



Monitoring our Performance 2016-17

Quarter 1 report

1st April 2016 to 30th June 2016

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 923 inspections carried out during Q1 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 the year). A total of 1,304 hours was spent on improvement work during these 923 inspections (for an average of 1.4 hours per inspection). This is in addition to the average time spent of 27.4 hours per inspection in 2016/17.

In 2016/17, 28% of inspections where improvement work was carried out were in Childminding services, 31% were inspections in Daycare of Children services, 21% were in Care Home services and 17% were in Care at Home and Housing Support services.

Work is on-going to capture and meaningfully present information about improvement activities undertaken outwith inspections.

Improvement activities included:

- advice on the implementation of 'GIRFEC' and 'Building the Ambition',
- improving care plans so that meaningful activity is recorded,
- developing action plans in the service,
- advice on participation and developing questionnaires,
- advising on infection prevention in children's daycare services,
- advice on revalidation for nurses working in the service,
- advising on how a service helps meet the 'Keys to Life' priority outcomes,
- guidance around notifications and legislative requirements,
- signposting to best practice in relation to dementia care.

Progress against Key Priorities

Methodology developments

The new inspection methodology which is proportionate, targeted and outcome based has been implemented since April 2016. For Q2 onwards we have introduced new report formats to develop more outcome-focussed reports that will better inform the public in choosing and using services. Our inspection staff have all received a minimum of two days training to support the change and the Team Managers received separate training on how to support teams through change and to undertake robust quality assurance.

The introduction of the new inspection reports will make them more accessible to the public. Through the review of our methodology we have consulted with a range of stakeholders who use and provide services and the outcome of this has informed the development of our new report format. The new reports do not include the same level of detailed background information, but are clearer about the outcomes of the inspection and the difference the service makes to people's lives. Staff have received training on writing the new reports, an easy-guide for writing has been produced for inspectors by the Communications Team, which provide consistency of style and plain English. Our Communications Team has also provided updated training to individual inspectors and teams on request.

The Complaints Team has introduced a new report format that was piloted last year and was found to be very successful. This provides the complainant and the service that is the subject of the complaint with clear information on the reasons why the complaint was upheld, or not upheld. It has enabled us to develop a more efficient approach, which no longer requires us to write separate letters to both parties, instead of which we now send a standard covering letter with the complaint report. This has resulted in a reduction in the time taken to write reports and feedback from complainants and providers is that the new format allows them to see the evidence of our determination and decision-making.

The established framework of shared inspections between the Care Inspectorate Education Scotland is currently being reviewed. This review is to support alignment of the shared inspection with the new inspection methodology introduced on 1 July 2016.

The registration team is piloting a new approach where an applicant to register a new care service is also an existing provider of other care services which provide good quality outcomes for service users. This follows a more proportionate process for assessing the fitness of the provider and reduces duplication of processes. The registration assessment process continues to consider other aspects of the application with the aim of supporting positive outcomes for the people who will use the care service.

Notable scrutiny and improvement interventions

Our inspection teams are continuing to deliver targeted improvement work outwith inspection, with evidence that this is improving outcomes for service users. One such example is the work that two inspectors have advanced with Balhousie Care Group to develop more effective working relationships at a corporate level, and amongst a group of their service managers, which has contributed to improvement in services and better outcomes for people who use the services.

Q1 has seen a significant amount of work in refining and improving our inspection approach for joint inspections of services for adults, along with colleagues in Healthcare Improvement Scotland. A joint operational group has been established with the authority to agree a number of changes, and is now overseeing the progress of an action plan bringing together a number of different tasks and workstreams. This quarter has also seen the establishment of a high level advisory group which has been configured to give us the perspectives of key stakeholders from both health and social care in taking forward the methodology. This complements a similar participative and stakeholder-focused approach in methodology around regulated care services.

Adult Services Inspection Team Managers are currently developing an approach to quality assuring our new, shorter and outcome-focussed inspection reports, to achieve greater consistency. In the meantime, individual Team Managers continue to quality assure reports, to carry out direct observation of staff practice and to provide constructive feedback to individual members of staff.

The Complaints Team has introduced a new approach to reviewing the outcome of complaints investigations. This involves discussing findings at management meetings, to share learning with other Team Managers, to quality assure and improve consistency. Individual Team Managers then take this back to their team, to ensure inform learning and develop practice.

All the Complaints Teams have introduced a process of peer review, which has supported the introduction of the new complaint reports and helps to ensure that they are increasingly outcome-focussed and evidence-based.

