



## Monitoring our Performance 2015/16

**Report to:** Board

**Date:** 2 October 2015

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**Report No:** B-22-2015

**Agenda Item:** 10

### **PURPOSE OF REPORT**

To present the Quarter 1 (Q1) 2015/16 summary report on performance

### **RECOMMENDATIONS**

That the Board:

1. Discusses 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                                  | ET      |                              | 24.9.15 |
|         | 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<br>Position: Intelligence and Analysis Manager |  |
| Authorised by Director   | Name: Rami Okasha  | Date: 25 September 2015                |

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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 Operational Improvement Plan and the Key Performance Indicators (KPIs), Quality Indicators (QIs) and Monitoring Measures (MMs) approved by the Audit Committee.

In line with our Performance Measurement System 2015/16, as approved by the Board, the report has taken on a slightly different structure, includes some new performance measures and incorporates some case studies of our improvement work for the first time. We have also prepared a prototype new style of report which we will take further steps to develop should the Executive Team (ET) agree to move to this new format.

## 2.0 SUMMARY OF PERFORMANCE Q1 2015/16

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

#### 2.1.1 Quality Indicator 1: The work of the Care Inspectorate is supporting improvement in the quality of care, support and protection provided to children and adults throughout Scotland who use services, their families and carers and the wider public.

#### Improvement focus during inspections

In 1,231 inspections carried out during Q1 our inspectors recorded time spent on improvement work of 2571.5 hours.

#### Case Studies of improvement and impact

In our performance reports this year, we are including case studies that describe some of the wide range of improvement work we do, and the impact this has had.

#### Case Study 1: Health and Wellbeing Improvement Team

People using social care services almost invariably have health needs too. Increasingly more people being cared for in the sector have complex health and care needs. Meeting these needs means understanding them and responding to them. Relevant and clear advice and support for the health and wellbeing dimension of social care is essential.

The Care Inspectorates team of Health Improvement Advisers and Consultants offer practical advice and support. We have been delivering information sharing sessions on health and well being topics, such as falls, dementia and adults with incapacity, nutrition and hydration, tissue

viability, continence, medicines management. We signpost to good practice and outline what inspectors will look for in inspection and complaints to a range of stakeholders across Scotland.

Since April 2015, we have worked with 10 individual service providers and also 4 local authorities (LA) as well as several joint days with Scottish Care. We have had good feedback from these sessions. The following is an example of the impact these sessions have had on the quality of care people receive.

An Edinburgh care home has helped to increase the quality of life for a number of its residents by reducing unnecessary medicines following an investigation into their medication requirements.

The care home specialises in looking after people with dementia. The Deputy Manager was inspired to look into the medication of her residents after attending one of the Care Inspectorate's Event Days – where specialists talk about the latest developments and best practice in care. She said: "I've always had an interest in medication and have been keen that all our staff understand how important it is to manage this area of care very carefully. We have a formal policy on medication and I regularly undertake medication audits and spot checks on medicine stocks and the Medication Administration Records.

"When I went to the Event Day, I was interested to hear the Care Inspectorate's Professional Adviser–Pharmacy, give an example of a resident who was rarely taking his prescribed laxative medication because he frequently had loose bowels and so did not require it. This obviously raised the question of why he was still prescribed these medicines. I was very conscious of the fact that we have quite a lot of residents that are on laxatives, so in my next medication audit I looked into this situation and found we had seven people on laxatives who could actually be changed or stopped all together."

Further research showed a link between the medication and a resident's agitated behaviour, as the Deputy Manager explained: "In one particular week, one of our residents was particularly distressed. I checked the records and during this time he had loose bowels but was on two types of laxative. He did not need them and the effect of the laxatives was contributing to his agitated behaviour."

The Deputy Manager reported her findings to the four local GP surgeries that the residents were registered with and asked the doctors if they could review the laxative. "The Care Inspectorate's Event Day has been very useful as it made me think about questioning our residents' medication – and if it's something that we can change and that has a positive effect, then it's well worth it." The Care Inspectorate's Professional Adviser–Pharmacy said: "This example highlights the important role and positive

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effect social care providers can have in monitoring and evaluating the effects of medicines.”

