



Monitoring Our Performance 2014-15

Report to: Board

Date: 6 March 2015

Report by: Karen Anderson, Director of Strategic Development/
Depute Chief Executive
Genna Lamont , Information Analyst
Ingrid Gilray, Intelligence and Analysis Manager

Report No: B-03-2015

Agenda Item: 13

PURPOSE OF REPORT

To present the Quarter 3 (Q3) 2014-15 summary report on performance

RECOMMENDATIONS

That the Board:

1. Notes the performance against the Key Performance Indicators, Monitoring Measures and Quality Indicators for the Care Inspectorate.

Version Control and Consultation Recording Form

Version	Consultation	Manager	Brief Description of Changes	Date
1.0	Senior Management			
	Legal Services			
	Resources Directorate			
	Committee Consultation (where appropriate)			
	Partnership Forum Consultation (where appropriate)			
Equality Impact Assessment				
To be completed when submitting a new or updated policy (guidance, practice or procedure) for approval.				
Policy Title:			NA	
Date of Initial Assessment:			NA	
EIA Carried Out			YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
If yes, please attach the accompanying EIA and briefly outline the equality and diversity implications of this policy.				
If no, you are confirming that this policy will have no negative impact on people with a protected characteristic and a full Equality Impact Assessment is not required.			Name: Ingrid Gilray Position: Intelligence and Analysis Manager	
Authorised by Director	Name: Karen Anderson		Date: 25 February 2014	

1.0 INTRODUCTION

This paper presents an account of our performance against the six strategic objectives in our Corporate Plan 2014-2018.

It focusses in particular on performance against the Operational Improvement Plan and the Key Performance Indicators (KPIs), Quality Indicators (QIs) and Monitoring Measures (MMs) approved by the Audit Committee.

2.0 SUMMARY OF PERFORMANCE Q3 2014/15

2.1 Strategic objective 1: To provide assurance and build confidence through robust regulation and inspection of the quality of care

2.1.1 Key priorities

The Scottish Government consultation response on National Care Standards is due to be published in January 2015. It is likely that the Care Inspectorate and Health Improvement Scotland will play key roles in developing the new National Care Standards. Further updates will be provided to Board members as soon as they are available. This links closely to the review of regulated care service methodology.

A High Level Advisory Group on Care Scrutiny has been established and met in November 2014 for the first time. The group comprises of providers and users of care services and will advise on the development of the methodology. In Q3 the Programme Board reviewed and agreed a programme initiation document to ensure that work progresses in a coherent, project approach and there are clear change control and monitoring arrangements in place.

Specific tests of change for 2015/16 were agreed by the Executive Team in Q3, including follow-up inspections in care homes for older people where a second inspection is due, thematic inspections in care homes for people with a learning disability, and the investigation of complaints where there is evidence of systemic, rather than person-specific, failure.

Three new policies were agreed by the Executive Team about making requirements:

- Requirements should be made where there are poor or potentially poor outcomes for service users, rather than in every case where a regulation is breached; improvement in some breaches of regulation can be obtained more readily using alternative approaches.
- Circumstances in which services should be re-evaluated (re-graded) out with inspection periods.

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- Advice provided on the use of information obtained in self-assessments and the importance of a proportionate, improvement-focused approach.

In March 2014, the Executive team agreed that an awareness raising exercise about Keys to Life and Winterbourne View recommendations would take place in care homes for people with a learning disability, followed by a scrutiny and improvement focus across all learning disability services in 2014/15. Between Q1 and Q3 the majority of care homes reported that they were aware of Keys to Life and the recommendations from the Winterbourne review but a number of services were not aware. Almost all services reported that they have taken action to ensure that their services are delivered within an open, safe, respectful culture which ensures care and support meets individual needs and outcomes. The Inspection Focus Area, as detailed in the 2015/16 Scrutiny of Improvement Plan, in all learning disability services (except the test of change cohort) will provide valuable information across the sector and will inform their, and the Care Inspectorate improvement agenda.

Following the publication of the first pilot reports of joint inspections of services for adults, work continued in Fife and Angus to enhance the current methodology. Future developments will be incorporated into the programme approach for the Review of Scrutiny and Improvement, to ensure the links between frontline and strategic inspections are strengthened.

During Q3 the use of a risk and intelligence assessment approach for the plan of joint inspection areas in 2015/16 has been agreed with Healthcare Improvement Scotland. The joint inspections will continue to focus on services for older people whilst the inspection methodology is developed to encompass services for adults.

The Care Inspectorate is working with Education Scotland and other partners in supporting a pilot approach to place based inspection within Perthshire. Detailed methodology development is due to commence in late January 2015.

Throughout this quarter we have continued to develop and agree methodology for the forthcoming inspection of Multi-agency Public Protection Arrangements (MAPPA). We held a series of initial engagement and briefing meetings with Strategic Oversight Groups around the country and have made significant progress towards completing 'desk top activities' which will precede and inform the fieldwork which will begin after Easter – a review of the use of VISOR (an electronic database for information-sharing) and a sample of significant case reviews conducted under MAPPA.

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We prepared to launch a consultation on a new complaints procedure for complaints about services, which will help us refine and continuously improve our complaints process. The consultation will be launched in mid-January 2015.

Following widespread consultation with Board members, Scottish Government policy colleagues and other scrutiny bodies, the Care Inspectorate Scrutiny and Improvement Plan for 2015/16 was submitted for Ministerial approval in Q3 and a member / officer working group has developed a new Quality Improvement Framework to underpin all quality improvement and quality assurance activities across all business activities.

Senior officers and board members met in December 2014 to consider a draft quality improvement strategy and to discuss the conceptual underpinnings thereof. Further work will be undertaken in Q4 to refine this. It will then go to the Policy Committee for discussion.

The Care Inspectorate continued in Q3 to develop new ways of public reporting and receiving feedback on the quality of care as part of the development of new regulated care service methodologies.

Our new proactive media strategy continues, and extensive work was undertaken in Q3 to enhance our website and the way information is reported on it. This is due for launch in Q4. Significant work was also completed in this quarter to establish online registration facilities. This will enable a more customer focused and business efficient service.

The Link Inspector role continues to be developed. Link Inspectors have spent time getting to know the partnership in which they will be supporting improvement. Work is also being progressed to ensure that there is appropriate support from a Link Inspector with an adult background and a Link Inspector with a children's background, particularly during inspection.

Link Inspectors, alongside Contact Managers and other colleagues in the Improvement Hubs, have been busy gathering and validating partnership information to develop new 'dynamic reports'. Progress has been steady but a few areas are still to be developed. Deadlines have been set to ensure the outstanding reports are completed.

