



CARE INSPECTORATE

# IMPROVEMENT STRATEGY 2017–19



# Introduction

This improvement strategy presents the direction and focus of the Care Inspectorate’s developing approach and contribution to supporting improvement in social care and social work in Scotland for the next two years. The strategy applies across the whole organisation; it sets out what our improvement offer is, indicates what our improvement support is internally and externally and how we can do that well. It describes and suggests ways in which the learning and development needs for our workforce can be supported in order to develop and empower confident agents and leaders of improvement. It also emphasises the importance of working with others and developing improvement alliances to support improvement.

This strategy supports the cultural and strategic changes in our approach to scrutiny and improvement with its increasing focus on outcomes for people and the impact of care. It will also reflect the component parts of our transformational plan.

Over recent years, how we go about providing scrutiny and assurance about the quality of care has shifted focus from compliance (what services are doing to meet various standards, procedures, targets and so on) to an overall approach that supports services to improve. There are two particular levers for this change: a greater emphasis in our methodologies on evaluating the quality of people’s experiences and outcomes, and a new set of health and social care standards that are focused on outcomes and based on human rights and wellbeing. The new standards provide a radical, progressive and person-led approach to planning care and reviewing its quality. They bring constructive challenge to providers and commissioners about how they are improving people’s experiences. This strong focus on what matters most to people will help to further build the culture and understanding of improvement within the Care Inspectorate and across the social care sector. It will undoubtedly bring different opportunities for improvement activity and testing innovative models of care as the new standards are implemented.

This improvement strategy emphasises how we will continue to offer public assurance about what works well, identifying what needs to improve and where it needs to improve, by using the diagnostic elements of modern scrutiny. It also stresses the importance of identifying and disseminating good practice to support improvement, evidencing where good practice is developing as a result of improvement locally and nationally, and encouraging and supporting innovation. This is critical to long-term, sustainable and continuous improvement. This improvement work may be carried out by individual Care Inspectorate staff or in partnership with other scrutiny and improvement partners. We



will also provide and support national improvement programmes to raise the quality of care, where we have the skills and resources to do so. We will offer targeted improvement support to services and providers, based primarily on our inspection findings, in order to guide and support innovation, concentrating it where it can make the most significant impact on driving up care quality.

Improvement, by the very nature of the process, requires us and our partners to work differently and to be united in our approach, and to be optimistic and relentless in the drive for excellent care. In order to see success, the experience, knowledge and input of everyone involved must be valued and respected while working on the principles of collaboration such as 'we all teach and all learn'. Along with celebrating successes, an important component of our improvement work is to recognise and learn from what doesn't work well. This improvement strategy is key to realising our vision for everyone to experience the best health and care possible.



## Background

The Care Inspectorate is a national scrutiny body which supports improvement across social care, social work, early learning and childcare, and criminal justice in Scotland. We are a non-departmental public body that is independent from, but accountable to, the Scottish Government.

Our work stretches across areas such as integrated health and social care, social care that is not integrated, social work, public protection, early learning and childcare, criminal justice social work, youth justice, community justice, and public service reform. We regulate around 13,500 care services and provide strategic scrutiny in local partnerships. We work across 32 local authorities and community planning partnerships in Scotland. Almost 190,000 people work in social care.

**Number of Registered Services by Care Service Type and Service Sector (as at 30 September 2017)** Source: Care Inspectorate Service List at 02 October 2017

Care service	Subtype	Total
Adoption service		38
Adult placement service		40
Care home service	Alcohol and drug misuse	15
	Blood borne virus	1
	Children and young people	290
	Learning disabilities	160
	Mental health problems	55
	Older people	838
	Physical and sensory impairment	39
	Respite care and short breaks	14
Childcare agency		25
Childminding		5,476
Daycare of children		3,706
Fostering service		60
Housing support service		1,066
Nurse agency		77
Offender accommodation service		5
Schoolcare accommodation service	Mainstream residential school	20
	Residential special school	38
	School hostel	7
Secure care accommodation service		5
Support service	Care at home	996
	Other than care at home	479
<b>All types of care service</b>		<b>13,450</b>

We are developing world-class approaches to scrutiny and improvement that focus on the outcomes for people experiencing care. Working collaboratively with many different partners, our aim is for Scotland to have the most advanced system of care scrutiny and improvement support in the world that results in better outcomes for people experiencing care.

