



## Monitoring our Performance 2014-15

**Report to:** Policy Committee

**Date:** 19 August 2014

**Report by:** Karen Anderson, Director of Strategic Development  
Tim Gronneberg , Information Analyst  
Ingrid Gilray, Intelligence and Analysis Manager

**Report No:** B-22-2014

**Agenda Item:** 9

### **PURPOSE OF REPORT**

To present the Q1 2014-15 summary report on performance

### **RECOMMENDATIONS**

That the Policy Committee:

1. Discusses the performance against the Key Performance Indicators, Monitoring Measures and Quality Indicators for the Care Inspectorate.
2. Ensures that all relevant performance is included in this report, informing the Information Analyst of any further text to include.
3. Informs the Information Analyst of any changes required to the report.
4. Approves the report for submission to the Board.

**Version Control and Consultation Recording Form**

Version	Consultation	Manager	Brief Description of Changes	Date
1.0	Senior Management		All Directors provided updates on relevant sections of this report.	1/8/14
	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: 04/08/2014

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## **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 Corporate Plan's Key Priorities, Key Performance Indicators (KPIs), Quality Indicators (QIs) and Monitoring Measures (MMs).

## **2.0 SUMMARY OF PERFORMANCE Q1 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**

Last year we developed new working arrangements for shared inspections with Education Scotland. The implementation of these has continued in Q1, with all inspection paperwork and reports identifying both the Care Inspectorate and Education Scotland. Inspection reports from shared inspections now include information on the grades awarded by the Care Inspectorate, and any recommendations or requirements made. This working arrangement will be further reviewed as our inspection methodologies develop.

Following a pilot in 2013/14, a new approach for inspecting childminders started in Q1 of 2014/15 which is based on the SHANARRI outcomes and the Girfec approach. Work has continued on developing a new methodology for inspecting all regulated care services. Analysis of extensive consultation with providers and users of care services has commenced, with clear themes emerging. Further consultation is scheduled for Q2 and work has commenced on a programme initiation document to establish workstreams and governance arrangements for the required changes. The Board has considered a paper on new legislation around joint working and the Children and Young Person's Act and senior managers are now in the process of developing responses to these legislative and policy changes.

During Q1 we continued to develop and refine the inspection methodology and reporting mechanisms for the adult joint inspections, based on the experiences from the Moray and Aberdeenshire reports. These experiences were applied in Angus and Fife. The substantive children's services joint inspections have continued using the established model, but analysis of findings of those surveyed as part of the pilot phase continued. A "you said – we did" report on the changes made as result of the pilot

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feedback will be published in Q2.

A new procedure for complaints about the Care Inspectorate has been introduced which is compliant with the Scottish Public Services Ombudsman's model complaint handling procedure. The Complaints Sub Committee has become the Complaints Committee and the new committee will have an enhanced role in monitoring lessons learned from complaints. We provided a detailed statistical report for the Complaints Committee and agreed the future content and frequency of such reports.

We undertook extensive work to prepared child and adult protection reports which were written and edited during Q1. They are due for publication in Q2.

Work is underway to redevelop the Care Inspectorate website to make its primary function the ability to find information about regulated care services. We have continued to publish ad-hoc thematic reports, including about care at home services. Our proactive media strategy has seen increased information about care services placed in the public domain.

We have commenced work with HIS on a joint intelligence profile of partnership areas to help inform our inspection plans.

As part of the review of our quality assurance processes we engaged with all inspection teams (Team managers and Heads of inspection) who are now in the process of considering a standardized framework for quality assurance processes in which a quality improvement agenda can be considered.

A framework for lessons learned reviews has been completed and passed on to the executive for approval.

We reviewed and revised the questionnaires we use to give us feedback about our inspection visits (the Inspection Satisfaction Questionnaires) and began to use these during Q1.

We have begun an inspection focus areas on infection control in early years establishments, following the findings of a serious case review of infection at Rosepark Lodge, Aboyne.

