



## Monitoring our Performance 2015-16

Quarter 4 report

1<sup>st</sup> April 2015 to 31<sup>st</sup> March 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 3,869 inspections carried out during 2015/16 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 7,100 hours was spent on improvement work during these 3,869 inspections (for an average of 1.8 hours per inspection).

This almost 2 hours per inspection is in addition to the average time spent of 27.8 hours per inspection in 2015/16.

In 2016/16, 29% of inspections where improvement work was carried out were in Childminding services, 30% were inspections in Daycare of Children services, 24% were in Care Home services and 10% were in Care at Home services. Further work is being undertaken to improve the recording and analysis of this information which has been recorded only since April 2015.

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

Improvement activities included:

- advising on best practice and using The Hub,
- advice on developing personal plans,
- guidance on supervision and training,
- discussion around increasing participation and involvement for those with complex needs,
- advice on the implementation of GIRFEC,
- developing quality assurance systems,
- advice on improving the quality of self-assessments,
- improving methods of risk assessment.

## Progress against Key Priorities

### Methodology developments

We have commissioned Strathclyde University to carry out an external evaluation of our childminding inspection methodology that we introduced in 2014/15. The initial findings are positive with providers finding the new approach to inspection more focused on the experience of children and less on processes and paperwork. The shorter format inspection report and the focus on outcomes have also been well received. The evaluation has also identified some areas for improvement which will be progressed. The group sought to obtain parental feedback but this has been limited to date.

During the last quarter we have undertaken two tests of change in a range of early years services (Validation Inspections and Themed Inspections in Daycare Services). The inspection methodologies that were piloted have been proportionate, targeted, risk based and focused on outcomes for children while taking account of the quality assurance systems and improvements made in the service since the last inspection. There was positive engagement with inspectors in this new approach, and we have delivered a range of development sessions. Inspectors and Team Managers have contributed to the guidance and the development of inspection prompts to support the evolving methodology. These tests of change will be evaluated at the end of the programme but initial feedback from staff and providers has been positive.

We have some good examples of where targeted improvement work has resulted in services ensuring better outcomes for children. One example of this is a nursery Aberdeen which, after many years of a difficult relationship between the provider and the Care Inspectorate, including lengthy legal action, we have managed to engage the service in an improvement journey. Through inspection and regular contact the provider recognised the positive impact when working in partnership. In addition to signposting good practice we arranged for the provider to visit another well performing service to gain support through others. During the most recent inspection of the service in May the service received three grades of adequate and one grade of weak which is the most significant improvement since 2009. The inspection noted that children were settled and relaxed and supported by staff providing better play experiences. Staff were more responsive to children's needs which resulted in better experiences for children. The service now has the next steps for improvement outlined including extending children's learning, fun, confidence and achievement. This would be supported through development of staff knowledge and skills. We will continue to support the provider and staff team to develop the service.

We will continue to support our inspectors in implementing the new methodology and Team Managers are looking at ways in which they can provide support and ensure robust quality assurance in relation to inspection. Significant time was spent in Q4 preparing changes to systems, processes and inspection approaches for application in Q1 of 2016/17. This included online approaches to developing staff in new methodological approaches.

The continuing development of the Care Inspectorate Hub is assisting us with improvement work we are undertaking with services. Inspectors are routinely signposting services to guidance and information on best practice held there. The range of content on The Hub has been expanded, including by introducing thematic sections to supported identified need in services, such as a new dementia section.

### **Notable scrutiny and improvement interventions**

The Care Inspectorate recognises that a positive approach to risk is required so that services can achieve the best outcomes for children. A rigid approach results in children not having experiences that help them learn and grow in confidence. We have therefore issued a position statement on a positive approach to risk in play aimed at assisting services in taking a more holistic risk based approach, and were pleased that this approach was endorsed by the minister for children and young people.