Where issues have been identified at inspection, Link Inspector activity in some areas has increased to progress the improvement agenda and further develop positive relationships. There is also opportunity for mentoring and learning for adult and children team members undertaking the role. Additional support has been provided in Dumfries & Galloway, Shetland and the Western Isles.

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2.1.2.1 Inspections Completed

During Q1 to Q3 we completed 87% (5562 inspections) of the inspections we planned to complete over the year to date (KPI 1c), which is less than the 92% completed between Q1 and Q3 of 2013/14.

Between Q1 and Q3 we completed 70% (4244) of inspections by their last possible date of inspection (KPI 1b) compared with 77% of inspections completed by their last possible date at the same point in 2013/14.

In care services that we have inspected this year, 4.2% of services had a low risk assessment score before the inspection and went on to have a higher risk assessment following the inspection (Monitoring Measure 3). This is higher than the 3.3% of services between Q1 and Q3 last year.

Throughout Q3, we concluded the fieldwork for inspections of services for children in South Lanarkshire, Aberdeen City and North Lanarkshire. In December we returned to Dumfries and Galloway to check on progress made against the key areas for improvement identified in the inspection the previous year. Reports of these inspections will be published shortly. Also in this quarter we started our inspection in Renfrewshire. We undertook preparation work for a concurrent inspection of services for children and services for older people in Shetland. Both of these inspections will be concluded in Q4.

Three joint inspections have been completed for services for older people in Fife, Angus and Falkirk and three inspections are underway - Glasgow, Highland and Shetland. The Fife and Angus inspections are due to be published shortly and Falkirk and Glasgow are both at final report writing stage. Highland and Shetland inspections are at the early stages of the inspection footprint.

Reports for these inspections are overdue. This is due to a revision of the report pathway which is under discussion with Health Improvement Scotland.

Shetland inspection was planned as a simultaneous inspection, including both older people's inspection and children's inspections. Good learning has already been identified and lessons will be taken forward to support the future development of joint inspection. This model will be replicated in the Western Isles in the 2015/16 inspection year.

We issued 82% of draft care service inspection reports within 20 working days between Q1 to Q3. 93% of final inspection reports issued between Q1 and Q3 were published within 13 weeks of the inspection feedback date. Between Q1 and Q3 of 2013/14, we issued 82% of draft reports and 91% of final reports within timescales.

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A range of contingency plans have been put in place to try to address the inspection plan shortfall, including prioritisation of statutory inspection to be completed, overtime, additional hours, movement of 'smoothed' inspections to year end, carry forward of some annual leave, cancelled development activity and reduced team meetings and one to one meetings.

The introduction of a clearer and more robust Maximising Attendance policy will support more effective management of absence in the future. Team Manager training for this policy is planned in February.

2.1.2.2 Enforcement Notices Issued

Between Q1 and Q3 we sent out 345 enforcement notices. 87 of these were notices related to the quality of care and 258 were 'technical' enforcements (for example procedures we use to cancel services if we cannot contact them any longer or procedures relating to inactive services). This is a large increase compared to the same time last year when we issued 27 quality of care related notices and 172 technical enforcements. Note that over this period we introduced a new procedure for recording enforcement notices and this may be one of the reasons for the increase in enforcements reported.

A breakdown of the quality of care related notices are summarised in the following table;

Non-Technical Enforcements Q1 to Q3 2014/15 and 2013/14
(note: this table excludes 'technical' enforcements which are not related to the quality of the service)

Inspection Area	Number of Notices sent 1 Apr – 31 Dec 2014/15	Number of Notices sent 1 Apr – 31 Dec 2013/14	Number of Services 2014/15	Number of Services 2013/14
Adult Services	2	0	1	0
Early Years	41	12	32	9
Older People	44	15	18	12
Total	87	27	51	21

The majority of enforcement notices issued were Section 62 Improvement Notices (86% of notices sent). Three services were issued with Section 66 (proposal to impose/vary/remove conditions) notice. The other enforcement notices were issued to cancel three services.

2.1.3 Quality Indicator 1 – Improvements to Quality of Care

We expect services to comply with any requirements we set within the prescribed timescales. Between Q1 and Q3, 58% of requirements were met within timescales set (KPI3). A further 7% were met, but outwith the timescale. 35% of requirements were found to be not met at the next inspection. The audit committee agreed to review this KPI and new performance measures will be proposed at the March audit committee.

96% of services that started the year with grades of good or higher for all themes maintained or improved on these good grades by the end of Q3 (MM-1).

In 19% of inspections in Q3 the grades awarded by the inspector matched the service's own estimated grades in their self-assessment for all grades. In a further 36% of inspections, all grades awarded exceeded the service's own estimates (MM-2). The remaining inspections had a mix of matching and non-matching grades.

A summary of grading by service type is presented in a table in **section 2.6.8** of this report. This table shows an improvement of 0.8% more services graded at least adequate in all themes since the beginning of the year.

New planning tools have been developed which enable dynamic scenario planning and allow inspection planning to support any future changes to our inspection frequency or intensity and take account of new/developing methodologies. This will enable more effective performance management information and work is currently on-going to provide clearer links between inspection, capacity and performance. This will provide greater visibility of our overall inspection and improvement activities and evidence the achievement of the Scrutiny and Improvement Plan 2015-16.

We continue to work towards a more strategic, long term approach to workforce planning which is essential in targeting our finite resources to where they will make the greatest impact.

2.2 Strategic objective 2: To contribute to building a rights based world class care system in Scotland

2.2.1 Key priorities

The Care Inspectorate is a member of the Project Board established by the Scottish Government to oversee the development of new National Care Standards. A report on the consultation exercise is due to be published in January 2015 which is likely to recommend a key role for the Care Inspectorate and Health Improvement Scotland in the drafting of new quality standards.

In Q3 pilot work was on-going to support tests of change in developing innovative models of care within two care homes. An evaluation report will be provided during 2015/16 to inform how the Care Inspectorate deploys resources effectively to support improvement.

In December 2014 we met with colleagues from NHS Education for Scotland to consider how their Managed Knowledge Network and the Care Inspectorate's Hub could work together to provide evidence-based improvement advice on specific aspects of care in early years and care at home. Further work is anticipated in Q4 and in 2015-16.

Discussions are currently on-going with Scottish Government policy and legal teams to look at legislative changes to enable more rigorous tests for entry into the care sector as well as more flexible approaches to enable innovation in care delivery.

