



care
inspectorate

IMPROVING CARE IN SCOTLAND:
WHAT THE CARE INSPECTORATE
DID IN 2014/15

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Determination, enthusiasm and commitment to change is improving children's care and learning experiences in one Perthshire service.

In 2012, after an unannounced inspection, we evaluated the quality of service at Cheeky Monkeys nursery and out-of-school care club in Auchterarder as weak and unsatisfactory.

Just two years later, in May 2014, managers and staff had made significant changes to the nursery. We found a more focused and confident team that had improved outcomes for children using

They also asked a nearby care home for older people if the children could play in the woodland area at the back of their building. Soon the children had a wonderful outdoor space to play in and explore.

As Ashley explained, there was a real transformation in the children's outdoor play, 'Many of the children had not been in an environment like this before and weren't confident. As the seasons changed, they grew in confidence.

'They now run around and climb trees – after we've risked assessed, of course! They talk about the insects they find and have quizzes about our mini field trips.

A CATALYST FOR CHANGE

the service. The service has continued to make improvements, and these were highlighted in the May 2015 inspection report.

Inspector Camilla McGregor first visited the service after the 2012 inspection. She said, 'It was clear that the team really wanted to improve the service.

'Our inspection report had raised concerns about children's experiences when playing outside and at mealtimes. The service was able to focus on identifying and overcoming these issues, and this was a catalyst for change.'

Ashley Craik, who owns the service, said that after the initial shock of the low grades, they all knew what to do, 'We had to pick ourselves up and pull together as a team. We found that you can succeed if you work together and manage everyone in the team's strengths.'

Ashley and her team changed the indoor layout in the nursery and improved the access for children to the outdoor play area.

'The children wave to the residents as they walk by the care home, and I think everyone really enjoys our trips to the woodlands to play.'

The staff team also involved parents and the children in how to improve mealtimes. In line with best practice guidance, 'Setting the Table', children now plan, choose and help prepare healthy snacks and meals and have even had weekly baking and cooking classes!

The Care Inspectorate is working closely with the nursery to ensure the improvements are sustained and embedded.

ASHLEY CRAIK, SERVICE OWNER

'When our grades started to improve, it had a positive impact on us all as we knew that our work was being recognised.'

Camilla's advice and guidance was pivotal in helping us to improve. It's almost like we built a brilliant ship and she helped us to set sail.'



INTRODUCTION FROM OUR CHIEF EXECUTIVE

Improvement and collaboration have been important themes for us this year.

We have always had a statutory duty to support services to improve. The evidence we gathered this year during our 7,818 inspections, 4,505 complaint investigations, 988 registrations and 3,939 variations to services and 12 strategic inspections shows that the quality of care in Scotland is continuing to improve. We have found that many services are providing person-centred care, that is, care that is safe and compassionate and focused on the person's needs, rights and choices. Where improvement is needed, we have worked closely with services and those responsible for them to make sure it happens.

The quality of care can't improve without a registered and better qualified workforce. That is why we are strengthening our links with the Scottish Social Services Council (SSSC) and other workforce regulators. We have also been working more closely with our scrutiny partners and national policy colleagues to make sure our work is joined up, effective and efficient.

I am particularly proud of our key role in developing the new National Care Standards. We will be working with partners and people who use services and their carers to deliver standards that focus strongly on human rights and wellbeing and that have positive personal outcomes at their heart.

Other new, flagship national policies can help us to improve lives. Health and social care integration, the Children and Young People's (Scotland) Act 2014, changes to the justice system and better support for carers all provide opportunities to reduce health and social inequalities.

We have already begun preparing for the changes ahead. We are refining our scrutiny of care to fit and coincide with the forthcoming new National Care Standards. We will strengthen our focus on personal outcomes for people using services and our contribution to improvement, both at individual service level and nationally.

None of this will be possible without involving people who use care services and their carers. They are at the heart of what we do and instrumental in all areas of our work, from governance at board level to volunteer inspectors. Our job is to make sure that people receive the best quality of care and support possible. We can only do that with a highly skilled, knowledgeable workforce: people who are also passionate about good care.

I must pay tribute to the talent, commitment, expertise and motivation of my colleagues across the Care Inspectorate in achieving this.

Karen Reid
Chief Executive



OUR CHAIR WRITES ...

This publication highlights the huge diversity of ways in which the Care Inspectorate, the services we inspect, and the partners we work with, are striving to continuously improve care in Scotland.

For all, this has been another year of immense change. For us, managing change has been a priority, against the backdrop of wider, major shifts in the way that our country's health and social care services are being delivered.

Responding to these, we have worked closely with other inspectorates and scrutiny bodies. This has been to ensure that each organisation continues to carry out its own role and that all these organisations combine their strengths and expertise to improve care. We have managed several strategic developments, such as changes in the way we inspect services, and introducing major new policies.

We remain focused on the need to work collaboratively across the care sector to support improvement. During the year I met various partner organisations to discuss issues of mutual interest. These included representative bodies such as the Convention of Scottish Local Authorities (COSLA), Scottish Care, the Coalition of Care and Support Providers in Scotland (CCPS) and Social Work Scotland.