#### **2.1.2.1 Inspections Completed**

During Q1 we completed 74% (1863 inspections) of the inspections we planned to complete over the quarter (KPI 1c), a drop of five percentage points compared to the 79% completed in Q1 of 2013/14.

Performance differed in the same period last year by 5% due to sickness absence and re-directing resources on services where we identified

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significant risk to the health, safety and well-being of people using services.

To ensure we meet our targets the Executive Team have deployed a number of mitigative actions including redeployment of staff, overtime, stronger performance management and more rigorous absence management.

In Q1 we completed 66% (1459) of inspections by their last possible date of inspection (KPI 1b). This is lower than the 90% of inspections completed by their last possible date in 2013/14.

In care services that we have inspected this year, 2.7% 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 slightly lower than the 3% of services in Q1 last year.

In Q1 67 inspections were removed from our inspection plan due to improvements in their risk score meaning that the inspections were no longer required.

We had joint inspections of Adult Services in Angus and Fife ongoing during Q1. Our joint inspections of services for children in South Lanarkshire and East Renfrewshire were ongoing in Q1 and a new inspection in Aberdeen City was started.

We issued 75% of draft care service inspection reports within 20 working days in Q1. 96% of final inspection reports issued in Q1 were published within 13 weeks of the inspection feedback date. In Q1 of 2013/14, we issued 80% of draft reports and 96% of final reports within timescales.

Over Q1 only one inspection completed (0.05%) was marked as additional to the inspection plan. This is to be expected – most additional inspections will occur later in the year.

#### **2.1.2.2 Enforcement Notices Issued**

In Q1 we sent a total of 32 enforcement notices. 12 of these were notices related to the quality of care and 20 were ‘technical’ enforcements (for example procedures we use to cancel services if we cannot contact them any longer or procedures relating to inactive services).

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

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

Inspection Area	Number of Notices sent 1 April – 30 June
Early Years	3
Older People	9
<b>Total</b>	<b>12</b>

**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. Over Q1, 58% of requirements were met within timescales set (KPI2). A further 8% were met, but outwith the timescale. 34% of requirements were found to be not met at the next inspection.

We are actively working with the services to ensure the health, safety and wellbeing of people using the service. As part of our review of methodologies we are looking at our policy on enforcement and setting requirements that enable capacity building and support for improvement.

98% of services that started the year with grades 4 or higher for all themes maintained or improved on these good grades by the end of Q1 (MM-1).

In 19% of inspections in Q1 the grades awarded by the inspector matched the service’s own estimation in their self-assessment for all grades. In a further 35% of inspections, all grades awarded exceeded the service’s own estimation (MM-2). The remaining cases had a mix of matching and non-matching grades.

There continues to be extensive media coverage of our activities. This includes our proactive media approach and reactive queries. Increased regulatory activity appears to be associated with increased media coverage. There has been some coverage about strategic inspection, but the bulk of enquiries related to regulated care services

The computer game Far From Home we developed with Abertay University has won a bronze award at the International Serious Play Awards. The game helps young people in care think about their choices, responsibilities and decision-making.

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

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### **2.2.1 Key priorities**

We continue to support the review of the National Care Standards through seconding a specialist operational member of staff to the Scottish Government team working on this review. We provided specialist communications and engagement advice to the Scottish Government during the preparation of the consultation paper and we are encouraging staff to respond to this and to feed into the overall Care Inspectorate response. We have seconded in, from HIS, a senior member of staff to augment our capacity to engage with the review and any new responsibilities placed on the Care Inspectorate and HIS as a result.

Following a review of our registration process, the National Registration Team introduced a 'Two Stage' registration process on 1 May 2014. This means that there is quicker communication and tighter timescales for applicants to return information. Applicants are more motivated to return information because we are asking for it as soon as the application is received (information e.g. sending out for references, PVG checks, medical reference, financial reference etc.). Once all the information is received it is passed to a registration inspector who will begin the assessment process stage. Early indications are this is a more effective way of using the skills of the team to undertake the processing and assessing of applications.

