wellbeing of children, offering flexible activities that take account of the individual needs and interests of children, and that they have a happy and enjoyable experience. Our joint inspections of children's services provide additional information across the whole childcare workforce, considering workforce strategy, training and development and the quality of multi-disciplinary working.

There are just under 36,000 people working in registered early years services – 5,720 actively childminding, and a further 30,250 engaged in daycare of children[29]. In common with the Scottish social services workforce as a whole, the past three years have seen a slight fall in the number of people employed, mirroring a corresponding fall in the number of registered services.

36,000 people work in early years services

The private sector is the largest employer type, even when not including childminders, who are all classed as private, with 41% of the total, compared with 38% employed by public bodies and 21% by the voluntary sector. This is noteworthy, given that the local authority sector operates the largest proportion of services. This might be accounted for by larger private services, a higher proportion of part-time staff, or higher staff ratios due to the nature of caring for babies and very young children, which may be predominantly found in private settings. The early years workforce is comprised predominantly by women (97%) – a higher proportion than the social services workforce as a whole (85%). The early years workforce is the least representative in terms of gender and race, with a predominantly white workforce (97% childminding; 92% daycare of children).

Around four-fifths of staff working in daycare services are employed on permanent contracts, although there is significant variation between sectors. The voluntary sector has a higher proportion of staff

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[29]   Scottish Social Services Sector: Report on 2013 Workforce Data. Scottish Social Services Council, 30 September 2014.

engaged in part-time roles, which reflects the fact that many services provided by the voluntary sector are those that operate for part of the day only, such as out of school clubs and playgroups[30].

Quality of staffing in daycare services
We know from inspections that in order to improve the wellbeing of children, staff need to be well motivated. This is often achieved through:
- inspiring leadership from managers, who establish values that are child-centred, and which staff embrace
- rigorous recruitment and selection of staff, so recruits are able, or have the clear potential, to work with children
- training and CPD that is child-focused and outcome-focused, and helps to develop and maintain a deep respect for children and parents on the part of staff
- training that is interesting, relevant and meaningful for staff, and achieves a suitably high level of qualification in order to meet all the complexities and demands involved in the care of very young children
- training that addresses all levels of need, that demonstrably provides staff with confidence in working with children
- registration with professional bodies and increased expectations of training and qualifications in management.

We have identified excellent examples of children's participation in early years services. Services for all age groups are developing innovative ways for children to lead and direct play and learning activities.

Practice can be particularly effective when providers, managers and staff have an awareness and understanding of theory regarding early learning and childcare, particularly in respect of:
- children's development and play
- the role of staff in bonding and attachment
- observation, assessment and planning
- partnership working with parents and other professionals
- health and wellbeing
- neurological development.

Overall, the quality of staffing in daycare services is positive and improving, with over 80% of services evaluated as very good or excellent for the quality of staffing in each year of the review. Local authority services had the highest proportion of services evaluated as good or better, although in the last two years the private sector has seen a larger share of its services considered to be excellent (7% in 2013/14) than local authority services (6%) and voluntary/not-for-profit services (6% of services

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[30]   Median weekly hours (day care of children): public – 35; private – 36; voluntary – 20; childminding – 40. From Scottish Social Services Sector: Report on 2013 Workforce Data. Scottish Social Services Council, 30 September 2014.

rated excellent for the staffing). A small number of services from each provider sector were found to be unsatisfactory or weak in each year.

We know from inspections that highly performing services across all three types of provider generally demonstrate a consistent, stable staff group – one where there are relatively few absences and staff turnover is low. This facilitates high quality interactions between staff and children, as staff are better able to become familiar and attuned to the needs of the children, and children establish trusting relationships with staff over time.

Parents using daycare facilities generally record high levels of satisfaction in relation to the progress and wellbeing of their child, the numbers of staff on duty, and the skill and experience that staff display.

The implementation of the expansion in early learning and childcare hours to eligible two year olds means an in-depth knowledge and understanding of the variability of development in children for the first three years of their life will be increasingly important in ensuring improved outcomes and reducing inequality. From inspection, we know that those providers that invest in training in a systematic, considered manner are more likely to achieve the best outcomes for children. In most local authority provision, levels of qualification are relatively high, with care staff expected to achieve HNC level qualification. In the private sector, some providers are more likely to rely on training, usually delivered in-house by commissioned training agencies, aimed at SVQ Level 3. Whilst some of this in-house training meets the needs of staff, we have concerns that in some settings trainees are gaining a limited experience when compared to those being trained in more highly performing services.

Registration of social service workers with the Scottish Social Services Council offers protection – for staff, for employers and, above all, for children – and helps ensure consistency in the same basic level of competence, and adherence to national codes of practice. There are a small number of providers who fail to ensure that all their staff are registered with the Scottish Social Services Council, so we will continue to work closely with the Scottish Social Services Council and ensure care providers comply with responsibilities to register staff. We continue to refer staff to Scottish Social Services Council where we identify or are informed about any breaches in codes of conduct.

From inspections, we know that outcomes for children are often good where:
• confident staff feel valued in their role and are passionate about their job
• managers understand the strengths and development needs of their staff well; they harness their skills and knowledge and target support where improvement is required
• a skilled, core staff group ensure the service achieves and sustains a high level of quality.

Quality of staffing in childminders

The quality of staffing in the majority of childminding services is very good, and performance has been fairly stable over the three-year period. Overall, there was a decrease in childminding services evaluated as unsatisfactory and weak for quality of staffing theme.

Asked about their childminder, parents generally express very high levels of satisfaction. They generally indicate that the childminder is meeting the needs of their child. In achieving this, almost all parents who responded to our inspection questionnaires agree that their childminder involves them by asking for comments and feedback.

Management and leadership: to what extent do strategic leaders, providers and service managers produce the best possible outcomes for children and young people?

Strategic leadership in community planning partnership areas
Some important characteristics have begun to emerge from the first 11 joint inspections of services for children, carried out during the period of the review. These have relevance for all services for children, including those aimed at the early years.

Of the 11 community planning partnerships that we inspected, some were able to demonstrate an ambitious, shared vision for children in their area. In these areas, there was strong evidence that this vision was well established and widely understood throughout the children's workforce, judging by our discussions with front line staff. In some areas, the vision was being taken forward very successfully through highly effective, integrated children's services planning. Effective joint leadership was resulting in early intervention and prevention, which in turn was contributing to very good outcomes for children and young people and, in some, starting to close the gap between children from disadvantaged backgrounds and the rest of the child population.

Overall, however, there was a wide variation in performance of community planning partnerships in improving the wellbeing of children and young people. We evaluated two areas as very good, five as good, three as adequate, and one was found to be weak. Within this overall profile of performance, there was evidence of some improving trends through prevention and early intervention. Key preventative health measures were being used well to evaluate the extent to which partners were succeeding in improving trends through prevention and early intervention, often targeted at babies and children in their early years. There was evidence of a growing focus on outcomes – for example, partners using trends in breastfeeding rates, fluoride varnishing, smoking during pregnancy, immunisation and 'Healthy Start' take-up as performance indicators[31]. Some partnerships tracked their progress on these indicators over time and compared their results with the national figures. The results from more deprived communities were studied closely and partners put in place specific support, where needed, to close outcome gaps. Partners could usefully identify links between the preventative measures in place and improved longer-term outcomes. However, these developments were often at an early stage, and community planning partnerships needed to make considerable progress in jointly measuring the impact of their approaches to prevention and early intervention. The Early Years Collaborative provides the opportunity to increase the pace of delivering improvements in outcomes and reducing inequalities for Scotland's vulnerable children[32].

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[31] Healthy Start is a means-tested scheme to support pregnant women and parents with children under four to purchase milk, milk formula, fruit and vegetables.
[32] The Early Years Collaborative is a multi-agency quality improvement programme, involving all community planning partnerships and national agencies to support local practitioners to test, measure, implement and scale up new ways of working to improve outcomes for children and families.

The expansion of early learning and childcare to provide 600 hours per year following the Children and Young People Act 2014 funded care to all three to five year olds and eligible two year olds is a significant development and the Care Inspectorate will assess its impact in due course. No new services have been established specifically because of the Act to date, but the Care Inspectorate has approved a large number of variation applications to extend hours and increase places to ensure there was no delay to the expansion of capacity where it has been safe and appropriate to do so to ensure good quality outcomes for children.

The timescale for implementing the increased hours has been challenging for many local authorities commissioning funded places, especially given the limitations of the previous pattern of service provision. For example, some local authorities are actively recruiting new childminders and supporting their application to register in order to create an alternative to the traditional statutory provision in these areas.

The opening times of council run nurseries vary considerably by local authority, with some local authorities having already extended the nursery day to increase accessibility for working parents.

Management and leadership in registered care services

An analysis of the evaluations awarded in the three years covered by this report shows steady improvement in management and leadership in childcare provision, evidenced by the increase in the proportion of services evaluated as very good or excellent for this theme, and a corresponding fall in the proportion considered unsatisfactory. Feedback from parents supports this analysis, with high levels of satisfaction.

Whilst the improvement is evident across all three provider types, we know that local authority services have consistently higher proportions of services receiving the highest evaluations for management and leadership. In 2013-14 just under 60% of local authority-run daycare services attained this standard compared with around 45% of private and voluntary sector daycare services.

The majority of our inspections show strong, improving leadership and management practice, with clear examples of leaders and managers inspiring and motivating their colleagues to achieve the best outcomes for children and families. The care and support, good practice and positive outcomes for children, described earlier in this chapter, all derive from, and often rely on, strong leadership which encourages effective teamwork, creates a well-motivated, stable staff group, and facilitates meaningful participation of parents, carers, children, staff and others.

Our inspections continue to identify a small minority of providers where lack of effective leadership is contributing to significant and serious shortfalls in service provision. In a very small number of cases, this includes failure of providers to keep children in their care safe. In some instances, providers have

failed to take sufficient action to identify child protection concerns and to alert the relevant statutory agencies. Such circumstances represent a clear failure of leadership and management about instilling the importance of child protection, and a failure to ensure that staff have received sufficient training to identify and report any concerns.

Staff awareness of child protection practice and what is expected of them is a challenge for management and leadership, particularly outwith a local authority structure. Inspections have identified examples of where staff are sometimes unaware of what a chronology is, the importance of recording significant events in a child's life and how these details can be used to act on any concerns early. Some staff can lack confidence in and knowledge of how to act or where to raise concerns when they arise.

From inspections, we know that services benefit where there is a dedicated, supernumerary manager in post, compared to services where managers are expected to undertake a range of additional operational tasks, or who are required to cover for absent colleagues. Initial analysis suggests that there is relatively little impact of manager turnover on the quality evaluation of leadership and management in daycare services. Where there was a change of manager, proportionately more services (11%) saw a decrease in their management and leadership evaluation compared to services where there was no change of manager (7%). However, most daycare services saw evaluations for management and leadership improve or stay the same between March 2012 and March 2013, regardless of whether they had a change of manager or not in this period.

Signposting effective management and leadership in early years

Step by Step nursery in Cumbernauld is registered to provide care for up to 41 children. Our most recent inspection found the nursery to be operating at an excellent standard.

We found that the manager had excellent skills and experience to take the staff team forward. We were impressed by the manager's vision, energy and enthusiasm to continue to look for new ways to improve the nursery provision for all service users. This approach ensured that the children and families were included as active participants, listened to and offered choice. The processes used were embedded into all aspects of nursery life.

The quality assurance systems in place helped staff identify how they would ensure that the children received support and play activities suitable for their age and stage of development. Staff supported the children to make their views and decisions heard and success was celebrated. We found that the manager and staff utilised a range of documents as part of the quality assurance audit process.

The manager also used feedback from staff, gathered during meetings and playroom monitoring, and feedback from the parent council.

An improvement plan was in place and the views of parents and children had been taken into account when evaluating the nursery. For example, children gave their feedback through daily discussions, mind mapping and floor books, and a traffic light system. Improvement plans were shared with parents and children. Parents were involved in the assessment of the nursery. The parent council had a separate email address that enabled parents to contact the parent council in confidence if they wished.

The manager had an excellent understanding of how to build staff knowledge and skills and had put in place procedures and opportunities to enable staff to be reflective practitioners and to gain confidence in taking forward a shared vision. Regular meetings held between the director, the manager, parents, children and staff demonstrated a commitment to improving outcomes for people using and employed in the service. Parents confirmed they found the manager and staff team to be very approachable and supportive.

Quality of participation: how effective is the quality of participation in early years services?

Amongst early years services, the quality of participation is high. The proportion of services evaluated as adequate, weak or unsatisfactory for participation levels has declined across all four themes, in some cases sharply. This pattern is seen both amongst daycare of children services and childminders, with fewer than 5% of services falling into this category. There have been corresponding increases in the proportion of services operating at a high level of quality. As with other children's services, quality of participation in respect of care and support and the environment appears to be higher than the quality of participation in respect of staffing and management and leadership. That said, improvement is evident here too. In 2012, more daycare services were considered adequate for this than excellent; by 2014 this pattern was reversed.

Signposting effective practice in participation

Located in a residential area in the west of Edinburgh, The Murrayfield Nursery looks after up to 83 children aged 0 to primary school age. Our inspection in December 2012 found that staff had worked hard to build strong relationships with parents and provide opportunities for them to be involved in the life of the nursery. We also saw that parents' had shared their skills in the nursery to enhance children's learning. In addition, staff invited parents of children in the pre-school room, with their child, to spend time with key workers to discuss their personal learning plans. Staff told us that they used this opportunity to discuss the child's progress, development and future learning; our inspectors saw evidence of excellent communication between staff, children and parents throughout the nursery.

Our inspectors found that all children from babies to those of pre-school age appeared confident and took responsibility for improving aspects of the nursery. Pre-school children had opportunities to express their views and help plan their own learning. Our inspectors saw them taking part in 'circle time', which involved discussions about home, items they had brought from home, planning activities, and the 'talking and thinking' floor books.

Inspectors saw strong evidence that staff actively and consistently consulted parents and children about all aspects of the nursery and ensured that their views were valued and acted on. Thank you cards confirmed how happy they were with the service they received.

There was evidence that responses from children and parents were collated, reported on and used to inform priorities for the nursery's Standards, Quality and Improvement Plan. As part of their self-assessment, the nursery identified that they wished to devise a system to encourage more parents to participate in the improvement plan.

A more recent inspection took place in December 2014.

CHAPTER TWO

SERVICES FOR
CHILDREN AND
YOUNG PEOPLE

In this chapter we focus on how well services meet the needs of children and young people who are receiving supports and services because they are vulnerable, due to their family circumstance, their past, or because they live with a disability. Most of these are looked after children and young people for whom local authorities and community planning partners have responsibilities as corporate parents[33]. We look at the quality of residential care in care homes for young people, school care accommodation in residential special schools and secure care accommodation, and comment on registered care services, such as housing support and adult placement services that support through care and aftercare. We have included fostering and adoption services in this chapter, although many children placed by these services are in their early years. At the end of the chapter, we provide a summary of the performance of school care accommodation.

Some of our findings from the joint inspections of services for children, in particular those that relate to how well the key operational processes support, protect and promote the needs of vulnerable children, are discussed later in this chapter.

Importantly, the quality of regulated services for vulnerable children and young people is positive. Adoption services, care homes for children and young people, fostering services, school care accommodation and secure accommodation have no services where all the quality themes are considered to be weak or unsatisfactory at March 2014.

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[33]   http://www.gov.scot/Topics/People/Young-People/protecting/lac/lacimprovingoutcomes/corporate-parenting

Services for vulnerable children and young people who live away from home in residential settings

The numbers of children and young people looked after in different types of residential accommodation has fluctuated throughout the period 2011-2013.

Table: Number of children looked after in residential accommodation, 2011 to 2013 by type of accommodation[34].

Type of accommodation	2011	2012	2013
Local authority care home	615	564	576
Voluntary care home	88	90	112
Residential school	460	451	439
Secure accommodation	86	95	65
Crisis care	13	14	12
Other residential [30]	199	219	263

Care homes for young people

Service trends

The number of care homes for young people increased from 235 to 250 during the period of the review. Local authorities are the largest provider and run almost half of all care homes for children and young people. The private sector runs just under one third of services, and a number of these provide care for very small numbers of young people. The remaining 20% are run by the voluntary/not-for-profit sector. This split has been relatively stable across the three years35. Most care homes are registered to care for up to 10 young people, with a small number that are registered to care for higher numbers36 . Placing children in smaller units is in line with current thinking about what supports best outcomes. The proportion of services with all themes evaluated as very good or excellent increased from 28% to 45% during the period of the review.

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[34]   Extract from Children's Social Work Statistics Scotland, 2012-13. Scottish Government.
[35]   There has been a slight increase in the proportion of services run by the private sector – from 29.4% to 32.4% – coupled with a slight decrease in the proportion of services run by the local authority – from 49.8% to 47.6%.
[36]   In 2014, there were 11 units registered to care for up to 20 young people

The largest number of care homes are located in Fife (29 homes) followed by Glasgow (24). In two local authorities, East Renfrewshire and Midlothian, there is only one care home for young people. By sector, there is considerable variation across Scotland between the proportion of homes provided by local authorities and by other provider types. There are six local authorities where all care homes for children in that area are run by the local authority[37]. Local authority areas where at least 50% of their homes are privately owned include: Dumfries and Galloway (88%); Stirling (80%); West Lothian (62.5%); Falkirk (57.1%); and Aberdeenshire (50%). Almost 60% of care homes are located in urban areas, with around one quarter located in accessible rural areas and a further 7% in remote rural areas. In accessible rural areas, there is a slightly higher percentage of private services (around three quarters) than in remote rural areas, where around 67% are private services[38].

School care accommodation

Residential special schools provide accommodation and on-site education for children and young people with additional needs. The number of services has reduced from 41 in 2012 to 39 in 2014. Twenty of these services (49%) are run by the voluntary/not-for-profit sector, 18 are run by the private sector (46%) and one service is run by a local authority. In the main, services for children with a sensory impairment, learning disability including autism, and complex needs, are provided within the voluntary/not-for-profit sector. Services for children and young people who, for a variety of reasons, can no longer be educated within mainstream education, are provided by both the voluntary and private sector. The Care Inspectorate works in partnership with Education Scotland to inspect both the quality of education and care provided in these services.

The number of young people placed in residential school placements has been steadily reducing, albeit at a modest pace since 2009[39]. Alongside this, the number of registered services has reduced, as has the number of larger services[40]. Increasingly young people are living in smaller units, accessing their education either in mainstream schools or in specialist schools run by the provider organisations. In general, a number of these providers are changing registration from school care accommodation to be registered as care homes for young people.

If services are commissioned or purchased by local authorities to meet the needs of vulnerable young people, then we should expect there to be sufficient capacity in local education, health and mental health services to effectively meet their needs. However, for many services, the strategic and operational links between providers and the placing authorities and host authorities are limited. Local authorities are continuing to place young people in units that are very often far away from their

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[37] Dundee, Midlothian, North Lanarkshire, Orkney Islands, Shetland Islands, West Dunbartonshire.
[38] Accessible rural areas are those with a population of less than 3,000 people within a 30-minute drive time of a settlement of 10,000 or more; remote rural areas are those with a population of less than 3,000 people with a drive time of over 30 minutes to a settlement of 10,000 or more.
[39] In 2009, 598 children were placed in residential school compared with 439 in 2013. Source: Scottish Government CLAS returns.
[40] In 2012, there were 11 services registered to care for more than 30 children, and this had reduced to eight services in 2014.

home areas. For some young people with very particular needs requiring specialist services, this is appropriate. For others it highlights the need to improve the joint strategic commissioning of services, and/or the need to review and redesign existing resources for children and young people at risk of being accommodated. Ensuring effective planning and communication between providers and local services is essential to ensure that young people, often with vulnerable mental health, challenging behaviours and/or substance misuse issues are able to remain and be cared for in their local community, and have their health needs met without unnecessary delays.

Secure care accommodation

At 31 March 2014, the secure estate in Scotland had 90 registered places across five services, plus flexibility to use a total of four emergency beds in three of the five units. A local authority runs one unit, with the remaining four run by the voluntary/not-for-profit sector. About 25% of beds are occupied by young people placed through the criminal justice system, including children on sentence or remand, with the remaining 75% coming through the children's hearing or emergency admission via decision by a chief social work officer or head of unit. Until recently, the estate has been running under capacity with approximately 18-20 vacancies across all five units. Providers tell us that the closure of secure units in England has led to a short-term increase in referrals from there. The secure estate has historically provided a resource for children and young people from Northern Ireland and the Republic of Ireland too.

100% secure care accommodation evaluated good or better in all four quality themes at 31 March 2014

Overall, secure care services are performing well and have improved over the three-year period, in particular with respect to management and leadership. In 2014, all services were considered to be good or better in all four quality themes and one unit, the Good Shepherd Centre, has been considered to be at an excellent level in its last two inspections.

Care and support: to what extent are the needs of young people being met by services?

