



## Monitoring our Performance 2015-16

Quarter 3 report

1<sup>st</sup> April 2015 to 31<sup>st</sup> December 2015

## Strategic Objective 1- To provide assurance and build confidence through robust regulation and inspection of the quality of care

**Quality Indicator 1- The work of the Care Inspectorate is supporting improvement in the quality of care, support and protection provided to children and adults throughout Scotland who use services, their families and carers and the wider public.**

### **Improvement Focus**

In 3,088 inspections carried out during Q1 to Q3 our inspectors recorded time spent on improvement work during inspection as part of the diary exercise (data taken from submitted inspection reports for inspections completed during Q1 to Q3). A total of 5,973 hours was spent on improvement work during these 3,088 inspections (for an average of 1.9 hours per inspection). This almost 2 hours per inspection is in addition to the average time spent of 27.7 hours per inspection in Q1 to Q3.

In Q1 to Q3 31% of inspections where improvement work was carried out were in Childminding services, 29% were inspections in Daycare of Children services and 24% were in Care Home services. Further work is being undertaken to improve the recording and analysis of this information which has been recorded only since April 2015.

Improvement activities included: advising on best practice and using The Hub, advice on developing personal plans, guidance on supervision and training and discussion around increasing participation and involvement for those with complex needs. Work is on-going to capture and meaningfully present information about improvement activities undertaken outwith inspections.

### **Case Study- Out of School Care**

After unannounced inspections in a group of out of school care services (run by the same provider) in 2013 significant concerns were raised in relation to the outcomes for children and in particular the safety of children attending these services. The following period resulted in a significant time of on-going support to the service to make the improvements required to keep children safe. Following a further inspection, no improvements were highlighted resulting in the Care Inspectorate undertaking enforcement activity and issuing an improvement notice in 2015.

Following the high level of concerns highlighted by ourselves and other parties, there was a change in service management. Despite the willingness of the new directors and on-going support from our inspector, the local authority and another provider of out of school care, the service failed to make the required improvements and the level of risk to children was found to be high. We found that we had no option other than to propose to cancel the service to ensure that children were not placed at risk.

In taking such action we were aware that parents and carers rely on this type of service to maintain and access employment. Through partnership with the local authority, another care service provider and the registration team we were able to ensure a variation was granted to enable the children to access alternative care with no break in provision for the parents or children. Despite the experience and the closure of the service, one of the new directors agreed to become a committee member for the new service. We have received feedback which confirms that for parents and children the transition has been smooth and children have settled well into their new provision. This serves as a good example of the significant contribution that the Care Inspectorate makes to ensuring that/ the wellbeing of children is paramount and where possible continuity of care.

### **Case Study- Care Home for Older People**

Following a range of concerns about a medium sized care home for older people earlier this year, we brought forward an unannounced inspection which was carried out by 2 Inspectors and took place over 6 days in August 2015. The inspection concluded the provider needed to improve almost all aspects of this service, from its management and leadership to how resident care was provided and recorded. The care home was graded unsatisfactory for most quality themes, with a weak grade for the environment. A voluntary stop on admissions was put in place by the provider. Enforcement was a strong possibility but depended on the actions to taken by the service to improve outcomes and the required improvements.

The provider worked with the Care Inspectorate to improve the service. Inspectors have worked with the provider and service to establish a trusting relationship and to support improvement. Inspectors have attended a range of meetings, maintained regular contact with the manager to give advice and guidance and to signpost to best practice. Additional visits to the service to support changes have been supportive and helped to confirm that progress was not just being made but being made in the right way. Inspectors have recognised the incremental progress made and commitment to sustain improvement.

A second inspection was carried out in January 2016 and at this time we found some evidence of improvement. Although the care home has a lot of work still to do, and the quality is still not at the level we expect and require, the focus of the inspection team's work was supporting improvement. The Provider was quoted as saying "you said if I worked with you, you would work with me and that's exactly what you have done - thank you". The service will be inspected again soon, unannounced, to ensure that the improvements continue and become sustained.

## **Progress against Key Priorities**

### **Methodology developments**

During Q3 we have implemented two tests of change in Early Years services focussing on validation of highly performing services and early years focused inspections. The validation inspection seeks to determine whether previous high performance is being maintained. The early years focus on inspection includes key elements of our childminder methodology and examines the quality of care against the SHANARRI wellbeing indicators. While these tests of change still need to be evaluated, feedback from staff and from providers so far is that these have been positive in terms of assessing whether quality of service has been sustained or improved for higher performing services.

Where this level of performance has not been evidenced during the validation inspection, in a small number of services a full inspection has been carried out. Inspectors and providers are reporting that the shorter inspection reports from early years focused inspections are effective in highlighting important areas of strength and development, and are more accessible. This is important learning for future methodological changes.

The Care Inspectorate has commissioned Strathclyde University to carry out research to evaluate our new approach to childminding inspections. We have identified a number of childminders who will participate in the research. This research will provide us with evidence in relation to how the new report style is being viewed by childminders and parents and the impact it is having in delivering the key messages from inspection and facilitating improvement.

The Enforcement Review group is developing new tools and guidance to support improved quality assurance processes to support the decision to take enforcement action against a service.

