



Update on the Care Inspectorate's Improvement Strategy

Report to: Board

Date: 20 June 2018

Report by: Rami Okasha, Executive Director of Strategy and Improvement
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Report No: B-45-2018

Agenda Item: 11

PURPOSE OF REPORT

To advise members of progress on implementing the Improvement Strategy.

RECOMMENDATIONS

That the Board:

1. Notes the report and discusses the content.

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Consultation Log

Who	Comment	Response	Changes Made as a Result/Action
Senior Management			
Legal Services			
Corporate and Customer Services Directorate			
Committee Consultation (where appropriate)			
Partnership Forum Consultation (where appropriate)			
Equality Impact Assessment			
Confirm that Involvement and Equalities Team have been informed	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	
EIA Carried Out	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	
If yes, please attach the accompanying EIA and appendix and briefly outline the equality and diversity implications of this policy.			
If no, you are confirming that this report has been classified as an operational report and not a new policy or change to an existing policy (guidance, practice or procedure)	Name: R Okasha Position: Executive Director of Strategy and Improvement		
Authorised by Director	Name: K Reid, Chief Executive	Date: 11 June 2018	

1.0 BACKGROUND

The Board agreed the Care Inspectorate's first Improvement Strategy in September 2017, and it was launched early in 2018. The strategy set out how the Care Inspectorate will provide improvement support, pursuant to the statutory requirement to further improvements in social services. The strategy recognises that the primary responsibility for improving the quality of provision lies with those providing care and support, including care services and local partnerships, but that the Care Inspectorate has an important role in supporting that. The strategy places emphasis on working collaboratively with a range of partners, and on building skills internally and in the social services sector. This paper provides an update on activity and progress since then.

2.0 NATIONAL IMPROVEMENT PROGRAMMES

The Care... About Physical Activity (CAPA) programme is the largest national improvement programme designed and led by the Care Inspectorate to date. Funded by the Scottish Government, it supports older people to move more. Over 160 care homes, day centres, housing support and care at home services have taken part across 8 partnerships, with over 1400 social care staff attending learning sessions designed to build their knowledge and confidence about supporting older people to move. The approach is based on developing workforce skills in understanding the interests and ambitions of individual people, seeking to meet them in person-led ways. External mid-way evaluation showed statistically significant impacts in the confidence and skills of care staff, and inspectors, in promoting physical activity. Physiological measurements of people experiencing care in participating settings show sustained improvements in measures which are known to reduce falls, increase mobility, and reduce all-cause mortality. Qualitative evaluation of personal impact has been dramatic, including a small number of people leaving residential care settings to live at home or in supported accommodation, against the expectation of care staff. We are in discussions with the Scottish Government regarding expanding the programme further.

We are also in discussions with the Life Changes Trust around a large-scale programme to support improvements in communication with and among people living with dementia; we have proposed using the learning from CAPA to help drive sustainable change and improvement around dementia care in the care sector, and in local communities.

3.0 COLLABORATIVE WORKING

The Improvement Strategy has helped the Care Inspectorate to formalise its collaborative arrangements around improvement support activity. We have developed a joint workplan with Healthcare Improvement Scotland to support improvements in adult social care settings. This clarifies the respective roles, and contribution, of each organisation and how each add value. For example, test sites in four local partnerships have been used to develop effective

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improvement interventions in pressure ulcer prevention; the Care Inspectorate is supporting the spread of these improvement approaches across Scotland and has developed the microsite which holds the good practice examples. We are undertaking work around out of hours care, with the Care Inspectorate and Healthcare Improvement Scotland jointly employing an improvement advisor to test improvements in how care staff can escalate concerns through local health pathways. We are now considering how to spread the learning from this project, and scale up the improvements made; this is likely to involve a focus on supporting the use of technology-enabled care in residential and non-residential care settings.

We have also developed new partnerships with Her Majesty's Inspectorate of Prisons to look at supporting improvement for the health and social care needs of older people in the prison estate. This new area of work has the potential to align to national policy which seeks to improve the health and wellbeing of people in the criminal justice system. We have agreed to work with Education Scotland to discuss, for the first time, our respective approaches around improvement support and bring together staff from both organisations to learn and share together. We have also begun discussions with the Scottish Social Services Council to identify how we can better align our improvement activities with workforce development, drawing all the time on shared evidence which shows what is working well and what needs to improve. This includes jointly developing and delivering external interventions.

4.0 CAPACITY BUILDING

The Improvement Strategy has a strong focus on building capacity about supporting improvement and fostering confidence about using the Model for Improvement. This has involved shifting our resources from focusing on specific health-based advice in single care settings, to seeking to build knowledge and relationships across local areas. We have undertaken 10 locality-based improvement workshops to date, bringing together representatives from the local health and social care partnerships, and over 150 delegates from local independent and voluntary sector providers. Evaluation of the workshops showed universal or near-universal agreement that these provided attendees with an increased understanding of quality improvement, and increased confidence in using improvement models. Two-thirds felt that their perceptions of quality improvement methodologies had changed. There are additional workshops planned for other partnerships and providers over the coming months.