Importantly, the Care Inspectorate has a specific duty for improvement:  
Section 44(1) b of the Public Service Reform (Scotland) Act 2010 places upon us

*"the general duty of furthering improvement in the quality of social services".*

In order to achieve our ambitions as an organisation we require a far-reaching, flexible and dynamic improvement strategy that supports our strategic direction, responds to the needs in the sector, fits with national strategy priorities, aligns with our values and supports the corporate objectives to improve the quality of care.

## What is improvement?

One general definition of improvement is **'an act or process which enhances value or excellence'**.

Quality improvement has been defined by some experts as 'the combined, unceasing efforts of everyone – professionals, those experiencing services and their families, researchers, planners, educators and others – to make the changes that will lead to better outcomes (health and social), better system performance (care) and better professional development (learning).

Improvement is a different approach to assuring quality. It goes beyond traditional methods of setting targets, recommendations and requirements in order to see improvement in care quality, where it may be appropriate to do so. It brings a systematic approach to realising improvement in the quality of care which focuses on outcomes for people. While the responsibility for improvement rests with those providing and leading services, a true improvement approach brings people together to identify, plan and make the changes collaboratively where it has been clearly identified that it will make a difference to the lives of individuals. It provides **opportunities** and **generates creativity** and **innovation**.

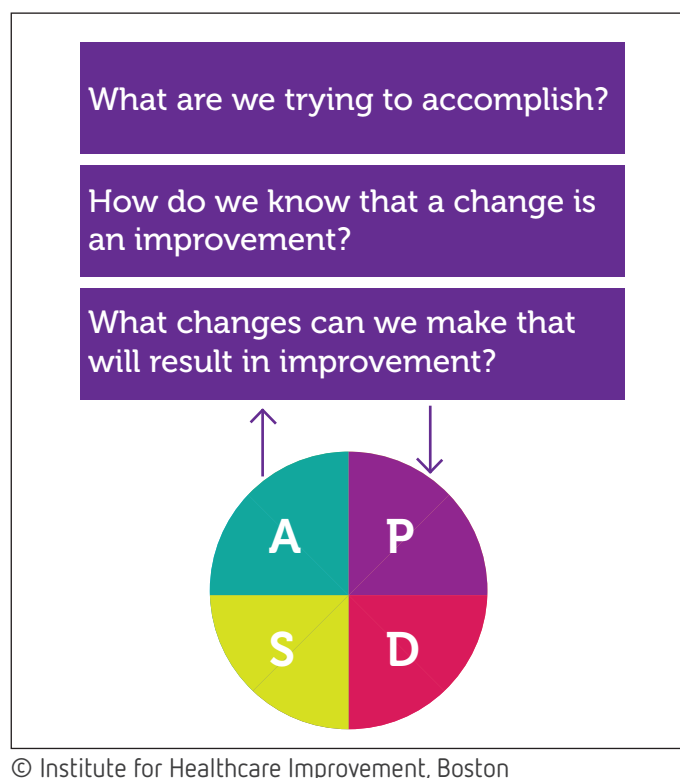
The Institute for Healthcare Improvement (IHI) talks about the 'science of improvement' which indicates that in order to make improvements something fundamentally must change. However, not all changes result in improvements. Therefore, it is necessary to explore where improvement is required and what change may result in improvement, so applying the principles of improvement science and achieving positive, sustainable change. This exploration of what improvement is required may come directly from scrutiny evidence or may take the form of a root cause analysis of systems and processes. The changes may be informed by existing good practice but may also come from testing innovative approaches.

Key principles of improvement science are:

- know why improvement is required
- develop or identify a change you think will result in an improvement
- have a system that will evidence improvement has taken place.