During Q3, work continued to understand the views of inspectors, providers and users of care services about methodology developments, and plan and prepare future changes for 2016/17, including methodology for a dementia themed inspection in 2016/17. The themed inspection will be rolled out in a sample of 150 care homes ranging from small to very large services, poor to very well performing and across the sector. The methodology is underpinned by the national dementia strategy, dementia care standards and Promoting Excellence. The results of these inspections will inform a national state of the nation report, including commentary on the implementation of national policy in this area of care. We will be working collaboratively with key partners to produce this, including Mental Welfare Commission, Healthcare Improvement Scotland and Alzheimer Scotland.

During Q3, we continued significant work in the redesign of our complaints function to make it more flexible, responsive to concerns, and able to support an ever-rising number of complaints received.

## Notable scrutiny and improvement interventions – early years and children

We continue to work in partnership with Education Scotland and service providers. A National Advisory Group allows the Care Inspectorate and Education Scotland to work with providers of secure care and residential special schools. We have been involved in drafting the "Learning in Care" tool aimed at supporting care staff to work collaboratively with education staff to support children and young people with their learning in the care setting. The tool has been posted on the CI and Education Scotland website.

Early years inspectors attended a joint training event in December, including a presentation from Save the Children in relation to "Ready to Read", a recently published document which highlights the importance of reading to children to promote and develop their language skills prior to attending school. There is robust evidence that where children develop good language skills at an early age, this can significantly impact on reducing inequalities experienced by children from underprivileged backgrounds. We are keen to promote this strategy when inspecting early years services and we have prepared an article for the Childminding Magazine highlighting that childminders are key people who can take this strategy forward given their caring and nurturing role with small groups of children.

During Q3 we conducted joint strategic inspections of services for children and young people in the Fife and Dundee community planning partnership areas. We published the findings of an earlier joint inspection in Renfrewshire, and commenced our joint inspection in Falkirk. We have developed a set of guidelines for inspection leads, aligned with guidelines for business support colleagues, to complement the outward-facing strategic inspection handbook for joint inspection of services for children and young people. These guidelines, which have been overseen by our quality group, are aimed at improving the consistency across our inspections and ensuring more consistent quality.

We have worked to support the City of Edinburgh Council during the reconfiguration of their services for children with disabilities. This has focussed on working creatively with the provider amidst services being amalgamated. We have worked with Social Work Scotland to discuss parts 10 and 11 of Children and Young People (Scotland) Act 2014. In this we were able to provide reassurances and adopted a "myth busting" approach that supported creative and diverse responses.

The Mental Welfare Commission published a report regarding their investigation into the death of Ms MN in a registered care home. One recommendation was made for the Care Inspectorate. "The Care Inspectorate should review how it can be satisfied that specialist services which are predominantly designed for people with learning disabilities or mental health problems are able to meet the needs of people with autistic spectrum disorders placed in their care". We are currently reviewing our inspection methodology and how we apply conditions of registration in care homes and will take cognisance of the results of this investigation. We will also continue to work closely with the MWC to take forward the wider learning from this tragic case.

The implementation of the Children and Young People (Scotland) Act 2014 has a range of implications for early years services including the expansion of the entitlement for all three and four year olds to 600 hours nursery provision and provision for eligible two year olds. Inspectors are continuing to focus on the implementation of these areas during this inspection year and gathering qualitative information to contribute to a national report on the impact of the expansion which we aim to publish late in 2016. An initial report of our findings of the innovative practice and implementation issues had been collated and is due for publication in February 2016. This report will support the Government's new commitment to expanding the entitlement of each child to 1140 hours by 2020. The Care Inspectorate has been invited to join an Early Learning and Childcare Strategic Forum chaired by the Minister for Children & Young People.

We have worked with the police, independent providers and social work in regard to enhancing the wellbeing of looked after and accommodated children in the Dumfries & Galloway area, focusing on identifying and reacting to risk, managing the impact on local community and recognising impact on local policing services. The partnership have been reviewing the volume of police call outs to individual services and we have already noted that the services are not actively notifying the Care Inspectorate of some of the events as they are required to do. Providers have been reminded that they are duty bound to notify the Care Inspectorate as such information contributes to the overall risk assessment that subsequently informs inspection and regulatory activity relating to individual services.

In conjunction with the Scottish Government, we have been working with the five secure care providers and have agreed a national approach in the event of a secure service having to be evacuated for some reason. A series of meetings were convened and our legal team colleagues were consulted. The outcome is that all secure services will vary their conditions to include contingency planning should any service have to be closed for whatever reason. This will help safeguard young people and communities. This need was identified after a recent fire in a secure accommodation service.

The Ministerial Working Group to prevent and tackle child sexual exploitation has been refreshed and is now chaired by the Minister for Children and Young People. The Care Inspectorate had been represented on the previous group and had been actively involved in work over the summer months of last year around raising public awareness through a Scottish Government sponsored and coordinated media campaign taking place in January 2016. Once again, we were invited to become a member of the refreshed group chaired by the Minister.