We have reviewed our quality assurance process for the joint inspections of services for adults and identified a number of areas which require improved joint working between the Care Inspectorate and HIS to ensure sufficient rigour at key points in the inspection footprint. This has been very helpful in informing actions to strengthen resourcing from our scrutiny partner into these inspections.

To support the expansion of Early Learning and Childcare (ELC) by 2020 to 1140 hours for each eligible child, Scottish Government has established a steering group to develop design principles for daycare of children services. Scottish Government has agreed to fund the secondment of an inspector for six months to join the Children and Families Directorate to support the research and delivery of the resource.

Services providing school aged childcare will participate in a quality audit this inspection year, “How good is our school aged childcare?” (HGIOSAC). The audit started in April and will be ongoing until March 2017. During each inspection we will gather information on children’s opportunities to have fun, develop friendships, link with local community and learn new skills in an environment with staff that are caring and supportive. This work is framed within the current framework of Getting it Right for Every Child” (GIRFEC) taking account of the SHANARRI well-being indicators, Playwork Principles and Article 31 of UNCRC.

To support staff in assessing the quality of experiences of school aged children, a bespoke development event was delivered to all inspectors. Inspectors were also provided with links to best practice guidance, research and theory that could support their work. The findings from the audit will be published by the Care Inspectorate in the autumn of 2017.

The Adult Services Team and our Dementia Consultant have developed an Inspection Focus Area (IFA) for 2016/17 inspections on good outcomes for people with dementia who live in care homes. This links directly to the national dementia standards and Scottish Government policy on dementia care in Scotland.

A report will be produced on the outcome of the IFA and we will develop an action plan for improvement, agreed with other partners including Scottish Government, SSSC, NES and MWC. All inspection staff carrying out this focussed inspection have received training and these inspections commenced on 1 June.

Inspections Completed - KPIs

We completed 80% (465 inspections) of our planned statutory inspections in Q1(KPI 1(a)).

71% of our statutory inspections were completed by the last possible date of inspection (KPI 1(b)). This matches the 71% completed before the last possible date in Q1 of 2015/16.

We completed 66% (1,569 inspections) of our total planned number of inspections for the year to date (KPI 1(c)). This is lower than the 69% of target that we completed in Q1 of 2015/16, but slightly higher in terms of actual inspections completed (1,535 inspections).

Enforcements issued

In Q1 we served a total of 57 enforcement notices. 17 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). 40 enforcements were notices related to the quality of care (‘non-technical’) of which 35 were notices issued for outstanding PVG checks in Childminding services.

The remaining 5 quality of care related notices were all section 62 Improvement Notices and are broken down by service type in the following table:

Care Service	Number of enforcements	Number of Services
Daycare of Children	2	2
Support Service	1	1
Care Homes	2	2

There were some common themes in the non-technical enforcements issued in Q1, such as;

- All of the enforcements contained some sort of requirement relating to the proper provision for health and welfare of service users;
- 4 required the service to ensure personal plans were in place and implemented.
- 3 had elements relating to ensuring that staff are suitably qualified and there are enough of them at any one time to provide a safe, quality service for service users;
- 2 contained elements relating to providing the service in a manner which promotes quality, safety and is inclusive for the service user in determining how it is provided to them;
- 2 related to how the service reviews the service user’s personal plan.
- 1 had a requirement to ensure training for staff was provided (specifically to do with medication management) and this was regularly reviewed
- 1 contained an element which required the service to ensure the manager has the skills, knowledge and experience for their role (in particular around child protection policies and procedures).

(NOTE: it is common for one enforcement letter to include requirements across multiple themes)

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

We are working in partnership with Education Scotland and other key partners to develop a shared approach to evaluation of childminders providing funded ELC. A project group has been established to consider;

- Support and guidance for inspectors to support evaluations for two year old children.
- Develop a shared self-assessment for providers to reduce duplication.

This shared approach will support the current and future expansion of ELC, particularly for those childminders providing funded ELC for the first time.

Work is ongoing with regard to how the registration team use intelligence that is available to the team on the ability of an applicant to provide high quality care. The registration team is reviewing how we use intelligence available from external sources such as SSSC and Social Work in the assessment of applicant's fitness.

The development of the Childminding induction framework continued in Q1. This will support people who wish to provide a childminding service. Development of building design guidance to support daycare of children services to build or refurbish early learning and childcare centres, taking account of best practice and good design principles, commenced in Q1.