**Case study 2: Improving self-assessment, focussing on outcomes for people, an example from Older People Team 1.**

As part of this year’s inspections, Older People’s Team 1 (OP1) examined the quality of the self-assessments that providers are submitting, and have fed back their views on this in inspection reports for individual services.

One Inspector in our OP1 team observed that they had inspected two care homes operated by the same provider recently – and given similar feedback on the improvements needed to their self-assessment.

The provider operates around ten care homes in the area, and the inspector was becoming concerned that she would see the same improvements required in each service. She contacted the provider and they invited her along to their next managers meeting early June to provide more information on our expectations of self-assessments and how this forms part of our methodology.

To prepare for this work, the inspector worked with the Intelligence Team to identify self-assessments from some of the best performing care homes, and summarised the learning points that she felt would help this service improve the most. On the day, the managers brought along their service development plans. The inspectors focused on helping the managers to understand how they could link their development plans to their self-assessments, and how they could better describe how their service improved outcomes for people using it, making use of the best practice examples she had identified.

Although it may take some time to observe whether there was a measurable impact from this work, the feedback on the day was positive.

**Key priorities**

In Quarter 1, we introduced a series of significant methodology changes, namely:

- Thematic inspections of care home for adults with learning disabilities commenced across 36 services.
- All services which require a second inspection in the year will now receive a follow-up inspection to assess whether requirements for improvement have been made.
- Some complaints, where there is a suggestion of systemic failure, are now pursued through inspection rather than a stand-alone complaint investigation.

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- Changes of approach have been made to how and when requirements are made, how we use information from self-assessments, and how we re-grade a care service outwith an inspection.

The first inspections as part of an Inspection Focus Area around the Keys to Life and Winterbourne View reports have commenced. These are taking place across different types of services for adults with a learning disability and will last throughout 2015/16.

We continue to review the almost 1500 responses we received to our consultation about investigating complaints involving care services. At the same time, we have developed a number of small process improvements to aid efficiency and improve the quality of our customer experience.

Following the development of the quality improvement strategy, work has been on-going to progress key strands and develop clear ways of reporting on progress.

### **Strategic Inspections**

We have agreed, with Healthcare Improvement Scotland, to review our strategic inspections for adult services to ensure that they are relevant, proportionate, and responsive to emerging policy agendas and meet our new statutory requirements to review the quality and impact of strategic commissioning.

The strategic inspection team for children and criminal justice has now developed a handbook to publically detail how we conduct our inspections. It is intended as a tool to assist inspection coordinators and others to better understand our inspection approach and should be of great assistance in ensuring inspections are transparent and fair. This helps to address one of the key issues raised during the consultation with providers conducted by Red Circle last year as part of our methodology review. The handbook will be published at the end of the summer.

During Q1 we began receiving notifications of Initial Case Reviews and Significant Case Reviews as required by Scottish Government's new SCR Guidance. Although material relevant to SCRs conducted between 1 April 2012 and 31 March 2014 has been slow to come in, this is now being received, enabling us to start work on our retrospective review and lessons learned report (due for publication by the end of 15/16)

We have designed and implemented a new reporting format for joint inspections of services for children and young people in response to feedback from community planning partners. The new report aims to give more detailed information about the outcomes and experiences for different groups of children, including looked after children and children in need of protection, yet still be in a readable format.

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This quarter we published a review of progress in Dumfries and Galloway following our original joint inspection of services for children which was conducted in 2013/14. Our report commended the commitment of, and approach taken by, chief officers to addressing priority concerns and noted encouraging progress in strengthening a number of key processes. We will publish a further progress review early in 2016, by which time we would expect to see these process improvements resulting in tangibly better outcomes for vulnerable children and young people.

In quarter 1 we conducted a progress review in Clackmannanshire and Stirling following inspections last year where performance was poor in key areas. We also conducted joint inspections in both Aberdeenshire and in the Western Isles. All of these reports should be published in September/October.