Such contacts have been very useful in gauging how our partners are rolling out health and social care reform and how we can work together to improve services. We are committed to a human rights and wellbeing approach across the entire care sector to ensure that dignity and respect are always at the forefront throughout the planning, delivery, inspection and improvement of care.

To this end, we are aware of the need to work more closely with central and local government as well as with health and care providers.

Almost everybody in Scotland will use care at some stage in their life, and most care services perform well. It is a credit to those care service providers that they continue to deliver high quality services in a climate of constraint. During the year I was delighted to take part in 'Quality Conversation' events between the Care Inspectorate and care service providers. These were good opportunities to discuss issues of mutual interest and, particularly, how we can work together to improve service quality.

My vision is that every person receives high-quality, safe and compassionate care that meets their needs and promotes their rights.

This publication underlines how our staff, our collective experience and our scrutiny and improvement role all combine to make the Care Inspectorate a powerful organisation that can and does protect people who use care services, and their carers.

Paul Edie
Chair, Care Inspectorate Board



INSPECTING REGULATED SERVICES

At the Howard Doris Centre in Lochcarron, Wester Ross, the atmosphere strikes you straight away as one of warmth.

The centre provides wide-ranging services for adults and older people and prides itself on providing a welcoming, positive and caring environment. Services include supported accommodation, medical, nursing, social facilities and daycare.

The people who enjoy the centre's services can benefit from a range of health professionals, such as an occupational therapist, physiotherapist, podiatrist, district nurse, community psychiatric nurse, social worker and others. This enables adults and older people to continue to live in

the communities scattered across this part of the West Highlands, including Lochcarron, Applecross, Shieldaig, Torridon and Diabaig, and the smaller villages in between. They can also continue to enjoy their own culture and chosen activities.

'It has the greatest importance in my life,' says Jan Gilbert, one of the many adults who enjoy the centre's day care services. Jan visits the centre every weekday.

'It's a super place,' she adds, 'You get great food and company and interesting people to chat to.'

A former teacher who came to live in Lochcarron from her native Edinburgh, Jan is widowed. Without the centre, she says, she would be very isolated.

'At home I've nobody to talk to. And at 95, I'm not as good on my legs as I used to be, so it's not as easy to get around!'

Manager Sally Ross says an important element of its success is working so closely with the community.

'Everyone is welcome here. Children from the local primary and from Plockton High come in to play music, join in our Points of View club and take part in beetle drives,' she says.

'We aim to pay attention to individual needs, preferences and abilities, and to ensure that all who make use of the centre are given the opportunity to play an active part in planning what happens at the centre, if they wish to do so.'

The centre uses local suppliers where it can and enjoys the support of local volunteers talented in areas as diverse as music, singing, art and yoga.

'We also make sure that everyone who uses our services has an equal voice in what we do. So when we were doing up a former bathroom as a treatment room, we got everyone involved in choosing the fabrics. They help us choose activities and the outings we provide.'

For Sally and her team, the centre's focus is on ensuring individuals get the personalised care and support they need, on respecting privacy and promoting independence and dignity.

The centre is a partnership that includes the Strathcarron Project, Highland Council, NHS Highland and Albyn Housing.

Learn more about the Strathcarron Project and the Howard Doris Centre in a short film on our Hub website, <http://cinsp.in/hub-innovation>



This year, the Care Inspectorate has 13,982 services registered. They are:



Lynne O'Donnell,
Inspector said:

'When inspecting the Strathcarron Support Service we have found it to be a unique and flexible service that is responsive to local community needs. The service has a committed staff team who are always looking for new and interesting activities for people to participate in.

On inspection we have received very positive feedback from people who use the service and consider that it is highly valued within the local community.'





CALLUM FINLAY, YOUNG INSPECTOR VOLUNTEER EXPLAINS:

'I feel proud that I'm doing this job.

Young people using care services sometimes won't open up to an inspector, but they will to me. We can have a relaxed conversation and I can get a young person's point of view on a service and that's really important.'

Watch our young inspector film at <http://cinsp.in/young-inspectors>



A YOUNG INSPECTOR'S EXPERIENCE

As one of our young inspection volunteers, 23 year old Callum Finlay plays a crucial role in our work. He helps us make sure local authorities are delivering high-quality services to children and young people across Scotland.

Callum, tell us how you became a young inspection volunteer?

I was homeless for two years, and got in touch with Move On in Edinburgh. They work with young people who are affected by homelessness. They told me about the work the Care Inspectorate does and helped me apply for the job and prepare for the interview. It was nerve-racking, but I was really pleased when I got the job. Before I did my first inspection, I got training to help me develop the skills I'd need on inspections.

What work do you do as a young inspection volunteer?

This year, I've been mostly working on strategic joint inspections of local authorities. My input is five days. Before we go, we read the Integrated Children's Service Plan. This tells us all about the services for children and young people and helps us decide what questions we're going to ask young people.