Care homes for young people

Overall, the quality of care and support in care homes for children and young people is high. As of March 2014, over 60% of care homes were evaluated as very good or excellent for the quality of care and support provided, and just over 1% were considered to be weak, with none unsatisfactory. More than half of services each year were evaluated as very good, in respect of the local authority, private

60% care homes for children and young people evaluated very good or excellent for care and support at 31 March 2014
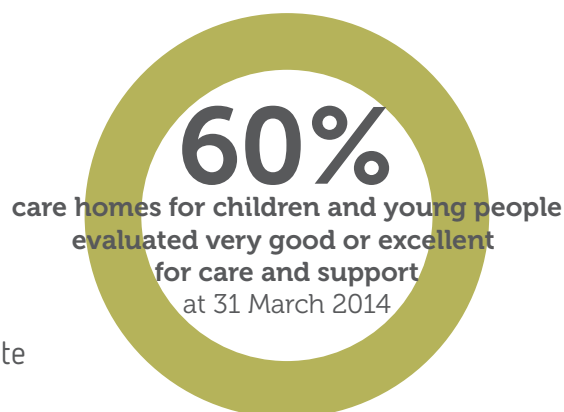
and voluntary sectors. In general, services work effectively and professionally with young people who will have experienced a range of losses and traumas and may have had several moves of care placements.

From inspections, we know that that high quality care and support is characterised by a service where:
- participation of young people is embedded in all aspects of life and where formal systems to involve young people are underpinned by meaningful relationships
- young people are offered choices in decision making and their views are sought and recorded as a matter of course
- young people are confident and relaxed with staff, and want to spend time with them and young people and staff welcome inspectors coming to speak to them
- staff respect each other and model the behaviours they expect to see with young people
- there is a culture of celebrating young people's achievements and a real focus on understanding the child's behaviour within the context of their past experiences
- young people benefit from staff who advocate passionately on their behalf, just like good parents
- young people have timely access to specialist health services.

Within this positive context, however, the proportion of services achieving the highest evaluations for care and support has decreased across all three sectors since 2012, with the voluntary/not-for-profit sector seeing the largest fall[41]. The reasons for this are not clear. Overall, private care homes have the lowest proportion of services evaluated as adequate or lower, and the highest proportions considered to be excellent, although this has fallen from 18% in 2012 to 12% in 2014. Local authority care homes have seen the smallest change to evaluation levels over the three years.

Local authorities and, on occasion, children's hearings continue to place young people in services that are away from their own home area, either due to a lack of a local placement to meet their needs, or to remove young people from situations in their local community that may pose a risk to themselves or others. The decline in the number of campus-based residential special schools is mirrored by an increase in smaller units with access to their own educational provision, or mainstream schools, often in rural areas. Placing education authorities are responsible for agreeing and providing resources that are usually delivered within the school the child is placed.

Moving to a small rural unit may well bring a welcome period of respite. Some older young people are admitted following a very disrupted time with a number of previous unsuccessful placements. The challenge to placing authorities and providers is to establish clear and timely plans and transition pathways that ensure young people benefit from purposeful interventions that help them into positive destinations and, for the most, to re-settle in their own communities. Whilst the quality of care and

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[41] In 2012, the voluntary/not-for-profit sectors achieved grades of very good and excellent for this theme in 64.6% of services, which fell to 51% in 2014.

support is generally of a high standard across care homes, our inspectors find considerable variability in the access to a high quality of education young people have, and therefore in their educational outcomes. Such variation can be attributed to a range of factors. These include the degree to which local authorities and their partners are committed to the concept of corporate parenting[42], the effectiveness of children's services planning and the level of collaboration between front line staff, including teachers, residential workers, foster carers and social workers.

Where we identify areas for improvement in the quality of care and support, the themes often include one of three issues.

First, in the management of young people's medication, services must understand the impact and consequences of missed doses, ensuring medication is in date and is administered at the right time of day, and understand why young people might avoid or refuse medication and having an agreed way of dealing with this.

Second, there must be recognition of significant incidents that may harm young people, including understanding the importance of identifying patterns of behaviour in order to better protect young people now and in the future, learning from incidents by adapting the care and support provided. Despite clear guidance provided, there is still a wide variability in whether and when services notify the Care Inspectorate as part of their response to young people going missing from care. This is highly relevant as services and providers consider how they can better protect vulnerable young people from child sexual exploitation and other forms of risk when their whereabouts are unknown.

Third, whilst many services (in particular secure services) are embracing outcome-focused assessment and planning, there is room for improvement in other services. We find that plans are not always developed or shared with young people, are not sufficiently focused on improving specific outcomes or aspects of their wellbeing, and the recording framework can be cumbersome and repetitive.

Care and support in residential special school care accommodation services
In 2014, services provided by both the private and voluntary/not-for-profit sectors performed to a similar standard with 67% (private sector) and 68% (voluntary/not-for-profit sector) considered to be very good or excellent for the quality of care and support. Voluntary sector services have in general maintained this standard over the three years, with some fluctuation. However, their share of services considered to be excellent fell from 20% in 2012 to none in 2014. By contrast, private sector services have increased their proportion of services evaluated as very good from 31% to 56% over the three-year period, and have maintained their position of having over 10% of services considered to be

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[42] Corporate Parenting refers to the partnerships between the local authority departments, services and associated agencies that are collectively responsible for meeting the needs of looked after children and young people and care leavers. More information can be found at www.corporateparenting.co.uk.

excellent. Both sectors have around 5% of services operating at a weak or unsatisfactory level, where the Care Inspectorate requires and is supporting urgent improvement.

Signposting good practice: school care accommodation

Harmeny School in Edinburgh provides school care accommodation for 32 places for children up to secondary stage two who have complex social, emotional and behavioural difficulties.

Inspections found evidence that Harmeny had excellent systems to make sure that children/ young people's health and wellbeing needs were met. Care plans were in place for each child/young person. These were detailed and clearly identified the child/young person's individual needs. Staff showed in discussion that they had a good understanding of the children/young people's needs, as well as what was required from them in order to meet the child/young person's needs.

Care plans continued to reflect the views of the children and their families. We saw that the initial care plans had been written taking the views of the children, parents or carers, and other professionals into account. A system of reviews then brought these people back together to update the care plan and again find out the views of the children and their parents.

We saw that the interaction between some of the outdoor staff and young people was positive and enthusiastic. Staff and children present had a mutual respect for each other. This created a harmonious and nurturing environment.

All the staff we spoke with were very positive and enthusiastic about their work. They confirmed that they felt well supported by senior staff at all levels, and had regular supervision. They said that there was an open culture where they were encouraged to ask questions and reflect on their practice. They told us they would have no problem reporting poor practice. The service had embedded monitoring and evaluation methods for all practices, procedures and policies in Harmeny.

A more recent inspection took place in March 2015.

In care homes, residential special schools and secure care our inspectors tell us that the quality of information provided by the placing authority on admission is often variable and on occasions lacking in sufficient detail. This should only be happening in a truly emergency situation. If the needs of these vulnerable children and young people are to be understood and met, it is vital that those responsible for day-to-day care receive accurate information, that they understand its significance and are therefore able to take appropriate action to ensure the wellbeing of those being looked after.

Environment: to what extent is the care setting fit for purpose?

Care homes for young people

Over the past three years, all inspections have considered how well the care environment is safe and protects service users. Most care homes are evaluated as at least good for the quality of the care environment, with 63% considered to be very good or excellent, which was 20% more services than at the start of the review. Whilst fewer than 2% of services were considered to be weak or unsatisfactory at the start of the review, this has improved, and in 2014, no services were unsatisfactory, with just 0.4% rated as weak. The picture is broadly similar across all types of provider, with evaluations of very good and excellent in at least 60% of services in 2014. There has been improvement across all three sectors, with the local authority services achieving the fastest increase in their share of the highest evaluations[43]. The voluntary/not-for-profit sector has always had the lowest proportion of evaluations of adequate or below, and in 2014, all services were considered to be good or above.

A number of local authorities have made significant investments in building new or replacement care homes and young people have been fully involved in the planning and design of their new homes. Whilst the financial costs of this are considerable, the immediate and longer-term benefits for young people are clear. Carefully planned care homes allow young people to make choices about how they interact with staff and each other, where they want to spend time alone and with others, provide pleasant outdoor space that encourages positive social interaction, and young people in their teens to make the transition to independent living. This will become increasingly relevant given the new responsibilities for local authorities to provide continuing care[44]. It is important to achieve the right balance between functional accommodation and a homely environment, and ensure that new-builds do not appear too clinical or office-like and are liked by those people living in them.

Where we identify areas for improvement in the quality of the care environment themes include the need for sufficient and appropriate facilities for staff to sleep during a night shift; in some small units staff routinely sleep on the couch in a shared living area, which de-values the young person's home and does not help staff to be rested for their next shift. The lack of separate bathrooms and toilets for residents, staff and visitors remains a concern; in some older buildings, young people are sharing all facilities with staff and these can be at a considerable distance from their bedrooms.

School care accommodation in residential special schools

The quality of the environment in school care accommodation services is very positive. Three quarters of services were evaluated as very good or excellent in 2014, an increase from 56% in 2013.

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[43]   Local authority services improved steadily from 53% of services graded as very good and excellent in 2012 to 64% in 2014.

[44]   The Children and Young People (Scotland) Act 2014 establishes 'continuing care', allowing looked after young people to stay in their placement beyond the age of 16.

Staffing: to what extent are those providing care both confident and competent?

We know that young people benefit from good care and support that is delivered by settled, well-trained and supported staff teams.

The ratio of care staff to managers is slightly higher in privately run services than for local authority or voluntary/not-for-profit services[45]. In terms of gender, although predominantly female, with 68% women to 32% men, this represents a better balance than any other social service workforce for adults or young people with the exception of the much smaller number of offender accommodation services, boarding schools and school hostels.

Services perform strongly and are continuing to improve the quality of staffing in care homes for young people. Almost all care homes were evaluated as being good or above for the quality of staffing across all three years, and the proportion of those very good and excellent has increased from just under half in 2012 to 68% in 2014. There has been a significant shift from evaluations of good to very good across all sectors. A higher proportion of services are considered to be very good or excellent against this theme than the other themes inspected, and performance has improved over the three years. Fewer than 4% of services were considered to be adequate or worse and these poorer evaluations have decreased over the three years.

All three sectors perform to a similar high standard in achieving evaluations of very good and excellent, with the voluntary/not-for-profit sector slightly ahead with 69% and local authority and private services with 67% at March 2014. The private sector has the highest number of services with evaluations of excellent for the quality of staffing over the three years. However, there has been significant improvement in evaluations for staffing in local authority services in particular, where the number of services considered to be very good or excellent has risen from 40% to 68% during the period of the review.

The quality of staffing in residential special school care accommodation is of a similarly high standard, with 78% of private services and 74% of voluntary/not-for-profit services operating at a very good or excellent level in 2014. Moreover, in 2014, there were no services considered to be less than good for this theme.

Since 2009, all residential childcare workers and registered managers have been required to register with Scottish Social Services Council and have or achieve the prescribed minimum academic/vocational qualification within three years of registration. Over the period of this review, the Scottish Social Services Council has been supporting employers to help staff meet the required standards, with

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[45]   Privately run services have a ratio of 80:8, whilst in voluntary services it is 79:7 and in local authority services 91:5. Scottish Social Services Sector: report on workforce data 2013. Scottish Social Services Council, September 2014.

some suggestion that services have a much clearer understanding of their responsibilities and staff have demonstrated developments in how well they reflect on practice and learning.

Where we identify the need for improvement in care homes, common themes include the concern that some newer or smaller services have problems retaining staff, particularly in rural areas. In some instances, this leads to staff working very long shifts, working for several different services within a locality, or a high turnover of staff. Unplanned staff absence can have a significant impact on the stability of the unit. Staff are not always sufficiently confident in supporting young people with challenging behaviours such as self-harming or sexually harmful behaviours. Effective guidance from specialist services such as child and adolescent mental health services is not always available at the time staff most need it.

Signposting good practice

The Lothian Villa service provides long-term care and support for 12 young people from East Lothian whose needs have been assessed to be best met in a residential setting.

We observed very good staff practice and positive interaction with young people throughout our inspection. We witnessed informed and insightful dialogue regarding the care of young people. Sound care practice was underpinned by a very good knowledge of theory.

We saw that staff worked hard to involve young people in training, employment, leisure and sporting activities. We found a very good programme of staff supervision, including regular supervision to the manager provided by his line manager. Young people were on first names terms with the manager and told us that they were confident in raising any issues with him. Young people also had regular access to the external service manager during her visits.

The manager described other activities and sources that provided him with intelligence regarding the service's performance, for example feedback from training events, looked after and accommodated children's reviews, foster carers, social workers, and children's hearings. This meant that he could gauge the views of external stakeholders. We also saw very good evidence of the service maintaining relationships with former service users. We heard examples of how their views informed current practice.

Management and leadership: to what extent do managers lead services to produce the best possible outcomes for children and young people?

At March 2014, most care homes for young people were evaluated as at least good for the quality of management and leadership. Over half achieved grades of very good or excellent, this reflects an increase of 36% since the start of the review. Alongside this we have seen a reduction in the percentage of services considered to be adequate or below from 12% in 2012 to 9% in 2014. In terms of performance by provider type, all three sectors have a similar share of the highest evaluations, although privately run services have maintained their position with the greatest share over the three years, and out-perform the other sectors with 11% of their services considered to be excellent. Local authority services have improved their performance by increasing the number of services with the highest evaluations by 58% since the start of the review. Care home services in the voluntary/not-for-profit sector have had no services considered to be weak or unsatisfactory for three years, whereas those in the private sector have increased from 2% to 6%.

In residential special schools, the performance of private services in providing effective management and leadership has shown a significant improvement over the three-year period, with evaluations for very good and excellent increasing from 50% in 2012 to 83% in 2014. At the same time, the proportion of private sector services considered to be adequate or worse has decreased from 19% in 2012 to 0% in 2014. Meanwhile, the performance of voluntary/not-for-profit services has fluctuated with their share of the highest grades falling from 45% in 2012 to 37% in 2014.

From inspection, we know that outcomes for children and young people are often good when:
- managers have a clear vision of what their services will deliver and high expectations of their staff
- strong links between managers and senior managers ensure decisions to admit young people are based on capacity and skills of the staff group to meet identified needs
- records and reports that are well written, with a professional rather than informal tone and focus on positive achievements and the impact of intervention
- services seek out and welcoming feedback from a broad range of stakeholders and ensure this is used to inform improvement plans
- services involve young people in service design and delivery.

Signposting good practice

The Garden Lodge Care Home in Fairlie, Ayrshire, is run by an independent company, Curo Salus, and provides group care for up to six young people aged up to 18 years who have previously found it difficult to prosper in other care settings.

Our inspection found the service to be operating at an excellent level. Our inspectors found it to be a service where everyone is committed to quality assurance and continuous improvement. The service provider maintains a personal interest in each house and the service provided to each young person. Daily and weekly audits carried out by the house manager helped to identify any potential concerns and address these promptly.

The service provider's participation policy highlighted the importance of young people's and other people's opinions. This was very evident in quality assurance systems, which were effective and invited the participation of young people, their families (where appropriate), social workers and other professionals.

Young people were very well able to describe their involvement in care planning meetings. It was clear that these included open and honest discussion, appropriate to age and stage, about individual needs, behaviour patterns and things that place young people at risk. Young people's comments confirmed that such discussions are extremely person-centred and helpful in making them feel understood, safe and supported.

The service's improvement plan demonstrated a commitment by managers and staff to continually evaluate and improve the service and outcomes for young people. The plan takes account of feedback received through consultation with young people, staff development days and stakeholders' forums, and was clear about desired outcomes and the actions proposed to achieve these. Managers and staff shared a strong desire to be a sector-leading service and everybody our inspectors met demonstrated ownership of the service provider's quality assurance systems.

A more recent inspection took place in April 2015.

Overall, services struggle to achieve the same performance for management and leadership in care homes and residential special schools than they do for other inspection themes. The challenges for providers and managers that our inspectors identify include decision making around admissions. There can be a disconnect between those who make the decisions to admit a young person, and those managing the provision of care. Some small services may not have a staff group with sufficient skills or expertise to support young people with very challenging behaviour. This can lead to placements ending early or young people moving temporarily to other units and can have seriously adverse consequences for the young person and other young people in the unit.

Without a rigorous and integrated approach to quality assurance and self-evaluation, services cannot take opportunities to learn from the patterns of incidents or what is working well, in order to continually improve.

Mainstream school care accommodation

Between 2011 and 2013 there were six hostels run by the local authorities, and in 2014, a further hostel was registered by the private sector. Hostels provide accommodation for children and young people who live in rural areas too remote to travel to school each day. Overall, these services perform well, with the majority evaluated as good for the quality of care and support and staffing. The quality of the environment has fallen over the past year whilst management and leadership has improved and is the strongest performing theme with all services evaluated as good or very good in 2014. The Care Inspectorate works closely with Education Scotland to ensure the interface with care and education operates well.

Boarding schools

We regulate and inspect 21 boarding school care accommodation services across Scotland. Almost all services are privately run and overall they perform highly with all themes evaluated as very good and excellent. The Care Inspectorate works closely with Education Scotland in inspecting the schools.

Services for children and young people living in family-based care

Over the period of this review, the total number of children who are looked after as a percentage of the total population aged 0-18 has remained constant at 1.5%. Within this, there is considerable variability between local authority areas, even neighbouring ones, with East Dunbartonshire at 0.7% and Glasgow at 3.4%. At 31 July 2013, 21% of all children who are looked after are under five years old, and 11% are aged 16 years and over[46].

In terms of children who are looked after away from home, we can see from the table below that during the period covered by this review, the number of children living with foster carers decreased by 9%, while those placed with friends or relatives (including kinship care) increased by 7%. However, if we consider these groups in the context of the longer-term trend, say from 2009-2013, then we can see that over the four-year period, the numbers of children in foster care increased by 18.5%, and children looked after with friends and relatives has increased by 40%. These children accounted for 47% of all children who are looked after away from home (either in the community or in residential accommodation)[47].

The arrangements for assessing and supporting kinship carers are currently outwith the scope of the Care Inspectorate's role in regulating fostering or adoption services. How well partners work together

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[46]   Children's Social Work Statistics 2012-13. Scottish Government.
[47]   Children's Social Work Statistics 2012-13. Scottish Government.

to support and plan for individual children in kinship care is considered within the joint inspections of children's services but not looked at in depth as a discrete group of vulnerable children.

Table: Number of children looked after in the community, 2009 to 2013 by type of accommodation[48]

Looked after children: type of accommodation	2009	2011	2012	2013
With friends/relatives	2,993	3,910	4,076	4,193
With foster carers – provided by the LA	3,594	3,871	3,946	3,906
With foster carers – purchased by the LA	905	1,997	1,333	1,427
With prospective adopters	242	267	262	244
In other community settings	49	49	45	45

Fostering and adoption service profile and trends
Each local authority area must have arrangements in place to register, support and review foster carers and adoptive carers as set out by legislation and regulation. Local authorities can provide these directly, or commission them.

At 31 March 2014, there were 39 adoption services in Scotland. Thirty-two of these were run by local authorities and seven by the voluntary/not-for-profit sector.   The number of fostering services remained fairly stable over the three-year period, with 61 services in 2012, 63 in 2013 and 62 in 2014. Local authorities provide just over half (33) of fostering services, with just over one third (23) run by the voluntary/not-for-profit sector. The private sector accounted for nearly 10% of fostering services in 2014, a rise from 8% in 2012. However, in Scotland, all non-local authority fostering and adoption services must be provided on a not-for-profit basis, which applies to those providers registered with Companies House. For the purposes of this report, fostering services run by the private sector have therefore been grouped with the voluntary/not for profit sector.

In the main, voluntary sector fostering and adoption services specialise in recruiting carers and supporting placements for children with complex or specific health needs, behavioural issues or larger

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[48]   Extract from Children's Social Work Statistics 2012-13. Scottish Government.

sibling groups. Children who need placements involving a particular faith or ethnic background often require to be placed out of authority to offer them the best opportunities of being matched to suitable carers. For children from very small communities, adoption in another area can be a positive choice. In addition, local authority fostering services have to meet the challenge of placing some children at short notice or an emergency basis, when they need a safe place to live. We need to bear this differing context in mind when considering the performance of services.

Overall, services perform to a consistently high standard across the themes inspected.

Care and support: to what extent are the needs of young people being met by adoption and fostering services?

The current national care standards are written from the perspective of the carer/adoptive parents as service user. While understandable, and effective in other service types, this limits our ability to evaluate outcomes for children placed with adoptive or foster carers because we regulate the service itself, rather than the care provided.

Adoption services

Our inspectors assess how well the service is meeting the health and wellbeing needs of adopters and the children placed with them. Voluntary/not-for-profit adoption services consistently perform to a high standard. All seven such services were evaluated as very good or excellent for the quality of care and support across the three years. The proportion of these services considered to be excellent doubled from 14% in 2012 to 29% in 2014. Over 90% of local authority services were either good or very good in 2014, although there was an increase in services with poorer evaluations over the three years, the numbers involved are small. Just over 9% (four services) were considered either adequate or weak in 2014 compared to none in 2012.