The Adults Directorate have started a programme of enabling conversations with service providers of care homes for adults with a learning disability. This work is focussed on assessing their awareness of the recommendations from both the Keys to Life strategy and the

Winterbourne View report, and supporting their work to implement action plans to ensure learning from these is disseminated across services. This work will support the national work being undertaken by the Scottish Government led Keys to Life strategy implementation group. In the inspection year 2015/16, the Adults' teams will build on this work, ensuring action plans are in place to support the implementation of the recommendations from each report across services.

The Head of Inspection for Adults' Services led a working group to review the recent Mental Welfare Commission report into the Death of Mr JL, This internal report will be presented to the Executive Team on 31 July 2014 with suggested recommendations for reviews of internal methodology and practice to support the report's findings.

### **2.2.2 Quality Indicator 2 - Partnership Working**

The Head of Analysis and Business Planning continues to represent the Care Inspectorate on the Local Government Scrutiny Co-ordination

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Operational Group and the cross-scrutiny body planners and scheduler's meetings chaired by Audit Scotland. This involves working closely with partner scrutiny bodies, including Audit Scotland, Healthcare Improvement Scotland (HIS), Education Scotland (ES) and Her Majesty's Inspectorate of Constabulary in Scotland (HMICS) on strategic inspection planning.

Work is well underway to develop the Care Inspectorate's Inspection Plan for 2015-16. The Director of Strategic Development and the Head of Analysis & Business Planning have met with senior managers and staff in Healthcare Improvement Scotland (HIS) to work more closely together on strategic inspection planning. Systems and processes are being developed, including a new integrated health and social care assessment to ensure that those areas identified to be inspected in 2015-16 are based on the most up to date information and intelligence held by all the relevant scrutiny bodies.

At the launch of his 2013-14 annual report in June, 2014, HM Chief Inspector of Prisons commented positively on the involvement of partner scrutiny bodies, including the Care Inspectorate, in inspections of prisons and young offender's institutions. Most recently, the Care Inspectorate supported an Inspection of HMYOI Polmont in March 2014 through the deployment of a strategic inspector. The Care Inspectorate has been asked by HMCIP to continue to support these inspections.

The Head of Inspection for Adults' Services, together with a Registration Team Manager, has been working with colleagues from one local authority to review their proposals for supporting the implementation of self-directed support for adults in their local area. This work encourages partnership working at the earliest stage of service planning and development and engenders positive, trusting relationships between the commissioners and the regulatory body. A short report on any variations emanating from this new legislation will be provided to the next S&P meeting.

In partnership with Citizens' Advice Scotland, we have developed an e-learning tool to help their advisors understand more about our complaints process.

## **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**

Information and views on inspection methodology were obtained from

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focus groups that were run by the external agency Red Circle Communications for service providers as well as from internal Care Inspectorate staff bite size methodology groups. Feedback and views from these sessions have been incorporated into the proposed quality assurance process for the inspection teams.

In the Adults Directorate, teams have been working with a local college in the North of Scotland to develop staff understanding of the experience of service users with a learning disability in responding to the recommendations within the Keys to Life. Students with a learning disability attending the college have the support of advocates and are delivering development opportunities for Care Inspectorate staff.

We continued to develop our relationship with Care Opinion in order to support their service and obtain real-time views of users of care services and their carers. We expect this initiative to launch in Q3/4. We also continue work with Which? and Good Care Guide to provide data to them which allow people to review services on those websites. We published an information leaflet for people about what to look for when choosing a care at home service.

We currently have 61 Inspection Volunteers who are active and available to take part in inspections. 12 new Inspection Volunteers have completed training and will now undertake at least one shadow inspection as the final stage in the recruitment process. 10 more people are being interviewed in the next few months.

### **2.3.2 Quality Indicator 3 – Improvements in Involving People**

61% of all graded care services at 30 June 2014 have grades 5 or 6 for all Involving People quality statements. This means that over half of all care services graded by 30 June 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 59% of services with all statements graded 5 or 6 at the same point last year.