During the period March – June we conducted fieldwork in all nine Community Justice Partnership areas to inform the thematic review of Multi-agency Public Protection Arrangements (also known as MAPPA). Phase 2 of the fieldwork gathering evidence on national issues has been taking place over the summer. The formal joint report with HMICS will be published late November early December 2015.

Under the Duty of Cooperation, we continued to support colleagues in Her Majesty's Inspectorate of Prisons by joining inspections teams for HMP Dumfries and HMP Addiewell. We have received very positive feedback from HMIP regarding our unique contribution to these inspections.

### **2.1.2 Key Performance Indicators**

We completed 90% (519 inspections) of our statutory inspections in Q1 (KPI 1(a)). This is lower than the 615 statutory inspections (107% of equivalent 2014/15 target) completed in Q1 of 2014/15.

71% of our statutory inspections were completed by the last possible date of inspection (KPI 1(b)). This is slightly lower than the 74% completed before the last possible date in Q1 of 2014/15.

We completed 69% (1535 inspections) of our total planned number of inspections for the year to date (KPI 1(c)). This is lower than the 74% (1863 inspections) completed in Q1 of last year.

Our inspection teams operating with up to 16 FTE vacancies across Early Years and Older People in Q1 and a number of staff were on long term sick leave which has had an impact on our progress against these KPIs. We recently carried out a successful recruitment drive to fill some of these vacancies. Time spent in April writing reports for inspections that were completed in late March have also affected our performance against this year's target.

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Functionality was added to our inspection reporting templates on 1 July that will allow us to report on KPI 2 (% of full inspections undertaken, that were not originally planned as full inspections) from Q2 onwards.

### 2.1.3 Enforcement Notices Issued

In Q1 we sent a total of 124 enforcement notices. 99 of these were 'technical' enforcements (for example procedures we use to cancel services if we cannot contact them any longer or procedures relating to inactive services). 25 enforcements were notices related to the quality of care ('non-technical') of which 10 were notices issued for outstanding PVG checks in Childminding services. The 15 non PVG related notices are broken down by service type in the following table:

#### Non-technical, non PVG related enforcement notices issued in 2015/16 up to 30 June

| Care Service    | Number of enforcements | Number of Services |
|-----------------|------------------------|--------------------|
| Childminding    | 13                     | 13                 |
| Support Service | 2                      | 2                  |

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

### 2.2.1 Quality Indicator 2: Partnership Working

#### Key priorities

The Care Inspectorate has worked with Healthcare Improvement Scotland and the Scottish Government to commence the development of new national care standards which will apply across social care and health services, to varying degrees. A project initiation document has been developed and a development group has formed to begin work in this area. This group is co chaired by CI and HIS.

In Q1 we have supported colleagues in the Scottish Government and in Moray and East Renfrewshire partnership areas as they develop pilots to test the demand and potential of Self Directed Support in residential care settings. A series of meetings are planned to share understanding of the challenges and we are, of course, particularly interested to ensure that the arrangements for registering and inspecting these services do not inhibit this innovation.

We have also developed links with Analytical Services Division in the Scottish Government to explore the ways in which we can share intelligence from inspection findings to inform an assessment of the

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impact of the implementation of Self Directed Support. This has highlighted the potential for greater two-way information sharing in relation to a wider range of policy objectives, which will be explored further. We are currently in discussion with the SSSC around the support that they can provide our workforce in relation to the implementation of Self Directed Support, and in particular the implications for outcome-focussed inspection that supports new, innovative models of service delivery and support. SSSC have offered to lead some Appreciative Inquiry in this regard and further discussions are planned.

We have agreed a new approach to supporting care services that wish to offer intermediate care. Rather than requiring a variation to their registration, care services are supported to notify us and use a self-evaluation tool to assess their readiness to provide intermediate care, which supports people being discharged from hospital in transferring successfully to a homely setting.

We have worked with NES Knowledge Management Services to develop mutual areas of interest. We are jointly developing knowledge questions to see whether a research and knowledge into action approach can support scrutiny and improvement activity in early years and care at home services. We have also worked with NES to support a cohort of our staff to undertake an Institute of Healthcare Improvement online course around health improvement.