Using the **model for improvement** (figure 1) when planning to carry out improvement work provides a framework in which improvement support can happen. This consists of three fundamental improvement questions in order to define the improvement aim, intended outcome and change idea and also a system for planning and running small tests of change (Plan, Do, Study, Act (PDSA)). This approach has proven to promote efficient and effective, sustainable change and, importantly, provide learning that supports individuals and organisations to build further improvement interventions.

**Figure 1: Model for improvement**



## What is improvement in the Care Inspectorate?

The Care Inspectorate is currently leading or involved in improvement across services in a range of ways, from supporting national, themed improvement programmes to signposting to good practice. Research tells us that improvement work is most successful when it is done in collaboration with colleagues, teams and partners across sectors and organisations, ensuring that the voice of the person experiencing care is valued throughout the process. Outcomes for people and the sector from improvement work to date have been extremely positive. This will expand and grow as we continue with new collaborative opportunities, increased improvement capacity and capability and a focus on evidencing implementation of good practice and improved care.

Scrutiny is a diagnostic tool which evidences to the public, and care leaders, what is working well and what needs to improve. Scrutiny is one of the ways to help inform and prioritise what improvements are required in social care and social work and subsequently, what improvement support is required. Inspectors can take regulatory action where care is failing, but this is a last resort: the preferred approach is to support improvement where possible. As a scrutiny and improvement organisation we will continue to develop how we use scrutiny as a diagnostic tool for identifying improvements. This, with other intelligence gathered, for example through focus areas and our response to national health and social care policy priorities, informs our improvement activity and helps us prioritise and plan.

We take two main approaches to leading and supporting improvement.



- Immediate, as well as short-or medium-term improvement intervention during the inspection process as a direct response to scrutiny where improvements have been identified. This is improvement that is carried out by inspection staff or the local support networks with advice, support and mentoring from our improvement support team where appropriate.
- Themed and focused improvement support programmes – these are planned, longer-term pieces of improvement work. They can be identified and prioritised through intelligence and led by us, or they may be in partnership with other improvement bodies or organisations and supported or led by us. They may be externally funded. The majority of this work is carried out by our improvement support team with involvement from inspection staff and subject matter experts as appropriate.

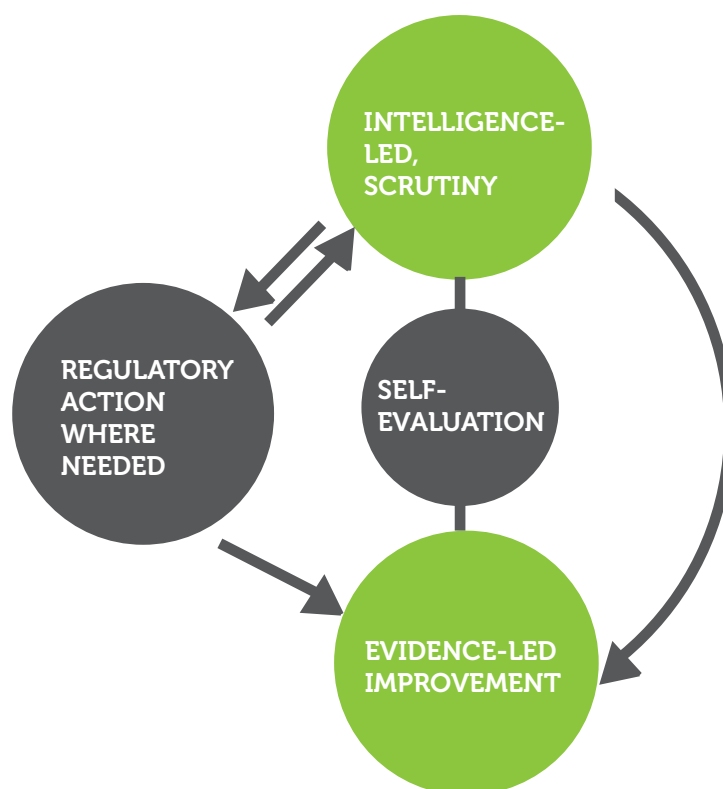
To support these approaches, we need to use the intelligence review and business transformation process to explore what information could be captured, interpreted and used to inform, assist and evidence improvement. This will be an effective use of our resources to help us provide appropriate improvement support that is targeted and measurable.