When we carried out a review of our findings from inspections of adoption services between 2011 and 2013 we identified that, overall, adoption services were providing a good service in recruiting, assessing and supporting prospective adoptive parents[49]. Many children had been well prepared by their foster carers for the transition to adoption. Generally, our inspectors found good outcomes for children placed with adoptive families, with sibling contact being actively promoted where appropriate.

Following the Adoption and Children (Scotland) Act 2007, there was evidence that some services were working to ensure there was permanency planning and improved timescales for adoption. Other services need to evidence better the outcomes for children and young people as a result of their interventions, particularly concerning permanency planning. Work therefore needs to continue to ensure that permanency for children is not delayed and does not cause unnecessary drift, noting that this is sometimes due to court processes or appeals being lodged by birth parents.

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[49]   The quality and performance of adoption agencies in Scotland 2011-13. Care Inspectorate, November 2013.

We also found that assessments needed to contain greater analysis and evaluation of the child's history and needs. We have looked more closely at this in inspection year 2014/15 and will report on this in our next review.

Fostering services
Overall services perform very well and the majority are evaluated as being very good or excellent. Across the three years, fostering services run by the local authority have seen an increase in the numbers receiving grades of very good and excellent for quality of care and support[50]. The grades of services run by the voluntary/not-for-profit sector have been fairly settled, with around three quarters performing to a very good or excellent standard.

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[50] In 2012, 49%, in 2013, 52% and in 2014 ,59% of local authority services were rated as very good or and excellent

Signposting good practice

North Lanarkshire Council provides an inclusive adoption service, which is committed to achieving excellent outcomes for young people requiring permanence. Communication is very good across the organisation and young people and adopters are very much encouraged to express their views. The service is committed to increase its pool of adopters who have the skills and capacity to meet the needs of young people. It provides very good internal and external support and opportunities for peer support.

Our inspection noted that the service had improved its systems in relation to reducing delay and we found that this had a significant impact during the inspection, resulting in excellent outcomes for young people. The service had identified gaps in its resources for young people and had used this to inform its successful recruitment campaign which had resulted in adoption being achieved for sibling groups and older children.

The fostering service demonstrates innovative approaches to meeting children's health needs. Excellent outcomes have been achieved for children in foster care. These have clearly been the result of effective partnership working between staff, foster carers, social workers and flexible and responsive health services. The service provider evidences a commitment to investing in services for looked after and accommodated children. The service had its own accessible accommodation, which was clearly of particular benefit in promoting participation. The building had a range of rooms and facilities, including a well-equipped crèche. Staff and managers had clearly made sure the accommodation was bright, welcoming and child friendly.

The service evidenced a commitment to making sure children were matched with the right carers. The service gave careful consideration to understanding the specific needs of children and what individual carers were able to offer them. We found examples of children returning to foster carers they were familiar with following disruption of their new placements. This clearly helped to reduce the anxiety experienced by these children.

We observed a fostering and adoption panel and found the panel to be working very well and the panel members were knowledgeable, skilled and experienced. They were representative of a diverse group and included independent members, adoptive parents and foster carers. This all ensures a robust panel and a quality assurance role to the assessment, approval and subsequent monitoring of carers to ensure young people are safe and are being provided with appropriate care. There was a very good induction process in place for new panel members and panel membership was being regularly reviewed. There were opportunities for the panel to meet to have reflective discussion and identify areas for improvement.

Staffing: to what extent are those providing care both confident and competent?

Adoption services

Staff within adoption services tended to be professional, approachable, knowledgeable and skilled in the work they undertook. The management and staff who work in adoption services are usually very dedicated to their work. No voluntary sector services received grades below good for the quality of staffing over the three years, and in 2014, two services were rated as excellent. The proportion of local authority services that were considered to be very good increased over the three years.

There was evidence from our inspections that some services are helping to support birth parents where possible. Examples of such help include attending the child's reviews, attending the adoption panel considering the need for adoption, offering independent advocacy, later life letters, and letter box contact. Our inspection findings suggest some services still need to further develop and assess the systems which allow birth families to participate at all parts of the adoption process, where it is safe for the children and carers.

Fostering services

Voluntary sector services perform very strongly in this area, with an increase in the proportion of services considered to be very good or excellent from 70% to 75% during the course of the review, although the numbers are small. Local authority services have also improved over the three years, in that there are now more services considered to be very good than good.

From inspection, we know that:
- high performing services have a skilled and knowledgeable staff group who provide effective support that helps carers to manage children with very challenging needs
- staff are highly trained and experienced and help build capacity in fieldwork teams through joint working with less experienced staff.

Maintaining the right balance between skilled and knowledgeable staff and providing development opportunities for newer, less-experienced staff is critically important. From inspections, we know that some services have a high turnover of staff, which can result in the recruitment of people who are not sufficiently experienced or confident to assess carers or children to the high standards required to underpin a successful placement. Staff working in family placement services are one part of the system supporting children who live away from their families. The effectiveness of the service is compromised by gaps in other parts of the system. Workload pressures in fieldwork services can mean that fostering staff are left to take on additional tasks that can get in the way of timely planning for children and their families.

There has been widespread acceptance that too many children wait too long for permanent placements when they are unable to grow up with their parents and the Scottish Government has made reduction in waiting times for children a priority[51]. The insecurity generated by delays and/or multiple placements can have a very serious impact on children's ability to form secure attachments and to their mental health, emotional wellbeing and behaviour. However, joint inspections have found there are many steps to be addressed in the journey to achieving permanency and many hurdles to be overcome. This includes potential delays in identifying that children require a permanent placement, difficulties in completing legal processes and securing court time in some parts of Scotland and the recruitment and identification of suitable carers. Fostering services alone cannot resolve all of these issues. Joint inspections look closely at how, together, partners are addressing barriers and improving their performance in securing permanence for children who need it.

Management and leadership: to what extent do managers lead services to produce the best possible outcomes for children and young people?

Adoption services

Most adoption services in both sectors were evaluated as being good, very good or excellent for the quality of management and leadership. No services were considered to be unsatisfactory or weak over the three-year period. In 2014, all of the seven voluntary sector services were good or better.

Our review of adoption inspections in 2013 found there was room for improvement in ensuring the independence and experience of some adoption panels, and the need for a more systematic approach to continuous improvement. More rigorous quality assurance of assessments and increased use of legal advice was needed to support panel decision making. If there are delays in permanence planning, taking a decision to move children from a settled foster placement, often of many years duration, to a new family is a challenging one. Services must therefore ensure that they properly assess the capacity of foster carers to provide permanent care.

Fostering services

Whilst management and leadership is generally evaluated lower than for other themes, most fostering services were considered to be good or better across the three years. Over half of voluntary sector services were very good or excellent, and this was the only sector with evaluations of excellent in 2014. The local authority sector had two services considered only weak and two only adequate, whilst the voluntary/not for profit sector had one evaluated as weak and one considered adequate in 2014.

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[51] Scottish Government response to the findings by the foster care review. Scottish Government, January 2014.

From inspection, we know that:
- well-managed services are resilient and able to maintain high standards during times of major organisational change; they look ahead to anticipate challenges and plan for contingencies, resulting in fewer inappropriate or unplanned placements
- rigorous quality assurance and management information arrangements help services reduce unnecessary delays in securing long-term and permanent family placements for children
- effective joint working between managers in fieldwork and fostering and adoption services track children's journeys from when they are first accommodated to achieving permanence
- high-performing local authority services recognise that specialist resources and placements should be used actively, not reactively.

While services in some large urban areas have implemented effective tracking and monitoring arrangements, this is not universal and some services are unable to tell us how many children are waiting for permanent care.

Inter-country adoption

Each year a number of people in Scotland choose to adopt from overseas. Once prospective adopters have been approved as suitable to adopt a child from another country, by a registered adoption agency, their application is passed to the inter-country adoption team in the Scottish Government. The Care Inspectorate provides an independent social work view on the decision to approve adopters for children from other countries. The Scottish Government asks the Care Inspectorate to consider whether or not the decision to approve people as adopters of children from other countries is founded on good social work practice.

We have been asked to provide this assurance regarding eight adoptions over the last three years. Three children were from Africa and five were from Asia. For six of these applications, we quickly concluded that good social work practice had informed the decision. We were only able to conclude one application after we were provided with important information missing from the initial assessment. We were unable to conclude that the decision was founded in good social work practice in just one case. Five of the eight applications were to adopt a nephew, niece or cousin. In one case, the applicants wanted to adopt a child from their own country of origin. The other applications were for children from a specified country.

Strategic leadership and corporate parenting

Support and services for care leavers

Our joint inspections of services for children considered the commitment of leaders across community planning partners to fulfilling their responsibilities as corporate parents. The findings from the first 11 inspections indicate that in seven community planning areas inspected, there was a strong commitment to improving the lives of looked after children. Leaders and elected members understood

their responsibilities clearly, priorities were embedded in planning processes and partners were able to demonstrate emerging trends and some tangible improvements in outcomes for care leavers. In four areas inspected, progress was too slow. Key partners and stakeholders had not agreed shared priorities for improving outcomes or how they would deliver these.

In the first eleven inspections, we read samples of case records of young people in receipt of throughcare services. Overall, we found key strengths in the quality of consistent, trusting relationships with aftercare staff that were benefitting young people as they moved towards independence. In addition, we highlighted the positive impact of effective links with housing services in East Lothian, North Ayrshire, Stirling and Clackmannanshire, progress in achieving positive destinations in East Renfrewshire, Edinburgh, Orkney and Dumfries and Galloway, and flexible health care for care leavers in East Renfrewshire.

Areas requiring further development included the variable standard in pathway planning and delays in providing aftercare services, poor outcomes in terms of educational attainment and positive destinations and the lack of suitable accommodation and housing options. Young people who have left care may be particularly vulnerable to sexual and economic exploitation, be socially isolated and lonely and at risk of poor mental and physical health.

The Care Inspectorate regulates housing support services which provide support to young people who been looked after; some of these services are part of throughcare and aftercare services. Housing support services can be provided through hostel type provision or through support to an individual in their own tenancy. We have seen a small increase in the number of adult placement services, from 37 to 39 over the period of this review. These services perform well and most are evaluated as good or above across all inspection themes. These services allow young people to remain supported in the family that were previously fostering the young person. Adult placement services are also supporting young people for whom group living or single tenancy is not an option, which is in line with the Staying Put in Scotland policy[52].

From 1 April 2015, new continuing care arrangements arising from the Children and Young People (Scotland) Act 2014 will place a duty on local authorities to provide support to young people leaving care. The new provisions within the Children and Young Persons (Scotland) Act have implications for the Care Inspectorate in relation to the inspection and registration of those services providing 'continuing care' and those, such as housing support, which will likely face increased and new demands in providing accommodation and support for young people in extended aftercare. The Care Inspectorate, in reporting its findings from inspections, has highlighted concerns about services' capacity to meet the additional demands placed on them once the Act is implemented.

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[52]   Staying Put Scotland: providing care leavers with connectedness and belonging. Scottish Government, October 2013.

Deaths of looked after children

The Care Inspectorate has a role in providing assurance on behalf of Scottish Ministers where children were looked after by local authorities at the time of their death. In 2013 we reported on our work relating to the deaths of looked after children between January 2009 and December 2011[53]. During these two years, we were notified of the deaths of 17 children and young people.

A higher percentage of boys' than girls' deaths were reported. We appeared to see a decrease in the number of reported deaths of young people while living in residential care and an increase in deaths of children looked after and living at home. For those young people who died while looked after and living at home, the two broad categories of causes of deaths were complex health issues and accidental deaths, including drug related deaths.

Twelve local authorities notified us of deaths within this reporting period. There are twelve local authorities who have not reported any deaths in the last six years. This group includes the island authorities and in general, local authorities with smaller child populations. However, councils must ensure they are aware of the responsibility to notify us, particularly where the child is looked after because they are receiving respite care.

Table: ages of looked after children who died, 2009–2011

Age	Number	Girls	Boys
0-4 years	2	1	1
5-9 years	4	2	2
10-14 years	3	1	2
15-17 years	8	3	5
Total	17	7	10

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[53] A report into the deaths of looked after children in Scotland 2009-11. Care Inspectorate, April 2013.

Table: placements of looked after children who died, 2009–2011

Placement	Number
At home	10
Foster care – temp and permanent	4
Residential care/respite	2
Homeless	1

Table: causes of death of looked after children who died, 2009–2011

Cause of death	Number
Life limiting conditions/complex health	8
Suicide	2
Accidental	4
Drug/alcohol related	3

The Children and Young Persons (Scotland) Act 2014 introduces additional responsibilities for local authorities to notify the Care Inspectorate in the event of death of 'a person who is being provided with advice, guidance or assistance' in relation to aftercare or 'a person who is being provided with continuing care'. This formalises and extends work currently undertaken by the Care Inspectorate.

Findings from the joint inspections of services for children

In September 2011, Scottish Ministers asked the Care Inspectorate to lead on the development and coordination of a new model for the scrutiny and improvement of services for children and young people. They asked us to consider the progress of integrated approaches to improving the lives of all children, and particularly the lives of the most vulnerable children. We tested out a process for inspecting services for children between April and June 2012 and commenced a series of four pilot inspections in September 2012, followed by full joint inspections in 2013. Within the period of this review, we completed inspections of services for children in eleven community planning partnership areas.

In order for vulnerable children to be supported and protected effectively, they need an accurate multi-agency assessment of their needs and any risks to their wellbeing, and an outcome-focused plan to direct staff and help families to understand what needs to change. The joint inspections

found that these remain areas for improvement, with only four community planning partnership (CPP) areas achieving an evaluation of good for assessing and responding to risks and needs, a further four were adequate and three where practice was either of a weak or unsatisfactory standard. Overall, the standard of planning for individual children was slightly better, with no partnerships evaluated as lower than adequate and one rated as very good.

Initial response to concerns

Overall staff recognised children and young people at risk of significant harm, and raised concerns with the right people using appropriate procedures. Establishing a shared understanding of what constituted a concern was a challenge for some areas. In particular where children were experiencing neglect, where there had been an accumulation of concerns rather than an incident or event, with older young people or those who posed a risk to themselves or others. Services had been successful in making information available between agencies. Sometimes health information was not available out of hours.

In most areas inspected, formal multi-agency decision making was working well through initial referral discussion or tripartite discussion processes to reach agreement about risk and plan what action is needed to keep children safe. Child protection investigations were generally carried out and completed quickly. When children were not able to remain at home, staff made appropriate arrangements for them to move to a safe place, often with friends or relatives. Areas where the initial response to concerns was not working well enough were characterised by staff not recognising the nature or extent of immediate risks and not responding quickly enough when concerns begin to escalate; overly complex decision making structures; and children and their families waiting too long between concerns first being raised and the case conference meeting to formally agree the risks and make a plan to reduce them.

Chronologies of significant events

The importance of developing and maintaining a chronology was becoming more established and most lead professional's records we read contained a chronology. Many partnership areas had invested considerable time and resources in training and staff development to improve both the process and the use of chronologies. However, less than half of those we read were yet of a standard that could help staff to accurately identify patterns of significant events, or help parents to understand the impact of these events, on their child's wellbeing. Across most areas inspected, services had made slow progress in implementing integrated chronologies. Agreeing a standard format across services will support a more consistent approach to recording information. AYRshare[54] is a very promising example of services designing an electronic system to meet the needs of the business and overcome barriers presented by separate computer systems.

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[54]   AYRshare is an integrated information sharing system for vulnerable children across NHS Ayrshire and Arran and the three Ayrshire local authorities.

Assessment of risks and needs

The identification and discussion of risks presented by adult family members had a high profile in many written assessments and minutes of meetings. Staff in adult services were routinely consulted during the process of gathering information. Practice could be strengthened further through greater collaboration to jointly to assess risks and needs. Services effectively prioritised immediate risks and in the main, took appropriate action to address these. However, despite these developments, the quality of the assessment of risks and needs remained highly variable with the need to achieve a better balance between description, reflection and analysis in the assessment, the need to draw on the patterns of evidence from chronologies, evaluate the priority of the risk factors and specify the likelihood of harm occurring.

Too few written assessments evaluated the impact of the risks for individual children within each family, with the result that children could become 'lost' in whole-family assessments and reports. The resilience matrix provided an effective tool when used for individual children, to evaluate the impact of risks on innate strengths and vulnerabilities, inform the conclusion of the risk assessment and support the development of a child-centred plan.

In the majority of areas inspected, the Getting it Right for Every Child approach was found to be helping improve the quality of assessment of risks and needs. Clear guidance and shared training opportunities were helping staff to become more confident in using the wellbeing indicators and resilience matrix to develop a more holistic assessment of what children need in order to protect and safeguard their safety and development. Whilst better quality assessments were characterised by a well-organised and structured approach, the format alone will not secure improvements in content and needed to be supported by clear and shared standards of quality and routine challenge and support by first-line and, more senior managers.

Quality of plans

Structuring plans around the SHANARRI wellbeing indicators was beginning to help staff to address needs more broadly. Staff were more confident in planning interventions that were aimed at helping children to become safe, healthy, nurtured and achieving. Less attention was given to what services were doing to ensure children were as active, respected, responsible and included as possible. Despite the implementation of structured recording formats for plans that guided staff to identify outcomes within a SMART framework, we found these to be common areas for improvement across almost all of the areas included in the review. Plans frequently confused actions with outcomes and did not routinely specify what positive difference was required and would be evident in the child's wellbeing as a result of the actions set out. The best plans we found were those that were able to move beyond the short- and medium-term to anticipate the outcomes required to meet the child's longer-term needs, taking their stage of development and experiences into account.

Planning and reviewing

Overall, staff were firmly committed to improving the wellbeing of children and young people. The key partners to the child's plan were generally working well together to progress actions, often where these had not been identified within plans. Regular meetings, such as core groups promoted effective team working, planning and decision-making. Partners were aware of the need to streamline the planning and reviewing processes, particularly between education and social work services. Partners needed to ensure sufficient management oversight and accountability for decision making where multi-agency meetings take place outwith statutory and child protection review processes. In over half of the areas, plans for children whose names had been removed from the child protection register were not being reviewed regularly or robustly. Staff needed greater clarity about their responsibilities at the point of handover from lead professional to named person.

We found a strong emphasis on securing stable and nurturing environments for children and young people and staff recognised the significance of early decision making when children were looked after and accommodated. Support for care leavers through early planning and the availability of good accommodation as a basis for sustaining positive destinations was more variable.

Child protection arrangements

HMIE published a national report into child protection arrangements in 2009[55], and began a second round of inspections. Responsibility for this work passed to the Care Inspectorate on 1 April 2011, and the follow up report was published in 2013[56]. In 2013, Scottish Ministers asked the Care Inspectorate to report on the effectiveness of local arrangements for protecting children and young people at risk of harm. We examined what we knew from the previous round of child protection inspections and the more recently introduced joint inspections of services for children. We also carried out work across all 32 local authority areas in Scotland with chief officers and child protection committees and published a national overview of what we found[57].

Over the period of this review, we completed 11 inspections as part of the current programme of joint inspections of services for children and young people. These joint inspections include the evaluation of quality indicator 'Planning and Improving Services', which includes the effectiveness of integrated children's services planning and the work of child protection committees in improving the safety and wellbeing of children and young people.

11
joint inspections of services
for children and young people
between 2011 and 2014

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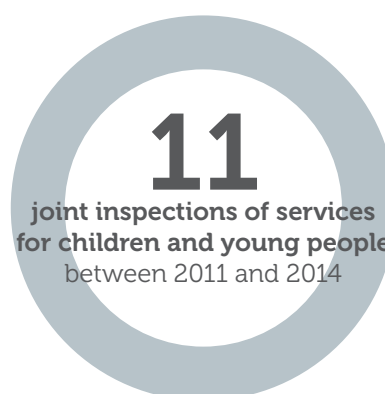
[55] How well do we protect Scotland's children? A report on the findings of the joint inspections of services to protect children 2005-2009. Her Majesty's Inspectorate of Education, November 2009.
[56] Child protection services: findings of joint inspections 2009-2013. Care Inspectorate, May 2013.
[57] A report on the effectiveness of child protection arrangements across Scotland. Care Inspectorate, November 2014.

We have found a mixed picture in relation to the arrangements for leading and delivering effective services to protect children and young people. We are able to identify some common features, which are underpinning very effective performance. In areas that are performing well, leaders continue to provide strong, collective ownership of a common purpose and shared values for delivering the best possible outcomes for children and young people in need of protection. There are strenuous efforts on the part of chief officers and child protection committees steering services through the challenges associated with sustaining what is working well and implementing change for improvement through integrated working.

Placing the emphasis on protecting children and young people within the wider public protection agenda has been highly effective in delivering better outcomes for children and young people through safer communities. The extension of chief officers' responsibilities from child protection to public protection, including adult protection and the management of sex offenders, increases the potential for efficiencies and improved practice as staff across services make connections between these areas of work.