We continue to work closely with other scrutiny partners to develop guidance and standards, including in relation to tissue viability.

We have also developed, with people who use services, a handbook on effective deployment of inspection volunteers in scrutiny activity.

In Q1 there has been effective partnership working with Education Scotland, including a joint response to the Scottish Government's Early Years Workforce Review. We have also started holding joint professional dialogue sessions for inspectors, which have been received well. We have held a series of meetings with statisticians from Education Scotland and Scottish Government, with agreement made to reduce the amount of information we are requiring providers to give us to reduce duplication of effort.

We received positive feedback in Q1 following a series of influential joint seminars on risk with Play Scotland and a further series is scheduled for later this year.

Close working continues with the SCMA (Scottish Childminding Association), with regular contributions to their newsletter.

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In Q1 Early Years Scotland (formerly SPPA) produced a survey of its members, which gives positive feedback on their experience of inspection. We also involved them in producing a policy on rota parents and agreed to their request to give a presentation at their annual conference in October.

We were approached by SOSCN (Scottish Out Of School Care Network) and asked to run 'Meet the Inspectors' sessions. These will be taking place later in the year.

Liaison meetings have been held with other individual umbrella organisations, such as NDNA (National Day Nurseries Association), and an Early Years Forum has been held with all key early years stakeholder organisations.

We have continued to work closely with Scottish Government officials in Q1 to consider potential involvement of the Care Inspectorate in future scrutiny and improvement of Community Justice. We have also submitted a comprehensive response on this to the call for evidence on the Bill.

In June, at the request of the Regulation and Quality Improvement Authority (RQIA) two of our Team Managers (one from Early Years and One from Registration) spent a week in Northern Ireland reviewing the registration and inspection processes for childminding and child day care, within the 5 Health and Social Care Trusts there. It had been highlighted that trusts were not registering and inspecting the providers in a timely manner. The two team managers undertook a range of activities during the course of a week, including:

- reviewed questionnaires (self assessments) submitted by each trust
- visited a different trust each day
- looked at the registration and inspection processes, and compared them against the minimum standards
- audited some of the trusts' documents and policies against the minimum standards
- assessed the composition and workload of the trusts' teams, against the number of providers
- met with staff from the trusts' teams to get their views on issues or problems in meeting the requirements for registration and inspection
- met with the HSC Trust board

A report is being produced on their findings which will identify areas for improvement.

The Head of Inspection for Children and Criminal Justice services along with an inspector from the strategic children's team have been involved in the consultation roadshows run by the Scottish Government on parts 10

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and 11 of the Children and Young People Act. These areas cover the new responsibilities to support throughcare and aftercare for young people leaving care and the new category of Continuing Care. We have also submitted written response to early consultation on the draft guidance.

A small group has been convened by the Head of Inspection for Children and Criminal Justice services to bring together legal, registration, complaints and inspection colleagues to consider the implications of the Children and Young People Act for the organisation and how best we can support this area of work internally and externally. This will result in updated guidance at a later date.

The Heads of Inspection for children's services met with Scottish Government in Q1 to discuss the implications for collaborative working regarding the Children and Young People Act.

One of our inspection team managers who has a lead in fostering and adoption has successfully chaired a working group looking at recommendations from the National Review of Fostering in Scotland. The Minister for Children and Young People has written to thank the team manager for her work.

In Q1 the Head of Inspection for Children and Criminal Justice services has contributed to the reference group overseeing the outcomes of the National Fostering review.

During Q1 we published a new MoU with Telecare Services Association (TSA), and worked on developing MoUs with Scotland Excel and the Office of the Chief Social Work Adviser (OCSWA).

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

**Key priorities**

We have developed a new Involvement Strategy which sets out ambitious plans around supporting people who use care.

We understand the importance of consulting with children, young people and their carers and we have, in one Grant Aided School for young people with additional needs, used interpreters to assist us in this task. However, we need to continue to look at new ways to obtain the views of service users and their carers, for example through better use of

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technology and inspection volunteers for young people's services. This is being progressed through the methodology review.