What actually happens on an inspection?

It's my job to talk to the young people and find out what's good and what's not good about the service. I could be talking to young people in a children's home, a young carers' group or in a school and I jot down notes as we talk. There's always another volunteer and a strategic inspector or a member of staff from Move On with us. When we've finished the inspection, we make sure that the views of the children and young people are taken into account when the evaluations are made and that they are included in the final report.

What do you like most about your work?

I like it all. I've used care services, so I know what it's like and I know how young people are feeling. I find young people can talk to me because I've been through some of the things that they have and we just have a blether. I love the travelling too!

Along with Healthcare Improvement Scotland, we carry out joint inspections of health and social work services for older people.

It is planned that the scope of these joint inspections will be expanded to include health and social work services for other adults.

The first full inspections of how well new health and social work arrangements in Scotland are working for older people took place during 2014/15.

The Scottish Government expects NHS boards and local authorities to integrate health and social care services from April 2016. This policy aims to ensure the provision of seamless, consistent, efficient and high-quality services, which deliver very good outcomes for individuals and carers.

The inspection teams are made up of inspectors and associate inspectors from both the Care Inspectorate and Healthcare Improvement Scotland and clinical advisers seconded from NHS boards.

We will have volunteer inspectors who are carers and also Healthcare Improvement Scotland's public partners on each of our inspections.

'Each is an extensive and high-level programme of work', says Sally Shaw, Head of Inspection.

'The joint inspection team gather and analyse a wide range of data, including commissioning strategies, plans and policies as well as health and social work records. They then choose a sample of individuals to check their experiences against the records. These are people who use services, carers and advocates.

JOINT INSPECTIONS

They are currently establishing shadow arrangements, and 31 partnerships have agreed a joint integration plan, including arrangements for older people's services.

The Care Inspectorate and Healthcare Improvement Scotland worked together to develop an inspection methodology, including a set of quality indicators to inspect against. We used this methodology to determine how effectively health and social work services work in partnership to deliver very good outcomes for older people and their carers. We are now reviewing the methodology and arrangements for these inspections and changes are expected during 2016.

The inspections will also look at the role of the independent sector and the third sector to deliver positive outcomes for older people and their carers.

The partnerships' work is to ensure that people who use health and social work services get the care they need, when and where they need it.

'The team interview service providers, including staff, managers and senior managers as well as public sector staff'.

Typically, teams have eight core members from the Care Inspectorate and Healthcare Improvement Scotland. They can call on social work and healthcare experts and on volunteer inspectors, such as people who have experience of the services that partnerships provide.

The inspections assess partnerships against quality indicators. These are measures designed to clearly demonstrate the quality of services that people are receiving from each partnership.

They help us assess if people are getting the right help at the right time and how easily they can access the services they need. They consider partnerships' recruitment and training procedures and how well partnerships manage resources such as people, money and equipment – and much more.

Each review has led to a report with detailed findings and recommendations. We have link inspectors who will follow these up with each partnership.

enforcement notices issued in 2014/15



Two strategic reports published during 2014/15 provide high-level assessments of how well children and vulnerable adults in Scotland are protected from abuse, neglect and harm.

Our child protection report assesses the strengths of services available to children and young people, and areas for improvement.

It identifies what is working well, signposting areas of good practice, and outlines potential risks and suggestions for improvement.

The report draws on information and evidence from our joint inspections of services for children and young people.

It also draws on self-evaluation reports and information that our link inspectors have gathered about how local services are performing.

Link inspectors' roles include monitoring the performance and quality of services and encouraging improvement.

The report finds there is a helpful structure in place in Scotland for arrangements for protecting vulnerable children.

Child protection committees provide a useful forum to bring together all of the services and organisations that need to work together to ensure vulnerable children are protected.

However there is no room for complacency. Abuse takes many forms and, because it takes place in secret, it is hard to detect and prevent.

The report notes examples of highly successful joint working in North Ayrshire, East Dunbartonshire and Highland. It highlights good practice across Scotland in the area of child sexual exploitation.

In other cases, the report notes that major organisational change has slowed the pace of improvement and reduced the quality of child protection services.

It notes important or major weaknesses in how effectively some services responded initially when there were concerns about the safety or wellbeing of children and young people.

It also highlights the importance of self-evaluation to provide assurance of the quality of services to protect children, to conserve what works well and to further improve practice. We will work with partners to develop tools and guidance to improve practice in chronologies and children services' planning.

Our child protection report is: **A report on the effectiveness of child protection arrangements across Scotland.**

If you are worried about someone you should report your concerns to the right agency in the local area where the person lives. You may have important information that could help. Find out who to contact at: www.withscotland.org/public and www.actagainstharm.org

PROTECTING VULNERABLE PEOPLE

Our report on adult protection arrangements across Scotland is a practical overview of emerging strengths and areas for improvement.

Although limited in scope, the report for the first time pulls together available information in this area.

It provides reassurance on the arrangements in place for adult protection, and on the focus and role of the partnerships, chief officers and senior managers who are responsible for these.