In Q1 there were 163 inspections carried out that involved an Inspection Volunteer – this's 8.7% of all inspections completed over the quarter.

Inspection Volunteers spoke with a total of 1,259 service users and 520 relatives and friends during these inspections.

Most of these inspections were in Care Home services (64%), a further 18% were Care at Home services and 15% were Housing Support Services. The remaining 3% is made up of a small number of Daycare of Children and Fostering services.

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There were 23 requests for inspection volunteer involvement that could not be met due to there being no inspection volunteer available with the appropriate experience. Further Inspection Volunteer training and interviews are planned for Q2.

We exhibited at the following external conferences in Q1:

**April**

- CPP Seminars Edinburgh – The Opportunities and challenges in delivering increased childcare provision in Scotland

**May**

- Shaping the landscape of dementia care – Care Inspectorate Event
- Mackay Hannah - Elderly Care In Scotland
- Scottish Care – Care at home conference

**June**

- Scottish Parliament Information Stand
- Alzheimer's conference – Dementia Awareness week conference
- Scottish Government – raising attainment for all
- Centre for research on families and relationships – Growing up in Scotland
- ADSW – ADSW annual conference

**Involvement of Children & Young People**

In April 2014, we awarded a tender for the provision of support to our Young Inspectors to Move On working with Who Cares? Scotland. This will also support an increase in the amount of young inspectors we have from six to approximately 20 in the next two years.

Between May and June this year, young Inspectors have been involved in strategic inspections in East Renfrewshire and South Lanarkshire.

Four Young Inspection Volunteers met with the Project Lead (Methodologies) and were involved in the methodology consultation.

Two of the Young Inspection Volunteers agreed to be interviewed for Care News about their involvement with us. The article will be published in the summer 14 edition to try to highlight their involvement and generate interest in the scheme.

Members of the Involvement and Equalities team have been attending early years teams and management meetings to gather feedback on how

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we could involve more inspection volunteers in in early years inspections of care services. We asked how inspection volunteers could be included to add value to the inspection process, what areas would this be most helpful in and what criteria would an involved person need to have to participate.

In support of the consultation exercise above, the Involvement Adviser (Children & young people) has been working with inspection staff to launch a pilot for early years inspection volunteers in North and South Lanarkshire between August 14 – January 15.

### **Involvement of Adults**

Inspection Volunteers (Adults) have carried out 163 inspections in quarter 1. They have spoken to 1259 people receiving services and 520 family members or friends.

The Involvement Challenge was launched within the organisation with assistance from a Team Manager. The purpose of this project is to promote the inspection volunteer scheme internally, consult about improvements that could be made and implement any suggestions. After consultation with stakeholders including inspectors, team managers and inspection volunteers, a summary has been sent to everyone involved and published on the intranet. As a result of this project, a handbook for inspectors and inspection volunteers relating to the schemes process is due to be completed in August 2014.

The Involving People Group held a meeting on 27 June 2014 to discuss the review of the Involvement Plan and consider some new work streams for moving forward. We also consulted on guidance for support workers at involvement events and development day planning.

### **Equalities**

Work continued on planning mandatory Equality and Diversity training for all employees and is scheduled to start around July 2014. This training will ensure that all staff are aware of the Equality Act 2010 and their responsibilities under the legislation. The training includes:

- Information about the nine protected characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief and sexual orientation.
- an opportunity for staff to explore their own attitudes and values and discuss these with colleagues.
- links for further personal development. The Organisational Development team are sourcing online training for more in depth

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- training for staff or for new starts to the organisation.
- An opportunity for staff to complete a self-evaluation about their equality training needs.

We have been further developing links with equality groups to support our work and strengthen our knowledge. The Equalities & Engagement Adviser has been attending meetings with the NDBP Equality Group, Stonewall and CEMVO.

## **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**

As part of our work on developing a new quality improvement framework, we have engaged in discussions with staff across the organisation to gain an understanding of their quality improvement objectives and how they plan to take them forward. A report for the Executive Team is being developed and we will bring forward discussion papers following the member/officer working group to Policy Committee.