Strong links between the work of child protection committees and integrated children's services planning helps to place the protection of children and young people at the centre of the wider strategies to improve the wellbeing of children, young people and families. This provides a helpful interface between child protection and other planning arrangements for services for children and supports steady and incremental advancement in successful and collaborative partnership working.

The most effective child protection committees have continued to place a strong focus on continuous improvement and striving for excellence. They have adopted sound quality assurance systems and jointly monitor performance across relevant services, using high quality qualitative and quantitative data for measuring and reporting on progress regularly against agreed priorities. They have continued to develop systematic and rigorous approaches to joint self-evaluation using relevant quality improvement frameworks. This is providing them with a detailed, shared understanding of strengths as well as priorities for improvement. In turn, this is assisting services to sustain what is working well and at the same time embrace new, improved ways of working.

Key processes in assessing and responding to risks and needs have been highlighted as an area for improvement nationally since the publication of the overview of the findings from the first round of joint inspections of services to protect children. Our current findings indicate that this remains an area in which there is room for continued and significant improvement in the quality and application of these processes nationally.

In six out of the 11 areas inspected, we found that planning in relation to either services to protect children or integrated children's services had stalled. In addition in three of these areas, we found that the work of the child protect committee had deteriorated. In some cases, this was due to a

concentration on managing major change such as restructuring or implementing new shared services arrangements.

Common features included a lack of clear direction and oversight of the work of the child protection committee by chief officers. While this was not necessarily related to poor practices in key processes to protect children and young people or poor outcomes, there was an absence of a robust approach to joint self-evaluation, and an inability to provide evidence of ongoing improvement. This gives us cause for concern in that chief officers and child protection committees have not been able to assure themselves of the quality of services to protect children and young people, conserve what is working well or further improve practices, particularly during times of transformation and change. Where this was found to be the case, we urged partners to reinstate business planning for child protection committees and identify objectives for improving services for children in need of protection.

More broadly, from our engagement with chief officers and child protection committees in 25 out of 32 local authority areas, we identified comprehensive governance structures for child protection within multi-agency executive groups of chief officers accountable for public protection. There are strong indications that these chief officers' groups are setting an aspirational vision for the protection of children and young people and that they are providing effective leadership and direction to, and critical challenge of, child protection committees. In over half of the 32 local authority areas, we found a high level of commitment to quality improvement through joint multi-agency self-evaluation led by child protection committees.

There are some challenges in assessing the effectiveness of child protection arrangements in areas where key aspects of operational management are at an early stage of development. For example, we found a number of areas where joint self-evaluation and the collection and analysis of robust data and management information were not sufficiently developed to provide evidence of trends or inform local operational plans and service delivery. We will prioritise these areas to receive targeted support for improvement from our link inspectors and we will use the intelligence to inform risk-based plans for scrutiny.

The quality of participation in services for children and young people

The quality of participation in services for children and young people is generally high, both in care services and at a strategic level.

Over half of these services have been evaluated as being very good or excellent at participation across each quality theme in each of the last three years, with just one exception: the quality of participation in respect of management and leadership in care homes for children and young people, and in that instance, just under 50% of services were evaluated as very good or excellent. Conversely, the proportion of services where participation was evaluated as weak or unsatisfactory was less than 1%

in every type of early years or children's service, across all quality themes and in each year.

Participation in the residential special school sector is evaluated particularly highly: no service has been considered weak or unsatisfactory in any quality theme in the last three years, and in respect of participation in quality of care and quality of management and leadership, all services were good or better. Indeed, in 2013 and 2014, 94% of these services were evaluated as very good or excellent for participation in improving the quality of care. There was a marked increase in the quality of participation in respect of improving the environment in these services, with the proportion evaluated as being very good rising from 43.6% in 2013 to 71.8% in 2014, with no reduction in the proportion of services regarded as excellent. In other quality themes, the quality of participation has been relatively static.

The quality of participation in care homes for children is generally high, with a slight increase evident over time. In the quality of care and support theme, the proportion of services evaluated highly for participation has grown, and the proportion of those evaluated poorly has declined. A similar pattern is evident in respect of participation in improving the quality of the environment. In other themes, a similar increase has not been evidenced. Participation in staffing is generally good, with some 62% of services being rated as very good or excellent, but this figure has remained static over the last three years and is now significantly lower than the equivalent figures for the quality of care and support theme. Fewer then 10% of services are considered to be excellent at participation in quality of management and leadership, and this has declined marginally over time. Some 45% of services are regarded as good at this, and some 40% are very good.

At a strategic level, we evaluated the participation of children, young people, families and other stakeholders as very good in four of the first 11 joint inspections of children's services, four as good, and three as adequate. Across these 11 joint inspections, only around half of the respondents to our staff survey felt that the views of children and young people were taken into account fully when planning services at a strategic level. There was a slightly greater level of agreement that the views of parents and staff were taken into account fully. Interestingly, in some areas, substantial minorities did not consider this question to be applicable to them.

Involvement in policy, planning and service development
Across the areas inspected, there was recognition of the importance of involving children, young people and families meaningfully in policy, planning and service development. There was commitment to full stakeholder involvement, with many good examples of where this involvement had positively shaped particular services or policies. However, in general, partners were not working together to fully involve stakeholders in service development. There was very little evidence of an integrated approach to engaging with children, young people and families. The impact of children and young people's participation could be even greater if partners systematically considered how best to join up their individual strategies.

Young people were successfully influencing policy making through a range of opportunities to engage

with elected members, community planning partners and senior managers. Interesting examples of practice include Highland Council's Youth Convener to provide a link with elected members and senior officials and the local youth parliament, and the way Argyll and Bute's Youth Forum members are engaged in developing and discussing ward-based reports with elected members to build influence, knowledge and understanding, with examples of them directly influencing council priorities through this process. The elected youth council in East Dunbartonshire provides structured opportunities for young people to participate and influence decision making in council services through contact with elected members and membership on committees. Community learning and development staff provide helpful support to office bearers. This includes training to improve engagement with vulnerable and marginalised young people. The annual Orkney Youth Conference gives young people an opportunity to debate issues that matter to them in the presence of elected members and public service staff. Members of East Lothian's Youth Council are engaged actively in decision making both locally and nationally, and were directly involved in the development of the council's transport strategy. The Dumfries and Galloway's Youth Summit Conference in August 2013 identified priorities for young people, which will form the basis of a new Youth Vision and Strategy for 2013-2016.

We found evidence of the views and experiences of children, young people and families were being well used to improve the services they were using. For example, the Orkney annual school ethos survey informed the design of a new school, school rules developed from children's ideas and a school improvement plan largely reflecting the children's priorities. In Stirling and Clackmannanshire, children and young people with disabilities and additional support needs participated in a young person's committee through the PLUS project where their views and suggestions on service development were recorded and incorporated into discussions at board meetings.

Young people looked after in residential care were involved in shaping new services in North Ayrshire and Midlothian. In East Dunbartonshire, care services provided beneficial written feedback about the changes they have made as a result of the views of those using these services.

Communication and consultation

There were many good examples across the areas inspected of creative approaches to communicating well and consulting effectively with children, young people, families and other stakeholders. Regular surveys of local people gathered their views to inform community planning. Children and young people's views on services and experiences were often gathered on a regular basis, through schools and youth groups. The rich information gained from regular surveys was not always shared effectively between partners to maximise its impact on development across services. Consultation on specific issues or proposed services was generally used well. Sometimes stakeholders were consulted about a proposed development too late in the process to effect any change.

Some examples of successful consultations include Midlothian's parental consultation about the

effectiveness of the early intervention strategy, Orkney's early years collaborative work involving significant consultation with families and other stakeholders which shaped strategic priorities, and the Argyll and Bute Child Protection Committee commissioning a programme of consultation with stakeholders to help underpin a plan to improve services for looked after children. The social work business improvement plan in East Dunbartonshire was underpinned by a very comprehensive range of consultations with young people, families and staff about the effectiveness of the services they receive. Managers use this information to improve operational processes, such as support to families in child protection meetings and provide better public information leaflets.

CHAPTER THREE

SERVICES FOR VULNERABLE ADULTS

Context

In this chapter, we examine the quality and themes that emerged from services that are registered to provide care mainly to adults who are not in receipt of services specifically designed for older people. We then consider the effectiveness of services within the context of public protection. This includes what we know about the arrangements for protecting adults at risk of harm, and the quality of services and effectiveness of supports for people with offending behaviour.

We acknowledge that people's needs are complex and services have developed that can meet a range of needs. For the purposes of this report, we will highlight key issues for particular groups of people who use services where we are able to draw these from our inspection and scrutiny findings.

For adults who have chronic ill health or disabilities, the common themes underpinning the strategy and policy landscape include the requirement for support for people to live independently in the community, integrated person-centred care planning, and effective engagement with people who use services and their families and carers.

A number of provisions in the Social Care (Self-directed Support) (Scotland) Act 2013 came into force on 1st April 2014. These included the duty to offer self-directed support (SDS) options to people using services. However, local authorities have been preparing for implementation and testing and refining their approaches throughout the period covered by this review. SDS is designed to ensure people are given a range of options for how their social care is delivered, empowering people to decide how much ongoing control and responsibility they want over their own support arrangements[58].

The key function of the Care Inspectorate in relation to SDS is to establish, through our link inspector work, whether local authorities and partnerships have implemented the duty to put the four SDS options to people, and give effect to the option chosen by the service user. Our scrutiny work seeks evidence of the approach being carried at an individual service level, and if anticipated outcomes for individuals are achieved. Inspectors stress the need for effective advocacy and support arrangements to be in place.

Data on direct payments, just one aspect of SDS, has been available since 2003 and from 2011-13, the rate of people in Scotland receiving self-directed support through direct payments has increased from 8.2 per 10,000 to 10.2 per 10,000 population. The level of provision varies significantly between local authorities with Scottish Borders at 27.2 per 10,000 population, to Angus at just 2.2 per 10,000 population. There is currently no national data set to measure the progress of local authorities in providing options for self-directed support and enabling people to have control over their support arrangements. The Scottish Government is currently working on this.

[58]   Self-directed support provides people with four options about how care is provided: direct payments, an individual service fund, local authority arranged support, or a combination.

As noted earlier, housing support services and those providing care at home may be registered to support people with a range of needs so it is difficult to report on the performance of community-based services that solely work with people with learning disabilities, for example. However, we can get a sense of the size of the market by looking at the numbers of services where the conditions of registration make reference to 'learning disability'. At December 2014, there were 529 combined housing support and care at home services registered in this way. These services are delivering most of the support to adults with learning disabilities that is enabling them to live independently in the community.

Many local authorities piloted and tested their arrangements for implementing SDS through reviewing care packages and assessing new referrals for adults with learning disabilities. We support the development of more personalised approaches to providing support. Our inspectors meet many people who now have much greater control over the services they receive, and this is making a positive difference to their lives in terms of increased confidence and independence.

We are also seeing the impact of changes to the shape, and flexibility in the delivery of services for adults through our registration activity. There has been a general trend in the reduction of new registration of care homes for adults from 21 in 2011/12 to 10 in 2013/14, suggesting a shift away from institutional support and towards community support. Almost all adult care home registrations in 2013/14 were in the private sector.

This is a part of a wider societal and policy shift which is focused on empowering people to make decisions about their own lives, knowing that almost always the person receiving care is the person best placed to judge its quality, compassion and effectiveness relevant to their own needs and choices. This policy shift is evident in the NHS 2020 vision and the Vision and Strategy for Social Services in Scotland.

Care homes for adults
Adults may require residential respite or full-time care within a care home setting, because they have learning disabilities, physical disabilities or mental health problems[59]. At March 2014, the rate of adults per 1,000 population aged 16-64 living in a care home was:
- 0.2 for adults with a physical disability
- 0.3 for adults with a mental health problem
- 0.5 for adults with a learning disability[60].

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[59] Where data are shown by client group, this relates to the main client group of the home as defined by the service provider. Many care homes provide care for a number of different types of people with different needs. The personal needs of an individual resident may differ from the main client group of the home.
[60] Scottish care home census 2014. ISD Scotland, October 2014.

These figures have remained stable over the three-year period apart from a slight decrease for adults with a learning disability from 0.6 in 2012.

The number of long-stay residents in care homes for adults with learning disabilities has fallen from 2,333 in March 2005 to 1,539 in March 2014, a decrease of 34% These figures include adults of all ages[61].

As at 31 March 2014 there were:

37
care homes
for adults

**with physical disabilities/
sensory impairment**

65
care homes
for adults

**with mental health
problems**

213
care homes
for adults

**with learning
disabilities**

Table: number of care homes for adults and older people in Scotland, 2014.

Main type of provision	Number of services
Older people	894
Learning disabilities	213
Mental health problems	65
Physical and sensory impairment	37
Alcohol and drug misuse	22
Respite care and short breaks	16
Blood borne virus	1
Parents	1
Grand total	1,249

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61   Scottish care home census 2014. ISD Scotland, October 2014.

The total number of care homes registered to care for adults has been decreasing, from 392 in 2012 to 355 at 31 March 2014.
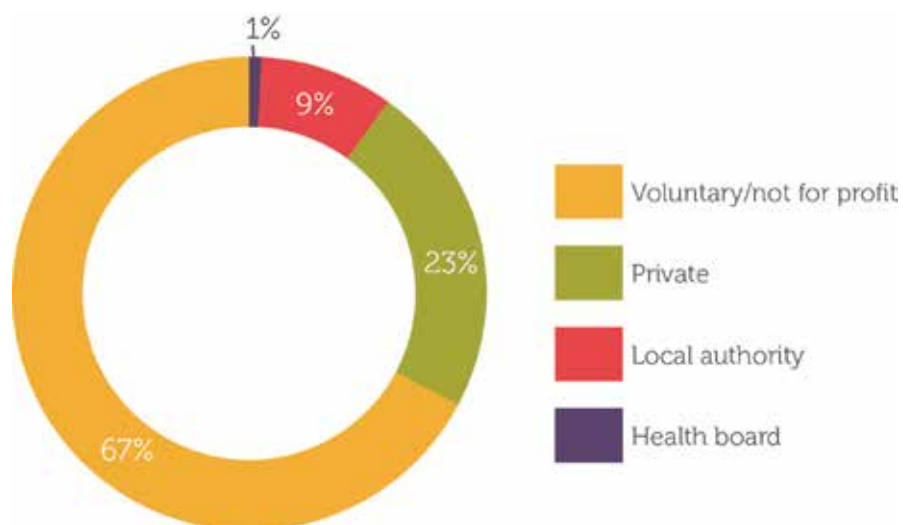
Table: the number of care homes for adults, registered with the Care Inspectorate at 31 March each year

Registered places	2012	2013	2014
1-10	274	261	239
11-20	69	67	67
21-30	24	26	26
>30	25	23	23
Total	392	377	355

New care homes registered each year have reduced from 21 in 2011/12 to 10 in 2013/14. Within these small numbers, there has been a decrease in the registration of small care homes for adults[62], and an increase in the proportion of homes providing 11-20 places.

As with housing support services, the voluntary sector is the largest provider type, (around 67%). The private sector provides around 22% with local authorities providing just less than 10%. There are a small number (less than 1%) of specialised NHS units that are registered as care homes.

Care homes for adults by provider sector as at 31 March 2014

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[62]   A "small" care home is one registered to care for 1-10 people.

Table: the breakdown in provider types in care homes for adults by the needs of service users
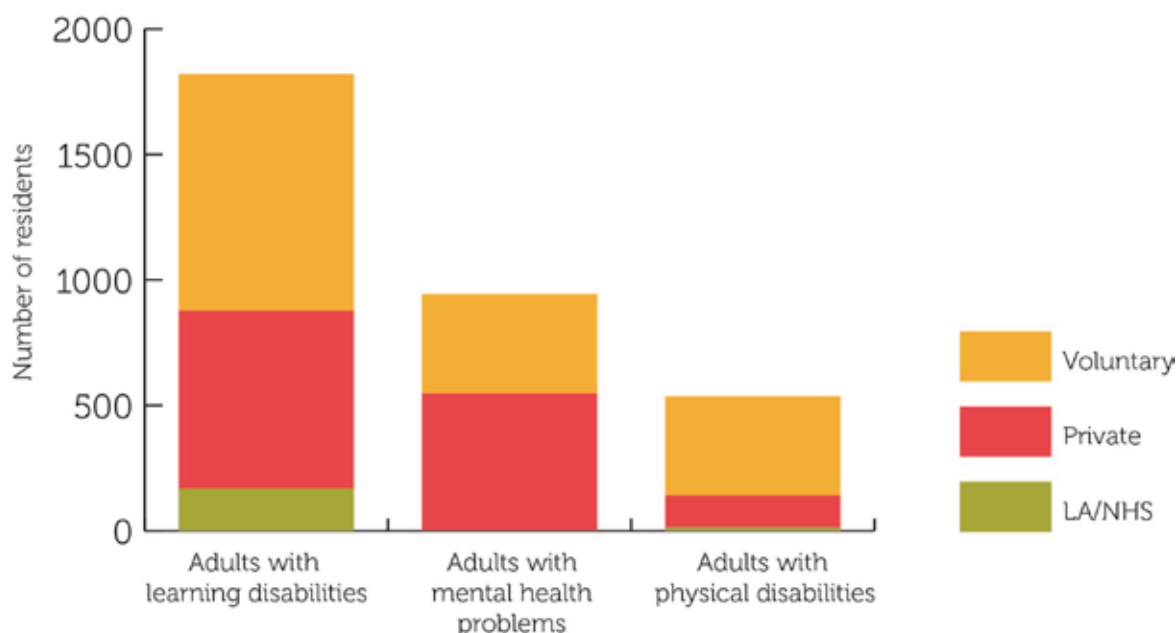
At March 2014, care homes in the least deprived areas had the highest proportion of homes considered to be very good and excellent, while the second most deprived areas had the second highest proportion of homes achieving this level of quality. In terms of urban/rural spread, over the past two years, services in large urban areas have the highest proportions of homes with all grades of very good and excellent and remote rural areas have the lowest proportion of the highest grades.

Adults living in care homes where residents were mainly people with learning disabilities are more likely to be resident for longer and be younger in age than people living in homes registered for mental health or physical disabilities/ sensory impairment[63].

Overall, the performance of the care home sector for adults with learning disabilities is positive, with 40% of all services considered to be very good or excellent in all themes, and just 1% considered to be weak or unsatisfactory in all themes at 31 March 2014. For the much smaller sector of care homes for adults with mental health problems, performance is also strong, with 58% of services considered very good and excellent and 2% weak or unsatisfactory. Overall, care homes for adults with a physical disability/sensory impairment perform to a similar standard as those for learning disability, with 46% considered very good and excellent in all themes, and no services considered as weak or unsatisfactory at March 2014.

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[63]   72% of long-stay residents in care homes where the main client group was learning disabilities had been resident in the care home for five years or more. This compares to 42 % in care homes where the main client group was adults with mental health problems (ISD Care home census). 62% of long stay residents in care homes where the main client group was learning disabilities were aged 16-54 years, which compares with 46% for mental health and 54% for physical disabilities.

Care and support: to what extent are the needs of adults being met by services?

Housing support services and people with learning disabilities
It is not possible to isolate data on the performance of housing support services that solely support adults with learning disabilities. However, based on our inspection evidence, our inspectors consider that, in the main, housing support services that are supporting people with learning disabilities are providing effective care and support.

Our inspections show us that frequently:
- the individuality of people is valued and respected by staff and no assumptions are made about what they want or what they are able to do
- decisions about activities are led by people using services and result in meaningful and rewarding opportunities that increase confidence and skills, nurture relationships and build self-esteem
- people using services benefit from close relationships with staff who know them well and work well together
- people with communication needs are provided with the best opportunities to engage and enabled to take part in all decisions about their care
- individual assessments and plans identify strengths and outcomes and measure what has improved as a result of the support provided.

Signpost: effective practice to support adults with a learning disability

Turning Point's Perth and Kinross Housing Support and Care at Home provides a support service to people with learning disability. Some people have a combination of support needs. Our inspection found the quality of care to be excellent. There were ten people using the service at two locations, and it supported others living in their own tenancy within Perth.

We could see that there was clear involvement of service users in their support plans, and people who used the service told us that they felt they were fully involved in making sure that their support plans continued to meet their needs. They told us that they thought the service was excellent.

Support plans were comprehensive, with detailed information on the support that service users should receive. This included clear and detailed information for staff on how to support or manage service users' behaviours. Staff had developed detailed evidence of the identification of risk and how to manage it.

People using the service told us that they felt staff had good knowledge of the support they needed, and that they listened to what they said about their support. They were supported by staff to make good use of community services such as sports facilities, community groups, volunteering opportunities and Turning Point's own garden project.

A more recent inspection took place in April 2015.

Where the quality of care and support needs to improve in housing support services that are supporting adults with learning disabilities, common themes include:
- people who use services experiencing different providers visiting within the same day maybe unable to identify who is leading on their assessment or care planning and providers may not share assessment information well with other services
- on occasion, services do not respond effectively enough when the person using the service is in crisis or where the support arrangement or placement has broken down.