It draws in large measure on the work of our link inspectors, whose role includes monitoring the performance and quality of services, and encouraging improvement.

For our report, we asked them specifically to feed back on each local authority area's adult protection

arrangements and how effectively these were performing.

The report combines this information with data and intelligence we have gathered on adult protection services; for example, from our own scrutiny work.

Our link inspectors are now building on the themes highlighted in the report, in their continuing work to support and challenge partnerships to ensure that services continue to improve.

Our inspectors will also, as a priority, target support for improvement to areas where we have identified weaknesses.

Our adult protection report is: **A report on the effectiveness of adult protection arrangements across Scotland.**

Collaborating with other regulators, organisations and professionals is at the heart of how we work.



WHO ELSE WE WORK WITH

Combining our expertise with that of other organisations is an important way of making sure that care services in Scotland are providing high-quality care.

During 2014/15, for example, we took part in six extensive joint inspections with Healthcare Improvement Scotland (HIS) of services for older people, and we led six joint inspections of services for children and young people where we worked with health, education and police colleagues.

Our staff also worked closely with colleagues from Education Scotland to inspect early learning and childcare services.

During the year, we worked with the Mental Welfare Commission to review Scotland's five secure units where young people under 18 can be detained.

'By combining our expertise at an operational level with colleagues in areas such as education and health, joint inspection achieves a richness that we might not obtain by working separately,' says Rami Okasha, Acting Director of Strategic Development.

'Joint working also builds a wider picture of how services are working together. For example, our work with the Mental Welfare Commission in secure care led to a joint report with areas for national reflection and improvement.'



When the Care Inspectorate was established, we were given a duty of cooperation. In practice, we apply this at all levels of our organisation.

For example, our Chair, Paul Edie, is a board member of Healthcare Improvement Scotland and a Council member of the Scottish Social Services Council.

Our Chief Executive and Directors also regularly meet their counterparts from other organisations and agencies in Scotland.

Links like these enable all these bodies to coordinate how well care services are planned and how effectively they are working for the people who use them.

CHANGING OUR METHODOLOGY

We consulted this year on making changes to the way we inspect care services in Scotland.

It was vital for us to make these changes because of:

- changes to the National Care Standards that we use in all our inspections
- changing legislation such as health and social care integration
- a greater focus on outcomes and human rights for people using services
- new laws setting out the rights of young people.

Linda Kemp has been leading this work. She said it was important that before we made any changes, we asked organisations and people involved in our inspections, including our own staff, service users and providers for their views.

'We were using a 'one size fits all' approach to inspecting care services and that hadn't changed for many years,' she added.

'During our consultation, we were told that we focused on the process and procedures of care too much, and not on people's experiences of care.'

Other important findings included the following:

- People who use services want to know service users are involved in our inspections.
- People who use care services know we ask for, and value, their views.
- Services are meeting the National Care Standards and it's clear from our inspection reports if they are not.

LINDA KEMP, METHODOLOGY LEAD, EXPLAINS:

'We want to focus our work on the services that need our help most. By doing this we can help them improve and make sure people get the quality of service they deserve.'

- We should acknowledge innovation and improvement in services and provide clear information on how we award grades.
- We should give care providers more practical, helpful advice on how to improve, for example advice from our experts in areas such as dementia and nutrition.

We used all the information we gathered to help us decide how we could change the way we inspect. Some of the changes we propose to make affect all types of care service and some only affect some types of services.

We started testing some of the changes in April 2015 to assess if they are effective.

- We'll only make a requirement if what we find during an inspection or a complaint investigation results in – or could result in – poor outcomes for people. An example of a good outcome would be if a care home dealt properly with complaints, even if they didn't have a formal complaints procedure. An example of a poor outcome would be if residents of a care home, or their relatives, did not feel the service dealt with complaints properly. We now plan to use a tool called Proportionate Outcome Evaluation Tool (POET) when we carry out our scrutiny work. This decision-making framework will help our inspectors focus on outcomes for service users.
- We'll only re-grade a service after we've had a complaint about it if there are outcomes – or potentially poor outcomes – for people using the service, not just for one person. If we have serious concerns about the quality of the service as a whole, we'll bring the service's next inspection forward.

- If a service is performing poorly and we decide we want to do a second inspection later in the year, we'll come back and focus on any recommendations and requirements we made. This way, we can make sure services are making the right changes and that they are able to sustain these changes.

We also are testing new proportionate types of inspection in highly performing services.

You can find out about all the changes we are making in our 'Excellence in Care' publication. You can get a copy at: www.careinspectorate.com and watch our animation at <http://cinsp.in/excellence-in-care>

New National Care Standards are on the way

The Scottish Government consulted on new National Care Standards this year. We inspect all care services against these standards, so any changes will impact on our work.

NATIONAL CARE STANDARDS



REVIEW

The current standards were created in 2002, and a lot has changed in care services since then.

We'll be involved in helping to develop, test and implement the new standards. As we do, we'll take account of what people

said during the government's consultation. The government expects the new standards to roll out from 2017.