Our improvement priorities and improvement support plan will be informed by the outcomes from scrutiny and inspection focus areas. As the new Health and Social Care Standards are implemented, we anticipate areas for improvement will be highlighted at local and national level, particularly areas which have not previously been a focus of scrutiny in regulated care services. This is likely to include areas such as strategic commissioning and assessment, both of which inform placement decisions. We will need to be flexible enough to respond to these from an improvement perspective. Also, as scrutiny models and methodology evolve and change over time, improvement priorities and our responses will need to change to reflect that. For example, we may need to provide targeted support where significant difficulties are identified as a result of strategic scrutiny or where different models such as place-based scrutiny are used.

Our model of social care scrutiny and improvement (Figure 2) is designed to improve care quality. Quality is assessed by the extent to which care supports positive outcomes for people. Intelligence-led scrutiny, based on robust self-evaluation by providers, informs evidence-led improvement support.

Our scrutiny does not mandate how improvement must take place – it is up to providers to get the improvement support they need and it is available from a wide range of sources. The model provides independent evidence on whether improvement activity has been successful. We need to expand our concept of evidence-led improvement to include scrutiny evidence that tests the quality of experience and outcomes, as well as research evidence that tests the efficacy of an intervention itself. Combined, there is significant potential for a powerful evidence base to help care improve.

Figure 2: Social care scrutiny and improvement model



## What improvement support do we offer?

Research tells us that improvement should be done by those closest to the front line in order to make changes that are appropriate, sustainable and truly improve the lives of those experiencing care. However, in order to make sustainable improvements improvement support may be necessary and it is almost always helpful, whether this is to partnerships at a strategic level or to providers and care managers locally.

Our improvement support and intervention is primarily provided by inspectors and our improvement support team, through our programmes and by contributing to improvement collaborations such as:

- **other scrutiny and improvement bodies**, for example Healthcare Improvement Scotland (HIS), Education Scotland and the Mental Welfare Commission (MWC)
- **workforce regulators**, for example Scottish Social Services Council (SSSC) and the Nursing and Midwifery Council (NMC)
- **umbrella organisations**, for example the Convention of Scottish Local Authorities (COSLA), the Scottish Out of School Care Network (SOSCN), Social Work Scotland (SWS), Scottish Care, the Coalition of Care and Support Providers Scotland (CCPS) and Early Years Scotland
- **education and training bodies**, such as NHS Education Scotland (NES), colleges and universities.

Examples of the types of improvement support and interventions used most often or that are being developed include:

- improvement conversations, which empower and enable people to see improvement opportunities and put knowledge in to action
- developing and signposting to good practice and resources
- signposting to services and partnerships that evidence good practice and innovation to encourage learning exchange
- improvement workshops with providers, partnerships and others, which offer information on up-to-date good practice, an introduction to improvement techniques and improvement support
- promoting and sharing evidence of improvement work that has been successful
- developing health guidance and advising people and organisations
- translating national strategy to identify improvement opportunities and necessary support
- collaborating with local and national improvement leads and organisations
- leading national improvement programmes such as Care About Physical Activity (CAPA).

The improvement support interventions and collaborative working will be strengthened and extended as skills in improvement increase across the organisation. From 2017/18, our improvement support team will be offering learning and development sessions for staff to develop their skills and confidence in improvement techniques. This will be done in a way that provides learning about improvement models and approaches, practical support to use improvement tools and mentoring to support improvement work.

In order to build and consolidate this learning it would be helpful to explore a model of improvement support that would have identified improvement leads, coaches or ambassadors within teams across the organisation. Link inspectors, contact managers and senior inspectors may have a key role to play in supporting improvement in this way, both in the organisation and across the care sector.

## **Our improvement support team**

Our improvement support team, led by the head of improvement support, is made up of the improvement support team manager, consultants and improvement advisors who have subject matter expertise in specialist areas of health and wellbeing.