Care homes for adults
Overall the quality of care and support provided in care homes for adults is positive with most services considered to be good or above, and the majority rated as very good or excellent. However, within this, the proportion of those achieving the highest grades has decreased over the three years, and the proportion of those considered weak and adequate has increased. Care homes run by the voluntary/not-for-profit sector have a greater proportion of the highest grades than other providers. Private care homes for adults have a higher proportion of services considered to be weak or unsatisfactory for the quality of care and support than other sectors. In 2013, this accounted for around 9% of services, though this had reduced to 6.8% by 2014.

Services are generally positive for people using these care homes, across a wide range of health and care needs. Care homes for adults with mental health needs were the strongest performing group in 2014, with 69% of services considered to be very good or excellent and, over half of care homes for people with learning disabilities and physical disabilities also achieving the highest evaluations.

Environment: to what extent is the care environment fit for purpose?

Care homes
The quality of the environment in care homes for adults overall is generally positive, with most services achieving evaluations of at least good and over half rated as very good or excellent over the last three years[64]. There is variation between different sectors. Overall, local authority/NHS board and private care homes tended to have a higher proportion of services where the quality of the environment was considered to be of a less good quality, compared with voluntary/not-for-profit services; around 20% of these homes were considered adequate or worse in 2014, compared to 8.9% in the voluntary/not-for-profit sector. The proportion of homes considered to be excellent has decreased in all sectors, and the proportion considered to be very good has increased in the private and voluntary sectors.

In those care homes for adults where one or more complaints were upheld in 2013/14, 11% of cases related to concerns about the fitness of the environment or premises.

The quality of the environment is consistently of a higher standard in care homes for younger adults than those for older people. Performance is positive across other groups of service users, although care homes registered to care for adults with mental health problems were most likely to be evaluated as very good or excellent.[65]

Quality of staffing: to what extent are those providing care both confident and competent?

Housing support services and adults with learning disabilities
In our inspections, we have found evidence of many highly motivated staff who are striving to engage, involve, and enable the people they support. The learning disabilities sector often attracts well-qualified staff, and though opportunities for training whilst in the job can vary from employer to employer, many services are investing in specialist training in areas such as positive behaviour support and autism. Staff in high performing services have a positive mind-set and high aspirations, and are willing to seek out opportunities for service users and achieve improved outcomes for them. As they

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[64]   In 2102, 53% of services achieved grades of very good or excellent for quality of environment, in 2013 the figure was 51% and in 2014, it was 57%.
[65]   69% of care homes caring for people with mental health problems were very good or excellent, compared with 54% for learning disabilities and 59% for physical disability/sensory impairment; Care Inspectorate data store.

routinely spend several hours at a time supporting people, this model of care helps to develop positive relationships in a way that brief interventions such as those in care at home services is more difficult to replicate.

Where services have successfully modernised to deliver more personalised, flexible care, we see positive outcomes for people through small, consistent teams of staff. For some people, in shared living arrangements, achieving a package of support that is tailored to their individual needs is a challenge, but our inspectors find that services are generally motivated and able to overcome these challenges.

In other specialist services, inspectors have found examples of highly motivated and well-trained staff.

Signpost – effective staffing can support adults' mental health problems

Penumbra Queens Drive in Falkirk offers accommodation with care and support to a maximum of four adults with mental health problems. Support is provided directly between 9am and 9pm and the staff team offer an on call system of support outwith these times. The service, in a quiet residential area of Falkirk, occupies a detached house with accommodation over two floors. All service users have their own bedroom with communal bath/shower room facilities. The accommodation is well furnished and has a homely feel.

Our inspection found the staff team are dedicated and enthusiastic in their work to support people's recovery. The service users at Queens Drive were in the process of moving on to have their own tenancy. We saw that the people using the service were very much involved in this process. One person discussed with us how they had enjoyed choosing wallpaper for their new home.

House meetings took place on a regular basis and service users were very much involved. We saw that service users wrote up the minutes, and their suggestions and ideas were taken on board by staff, for example; service users wanted to go on holiday to Blackpool and this was achieved. Service users and staff told us how much they had enjoyed making things for the Christmas Fair, which had been organised through Penumbra.

We found excellent practice in how staff promoted and supported people to be more independent. Staff were excellent at promoting healthy lifestyles both for physical and mental health. We saw that service users could attend different groups to support their wellbeing and this had a positive impact. For example, some service users attending groups run by other organisation such as NHS mental health services and charitable organisations.

We found when speaking to staff that they were very motivated, and really enjoyed their work. We found that staff were very knowledgeable about the service users and had a strong value base that promoted service users' rights to inclusion and recovery.

Care homes for adults

The quality of staffing in care homes for adults is evaluated as being at least good in over 80% of services, and within this figure, 58% were considered as very good or excellent. Overall, the proportion of services where staffing is at a very good level has increased over the three years, and the proportion considered good has decreased by 39%. In a minority of services, the quality of staffing is considered to be only adequate, or worse, and this doubled from 7% to 14% over the period of the review. Further work is required to understand whether this relates to a material drop in quality, or a failure of staff skills to maintain effective and current practice at a time of rising expectations.

The voluntary/not-for-profit sector has outperformed the private and local authority/health board sectors when measured by the proportion of services achieving evaluations of very good and excellent over the three-year period. Similarly, this sector has the lowest proportion of services where staffing is considered adequate or less. Overall, private care homes for adults tend to have a higher proportion of services with lower evaluations for staffing, with over 27% considered as adequate or worse in 2014, although within the best performing services, private care homes have the highest proportion of services rated as excellent[66].

Staffing in care homes for people with mental health problems is generally at a higher level than care homes predominantly for people with other health needs.

Management and leadership: to what extent do managers lead services to produce the best possible outcomes for service users?

Housing support services and adults with learning disabilities

In larger, dispersed services, our inspections highlight the importance of managers with the right balance, sufficient skill, knowledge and capacity at team leader or local level to lead services effectively.

Our inspections are able to evidence high quality services when:
- good managers ensure that people who use services are meaningfully involved in their own care but also in quality assuring and improving the service
- services overcome 'barriers' to successfully involving people who use services in recruitment processes and seek ways of engaging and seeking the views of those who are less confident, for example through the use of drama or creating interactive games
- senior managers are visible, known and approachable to people who use services.

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[66] 4.1% of private services were rated excellent in 2014, compared with 3.8% for voluntary/not-for-profit services and 2.8% local authority/health board services.

Care homes

Overall, the quality of management and leadership is positive, with more than 80% of services achieving evaluations of good or better. The proportion of services considered to be very good and excellent rose over the three years to 53% at March 2014. Care homes run by the voluntary/not-for-profit sector, as the largest provider type, perform consistently well, with 58% of services achieving the highest grades for management and leadership compared with 42% for privately run services and 39% for the much smaller local authority sector. Care homes run by the voluntary/not-for-profit sector generally have a higher ratio of managers to care and auxiliary staff than in other sectors, and this is consistent across care homes run by this sector for people with learning disabilities, mental health needs and those with a physical disability/sensory impairment[67]. In terms of improvement in performance, private sector care homes have moved from a lower base to increase their share of the highest evaluations at a faster pace than other provider types over the three-year period.

Whilst better performing services have continued to improve, the proportion of services that are considered to be as adequate or worse has also increased from just less than 10% in 2012 to 17% in 2014. The largest increase in the poorest evaluations is in services provided by local authority/NHS boards, closely followed by the private sector[68]. Although they have the smaller share of the market than the voluntary sector, this is a worrying pattern that managers, providers and commissioners need to considered when self-evaluating and planning improvements to their services.

Complaints

We receive far fewer complaints about care homes for adults than when compared with care homes for older people. Although it is a smaller sector, the percentage of services with complaints upheld at March 2014 was 7.9%, compared with 32% for older people's care homes. While the number of services with complaints upheld fluctuated over time, overall the percentage of care homes for adults with complaints upheld increased from 4.3% in 2012 to 7.9% at 31st March 2014. This should be seen in the context of rising complaints generally, driven in part by increased activity to raise awareness of our complaints processes, and not necessarily as a direct indicator of declining quality. As a proportion of services by provider type, just over one fifth of privately run services had acomplaint upheld or partially upheld, compared with just over 8% for voluntary/not-for-profit services. Amongst the 77% of complaints upheld, the main reasons recorded were due to the general health and welfare of service users; staffing levels accounted for 52% of complaints and medication issues in 35%.

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[67] Based on workforce data provided by Scottish Social Services Council.
[68] The proportion of grades of adequate or less increased from 7.9% in 2012 to 33.4% in 2014 for local authority/health board care homes. In the private sector, the figures increased from 18.1% in 2012 to 31.5% in 2014.

Commissioning and tendering issues in housing support and care home services for adults. Our inspections show that:

- on occasion, some providers are tendering for one service, and being awarded a contract for another type without first ensuring they have staff with sufficient knowledge or skill to deliver the care and support required
- providers need to ensure the management structure and capacity is not weakened when care homes are re-provisioned to intensive housing support services
- some people are inappropriately placed in services – adults with learning disabilities in homes predominantly for older people, with the concern that this is vacancy driven rather than service user-led.
- there is some suggestion that commissioning authorities are reviewing services for an individual whilst simultaneously asking the provider to undertake additional tasks for other service users; while undertaking one visit, being asked to 'pop in' to another client in vicinity as a 'check'
- there are challenges for providers and local authorities in terms of different approaches to implementing SDS within and between authorities with some local authorities insisting on tendering only from approved providers' lists, which is at odds with 'choice and control' principles enshrined in the legislation
- some providers tell us that as a result of SDS and the uncertainty of funding arrangements they have to commit greater resources to tendering and finance/budgetary arrangements in order to ensure that they can continue to operate.

Quality of participation
The quality of participation in services primarily geared towards adults is generally very high.

In care homes for adults, the quality of participation overall has remained fairly static, although the proportion of services considered to be excellent at participation in the quality of care increased from 10.5% to 15.2% during the review period. Fewer services are considered to be excellent at participation in making improvements to the environment; just 7.7% of care homes for adults fell into this category in 2014 and the figure has not changed significantly over time. Amongst participation in staffing, there was evidence of a general upwards shift in the proportion of services offering very good and excellent participation, rising from 50% to 57.5% during the period of the review. The proportion of services offering excellent participation in management and leadership has increased over time from 5% to 9.3%.

Protecting the public, caring for people affected by crime, and working with offenders

A small number of services provide support for offenders or ex-offenders. In addition, there are some services that are designed to support and care for people who have been affected by crime, chiefly violence against women.

The Care Inspectorate registers a small number of specialist accommodation services for offenders, and some housing support services whose main client group is offenders or ex-offenders. In addition, there are 41 housing support services within Women's Aid refuge accommodation across Scotland, many of which also provide a day care of children service.

Although offender and services supporting people who have been or are subject to domestic abuse are rightly working separately with victims and perpetrators, the focus of support lies within the context of public protection and prevention of harm. The needs of people for support to help establish safe relationships, achieve positive mental health, sometimes manage substance misuse and sustain a structured and supportive lifestyle are often common across this sector.

Overall, registered offender accommodation services perform very well but are few in number. At 31 March 2014, there were eight registered services providing accommodation to offenders, a reduction of one in 2013[69]. Six services are run by the voluntary/not-for-profit sector and two by local authorities. They vary in size, with three services registered for 0-10 people, a further three registered for 11-20 people and two larger services for more than 20 people. This is a small and well performing sector providing specialist services. In 2013 and 2014, all services were evaluated as good or above across all inspection themes. Performance was strongest in the quality of care and support and staffing provided, where 88% of services were evaluated as very good or excellent.

Women's Aid housing support services perform at a consistently high standard, with over 60% evaluated at least very good across all themes. Our inspectors identified some characteristics of well performing domestic abuse housing support services that are common with those housing support services working predominantly with offenders and offender accommodation services.

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[69]   Two more offender accommodation services have cancelled since, bringing the number at February 2015 to six.

Our inspections show that:
- people using services benefit from workers taking an holistic, person-centred approach and being respectful and non-judgemental in their relationships
- many staff have a strong theoretical basis underpinning their work which provides a good understanding of the impact of trauma and offending
- services are comfortable gauging and evaluating risk and effectively balance care and control issues. They work well in partnership with other services
- staff are highly motivated to help people make a positive difference in their lives. They are often well qualified
- managers lead and model a strong value-based ethos within their services; they expect high standards from their staff group and responding promptly to the need for change.

Where we do identify areas for improvement, they include the need to improve practice around notifying the Care Inspectorate of significant incidents that occur within the service. Not all services routinely notify the Care Inspectorate of incidents such as self-harm and overdosing for those with substance misuse problems. It is important that services recognise significant incidents in order to respond effectively and learn from any patterns identified. The quality of risk assessments is at times variable. On occasions, the use of sessional staff means that staff providing care do not have the same access to training or supervision.

Criminal justice social work services
Adults and older people who offend may be required to engage with community based criminal justice social work services provided through local authorities to help them address and reduce their offending behaviour. We discuss our work in inspecting the effectiveness of these services in this section of the report.

Assessing and managing offenders who pose a high risk of serious harm
Agencies working with sex offenders and violent offenders who pose a high risk of harm must take every reasonable step to protect the public, and services must be effectively organised, coordinated and delivered. Even when working well, risk management does not eliminate risk. However, it is important that agencies do everything they can to assess and manage risk effectively. The extent to which they are achieving this was the focus of a national inspection in 2009. At the time of the inspection, Multi-Agency Public Protection Arrangements (MAPPA) had been running for just over a year and Integrated Case Management (ICM) for slightly longer.

The findings of the inspection showed a mixed picture of how agencies are managing offenders who pose a serious risk of harm, with significant variation in risk assessment and risk management practice. Information sharing required significant improvement. MAPPA had improved the management of sex offender risk and ICM had improved the multidisciplinary management of prisoners through sentence and to the point of release, but health services in prison could have contributed better.

The management of serious violent offenders was significantly less encouraging. The Social Work Inspection Agency (which later became part of the Care Inspectorate), in partnership with the Association of Directors of Social Work (now Social Work Scotland), the Scottish Government and the Risk Management Authority agreed an approach to follow up on the recommendations within the report with local authority criminal justice services in 2011. A supported self-evaluation model based on European Foundation of Quality Management (EFQM) to build local authority accountability and capacity for self-evaluation was adopted. Findings were presented at workshops at the ADSW criminal justice conference in October 2011 and each local authority developed an action plan focusing on areas for improvement.

The Care Inspectorate, in partnership with Her Majesty's Inspectorate of Constabulary for Scotland, is currently in the process of a national review of MAPPA in Scotland. This work will be completed in 2015. The final report will provide an up-to-date picture on the effectiveness of current MAPPA arrangements across the country and will make proposals for any necessary improvements.

Prison-based social work

Preparing prisoners for their return to the community is a priority for government and criminal justice agencies. A key component of that work is assisting prisoners to understand, and break the cycle of, their offending. Social work plays an important part in this work. In 2010, SWIA completed an inspection of social work services in every prison and young offenders' institution in Scotland[70] .

Social work services had helped many prisoners make changes for the better in their lives; work was generally of a good standard but the quality of their assessments and risk management plans needed to improve. Quality assurance and performance management arrangements were not rigorous in many establishments. There were different arrangements for providing prison-based social work services across Scotland. Just over half of the prisons and councils had formal agreements outlining what social work services should do, and the remainder relied on informal arrangements. There was no national strategy or vision for the service overall. Social work services were not always well integrated with other services in prisons or with those in the community. There had not been a proper strategic review of how these services operated together. The development of clear and effective pathways from prison to the community would promote prisoners' resettlement and lessen the likelihood of them committing further crimes. Councils and the Scottish Prison Service were collecting performance-monitoring data and this was a positive development. They were using this information as a 'best-measure' for progress. However, they were unable to determine the difference that prison-based social work services were making to protecting the public, reducing reoffending and helping prisoners resettle in their communities. Social work staff played an important role in protecting children. Not all social work and SPS staff were fully aware of their responsibilities. Each local authority developed an action plan focusing on areas for improvement.

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[70]   Social Work Services in Scotland's Prisons: A National Inspection (2011).

The Care Inspectorate has link inspectors aligned to each local authority area, responsible for monitoring progress in relation to improvement activities by social work departments, including criminal justice social work, and public protection.

Serious Incident Reviews

Where an offender is on licence or some form of supervision, there is, rightly, intense public interest in how they are supervised. Social work criminal justice services supervise a large number of offenders and fortunately, the number of serious incidents is relatively low[71]. Where they do occur, the responsible local authority should carry out a serious incident review to help drive up standards by identifying and sharing lessons to be learned. A serious incident review should consider whether anything could have been done to have prevented a particular incident occurring. The Care Inspectorate plays an important quality assurance role in this process. We ensure Scottish Ministers are kept up-to-date with incidents and provide feedback and constructive challenge to local authorities on the reviews they have carried out. Working together with Social Work Scotland and the Scottish Government, we believe this is an important way of monitoring these incidents and learning from them.

Between January 2012 and May 2013, we received 45 notifications of serious incidents from 17 local authority criminal justice social work services. In our first published review of this work, we considered there was likely to be significant under reporting of incidents in some council areas, and made a number of recommendations, including stressing the need for better compliance with the reporting arrangements for serious incidents[72]. Since that time, there has been a significant increase in local authorities notifying the Care Inspectorate of serious incidents[73].

criminal justice social work services

45

notifications of serious incidents
between January 2012 and May 2013

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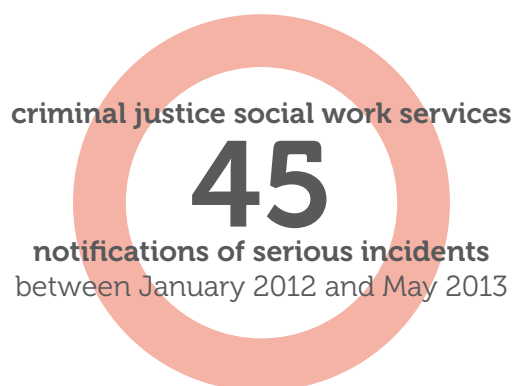
[71] Serious incidents include: charge of further offence that has resulted in the death or serious injury of someone; where the an offender has died or been seriously injured which is likely to generate significant public concern; or where incidents give rise to concern about professional practice.

[72] Criminal Justice Social Work Serious Incident Reviews report 2012-13. Care Inspectorate, August 2013

[73] By January 2015, we had received 158 notifications from 26 local authorities since January 2012.

LS/CMI supported self-evaluation

Previous inspections of criminal justice social work in Scotland have consistently identified a number of important areas where improvement is needed. These included the variability in the quality and consistency of assessments of people who have offended; the variability in the quality of intervention plans for people placed on statutory social work supervision following offences; and poor links between assessment and case management planning.

The Scottish Government and the then Association of Directors of Social Work considered ways to address and improve on these issues and introduced an assessment and case planning instrument called LS/CMI across Scotland's criminal justice social work services[74]. It was fully implemented by early 2012. In 2012/13, the Care Inspectorate and the Risk Management Authority worked alongside service providers to undertake a supported self-evaluation approach to examine how effectively it was being introduced by local authorities. In our overview report, we concluded that senior managers had been successful in driving forward the introduction of LS/CMI and, as a result, practice in the use of LS/CMI was improving[75].

There was a genuine commitment to implement LS/CMI fully and its value in improving the quality of assessment and case management was understood clearly in criminal justice social work services. The use of LS/CMI has had a positive impact on risk assessment and some high quality assessments are being carried out. Some case management plans still needed to become more specific, measurable, achievable, realistic and timed, and more outcome-focused. Criminal justice social work services were seeking feedback from people who have offended about their views and experiences but recognised service user feedback could be used more effectively upon which to base service improvement. Each local authority developed an action plan focusing on areas for improvement.

Adult protection arrangements

Adults who may be at risk of harm require the support and protection of agencies including social work, health and police, to work together, and this partnership working is overseen by multi-agency adult protection committees.

In 2013, Scottish Ministers asked the Care Inspectorate to report on how effective local arrangements for protecting adults at risk of harm were. The challenge for us was to provide a national report for Ministers without a stand-alone programme of scrutiny upon which to evaluate performance in adult protection. Our link inspectors engaged with strategic partnerships, chief officers and senior managers with responsibility for public protection in all 32 community planning partnership areas and we published a national overview of what we found[76].

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[74] Level of Service/Case Management Inventory.
[75] Improving assessment and case management in criminal justice social work: a report on the initial impact of LS/CMI. Care Inspectorate, August 2014.
[76] A report on the effectiveness of adult protection arrangements. Care Inspectorate, November 2014.

Most partnerships operated a chief officers' group. The child protection committees, adult protection committees and other local public protection forums reported to this group. All chief officers' groups had a direct link to the community planning partnership, local authority elected members and the health board.

Most adult protection committees have sub groups, which are the delivery arm of the committee. The number of sub groups in partnerships varies but there appear to be some common sub groups: training; policy and procedure; and self-evaluation and audit. Committees tend to follow good practice by having an independent chair, however at least five committees do not. We were given little information to clearly indicate that representation from service users and carers on adult protection committees was the norm. This is an area of concern in which we expect to see improvement.