Watch our animation at www.newcarestandards.scot

SUSAN CASTLE, OUR HEAD OF INSPECTION FOR OLDER PEOPLE'S SERVICES (WEST), EXPLAINS:

'It's our job to assess the quality of care for people living in care homes.'

One of the ways we can do that is by observing if residents are being listened to carefully and their views are being heard and acted on. A tool called SOFI helps us do that in a consistent way and is a great addition to the techniques we already use.'



EDITH MACINTOSH, OUR REHABILITATION CONSULTANT, EXPLAINS:

'It's important for us all to be as active as we can. Being active not only helps us feel physically better, but can help us mentally, emotionally and spiritually too.'

MAKE TIME TO OBSERVE

Our inspectors have been testing out a new way of assessing how well staff are interacting with residents in care homes for older people.

And the results are so positive that we plan to make it part of our standard methodology next year.

The internationally recognised observation tool is called SOFI – the short observational framework for inspection.

SOFI allows our inspectors to observe and code each interaction between staff and residents as excellent, neutral or poor. We can then give accurate, consistent feedback to the care home manager and staff on what they are doing well, and how they could improve.

The Bradford Dementia Group and the Care Quality Commission, the regulator of care services in England developed the tool to observe interactions with people with dementia or communication difficulties.

This year, our inspectors used SOFI in over 400 homes across Scotland, particularly to observe what was happening at mealtimes.



CHOOSING A CARE HOME FOR OLDER PEOPLE

- Visit our website www.careinspectorate.com and review inspection reports. Find out about any complaints that have been made about the home and what we found when we investigated them.
- Visit the care home if you can. If you're looking for a relative or friend, ask them to come with you if possible.
- Observe how staff and residents are interacting. Do staff know residents well? Is the atmosphere friendly and welcoming?
- Find out about what activities are available for residents. Is there something your family member or friend would like?
- Does the care home support individuals to keep connected with friends, family, and their local community?

CARE... ABOUT PHYSICAL ACTIVITY

Dancing, walking, swimming, making the bed in the morning, or setting the table for tea are all great ways to be active and keep well.

And they're just some of the ways we're encouraging staff in care homes for older people to enable residents to be as active as possible.

Our resource pack 'Care...about physical activity' includes a booklet, DVD, poster and a guide to active



living. Our Rehabilitation Consultant Edith Macintosh and Bob Laventure from the British Heart Foundation (BHF) National Centre for Physical Activity and Health at Loughborough University developed the resource.

We've also included a self-improvement questionnaire in the pack so care home staff can assess what they're doing already to enable older people to be active, and how they could improve.

Get a copy of the resource pack at: www.careinspectorate.com

Watch our film on the swimming pilot at <http://cinsp.in/swimming-pilot>

Good practice in action in Perth and Kinross

- Residents from several care homes took part in swimming this year. Our picture shows 93 year old Effie Morrison who said after swimming, 'That was really smashing. I feel so fit again!'
- School pupils and care home residents enjoyed playing golf together as part of a Care Home Activity Network (CHAN) programme. The group helps develop physical and meaningful activity for residents. The golf events aimed to create a legacy for the 2014 Ryder Cup, which was held at Gleneagles Hotel in 2014.
- Students from Perth College UHI trained in strength and balance exercises for older, frailer residents. They ran a 12-week programme in local care homes, with exceptional results. Care home staff also learned the exercises so they could deliver the programme.

We inspect care services to provide independent assurance and protection for people who use services and their carers on the quality of these services.

Through our inspections and sometimes more targeted support, we also help ensure services improve and, where appropriate, support innovation.

During 2014/15 we carried out 7,818 inspections across care services as varied as care homes for children, adults and older people, secure accommodation for young people, care services delivered to adults in their own homes and children's playgroups, nurseries and childminders.

This underlines the sheer diversity of our work.

How, when and why we inspect services is a combination of what is set down in legislation, what we know about services, how services have performed and what the people who use services and their carers tell us.

But the underlying principle is about being dynamic, flexible and responsive, targeting our resources to where they are needed most and where we can make the biggest difference.

SEONAIID LOWE, INSPECTOR, EXPLAINS:

'At an inspection we notice things and point them out and then we see that lightbulb moment when the staff say: Yes! We get that!'

It might be something as simple as looking at a situation from a child's perspective and asking staff to think how they'd feel if they were a child.

At the next visit we see that they're doing things differently, it's making a real difference to the children and that feels great.'

We inspect services against a set of national standards, the National Care Standards, and against quality themes covering areas of a service's performance. These themes are care and support, environment, staffing, and leadership and management.

During the year:

- 88% of the services we inspected were graded 'good' or better for every quality theme we inspected
- 95% of services graded 'good' or better maintained or improved their grades.



LOUISE SMART, MANAGER AND OWNER, ROSEMOUNT NURSERY, KINROSS, EXPLAINS:

'It's helpful that we have an inspector who know us, and with whom we've built up a relationship and can openly discuss within our improvement plans what's been working well and, conversely, any challenges that arise.