On both a strategic and operational level, we have continued throughout Q3 to have a positive impact with regard to the implementation of the Children and Young People (Scotland) Act 2014. The Care Inspectorate has worked in partnership with the Scottish Government to develop the vision and architecture to overcome the traditional divide between 'education' and 'childcare' provision to create a more holistic and integrated system of early learning and childcare for the benefit of both children and their parents. For example, we were closely involved in developing the statutory guidance for local authorities, which accompanies the Act, and the National Practice Guidance on Early Learning and Childcare: Building the Ambition.

As the key statutory agency with comprehensive oversight of the complex range of current registered provision, we will be instrumental in promoting, monitoring and reporting on how the new model is implemented in practice. We intend to produce a national strategic report reviewing the implementation of the Act, which will highlight good practice and assist local authorities to implement the 600 hours early learning and childcare expansion to best meet the needs of children. This is intended to consolidate our position as the key source of information, analysis and advice for Scottish Government and other agencies with regard to the early years sector.

In Q3 we developed an Inspection Focus Area in learning disability services for the next inspection year to examine the impact around Keys to Life. This will complement the test of change around thematic inspections in a small number of care homes for adults with a learning disability.

In Q3 we continued work re-establishing regular meetings with the Mental Welfare Commission to consider:

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- Respective organisational priorities and opportunities for joined up work.
- Sharing information on planned Mental Welfare Commission themed visits and Care Inspectorate inspection focus to identify areas for collaborative working and ensure minimising risk of duplication.
- Agreement regarding meetings between local Mental Welfare Commission officers/area coordinators and Care Inspectorate Heads of Inspection and Team Managers to promote general sharing of intelligence and the identification of care services where the Mental Welfare Commission may visit.

In Q3 we began the process of setting up Expert Groups across all speciality areas, including inspection, registration, complaints and the healthcare team. The following groups are now becoming operational and will be critical in progressing the new inspection methodology programme and informing development of quality standards:

- Adults with Incapacity
- Older People - with sub-group for Short Observation Framework for Inspection (SOFI)/Dementia
- Self-Directed Support
- Adults - with sub-groups for Learning Disability and Mental Health/Autism
- Care at Home/Housing Support
- Early Years
- Criminal Justice/Young People

Specific tasks will be allocated to Expert Groups by the Programme Board and these will be monitored by an executive team level sponsor. Formal reporting will be to the Programme Board.

2.2.2 Quality Indicator 2 - Partnership Working

We continue to build good working relationships with Education Scotland colleagues in developing a joint approach to inspecting secure care and residential special schools. This has resulted in improved communication and information sharing between the two inspectorates. Senior officers have met with provider reference groups for secure care and will be piloting our joint approach to the inspection of these care services in the next few months.

The Care Inspectorate and Education Scotland worked in partnership in two inspections of a Residential Special School and a Residential School and their School Care Accommodation services since October 2014, following specific concerns raised in relation to these services. Very good

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information sharing, joint working and involvement with appropriate stakeholders has resulted in joined up, high quality partnership working producing good assessments and identifying priority areas for improvement in the services.

Following joint inspection visits by the Care Inspectorate and the Mental Welfare Commission to secure care services in 2014 where young people receive support from or have been referred to Child and Adolescent Mental Health Services a report detailing the findings and recommendations has now been published by the Mental Welfare Commission.

The Care Inspectorate has been working with Police Scotland and key stakeholders, including Scottish Government, to develop a national partnership agreement in relation to looked after missing children in Scotland. This protocol addresses the risk to missing children, including risk of child sexual exploitation, and agrees systems to be in place to address the welfare of children in an attempt to reduce frequency. The agreement will be to include highlighting the responsibility and action required of care home providers and foster carers when children are missing.

In August 2014, the Care Inspectorate joined the national Delayed Discharge Task Force, which was convened by the Joint Improvement Team and Scottish Government with national partners. The purpose of the Task Force was to support activity across all partnership areas to address the issues associated with delayed discharge.

One of the principal reasons for delay is reported as 'Awaiting place availability in a care home'. The Care Inspectorate therefore agreed that it could helpfully assist the whole systems improvement approach required to address delayed discharge. An internal Care Service Taskforce was established and met for the first time in Q3 to lead on this work.

The most intense support commenced initially in Edinburgh/Lothian and we have received positive feedback related to our focussed activity, particularly around registration. More recently, we have been considering how we also support Highland and Aberdeen areas, where delayed discharge issues have been particularly challenging.

The Care Inspectorate was invited to provide a bid for funding to support our activity in this area. This has been submitted and we are awaiting a response from policy colleagues.

Good progress was made in Q3 regarding the revised Service Level Agreements with the Scottish Social Services Council and the development of the Partnership Agreement which was finalised with the unions also. The expectation is that these will be signed off early in Q4.

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The Care Inspectorate's 2015-16 plans for strategic inspections of children's services and integrated care and health for older people were informed by the development of integrated care and health assessments in partnership with Healthcare Improvement Scotland. This represents a significant development in terms of how we share information and intelligence internally in the Care Inspectorate and with partner scrutiny bodies.

The Care Inspectorate continues to be represented on the Police Scotland - National Risk & Concern Project – Partnership Reference Group which is chaired by the Deputy Chief Constable. The group has a strategic focus drawing on expertise and experience of frontline service providers and community organisations from across Scotland. The overall aim is to develop and embed consistent processes and staff skill sets across Scotland to identify risk of harm and ensure adherence to established child and adult protection processes at an early stage. It will also ensure that all concerns raised are assessed appropriately and where wellbeing concerns are identified, the relevant information is shared to secure the necessary additional support from universal services to encourage better outcomes for adults and children.

The Care Inspectorate is working in partnership with Telecare Services Association, a national UK wide organisation which voluntarily registers members who provide a variety of Telecare and Telehealthcare solutions to support individuals to remain as independent as possible. The Telecare Services Association and the Care Inspectorate are working closely to ensure that the regulatory and improvement elements of both organisations support care providers to maintain the highest standards of care possible to efficiently, effectively and safely meet the needs of those receiving care.

As of 1 January 2015 a six month information sharing trial is in place with City of Aberdeen Division, Police Scotland in relation to new service registrations and efforts to detect and disrupt organised crime activity.

2.3 Strategic objective 3: To support people's understanding of high quality, safe and compassionate care by promoting standards and quality of service they should expect and make sure their voices are heard

2.3.1 Key priorities

Work is being undertaken to implement the Public Reporting Strategy agreed by the board, and to consider future approaches when the current strategy is complete. A new Strategic Communications Manager has started in post.