As well as parent groups starting to attend the Early Years Forum, we have had a positive meeting with Parent Network Scotland. They have agreed to help us with the recruitment of inspection volunteers for early years inspections.

Inspection Volunteers (Adults) have carried out 124 inspections in Q1 – that means that 8.0% of inspections completed in Q1 had an inspection volunteer (slightly lower than 8.7% in Q1 last year). They have spoken to 925 people receiving services and 306 family members or friends. A total of 895 hours has been spent on inspection activity by our volunteers.

There are currently 69 Inspection Volunteers who are active and available for inspections. In addition to this, 14 Inspection Volunteers are undergoing the recruitment process.

We have received the first public interest disclosures from Care Opinion and are now developing processes and procedures to engage with them on an operational level.

We exhibited at the following external conferences in Q1:

**April**

- Working together to prevent falls for health and wellbeing – Joint event with Care Inspectorate, Scottish Care and JIT

**May**

- Eating and nutritional care for older people with dementia – Medica CPD
- Launch of the Health Promoting Care Home Framework – NHS Ayrshire and Arran
- Care for Older People in Scotland – MacKay Hannah

**June**

- Dementia Awareness week conference – Alzheimer Scotland
- Quality in Practice Development – Aberdeenshire Council
- Scottish Care – Care at Home Conference
- Childminding Together Day – Stepping Stones
- MELA Glasgow
- Social Work Scotland Annual Conference
- Care Home Open Day 2015 with CEO and Chair

62% of all graded care services at 30 June 2015 were very good or excellent (grades 5 or 6) for all Involving People quality statements. This means that over half of all care services graded by 30 June 2015 demonstrated very good or excellent quality practices in involving people

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who use care services in the delivery of the service. This is slightly higher than the 61% of services with all statements graded very good or excellent at the same point last year.

## 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 Q1 we refreshed our approach to recruiting, training and deploying Associate Assessors - professionals who work with us during strategic inspections and in the validation of good practice. Our new process is more efficient and better supports deployment in the right parts of the inspection. We have also now built in a feedback process with a focus on Associate Assessors' own learning from the inspection experience and how they will use this to support improvements in their own areas/organisations

Following consultation and feedback, we have developed and rolled-out new functionality on The Hub, including the ability for users to log-in and store frequently used materials.

We have held discussions with SG colleagues on how a new supported self evaluation of drug and alcohol partnerships will work.

In Q1 99% of the services that started the year with all themes graded as good (4) or better had either maintained or improved upon these good grades by 30 June (MM-1(a)). This is a slight improvement on the 98% of services in that maintained or improved their good grades in Q1 of 2014/15.

Only 12% of all graded services at 30 June had any quality themes graded as unsatisfactory, weak or adequate (1, 2 or 3) (MM-1(b)). This is slightly better than Q1 of 2014/15, where 13% of services had themes graded less than good (4).

## 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**

In Q1, we provided evidence to Scottish Parliamentary Committees around palliative care and health and social care complaint arrangements.

We enhanced the way in which we participate in sharing information with HIS and NES around health and social care partnerships.

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We have concluded the Onwards and Upwards projects which our Allied Health Professional Rehabilitation Consultant has been leading as part of an Improvement Advisor qualification with the Institute of Healthcare Improvement (IHI).

We delivered a presentation at a national conference on current issues in child protection in Scotland, emerging themes from our joint inspection programme, including good practice.

## **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 Partnership Forum met in June and positively endorsed the Chief Executive's principles and approach for future partnership working. Work continued in Q1 on the Staff survey action plan and a joint document was released to all staff called 'We said, we are doing'. This has set out a clear visible joint responsibility and commitment from ET and the Partnership forum to addressing the issues raised by staff and involving them in making some of the necessary changes ahead. The Chief Executive launched a "Bright Ideas" system, where all members of staff can put forward their ideas, views and opinions on any aspect of our work, and can expect a response from the Chief Executive about whether and how their ideas will be taken forward.