We have completed a proposal for a specific learning circle which will look at how we engage with and receive feedback from young people that use care services.

Work continued during Q1 to launch the Care Inspectorate's Quality Conversations, a forum for providers and senior Care Inspectorate staff to share ideas and developments in the sector. The first will launch in Q2.

We have continued to expand the content available on The Hub, ensuring it signposts and illustrates effective practice. During Q4 of 2013/14 and Q1 of 2014/15, we launched and rolled out Make Every Move Count, a resource pack to support care homes for older people help residents become more active. We held a large dementia conference for 250 providers of services to support effective practice in the field. Feedback from the conference included 'This was a well presented conference where all the workshops and speakers offered relevant information which will be useful when working with our client group'; 'I was extremely interested in the various tools and other information gathered at the workshops I attended and have since circulated this throughout other services within my organisation'; 'Best conference content wise I have attended'. Overall 89% of the people who attended the dementia event stated they wanted to improve the service that they provide.

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

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The Care Standards Questionnaires are completed by people who use services and their relatives and carers. We analysed questionnaires from 2,700 services in Q1. In 88% of care services, 90% or more respondents were satisfied or very satisfied with the overall quality of the service. In comparison, 93% of respondents were satisfied or very satisfied with the overall quality of the service in Q1 of 2013/14 (based on responses from 618 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. In Q1 94% of staff and 85% of people who use care services thought that the quality of their care service would improve following the inspection (Staff total 149 respondents, service users total 47 respondents). In Q1 of 2013/14 91% of staff and 78% of service users thought that the quality of their care service would improve following the inspection.

We have continued work with a new supplier of our website to develop a new site that is easier to search for information and supports people making choices about services.

Work will continue in Q2 to refresh the intranet content and structure informed by our internal communications focus groups.

The Executive Team approved the Internal Communications and Involvement Strategy and work is underway to progress this.

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

### **2.5.1 Key priorities**

We continue to respond to media, public and government requests for statistical information. In Q1 we received 35 Freedom of Information requests, 17 requests under the Data Protection Act, 27 requests from the Scottish Parliament and 24 requests from the Scottish Government. We have responded to 29 Freedom of Information requests, 10 requests under the Data Protection Act, 20 Scottish Parliament requests and 21 Scottish Government requests. In Q1 we dealt with 3 media enquiries.

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In June 2014 the Scottish Government published Growing Up in Scotland: Characteristics of pre-school provision and their association with children's outcomes.

This report combines data from the Growing Up in Scotland (GUS) research project with data provided by the Care Inspectorate and Education Scotland 'to provide a detailed understanding of the characteristics of pre-school provision in Scotland and how it is experienced by children who live in different areas and who have different social background characteristics'. The Care Inspectorate has been involved in sharing data to support this research over the past three years.

The report links higher grading for 'care and support' with better vocabulary ability at age five and among its conclusions states that 'it appears that attending high quality pre-school provision will benefit children in terms of their academic ability which may, in turn, help reduce known socio-economic inequalities in this and other developmental outcomes'.

We reported to the Board on changes to grading patterns over the course of 2013/14. This report was summarised and disseminated at our Scottish Parliament Information stand in June 2014. The stand was hosted by the Chair and policy and communications colleagues to meet with MSPs and their staff and support them to understand more about the work of the Care Inspectorate. We engaged with some 60 MSPs and staff from their parliamentary and constituency offices. This generated further correspondence about particular pieces of casework and the feedback from MSPs was generally positive.

Work has commenced on a major report on our findings from the first three years of the Care Inspectorate – our working name for this is the 'Triennial Review'. To date this has included running several focus groups with staff and these have been used to develop the themes, focus and structure of the report.

### **2.5.2 Quality Indicator 2 - Partnership Working**

See above under strategic objective 2

## **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 Quality Assurance group have agreed an action plan which oversees, helps facilitate and ensures a number of identified developments related

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to the corporate plan are being addressed. A report on this action plan has been sent to the Executive Team for approval.