## **Notable scrutiny and improvement interventions – community care**

We have worked closely with the project leads at NHS Caring for Smiles to raise awareness about best practice in oral health care within the sector. The Care Inspectorate will build on this by having a focus on oral health care in the 2016/17 inspections of care homes for older people. Specific targeted questions about oral health care will be included as a focus in 150 care homes as part of thematic work around dementia. Key questions have been developed in collaboration with NHS Caring for Smiles lead officers. The findings will be part of a wider national public report about the quality of care and life for older people with dementia living in care homes.

The care service providers represented at the Scottish Care/CPSS/Care Inspectorate liaison group commented positively about their experience of a partnership approach to improvement and inspection. We have received examples of letters from providers complementing their inspector on this partnership approach and sharing of knowledge to improve outcomes for residents which reinforced this positive feedback.

We have been in regular discussion with Scottish Government policy officials on the Care Inspectorate's potential role in developing a scrutiny and improvement approach for community justice in light of the Community Justice Scotland Bill. Earlier this year the Community Justice Redesign Project Board formally asked the Care Inspectorate to lead on the development of a Quality Improvement Framework for Community Justice Services in Scotland. This work commenced in Q3 and will run until November 2016 with funding provided by Scottish Government. In November 2015 we appointed a Strategic Inspector to lead this work in partnership with Scottish Government and the sector. The primary purpose of this Quality Improvement Framework is to support and build capacity for self-evaluation for improvement. This will be developed in close consultation with the local community justice partners in all 32 local authority areas to ensure 'buy-in'. We know from past experience that this work is of critical importance to building capacity for joint self-evaluation across services and ultimately supporting inspection.

By the end of Q3 we had completed all field work activity in respect of joint inspections of health and social work inspections for both East Lothian and South Lanarkshire. These reports are nearing the end of the quality assurance process in order to be sent to the partnerships for comments and matters of accuracy prior to publication. During Q3 we also notified and commenced joint inspections in Aberdeen and in Dumfries and Galloway. Both of these inspections are undertaking some early changes in methodology agreed from the review group. These changes will be reviewed in Q1 in line with the on-going review.

Work continues to develop a new approach to the joint strategic inspection of services for adults, in partnership with Healthcare Improvement Scotland. In September 2015 a Short-life Review Group was established to lead the development and implementation of this work. This Short-Life Review Group met regularly during Q3 where the focus was on determining, from the current model, what works well and what needs to improve. Within the Care Inspectorate a cross-directorate group of senior managers and strategic inspectors have been supporting this work which culminated in a presentation to both the Board of the Care Inspectorate and the Board of Healthcare Improvement Scotland in December 2015 to inform them of the work thus far and seek their endorsement of the early proposals on the way forward. In Q4 work will continue to develop the revised methodology which will be tested during the three planned joint strategic inspections of services for adults that we plan to carry out in 2016/17. We have begun preparations to establish a High Level Advisory Group to inform this work by providing comment, advice and guidance on the proposed inspection model, including its overall purpose and scope, and on the more detailed inspection methodology as it is being developed and implemented. Membership will be drawn from a range of health and social work professionals and relevant stakeholders from other organisations.

### **Other work supporting improvements in the quality of care**

We have continued to improve and make more responsive our approach to health improvement support. Using a more flexible model, we have strengthened the skills and capacity mix in the Health Improvement Team around children's healthcare, learning disability, and health networks. We published a major resource on effective practice in continence, and have been preparing for national and local training events to support joint working between health and social care staff. A nurse consultant in infection prevention and control funded by Scottish Government has been appointed by HPS, and seconded to the Care Inspectorate to support capacity building and improvement in care services and partnerships.

We have received agreement for funding from the Scottish Government to establish and develop an induction programme for childminders and are recruiting at present.

Working closely with SSSC, we chair and are leading a programme board to develop refreshed guidance on safer recruitment across the care sector, which is a key strand of work arising from the Scottish Government's vision and strategy for social work.

In Q3, we completed the joint thematic inspection of multiagency public protection arrangements (MAPPA) with HMICS (Her Majesty's Inspectorate of Constabulary in Scotland), and published the national report of our findings in November 2015.



### Inspections Completed - KPIs

We completed 99% (1,701 inspections) of our planned statutory inspections in Q1 to Q3 (KPI 1(a)).

60% of our statutory inspections were completed by the last possible date of inspection (KPI 1(b)). This is lower than the 70% completed before the last possible date in Q1 to Q3 of 2014/15.

We completed 85% (5,097 inspections) of our total planned number of inspections for the year to date (KPI 1(c)). This is lower than the 87% (5,562 inspections) completed in Q1 to Q3 of last year.

### Inspections Completed - commentary

Team Managers have continued to prioritise statutory inspections and poorly performing services where there is risk to people who use care services. This is evident in the high percentage of statutory inspections completed for Older People's services (103% of statutory inspections planned up to 31<sup>st</sup> December are completed).

All regulated care service teams continue to be affected by vacancies and staff sickness. In Early years we have recruited 6 new inspectors who have now completed their induction and are now carrying out inspections. These appointments will support us meeting the inspection plan towards the end of this inspection year.

While we are making strenuous efforts to complete early years inspections it is now clear that it will be extremely challenging to meet the end-of-year target due to vacancies earlier in the year, staff sickness in some teams and additional time being spent in services where there have been concerns and improvement work needed.