We work in a true partnership with children, parents and other stakeholders and our inspector reciprocates this.

I strongly feel it's important that the Care Inspectorate acknowledges the autonomy and professionalism of service providers, and I'm pleased that they've been open to that and are doing it.'

HOW WE INSPECT SERVICES AND THE DIFFERENCE IT MAKES

'This is partly about being able to respond quickly if a problem arises,' says Kevin Mitchell, Acting Director of Inspection.

'Examples might be through identifying areas of risk, concerns or poor practice during an inspection, or a complaint we receive about a service.

'That might also cause us to review how often we inspect a particular service. We can and will inspect it more frequently if we consider it necessary to do so to support improvement.'

It is also about our inspectors being able to use their professional judgement and expertise effectively and efficiently. Typically, an inspector's background is in the type of service, or services, that they inspect.

'For example, our work is intelligence-led, using information we've gathered about services, what

people tell us, and what our inspectors know and learn about individual services and the managers and staff who work in them,' adds Kevin.

'This enables us to focus on areas where there is greatest risk of services not providing the required quality of care and protection for people, and on areas where we can make the greatest difference for people who use care services.

'So if a service is performing poorly we may inspect it more frequently. By the same token, if a service, or service area, has consistently been performing well we may inspect it less frequently.'

To illustrate this, during the year we carried out 304 unplanned inspections. Each of these was an inspection that we had not planned to carry out at the beginning of the year, but where, for a variety of reasons, we considered it necessary to do so.

KEVIN MITCHELL, ACTING DIRECTOR OF INSPECTION, EXPLAINS:

'Our inspections aim to ensure that care services provide high-quality, safe and compassionate care that respects people's rights, choices and individual needs.'



Preparations are complete for a review of how well the public is protected by arrangements for assessing and managing registered sex offenders.

A small team of experts worked closely during 2014/15 on how to assess the Multi Agency Public Protection Arrangements – or MAPPA for short.

These are arrangements put in place in 2007. They cover how the police, local councils, the Scottish Prison Service and health boards jointly assess and manage the risks posed by sex offenders.

The review is the first of its kind. The Scottish Government requested it to seek assurance about how effective MAPPA arrangements are.

Placing the review with the Care Inspectorate and Her Majesty's Inspectorate of Constabulary in Scotland reflects both bodies' experience and expertise in scrutiny and inspection, says our Head of Inspection, Strategic, Children and Criminal Justice, Helen Happer.



CRIMINAL JUSTICE

'It requires examining all the areas that these arrangements affect, such as what happens when a registered sex offender leaves prison to enter the community,' says Helen.

'We will seek to ensure that the arrangements in all these areas are working well, and highlight any barriers preventing them from working as effectively as they should.'

'We will make recommendations on how to remove these barriers and to improve practice.'

Planning work for the MAPPA review was in place by the end of 2014/15 ahead of fieldwork due to start early in 2015/16. The report is expected to be published before the end of 2015 and will be available on our website.

Our criminal justice role includes helping services improve and keep people safe.

We work closely with the criminal justice social work services provided by Scotland's 32 local councils. We inspect:

- hostels for people on remand and ex-offenders
- secure units for young people
- young offender institutions.

We are responsible for making sure services for people in the justice system work well.

If an offender is on licence or some form of supervision and something goes wrong, local authorities carry out a serious incident review. We play an important role in making sure that these have been done well and that appropriate lessons are learned.

WHEN THINGS JUST AREN'T GOOD ENOUGH

If a care service doesn't meet the standards they should, we have powers to require them to improve.

These powers range from informally identifying a problem and agreeing with a service how to fix it, right through to taking emergency court action to close a service. Our job isn't just to inspect care services, but to help them improve.

We offer advice, guidance and suggestions about how a service can improve the standards of care it provides. We often highlight, for example in news releases and through social media, when inspections show good practice.

But if we have concerns about a care service we do not hesitate to act. If we consider that a care service provider needs to make changes that would benefit

the people who use their service, we may issue a recommendation.

A **recommendation** is a statement that sets out actions the care service provider should take to improve or develop the quality of the service.

If a service does not meet the standards we expect, we may make a requirement.

A **requirement** is a statement setting out actions that a care service must take. We can take enforcement action if a care service does not implement the requirements.

We may issue an **improvement notice** if a service is not complying with the legal standards it should be meeting. The notice states specific actions that the service must comply with or face closure.

We follow up all the actions that we recommend or require care services to implement. They help us to decide when and how often to inspect services.

In more serious cases, we have a range of powers that can ultimately lead to cancelling a care service's registration, forcing the service to close.

Enforcement example 1

We advised a care home for older people to improve significantly or face having its registration cancelled.

Our inspectors raised significant concerns in areas that included nutrition, infection control, personal plans for the people using the service, and recruitment and staffing.

We issued the home with an improvement notice specifying the improvements it needed to make and a timescale for implementing these.

Subsequent inspection found the home had improved significantly.

