



care
inspectorate

Excellence in Care
developing our methodology

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Developing our methodology for scrutiny and improvement

**Important changes are happening
from 1 April 2015**



HAPPY TO TRANSLATE

We are changing the way we inspect. Some changes come into effect on 1 April 2015. Some changes from 1 April affect all care service types, others affect only some types of service.

Over the coming years we will be reviewing how we inspect and support improvement where necessary and, as part of that, we are going to make some changes and carry out some tests of change from April 2015.

We want to make sure that we target our scrutiny in the places where we have the most concerns, and be more proportionate in services which we know are performing well. We are seeking to move away from a traditional compliance model of inspection to one that is more collaborative, placing the person receiving the service at the heart of care, and supporting providers to improve in challenging times.

The proposed changes have been informed by a widespread consultation with a broad range of partners and stakeholders, including providers and service users. They also take account of a number of wider issues, including the development of the new National Care Standards.

What we mean by tests of change

Tests of change are about implementing new ideas on a small scale, quickly and cost-effectively. The results are then measured and any adjustments made, before rolling out the tried and tested change.

Changes that affect all service types

Requirements

There will be a new approach to making requirements. Previously, we made requirements every time we identified a breach of a regulation, no matter how small. In future, we will make requirements where we see practice or a breach of a regulation that results in poor, or potentially poor, outcomes for people using the service.

In other cases, where there is a breach but the outcomes for people using the service are good, we will discuss the issue on inspection. We may note the breach in the inspection report, or make a recommendation. In making these decisions, we will take account of the service's capacity to improve.

This change will support our focus on outcomes. It will help us to highlight effective practice and support improvement where it is needed so that people using care services receive high quality, safe and compassionate care that meets their needs, choices and rights. This focus will be further strengthened when the new National Care Standards, underpinned by human rights are developed.

Re-grading

We are changing the way we re-grade services outwith an inspection. In future, a service will only be re-graded following a complaint if there are poor outcomes or potentially poor outcomes for people generally, not just for one individual. Where re-grading is considered because staff are not registered with the SSSC, a service will not generally be re-graded where staff are in the process of registering.

There will be an important change to our practices when considering re-grading following a notification. We will consider not just the subject matter of the notification, but also what the service did to respond or prevent the incident happening.

Information from self-assessments

From 1 April we want to be clearer and more proportionate about how we use information in self-assessments. Where care services identify weaknesses and have an action plan in place that we are confident will lead to improved outcomes, we will consider that a strength, not an area for improvement. If the service is not aware it needs to improve, does not have an action plan in place, or we are not confident that the action plan will lead to improved outcomes, it will remain as an area for improvement. This way we can support providers being responsible for identifying strengths and areas for development within their services.

Test of change: follow-up inspections

Where a service is performing poorly and needs a second inspection in a year, that second inspection will be a follow-up inspection, focusing on the requirements made at the first inspection.

This is because we want to help poorly performing services to improve. We need to ensure that improvements become embedded and if a service needs to improve a large number of things quickly, there is a risk that changes to practice are not sustained. These follow-up inspections will allow us to track improvement and gain assurance that poorly-performing services are making the right changes.

We do not intend to award grades or make requirements on these follow-up inspections, although we can issue new grades at any point in the year where we are confident that outcomes for people using the service have improved. If we start a follow-up inspection and see things which cause us concern, we may revert to a full, graded inspection at any point.

This approach is a test of change and the views of people who use and provide care services will inform our evaluation of it.

Test of change: complaints

Where we receive a complaint which suggests there may not just be problems with one person's care, but a systemic issue which would be better addressed at inspection, we may bring the next scheduled inspection forward. We want to make sure that when we assess quality, we are looking at the care provided generally, not just to one individual. People who use services strongly value our complaints process and we will maintain it, but there are some things where an inspection can provide a more complete picture.

This approach is a test of change and the views of people who use and provide care services will inform our evaluation of it.