The team support improvement in the Care Inspectorate in many ways including developing guidance, providing advice, supporting providers and their services to focus on specific improvements and working with partner organisations to develop educational solutions for the care sector and contribute to strategic improvement activity. The team's Allied Health Professional consultant has a wide role and works with the Scottish Government, other national organisations and care providers, giving strategic leadership, advice and guidance, translating current policy into practice to support the implementation of national health and social care strategies, and identifying improvement opportunities. The team's improvement support and expertise is essential to the Care Inspectorate and care providers, impacting as it does nationally on policy and good practice as well as leading improvement programmes and working in collaboration.

Here are some examples of the improvement projects and programmes taking place over the time period of this strategy.

- Focus on Dementia – an improvement programme for specialist dementia units in collaboration with HIS, NES and Scottish Care.
- Implementation of the SOFI 2 (short observational framework for inspection) in early years by the Care Inspectorate.
- Reducing medication incidents in a care home – we will test this and potentially spread to more services.
- New section on our Hub website, focused on food and fluid in adult care. This project's aim is to create a one-stop shop that highlights best practice, guidance, practical support, contacts, shared learning and ideas around all things food and fluid.
- Reducing Pressure Ulcers in Care Homes improvement programme in partnership with Scottish Patient Safety Programme.
- Care About Physical Activity (CAPA) improvement programme – to promote moving more with care professionals and those experiencing services.
- Continence promotion project - to reduce the amount of urine voided into containment products by 25% for six residents living in a care home for older people over a six-month period - we will test this and potentially spread to more services.
- Development of a model policy that will work as an infection prevention and control tool setting out minimum standards in care homes for care professionals and inspection staff.
- A nutrition publication for early years and childcare services, based on Setting the Table.
- Developing and delivering training in improvement science and Care Inspectorate staff and the care sector.



The team are developing further their improvement capability and all team members will have completed their improvement advisor training through NES by 2018. This will enable the team to provide expert improvement support in a broader way, drawing on subject matter expertise from within the organisation and from external sources, a model they have already started working towards. This is an efficient and effective way of working within the current resources available and supports inspection staff to further develop their understanding and skill in improvement. In turn, this will mean that the workforce will feel more capable and confident to support improvement and work differently. Working in this way allows the organisation to make the most of the inspection staffs expertise, and to nurture and maintain their skills and knowledge. In order to do this well it will be critical to identify a way of mapping expertise and talent across the organisation and facilitating a system for knowledge exchange. This could be addressed through the strategic workforce plan for the organisation.

When needed, we have brought in time-limited improvement support with a specific focus and this has complemented the team and provided flexibility. During 2016/17, we undertook specific work

around early years and we will continue to do this in 2017/18. As part of the strategy, this will continue as and when focused, short-term improvement work is identified through intelligence or from national strategy, and as resources allow.

Over 2017/18, four improvement advisors are joining the improvement support team on a temporary basis. One part-time improvement advisor will focus on early years until the end of March 2018 and one of the three full-time improvement advisors; one will support Care Inspectorate workforce development in improvement capability for one year, one will focus on identifying improvement priorities through complaints till the end of March 2018 and one is a jointly funded post with HIS that will lead improvement work relating to the care sector accessing out of hours services till the end of March 2018. During this period of time, a review will take place to identify portfolios of work within the improvement support team. This provides a leadership focus for themed work in order to identify how to best use available resources in the future and identify any gaps.

During 2017/18 and 2018/19, the improvement support team will be involved in a number of improvement activities.

- Care Inspectorate-led national improvement programmes, for example CAPA.
- Care Inspectorate staff development to: bring staff up to date on current good practice and guidelines on health and wellbeing topics; increase improvement capability; mentor and support inspection staff to provide improvement support and interventions.
- Continue with or further develop improvement work through individual work plans and identify priority areas for improvement and spread, thematically and geographically, across regulated and strategic inspection.
- Improvement programmes in partnership with other organisations for example, HIS, NES, Scottish Care, Education Scotland and integration joint boards.
- Improvement workshops and facilitating local networking for care providers. This creates opportunities to bring care professionals and Care Inspectorate staff together to improve care.