We have worked with Scottish Government and SOSCN (Scottish Out of School Care) to develop a quality audit framework to focus on the quality and the experience of school aged children. We will carry out a quality audit “How Good is Our School Aged Childcare” in services offering provision to school aged children. The evaluations will be used to develop a national report regarding the quality of care for this age group. Inspectors have been fully involved in developing this approach to ensure that we are focused and inspect areas that research has evidenced is important to children.

We are establishing a project group in partnership with Education Scotland (ES) and other key stakeholders including SCMA (Scottish Childminding Association), ADES (Association of Directors of Education in Scotland) and Scottish Government to develop an inspection model and related inspection practice for childminders providing funded Early Learning and Childcare (ELC). A strategic group drawn from ES and the Care Inspectorate will oversee the project’s development and progress. Both organisations currently have a very successful shared inspection programme for daycare of children services which provide funded ELC however this approach would not be appropriate for the home based care that childminders provide. The project will therefore develop a shared approach to evaluating outcomes for children accessing ELC through these services to ensure continuity of approach to childminders no matter which body is inspecting outcomes for children.

The launch of My World Outdoors is a resource which shares good practice in how early years services can provide play and learning opportunities for children outdoors. This was developed in partnership with a wide range of services who shared their effective practice, which had been identified by inspectors as being particularly noteworthy. This was launched by the minister for children and young people and the Care Inspectorate Chief Executive received positive feedback. We are continuing to collate practice examples which will add to the information available on The Hub to support innovation and improvement.

We are continuing to work with SSSC to arrange further development opportunities for Inspectors in relation to the introduction of Self-Directed Support. In Q4 we reviewed the evaluations from our previous training sessions, which were generally very positive, and began to plan a further session which will involve Strategic Inspectors. We have also worked with SSSC around the consultation on the codes of practice and on fostering standards.

We developed and launched a self assessment tool to support services in assessing their provision for people with a diagnosis of dementia.

We have worked with a wide range of partners to keep the skills mix in care homes under review, noting the critical role nurses play in many care services and the challenging recruitment environment.

### Inspections Completed - KPIs

We completed 99.9% (2,231 inspections) of our planned statutory inspections in 2015/16 (KPI 1(a)).

52% of our statutory inspections were completed by the last possible date of inspection (KPI 1(b)). This is lower than the 72% completed before the last possible date in 2014/15. However, we introduced new tests of change during the year such as follow up inspections.

We completed 95% (7,409 inspections) of our total planned number of inspections for the year to date (KPI 1(c)). This is lower than the 97% (7,818 inspections) completed last year.

12% of inspections that were planned as follow-up inspections in 2015/16 were carried out as full graded inspections in 2015/16 (KPI 2).

### Inspections Completed - commentary

Some Inspection teams have continued to experience a higher than expected sickness absence into Q4. This combined with the number of vacancies throughout the year in Inspection teams has created challenges. Despite these challenges the overall performance of the teams on undertaking inspection activity has been exceptional.

Recruitment in Q4 led to assessments centres being held in May 2016 resulting in the appointment of five inspectors to the Adults team and one to the Early Years team. Opportunities for two-year secondments from Health Boards and Local Authorities to the Care Inspectorate were advertised in May 2016 with an assessment centre scheduled for July 2016. A further recruitment of inspectors will be held in September 2016.

Towards the end of the year, Team Managers continually reviewed workloads and evaluated risk to ensure that statutory inspections and inspections in poorly performing services were carried out as a priority. There are 267 lower risk services that were not inspected in 2015/16 due to capacity issues that are being prioritised in the first quarter of the new inspection year alongside services in this year's inspection plan that have been identified as poorly performing.