Enforcement example 2

An out-of-school care service was asked to improve after an unannounced inspection graded it as 'weak' in the quality of its care and support for children.

An earlier inspection had led us to make requirements, which the service had met. But we were still not satisfied with the quality of care and support and issued recommendations to improve. We followed these up in a subsequent inspection.

Enforcement example 3

An unannounced inspection found that a nursery had not met several requirements that we had made at an earlier inspection.

We told the nursery it must make significant improvements across a number of areas including personal plans for children, staff knowledge and skills.

We acknowledged that the nursery had made progress in other areas we had issued requirements about, and said we would be inspecting again soon to check on progress.

Enforcement example 4

We required a housing support and care at home service to stop taking new clients until it had made significant improvements.

This followed an unannounced inspection during which our inspectors raised concerns about personal care plans and missed visits to people using the service.

Our inspectors worked closely with the service provider to ensure they improved to meet the standards we require. We also warned the service that if they did not improve significantly they would face further action.

Before anyone can operate a care service, they need to register with us.

Each year hundreds of services apply to be registered: during 2014/15 the total was 988.

Registration is a rigorous process designed to ensure a service is fit to operate. We will register the service only when we are satisfied this is the case.

To anyone planning any type of care service that will require registration, our advice is to prepare meticulously before applying to register.

'Doing your homework and being prepared will make the process much easier for everyone,' says Thirza Wilson, our National Registration Manager.

'Do your research. Talk to people in the industry about what's required in terms of quality of care.

'If you'll need employees, do you know how to get the right quality of staff? Do you have a recruitment procedure? Do you understand your responsibilities for keeping people safe?

REGISTRATION

'Do you know all about good practice in your area of care? For example, if it's a care home, do you know about best practice in medication, for tissue viability or fall prevention?

'If you're planning a childcare service, do you know, for example, about the Scottish Government's focus on vulnerable two-year-old children?'

'We can help with some bigger questions ahead of registration,' adds Thirza. 'For example, if you need to buy or renovate a property to provide a service, ask us first as it might not be suitable.

'But our basic message is: before you come to us for registration, research your care service area as thoroughly as you can.'

**PAULINE SKEAD,
MANAGER, CROOKSTON CARE HOME,
TRANENT, EAST LoTHIAN:**

'We were really grateful for the support and advice the Care Inspectorate gave us in the run up to opening the new Crookston care home in Tranent. In all, we closed two services, relocated and opened a new service – that's a lot of work! Kellie Anne at the Care Inspectorate was very, very helpful throughout.

If you are setting up a service my advice is to speak to the Care Inspectorate first. They're the people with the experience and knowledge. It could help to save us from making mistakes that might only come to light further down the line.'

Changes to registered services 2014/15

988
registrations for all types of care service

1,078
cancellations for all types of care service

THIRZA WILSON, NATIONAL REGISTRATION MANAGER, EXPLAINS:

'The better prepared you are, the quicker and easier the process is for everyone.'



How complaints work

We always urge anyone who's unhappy with a care service to raise their concerns with the service first.

That's often the fastest and easiest way to resolve things. It quickly makes the service aware that you have concerns about an aspect of its work. From here, it can agree with you how to resolve your concerns.

If you prefer to make a formal complaint, you can complain to the service, or to us – or to both.

If you formally complain about a registered care service – or about us – we'll write back to you within three days to let you know we've received it.

We aren't able to investigate some things, such as the practice of doctors and nurses, or services' charging policies. If we can't investigate, we'll tell you.

For a registered care service, once we've agreed what it is we need to investigate we'll aim to complete the investigation within 40 working days.

To make a complaint:

- call us on **0345 600 9527**
- phone, write to or visit any of our offices
- fill in our complaints form online at

www.careinspectorate.com

COMPLAINTS

Update on the consultation held during 2014/15

When someone complains about a care service, or indeed about us, we will investigate it.

Investigating complaints is a valuable part of our work, providing information we can follow up when we inspect care services.

It also gives us a view of the level and quality of services from the perspective of people using the services we regulate. When someone complains, they generally want a problem, failure or shortcoming to be resolved swiftly and satisfactorily.

If they are using a care service, or are a relative of someone using it, resolving the complaint should also restore their confidence in the service.

During 2014/15, we asked people's views on how to improve the complaints procedure. We had around 1,400 responses, which we have begun to analyse.

'The best place to resolve many complaints is the point of contact, which is the service.'

One important early indication is that respondents were receptive to the idea of frontline resolution. This means seeking to resolve complaints quickly, at the location the complaint originated and without necessarily triggering a full-scale investigation.

'The best place to resolve many complaints is the first point of contact, which is the service,' says Ewan Stewart, Head of Registration, Complaints and Legal Services.

'The consultation suggests there is a greater role for services in resolving complaints swiftly.

'For example it could be a situation where someone's laundry has been mixed up or lost.

'The person complaining could resolve this with the service. We could follow up to check that systems are in place and that these will ensure it won't happen again.

'This provides the person with both reassurance and confidence in the service, without the need for a full-scale investigation that requires visits and formal statements.