We have also had a number of challenges from providers in relation to a decrease in grades in some services and this has resulted in additional meetings with providers who have challenged the outcome of their inspection and in our providing advice and guidance in relation to improvement.

### Inspections Completed – commentary continued

While there is a perception that grades have reduced in a significant number of Early Years services this year, this cannot be evidenced until the end of the inspection year when we will provide an analysis for the board.

In order to maximise and target inspections to be carried out by the end of the year, we are taking a risk based and proportionate approach to how and which services we inspect. Team managers are risk assessing services that will not have their scheduled inspection due to lack of capacity to ensure that these services are low risk.

**Note:** At a development event on 30 October 2015, the Board were provided with comprehensive analysis on the Care Inspectorate's current and past performance on delivering the scrutiny and improvement plan. This included information from the diary exercise and capacity information gathered over the past 3 years not previously available to the Board. It was clearly shown that in order to deliver the current scrutiny and improvement plan for 2015-16, the Inspection Directorate would have needed to start the inspection year with around 27.5 FTE additional inspectors to that of their current, authorised establishment. Moreover, this situation was compounded by the fact that the Inspection Directorate started the inspection year with around 20 FTE vacancies due to inefficiencies in the recruitment process which the Acting Director of Inspection has now rectified and given assurance that he will assume personal responsibility for workforce planning going forward. It was recognised that it would probably be around October 2015 before these vacancies were all filled and staff inducted thereafter. The Board revisited this issue when they convened formally on 18 December 2015 and agreed this record and the Chair requested that this information should be reflected in the final two quarterly performance reports for 2015/16 to serve as a reminder of previous discussions.

**Enforcements issued in Q1 to Q3**

In Q1 to Q3 we sent a total of 236 enforcement notices. 117 of these were ‘technical’ enforcements (for example procedures we use to cancel services if we cannot contact them any longer or procedures relating to inactive services). 119 enforcements were notices related to the quality of care (‘non-technical’) of which 94 were notices issued for outstanding PVG checks in Childminding services. The 25 non PVG related notices are broken down by service type in the following table:

<b>Care Service</b>	<b>Number of enforcements</b>	<b>Number of Services</b>
Child Minding	14	6
Daycare of Children	6	5
Support Service	2	2
Care Homes	3	2

The inactive care services policy and procedure came on stream in Q2. We have adopted a policy position where any service can make an application to stop operating for up to 12 months, without having to cancel their registration. Where we grant such an application, a service will be referred to as ‘inactive’. Prior to the service becoming operational again, it is the provider’s responsibility to ensure the service is ‘fit’ to operate and can meet the needs of the service users.

During Q3 letters were sent to the 600 current inactive services seeking them to cancel, become active or seek being inactive under new policy. This will end the “technical enforcement” process we currently have allowing for greater overview and clarity of enforcement about poor outcomes and safe care.

## Strategic Objective 2- To contribute to building a rights based world class care system in Scotland

**Quality Indicator 2 - Partnership Working. We will identify our key partners and how we can work effectively together in an atmosphere of mutual trust and respect to improve the quality of care, support and protection provided to children and adults throughout Scotland who use services, their families and carers and the wider public.**

### **Progress against Key Priorities**

Our inspectors, team managers and specialist health improvement staff continue to work closely with providers to improve the quality of care outwith inspection. For example, we attended Care Visions Managers Development Event where we gave a presentation on the current methodology and National Care Standards review. We have been providing an input to various providers in regard to self-assessment and other issues linked to regulation in the children's services field. Some new managers of care services have received no real training in regard to completing self-assessments, particularly relating to differentiating between processes and outcomes. Feedback received from managers indicate they now feel better informed and equipped to complete the self-assessments in a more outcome focussed manner. We have worked jointly with Education Scotland and the Registrar of Independent schools in an unscheduled joint inspection of an independent school.

We have provided advice and guidance to the two partnership areas that are undertaking the Scottish Government pilot to test the potential for Self-Directed Support being offered to care home residents. Moray and East Renfrewshire Councils are taking this forward, which will test the demand and potential for residents in care homes to purchase their care separately from their board and lodgings arrangements. We have recognised the importance of ensuring that our approach to registration and inspection is as enabling as the regulations allow and are working in partnership to support this innovation. The Self-Directed Support Expert Group identified the need to provide development opportunities for Inspectors to consider the implications of Self-Directed Support (SDS) for their work. In partnership with the SSSC, we developed and delivered a programme with input from the Scottish Government, the SSSC, Social Work Scotland and two Independent Sector providers. Over fifty Inspectors, including some from our Registration and Complaints teams, attended these events to consider the emergence of SDS, its impact on providers and its implications for regulation. The evaluations from these events were very positive and will inform further sessions, to include Strategic Inspectors.

We continued to strengthen our partnership with Her Majesty's Inspectorate of Prisons (HMIP). During Q3, we fielded a strategic inspector and, for the first time, an inspector from an Early Years team to assist in inspections in Cornton Vale and Grampian prisons which include mother and baby units. As a result of our contribution in these, and previous inspections, HMIP have asked us to assist in a review and development of their inspection methodology, which we will do in Q4.