The public reporting strategy has been agreed by the Board and is being implemented. There are 24 workstreams for 2013-15 and all those due for progression at present are either complete or in hand.

In Q1 we produced the following publications and reports:

Printed and Published Electronically

- Care News Spring Edition
- Unhappy about a care service (updated)
- Who We Are, What We Do (updated)
- Complaints review request form
- Learning and development pathways for administration staff pocket guide
- Learning and development pathways for administration staff log
- Corporate Plan 2015-18
- ISQ questionnaire for service users, relatives or visitors
- ISQ questionnaire for staff, service providers and managers

Published Electronically only

- Arrangements for inspecting child-minding services from 1 April 2014
- Quality Indicators and Illustrations
- Inspection Plan Summary 2014/15
- Care Inspectorate summary of Winterbourne View Review findings and recommendations - April 2014
- Performance Measurement System 2014/15
- Procedures for inspecting regulated care services 2014 - 2015
- Sources of information and further reading for childminders
- Procedure for obtaining legal advice
- TUPE transfers – guidance for Care Inspectorate staff
- Complaints handling guidance for staff
- Making a complaint about the Care Inspectorate's work
- Procedure for handling complaints and about the Care Inspectorate
- Procedure for handling complaints
- Hand hygiene: information to support improvement
- Best practice guidance: managing choking episodes in babies and children
- The role of the Care Inspectorate during a public health incident, with reference to membership of an NHS led Incident management team
- The management of medication in daycare and childminding services
- Childcare Involvement recruitment leaflet

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- Childcare Involvement recruitment application form
- Childcare recruitment poster

The National Enquiry Line received 6033 calls in Q1. This is slightly lower than the 6106 calls we received in Q1 last year. The most common areas that these calls related to are as follows:

- Staff or Office enquiries (789 calls)
- Complaints enquiries and complaints passed to duty officers (672)
- Registration enquiries (576 calls)
- E-forms or Website queries (269 calls)
- Variations (231 calls)
- Publication requests (127 calls)

In Q1, 82% of calls were answered at the first point of contact. 18% of calls received (1067 calls) were transferred to duty inspectors

## **2.6.2 Efficiency measures**

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

We received 22 complaints about the Care Inspectorate in Q1. nine of these were withdrawn, 12 are currently in progress and one is completed. The one (100%) completed case was resolved in under 20 days (KPI-5).

A further four complaints that were received last year were completed in Q1.

In total, we completed complaints investigations into five complaints about the Care Inspectorate in Q1. two of these complaints were upheld (40%) and three were not upheld (MM4).

It should be noted that the numbers involved are small and that a number of the 'withdrawn' complaints are actually resolved by explanation at the 'frontline resolution stage' of the complaints process. We aim to resolve as many complaints as possible at this early stage, although it is not possible to report an accurate picture of this as present. Work is underway to enable us to report a clearer picture of outcomes at this frontline resolution stage but this will necessitate a technical fix to the ICT system.

### **Complaints about Care Services**

We received 1203 complaints in Q1, an increase of 58% compared to the 763 received in Q1 of 2013/14.

In Q1, 98% of complaints acknowledged had their acknowledgement letter sent within 3 working days (KPI 6a). This is slightly lower than the 99% in Q1 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

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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 52% of complaints about care services as formal complaints within 12 working days in 2013/14 (KPI 6b). This is lower than the 56% at Q1 last year but lower than the target of 60% we are aiming for this year.

It should be noted that the measure is greatly affected by complainants not agreeing 'heads of complaint' (ie the specific wording of the complaint allegations) and complainants taking lengthy time to communicate back with the Care Inspectorate. We are developing a new process to try to make this more efficient. Research indicates that a more speedy resolution can assist in helping complainants achieve satisfaction and improvement.

In Q1, we completed 95% of complaint investigations within 40 days – above our 80% target (KPI 6c). This is a new measure for 2014/15, and relates only to those complaints received after 1 April 2014. This means that those complaints that are taking longer to complete will still be ongoing, therefore our reported level of performance is likely to be at its highest in Q1, and may fall over the rest of the year.