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We continue to work with Care Opinion, including finalising the way in which we will exchange information, and how this can inform our approach to intelligence.

Pilots of new inspection volunteer recruitment in early years services is now underway and we are scoping the possibility of involving more people with a diagnosis of dementia in our scrutiny work. We held a major joint involvement conference to bring together our involved people with Healthcare Improvement Scotland's public partners.

We have held a series of dementia training workings for care services in disperse locations, and have twinned them with information sessions aimed at people with a diagnosis of dementia and their carers.

2.3.2 Quality Indicator 3 – Improvements in Involving People

63% of all graded care services at 31 December 2014 have grades of very good or excellent for all Involving People quality statements. This means that over half of all care services graded by 31 December 2014 demonstrated very good or excellent quality practices in involving people who use care services in the delivery of the service. This is higher than the 56% of services with all statements graded very good or excellent at the same point last year. At 31 December 2014, 94% of services had all Involving People quality statements graded at least good, and only 4% of services had any statements graded at less than adequate. This is an improvement compared to the same time last year when 91% of services had all statements graded at good or better and 1% of services had one or more statements graded less than adequate.

The Care Inspectorate currently supports 70 Inspection Volunteers, an increase from 68 at the start of the year in Q1. Between Q1 and Q3, Inspection Volunteers supported 532 inspections (7.7% of all inspections carried out in 2014/15 so far) and spoke with a total of 590 service users and 218 relatives, carers and friends.

Inspection Volunteers spent 629 hours supporting inspections in Q3, which equates to approximately 89 days.

136 inspections are currently organised with Inspectors for the rest of the year at this point.

50 requests for inspection volunteer involvement could not be met due to there being no inspection volunteer available with the appropriate experience on the day. This can be due to other inspections with an inspection volunteer already taking place in a small area or short notice of the inspection date. This is an increase from Q2.

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Sometimes an Inspector may have determined that it would be good to involve an Inspection Volunteer in an inspection but then it is later decided that this is not appropriate or not possible. We would describe these as withdrawn offers. In Q3, 8 inspection requests were later withdrawn. The most common reason given by Inspectors is the pressure of other work or priorities. There may also be times when an Inspector identified that involving an Inspection Volunteer would add value to an inspection but for a number of reasons which could not have been anticipated or that were out with our control, the inspection did not go ahead. Examples of this include ill health or circumstances within a service which require the inspection to be rearranged. In Q3, 29 inspections were cancelled making a total of 102 so far for the year. In addition, a further 4 inspections were postponed to a later date.

The majority of inspections involving Inspection Volunteers up to Q3 were of Care Home services (65%). Another 18% were inspections of Support services and a further 15% were in inspections of Housing Support services.

In Q3 we held a development session for our involved people and inspection volunteers to facilitate discussion around revisions to the involvement strategy.

2.4 Strategic objective 4: To build capacity within care services to make sure there is high quality development and improvement of rights based care across Scotland

2.4.1 Key priorities

In December 2014 two quality conversation events were held with providers of services for looked after children and learning disability. Feedback from the events indicated that providers welcomed these events and supported the direction of travel in developing new regulated care service methodologies.

A member/ officer group is currently developing a new quality improvement framework to support continuous improvement, capacity building across the sector and internal quality assurance activities. Work is being undertaken using the capacity tool to identify and evidence all other activity undertaken by inspectors to support improvement and build the capacity of the sector. Details of this will be included in the 2015/16 Q1 performance report.

2.4.2 Quality Indicator 7: Quality assurance and improvement of the Care Inspectorate.–

The Care Standards Questionnaires are completed by people who use services and their relatives and carers. We analysed questionnaires from

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5,370 services between Q1 and Q3. In 91% of care services, 90% or more respondents were satisfied or very satisfied with the overall quality of the service. In comparison, 90% of respondents were satisfied or very satisfied with the overall quality of the service between Q1 and Q3 of 2013/14 (based on responses from 2,778 services).

We have been able to analyse a greater volume of data this year due to a new consolidation tool developed in house for collating the responses.

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. Between Q1 and Q3 we received a mix of old and new version questionnaires and as such we will report on responses to each individually.

Between Q1 and Q3, 93% of staff and 89% of people who use care services thought that the quality of their care service would improve following the inspection (Previous version questionnaires- Staff total 608 respondents, service users total 202 respondents).

Based on responses to the new questionnaires, 96% of staff and 96% 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 316 respondents, service users total 132 respondents).

2.5 Strategic objective 5 To support and inform local and national policy development by providing high quality, evidence based advice and Information of care

2.5.1 Key priorities

We continue to respond to media, public and government requests for statistical information. In Q3 we responded to 49 Freedom of Information requests, 24 requests under the Data Protection Act, 10 Scottish Parliament requests and 14 Scottish Government requests. All of the requests responded to between Q1 and Q3 were met within the timescales agreed with the enquirer.

We are also using the knowledge we have acquired from regulating early years services to inform and work with an influential longitudinal research project, Growing Up in Scotland. Significantly, this research demonstrates a positive correlation between the grades we are awarding services and the outcomes of the children attending these services. For the first time, this research shows exactly which aspect of quality (namely, 'care and support') appears to be most important for cognitive development in the pre-school years, which should help prioritise efforts at retaining and

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improving quality. The Growing Up in Scotland report highlights that quality of care and support in a day care service has an impact on children's outcomes, particularly the critical language and communication skills. If children experience social or behavioural problems, it appears that high-quality care can also help address that. Since the Growing Up in Scotland report was published, we have met with the Growing Up in Scotland project to plan the future development and use of this research.

We have started to make more effective use of our regulatory findings on a strategic level and to exert more influence on the development of the early years sector as a whole. For example, the recently published 'Early Learning and Childcare Statistics 2013' highlighted the current variations in quality for children attending different types of early learning and childcare provision, which is matched by the status of early learning and childcare practitioners working in these different settings. Our regulatory findings show that the statutory sector generally achieves higher grades than the private sector across all themes: quality of care and support, quality of environment, quality of staffing and quality of management and leadership. We also identify particular issues regarding the lower average age of the private sector workforce, the relative inexperience and higher rates of turnover. Our inspection findings also show that daycare services operating in more deprived areas are less likely to achieve high grades for quality of staffing compared to equivalent services in less deprived areas.

2.5.2 Quality Indicator 2 - Partnership Working

A report on a comprehensive review of how the Care Inspectorate gathers, uses and shares information and intelligence to ensure that all our scrutiny and improvement work is intelligence led, targeted and proportionate was considered by the Executive Team on 20 November 2014 and approved in principle. A summary report was also considered by the Policy Committee at their meeting on 28 November 2014 and positively commented upon.