The Adult Protection Expert Group has carried out a review of a Serious Case Review (SCR) into Orchid View Care Home in West Sussex. This followed a Coroner's Inquiry which found that five residents had died as a result of neglect and many others had received poor care. Having been severely criticised by the Coroner the CQC (Care Quality Commission) had also reviewed their actions at that time. The Adult Protection Expert Group reviewed both the SCR and the CQC's report to assess the risk of a similar situation arising here and to consider the lessons learned. This was discussed by the Executive Team and a number of actions were agreed to strengthen the Care Inspectorate's role.

The Partnership Forum met in December to discuss Career Pathways which will reshape our workforce and provide additional opportunities to develop into different roles to support inspectors. A cross working group will be established to progress this work.

We have continued to lead the development of the new National Care Standards in conjunction with Healthcare Improvement Scotland. During Q3, we managed and concluded a consultation exercise on behalf of the development groups around the draft overarching principles of the standards. We received 1,700 responses a significant number (40%) from people who use care services, or their families and carers. There was overwhelming support for the draft principles, and numerous helpful comments about their order and interrelationship which informed further analysis and work to be undertaken in Q4.

During Q3, we continued to work with Healthcare Improvement Scotland around their proposed new methodology framework for reviewing the quality of healthcare, including an analysis of the proposed domains for review.

We continue to share intelligence and information with other scrutiny and improvement bodies and are increasingly seeking more formalised and effective arrangements for doing this. We have continued to work in the Sharing Intelligence for Health and Social Care group and began discussions with the UK Border Agency also.

**Strategic Objective 3- To support peoples' understanding of high quality, safe and compassionate care by promoting the standards and quality of service they should expect and make sure their voices are heard**

**Quality Indicator 3 - Improvements in Involving People. We will involve children and adults throughout Scotland who use services, their families and carers and the wider public in the design and delivery of our scrutiny functions.**

We presented to the Board of Governors of an independent school on the responsibilities of being provider of a registered service and offering guidance in terms of their oversight of safe care, GIRFEC and service development – this invite was extended following a previous presentation to another independent school.

We have been undertaking improvement work in partnership with an independent provider on the their corporate medication training, administration and recording procedures, after identifying areas of development across services.

We have been working with Ash Scotland to agree and begin developing joint best practice advice for care homes for children and young people on tobacco use.

During Q3 we highlighted a total of seven examples of good practice in improving outcomes for children, young people and their families by community planning partnerships. All of these examples are highlighted in our published joint inspection reports to encourage other partnerships to learn from them.

- We held our biggest ever involvement conference on 5 November 2016 in the Hallmark Hotel, Glasgow with around 80 involved people, including Inspection Volunteers in attendance.
- We produced our Involvement Strategy summary leaflet which highlights our commitments and actions in relation to our involvement activities
- We started our Investors in Volunteers journey with a workshop in Glasgow and completed our self-assessment which we submitted to Volunteer Scotland in December 2015.
- We held a meeting with Disclosure Scotland to look at areas where we could carry out some joint consultation and focus groups.
- We held a 2 day training course for 6 new Inspection Volunteers in late October
- Our pilot project for Inspection Volunteers with a diagnosis of dementia got underway in October with 4 new Inspection Volunteers being recruited in December.

Inspection volunteers have been involved in 135 inspections in Q3, and 413 inspections in total this year so far. This means that around 8% of the inspections carried out this year involved an Inspection Volunteer.

The number of inspections in Q3 that included an Inspection Volunteer was lower than in Q2, but this is to be expected due to reduced availability of volunteers due to holiday commitments.

Inspection volunteers have spoken to 779 people receiving services and 290 family members or friends. A total of 808 hours has been spent on inspection activity by our volunteers in Q3. There are currently 73 inspection volunteers who are active and available for inspections.

We exhibited at the following external conferences during Q3:

**October**

- Early Years Scotland Annual Conference
- CELCIS 2015

**November**

- 8<sup>th</sup> Annual Regulation event
- Abbeyfield National Conference
- Care Inspectorate Involvement Conference
- Scotland's Dementia Strategy Commitment
- Expanding Horizons – East Dunbartonshire Council
- Scottish Care – Care Home Annual Conference

## Strategic Objective 4- To build capacity within care settings to make sure there is high quality development and improvement of rights based care across Scotland

In addition to the Early Years forum we have also attended a series of events for providers and staff in services. These have taken place across the country hosted by; Play Scotland, SCMA, NDNA and SOSCN. These events have enabled our Inspectors to meet with the groups outwith our inspection activity to share and support best practice and improvement.

During Q3 link inspectors have provided specific support to community planning partners in Moray, Orkney and North Ayrshire to build capacity for self-evaluation and improvement. The link inspectors have provided support, advice, challenge and oversight to partners in these areas in undertaking quality assurance work or to support improved children's services planning.

We have worked closely with Scottish Government around the Integrated Improvement Resource, combining some of the work of the Joint Improvement Team, QuEST, and HIS' improvement function, including through membership of the governance body.