Along with SSSC and NES, we have developed an 'Enhanced Dementia Resource for Regulators' to ensure that staff are aware of Dementia Strategy, Dementia Standards and best practice in care of people living with dementia. We have recently trained facilitators from Adult Services' Teams who are now taking this training out to all adult inspectors in inspection, registration and complaints. This will support improvement and enable staff being to direct services to best practice and will ensure better outcomes for people receiving services. We continue to meet regularly and liaise with both CCPS and Scottish Care to discuss areas of mutual interest, such as our new methodology, the revised National Care Standards, their recruitment challenge and the possible development of the Contact Manager role.

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.

Adult Services Team Managers attended a national adult protection day with Chairs of Adult Protection Committees. This allowed us to share information and understand the different roles and consider some questions around our practice.

We have introduced new ASP/CP procedure and policy and training is being developed for staff. The new policy strengthens our role in ensuring that referrals are received and taken forward where appropriate.

The HUB continues to develop and Adult Services is commencing work on an improvement tool box for inspectors to support them signposting to good practice

We have introduced the use of inspection volunteers in complaint investigations to ensure that we gather the views of people who use services. We will monitor this and evaluate the use of inspection volunteers and the value they bring to complaint investigations.

In total we carried out 200 inspections in Q1 that involved Inspection Volunteers. This means that around 13% of the inspections carried out this year involved an Inspection Volunteer. This is higher than the 124 inspections that involved an Inspection Volunteer in Q1 of 2014/15. The majority of the inspections carried out involving Inspection Volunteers in Q1 were in Care Homes for Older People.

At the end of Q1 we had 71 active Inspection Volunteers active and available for inspections. We continually seek to recruit new Inspection Volunteers with 18 interviews for potential new candidates scheduled in Q2.

In Q1 Inspection volunteers have spoken to 1,171 people receiving services and 475 family members or friends. A total of 1,269 hours has been spent on inspection activity by our volunteers this year.

We exhibited/presented at the following external conferences in Q1:

April

- Dementia Congress - Heather Edwards held a workshop
- Care Inspectorate Adult and Child Protection Event
- Generations working together – Edith Macintosh held a workshop

May

- Childminding Together Day

June

- Alzheimers Scotland annual conference
- Getting it right in out of school care
- SIRCC annual conference
- Social Work Scotland annual conference
- Scottish Care Care at Home Conference – Gordon Paterson and Heather Edwards presented.

We have continued to consult with staff on key areas which affect them, including the development of new success measures, development arrangements for managers, healthy working lives, and the role of the team manager.

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

During Q1 there has been ongoing engagement with service providers to share the new approach to inspections of care services. This is beneficial in engagement and creating a shared understanding of proportionate and targeted regulation. Engagement has included a number of providers across sectors individually and in group settings.

One Adult Services inspection team took a new approach to working with a provider who, for a number of years, has consistently challenged the outcomes of inspections. The team manager met with the provider and invited them to shadow the inspectors and see what they seen at inspection, be part of discussion and the conclusions that they reached. This has now taken place and has been successful, with early indications that improvements are being made at the service. This is an innovative way of managing challenge, providing a useful learning opportunity for us as an organisation with the potential to develop further and wider.

Link inspectors have worked with community planning partnerships in East and North Ayrshire, North Lanarkshire, East Lothian and Inverclyde to provide support and challenge to their self-evaluation activity in relation to both work with children and young people, and with adults. The relevant link inspectors have also assisted West Dunbartonshire and Argyll and Bute in self-evaluation activity around their corporate parenting effectiveness.

Monitoring Measures

At the end of Q1 99% 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 30 June (MM-1(a)). This is the same as the 99% of services that maintained or improved their good grades in Q1 of 2015/16. Only 11% of all graded services at 30 June had any quality themes graded as unsatisfactory, weak or adequate (1, 2 or 3) (MM-1(b)). This is similar to the 12% of services with these grades in Q1 of 2015/16.

The fieldwork phase of the validated self-evaluation of the work of Alcohol and Drugs Partnerships was completed at the end of this quarter. The team will now begin the analysis of the material to inform the drafting of the national report which is due for publication by the end of Q3.

A workshop was held with members of the community justice reference group to help them consider key concepts around self-evaluation using an EFQM framework and support them in their contribution to the community justice quality improvement model. The project lead had meetings with key scrutiny partners and key personnel around the country who will work in the new partnerships to explore their needs and strategies to build capacity for self-evaluation.