**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 2015/16 we sent a total of 314 enforcement notices. 124 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). 190 enforcements were notices related to the quality of care (‘non-technical’) of which 158 were notices issued for outstanding PVG checks in Childminding services. The 32 non PVG, non-technical related notices are broken down by service type in the following table:

Care Service	Number of enforcements	Number of Services
Childminding	18	8
Daycare of Children	8	7
Support Service	2	2
Care Homes	4	4

There were some common themes in the non-technical enforcements issued in 2015/16, such as;

- Almost all (97%) of the non-technical enforcements issued contained a requirement relating to the proper provision for health and welfare of service users.
- Half of all cases (50%) contained elements relating to issues around the provision of staff training.
- Almost a quarter (23%) related to the promotion of quality, safety, independence and involvement for service users within the service.
- 23% of cases related to ensuring staff are suitably qualified and that there are enough of them at any one time to provide a safe, quality service for service users.
- Other less common themes included; infection control, suitably qualified management and fitness of premises.  
(note: it is common for one enforcement letter to include requirements across multiple themes)

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**

We met with representatives of CCPS (Coalition of Care and Support Providers), as well as with Alzheimer Scotland and In-Control Scotland to inform our review of the implications of Self-Directed Support for our regulatory practice. This ensures that we can anticipate and address any of the regulatory challenges presented by new and innovative models of care and support and are positive and supportive in our response.

We also 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.

During Q4 we began a programme of work with Education Scotland that will develop a shared approach to scrutiny for childminding services providing funded ELC (Early Learning and Childcare), based on our respective statutory responsibilities and experiences.

During Q4, we concluded our inspection focus activity in relation to the Keys to Life policy and will be examining the findings and aggregating this into a national report which we will produce later in 2016/17. We continue to liaise with the Scottish Government in relation to this key strategy and the work that we are contributing to their assessment of its impact. We have also worked with the Scottish Commission for Learning Disability who are reviewing the oversight and monitoring arrangements for Keys to Life.



**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.**

A pilot project to include inspection volunteers with a diagnosis of dementia started in Q4 with recruitment and training carried out. Inspections will commence later in 2016/17. We held a two day induction event in Q4 for newly recruited Inspection Volunteers and ensured that one of our involved people is helping to support the development of a new professional development award for inspectors.

In total we carried out 561 inspections in 2015/16 that involved Inspection Volunteers. This means that around 8% of the inspections carried out this year involved an Inspection Volunteer. This is slightly lower than the 593 inspections that involved an Inspection Volunteer in 2014/15, but the same in terms of the proportion of inspections completed throughout the year (8% of all inspections carried out in 2014/15).

In total throughout the year we welcomed 14 new Adult Inspection Volunteers and 6 new Young Inspection Volunteers. At the end of Q4 we had 69 active Inspection Volunteers active and available for inspections. Over the year we carried out 19 group meetings for Inspection Volunteers throughout the country.

In 2015/16 Inspection volunteers have spoken to 3,475 people receiving services and 1,387 family members or friends. A total of 3,543 hours has been spent on inspection activity by our volunteers this year.

We exhibited/presented at the following external conferences in Q4:

**January**

- Play Scotland - Playing with Risk: CI supported this event, launching statement on risk

**March**

- MacKay Hannah – Care for Older People
- SSSC – Dementia Ambassadors Conference
- Nursing in Practice Exhibition
- Integrating Health and Social Care conference

We created and circulated the following (internal and external) surveys during Q4:

- Are you inspection ready
- Evaluation of Follow Up Inspections
- Inspector Evaluation
- Evaluation of quality theme inspections
- Review of legal services review
- Promoting continence event evaluation
- Promoting continence event live-web stream evaluation

## 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

Specific improvement activity was undertaken this quarter by link inspectors which included support to Perth and Kinross Children's Services Quality Assurance Group on a revision of their child wellbeing and protection policy and procedures , and assistance in quality assurance of practice through auditing children's records in Clackmannanshire and Stirling.

We have worked closely with the Chief Social Work Advisor and Healthcare Improvement Scotland in developing a strategy to support improvement in the Western Isles following joint inspections of services for children and for adults which took place in 2015.

In Q4 we continued to work with a range of partners to develop a self-evaluation framework for Community Justice. The work is overseen by the Community Justice Re-design Project Board on which the Care Inspectorate is represented by the Director of Scrutiny and Assurance.