During 2017/18, we will seek funding to design and lead:

- an improvement programme focusing on culture change to improve skills for positive communication with people living with dementia, through Life Changes Trust
- an early years improvement programme.

In addition to this, the improvement support team will continue to update and develop guidance for our Hub website and provide advice to colleagues in the Care Inspectorate, the care sector and other organisations. Colleagues will be encouraged to use the up-to-date guidance available to them and, through development sessions run by the team, hone the skills and confidence to integrate this into scrutiny activity. The team will work with our senior scrutiny staff to identify improvement support team members who will lead on specific health and wellbeing areas for inspectors, who need to keep up to date on where to source current good practice and guidance. This will be a helpful and important

link for improvement support team members and in turn, the team as a whole. Some senior scrutiny staff are doing this currently.

So that we can provide good practice for improvement, the information we make available to Care Inspectorate staff, the care sector and other partners must be kept up to date and relevant. It will be crucial for everyone to understand what it means to support improvement and have an awareness of improvement models and tools. During 2017/18, the improvement support team will work with colleagues to develop an improvement area on our Hub website.

The improvement support team will hold discussions across the organisation to consider how best to develop opportunities to have 'improvement conversations' virtually and face-to-face, both within the organisation and with care providers and other organisations. This could be in the form of an action-learning set, using appreciative enquiry, having an improvement surgery or network and so on. This offers the opportunity to develop improvement thinking and support activity.

## **Supporting colleagues in scrutiny to be agents for improvement**

Day in, day out, inspectors provide improvement support to services when it has been identified improvements are required either as a response to, or during, scrutiny. This support can be delivered in a variety of ways such as providing guidance, signposting to examples of good practice, improvement conversations and giving change ideas.

This improvement support may be required:

- urgently where a service is struggling and requires support to address a number of care issues
- in a planned way where previously requirements may have been made and where it is now more appropriate to adopt an improvement approach
- by provider organisations or partnerships to support specific improvements such as areas relating to quality of life, dementia and care planning where this has been identified as an improvement need.

We are uniquely placed to support the care sector to embrace improvement methods through our wide network of inspection staff. Although inspectors have been supporting improvement for a number of years and in different ways, understanding of what improvement is, the resources and tools available and the opportunities taken vary. In order to support continuous improvement we need to embrace a way of working that proactively supports improvements in care and outcomes for those experiencing services, as well as providing assurance in quality and safety. This means a shift in culture and thinking and a different way of working that may mean having a different response and approach during the inspection process and in relation to actions as a result of complaints. Consequently, this means staff will need the time and opportunity to develop improvement capability and capacity to be confident and skilled to lead and support change and improvement. Staff also need to be given permission to test out different ways of providing improvement support in order to know what works well in specific situations.

Opportunities will be available during 2017/18 and 2018/19 through the internal CAPA programme and the temporary improvement advisor, working with Organisational Development, team managers and staff to increase staff skill, confidence and consistency of approach to improvement across the organisation. This will include learning about improvement approaches, interventions and tools, testing these out while being supported and mentored. The head of improvement support will work in partnership with the head of organisational and workforce development to identify areas of alignment this strategy may have with the organisational and workforce development agenda such as learning and development strategy, the culture change strategy, the roll out of coaching conversations and appreciative enquiry and building collaborative relationships.

The new professional development award will provide further opportunities for staff to learn about improvement and develop their confidence and approaches. This will be supported as appropriate by the improvement support team.

## **Building improvement capability in the sector**

Our role in supporting improvement through the inspection process and working with providers to carry out improvement locally and nationally offers the opportunity to positively influence the culture and behaviours in the care sector towards doing improvement. We can support providers and care professionals to be confident and feel empowered to make changes that result in improvements through our own approach to improvement. These improvements, when implemented successfully, will improve the care for those they support and also provide increased job satisfaction for care professionals themselves. Care professionals at all levels have a responsibility and a valuable contribution to make to improving how they provide care. The value of this in terms of building a team approach to improvement was clearly evidenced in the Upwards and Onwards improvement programme where all staff were included, felt valued and had the permission to act on their improvement ideas. This is particularly important in the context of the new Health and Social Care Standards, where there is a clear emphasis on the responsibility care professionals have to respect human rights and choice, helping to realise the ambitions of those experiencing care. There will undoubtedly be a close link with this strategy and the implementation of the new standards.