Work is underway to develop a new Intelligence Framework as well as a project to move to a more outcomes focussed risk assessment process. The latter is being supported by the Institute for Research and Innovation in Social Services. Focus groups with Care Inspectorate staff will be held in early 2015 to inform the development of new approaches to risk while supporting staff to develop their expertise and thinking in current risk approaches.

The Care Inspectorate is also currently working with the University of the West of Scotland in supporting a specific research project on inspection.

The Director of Strategic Development / Depute Chief Executive chaired part of the European Social Network conference on Health and Social Planning. This enabled member state partners to share research and practice on integrated health and social care.

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

2.6.1 Key priorities

The Executive Team agreed a more robust approach to Programme/Project Management with the Executive Team assuming the role of the Programme Board. This will enable more effective oversight and leadership of all change programmes and identify potential unforeseen consequences and opportunities across all business activities.

Comprehensive information has been prepared on workforce planning necessary to meet the 2015-16 scrutiny and improvement plan and to re-align our frontline resources in the medium /longer term following the organisational restructuring in 2013/14, in particular the shift to national specialist working. This information is being used effectively to take a more targeted and coordinated approach to recruitment. This is absolutely essential and begins to recognise the different risk profiles across different service types and target our finite resources accordingly and to where we can make the greatest impact through our scrutiny and improvement work.

In Q3 we produced the following publications and reports (printed and published electronically) :

- Westfield Health – Advantage Health Cash Plan
- Improving Care In Scotland: What the Care Inspectorate did in 2013/14
- Annual Report 2013/14
- Connect Issue 10
- Care News - Autumn 2014
- Onwards and upwards improvement project leaflet
- Enforcement Procedures: section 65 emergency cancellation of registration
- Enforcement procedure guidelines for solicitors and operational staff involved in enforcement activity
- Powers of Attorney
- Intervention Orders
- Guardianship Orders
- Fatal Accident Inquiries
- Care Inspectorate PSR Bill Reporting 2013/14
- General Information - Vehicle Hire V2
- Expert groups – procedure and processes
- Inspection Planning Procedure and Guidance
- Instructions for the interim enforcement process

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- Administrative Process – Education Scotland Collaborative Inspections
- Re-evaluation (previously known as re-grading)
- How the Care Inspectorate uses self-assessment when assessing quality
- Care Inspectorate Policy on using requirements and recommendations to help regulated care services improve
- Annual Returns: Information for Care Inspectorate Staff
- Using the Annual Returns when completing the Risk Assessment Document (RAD)
- Annual Returns – Frequently Asked Questions
- Becoming an inspection volunteer
- October board meeting papers
- December board papers

Between Q1 and Q3 the National Enquiry Line received 17,572 calls. This is more than the 15,539 calls we received between Q1 and Q3 last year. The most common areas that these calls related to are as follows:

- Staff or Office enquiries (2,459 calls)
- Complaints enquiries and complaints passed to duty officers (2,301 calls)
- Registration enquiries (1,642 calls)
- E-forms or Website queries (752 calls)
- Variations (559 calls)
- Publication requests (294 calls)

The National Enquiry Line answered 81% of calls at the first point of contact and 19% of calls received (3,217 calls) were transferred to duty inspectors between Q1 and Q3.

2.6.2 Efficiency Measure

Complaints about the Care Inspectorate

Between Q1 and Q3 we received 56 complaints against the Care Inspectorate. As at 31 December 2014, 21 remained in progress and nine were completed. The remaining 26 were withdrawn, which means, for example, that either the complainant did not wish to proceed, or that the matter was not within the remit of the Care Inspectorate to investigate.

A total of 16 complaint investigations were completed between Q1 and Q3, eight (50%) of these were upheld (Monitoring Measure 4). Three of these were complaints received in 2013/14 and completed between Q1 and Q3 2014/15.

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Complaints about Care Services

We received 3,392 complaints between Q1 and Q3, an increase of 28% compared to the 2,642 received in Q1 and Q3 of 2013/14.

Between Q1 and Q3, 99% of complaints acknowledged had their acknowledgement letter sent within 3 working days (KPI 6a). This is the same as the 99% between Q1 and Q3 of 2013/14. 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.

We registered 45% of complaints against care services as formal complaints within 12 working days in 2013/14 (KPI 6b). This is lower than the 52% at Q3 last year and lower than the target of 60% we are aiming for this year.

Between Q1 to Q3 in 2014/15 we completed 81% of complaint investigations within 40 days (KPI 6c). This is a new measure for 2014/15 (relates to complaints received after 1 April 2014) and is higher than our target of 80%.

Registrations

Overall, we completed 78% of registrations within timescales between Q1 and Q3 (KPI 6d). 71% of childminder registrations were completed within three months and 88% of other care service types were registered within six months. This is lower than Q1 to Q3 last year when we completed 93% within timescale overall, with 93% of childminders completed within 3 months and 95% of other services completed within 6 months. However this reflects the large volume of variations completed as noted below.

Variations

Between Q1 and Q3 we completed a total of 3,302 variations. This is an increase compared to the same time last year when we completed 2,027 variations.

A summary of the number of variations completed for each service type is presented in the table below:

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Care Service type	Number of variations completed
Adoption Service	1
Adult Placement Service	1
Care Home Service	312
Child Minding	952
Day Care of Children	1754
Fostering Service	1
Housing Support Service	111
Offender Accommodation Service	1
School Care Accommodation Service	26
Secure Accommodation Service	2
Support Service	141
Total variations completed between Q1 and Q3	3302

The most common types of variations completed between Q1 and Q3 were; change in operation times, change in conditions of registration and change in capacity. These three types of variations accounted for over 80% of all variations completed between Q1 to Q3.

Effective risk assessment.

Our model of care service regulation is dependent on accurate and on-going risk assessments of care services. We inspected 4,125 services between Q1 to Q3 that started the year with a low Risk Assessment Document (RAD) score. 175 of these went on to have a higher RAD score following an inspection between Q1 and Q3 which is 4.2% (MM-3). This is higher than the 3.3% of services which improved in the same period last year.

The services with increased RAD scores after inspection are summarised by service type in the following table:

Care Service	Number of services with an increased RAD after inspection
Care Homes for Older People	46 (14%)
Care Homes for Adults	14 (6%)
Care Homes for Children & Young People	12 (7%)
Child Minding	23 (2%)
Day Care of Children	41 (5%)
Fostering Service	1 (3%)
Housing Support Service	23 (6%)
School Care Accommodation	1 (4%)
Support Service	13 (3%)

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Work is currently on-going with Scottish Government to look at any necessary legislative changes required to enable more efficient and effective discharge of our responsibilities while supporting innovation in the care sector.