There are no published national statistics about adult protection, although the Scottish Government has developed an adult protection core data set and local authorities were due to make a first data return in September 2014. The quality of the current adult protection data available varies enormously and greater rigour and consistency is required to ensure reliable analysis can be made. However, in general there is a trend of rising numbers of adult protection referrals made to the local authority. The vast majority of referrals come from Police Scotland, although some partnerships report they are now seeing a gradual reduction; and consistently, and throughout Scotland, there are low numbers of referrals from health services.

Partnerships continue to report that a considerable amount of adult protection referrals relate to self-harm. Our response to the Scottish Government consultation on the new guidance for the Adult Support and Protection Act noted that there needs to be more explanatory narrative around the concept of self-harm in adult protection, to prevent inappropriate referrals. The information we have been given by partnerships suggests that there are adequate arrangements in place to protect adults at risk of harm. Although there is some consistency in basic protection arrangements, there is not the same consistency of processes for self-assessment and continual improvement.

There is a positive trend of significant activity within partnerships to raise public awareness of adult protection issues and developments around financial harm. As self-directed support becomes the main mechanism for delivering social care, it brings particular challenges and inherent tensions for adult support and protection.

Adult protection concerns within registered care services
The level of confidence and competence within regulated services in responding appropriately to concerns about adult support and protections continues to be variable. Most services are providing or enabling staff to access training, and local authorities generally have well-established training programmes. However, the learning is not yet fully integrated into practice, or management and leadership across services, in particular those in the private sector. In some areas, there is a tendency

to treat the concern as a complaint rather than a protection issue and confusion about whose responsibility it is to investigate concerns. Sometimes there is poor and slow communication between services and local authorities resulting in drawn-out investigations that are not in the best interests of service users. Our inspection staff have a role in providing guidance and support and building capacity in services, alongside the Care Inspectorate's role in supporting the work of adult protection committees.

CHAPTER FOUR

HOUSING SUPPORT
AND DAY CARE
SERVICES FOR ADULTS
AND OLDER PEOPLE

Adults and older people experience a very diverse range of social, emotional and health needs. They may require support at some time in their lives to help them live more independently or safely, or more personal and intensive support and care when they are unable to manage this alone. Within the context of legislative responsibility, guided by national policy and the market, a broad range of regulated services have been developed to meet these needs. For many adults in need and older people who need support, local authority social work services are responsible for delivering or providing these services, either directly by their own staff, or through purchasing and commissioning arrangements. For adults who may be at risk of harm, social work services have a responsibility, working with others, to protect individuals. They also have responsibilities to protect the public by providing services to people with offending behaviour.

As a scrutiny and improvement body, we have a responsibility to register, regulate and inspect care services, and help them improve where necessary. We provide assurance about the performance of social work services in discharging their statutory functions towards vulnerable people and those in need of support. Strong partnership working with health services has underpinned effective leadership and practice for many social work services over the last decade, and throughout the period of this review, local authorities and community planning partnerships have been preparing for formal integration of health and social care services. Together with Healthcare Improvement Scotland, the Care Inspectorate developed its approach to the scrutiny of and improvement support for services for older people in 2013. Further changes will be made to this model in 2015 in anticipation of new statutory responsibilities to inspect the effectiveness of integration for adults and older people that will commence in 2016.

Services that help people to live independently in the community and their own homes provide varying degrees of advice, guidance, support and personal care depending on the level of need. Broadly speaking, these services provide advice and support to help people maintain their tenancy (housing support); personal care and domestic support (care at home); and day service support through a day centre or more personalised support arrangements (daycare). Housing support services were originally support activities provided to tenants in receipt of housing benefit, funded by the Supporting People grant. It became clear that some services were providing personal care and support (as part of care at home services) as well as more general advice and assistance to enable them to live independently. Consequently, this led to the combined services registration category[77]. As indicated in the table below, these services provide support to adults with a broad range of needs.

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[77] Combined registration: where both service types are separately registered but the regulatory arrangements are combined with a single inspection in a single inspection report.

Housing support only	Combined housing support and care at home services	Care at home only and day care services
• Visiting advice service to people in council tenancies to prevent eviction [75] • Visiting support to adults with mental health needs • Short-term homeless accommodation with support • Refuges for women at risk of domestic violence • Long-term hostel type accommodation with support to ex-servicemen • Visiting support to young adults with complex social needs living in single/shared tenancies • Sheltered housing for older people	• Supported accommodation for people with learning disabilities which has 24/7 staff support • Supported accommodation for people with mental health problems with planned and on-call support • High dependency sheltered housing for older people with care staff also available • Personal and domestic support to people of all ages in their own homes	• Personal and domestic support to people of all ages in their own homes • Day service in a day centre or personalised arrangements

Combined housing support and care at home services work with people across age ranges, while older people are the predominant (but not sole) users of care at home services. In this report, we have found it helpful to present our findings about combined housing support and care at home services in the context of other services for adults, and our findings about care at home support is presented in the context of our findings about other services for older people.

Service trends in housing support services

The number of housing support services registered with the Care Inspectorate has been steadily decreasing over the past three years. There has been an overall decrease of 17.6% from 533 services at 31 March 2011 to 439 services at 31 March 2014. Twenty-three new were registered in 2013-14. There is a tendency for newer services to be smaller in scope.

31 March 2011
533 housing support services

31 March 2014
down 17.6% to
439 housing support services

In terms of provider type, there has been some fluctuation over the last three years, although the voluntary/not-for-profit sector remained the largest with two thirds of the market share. Local authorities provided around one fifth of services, and registered new services for the first time in three years in 2013/14. However, the proportion of services provided by the private sector halved between 2012 and 2014 to just over 7% of the market share.

Housing support services by provider sector as at 31 March 2012, 2013 and 2014

	2012	2013	2014
Health board	1.0%	1.1%	0.9%
Local authority	19.1%	18.6%	20.3%
Private	14.4%	8.7%	7.2%
Voluntary or not for profit	65.4%	71.6%	71.6%

The nature and method of delivering stand-alone housing support varies and at December 2014, 63% of services were providing transitional or resettlement support, just over a half provided long-term support and just less than a quarter offered emergency or respite services. Almost three quarters of services provided an on-site service, for example hostel, sheltered housing, refuge or service users' own accommodation. Almost two thirds offered a visiting or floating service and just over a quarter offered an on-call service. Just over a third of services were also registered social landlords.

Between 2011 and 2014 there was a marked increase in housing support services achieving very good or excellent grades for every theme, and 46% of all stand-alone housing support services were evaluated in these terms. The number of poorly performing services has decreased overall across the three years[78]. We served enforcement notices to just four services over the three-year period. Overall,

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[78]   0.2 % were graded weak or unsatisfactory for all themes in 2011 and this fell to 0% in 2014.

there is a fairly even spread of the highest performing services across the most and least deprived areas, and urban and rural settings.

Service trends in day care support services

Turning to daycare, the three-year period 2012-14 saw a slight decrease in the number of registered services, from 564 in 2012 down to 527 in 2014. The most noticeable drop in number occurred in the local authority sector (282 down to 255); with private sector numbers fluctuating around 60 services over the period. By 2014, just under half of registered daycare services were being provided by local authorities; around a third by the voluntary or not-for-profit sector; 11% by private owners; and 4% by NHS boards.

Daycare support service by provider sector as at 31 March 2014

Legend:
- Voluntary/not for profit
- Private
- Local authority
- Health board
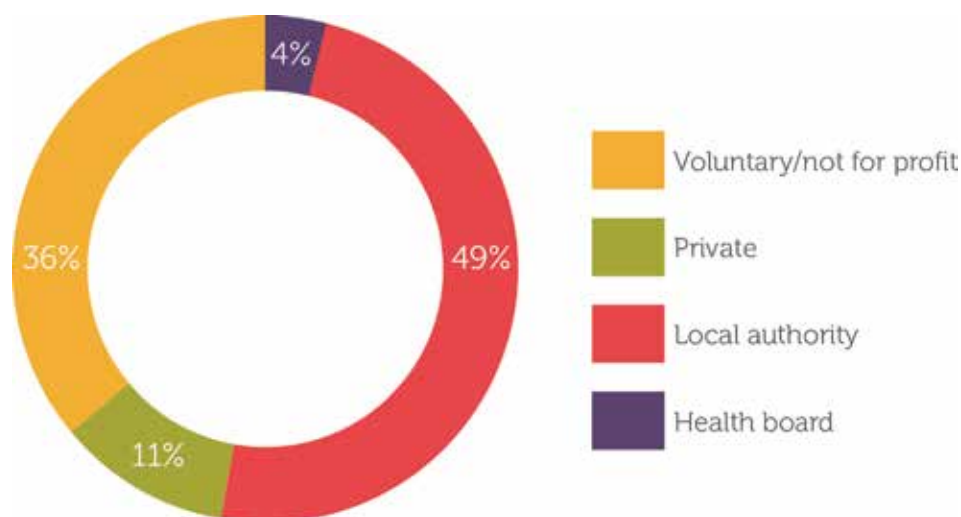
Care and support: to what extent are the needs of people being met by services?

Housing support services

The quality of care and support provided to people by housing support services is very positive, with the care and support being evaluated as very good or excellent in almost 70% of services in 2014; care was considered adequate or worse in less than 5% of services. The distribution of evaluations for the quality of care and support has seen some fluctuation over the review period, when examined by sector. However, across all three types of provider, the majority were considered to be providing very good care and support. A higher proportion of voluntary/not-for-profit services received the highest grades, a pattern consistent across each year of the review.

Across all sectors, the number of services considered to be weak or unsatisfactory is very low. No local authority services were weak or unsatisfactory over the three-year period, while only one privately run

service had these evaluations. The voluntary/not-for-profit sector has seen a slight increase of poorly performing services, to just over 1%.

People who use housing support services are generally happy with the service they receive. In 2014, 18 services had complaints upheld or partially upheld against them, which is around 4% of all services. The predominant reasons recorded were the general health and welfare of service users, followed by problems in communication between staff and service users. We have also received complaints about issues like services removing an on-site warden; such issues may arise as part of an approach to deliver a more personalised service, or a cost-saving exercise.

We reviewed the areas for improvement identified in inspection reports from all standalone housing support services inspected in 2013/14, and found that risk assessment and personal planning is a recurring theme. People using services did not always have a personal plan in place within 28 days of the service starting. Plans needed to be more detailed and outcome-focused, and include an up-to-date assessment of any risks to the person. More needs to be done to involve people using the service and/or their carers and representatives. Risk assessments and plans were not always reviewed regularly enough to ensure that the service was making a positive difference to the lives of the people using services.

Daycare services
Over the three-year review period, the proportion of services evaluated as very good and excellent for care and support demonstrated a significant shift. In 2012, daycare provided by not-for-profit providers achieved the highest proportion of services evaluated as operating at this level – 75.1%, compared with 62.3% and 69.5% in the private and local authority provision respectively. By 2014, the proportion of services operating at this level of quality had fallen in every sector.

The re-shaping of traditional centre-based daycare support services for adults with a learning disability has continued throughout the period of this review. Some local authorities, such as North Lanarkshire, took the bold step of closing centre-based provision and moved entirely to a flexible care model. Other local authorities, such as South Lanarkshire, continue to use integrated community facilities as a base to coordinate the support and activities, and other areas retain the resource centre model. There are examples of effective practice in each of these models of delivery. Well performing personalised services are successfully delivering flexible support that provides opportunities and promotes independence, and has moved beyond the activity-based programme approach we saw previously.

Environment: to what extent is the care environment fit for purpose?

Daycare services

All day care services demonstrated significant improvement, measured by the proportion of very good and excellent evaluations of the quality of the care environment over the review period. The voluntary/ not-for-profit sector led the way, with 62% of services evaluated as being very good or excellent grades in 2014 – up from 60% in 2012. Local authority day care services showed most improvement, up from 41 to 55% of services evaluated as very good and excellent over the same period. The private sector, previously performing largely on a par with local authority provision in 2012, also improved (up to 47% of services evaluated as very good or excellent).

Sometimes, care homes offer daycare services to older people who are not resident in the home. Where this happens, providers must ensure there is sufficient and appropriate space to deliver both services – daycare for non-residents and care for residents – well, and ensure their staff are confident about caring for two very different groups of people in one premises.

Staffing: to what extent are those providing care both confident and competent?

Housing support services

Overall, the quality of staffing is positive with staffing in most services being considered to be at least good. The proportion of services evaluated as being at the highest levels increased from 46% in 2012 to 63% in 2014 and those considered to be operating at the lowest levels decreased to 1% in 2014. Services provided by the voluntary/not-for-profit sector are again performing better than other sectors for all three years with 64% considered to be very good or excellent in 2014. However, the rate of improvement was fastest for local authority services, where services achieving the highest grades increased by 20% over the three years. Services are making good progress in closing the gap between the quality identified in staffing and the quality of care and support seen where performance is strongest.

Daycare services

Daycare services demonstrated significant improvement, measured by the proportion of services whose staffing was considered to be very good and excellent over the review period. Once again, the voluntary/not-for-profit sector led the way, with staffing considered to be very good or excellent in 65% of services in 2014 – up from 59% in 2012. Local authority day care services again showed most improvement – up from 44% to 60% over the same period. The private sector also improved, rising from 47.2% of services with very good or excellent staffing in 2012 to 52.8% in 2014.

Management and leadership: to what extent do managers lead services to produce the best possible outcomes for service users?

Housing support services

From the three themes inspected in housing support services, the quality of management and leadership was consistently evaluated at a lower level than the other themes over the three-year period: 2014 was the first year in which at least half of all services inspected were considered to be very good or excellent[79]. Moreover, a higher proportion of services was considered to be adequate or below for this theme than all other themes and this had increased to almost 10% by 2014[80]. Once again, services provided by the voluntary/not-for-profit sector had the highest proportion of services evaluated as very good or excellent. As for other themes, local authority services have shown significant improvement, increasing the proportion of services rated as very good or excellent by 20% over the three-year period. Private sector services generally perform less well than other sectors, with fewer very good and excellent grades and an increase of 4% in services graded as weak or unsatisfactory in the last three years.

Daycare services

Reflecting trends in relation to other themes referred to above, daycare services demonstrated a significant improvement in relation to quality of management and leadership, although the level of performance was not sustained in relation to other themes, care and support in particular. The proportion of services where management and leadership was considered to be very good or excellent rose in each category of provider. While the highest proportion of services operating at this standard is to be found amongst the voluntary/not-for-profit sector[81], the greatest rate of improvement was amongst the local authority sector.[82].

Quality of participation

In services used mainly by adults and older people, the quality of participation is generally high. In housing support services, participation in quality of care is a sectorial strength: nearly 97% of services in 2014 were good, very good or excellent, up from just over 92% in 2012. The proportion of services considered to be excellent doubled during this time to 18.2%. Similar improvements, some significant, were evidenced in other themes too. In the quality of participation in staffing, the proportion of services evaluated to be very good or excellent rose from 50% to 71%. In the quality of participation management and leadership, the proportion rose from 46% to 68%. In both cases, less than 1% of services were considered to be weak or unsatisfactory.

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[79]   In 2012, 42% of services were rated as very good and excellent, rising to 48% in 2013 and 55% in 2014.

[80]   In 2012, 7% of services were rated as adequate or below rising to 9.5% in 2014.

[81]   54.6% of voluntary/not-for-profit day care services achieved very good or excellent grades in 2014 – up from 47.2% in 2012.

[82]   49% of local authority daycare services achieved very good or excellent grades in 2014 – up from 33.3% to 49% in 2012. The private sector also improved, up from 38.5% of services achieving very good or excellent grades in 2012 to 49.1% in 2014.

In combined housing support and care at home services, the quality of participation is generally very good. This type of provision has the highest proportion of services for adults or older people considered to be excellent at participation, across all themes. Over a fifth of services are considered to be excellent at participation in the quality of care and support, increasing by a half in three years, with a corresponding reduction in those services considered to be very good. The proportion regarded as good has remained static, and the proportion of those being no better than adequate has fluctuated marginally. Participation in staffing has improved more consistently, with a general increase in services considered to be operating at the higher levels, with a corresponding decrease in those services considered to be only good or worse. In participation around management and leadership, there have been some significant increases in service judged to be excellent, rising form 3.3% to 17.5%. In 2012, more services were considered to be adequate than excellent; by 2014 this pattern was reversed.

Case study: the Strathcarron Project

The Strathcarron Project is registered to provide housing support, care at home and support services to adults and older people in Lochcarron, Ross-shire, and the surrounding area. Our inspectors found that the service had effective systems in place to obtain the views, ideas, suggestions and preferences of people who use the service, their carers, relatives and friends in relation to all aspects of the service provided. There was very good evidence that the service positively responded to feedback, advice and suggestions received.

The service holds 'Three Degree' meetings. Every three months, different people using the service are chosen to act as the attending representative to these meetings that are held monthly. A representative of the Board of Directors for the service also attends the meetings. We could see from minutes of the meetings that they discuss any aspect of the service and updates and feedback are provided for issues and areas discussed at previous meetings. The representative from the board will take ideas and suggestions back to board meetings for further discussion as required. People who use the service contribute to the service's self-assessment through the Three Degree meetings.

Our inspectors viewed evidence that confirmed people who use the services are consulted and encouraged to participate in planning activities and events within the centre. This was further confirmed by people inspectors spoke with during the inspection. Since the previous inspection, a working group of people who attend had been meeting to develop a newsletter for the centre, the first edition of which was printed in May. Inspectors saw that this contained lots of input from the people who attend the centre.

Changes to the service that have resulted from suggestions made in this way have included proposals to extend the alarm call system within individual toilets and installing protective snow boards above the entrance to the centre.

Other changes that have been made to the service as a result of the participation carried out included replacement of garden furniture, additional outings, additional activities within the centre, visiting guest speakers and cultural events.

CHAPTER FIVE

CARE HOMES AND CARE AT HOME SERVICES FOR OLDER PEOPLE

In Scotland, there is a well-established commitment, clarified in national policy such as the NHS 2020 vision, to shifting and sustaining the balance of care in favour of older people remaining at home. The establishment of this policy has been largely due to the need to address older people's preference to stay in their own home and a growing ageing population. This presents both a challenge and an obligation to providers and commissioners of social care, to deliver services that support people to live in their own homes for as long as possible, rather than in care homes or hospitals. Not only is there an onus on services to improve, but also a need for greater flexibility through joint working. This is reflected in the key themes of our joint inspections of older people's services that we carry out with Healthcare Improvement Scotland, as well as underlining the importance of services such as housing support, care at home and daycare support in moving the balance of care towards achieving the highest level of independence and quality outcomes for older people.

We are undertaking a programme of joint inspections of older people's services in health and social care partnership areas. Key themes for these joint inspections include:
• delivery of positive outcomes for older people
• shifting the balance of care for older people
• preparedness for health and social care integration
• eliminating delayed discharge and preventing older people spending unnecessarily protracted periods in acute hospital beds when their needs can be much better met elsewhere
• preventing unnecessary emergency admissions of older people to acute hospital beds
• looking after older people with long-term conditions
• the development of strategic joint commissioning of services for older people
• reablement for older people, whereby older people are given a time limited package of home care and other supports to help them achieve an optimal level of functioning and capacity for self-care
• anticipatory care planning for older people
• timely diagnosis of dementia and good post-diagnostic support.

Challenge and innovation

Tackling delayed discharge is a consistent challenge facing health and social care partnerships. Delayed discharge refers to a hospital inpatient '...who has been judged clinically ready for discharge by the responsible clinician in consultation with all agencies involved in planning the patient's discharge and who continues to occupy a bed beyond the ready for discharge date'[83]. People waiting are predominantly older, with around three quarters of delayed bed days occupied by patients age 75 and over. These individuals are ready to move on to a more appropriate care setting. This is usually the patient's own home or a care home.

This set of challenges has also seen significant innovation in this sector – for example in the form of telecare. In recent years, telecare has moved beyond traditional 24-hour community alarm response,

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[83]   Definition from Information Services Division Scotland.

and now includes a range of more sophisticated options, including natural gas/carbon monoxide detectors, extreme temperature detectors and fall detectors – all designed to keep people who are vulnerable safe in their own homes. Given the value of this kind of service, there has been steady growth in telecare since 2011. From figures provided by the Scottish Government[84], the number of people aged over 65 years receiving both telecare and community alarm services increased from 9,540 in 2011 to 17,621 in 2014. Figures collated for all users of telecare services[85] further point to a number of interesting trends and variations across the country, indicating a more deliberate effort in targeting services at those most vulnerable. For example, Scottish Government figures suggest that between 2011 and 2014, there was:

- a fall in the proportion of people receiving a community alarm service only (ie no additional telecare) – down from 84% to 77% of the total number of service users accessing one or both services)
- a corresponding increase in the proportion of people receiving both telecare and community alarm services together (up from 11% to 20%)
- an increase in the proportion of telecare and community alarm service users also receiving a care at home service (up from 13.5% to 23%).