Using an improvement workshop approach the improvement support team, along with inspection staff where appropriate, will continue to work with provider organisations and groups of care services across the care sector to support and build improvement capability which will improve the experience of care for people.

The improvement support team will support strategic inspectors to identify ideas and solutions where improvements are required as a result of strategic inspections. In particular, this will mean being clear on what improvement support will be most effective in certain situations, supporting improvement conversations with local partnerships and linking with local improvement leads. Associate assessors make an important contribution to strategic inspections. In turn, by exposing practitioners and managers to practice across the country and providing them with training, experience and support in scrutiny, we help to build capacity for improvement. We aim to strengthen our joint work with associate assessors across all of our strategic scrutiny activity.

All of this work will be done in collaboration with Care Inspectorate staff, external organisations such as Scottish Care through their local leads, integration joint boards, local authorities and linking in to local networks of support which will help focus resources.

Empowered, confident care leaders embrace improvement and transform care provision and good leadership and management are key to implementing successful, sustainable improvement. It is critical that there are leaders able to identify what they can do differently that will effectively lead to improvement. Improvement support may be needed to help leaders think differently and create the conditions for change in order for services to be improvement ready.

We will explore, in partnership with the SSSC and key organisations, such as CCPS and Scottish Care, opportunities for focused improvement support relating to leadership and management, using intelligence to help prioritise and plan the improvement activity.

## **Building improvement alliances**

We have developed productive working partnerships with a range of organisations locally, nationally and internationally in order to improve quality in care through collaborative working. Examples include working with:

- Creative Scotland and Luminare to develop the Arts in Care resource
- Education Scotland and NES for developing resources and making improvements in early years
- IRISS to explore and research areas relating to scrutiny and improvement
- NES to develop educational resources through the Preventing Infection in Care programme, developing the Urinary Catheter Care Passport and wound care
- Centre for Excellence for looked after children in Scotland (CELCIS) the Improvement Service and liaison meetings with CCPS and Scottish Care to identify improvement opportunities
- the London-based College of Occupational Therapists to promote meaningful activity in the care sector
- the British Heart Foundation National Centre in Loughborough to develop CAPA.

We also have links with the Institute for Healthcare Improvement in Boston to access resources and improvement advice. Currently, two members of the improvement support team have been invited to speak in Slovakia as a result of the impact of their improvement support. We also have developed close links with the Dutch inspectorate around the use of SOFI 2, with representatives visiting us recently to exchange knowledge.

These partnerships and many others have been key in supporting a co-productive approach to many improvement initiatives and have provided additional opportunities to scope, design, lead and evaluate improvement activity across the social care sector, specialities and themes. A key partner is Healthcare Improvement Scotland (HIS) where we support their iHub, and play a major role in improvement programmes in care services. Our chief executive sits on the board of the iHub. Our staff support the design and delivery of iHub programmes such as primary care (pressure ulcer standards) focus on dementia, living well in communities and urgent care. We have developed a joint working plan with



HIS to identify current joint working and future opportunities. We also invite iHub representation on our programme boards when appropriate, for example on the CAPA programme board to achieve collaborative governance.

We work closely with the Royal College of Nursing (RCN) which recently supported many of our staff in their National Midwifery Council (NMC) revalidation process and supported learning. In areas relating to medication management and safe and secure handling of medicines, our work is done in partnership with the Royal Pharmaceutical Society (RPS).

Involving people experiencing care, their families and local communities is essential when designing, carrying out and evaluating improvement projects and programmes. An example of this is the CAPA programme, where the model for improvement being used is based on collaboration and stresses the importance of actively involving all of these groups of people in every component of the improvement work, including the formal evaluation process. The Come On In resource launched this year is another example where the ideas from residents, families and social care professionals provided the focus for the improvement project and shaped the final resource. The improvement advisor's role was to guide and refine these ideas through a collaborative process. We will continue to involve and collaborate with those experiencing care, families and local communities in our improvement work, seeking out opportunities and providing support where this is required to enable people to fully contribute and help guide the activity.