### **Registrations**

Overall, we completed 82% of registrations within timescales in Q1 (KPI 6d). 83% of childminder registrations were completed within three months and 82% of other care service types were registered within six months. This falls short of our target of 85% and is lower than Q1 last year when we completed 89% within timescale overall, with 88% of Childminders completed within three months and 91% of other services completed within six months.

### **Effective risk assessment.**

Our model of care service regulation is dependent on accurate and ongoing risk assessments of care services. We inspected 1,426 services in Q1 that started the year with a Low RAD score. 39 of these went on to have a higher RAD score following an inspection in Q1, which is 2.7% (MM-3). This is slightly lower than the 3% observed over the same period last year.

## **2.6.3 Quality Indicator 4 - Best Value**

A programme of review of Care Inspectorate employment policies and procedures is underway with the Resources Committee having considered revised versions of the draft Dignity at Work Policy and Code of Conduct

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along with carrying out an initial review of the following new draft documents: Maximising Attendance Policy, Equality and Diversity Policy, Whistleblowing Guidance, Social Media Guidance and Time Off for Trade Union Duties and Activities.

For the period 1 April to 30 June 2014, there is a predicted 0% variance from the planned budget. It is anticipated that any projected underspends will be offset by bringing forward items in the operational improvement plan.

The external audit of our 2013-14 annual accounts is progressing well with no significant issues identified to date.

At its June 2014 meeting, the Resources Committee considered the annual procurement report and approved the 2014-15 procurement strategy action plan

The Board and Executive Team carried out the annual review of the Strategic Risk Register which has incorporated a significant revision to the stated tolerance for risk.

The Resources Committee were also provided with an update on the progress on the actions in the ICT strategy along with an update on the iPad project which is nearing the 'rollout' stage.

We created and circulated the following (internal and external) surveys during Q1:

- Homeworking policy review survey
- JISFC Aberdeen City
- Associate Assessors induction evaluation
- Shifting landscapes conference evaluation
- Criminal justice and young people development day evaluation
- Central Induction Evaluation
- Environmental Scanning – Policy bulletins
- Expotel – Travel survey
- Expotel – Conference/Venue Hire
- Expotel – Bookers survey
- Expotel – Accommodation survey
- JISFC South Lanarkshire
- Corporate Induction

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#### **2.6.4 Quality Indicator 5 - Staff Experience**

In June the Resources Committee considered the key OD priorities for 2014-15 as follows :

- Reduce the levels of sickness absence across the organisation and promote health & wellbeing
- Revise our recruitment approach and the skills sought to enable the right skills and knowledge to be deployed in the right places
- Build and strengthen our performance through stronger employee engagement and managing poor performance where it arises
- Invest in targeted development activities and programmes which upskill and improve employee confidence in their skills and abilities
- Support and build on the organisation's approach to quality through providing opportunities to create a learning culture

During Q1, there was one meeting of the Change Champions group and a follow up is planned for Q2. These meetings consider solutions and improvements to the key themes and issues in the organisation in an inclusive way.

We are currently signing up business support staff to the Customer Service Professional Qualification (e-learning) as an early building block in preparing for the Customer Service Excellence award. An update on progress will be given to the Resources Committee later this year.

#### **2.6.5 Quality Indicator 6 - Leadership and Direction**

A project is underway to review the staff Performance Development and Review Scheme. The project group is due to report to the Executive Team in Q3.

Work on developing the 2014 staff survey is progressing well with staff involvement built into the process. The survey will be launched in Q3.

A joint planning away day was recently held with the Partnership Forum. This was a successful event that will be carried out annually.

A report was made to the Resources Committee on the 2013-14 HR/OD metrics. Work continues on developing these and the Q1 sickness stats have been produced for review by the Executive Team.

#### **2.6.6 Quality Indicator 7 – Quality Assurance and Improvement**

See strategic objective 4 above.