However, across Scotland, there is significant variation, both in terms of trends and volume of provision. Whilst services in some local authority areas appear to be investing significantly in telecare, other areas have yet to demonstrate significant growth in this area.

Reablement services – defined as 'services for people with poor physical or mental health to help them accommodate their illness by learning or re-learning the skills necessary for daily living'[86] – have also helped shift the balance of care. In contrast to more mainstream care at home services (as described below), reablement is firmly focused on improving self-care skills over a specific period (usually up to six weeks), working closely and intensively with the older person, in order to build confidence and improve self-care skills. Many reablement services are specifically aimed at people being discharged from hospital, in order to avoid the long-standing issue of delayed discharge. There is significant variation across Scotland in the reablement model adopted by partnerships.

During the period of this review, partners have been reconfiguring care at home and/or housing support services, in order to deliver a reablement-type model of service. This is often as part of a broader integrated approach involving health and social care services, aimed at promoting prevention and timely, successful hospital discharges. As yet, there is no standardised approach to collecting or reporting information that can demonstrate the improvements in the lives of older people as these services have developed, as well as the cost benefits. We know from findings from our strategic inspections that successful implementation relies on good leadership and sound management,

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[84] Social Care Services, Scotland, 2014. Scottish Government, November 2014.
[85] A total of 111,940 in 2014 – meaning that people age 65 and over made up 84.5% of the total.
[86] Benefits of homecare reablement for people at different levels of need. Care Services Improvement Partnership, Care Services Efficiency Delivery Programme, 2008.

a carefully planned and phased approach, supported by training, staff support and an accurate evaluation of the impact.

Service trends: care homes for older people

Over the three-year period, the number of care home services has fallen slightly from 913 in 2012 to 894 in 2014. The private sector provides the majority of care home services for older people (70%), 15% are run by local authorities, 13% are run by the voluntary/not-for-profit sector and 2% by NHS boards[87]. The split of services across the private, voluntary, local authority and NHS board sectors has been quite stable across the three years, with only a slight decrease in the proportion of local authority and voluntary run services coupled with a slight increase in the proportion of privately run services. The majority of care homes are registered to look after between 21 and 50 older people. Most services will be caring for older people with some degree of dementia.

Care homes for older people by provider sector as at 31 March 2014
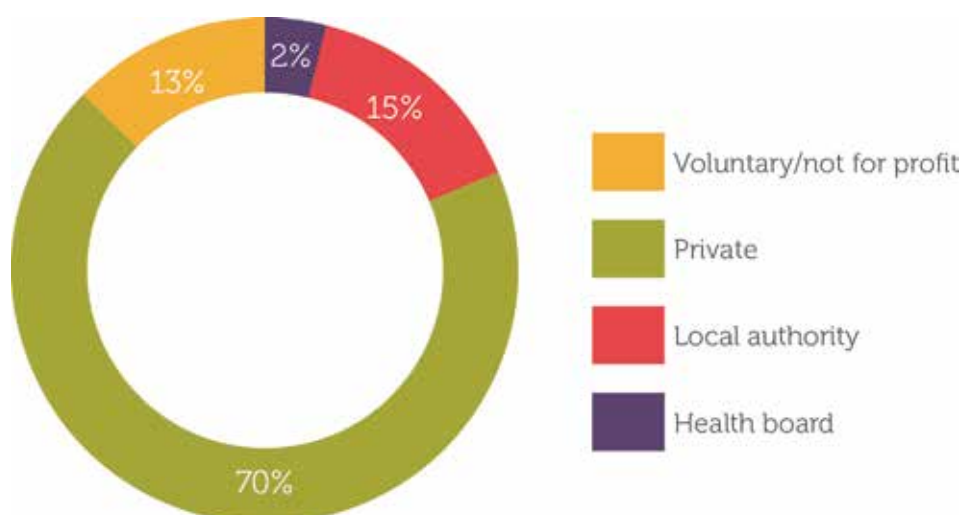
At 31 March 2014, just over one fifth of all care homes for older people were evaluated as very good or excellent across all inspection themes, which reflects an improving trend since 2012[88]. However, at the same time we have seen an increase in the proportion of services with all themes evaluated as weak or unsatisfactory[89]. In general, larger care homes (with more than 90 places) tended to have a higher proportion of services with the lowest evaluations, and small care homes (with fewer than 10 places) tended to have the highest proportion of services where all themes were evaluated as very good or excellent.

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[87]   A figure accounted for by the approach in NHS Highland, where a lead agency approach to health and social care integration has resulted in a transfer of care homes for older people to NHS Highland.

[88]   At 31 March 2012, 2013 and 2014, the percentage of care homes receiving all grades of 5 and 6 was 16.9%, 20.9% and 21.4% respectively.

[89]   At 31 March 2012, 2013 and 2014, the percentage receiving all grades of 1 and 2 were 1.6%, 2% and 3% respectively.

Where issuing recommendations and requirements has not resulted in improvement to services, or where there has been a breach in regulations or conditions that might justify cancelling a registration, inspectors may serve a formal enforcement notice. We served between 20 and 27 enforcement notices on care homes for older people each year over the three years from 2011/12.

Data suggests that older people in the most deprived areas of Scotland are more likely to be living in residential care than in more affluent parts of Scotland, but it is unclear whether there is a relationship between the relative affluence of an area and the likely quality of provision.

Service trends: care at home services[90]

Older people in Scotland derive considerable benefit from services delivered in their own homes. Originally, care at home referred to traditional domiciliary care, usually delivered by a designated home help or home carer. Over time, and in response to some people's wishes to remain in their own homes for longer, care at home services have become more sophisticated in their purpose and operation, and consequently more responsive to an increasing range of need. The help now provided ranges from housing advice and support, through to assistance with day-to-day tasks like washing and eating and the management and administration of medication, delivered as part of an agreed care plan[91]. This wider range of support provides choices for people using a care service about which setting is right for them.

At 31 March 2014, there were 816 Care at Home services operating, delivered by 408 different providers, supporting 62,000 people – just over 79% of whom were aged 65 years or more[92]. Whilst the number of services has increased (up by 4.8% in the period 2010 to 2013), the numbers using care at home had been steadily decreasing over recent years. This is particularly so in relation to older people aged between 65 and 84 years; however, for those aged 85 and over, numbers have remained stable now for a significant number of years[93]. Reflecting this, there is a trend towards more intensive support, designed to sustain people in their own homes and communities for longer.

There is significant variation in availability of care at home services, reflecting the uneven development of intensive home care across Scotland. In some partnerships, older people with specific needs have to wait for the deployment of home care services to deliver the care necessary to achieve desired outcomes. This situation is particularly evident in areas where a more prosperous and vibrant local economy leads to difficulties in recruiting home care staff, due to competition from other types

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[90] When registering care at home services, and analysing data drawn from their regulation, we do not differentiate between services for older people and services for adults generally. The figures in this section refer to the services received people using care at home services generally, but some four out of five people using care at home services are aged 65 or older.

[91] Caring for people at home: how care at home services operate in Scotland and how well they performed between 2010 and 2013. Care Inspectorate, May 2014.

[92] Figures on the number of people using care at home services are collated by the Scottish Government annually.

[93] In 1998, home care services were delivered to 49,850 people aged 65 to 84 years, and 21,910 aged 85+. By 2014, the corresponding figures were 29,050 and 21,390 respectively. Scottish Government figures.

of employer. Similarly, difficulties in recruitment can lead to delays in setting up packages of home care in more remote parts of the country. This is a contributory factor to delayed discharge.

We know that care at home is often provided alongside housing support to the same group of people by the same group of staff – known as 'combined services.' A majority of care at home provision (75%) is combined with a housing support service, while the remaining 25% are stand-alone services. The split of services across the private, voluntary and local authority sectors has remained fairly stable over the past three years: the voluntary sector remains the largest provider of combined services, with around half of all services, whereas the private sector operates a similar proportion of stand-alone services. Local authority provided services make up the minority, with a 17% share of combined service provision and just 9% of stand-alone services.

Care and support: to what extent are the needs of older people being met?

Care and support in care homes for older people

In carrying out our inspections of care services for older people, we evaluate the quality of care and support provided. This includes ensuring that people's health and wellbeing needs are met, that service users are afforded choice and a say in how services are provided, and living with life limiting conditions is viewed as an integral part of life in a care home.

Over the period of the review, the majority of care homes for older people are considered to be good or very good for the quality of care and support provided, with around 72% achieving these evaluations. However, the proportion of services receiving the highest evaluations (very good and excellent) has decreased from just under 40% to just over 32% over this period. The proportion of those considered to be weak decreased slightly, and those rated as unsatisfactory has increased slightly. Compared with care homes for younger adults, the proportion of services for older people achieving the highest evaluations is significantly lower, with a percentage difference of 25%[94].

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[94]   In 2014, 57% of care homes for adults were rated as very good and excellent for care and support compared with 32% of care homes for older people.

Our inspections show that the best care homes are often those where:
- there is a vision of what life can be like for residents, where the philosophy is one of always striving to improve and achieve
- there is an established culture of paying attention to the detail of people's needs, where everything matters, all of the time
- excellent care and support can be 'seen' and 'heard'; staff let residents know they have arrived on duty, and let them know when they leave
- staff are really interested in what residents tell them and remember what's important to them residents are empowered and supported to take part in meaningful activity, including physical activity, that reflects their interests and desires
- staff notice whether residents are eating or drinking and respond in a way that is both respectful and enabling
- people with dementia are enabled to continue to play an active role as a citizen in the community, and where staff find creative ways of helping them exercise control within the care they receive.

However, within this general picture, there are differences in the quality of care and support by the type of service provider in all three years covered by this review. Excellent care can be found in all sectors. More private care homes have a higher proportion of services with lower grades than local authority/health board and voluntary/not-for-profit services, but there is some evidence of improvement. In 2012, 10% of privately provided care homes were considered to be weak or unsatisfactory for care and support but this figure decreased to 8.5% by the end of the review period. That said, during the same period, the proportion of privately run homes receiving the highest evaluations decreased from 34% to 29%.

Older people living in care homes depend on the care home and its staff to provide balanced meals and ready access to as much water and other liquids as they need. Specialist health advice plays an important part in supporting inspectors and care services on a range of medical and health related issues. For older people's services, these include diet and nutrition, oral health, tissue viability and infection control. There are examples of good practice throughout Scotland, but maintaining a balanced intake of fluids for more dependent residents remains, in some cases, a key challenge, with high proportions of residents on medication to aid bowel movement and room for improvement in ensuring positive mealtime experiences.

We also know that oral health in care homes has improved, and levels of malnutrition have dropped significantly overall. Despite this, some people who are on a fortified diet or prescribed dietary supplements are still losing weight, indicating that some services need to do more work to ensure they assess each person's unique eating and drinking patterns and make sure all staff understand how to meet their needs. Reflecting the population at large, there is a growing trend for older people in care homes to be overweight or obese, which is not in all cases being sufficiently addressed through diet and in individual care plans.

Signposting effective practice in activity for older people

Rosturk House in Cupar is a privately run care home for older people. Our inspection found all quality themes to be very good, with the provision of activities continuing to be seen by all staff and management as essential to maintaining the health and wellbeing of people using the service. We observed the positive impact group activities have on the climate of care and experiences of residents.

The provision of activities continues to support the involvement of people using the service. People continue to access community facilities that interest them. One-to-one activities help maintain individual interests and a sense of identity. There are very good group activities and this is an area where the activities co-ordinator continues to develop a sense of community within the home.

Care about physical activity
In 2014, the Care Inspectorate launched a resource pack for care homes for older people called care about physical activity, which aimed to raise awareness about the importance of physical activity being embedded into the day-to-day life of a care home. The pack provided case studies, self-evaluation tools and advice for everyone in a care home to get involved and become physically active in different ways ands not just through formal exercise sessions. It is designed to stimulate simple solutions and practical approaches to enable all residents to choose to be active every day. It has been provided to all care homes in Scotland and its impact will be evaluated during 2015.

Almost half of all the complaints we received in 2012/13 were about care homes, and almost all of these were about care homes for older people. Current evidence from complaints suggests that people who use services and their families continue to be concerned about the adequacy of nutrition and hydration provided to themselves or their relatives.

Each overall complaint can include a number of aspects of care and support. Almost a half of all complaints upheld against care homes for older people, by area of complaint, were about specific healthcare issues, which included nutrition, medication, inadequate healthcare, tissue viability and hydration. Furthermore, complaint areas about the general health and welfare of older people in care homes made up a further 18% of all aspects of complaints. We know that the making of a complaint can make a prompt, positive difference to individuals at the time. However, we see the same issues come up continually; suggesting that some providers are not learning from complaints received, and are failing to implement sustainable improvements. This reflects the significant variation in how well providers respond when we investigate complaints.

Care and support at home

Taking care at home services as a whole, the quality of care offered by care at home services is mostly good or better, although we know that it is a sector where scrutiny is more difficult to apply than services operating out of defined premises to which inspectors have a right of access. Whilst the general trend is largely stable overall[95], the proportion of services rated excellent has fallen slightly in the three-year period under review. In terms of the different sectors, combined services demonstrate a higher proportion of services rated very good or excellent in the voluntary sector, with the private sector having the highest proportion of services considered to be weak or unsatisfactory over all three years, up from 3% in 2012 to 6% in 2014. For stand-alone services, it is local authority care at home services that demonstrate the greatest need for improvement, although the proportion of local authority services considered to be weak or unsatisfactory has decreased over the three years, from 17% down to 11% in 2014.

The key to providing high quality care and support within care at home is being able to provide continuity of care through the consistency of carers allocated. Staff need to know the people they are caring for, and this is essential for staff providing night-time care. Many providers continue to arrange their services around completing set tasks rather than enabling staff to provide the care that each person needs at that time. Problems around very short visits and large numbers of different staff, at times not known by older people, have been highlighted as issues nationally. For people with dementia, consistent and small teams of staff that have flexibility to deliver care in a person-centred manner is even more essential. Our inspections show that in well performing care at home services, staff providing personal care to people with dementia have sufficient flexibility around visiting schedules that allow them to adjust how they deliver care if the person is distressed or agitated.

We have already reported on the key characteristics of well performing and poorly performing care at home services to 2013[96]. In relation to the quality of care and support provided, we highlighted the following themes that all providers should be aspiring to:
* people receiving a service will have an accurate, SMART assessment of their needs and risks, and a personalised support plan that is reviewed regularly
* effective communication with people using services and their families will result in people feeling listened to, have their questions answered and they will be confident about raising concerns
* people will benefit most from the care they receive from a service that demonstrates a values-based culture and delivers care in a person-centred manner paying attention to the details of people's needs
* people have the right to be confident they can rely on their carers to be there when agreed people have the right to expect their medication will be safely managed and administered.

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[95]   89.4% of combined and 87.9% of stand-alone services rated good or better at March 2014 (89.8% and 85.8% respectively in March 2012).
[96]   Caring for people at home: how well care at home services operate in Scotland and how well they performed between 2010 and 2013. Care Inspectorate, May 2014.

Significantly, particularly for older people living at home, we know from the small number of joint inspections undertaken to date, that partnerships have made some progress in introducing assessments and care plans that were focused on delivering the positive outcomes that the older people desire. However, in common with findings from the joint inspections of children's services, the measurement of outcomes was still very much work in progress. More positively, we found evidence of older people and their carers being involved in the preparation of their care plans. Some older people had an anticipatory care plan that ensured that health and social work services responded appropriately in the event of a crisis. We saw some innovative joint work intended to inform older people about the risks of financial exploitation, identify older people who were being harmed financially, and stop the harm.

From the sample of older people whose health and social work records we read as part of our joint inspections, some older people who were at risk of harm did not have a risk assessment or risk management plan. The quality of assessments on older people was very variable, and some assessments of older people were solely focused on deficit, or what the older person could not do rather than what he or she was capable of. We also found, in some partnerships, that evidence of effective and consistent operational joint working between social work services staff and health services staff was limited, despite a strong message from frontline staff that joint working worked well.

Quality of the care environment: to what extent are the needs of older people being met?

People should expect that their living environment will enhance their quality of life and be a pleasant place to live. When we inspect care homes for older people we look how well services ensure the home environment is safe and protects service users, and how well they participate in assessing and improving the quality of the environment in the service.

When we look at the breakdown of grades for care homes for older people by provider type, we find that overall there has been a shift across all sectors towards a rating of good, with the evaluation most often made by our inspectors in voluntary/not-for-profit care homes being very good. Over a quarter of private care homes were evaluated as adequate or lower for quality of environment in 2014, compared with 16% for local authority and 12.6% for voluntary/not-for-profit. Once again, care homes for older people perform significantly less well under this theme than those for younger adults when we look at the proportion of services achieving the highest evaluations[97].

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[97] In 2014, 34% of care homes for older people achieved grades of very good or excellent for the quality of the environment compared with 57% of care homes for younger adults.

We also know that the proportion of homes considered to be excellent has been decreasing in the private sector, while it has increased for other provider types, with voluntary/not-for-profit services performing best and continuing to improve.

Our inspections show that:
- occasionally, poorly performing care homes tolerate lower standards of hygiene and cleanliness than care homes operating at higher levels of quality, with occasional examples of dirty hairbrushes, toothbrushes stored with used razors, storing protective aprons over toilet frames, and areas smelling strongly of urine.

For people with dementia the care home environment must be enabling with a good physical layout and signs, because this can play an important role in promoting self-care, reducing confusion and anxiety, and can have a positive impact on continence rates. Our evidence suggests that services are becoming more aware of the importance of improving signage within care homes.

Quality of staffing: to what extent are those providing care both confident and competent?

In our inspections of services for older people, including the joint inspections referred to throughout this chapter, we have been consistently impressed by the care, commitment and attentiveness demonstrated by staff at all levels – care at home and care home staff, nurses and social workers, and those responsible for managing services.

In all of the partnerships where a joint inspection had taken place, a range of training opportunities were available, intended to enable staff to work more effectively together to meet the needs of vulnerable older people. On the other hand, there was an absence of effective joint workforce planning in some areas, which given the economic and demographic challenges facing some areas, was a notable gap in service planning.

Despite recent legislative changes to provide for the integration of health and social care arrangements, our joint inspections of older people's services found that some front line staff were unaware of the forthcoming changes, and many felt they had received insufficient information regarding the changes.

Quality of staffing in care homes
When inspecting care services for older people, we look for evidence that staff have been recruited in such a way as to ensure a workforce that is professional, well trained and motivated, with the capacity to achieve the best possible outcomes for older people and their carers.

The inspection of staffing in care homes over the three-year period reveals a stable, generally positive picture in terms of the evaluations of the quality of staffing. Privately owned homes do not quite match the performance of voluntary and publicly owned care homes, with most (around 87%) local authority and NHS board establishments operating at a good or better level, compared with a majority (74%) in private care homes. However, whilst very few services are considered to be operating at an unsatisfactory level, some care homes appear to be unable to raise their quality of staffing above weak or adequate. From our inspections, areas that need to improve consistently feature the following:

- A high turnover of staff and high use of agency staff: we know that having access to agency staff is important in providing adequate cover for absence on a short-term basis. However, temporary staff are less likely to have ownership of the vision and culture of a high performing service and unlikely to know and understand residents' needs as well as permanent staff. Constant changes to the staff group will be a significant barrier to promoting and sustaining excellent care and support.
- Frequent changes of manager: a regular turnover of managers disrupts the stability of the staff group and again, creates barriers to consistency of approach and ethos within the service.
- Although some providers move managers between services to support improvement and build capacity, this can also reflect the need for better workforce and succession planning.
- Staff working in local authority care homes are less likely to be employed on permanent contracts than those in the private or voluntary/not-for-profit sector, and consequently there is a higher use of temporary and agency staff in this sector[98].

Along with other scrutiny bodies, we have a duty to ensure the standards of care for dementia are being met[99]. Staff require particular knowledge and skills in order to deliver high quality care for people with dementia. Our inspectors are asking providers to show how they are using the Promoting Excellence Framework to develop the skills and knowledge of their workforce[100]. Feedback indicates there is still considerable variation across services and providers about how well this is being used and embedded into practice. Some services have embraced it and can see a positive difference for people as a result of training and development. Some are at an early stage of mapping skills and knowledge of the staff group. Other services have a limited awareness of the framework and what they should be doing to improve the care they provide.

Despite this, our inspectors continue to come across examples of excellent approaches towards getting the best out of staff.

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98 In 2013, 78% of staff in local authority services were on permanent contracts compared with 86% in the voluntary sector and 89% in the private sector.
99 Standards of Care for Dementia in Scotland. Scottish Government, June 2011.
100 Promoting Excellence: A framework for health and social services staff working with people with dementia and their families and carers. NES and Scottish Social Services Council, 2011.

Quality of staffing in care at home services

The distribution of staffing evaluations across all care at home services has seen some fluctuation over the three-year period by provider type. However, services provided by voluntary organisations – both combined[101] and standalone – manage their staff consistently well, with almost all services achieving good or better evaluations[102], and more than half performing to a very good or better standard. The reasons for this are unclear, although figures provided by the Scottish Social Services Council demonstrate a higher proportion of managers employed in the voluntary/not-for-profit sector, compared with public and private providers[103].