In Q1 we produced and published the following publications and reports:

- Care News Spring 2015
- Promoting continence
- Self Directed Support: Care Inspectorate Position Statement
- Services for children and young people in North Lanarkshire
- Services for children and young people in Dumfries and Galloway - Progress Review May 2015
- Board Meeting Papers – 26 June 2015
- Commonly-asked questions about changes to nursery provision for 2 year olds
- Guidance on the Blood Monitoring of Type 2 Diabetes
- How to add information to the RMS using the RMS 'Notes' facility
- We are going to inspect in your area: information for people who work with children, young people and families

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- Test Your PVG Knowledge 2015
- Formal Notices and Standard Letters, Public Services Reform (Scotland) Act 2010, Enforcement Action
- Guidance Note on the Regulatory Reform (S) Act 2014 and the Scottish Regulators' Strategic Code of Practice
- PDRS Guidance
- How To Guide: Using Performance Outcomes in PDRS
- Summary of terms and conditions
- Maximising Attendance Policy
- Job Evaluation FAs - Grade 8 and below
- Capability Policy
- Seating Matters leaflet
- Falls and fractures postcard
- Who we are and what we do 2015
- Accounts Payable Procedures
- Fraud Response Plan
- Prevention of Fraud Policy
- Financial Regulations
- Quarter 4 ISQ staff analysis
- Guidance on applying to register a care service
- Equality Outcomes, Mainstreaming Report and Action Plan Review 2013-15
- Equality Outcomes and Mainstreaming Report 2015-17
- Long Live Arts briefing

The National Enquiry Line received 6,023 calls in Q1. This is a similar volume to the 6,033 calls we received in Q1 last year. The most common areas that these calls related to are as follows:

- Staff or Office enquiries (845 calls)
- Registration enquiries (529 calls)
- E-forms or Website queries (298 calls)
- Publication requests (171 calls)
- Complaints (164)
- 

In Q1, 82% of calls were answered at the first point of contact. 18% of calls received (1,096 calls) were transferred to duty inspectors.

## **2.6.2 Quality Indicator 4: Best Value**

### **HR policy programme**

Progress against the HR policy programme during Quarter 1 proceeded to plan. The following progress was achieved during Quarter 1:

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- The new Capability Policy was approved by Resources Committee and Partnership Forum. The new policy was implemented on 1 July 2015 and a programme of training and briefings for managers and employees is currently being scheduled.

The following policies were developed during Q1 for discussion at the September Resources Committee:

- Alcohol and drugs misuse
  - Homeworking
  - Flexible working
  - Equal Pay
  - Career Break
  - Carer's Leave
  - Shared parental leave
- Due to the progress with key policies that support carers in the workplace we have now applied for the Carer's Kitemark award which recognises employers who actively support carers at work.

The External Audit of our Annual Reports and Accounts by Audit Scotland is nearing completion. No significant issues have been identified to date.

### **2.6.3 Quality Indicator 5: Staff Experience**

In Q1 the Healthy Working Lives group have been actively working towards the Silver award. We have also now formalised our new Health and Safety posts and arrangements such as engaging an external Health and Safety Consultant to support the delivery of our improvement action plan following the fundamental review of health and safety in February 2015.

Positive feedback from new starters was received in relation to the new corporate induction and work is underway to review and build on the induction experience.

The development week in May provided direct learning and development opportunities for our operational staff and other opportunities are in place for supporting the remaining workforce.

### **2.6.4 Quality Indicator 6: Leadership and direction**

The joint staff survey action plan document 'we said, we are doing' was launched to the workforce in Q1. Work is continuing to deliver on the pledges made in the document.

In Q1 the annual Operational Development report for 2014/15 was positively received by ET, Partnership Forum and the Resources

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Committee. It included Human Resources and Operational Development performance metrics and outlined progress achieved as well as priorities to be met in the coming year.

### 2.6.5 Quality Indicator 7: Quality assurance and improvement of the Care Inspectorate

We issued 71% of draft care service inspection reports within 20 working days in Q1. 95% of final inspection reports issued in Q1 were published within 13 weeks of the inspection feedback date. In Q1 of 2014/15, we issued 75% of draft reports and 96% of final reports within timescales.