The Improvement Strategy also recognises the need to build knowledge and confidence in improvement approaches amongst Care Inspectorate staff. Over 150 staff have attended 14 internal workshops, aimed at supporting inspectors and team managers (in all sectors) in developing confidence in using improvement methodologies in settings. Of the attendees, 93% of staff felt that the workshop had supported them to develop an increased understanding of quality improvement, and 88% of staff had gained increased awareness of

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models which would help them to support improvements in their work. Similar numbers reported being more confident to contributing to improvement projects. We have now commenced a series of improvement drop-in sessions where Care Inspectorate improvement advisors help inspectors with specific real-life improvement projects in detail. These skills are also being embedded in the SQA-accredited Professional Development Award for our SSSC-registered scrutiny staff.

5.0 EXPANDING THE SKILL BASE OF THE IMPROVEMENT TEAM

The Care Inspectorate's improvement support team has evolved its skill-set from expertise in mainly adult healthcare to better complement the full range of Care Inspectorate's activities in different sectors. Rather than responding to individual healthcare concerns, the team focuses on working strategically to support improvement capacity, thereby strengthening the impact of the Care Inspectorate's contribution to change. All of the improvement support team have completed certificated improvement advisor training. There has been a greater focus on children's services, including supporting an early years inspector to develop an improvement programme around eating well in early learning and childcare settings. An inspector and an improvement advisor are currently working together to develop a resource on intergenerational work, showcasing examples of effective practice between care services for older people and children in their early years.

We have also begun, with partners, to support improvements in the strategic provision of social services, including where these are integrated. For example, we have worked with Healthcare Improvement Scotland and the Improvement Service to co-ordinate improvement support following joint inspections in the Western Isles, the Scottish Borders, and in Edinburgh. We have recently agreed to work with Dundee City Council on an improvement project relating to public protection, where we will combine our knowledge of effective social work practice with our knowledge of the application of improvement methodologies, so support local staff to plan and embed improvement.

6.0 PRACTICE RESOURCES

The Improvement Strategy, and our corporate plan, place emphasis on the Care Inspectorate being a trusted source of practice advice. This involves developing key practice resources, and signposting to those developed by others. Following the success of Arts in Care and My World Outdoors, we have recently published advice for providers and architects around building better care homes and creative play in early learning and childcare; we are currently developing major improvement resources around food and fluid care for older people experiencing care. At the suggestion of a team manager as part of the Chief Executive's innovation scheme, we are shortly to publish a resource called Animal Magic which showcases how animals can support people using a wide range of services, including children in their early years and care-experienced young people, adults requiring additional support, people

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experiencing homelessness, and older people in residential care. All these are aligned to the new Health and Social Care Standards, providing clear examples of how the standards can be made real for people.

We have also agreed to expand the use of the Care Inspectorate's online Hub. This already is the national hosting site for the safer recruitment materials. We have agreed with the Scottish Government to make this the national site for key practice resources associated with the expansion of funded early learning and childcare, and agreed also to make this the national repository for key resources on the implementation of self-directed support.

Through the CAPA improvement programme we have worked with care at home providers to develop a resource to support people experiencing care at home to move more, which was launched at a sheltered housing complex in May this year.

We are also working with SSSC and the Health and Social Care Alliance to develop resources around compassion in care, aligned to the new standards.

7.0 RESOURCE IMPLICATIONS

The activities described in this paper have been met from agreed resources for improvement support and communications activities.

8.0 CUSTOMER SERVICE IMPLICATIONS

Evaluation of customer experience and impact has been an important feature of improvement support activities since the strategy was agreed in September. We will continue to ensure that our work in this area is responsive to customer need, as well as reflective of scrutiny evidence.

For major programmes of work, we have formal evaluation mechanisms in place which help us understand the customer service implications. For example, for the CAPA programme, mid-way evaluation of learning events showed statistically significant increases in the confidence of staff in supporting older people to move more; the on-going evaluation framework is also assessing the translation of this into daily practice and the impact that has for people experiencing care and support.

For pieces of work where the customer audience is more limited, we have other measures in place. For example, for our resource on building better care homes for adults, aimed at potential providers of new-build care homes and architects, we have monitored the number of people who have downloaded this resource (243 between March and June 2018) and have begun to ask readers of this and similar resources for online views about the extent to which they thought the publication was useful.

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9.0 BENEFITS FOR PEOPLE WHO EXPERIENCE CARE

People who experience care and their carers consistently tell us that they want high-quality services that are tailored to them. Our improvement support approaches help the quality of care improve where this is necessary. We will continue to work with our involving people group as the improvement strategy develops. We have also had significant interest in our approaches and resources nationally and internationally, suggesting the potential for even wider positive impact.

10.0 CONCLUSION

The Board is asked to note this report.