New approaches to programme management have been implemented in Q3 to ensure the Executive Team act as a programme board to oversee and give strategic leadership and decision making for all organisational change programmes / projects.

2.6.3 Quality Indicator 4 - Best Value

Progress against the HR policy programme during Q3 proceeded to plan.

The following progress was achieved during Q3:

- The new Maximising Attendance Policy was approved by Resources Committee and Partnership Forum. The new policy was implemented on 5 January 2015 and a programme of training and briefings for managers and employees is currently being scheduled.
- A new draft Capability Policy was considered by Resources Committee and Partnership Forum.
- New drafts of the following policies were considered by Resources Committee and Partnership Forum: Maternity Leave, Special Leave, Annual Leave, Paternity Leave, Parental Leave, Adoption Leave and Fostering Leave.
- The Homeworking Review Group presented their final report to the Executive Team in December 2014. The report included key findings from the review, improvement recommendations and a new early draft policy. The results of the review are currently being considered against the detailed findings of the employee survey. A new draft policy will be submitted for review to the Resources Committee shortly.
- A new draft Smoking Policy was developed.
- 8 policies have been consulted on and are going to the February 2015 Resources Committee for final approval these are:

- Capability
- Maternity Leave
- Special Leave
- Annual Leave
- Paternity Leave
- Parental Leave
- Adoption Leave
- Fostering Leave
- The smoking policy will also be considered and this is the start of the refresh of all health and safety policies

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In Q3 we created and circulated the following (internal and external) surveys:

- Joint Inspection of Services For Older People Staff Survey Highland
- Joint Inspection of Services For Children Shetland Survey
- Care Inspectorate Registration Roadshow Evaluation
- Joint Inspection of Services For Children Renfrewshire Survey
- Care Inspectorate Registration Roadshow Application
- Inspection Directorate Survey

For the period 30 November 2014, there is a predicted 0.3% variance from the planned budget. It is anticipated that any projected underspend will not have a significantly detrimental impact on the Care Inspectorate's financial position. It is anticipated that the balance of risks to the projected financial position will mean the projected underspend will reduce as the year progresses.

The external audit of our 2013/14 Annual Report and Accounts was concluded during Q3 with no significant issues identified. The Annual Report and Accounts was subsequently approved by the Board at its meeting in October 2014 and was laid before the Scottish Parliament in December 2014.

The ICT strategy is still on target for a first draft by the end of Q4 2014/15. The first phase of the iPad rollout is complete and the second phase has now commenced.

At a meeting of the Audit Committee in November 2014, a very positive Internal Audit review of the Care Inspectorate's payroll system was considered and accepted. The Committee also reviewed the progress made against both the Internal and External audit plans.

An early scoping of a review of elements of the Care Inspectorate estate was reported to the Resources Committee in December 2014. The Committee approved the further development of options for the Aberdeen, Musselburgh, Hamilton, Inverness and Dumfries offices.

2.6.4 Quality Indicator 5 - Staff Experience

Work has been progressing towards achieving the Healthy Working Lives Bronze award. We have now fulfilled the criteria and are waiting on final confirmation that we will receive the award in February 2015. Work is now underway to achieve the Silver award.

The new corporate induction has been launched and is now being delivered every 2 months to ensure all new staff and returners are up to speed with the organisational values, goals and approaches.

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2.6.5 Quality Indicator 6 - Leadership and Direction

The employee survey was launched on 15 September 2014 and ran for four weeks. The survey was jointly commissioned with the Partnership Forum and had an uptake of over 80%. The initial high-level messages from the survey were fed back in Q3 and were shared with the Partnership Forum and Board members. The intention is that staff will be invited to work with the Organisational Development team to create solutions to the issues arising from the results.

Following a report that was made to the Resources Committee on the 2013/14 HR/OD metrics, work continues on developing these for 2014/15 and progress will be reported to the Resources Committee.

Work commenced in Q3 on preparing the 2015/16 budget and the 2016/17 and 2017/18 outline financial plans. The emerging budget issues were discussed with the Resources Committee at its December meeting and further budget development will be reported in Q4.

2.6.6 Quality Indicator 7 – Quality Assurance and Improvement

See strategic objective 4 above.

6.6 Continuously refine our workforce and national inspection planning so that we make best use of skills, expertise and resources to deliver our objectives.

In Q3 comprehensive information on workforce planning necessary to meet the 2015/16 scrutiny and improvement plan and to re-align our frontline resources in the medium /longer term following the organisational restructuring in 2013/14, in particular the shift to national specialist working, was prepared. This information is being used effectively to take a more targeted and coordinated approach to recruitment. This is essential work and begins to recognise the different risk profiles across different service types and target our finite resources accordingly and to where we can make the greatest impact through our scrutiny and improvement work.

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2.6.8 Services with grades of adequate or better in all themes by service type (see section 2.1.3)

		Services with grades of adequate or better for all themes							
		at 31 March 2013		at 31 March 2014		at 31 December 2014		Change between 31 Mar 14 to 31 Dec 14	
Client Group	Care Service	Number of services	%	Number of services	%	Number of services	%	Number of services	percentage point change
Adults and older people	Adult Placement Service	36	100.0%	36	100.0%	38	100.0%	2	0.0%
	Care Home Service	1119	90.0%	1097	91.2%	1085	90.3%	-12	-0.9%
	Housing Support Service	981	97.8%	941	96.6%	967	97.3%	26	0.7%
	Nurse Agency	34	94.4%	35	97.2%	31	96.9%	4	-0.3%
	Support Service	1209	96.6%	1198	96.2%	1213	96.7%	-15	0.5%
Adults and older people Total		3379	94.7%	3307	94.6%	3334	94.7%	-27	0.1%
Children, young people and justice	Adoption Service	38	97.4%	38	97.4%	37	94.9%	-1	-2.5%
	Care Home Service	218	95.2%	228	96.6%	237	97.1%	-9	0.5%
	Child Care Agency	28	96.6%	31	100.0%	28	100.0%	-3	0.0%
	Child Minding	5091	95.6%	5135	95.9%	5141	97.1%	-6	1.2%
	Day Care of Children	3542	95.7%	3511	96.5%	3519	97.3%	6	0.8%
	Fostering Service	59	98.3%	59	95.2%	60	98.4%	1	3.2%
	Offender Accommodation Service	9	100.0%	8	100.0%	6	100.0%	-2	0.0%
	School Care Accommodation Service	62	95.4%	59	92.2%	59	93.7%	0	1.5%
	Secure Accommodation Service	4	80.0%	4	100.0%	5	100.0%	1	0.0%
Children, young people and justice Total		9051	95.6%	9073	96.1%	9092	97.2%	19	1.1%
Grand Total		12430	95.4%	12380	95.7%	12426	96.5%	46	0.8%