Local authority and private sector services present as having greatest need to improve in this area, containing, as they do, the highest proportion of services considered to be unsatisfactory or weak. For example, 5% of local authority stand- alone care at home services were identified as weak in 2014; just over 4% of private combined services evaluated as weak or unsatisfactory during the same period. In terms of job security, it is of note that a significantly higher percentage of staff working in the private sector are employed on 'no guaranteed hours' contracts than in local authority or voluntary/ not-for-profit run services[104].

From our inspection reports, we see high staff turnover being a consistent area of concern where lower grades are awarded for the quality of management and leadership. This in turn has a significant and detrimental impact on the quality of care and support, as mentioned earlier. Without sufficient training, staff may not be able to undertake specific tasks outlined in support plans in order to keep people safe and healthy. Some services with low grades had staffing levels that were clearly insufficient to meet the needs of the individuals in their care, including contingency or emergency cover. Staff should receive regular support that includes supervision and appraisal of their practice.

Our inspections show that:
- staff considered to be experienced and knowledgeable sometimes leave services which are judged to be performing poorly
- highly performing services value and welcome the contributions and ideas of any member of staff

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[101] That is, care at home combined with housing support.
[102] 98.2% (combined) and 95.5% (stand-alone) of care at home services operated by voluntary organisations achieved good, very good or excellent graded in 2014.
[103] 6% of the voluntary care at home services recorded as managers, compared with 2% in both private and public sectors.
[104] In 2013, private sector housing support combined with care at home services employed 22% of their staff on 'no guaranteed hours' contracts.

Management and leadership: to what extent do managers lead services to produce the best possible outcomes for service users?

Strategic leadership of services for older people

Early findings from our first four joint inspections of services for older people show that, in some partnerships, there was visible, energetic and effective leadership from senior managers in health and social work services. Some of the partnerships were well prepared for health and social care integration by virtue of established and well-developed partnership working at both strategic and operational levels. In tandem with this, partnerships had comprehensive plans for older people's services. Some partnerships had made limited progress to date in developing strategic joint commissioning strategies. The challenges five, 10 years and more into the future, in meeting the demands generated by a growing population of older people, makes this an imperative.

From the limited evidence base to date, we saw examples of health and social care partners delivering positive outcomes for older people. Many older people received support to self-manage long-term health conditions. Some partnerships were making good progress with diagnosing older people with dementia and providing timely post-diagnostic support to both individuals and their carers. Some partnerships had made good progress with meeting Scottish Government targets on delayed discharge, reducing the numbers of delayed discharges and the number of acute bed days lost to delayed discharges. However, despite a commitment to reducing the numbers of older people permanently admitted to care homes, some partnerships were struggling to fulfil this commitment, at the same time reducing their reliance on purchased care home places. In some partnerships, too many older people were moved directly from hospital to a permanent care home place, without due consideration being given to some form of intermediate placement that could help determine whether permanent care was indeed required.

Partnerships and third sector organisations delivered a wide range of services to older people. Many older people and carers we spoke to were very appreciative of the services and support that they received from third sector community groups. There was evidence that the Scottish Government Change Fund had been used well in testing new and innovative ways of supporting and looking after older people, in order to deliver positive outcomes.

Advocacy services were often jointly commissioned and purchased and some partnerships were taking joint financial decisions about options for investment in services.

Quality of leadership and management in care services

Our inspections at care home and care at home service levels indicated that most services operate at good or better levels in terms of their quality of management and leadership[105]. A significantly higher proportion of voluntary/not-for-profit care homes are evaluated as being excellent than

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[105] 74% of care homes, 86% of combined care at home, and 81% of stand-alone care at home.

private and publicly owned homes. Overall, privately run services tend to have a higher proportion of care home services with lower evaluations than local authority/health board and voluntary/not-for-profit services[106]. A similar pattern emerges in care at home, with the voluntary/not-for-profit sector achieving the highest evaluations for management and leadership.

Quality of participation
Amongst those services primarily geared towards older people, the quality of participation is high but there are fewer examples of services providing participation at the very highest level of quality than amongst services for adults.

In relation to participation in the themes of staffing and of management and leadership, there was a slight upward shift in the proportion of services evaluated as being very good and excellent, and a corresponding decrease in services considered to be just good or adequate.

In the majority of care homes for older people, participation in care and support is considered to be good, very good, or excellent; 11.8% of services are considered to be adequate or weak for participation in this theme.

Amongst participation in respect of care homes' environment, the proportion of services considered to be excellent rose from 6.2% to 8.2%, but the proportion of services considered to be adequate, weak or unsatisfactory has increased slightly from 10% to 12%.

In care at home services, most services perform well for participation, and have improved over time. The quality of participation in care and support increased during the review period. The proportion of services considered to be unsatisfactory, weak or adequate has halved to under 10%, whilst the proportion considered to be excellent or very good has risen from just over a third to 54.7%. A similar pattern can be seen in respect of participation in the quality of staffing and the quality of management and leadership.

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[106] In 2014, the leadership in 29.1% of private care homes was evaluated at adequate or low, in comparison with local authority/health board (22.8%) and voluntary/not-for-profit care homes (15.3%).

CHAPTER FIVE

ACHIEVEMENTS,
CHALLENGES AND
CONCLUSION

To conclude this triennial review, we set out the main themes emerging from the Care Inspectorate's first three years, from the perspective of the organisation responsible for the regulation and inspection of social care, social work and criminal justice services in Scotland.

Early years and childcare

Overall registered childcare services for children in their early years are generally performing well, and parents are very satisfied with them. In most daycare and childminding services, the quality of care and support, staffing and management and leadership is evaluated as good or above, and the quality of the environment in day care services is similarly positive overall. The trend over the three-year period is generally one of continued improvement.

High quality childcare services offer young children opportunities to explore through play, learn within nurturing relationships and develop confidence and competence. Notwithstanding the different service types provided within the registered category of daycare of children services, there is variability in the quality and performance of services according to different provider types. Overall, local authority services, as the largest provider, perform particularly strongly as do services delivered in partnership with them. They face increasing challenges sustaining this in meeting the additional requirements to provide care to eligible two to five year olds.

Community planning partnerships must continue to focus on reducing the outcome gap for children in their early years by improving the quality of services available in their area, targeting those in most deprived areas. There are some cases where local authorities and community planning partnerships should now plan childcare provision in a more integrated way across the statutory, private and voluntary sectors.

The responsibilities placed on local authorities to provide 600 hours of early learning provision, including the shift to meeting the needs of vulnerable two year olds, requires providers to ensure they have a suitable care environment to care for very young children, and that staff have the right skills and knowledge to work with eligible two year olds.

The quality of the care environment is both positive and improving across daycare services. Over half of playgroup services, often operating without the benefit of dedicated premises, are performing well. The development of innovative outdoor play environments provide examples and standards for services to aspire to.

The importance of a skilled and valued workforce cannot be underestimated in sustaining high quality services. Performance is positive in both daycare and childminding services and improving. However, the perception of 'childcare' as a poor status and low paid option requires attention and planning at national and local level. There will be a growing need to invest in the workforce, ensure high quality training and development is available to staff in all services, and redress the gender balance.

The early findings from our joint inspections of services for children indicate that services are having a positive impact on the wellbeing of individual young children and their families, in particular where high quality early years services are effective in helping vulnerable young children prepare for school. The implementation of Getting it Right for Every Child is supporting the development of approaches to early intervention and prevention, and families are benefitting from structured parenting support programmes. However, community planning partners remain at an early stage in jointly measuring and demonstrating the impact of their work to prevention and early intervention.

Not all families have equal access to services based on where they live. There are half as many childcare services in the most deprived areas compared to those that are least deprived. Furthermore, there is an unequal distribution of quality of childcare services, with children living in the most deprived areas having less access to the highest quality services. For daycare services overall, this gap is narrowing. However, the opposite is true for childminding services.

The majority of our inspections of daycare and childminding services describe positive and improving leadership and management. Local authority-run daycare services have a strong track record of positive performance. High performing services across the board are characterised by providers that ensure sufficient management capacity and leaders that create and sustain a positive culture. Residential and family-based care services for vulnerable children and young people who live away from their parents' care are performing very well overall. Whilst there are opportunities for continued improvement, there are few areas of real concern. There is some variability in the performance of different provider types. However, all demonstrate key and leading strengths in certain services and have continued to improve their performance over the three-year period.

We have seen a reduction in the number of school care accommodation services in residential special schools. Alongside this, the number of care homes for children and young people has increased over the three-year period, although most of these cater for small numbers of young people. We note that the majority of services based in accessible and remote rural areas are run by the private sector.

The slow pace of strategic commissioning in many local authority children's services means the capacity of local universal services may not be growing at the rate required to meet the needs of children and young people at the time they are placed.
The quality of care and support, the environment, and management and leadership in care homes and residential special school care accommodation for young people is both positive and improving. In general, staff demonstrate a high degree of professionalism and skill in supporting children and young people.

Fostering and adoption services continue to improve from a strong base that is underpinned by skilled and experienced staff teams. The number of children and young people living in kinship care arrangements has risen significantly with considerable variability in the level of supports provided to both the children and their carers.

The evidence from our joint inspections tells us that the impact of services on individual children and young people and families is positive, and they are benefitting from a range of helpful services and good relationships with staff. However, we know there is room for continued improvement and consistency in the quality of assessments of risk and need, decision making and planning for individual children and young people in order for them to achieve the best outcomes and secure nurturing care environments.

In relation to strategic planning of children's services, in just over half of the eleven community planning partnership areas inspected to March 2014, our joint inspections found that planning in relation to services to protect children and / or integrated children's services had stalled. This was often accompanied by the absence of an effective approach to joint self-evaluation – necessary in underpinning planning, commissioning and improvement of services.

In November 2014, the Scottish Government published a national action plan to tackle child sexual exploitation (CSE) that includes a recommendation for the Care Inspectorate in relation to scrutiny of how CSE services are delivered at a local level. From 2014-15 in joint inspections of children's services, we explore partnerships' approaches to identifying and keeping children and young people safe from CSE. In due course, we will report on our findings in this regard.

In early 2014, in partnership with the Mental Welfare Commission, we visited young people in Scottish secure care settings who had identified mental health difficulties and who may be supported by or referred for assessment to specialist Child and Adolescent Mental Health Services[107]. This resulted in a number of recommendations for local authorities and health boards, service providers and Scottish Ministers. These were focused on:
- ensuring the continuity of provision of mental health care when young people are in transition into and out of secure care, and improving communication between services
- ensuring staff undertaking therapeutic work are sufficiently well trained and experienced. The consent for and impact of interventions should be documented and accompany the young person as they move through the care system
- implementing standardised care and discharge pathways to ensure continuity of responsibility for the provision of health care and ensuring young people are fully involved in plans for discharge ensuring there is equal access to specialist child and adolescent mental health services in secure settings.

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[107] Visits to young people in secure settings. Mental Welfare Commission for Scotland, November 2014.

Adult services

Generally, registered services for adults are performing well. Housing support services are providing effective care and support, particularly to people with learning disabilities. There has been a general trend in the reduction of new registration of care homes for adults, indicating a shift away from institutional support, towards support in the community.

Self-directed support offers service users the prospect of more personalised approaches to providing them with the support they need. The Care Inspectorate continues to monitor the implementation of this important development. At time of writing, there is no national data set to measure the progress of local authorities in providing options for self-directed support. However, there are clear indications from our joint inspections that levels of provision and opportunity in relation to self-directed support vary significantly between local authority areas.

The quality of care and support provided in care homes for adults is positive, with most services considered to be good or better. Whilst this is positive and encouraging, it should be noted that the proportion of services considered adequate or worse has also increased. Care homes run by the voluntary/not-for-profit sector have a greater proportion of the highest grades than other providers. This applies across the board: from care and support, quality of environment, to staffing, management and leadership.

The quality of the environment in care homes for adults is generally positive, and is likely to be better for younger people, when compared with that found in care homes for older people. The quality of staffing in care homes for adults is good or better in four out of five services inspected, and has improved over the three years covered by the review. The quality of management and leadership is also positive; more than four out of five services achieving evaluations of good or better, and the proportion of services considered to be very good and excellent is on the increase.

The Care Inspectorate will further develop its approach to delivering scrutiny and improvement work in services providing support to adults with learning disabilities during 2015-16. This will build on the awareness work we carried out during 2014/15 with care homes for adults with learning disabilities around The Keys to Life strategy and the Winterbourne View recommendations. From April 2015, we will be conducting an inspection focus area across all services for adults with learning disabilities to look at people's experience and outcomes and how their rights are promoted and protected. Furthermore, we will be working jointly with Healthcare Improvement Scotland in delivering eight of The Keys to Life strategy to ensure that strategic commissioning is examined as part of ongoing scrutiny of services for adults with learning disabilities from 2015.

Given that demand for residential provision is likely to continue for some people, we need an agreed national approach to providing high quality and sustainable services in a way that strikes the balance

between support, empowerment, and promoting people's human rights and wellbeing. The Care Inspectorate will continue to monitor the change to patterns of service registrations, and the impact on service performance following the implementation of the forthcoming national learning disability care home contract.

Justice services

In relation to criminal justice, registered care services, working both with those who commit crime, and the victims of crime, are generally performing well. Community based criminal justice social work services, in partnership with other agencies, are working to ensure that the risk from offenders who pose a threat of serious harm is reduced as much as possible. The Care Inspectorate, in partnership with HM Inspectorate of Constabulary for Scotland will report on the effectiveness of these arrangements[108] later in 2015. In addition, the Care Inspectorate will continue to monitor and review serious incidents involving offenders in the community who are being supervised, providing periodic public reports on emerging trends.

For adults who may be at risk of harm and require support and protection, adult protection arrangements are in place in all 32 local authority areas, but vary in a number of significant aspects. These include the quality of support, challenge and leadership offered to Adult Protection Committees by chief officers, as well as self-evaluation and the quality of information gathered in order to demonstrate how well local agencies are protecting adults in need of support and protection.

Plans are for the Care Inspectorate to look at a supported self-evaluation for drug and alcohol partnerships across Scotland are being developed during 2015/16 and will help provide a more comprehensive analysis of the quality of care in services supporting people with substance misuse problems.

Older people's services

In this review, we have considered how social care services, working with health and other partners, have contributed to an intended shift in the balance of care towards older people remaining in their own homes. The challenges presented have been met with a range of innovative responses, such as telecare solutions and the development of reablement services. These responses are important in contributing to achieving a shift in the balance of care. This means people being well cared for in their own homes for longer, which reflects service user preference, and creates the potential to achieve better outcomes. However, there is wide variation across Scotland, both in the application of reablement, and the levels of investment in telecare.

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[108] That is, Multi-Agency Public Protection Arrangements (MAPPA)

In the three years covered by this review, the proportion of care homes for older people attracting very good or excellent evaluations across all themes inspected has increased. Smaller care homes tend to perform better than larger ones – particularly when compared with those containing more than 90 places.

Trends relating to care at home point to services that are adapting to provide care for a smaller number of people, who nevertheless need more intensive levels of support delivered in their own homes. Most care at home services provide services evaluated as good or better, helping people stay in their own homes for longer, with local authority and private providers both demonstrating greater need to improve performance overall.

Early findings from the limited joint inspections of older peoples' services undertaken during the period of the review evidenced well-developed plans for older people's services. However, there is variation evident in the quality of leadership across health and social work services, with some partnerships seemingly better prepared for the establishment of health and social care partnerships than others.

In order to deliver the changes necessary to improve and sustain services to meet future demand, integration authorities are being required by legislation to develop joint strategic commissioning plans. The Care Inspectorate is working with partners to develop its approach to new responsibilities for scrutiny in this area.

The development of community-based services for adults over the coming years will take place within the context of delivering increasingly personalised services alongside a challenging financial climate. Highly motivated and committed staff working in well-managed and well-led services are making a positive difference to the lives of many adults, enabling them to live successfully and safely at home. The highest quality services have moved away from being task-driven, but as funding becomes increasingly tight, the challenge to providers and commissioners is to achieve the balance between quality of care provided and cost.

In March 2014, the Scottish Government published The Future of Residential Care for Older People in Scotland, which set out a range of ideas and recommendations to underpin the delivery of high quality, sustainable and personalised care and support in residential settings over the next twenty years. Older people should be at the centre of high quality, safe residential care services, through the development of a skilled high quality workforce, in a flexible environment more fitting people's needs, via sustainable resourcing and commissioning. The strategy will be linked to the review of the National Care Standards to ensure that the reforms recommended are supported in the new standards. The Care Inspectorate will continue to work closely with partners to play a role in development of these policy initiatives.

Participation

In a number of service types and in a number of themes, the proportion of services achieving high evaluations has increased. There is clear evidence of improvement in many areas, but some sectors are performing more strongly. Evaluations tend to be at the higher end of the scale in respect of participation in care and support rather than for participation in management and leadership. An increased emphasis on personalisation, choice and control means that effective participation will continue to be necessary to ensure that services meet the needs of the people using them. Indeed, there appears to a strong relationship between quality of participation and the overall quality of the services.

Conclusion

Taken as a whole, the findings from this review demonstrate that despite the presence of financial and demographic pressures, social care in Scotland can demonstrate significant improvement and sustained high levels of performance in a number of important areas. This is particularly evident in the performance of registered social care services, reflected throughout this report.

We believe that if this improvement is to continue, frontline services need to be backed up by a strong, clear vision for the future, with strategic plans that set out how this is to be achieved, taking account of the financial and staffing issues that challenge local partnerships responsible for the delivery of social care. In view of this, we note with some concern the continued variation in standards of strategic planning and commissioning that we continue to find across Scotland[109]. Whilst there is every expectation of, and justification for, local variation that serves to meet local needs and preferences, all community planning partnership areas in Scotland face similar challenges in terms of population changes, an increase in demand for childcare, and economic pressures, evident at both service and strategic levels.

Therefore, in order to establish conditions for future improvement, strategic partners need to consider what range of need social care and other services will be expected to meet in five, 10 years' time and beyond. This includes effective planning so strategic outcomes and priorities are agreed. Future needs must be understood and forecasted, to inform a projection of what the future workforce will look like, given the challenge of recruiting sufficient staff, either due to the remoteness of the area and/or competition for labour from retail, industrial and other service sectors of the economy. Consideration of risk needs to inform the balance to be struck between prevention, early intervention and more intensive levels of support. Partners will need to take a long-term view as to which services and wider supports will provide effective, high quality and person-centred care that delivers the best outcomes.

Variation has emerged as a key theme in this review. Despite our inspections demonstrating very good and excellent examples of practice, management and leadership throughout Scotland, at all levels, variable standards of practice and provision continue to feature. Notable examples include:

- implementation of flagship policies such as self-directed support and Getting it Right for Every Child
- initiating organisational changes necessary to deliver integrated health and social care
- variation in performance across sectors: more often than not, it is the private sector that performs less well when compared with local authority and voluntary/not-for-profit sectors but the reasons for such differences are complex and varied, and should not detract from the fact that all sectors are capable of delivering excellence, and all need to continue to improve

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[109] The 2010 SWIA report, Improving Social Work in Scotland, raised similar concerns.

- some age-related sectors also perform better than others: for example, care homes for children and young people and adults perform significantly better than those looking after older people, looking across all quality theme evaluations
- our inspections point to a particular need for continued focus on improvements in the health care and nutrition of older people resident in care homes, along with better standards of the care home environment; an improved care environment, a reduction in staff turnover and less frequent changes in manager would be important steps in this direction
- variation in the ways in which staff are supported to carry out the task of looking after service users
- variation in the standard of assessment and planning
- variation in the assessment and management of risk to individual service users – vulnerable adults as well as children.

Despite these challenges and inconsistencies, we can point to three years of progress in Scotland in a number of important respects. Scottish social care is becoming increasingly outcome-focused, in the way it is being planned, provided and inspected. Service users and carers are increasingly listened to and involved in service planning and delivery.

Many services can be held up as excellent examples of service provision, from all sectors of social care – public, private and voluntary. There is growing emphasis and effort on self-evaluation, not just in response to forthcoming inspection, but as an activity that drives improvement and leads to improved outcomes for people who use social care. The national policy context within which we all work is generally considered to be both coherent and progressive. Above all, we have a dedicated workforce.

In the course of all our inspections, we consistently come across managers, staff, carers and volunteers, most of whom are highly motivated and committed to providing services that make a positive and lasting difference to people who use services. Most staff enjoy their work, and are well supported in what they do. Continued improvements in staff support, learning and development opportunities will add significantly to the contribution all those involved in social care are able to provide.

The policy landscape in Scotland is well set to support continued high-quality care, social work and criminal justice social work provision. Flagship developments such as the review of the national care standards, the embedding of Getting it Right for Every Child, and the integration of health and social care all speak to a commitment to high-quality outcomes and experiences that reflect the needs, rights and choices of people using care services. As the national scrutiny and improvement body for social care and social work, we look forward to continuing to support providers and delivery partners to design and deliver high-quality care and social work, and to be able to evidence further improvement, in future reports.

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