We continue to engage with early years stakeholders through the Early Years Forum. The Forum is held bi-monthly to support the work of the Care Inspectorate and share innovative practice across Scotland.

### Monitoring Measures

In 2015/16 96% 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 March (MM-1(a)). This is a slight improvement on the 95% of services in that maintained or improved their good grades in 2014/15. Only 12% of all graded services at 31 March 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.

In 2015/16 we logged 21 referrals to Social Work Adult/Child Protection in RMS (MM-2).

We have recruited 24 associate assessors to work with us on the validated self-evaluation of Alcohol and Drug Partnerships (ADP). Associates are practitioners working in drug and alcohol services or ADP coordinators. While associate assessors routinely work with us on all joint inspections for children, this is the first time we have recruited so many to work with us on a single project. Our aim is to build capacity for self-evaluation within the sector and to develop a resource across the country which can be used by the Quality Subgroup of the national drugs and alcohol implementation strategy to support improvement going forward. We feel this is a very exciting development.

We have further recognised the benefits of “Ready to Read” research in improving literacy skills and attainment for children. In partnership with Save the Children we have drafted a prompt for inspectors to use in inspection. We are considering further integrated work with Save the Children that would provide a range of resources for services to support children to improve skills that will support access to further skills and long term outcomes.

We organised a major conference on promoting continence in care services with an attendance of around 270 delegates, 16 exhibitors and contributions from world-leading experts, the Chief Nursing Officer and people who use services and their carers. The event was webcast and attracted a world-wide audience, with 2,464 views throughout the day (1,632 unique viewers). 62% of viewers were based in Scotland, a quarter of which were from the Highlands and Islands. The remaining 38% of viewers were from outside Scotland, including Europe.

**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.**

In Q4 we have continued to work alongside colleagues in Scottish Government to develop guidance to support the implementation of the Children and Young People (Scotland) Act. This quarter, we have provided expert advice informed by our scrutiny activity on continuing care, kinship care, assessment and planning. We have also worked with Scottish Government and local authority colleagues on the Realigning Children's Services project using the information we have collected to date on integrated children's services planning.

We have responded to 46 consultations in 2015/16, including 11 in Q4. These included:

- Consultation on Scotland's new National Care Standards
- SSSC consultation on Codes of Practice
- Consultation on proposals for the introduction of the role of an Independent National (Whistleblowing) Officer for NHS Scotland
- Consultation on Children and Young People's Commissioner Scotland Draft Strategic Plan for 2016-20
- Call for evidence Public Services Reform (Social Work Complaints Procedure) (Scotland) Order 2016
- Consultation on draft toolkit document for control and management of CPE in non-acute settings
- Consultation on Emergency Care and Treatment Plan
- Consultation on Early Learning and Childcare 1140 hours expansion (Discussion Paper)
- Consultation on Scottish Law Commission report on adults with incapacity
- 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)

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

The National Enquiry Line (NEL) received a total of 23,999 calls in 2015/16. This is higher than the 23,846 calls we received in the previous year.

Since November 2015 the Contact Centre has received and recorded complaints at the first point of contact (including Adult and Child Protection referrals). A summary of the number of calls received in these areas is presented below:

	January	February	March
Complaints by Telephone	151	179	200
Complaints by Other Means	146	181	229
<u>Total Combined Complaints</u>	<u>297</u>	<u>360</u>	<u>429</u>
AP/CP Local Authority Referrals	71	62	45
Police Referrals	4	1	9

The most common reasons for getting in touch with the contact centre in Q4 are summarised in the following table:

Reason for contact	January	February	March
General Enquiries (including Internal)	1,077	1,058	905
Registration Enquiries	116	241	276
E-forms and Website Enquiries	212	285	78
Annual Returns	463	677	167
Information Governance	34	17	13

An inspection of Health and Social Work services within the Aberdeen City Partnership highlighted some significant concerns in respect of Adult Support and Protection procedures and practices. The partnership acted quickly to the highlighted concerns and commissioned an independent review to be undertaken. We supported elements of this commissioned review by sharing our developed file reading template, providing training on use of the database and supporting the file reading exercise of this review. Three inspectors supported this work for five days.