### Monitoring Measures

In Q1 to Q3 97% of the services that started the year with all themes graded as good (4) or better had either maintained or improved upon these good grades by 31 December (MM-1(a)). This is a slight improvement on the 96% of services in that maintained or improved their good grades in Q1 to Q3 of 2014/15. Only 12% of all graded services at 31 December had any quality themes graded as unsatisfactory, weak or adequate (1, 2 or 3) (MM-1(b)). This matches the 12% of services with these grades in 2014/15.

## Strategic Objective 5- To support and inform local and national policy development by providing high quality, evidence based advice and information on care

### Quality Indicator 2- Partnership Working. See above under strategic objective 2.

We continue to respond to media, public and government requests for statistical information. In Q3 we responded to 22 Freedom of Information requests, 9 requests under the Data Protection Act, 1 Scottish Parliament request and 18 Scottish Government requests. One of the FOI requests did not meet the statutory deadline due to delays in the request being passed to the Information Governance Team.

We have contributed to the development of the Scottish Governments strategy in relation to people who go missing from Care Services. It is recognised that people, (including children, young people, vulnerable adults and older people) using care service can be amongst the most vulnerable of missing people and the strategy aims to understand the reasons why people go missing so that robust preventative measures can be put in place to reduce the risk of this happening.

We have responded to 35 consultations in 2015/16 so far, including 14 in Q3. These were:

- Healthcare Improvement Scotland consultation on proposals for a new model of reviewing the quality of care in Scotland
- Complaints concerning functions relating to the named person and child's plan
- Informal consultation on Part 12 (Services in relation to children at risk of becoming looked after etc) of the Children and Young People (Scotland) Act 2014
- Proposals for the creation of an Offence of Wilful Neglect or Ill-treatment with regard to services for Children under the age of 18- Further Engagement
- A transformational plan for children and young people requiring support from Allied Health Professionals (AHPs)
- Consultation on Order to amend disclosure legislation in force



- Scottish Human Rights Commission Consultation - Help us shape our future work
- Consultation on working together for people who go missing in Scotland
- Consultation on Draft Decision Making Guidance for Foster Carers
- Consultation on Draft Order to revise the procedures for complaints about social work
- Migration Advisory Committee (MAC) call for evidence review: shortage occupation list - nurses
- Consultation on the current and anticipated future use and needs of Early Learning and Childcare (ELC) data
- Consultation on Scotland's new National Care Standards

## Strategic Objective 6- To perform effectively and efficiently as an independent scrutiny and improvement body and work in partnership with others

In Q3 the new Contact Centre was fully established and one new operator, two new advisers and contact centre manager were recruited. During November and December some existing operators moved to new roles, which presented challenges for the new staff members. However during the months of Q3 the Contact Centre received a total of 5,789 calls, a similar volume to Q1 and Q2.

The National Enquiry Line received a total of 18,210 calls in Q1 to Q3. This is higher than the 17,572 calls we received in Q1 to Q3 last year. The most common areas that these calls related to are as follows:

- General Enquiries
- Staff or Office enquiries
- Registration enquiries
- E-forms or Website queries
- Publication requests
- Complaints

In addition to this the Contact Centre now receive and record complaints at first point of contact, including adult and child protection referrals and referrals to Fire and Police. This has obviously impacted on call handling times, for example the average call handling time by the previous National Enquiry Line was 2.3 minutes per call and this has increased due to complaints handling to 4.4 minutes per call. As well as managing the new responsibilities, the Contact Centre team have shown flexibility and sustainability in being able to undertake training throughout Q3 whilst continuing to deliver an efficient service to stakeholders and members of the public.

The short life working group on Geographic Alignment has reported to the Executive Team and the broad recommendations given were accepted to be taken forward. The short life working group used focus groups to engage with inspectors and administration colleagues to inform this report.

In Q3 we produced and/or published the following publications and reports (both internal and external):

- Annual Report and Accounts 2014-15
- Board Meeting Papers – 18 December
- Care News - Autumn 2015
- Childcare Statistics 2014
- Joint Thematic Review of MAPPA in Scotland – 2015
- Improving Care in Scotland: What the Care Inspectorate did in 2014/15
- Services for children and young people in Renfrewshire
- Services for children and young people in Aberdeenshire
- Services for children and young people in Stirling
- Services for children and young people in Clackmannanshire
- Letter to NHS Highland - 17 December 2015
- Joint inspection of services for older people in Shetland
- Annual Returns 2016 - Daycare of childrens services ELCC questions
- Annual Returns 2016 - Childminders ELCC questions
- Annual Returns 2016: Child Sexual Exploitation Questions
- Annual Returns 2016: Intermediate Care Questions
- Annual Returns: Frequently asked questions
- Adults with incapacity - Certificate of authority: Application to vary part 4
- Promoting continence – poster (updated design)
- Promoting continence - pocket guide (updated design)
- Managing falls and fractures in care homes for older people: DVD education pack
- Telecare matters: A quick guide to technology enabled care and support
- Seating matters
- Falls: Information for family and friends
- Prompting, assisting and administration of medication in a care setting
- Equality Impact Assessment: Equality Outcomes and Mainstreaming Report 2015-17
- Equality Impact Assessment: Involvement Strategy
- Equality Outcomes and Mainstreaming Report 2015-17
- MOU - Scottish Social Services Council (SSSC): Appendix 2
- Passionate about good childcare (updated)
- Care News - Autumn 2015 Evaluation of 'Care...about physical activity'
- Involve newsletter (Jan - Aug 2015)
- Processing applications to register organisations as providers of care services
- Guidance for the cancellation of care service registration under section 64(4) of the Public Services Reform (Scotland) Act 2010
- Shared Parental Leave Policy
- Carers Leave Policy
- Alcohol and Drugs Misuse Policy
- Equal Pay Policy Statement
- Career Break Policy
- Interim recruitment and selection guidance for inspectors and team managers
- Continuous Education Policy
- Flexible Working Policy
- Homeworking policy
- Homeworking application pack
- Flexible Working Formal Review of Temporary Arrangements
- Flexible Working Reviews - December 2015 to March 2016 - Checklist for Managers
- Job Evaluations Appeal Process
- Frequently Asked Questions: Job Evaluation Exercise – Phase 2 (2015/16)
- Being an associate assessor with the Care Inspectorate - info for employers
- Being an associate assessor with the Care Inspectorate
- Associate assessor - nomination form
- People like us Magazine issue 1