2.6.9 Involving people grades over all themes by service type (see section 2.3.2)

Involving People Quality of Care and Support by Care Service; at 31 December 2014

Care Service		Unsatisfactory	Weak	Adequate	Good	Very good	Excellent	Total
Adoption Service	N %	0 0.0%	0 0.0%	2 0.4%	10 0.3%	24 0.3%	3 0.2%	39 0.3%
Adult Placement Service	N %	0 0.0%	0 0.0%	2 0.4%	3 0.1%	17 0.2%	6 0.3%	28 0.2%
Care Home Service	N %	0 0.0%	11 34.4%	106 21.9%	425 14.8%	669 9.2%	163 9.1%	1374 11.1%
Child Care Agency	N %	0 0.0%	0 0.0%	2 0.4%	4 0.1%	9 0.1%	6 0.3%	21 0.2%
Child Minding	N %	1 20.0%	8 25.0%	153 31.6%	1224 42.6%	2900 40.1%	651 36.3%	4937 39.7%
Day Care of Children	N %	0 0.0%	6 18.8%	79 16.3%	671 23.4%	2353 32.5%	503 28.0%	3612 29.1%
Fostering Service	N %	0 0.0%	0 0.0%	1 0.2%	8 0.3%	39 0.5%	8 0.4%	56 0.5%
Housing Support Service	N %	2 40.0%	1 3.1%	62 12.8%	206 7.2%	541 7.5%	191 10.6%	1003 8.1%
Nurse Agency	N %	0 0.0%	0 0.0%	3 0.6%	6 0.2%	19 0.3%	4 0.2%	32 0.3%
Offender Accommodation Service	N %	0 0.0%	0 0.0%	0 0.0%	0 0.0%	8 0.1%	4 0.2%	12 0.1%
School Care Accommodation Service	N %	0 0.0%	0 0.0%	1 0.2%	5 0.2%	29 0.4%	14 0.8%	49 0.4%
Secure Accommodation Service	N %	0 0.0%	0 0.0%	0 0.0%	1 0.0%	0 0.0%	2 0.1%	3 0.0%
Support Service	N %	2 40.0%	6 18.8%	73 15.1%	310 10.8%	629 8.7%	240 13.4%	1260 10.1%
Total N		5	32	484	2873	7237	1795	12426
Total %		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Involving People Quality of Environment by Care Service; at 31 December 2014

Care Service		Unsatisfactory	Weak	Adequate	Good	Very good	Excellent	Total
Adoption Service	N %	- -	- -	- -	- -	- -	- -	- -
Adult Placement Service	N %	- -	- -	- -	- -	- -	- -	- -
Care Home Service	N %	0 0.0%	9 42.9%	116 29.7%	469 17.4%	685 12.1%	129 12.1%	1408 14.3%
Child Care Agency	N %	- -	- -	- -	- -	- -	- -	- -
Child Minding	N %	1 100.0%	7 33.3%	174 44.6%	1353 50.2%	2396 42.4%	425 39.8%	4356 44.3%
Day Care of Children	N %	0 0.0%	4 19.0%	83 21.3%	750 27.8%	2257 39.9%	398 37.3%	3492 35.5%
Fostering Service	N %	- -	- -	- -	- -	- -	- -	- -
Housing Support Service	N %	0 0.0%	0 0.0%	1 0.3%	0 0.0%	3 0.1%	2 0.2%	6 0.1%
Nurse Agency	N %	- -	- -	- -	- -	- -	- -	- -
Offender Accommodation Service	N %	0 0.0%	0 0.0%	0 0.0%	0 0.0%	8 0.1%	2 0.2%	10 0.1%
School Care Accommodation Service	N %	0 0.0%	0 0.0%	2 0.5%	7 0.3%	33 0.6%	20 1.9%	62 0.6%
Secure Accommodation Service	N %	0 0.0%	0 0.0%	0 0.0%	0 0.0%	3 0.1%	2 0.2%	5 0.1%
Support Service	N %	0 0.0%	1 4.8%	14 3.6%	114 4.2%	272 4.8%	89 8.3%	490 5.0%
Total N		1	21	390	2693	5657	1067	9829
Total %		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Involving People Quality of Staffing by Care Service; at 31 December 2014

Care Service		Unsatisfactory	Weak	Adequate	Good	Very good	Excellent	Total
Adoption Service	N	0	0	4	16	16	2	38
	%	0.0%	0.0%	0.7%	0.5%	0.2%	0.1%	0.3%
Adult Placement Service	N	0	0	3	5	18	1	27
	%	0.0%	0.0%	0.6%	0.1%	0.3%	0.1%	0.2%
Care Home Service	N	0	9	123	506	602	123	1363
	%	0.0%	36.0%	22.6%	15.1%	8.9%	9.1%	11.3%
Child Care Agency	N	0	0	3	4	9	2	18
	%	0.0%	0.0%	0.6%	0.1%	0.1%	0.1%	0.1%
Child Minding	N	2	6	175	1395	2601	476	4655
	%	33.3%	24.0%	32.1%	41.6%	38.6%	35.4%	38.8%
Day Care of Children	N		6	91	829	2215	370	3511
	%	0.0%	24.0%	16.7%	24.7%	32.9%	27.5%	29.2%
Fostering Service	N	0	0	1	21	30	3	55
	%	0.0%	0.0%	0.2%	0.6%	0.4%	0.2%	0.5%
Housing Support Service	N	2	0	64	227	541	166	1000
	%	33.3%	0.0%	11.7%	6.8%	8.0%	12.3%	8.3%
Nurse Agency	N	0	0	2	8	17	5	32
	%	0.0%	0.0%	0.4%	0.2%	0.3%	0.4%	0.27%
Offender Accommodation Service	N	0	0	0	0	10	2	12
	%	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%	0.1%
School Care Accommodation Service	N	0	0	2	10	26	3	41
	%	0.0%	0.0%	0.4%	0.3%	0.4%	0.2%	0.3%
Secure Accommodation Service	N	0	0	0	0	3	0	3
	%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Support Service	N	2	4	77	334	645	192	1254
	%	33.3%	16.0%	14.1%	10.0%	9.6%	14.3%	10.4%
Total N		6	25	545	3355	6733	1345	12009
Total %		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Involving People Quality of Management and Leadership by Care Service; at 31 December 2014