In Q4 the children's strategic team has worked to finalise the Inspection Lead's guidance which accompanies our externally facing inspection handbook. The guidance is a very important tool in supporting greater consistency across inspection teams and is designed to interface closely with the guidance document used by our business support colleagues who play a critical role in enabling the smooth running of these very complex inspections.

At the end of Q4, the strategic inspection quality group reviewed the feedback questionnaires from the inspections undertaken over the last 12 months to inform the group's work plan for 2016/17.

The two strategic inspection teams met for a development day to explore organisational culture, led by a strategic inspector and a member of the strategic admin team who are Unwritten Ground Rules (UGR) champions. This was an important opportunity to explore perceptions of our organisational culture, surface similarities and differences in the experiences and perceptions of the two teams, and consider the contribution of the strategic inspection workforce to making positive change in the organisation.

We continued our partnership with HMIP, supporting them in their inspection of Grampian and Castle Huntly prisons. We also supported the deputy chief inspector in HMIP in developing a writing guide to support improvement in the quality of reports arising from these inspections.

During Q4 our link inspectors worked with Contact Managers and colleagues in the Intelligence Team to compile performance information for each of the 32 Local Authority areas and, through the Local Area Network (LAN), contributed to the Audit Scotland-led annual Shared Risk Assessment process which results in 32 Local Improvement Plans. The Care Inspectorate leads two of these LANs.

In Q4 we have been supporting the on-going development of the methodology review in respect of joint inspections of health and social work services for adults and older people. Core Group work streams will cover a review of all aspects of the inspection process are allocated to leads from within the entire strategic teams across both Healthcare Improvement Scotland and the Care Inspectorate. The initial work streams have included work on the 'Inspection Handbook', the format for the final inspection report, how to involve people who use services and their carers and how we scope inspections.

We have undertaken improvement work and on-going regulatory activity with a number of high-profile independent schools. This included development sessions with school Governors, managers and staff on support planning and contact with staff and young people, in particular in residences where there had been concerns. We are working to review the way we inspect mainstream independent schools to ensure we can better capture the views of young people and their carers.

We attended a Dundee City Council Information Fair on throughcare services. The purpose of this was to further develop partnership working in regulating their throughcare services and to gain additional intelligence to inform future regulatory activity.



In Q4 we produced and/or published the following publications and reports (both internal and external):

- My World Outdoors
- Promoting Continence Resource
- Care News
- Improving dementia care and support: what matters to you matters to us - Western Isles 2015
- Validation inspections - adults and older people - staff guidance
- Guidance Document for accessing and using Notification Summary Tool
- Adult Support and Protection Expert Group Terms of Reference
- Applications to vary staffing schedules from care homes for older people to replace nurses with skilled nursing assistants and or senior carers due to current difficulties with the recruitment of nurses.
- Dispersed Services Policy Position and Guidance
- How the Care Inspectorate uses requirements and recommendations to help regulated care services improve (updated)
- Themed Inspections - Daycare of Children - 1 April to 1 July 2016
- Validation inspections – Daycare of children - Staff Guidance
- Validation inspections – OP and Adult Services - Staff Guidance
- Procedures for inspecting regulated care services 2016-17
- Childcare Agency Guidance for Care Inspectorate Staff
- Childcare Agency Guidance for Providers
- Unhappy about a care service (updated)
- Joint inspection of services for children and young people in the Outer Hebrides Community Planning Partnership area
- Joint inspection of services for older people in Argyll and Bute
- Scotland's early learning and childcare
- Joint inspection of services for children and young people in Dundee
- Joint inspection of services for children and young people in Fife
- Joint inspection of services for older people in the Western Isles

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

Our end of year final accounts are still a work in progress at the time of writing, but the latest projected variance based on February monitoring is a projected underspend of £426,000, or 1.20%.