New notification: controlled drugs concerns

A new notification is being introduced to alert us to any adverse events or unaccountable discrepancies involving schedule 2, 3, 4, and 5 controlled drugs administered in care settings. This is to meet new statutory requirements. Notifications should be made through the Care Inspectorate eForms system and full guidance is available on our website.

Changes that affect learning disability services

We are carrying out an inspection focus area (IFA) during 2015/16, in selected learning disability services around the Scottish Government's national policy Keys to Life. Inspections will examine how this policy is supporting improved outcomes for people using learning disability services. The self-assessment for learning disability services will reflect this, and you may find that we use quality statements that are different to the quality statements we used on the last inspection.

In addition, about 36 highly-performing care homes for adults with a learning disability will receive a more proportionate form of scrutiny, called a thematic inspection. This will involve a shorter visit to services which have a regulatory history of operating at a high level. Services will complete a self-evaluation, and we will speak to people using and providing the service. The inspections will be entirely focused around the Keys to Life policy and will not report under quality statements – just quality themes. We will be interested in how the policy is being applied and the impact this has on service users in relation to the care and support, environment, staffing, and management and leadership.

Because less scrutiny will be applied, services will not be graded following these inspections. We know this is a big change, but we will not be

looking for scrutiny evidence to support decisions on grading. Rather, where the service is performing well, we want to be more proportionate in our scrutiny so we can target support where we know services are not performing well.

We will be able to revert to carrying out a full, evaluated inspection at any point if we are concerned about what we see or on the basis of intelligence.

These thematic inspections form a test of change and the views of people who use and provide care services will inform our evaluation of them.

Changes that are part of future developments

These changes are the start of a longer term change. If these tests of change are successful, we will want to incorporate them into our future methodology. We are also looking at whether and how we can test out a more proportionate type of inspection in highly performing services later in 2015/16.

Why we are making these changes

There are a number of reasons. We want to better evidence the specific improvement duty in Section 44(1)b of the Public Services Reform (Scotland) Act 2010 which places upon us "the general duty of furthering improvement in the quality of social services". We know that there will be new National Care Standards and they are likely to be based on a human rights approach. There will be new joint working arrangements between health and social care, and the Children and Young People (Scotland) Act 2014 makes significant changes too. The way we scrutinise care services was developed a number of years ago and is very much a one-size-fits-all approach. A more tailored approach is required, and we know the expectations of people who use services are rising. We also aim to have a much closer link between our strategic and frontline service inspections.

What the new approach will look like

We want our new model to be based on outcomes for people using services, underpinned by human rights. Scrutiny should be proportionate, risk-based, and driven by intelligence. We believe the purpose of scrutiny is to provide public assurance and drive improvement. We want to be able to take robust regulatory and improvement action where the care received by people is not high-quality, safe and compassionate; but we also want our scrutiny to respond to new and innovative types of care. The way we work must be clear to providers and users of care. Whilst maintaining rigour, it should reduce the burden of work services have to do to satisfy us. We want to work in partnership to improve care.

Feedback from people providing and using care services will help us make changes as we progress. Ultimately, we want a new methodology that is robust, proportionate, and helps us all collectively to improve the quality of care for everyone in Scotland.

What we aim to achieve

The changes scheduled for 1 April are specific, and we are considering further specific changes for later in 2015 and in 2016. As these develop, we will keep services informed.

**Find more information and regular updates at
www.careinspectorate.com**

At the end of our review, we want to have specific changes in place

- An inspection framework for both frontline inspections and inspections of community planning partnerships, with clear quality indicators; this framework will involve different types and intensity of inspections.
- Examples of 'very good' and 'weak' practice, by service type.
- An evaluation framework shared with providers, so providers can see how inspectors use information and evidence to award grades.
- An inspection and improvement toolbox which we inspect against and which providers can use for their own quality assurance and quality improvement.
- More robust, dynamic self-assessment.
- Better and clear intelligence about individual services and community planning partnerships, so we can target our scrutiny.
- Clearer improvement and partnership ambassadors and approaches to help drive improvement.
- Shorter, clearer inspection reports.

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