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 have responded to 5 consultations in Q1. These included:

- Consultation on Publication of draft standards for prevention and management of pressure ulcers
- Consultation on the Protection of Vulnerable Groups (Scotland) Act 2007: Section 35 (2) and (3)
- Consultation on the implementation of the Mental Health Act (Scotland) 2015 and Associated regulations (Part 1)
- Consultation on the Minimum Age of Criminal Responsibility
- Consultation on Children's Rights and Services Planning

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

We continue to respond to media, public and government requests for statistical information. In Q1 we responded to 24 Freedom of Information requests and 15 requests under the Data Protection Act. Three of the Freedom of Information requests completed had revised deadline dates agreed with the enquirer due to the complexity of the requests.

In Q1 2016/17 the Contact Centre received 6,118 calls, which is higher than the 6,023 we received in Q1 of 2015/16.

In addition, as part of organisation restructure the Contact Centre merged with the eForms and ICT Helpdesk on 4 July.

The most common areas of calls for Q1 2016/17 are as follows:

General Enquiries (including Internal Queries) – 2,620 calls

Complaints - 480 calls

Registration Enquiries - 597 calls

E-forms and Website Enquiries - 201 calls

Publication Requests - 73 calls

Information Governance - 44 calls

Work has progressed in Q1 to deliver career pathways for inspectors and admins staff, better approaches to recruitment and support embedding the new senior management structure and next layer of management.

We are represented on a digital short life working group setup by the NDPB CEO Forum which is committed to exploring shared opportunities across the public sector to maximise effectiveness through joint working. The first group meeting took place in Q1, with the following work agreed to be carried out and reported back to the full Forum.

- Review any work carried out over the past five years by the NDPB Forum on shared digital and IT infrastructure opportunities
- Discuss the impact of any projects emerging from this work
- Discuss the work currently underway by the Scottish Government to stimulate digital transformation across the public sector
- Reflect on the work of the Digital Eco-system Unit and identify potential opportunities to feed into their pilots (currently include licensing and funding)
- Agree key themes for potential future joint working
- Develop a proposal for next steps for consideration by the wider NDPB Forum for discussion later this year (date to be confirmed).

During Q1 we continued to post information on our social media platforms, including sharing information that we had posted on our own websites or partner organisations news. Our engagement with people who use Facebook and Twitter continues to grow rapidly.

In Q1 we concluded memoranda of understanding with the Office of the Chief Social Worker and the Nursing and Midwifery Council. In addition, we are in the course of negotiating, drafting or adjusting memoranda of understanding with a further 14 bodies.

We continue to engage with Scottish Government colleagues in relation to the review of the legislative regime under which the Care Inspectorate operates, but are dependent on Scottish Government to agree suggested changes and translate this into legislative change.

The staff pay remit was approved by Scottish Government and has subsequently been agreed by the Partnership Forum.

The Procurement Development Group met on 30 June 2016 and approved the training plan and revised procurement strategy for submission to the Executive Team and Resources Committee.

The Health and Safety Committee met on 30 May 2016 and considered reports on operational Health and Safety matters as well as monitoring progress on delivering the Health and Safety Action Plan.

Good progress was made in Q1 with the Digital Transformation Programme – positive working relationships are being developed with key Scottish Government personnel who are preparing a costed proposal for Executive Team consideration in the first instance.

The Annual Report and Accounts were submitted to Audit Scotland by the required deadline.

In Q1 we produced and/or published the following publications and reports (both internal and external):