The Care Inspectorate faces significant budget pressures for 2016/17 and future years. The underspend generated in 2015/16 will be required as transitional funding to assist with transitional costs as changes are implemented to balance budgeted expenditure with reduced funding, and the underspend can be carried forward exceptionally to assist with this.

The accounts are due to be completed at the end of June and are subject to external audit scrutiny following this.

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

We have begun development of a new professional development award (PDA) for staff. Longer term we will develop a qualifications structure that includes accredited units that a range of staff will be interested in, however in the first instance we are focussing on the PDA for staff directly involved in scrutiny. This PDA is not being designed as a regulatory qualification, but an award to support inspectors in the art of scrutiny and identifying positive outcomes for people and the steps necessary to improve those outcomes if necessary. We are working with SQA and SSSC to ensure this supports the professional registration of SSSC-registered staff. A formal Qualification Development Team (QDT) has been formed and includes CI inspectors and team managers to advise and assist with the design and development of the PDA. The QDT will meet three times in the first half of 2016/17 to continue this development work. We are continuing to support the NMC revalidation of nurses employed by the Care Inspectorate.

In 2015/16 the overall percentage of sickness absence was 4.8%, 0.8% was short term sickness, 0.7% was mid term sickness and 3.3% was long term sickness. The Chartered Institute of Personnel and Development (CIPD) reported that the average absence rate for the public sector for 2015 is 3.8%, but this does not reflect the very different age profiles of the workforce across different organisations (the Care Inspectorate age profile indicates that 58% of our staff are over 50 years of age).

We have progressed our 'career pathway' pilot by the secondment of an Inspector from the children and justice team to the children's strategic team. The inspector joined the team in January as a development opportunity for a year but we are already noticing the benefits in terms of bringing new thinking into the children's strategic team and helping to find common ground between our strategic and regulated care service scrutiny activity.

Our second and final cohort of strategic inspectors have undertaken EFQM accredited training in February. This included our Inspector secondee and our most recently appointed staff.

**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 Q4, we progressed the final structure for the new senior management team and began the process of advertising vacancies. We worked with the policy committee to revise our current corporate plan. A group of staff concluded work to develop new success and performance measures for the Care Inspectorate. We concluded work to agree a zero tolerance policy for our staff to ensure they can work in safety. We ran health and safety courses for senior executives.

**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 4 98% of staff and 95% 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 1,341 respondents, service users total 489 respondents).

This is an improvement compared to 2014/15 when 96% of staff and 95% 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 5,614 services in Q4. 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 90% seen in 2014/15.

The service types with the highest proportion of satisfied or very satisfied respondents were Childminders (100% from 785 responses) and Daycare of Children (96% from 1,741 responses). The service type with the lowest rate of satisfied or very satisfied respondents was Children's Residential Services with 77% from 222 responses.

We issued 74% of draft care service inspection reports within 20 working days in 2015/16. 89% of final inspection reports issued in 2015/16 were published within 13 weeks of the inspection feedback date. In 2014/15, we issued 80% of draft reports and 92% of final reports within timescales.

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

We received 81 complaints about the Care Inspectorate in 2015/16. As at 31 March 24 investigations have been completed, six are in progress and 51 have been withdrawn. Of the withdrawn complaints, 29 were resolved by frontline resolution, 7 were withdrawn due to not being able to obtain further information from an anonymous complainant, four were not within our remit to investigate, 7 were withdrawn for other reasons and in four cases the complainant did not wish to proceed with the complaint or did not respond to our requests for information needed to proceed.

We completed investigations into 29 complaints about the Care Inspectorate in 2015/16 (some of these were received in 2014/15). 17 complaint investigations (59%) were completed within 20 days of being formally registered (KPI 5). At 31 March there were six complaints investigations still in progress. Five of these were received in March.