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3.0 SUMMARY OF PERFORMANCE AGAINST KPIS Q1 2014/15

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

Key Performance Indicator 2014/15	Target	Q1 2013/14	Q1 2014/15	Notes
<b>KPI 1(a):</b> % 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.
<b>KPI 1(b):</b> % of inspections completed by last date of inspection	99%	90% (1954/2179)	66% (1459/2207)	
<b>KPI 1(c):</b> Number of inspections completed as % of total planned (excluding cancelled and inactive services)	99%	79% (1983/2496)	74% (1863/2519)	

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<b>Key Performance Indicator 2014/15</b>	<b>Target</b>	<b>Q1 2013/14</b>	<b>Q1 2014/15</b>	<b>Notes</b>
<b>KPI 2:</b> % inspections undertaken that were additional to our inspection plan	7%	0%	0.05% (1/1863)	Only 1 of the 1,863 inspections carried out in Q1 were marked as additional. We expect the majority of additional inspections to occur later in the year.
<b>KPI 3:</b> % of Requirements met within the timescale set by the Care Inspectorate	80%	68% (but with no differentiation between met within/outwith timescales set)	58% (791/1365)	58% of requirements were met within timescales set, 8% were met but not within the timescale, 34% of requirements were found to have not been met at the next inspection.
<b>KPI 4:</b> % efficiency savings achieved	3%			Reported Annually
<b>KPI 5:</b> % complaints investigated about the Care Inspectorate that were completed within 20 working days	100%	N/A	100% (1/1)	We received 22 complaints in Q1. 9 were withdrawn, 12 remain in progress and 1 is completed (within 20 days). A further 4 complaints received last year were completed in Q1.

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<b>Key Performance Indicator 2014/15</b>	<b>Target</b>	<b>Q1 2013/14</b>	<b>Q1 2014/15</b>	<b>Notes</b>
<b>KPI 6(a):</b> Complaints about care services and the Care Inspectorate acknowledged within three working days	100%	99% (331/336)	98% (458/465)	
<b>KPI 6(b):</b> Complaints about Care Services registered within 12 working days	60%	56% (237/424)	52% (331/641)	
<b>KPI 6(c):</b> Complaints about Care Services completed within 40 working days	80%	N/A	95% (201/641)	In 2013/14 we had a 20 day target that also allowed cases with extensions to meet the KPI. However this is no longer comparable with our new 40 day KPI, where any agreed extensions would not be considered to have met the KPI.

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<b>KPI 6(d):</b> Registrations completed within three months for childminders and six months for other care services	80%	89% (211/238)  Childminders- 88% (161/183) Other Services- 91% (50/55)	82% (192/233)  Childminders- 83% (106/128) Other Services- 82% (86/105)	
<b>Monitoring Measures Indicator 2014/15</b>	<b>Target</b>	<b>Q1 2013/14</b>	<b>Q1 2014/15</b>	<b>Notes</b>
<b>MM1:</b> % care services maintaining or improving on all grades 4 or above	Monitor trend	98%	98% (10,892/11,107)	98% of services that started the year with good grades maintained or improved on these by the end of Q1.
<b>MM2:</b> % of unannounced inspections where we confirm accurate self-assessment grading	Monitor trend	17% (297/1797)	19% (228/1223)	In 19% of inspections the grades awarded matched the service's own estimation in their self-assessment. In a further 35% of services, the grades awarded exceeded the service's own estimation.
<b>MM3:</b> % of low risk assessments of care services by the Care Inspectorate that go on to have a higher risk assessment following	Monitor trend	3% (46/1485)	2.7% (39/1426)	We inspected 1,426 services in Q1 that started the year with a Low RAD score. 39 of these went on to have a higher RAD score following the inspection.

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inspection				
<b>MM4:</b> % complaints about the Care Inspectorate that were upheld	Monitor trend	63% (5/8)	40% (2/5)	We complaints investigations into 5 complaints against the Care Inspectorate in Q1 (some of these were received last year). 2 of these complaints were upheld and 3 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.