- Joint inspection on services for children and young people in Scottish Borders
- 2014/15 PSR Bill
- Joint inspection of services for children and young people in Falkirk
- Joint inspection of services for older people in South Lanarkshire
- Code of practice for joint inspections of services for children
- Health Guidance: Take Home Naloxone in Social Care Services
- MOU - General Pharmaceutical Council
- MOU - NHS24
- MOU - HMRC, National Savings and Investments
- MOU - Chief Social Work Officer, Scottish Government
- Prevention of Fraud Policy
- Joint inspection of services for older people in East Lothian
- Review of Scotland's early learning and childcare expansion 2016
Care News - Spring 2016
- How we assess the ability of a manager in terms of their skills, knowledge and experience, to manage a care service – Guidance for Care Inspectorate Staff
- Applicants for registration who currently or have previously provided a care service – Guidance for Care Inspectorate Staff
- Policy on peripatetic management arrangements
- Procedures for inspecting regulated care services 2016 – 2017
- How to use the Record of Inspection - practice guide for staff
- Care Service Inspection Report Writing Procedure July 2016
- Inspection Planning Procedure and Guidance
- SSSC process and procedures FAQ for staff
- Dementia Inspection Focus Area Practice Guide for Inspectors
- Sampling guidance for the Dementia IFA 2016/17
- Dementia IFA Inspections – Process Guidance for administration and inspection staff involved in the Dementia IFA inspections in June 2016
- Promoting positive outcomes for people living with dementia
- How the Dementia IFA influences the IRT for sampled services.
- Project Initiation Document (PID)
- Referrals to SSSC - Guidance for inspectors
- Frequently asked questions about the Adults with Incapacity (Scotland) Act 2000 for inspectors
- Child Sexual Exploitation Scoping Exercise
- What to do if you are concerned about the safety of an adult or child
- Child and adult protection policy
- Admin Inspection Guidance
- Guidance for Care Inspectorate Staff - Explanation of SSSC regulations
- Quality Audit - How Good Is Our School Aged Childcare
- Day Care for Children services: "How good is our school aged childcare?"
Quality Audit 2016-2017
- Children and Young People (Scotland) Act 2014
- Voluntary Early Retiral / Redundancy Guidance
- Zero Tolerance Policy
- Flexi Time Scheme Guidance
- Pride Edinburgh leaflet
- How the Care can Help MPs and their researchers in their parliamentary work
- How we write
- How the Care Inspectorate can help MSPs and their researchers in their parliamentary work
- NCS: the principles pocket guide
- Take Home Naloxone in Social Care Services
- Managing falls and fractures in care homes for older people: good practice resource
- Factsheet for Drug & Alcohol Services Inspection
- Child Development Factsheet
- Child Obesity Factsheet
- Foetal Alcohol Spectrum Disorder Factsheet
- Anaphylaxis Factsheet
- Female Genital Mutilation
- Enteral Feeding Factsheet
- Joint response to medication scenarios in drug and alcohol services and related inspections
- Indicators of Good Practice in Drug and Alcohol Services
- Quarter 4 ISQ staff analysis
- Quarter 4 ISQ service user analysis
- Protection of Vulnerable Groups (Scotland) Act 2007 (the 'PVG' Act') - Child-minding assistant information sheet update
- Carrying out a review of Business Plans and Financial Forecasts
- Protection of Vulnerable Groups (Scotland) Act 2007 (the 'PVG' Act') - Child-minding assistant information sheet update
- About the Contact Centre

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

In Q1 the overall percentage sickness absence was 3.8%. This is lower than the overall rate of 4.8% for the whole of 2015/16. The Chartered Institute of Personnel and Development (CIPD) reported that the average absence rate for the public sector for 2015 was 3.8%,

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 Q1 94% of staff and 97% 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 144 respondents, service users total 238 respondents).

These percentages match the levels seen in Q1 of 2015/16.

The Care Standards Questionnaires are completed by people who use services and their relatives and carers. We analysed questionnaires from 2,723 services in Q1. In 92% of care services, 90% or more respondents were satisfied or very satisfied with the overall quality of the service. This is slightly lower than the 94% seen in Q1 of 2015/16.

The service types with the highest proportion of satisfied or very satisfied respondents were Childminders (100% from 85 responses) and Daycare of Children (98% from 924 responses). The service type with the lowest rate of satisfied or very satisfied respondents was Children's Residential Services with 76% from 139 responses.

We issued 73% of draft care service inspection reports within 20 working days in Q1. 94% of final inspection reports issued in Q1 were published within 13 weeks of the inspection feedback date. In Q1 of 2015/16, we issued 71% of draft reports and 95% of final reports within timescales.

Complaints about the Care Inspectorate

We received 27 complaints about the Care Inspectorate in Q1. As at 30 June, 13 investigations have been completed, 8 are in progress and six have been withdrawn.

We completed investigations into 16 complaints about the Care Inspectorate in Q1 (some of these were received in 2015/16). 15 complaint investigations (94%) were completed within 20 days of being formally registered (KPI 5).

No complaints about the Care Inspectorate that were investigated by the Scottish Public Services Ombudsman in Q1 required the Care Inspectorate to make improvements (MM-4).

Complaints about Care Services

We received 970 complaints in Q1, a decrease of 8% compared to the 1,054 received in Q1 of 2015/16.