No complaints about the Care Inspectorate that were investigated by the Scottish Public Services Ombudsman in 2015/16 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 4,166 complaints in 2015/16, a decrease of 8% compared to the 4,505 received in 2014/15 (although in 2014/15 we received more complaints than in any year previous).

In 2015/16, 98% of complaints acknowledged had their acknowledgement letter sent within 3 working days (KPI 6a). This is the same as the 98% in 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.

22% 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 2015/16, we completed 67% of complaint investigations within 40 days – short of our 80% target (KPI 6(c)). This is also lower than the 78% of complaints in 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 2015/16, 98% 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 2015/16 54% of complaints were registered within 10 days, 67% were registered within 20 days, 92% of complaints were registered within 30 days. 8% 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 continue to monitor the trend. The position at the end of the year is an improvement compared to the situation at the end of Q3 when only 40% of complaints were registered within 10 days, and 17% had taken over 30 days to register.

## Registrations

In total, we completed 1,011 new registrations in 2015/16. This is a slight increase compared to the 981 completed in 2014/15.

Overall, we completed 75% of registrations within timescales in 2015/16 (KPI 6(d)). Cases that went over the timescales but for reasons outwith our control are exempt from this target. In 2015/16, there were 526 registration cases that were delayed for reasons outwith our control, slightly lower than the 541 in 2014/15. Around three quarters of these exempt cases each year are childminding services.

66% of childminder registrations were completed within three months and 85% of other care service types were registered within six months. This is lower than our target of 85% but an improvement compared to last year when we completed 62% within timescale overall (with 37% of Childminders completed within 3 months and 86% of other services completed within 6 months). These figures do not include cases that are exempt from KPI 6(d).

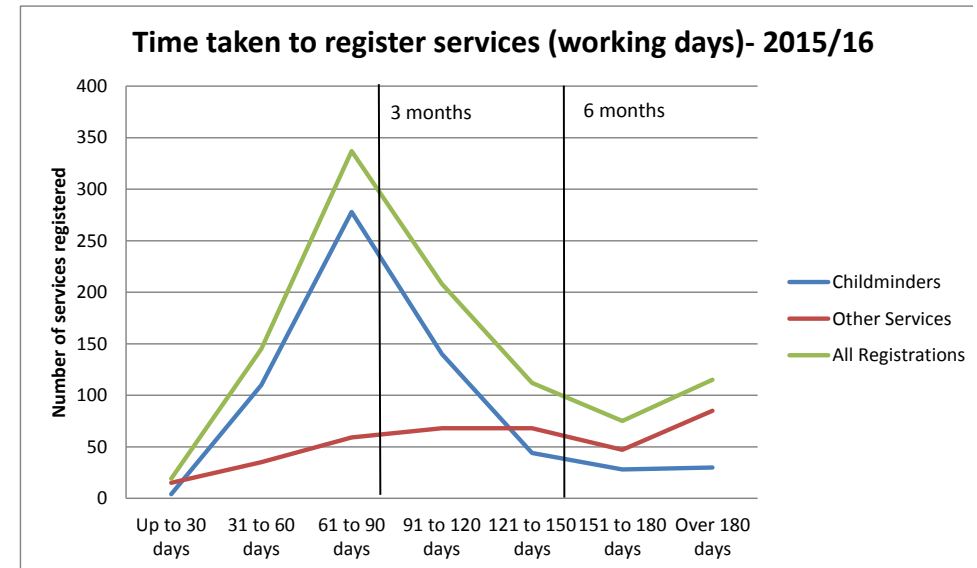
The chart on the opposite side of the page shows an illustration of the time taken to complete all registrations, including those exempt from the KPI, in terms of working days. This chart shows that:

- The majority of registrations are completed within 100 working days, or roughly 4 calendar months.
- Most commonly, childminding registrations are completed within 61 to 90 working days and other service types are completed in 121 to 150 working days.

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

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 2,670 variations in 2015/16 (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 2014/15 we completed 3,939 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.