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

- Short observational framework inspection (SOFI) Tool
- Promoting continence – putting theory into practice (application form)
- National Care Standards – overarching principles consultation
- Involvement Conference Evaluation
- Finance and Corporate Governance survey 2015
- Involved People - Equality Monitoring Information
- Evaluations of Assessment Centres

#### **Quality Indicator 4- Best Value. Developing, implementing and reviewing our strategies and policies.**

Progress against the HR policy programme during Quarter 3 proceeded to plan. The following policies were approved at the September Resources Committee;

- Alcohol and drugs misuse
- Homeworking
- Flexible working
- Equal Pay
- Career Break
- Carer's Leave
- Shared parental leave

The following policies are going through consultation, these include;

- Salary Protection
- Grievance Policy
- Workforce change
- Retirement policy
- zero tolerance
- Corporate Health and Safety Policy

Training continued to be rolled out across the organisation on the Carer's duties as part of the attainment of the Carer's Kitemark award. This recognises employers who actively support carers at work.

Bitesize training sessions have been delivered recently on flexible working to provide support and advice on how to properly deploy the policy and ensure these are being applied fairly and equitably. Further bite size sessions will be scheduled this year.

#### **Quality Indicator 5- Staff Experience. Developing and deploying our staff in line with corporate aims and objectives.**

The Healthy Working Lives group are continuing to work towards the silver award. We are also making progress against our Health and Safety improvement action plan following the fundamental review of health and safety in February 2015.

The new corporate induction is being piloted with 18 new inspectors who recently joined the organisation. Induction sessions started in January and will run to May. Evaluation of this new approach will assist in the future development of the induction experience.

A short life working group representative of the inspection, registration and complaints workforce is working on a devolved budget model for conferences and national development days. They are also looking at the best way to collate learning needs analysis and turn this into a robust programme for learning.

**Quality Indicator 6- Leadership and Direction. Developing our vision, values and principles and acting as role models. We will create a clear vision for the Care Inspectorate and communicate this effectively to all our staff to direct them in their work.**

During Q3, the review of the Senior Management team structure continued and preparations for the recruitment of directors commenced. Further work is anticipated in Q4 and beyond to develop and embed the structure.

**Quality Indicator 7- Quality assurance and improvement of the Care Inspectorate.**

The Care Inspectorate continues to use Inspection Satisfaction Questionnaires to assess the quality of care service inspections. This is measured as the satisfaction of care service staff and people who use care services with the inspection and whether they think the service quality will improve following inspection. We recently revised our Inspection Satisfaction Questionnaires and in the process improved the wording in some of the questions that we regularly report on.

In Quarter 3 97% of staff and 94% of people who use care services thought that the quality of their care service would improve (or the high quality will be maintained) following the inspection (Staff total 908 respondents, service users total 324 respondents).

This is an improvement compared to Q3 of 2014/15 when 93% of staff and 89% of service users thought that the quality of their care service would improve following the inspection.

The Care Standards Questionnaires are completed by people who use services and their relatives and carers. We analysed questionnaires from 5,272 services in Q3. In 93% of care services, 90% or more respondents were satisfied or very satisfied with the overall quality of the service. This is an improvement on the 91% seen in Q3 of 2014/15.

The service types with the highest proportion of satisfied or very satisfied respondents were Childminders (100% from 661 responses) and Daycare of Children (96% from 1,654 responses). The service type with the lowest rate of satisfied or very satisfied respondents was Children's Residential Services with 77% from 219 responses.

We issued 73% of draft care service inspection reports within 20 working days in Q1 to Q3. 88% of final inspection reports issued in Q1 to Q3 were published within 13 weeks of the inspection feedback date. In Q1 to Q3 of 2014/15, we issued 82% of draft reports and 93% of final reports within timescales.

### **Complaints about the Care Inspectorate**

We received 57 complaints about the Care Inspectorate in Q1 to Q3. As at 31 December, five are in progress, 39 have been withdrawn, and 13 investigations have been completed. Of the withdrawn complaints, 20 were resolved by frontline resolution, 6 were withdrawn due to not being able to obtain further information from an anonymous complainant, three were not within our remit to investigate, 8 were withdrawn for other reasons and in two cases the complainant did not wish to proceed with the complaint.