In Q1, 99% of complaints acknowledged had their acknowledgement letter sent within 3 working days (KPI 6a). This is the same as the 99% in Q1 of 2015/16. 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.

17% of the complaints that were withdrawn before formal registration were resolved by frontline resolution (KPI 6(b)). This is lower than the 26% seen in Q1 of 2015/16. In terms of all complaints received, 5% were closed by frontline resolution. Again this is slightly lower than the 7% of all complaints received that were resolved by frontline resolution in Q1 of 2015/16.

In Q1 we completed 76% of complaint investigations within 40 days – short of our 80% target (KPI 6(c)). This is slightly higher than the 75% of complaints in Q1 of 2015/16 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, 99.5% of completed complaints 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 54% of complaints were registered within 10 days, 79% were registered within 20 days, 88% of complaints were registered within 30 days. 12% of complaints were registered more than 30 days after receipt of the complaint. This is an improvement compared to Q1 of 2015/16 when we registered only 39% of complaints within 10 days, 64% within 20 days and 76% within 30 days.

Registrations

In total, we completed 221 new registrations in Q1. This is a slight increase decrease to the 230 completed in Q1 of 2015/16.

Overall, we completed 87% of registrations within timescales in Q1 (KPI 6(d)). Our target is 85%. Cases that went over the timescales but for reasons outwith our control are exempt from this target. In Q1 there were 87 registration cases that were delayed for reasons outwith our control, this is lower than the 112 in Q1 of 2015/16. Around three quarters of these exempt cases in Q1 are childminding services.

95% of childminder registrations were completed within three months and 80% of other care service types were registered within six months. This is an overall improvement compared to last year when we completed 85% within timescale (with 79% of Childminders completed within 3 months and 94% of other services completed within 6 months). These figures do not include cases that are exempt from KPI 6(d).

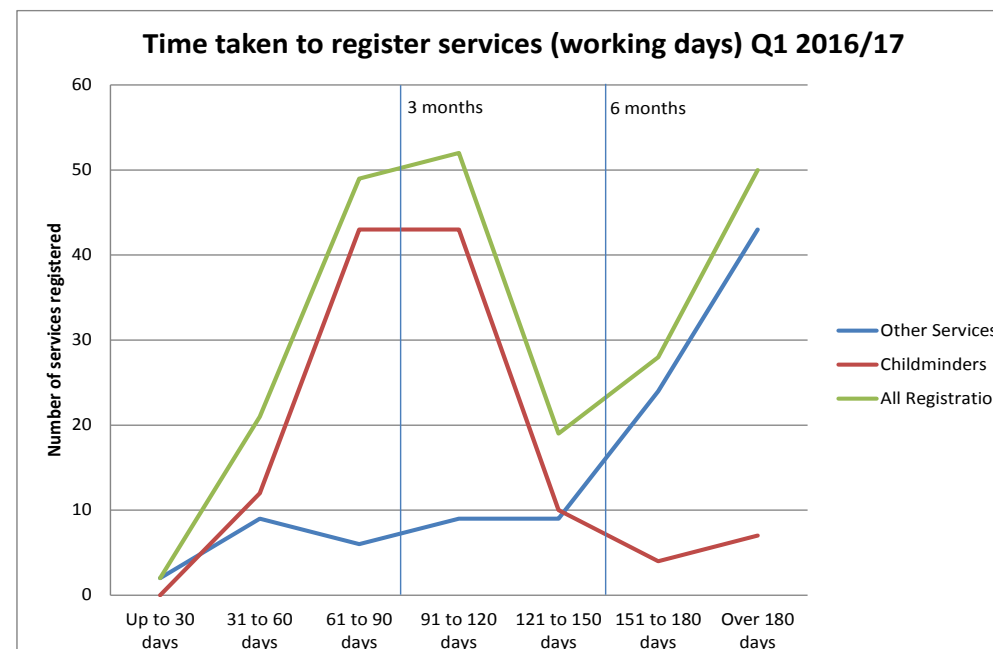
The chart on the opposite side of the page shows an illustration of the time taken to complete all registrations, including those exempt from the KPI, in terms of working days. This chart shows that:

- The majority of Childminder registrations are completed within 100 working days, or roughly 4 calendar months.
- Other service types typically take longer to complete the registration process. Many cases completed in Q1 have taken over 150 working days to complete. The majority of these were subject to external delays outwith our control.

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

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

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).



Variations

We completed 627 variations in Q1 (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 of 2015/16 we completed 624 variations.