The Care Standards Questionnaires are completed by people who use services and their relatives and carers. We analysed questionnaires from 2,802 services in Q1. In 94% of care services, 90% or more respondents were satisfied or very satisfied with the overall quality of the service. In comparison, 88% of respondents were satisfied or very satisfied with the overall quality of the service in Q1 of 2014/15. The service types with the highest proportion of satisfied or very satisfied respondents were Childminders (100% from 185 responses) and Care Homes for Older People (service user questionnaire, 96% from 412 responses). The service type with the lowest rate of satisfied or very satisfied respondents was Children's Residential Services with 86% from 146 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 97% of people who use care services thought that the quality of their care service would improve following the inspection (Staff total 70 respondents, service users total 29 respondents). In Q1 of 2014/15 94% of staff and 85% of service users thought that the quality of their care service would improve following the inspection.

We received 18 complaints about the Care Inspectorate in Q1. As at 30 June, 5 remain in progress and 13 have been withdrawn. Of the withdrawn complaints, five were resolved by frontline resolution, five were withdrawn due to not being able to obtain further information from an anonymous complainant, one was not within our remit to investigate and two were withdrawn for other reasons (one related to actions of another agency and one did not contain sufficient information to be treated as a complaint).

We completed investigations into 6 complaints about the Care Inspectorate in Q1 (all 6 were received in 2014/15). One investigation (17%) was completed within 20 days of being formally registered (KPI 5).

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No complaints about the Care Inspectorate that were investigated by the Scottish Public Services Ombudsman during Q1 required the Care Inspectorate to make improvements (MM-4).

### Complaints about Care Services

We received 1,054 complaints in Q1, a decrease of 14% compared to the 1,203 received in Q1 of 2014/15 (although worth bearing in mind that in 2014/15 we received more complaints than in any year previous).

In Q1, 99% of complaints acknowledged had their acknowledgement letter sent within 3 working days (KPI 6a). This is a slight improvement on the 98% in Q1 of 2014/15. 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.

26% of the complaints that were withdrawn before formal registration were resolved by frontline resolution (KPI 6(b)). This is a new KPI for 2015/16 and this year will be a baseline year.

In Q1, we completed 75% of complaint investigations within 40 days – short of our 80% target (KPI 6(c)). This is also lower than the 95% of complaints in Q1 of 2014/15 than were completed within 40 days.

We continue to monitor the length of it time it takes us to agree the heads of complaint with complainants (MM-5). In Q1 39% of complaints were registered within 10 days, 63% were registered within 20 days, 76% of complaints were registered within 30 days. 24% of complaints were registered more than 30 days after receipt of the complaint. We don't have a target for this new Monitoring Measure, but we will monitor the trend throughout 2015/16.

### Registrations

Overall, we completed 85% of registrations within timescales in Q1 (KPI 6(d)). 79% of childminder registrations were completed within three months and 94% of other care service types were registered within six months. Delays arising from the applicant are not included in this time calculation. This meets our target of 85% and is higher than Q1 last year when we completed 82% within timescale overall (with 83% of Childminders completed within 3 months and 82% of other services completed within 6 months).

We completed 624 variations in Q1 (MM-3). The most common types of variation completed in Q1 were:

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- Change in Conditions of Registration,
- Change in Capacity,
- Change of Premises,
- Childminder taking on Assistant.

In Q1 of 2014/15 we completed 1,463 variations, however this includes over 800 change of operation times variations in Daycare of Children services to build capacity for the increase in free childcare hours as per the Children and Young People (Scotland) Act 2014.

(MM-4) % Complaints investigated by SPSO that required Care Inspectorate to make improvements.  
There were no such complaints in Q1.