We completed investigations into 20 complaints about the Care Inspectorate in Q1 to Q3 (some of these were received in 2014/15). 10 complaint investigations (50%) were completed within 20 days of being formally registered (KPI 5). At 31 December there were five complaints investigations still in progress. All five were received in December and late November 2015.

No complaints about the Care Inspectorate that were investigated by the Scottish Public Services Ombudsman in Q1 to Q3 required the Care Inspectorate to make improvements (MM-4). In Q2 we received a decision letter from SPSO relating to a complaint from 2014/15 that included recommendations.

### **Complaints about Care Services**

We received 3,158 complaints in Q1 to Q3, a decrease of 7% compared to the 3,392 received in Q1 to Q3 of 2014/15 (although worth bearing in mind that in 2014/15 we received more complaints than in any year previous).

In Q1 to Q3, 99% of complaints acknowledged had their acknowledgement letter sent within 3 working days (KPI 6a). This is the same as the 99% in Q1 to Q3 of 2014/15. Our target level is 100%. This does not include withdrawn cases (for example where the complainant does not wish to proceed, or the complaint is about a matter that we cannot investigate) or where the complainant is anonymous, has only supplied their name or requested no correspondence.

21% of the complaints that were withdrawn before formal registration were resolved by frontline resolution (KPI 6(b)). This is a new KPI for 2015/16 and this year will be a baseline year.

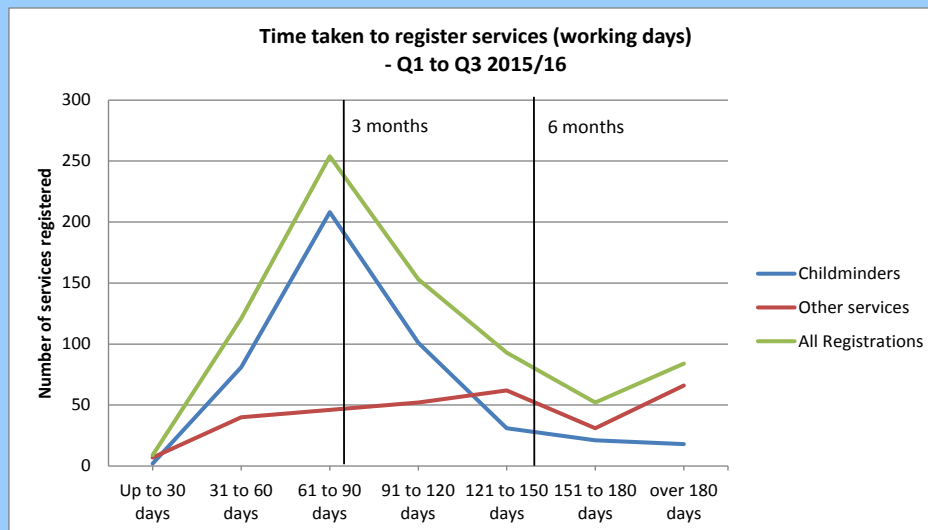
In Q1 to Q3, we completed 70% of complaint investigations within 40 days – short of our 80% target (KPI 6(c)). This is also lower than the 81% of complaints in Q1 to Q3 of 2014/15 that were completed within 40 days. Where we have not been able to meet the 40 day target, in the majority of cases we have agreed an extension to the timescale with the complainant. In Q1 to Q3, 99% of completed complaints we have either met the 40 day timescale, or had an extension agreed with the complainant.

We continue to monitor the length of it time it takes us to agree the heads of complaint with complainants (MM-5). In Q1 to Q3 40% of complaints were registered within 10 days, 70% were registered within 20 days, 83% of complaints were registered within 30 days. 17% of complaints were registered more than 30 days after receipt of the complaint. We don't have a target for this new Monitoring Measure, but we will monitor the trend throughout 2015/16.

## Registrations

Overall, we completed 75% of registrations within timescales in Q1 to Q3 (KPI 6(d)). 62% of childminder registrations were completed within three months and 89% of other care service types were registered within six months (cases that went over the timescales but for reasons outwith our control are exempt from this target). This is lower than our target of 85% and slightly lower than in Q1 to Q3 last year when we completed 77% within timescale overall (with 71% of Childminders completed within 3 months and 88% of other services completed within 6 months).

The chart below shows the number of registrations completed by the time taken to complete in working days (this includes cases exempt from the KPI).



The most common reasons for delays in the registration process were:

1. Applicant did not take the required actions
2. Other (External reasons)
3. Other (Internal Care Inspectorate reasons, e.g. unplanned staff absence or unavailability of specialist staff)
4. Referees did not respond within timescale
5. Applicant requested the registration to be put on hold

## Variations

We completed 2,009 variations in Q1 to Q3 (MM-3). The most common types of variation completed so far this year were:

- Change in Conditions of Registration,
- Change in Capacity,
- Change of Premises,
- Change of Operation times.

In Q1 to Q3 of 2014/15 we completed 3,204 variations; however this includes over 800 change of operation times variations in Daycare of Children services to make capacity for the increase in free childcare hours.