

## Test of Change for 2015/16: Proportionality in Highly-Performing Services

**Report to:** Board

**Date:** 6 March 2015

**Report by:** Karen Anderson, Director of Strategic Development/Depute Chief Executive

**Report No:** B-02-2015

**Agenda Item:** 12

### **PURPOSE OF REPORT**

To advise the Board of a proposed new test of change around proportionality in highly-performing care services in 2015/16.

### **RECOMMENDATIONS**

That the Board agrees this paper.

Version: 4.0	Status: <i>Final</i>	Date: 03/03/2015
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**Version Control and Consultation Recording Form**

Version	Consultation	Manager	Brief Description of Changes	Date
	Senior Management			
	Legal Services			
	Resources Directorate			
	Committee Consultation (where appropriate)			
	Partnership Forum Consultation (where appropriate)			
<b>Equality Impact Assessment</b>				
To be completed when submitting a new or updated policy (guidance, practice or procedure) for approval.				
Policy Title:				
Date of Initial Assessment:				
EIA Carried Out		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	
If yes, please attach the accompanying EIA and briefly outline the equality and diversity implications of this policy.				
If no, you are confirming that this policy will have no negative impact on people with a protected characteristic and a full Equality Impact Assessment is not required.		Name: R Okasha Position: Head of Quality and Improvement		
Authorised by Director	Name: K Anderson	Date: 27 February 2015		

## **1.0 BACKGROUND**

The Scrutiny and Improvement Plan contains a number of tests of change for 2015/16. These tests of change are designed to explore scrutiny and improvement techniques and approaches as part of Review of Scrutiny and Improvement. These are set out in paragraph 2.14.1 of the Scrutiny and Improvement Plan and include:

- follow-up improvement inspections
- thematic inspection
- improvement visits
- re-classifying large scale complaint investigations as an inspection.

Officers have been working on a proposed methodology and way of implementing this improvement visits in highly-performing services.

This paper describes a test of change around proportionality to be actioned for Q3 and Q4 of 2015/16. There would be no change to our inspection plan for Q1 and Q2. Following Board agreement, there will a period of consultation with people using and providing services to refine the details of the methodology.

## **2.0 THE CRITERIA FOR AN IMPROVEMENT VISIT**

Services which must be subject to a statutory inspection will not receive an improvement visit. Services taking part in other tests of change, such as thematic inspections, will not receive an improvement visit.

All other services due for inspection in Q3 and Q4 of 2015/16 which are highly-performing, and have a low RAD score, and where the previous inspection considered all required quality themes and found them to be very good or better, will receive an improvement visit. Services which do not meet this criteria will receive a full, graded inspection.

Full-year figures suggest that some 1558 services meet this criteria and further work is being undertaken to ascertain which would fall for inspection in Q3 and Q4 and therefore be subject to an improvement visit.

## **3.0 THE IMPROVEMENT VISIT**

This is a form of inspection in highly performing services where, at the last inspection, we carried out scrutiny which provided assurance that the service was operating at a very good level. The purpose of the improvement visit is not to carry out further scrutiny, but to assure the public that previous high standards are being maintained. It will focus on the experience of people using the service and will identify and report on good outcomes for people. Inspectors will signpost effective practice and support continuous improvement.

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Inspectors will visit the service, speak with people using it and their carers, and report on improvements evidenced under our existing quality themes (but not quality statements). Staff will continue to speak with service users and carers and report on this in the public document which follows the improvement visit. These conversations will have a stronger focus on finding out about the quality of care and the views and experiences of people using the service. This will contribute towards informing professional judgements on improvements to the quality of care.

No grades will be awarded for these inspections; the provider's grades will remain as at the last fully evaluated inspection. This is because we do not propose to carry out sufficient scrutiny to fully evaluate the service. This is a change which needs to be communicated sensitively, both internally and externally, so people have an understanding of our rationale for it. It is important to remember, however, that the improvement visit is proposed only in services already evaluated as operating at a very high quality level and graded as such.

This approach is designed to provide more proportionate scrutiny in services we consider to be performing well, in order to ensure that inspectors can focus on services we know to be performing poorly. At any time, if inspector deems it necessary, the inspector will be able to abandon the improvement visit and carry out a full, graded inspection.

#### **4.0 THE METHODOLOGY FOR THE INSPECTION**

The service will be asked to carry out a self-assessment in the usual way and the views of people using the service, and their carers, will be sought as at present. At the site visit, inspectors' time will be spent:

- gathering the views of service users and carers
- speaking to staff and the manager
- identifying under each quality theme an area of good practice that the service is undertaking
- following up requirements (if any) made previously.

After the site visit, the inspector will write a short report which summarises under each quality theme an example of good practice that the service does to evidence good outcomes for people.

The service will not be asked to complete and return an action plan for the Care Inspectorate but they should use the improvement visit findings to update their on-going improvement plans and reflect improvements in the dynamic self-assessment.

Requirements and recommendations will not be made on an improvement visit: if the inspector feels this is necessary, a full inspection should be carried out.

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## 5.0 CHANGING FROM AN IMPROVEMENT VISIT TO FULL, EVALUATED INSPECTION

The inspector can use their professional judgement to undertake a full evaluated inspection where they are concerned about the outcomes for service users. However, the decision to do this should be where:

- there are further indications of risks to service users through notifications, contact with other statutory agencies or upheld complaints
- the risks to people have increased since the last inspection, based on intelligence or information we hold, or
- it is considered that enforcement is the likely outcome of the inspection.

## 6.0 THE STATUTORY BASIS FOR CHANGE

The Care Inspectorate does not have the power to visit – only the power to inspect. Whilst calling these scrutiny and improvement interventions “improvement visits”, it does not negate the fact that these are forms of inspection and as such the statutory basis for them proceeding is established in the Public Services Reform (Scotland) Act. The requirements associated with an inspection, such as an error response mechanism and a public report, will be met.

## 7.0 RESOURCE IMPLICATIONS

There will be significant resource implications for staff development and ICT changes which will be met from existing budgets.

## 8.0 BENEFITS FOR PEOPLE WHO USE SERVICES AND THEIR CARERS

The proposed changes will apply a more proportionate approach in highly-performing services. It will not reduce the scrutiny in services which are considered of such risk they require a statutory inspection, or in services where we have intelligence which causes us concern. Instead, the approach will increase the resources available for scrutiny and improvement in those poorly-performing or risky services.

## 9.0 CONCLUSION

The Board is invited to agree this report.

## LIST OF APPENDICES

Appendix 1 - Care Inspectorate Scrutiny and Improvement Plan 2015/16

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