Over 2017 to 2019 and going forward, we will nurture relationships and work with national improvement organisations and other partners providing leadership, advice, improvement support and shared services to local partnerships. In addition, new improvement alliances will be forged such as with Sport Scotland, Scottish Improvement Science Collaborating Centre (SISCC) and other higher educational establishments, voluntary agencies, integrated joint boards, community planning partnerships, health and social care partnerships and local networks of experts such as allied health professionals and local health protection teams.

We will identify opportunities to build improvement alliances and collaborate to support improvement across the UK with organisations such as the Care Quality Commission (CQC), The Regulation and Quality Improvement Authority (RQIA), Care and Social Services Inspectorate Wales (CSSIW) and the Office for Standards in Education, Children's Services and Skills (OFSTED).

## **Evidence-led improvement and evidencing impact**

Scrutiny provides evidence of the quality of care experiences and is essential in helping to identify areas for improvement, which together with research evidence of good practice is a powerful combination and basis from which improvements in care can be made. Therefore, it is important that we establish a system to identify and keep up to date with current evidence of good practice and consequently the impact improvements have had on outcomes for people and services. This will help the organisation to learn about and support the growth of innovation in the care sector.

We all learn and develop from one another's experiences while testing and implementing improvements – what worked well and what were the lessons learnt. It's important this learning is shared widely to foster innovation and positively change practice. Evidence of improvement in one area of care could have positive impact on another. For example, what works in adult care may have principles that could be applied in early years or with children and young people, for example SOFI2. This could be an example of an improvement model used or an example of improvement through implementing evidence-based practice in a service. In addition, good practice identified through strategic inspections could be given more of a profile across the country.

The improvement support team will work with the policy team to develop an improvement spotlight area on our Hub website that will showcase current good practice and successful improvement stories that evidence impact, our contribution to improvement and be solution-focused when highlighting challenges. Work will be done in partnership with other organisations and the care sector to find ways to effectively gather and communicate this information. Making this available also offers a level of validation in terms of up-to-date good practice and what is identified as good care in the care sector.

Developing resources to support good practice and self improvement can be a major part of the work of a national, themed improvement programme. In the past, where funding has been available, external evaluation of the impact of implementing the good practice resources has been of great benefit. This process has been able to evidence the difference the improvement work has had on care quality. In some cases, this has led to funding opportunities to spread and sustain improvement through national improvement programmes such as Up and About in Care Homes for falls prevention and the current CAPA improvement programme, which focuses on enabling people to move more in care and improve wellbeing.

The improvement support team will consider ways to ensure a quality improvement cycle is built in to improvement programmes through a robust evaluation process. This could be through formal internal or external evaluation, or carried out through a small sample focus area, or in other ways.

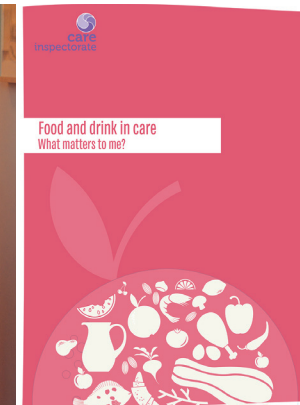
Working with higher and further educational establishments to support and contribute to research will be key. Currently the improvement support team is linked into and supporting research in a number of universities and developing links with improvement centres in these organisations such as the Scottish Improvement Science Collaborating Centre (SISCC) based at University of Dundee. We will continue to strengthen and grow these links and connect more widely.

As an organisation we need to get better at telling our improvement story - being smarter at evidencing the impact of our improvement support will help us do that. The improvement support team will be proactive in identifying opportunities to share examples of improvement work locally, nationally and internationally in various ways such as through social media, WebEx, invitations to speak at events and publications.



Here are some examples of improvement support work:

## Reducing medication incidents in a care home



## Reducing pressure ulcers in care homes



## Implementation of the SOFI 2



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