Care Service		Unsatisfactory	Weak	Adequate	Good	Very good	Excellent	Total
Adoption Service	N	0	0	2	9	8	1	20
	%	0.0%	0.0%	0.5%	0.4%	0.2%	0.1%	0.3%
Adult Placement Service	N	0	0	1	8	9	2	20
	%	0.0%	0.0%	0.3%	0.4%	0.2%	0.2%	0.3%
Care Home Service	N	0	14	133	513	569	107	1336
	%	0.0%	48.3%	33.3%	24.9%	14.6%	13.0%	18.5%
Child Care Agency	N	0	0	3	1	5	2	11
	%	0.0%	0.0%	0.8%	0.0%	0.1%	0.2%	0.2%
Child Minding	N	0	1	0	1	0	0	2
	%	0.0%	3.4%	0.0%	0.0%	0.0%	0.0%	0.0%
Day Care of Children	N	0	6	105	896	2113	348	3468
	%	0.0%	20.7%	26.3%	43.5%	54.2%	42.4%	48.1%
Fostering Service	N	0	0	3	12	16	4	35
	%	0.0%	0.0%	0.8%	0.6%	0.4%	0.5%	0.5%
Housing Support Service	N	2	2	67	250	516	161	998
	%	50.0%	6.9%	16.8%	12.1%	13.2%	19.6%	13.8%
Nurse Agency	N	0	0	4	8	15	5	32
	%	0.0%	0.0%	1.0%	0.4%	0.4%	0.6%	0.4%
Offender Accommodation Service	N	0	0	0	2	8	2	12
	%	0.0%	0.0%	0.0%	0.1%	0.2%	0.2%	0.2%
School Care Accommodation Service	N	0	0	1	9	19	1	30
	%	0.0%	0.0%	0.3%	0.4%	0.5%	0.1%	0.4%
Secure Accommodation Service	N	0	0	0	1	1	1	3
	%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%
Support Service	N	2	6	81	352	618	186	1245
	%	50.0%	20.7%	20.3%	17.1%	15.9%	22.7%	17.3%
Total N		4	29	400	2062	3897	820	7212
Total %		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

3.0 SUMMARY OF PERFORMANCE AGAINST KPIs Q3 2014/15

Unless otherwise indicated, all figures are cumulative totals for the year

Key Performance Indicator 2014/15	Target	Q3 2013/14	Q3 2014/15	Notes
KPI 1(a): % of required inspections (as per approved inspection plan) completed in 2014/15	99%	N/A	N/A	In 2013/14 we completed 97% of our required inspections.
KPI 1(b): % of inspections completed by last date of inspection	99%	77% (4821/6284)	70% (4244/6057)	
KPI 1(c): Number of inspections completed as % of total planned (excluding cancelled and inactive services)	99%	92% (5789/6322)	87% (5562/6414)	
KPI 2: % inspections undertaken that were additional to our inspection plan	7%	1.1% (62/5789)	1.0% (55/5562)	55 of the 5,562 inspections carried out between Q1 and Q3 were marked as additional.

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Key Performance Indicator 2014/15	Target	Q3 2013/14	Q3 2014/15	Notes
KPI 3: % of Requirements met within the timescale set by the Care Inspectorate	80%	66% (but with no differentiation between met within/outwith timescales set)	58% (1457/2511)	58% of requirements were met within timescales set, 7% were met but not within the timescale, 35% of requirements were found to have not been met at the next inspection.
KPI 4: % efficiency savings achieved	3%			Reported Annually
KPI 5: % complaints investigated about the Care Inspectorate that were completed within 20 working days	100%	N/A	89% (8/9)	We received 56 complaints in Q1 to Q3. 26 were withdrawn, 21 remain in progress and 9 are completed (within 20 days). A further 7 complaints received last year were completed in Q1 to Q3.
KPI 6(a): Complaints about care services and the Care Inspectorate acknowledged within 3 working days	100%	99% (1015/1030)	99% (1116/1130)	

Key Performance Indicator 2014/15	Target	Q3 2013/14	Q3 2014/15	Notes
KPI 6(b): Complaints about Care Services registered within 12 working days	60%	52% (751/1441)	45% (717/1592)	
KPI 6(c): Complaints about Care Services completed within 40 working days	80%	N/A	81% (910/1126)	In 2013/14 we had a 20 day target that allowed cases with extensions to meet the KPI.
KPI 6(d): Registrations completed within 3 months for childminders and 6 months for other care services	80%	93% (687/735) Childminders- 93% (445/479) Other Services- 95% (242/256)	77% (595/769) Childminders- 71% (344/483) Other Services- 88% (251/286)	

Monitoring Measures Indicator 2014/15	Target	Q3 2013/14	Q3 2014/15	Notes
MM1: % care services maintaining or improving on all grades good or above	Monitor trend	96% (10335/10762)	96% (10287/10756)	96% of services that started the year with good grades maintained or improved on these by the end of Q3.
MM2: % of unannounced inspections where we confirm accurate self-assessment grading	Monitor trend	17% (802/4740)	19% (756/4042)	In 19% of inspections the grades awarded matched the service's own estimation in their self-assessment. In a further 36% of services, the grades awarded exceeded the service's own estimation.
MM3: % of low risk assessments of care services by the Care Inspectorate that go on to have a higher risk assessment following inspection	Monitor trend	3.3% (142/4292)	4.2% (175/4125)	We inspected 4,125 services between Q1 and Q2 that started the year with a Low RAD score. 175 of these went on to have a higher RAD score following the inspection.
MM4: % complaints about the Care Inspectorate that were upheld	Monitor trend	46% (12/26)	50% (8/16)	We completed investigations into 16 complaints against the Care Inspectorate between Q1 and Q3 (some received last year). 8 of these complaints were upheld and 8 were not upheld.

4.0 RESOURCE IMPLICATIONS

There are no additional resource implications arising from this report.

5.0 BENEFITS FOR PEOPLE WHO USE SERVICES AND THEIR CARERS

This report relates to the monitoring of performance against the Care Inspectorate Corporate Plan 2014-18 to enable rigorous governance and challenge to the Care Inspectorate's Executive Team. This evidences the performance of the organisation in delivering Corporate Objectives and as such providing assurance and protection for people who use services and their carers.