3.0 SUMMARY OF PERFORMANCE AGAINST KPIs Q1 2015/16

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

| Key Performance Indicator 2014/15   | Target                     | Q1 2014/15 | Q1 2015/16         | Notes   |
|---|----------------------------|------------|--------------------|---|
| <b>KPI 1(a):</b><br>% of statutory inspections completed  | 99%                        | N/A        | 90%<br>(519/579)   | New KPI for 2015/16   |
| <b>KPI 1(c):</b><br>% of total scrutiny and improvement interventions as set out in approved inspection plan that were undertaken | 99%                        | 74%        | 69%<br>(1535/2216) |   |
| <b>KPI 2:</b><br>% of full inspections undertaken, that were not originally planned as full inspections                           | New measure, baseline year | N/A        |                    | Functionality in IRT added on 1 <sup>st</sup> July. To be reported in Q2. |

| Key Performance Indicator 2014/15   | Target | Q1 2014/15 | Q1 2015/16 | Notes             |
|---|--------|------------|------------|-------------------|
| <b>KPI 3:</b>   |        |            |            |                   |
| <b>KPI 4:</b><br>% efficiency savings achieved  | 3%     | N/A        | N/A        | Reported annually |
| <b>KPI 5:</b><br>% complaints investigated about the Care Inspectorate that were completed within 20 working days | 100%   | 30% (6/20) | 17% (1/6)  |                   |

| Key Performance Indicator 2014/15   | Target        | Q1 2014/15 | Q1 2015/16       | Notes |
|---|---------------|------------|------------------|-------|
| <b>KPI 6(a):</b><br>Complaints about care services and the Care Inspectorate acknowledged within 3 working days | 100%          | 98%        | 99%<br>(389/392) |       |
| <b>KPI 6(b):</b><br>% Complaints closed before registration that were resolved at frontline resolution stage    | Baseline year | N/A        | 26%<br>(111/427) |       |
| <b>KPI 6(c):</b><br>Complaints about Care Services completed within 40 working days                             | 60%           | 95%        | 75%<br>(310/414) |       |

| Key Performance Indicator 2014/15   | Target | Q1 2014/15  | Q1 2015/16   | Notes |
|---|--------|---|--|-------|
| <b>KPI 6(d):</b><br>Registrations completed within 3 months for childminders and 6 months for other care services | 80%    | 82%<br>(192/233)<br><br>Childminders- 83%<br>(106/128)<br>Other Services- 82%<br>(86/105) | 85%<br>(196/230)<br><br>Childminders- 79%<br>(103/131)<br>Other Services- 94%<br>(93/99) |       |

| Monitoring Measures Indicator 2014/15   | Target        | Q1 2014/15 | Q1 2015/16 | Notes  |
|---|---------------|------------|------------|--|
| <b>MM1(a):</b><br>% care services maintaining or improving on all grades of good or above | Monitor trend | 98%        | 99%        | 11,055 of the 11,209 services that started the year with good grades had maintained or improved on them by the end of Q1                     |
| <b>MM1(b):</b><br>% care services with any themes graded weak, unsatisfactory or adequate | Monitor trend | 13%        | 12%        | 1,520 out of the 12,726 graded services operating at 30 June 2015 had one or more themes graded weak, unsatisfactory or adequate (1,2 or 3). |

**Agenda item 10**

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| <b>Monitoring Measures Indicator 2014/15</b>  | <b>Target</b> | <b>Q1 2014/15</b>   | <b>Q1 2015/16</b>              | <b>Notes</b>   |
|---|---------------|---|--------------------------------|--|
| <b>MM2:</b><br>Referrals made by the Care Inspectorate to social work child/adult protection          | Monitor trend | N/A   | N/A                            | Use of RMS for these referrals is yet to commence.   |
| <b>MM3:</b><br>Numbers of variations completed, and nature of variations                              | Monitor trend | 1453 variations completed (inc. over 800 Change of Operation Times variations to meet the increase in free childcare hours) | 624 variations completed in Q1 | Most common variation types were:<br>Change in Conditions of Registration,<br>Change in Capacity,<br>Change of Premises,<br>Childminder taking on Assistant. |
| <b>MM4:</b><br>% complaints investigated by SPSO that required Care Inspectorate to make improvements | Monitor trend | N/A   | 0                              | There were no complaints investigated in Q1 by SPSO that required improvement by the Care Inspectorate.  |
| <b>MM5:</b><br>Time taken to agree heads of complaint   | Monitor trend | N/A   |                                | 39% of complaints were reg'd within 10 days, 63% were reg'd within 20 days, 76% were reg'd within 30 days.   |

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**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.