'Of course we will carry out a full-scale investigation if this is necessary.

'We believe a good way forward is that we can focus these full-scale investigations on the areas and complaints where they are most needed.'

We'll be developing our complaints procedure in light of the consultation during 2015/16 and are aiming to have a new procedure in place by 1 April 2016.

CASE STUDY: UPHELD COMPLAINT

A family's phone call to us led to an investigation that ultimately benefitted all the people using a care service.

Our investigation into the family's concerns uncovered wider issues that we were able to highlight and that the service promptly acted to resolve.

The family called on behalf of their father, a resident in a large care home. They were concerned about mislaid letters, a staff member's attitude and about how the service helped their father with bathing.

Our inspector recognised that these concerns could indicate more serious problems, so she visited the family at home to look at this in more detail.

The family said they had some wider concerns but had not been able to have these resolved directly with the service provider.

As a result of the meeting, the inspector investigated eight concerns. These included the home's cleanliness, malodours, wellbeing and safety for residents, help using hearing aids and other health and welfare issues, including the quality and quantity of food.

The complaint was upheld and we made five requirements for the service to improve. Requirements set out what a service must do, and we can enforce them by law.

The service responded positively and even volunteered not to admit anyone new until we were satisfied that appropriate improvements had been made.

The case underlines the value of making a complaint even if the person who complains feels uncomfortable about it or isn't fully clear about what they can complain about.

CASE STUDY: COMPLAINT NOT UPHELD

Making a complaint can be important in reassuring people their loved ones are getting the right quality of care.

That's true even if we investigate and ultimately find no evidence to support the complaint.

For example, a woman contacted us with concerns that staff providing a care at home service for her father didn't have the right training for aspects of personal care. She was concerned both for her dad and for other people using the same service.

We visited the service, giving very short notice. We reviewed staff training records and it was clear that staff had indeed received training in the areas the complaint had mentioned.

Our inspector also spoke to members of staff, who were able to confirm they'd received training and felt competent in their role.

Ultimately, we were satisfied the service had provided suitable training and that practice did not present the risk that the complainer had been worried about.

The woman who complained apologised to us, thinking she had wasted our inspector's time. But the inspector quickly reassured her that, far from a waste of time, it had been a very worthwhile exercise.

The complaint had enabled us to examine credible concerns and to give important assurance to the woman about her dad's care. This restored her confidence in the service. It also gave the service an opportunity to reflect on the aspects of care that the woman had been concerned about.

Anyone can make a complaint to us about a care service. Here is how many complaints we received from different groups of people and organisations this year:



INVOLVING PEOPLE

Involving people who use care services in our inspections is a vital part of our work.

This year, our Inspection Volunteers took part in around 600 inspections – a 20% rise from the year before. We also ran recruitment events, training sessions and networking events to encourage more people to join us for inspections.

In 2014/15, we consulted on ways we could change and improve our involvement work over the next three years.

One of the ways we did this was by asking our Involving People Group for their views at a development day. This group brings together people who use care services and unpaid carers so they can tell us their views about care.

Themes began to emerge of the areas that people would like us to do more work on, for example, in training and development and the way we communicate with our Inspection Volunteers. This has helped us start building an action plan for 2015-18.

We've now:

- set up a steering group on recruitment to improve the way we recruit new inspection volunteers and IPG members
- started work on our action plan that will show how the work of the people we involve in our work links directly to our strategic objectives.

Charlene Guild, Senior Involvement and Equalities Adviser, said, 'If we want to lead the field in Scotland in the way that we involve people in our work, we must always review, develop and improve what we do, and that's been our focus this year.'

Watch our Involving People animation at <http://cinsp.in/involving-people>



CHARLENE GUILD, SENIOR INVOLVEMENT AND EQUALITIES ADVISER, EXPLAINS:
'Our volunteers spoke to about 5,700 people using care services and their loved ones this year. The information they gather tells us a lot about how people feel about a service and is an integral part of our inspections.'

THE HUB

Originally conceived to support staff with their learning and research, The Hub website has attracted a global following.

The Hub is a library of good practice publications and provides information on policies, laws and news.

There is also a collection of films that showcases innovation: that is, care services that are doing something that bit different, providing positive experiences for the people who use them.

'I find the Hub useful in helping me to support the staff team in their professional development.'

It's a gateway to continuous improvement in delivering care services. And it has proved a popular online destination!

In its first full year the number of visits, or sessions, we tracked reached 41,566. Each session is the number of times someone visits the site, either for the first time or returning.

Our tracking shows 22,762 unique visitors, who viewed 252,890 pages on the site. Taken together, these three figures tell us the site is both popular and well used. Our quarterly Hub Newsletter backs this up: it now has 1,400 subscribers.

And while visitors are mostly from Scotland and other parts of the UK, others have used it from the US, Russia and countries across Europe.

All of this is very satisfying to Senior Policy Adviser Claire Neary, who, with a colleague first thought of the idea. 'We were a team of two and we used to do a lot of research for colleagues,' she says.

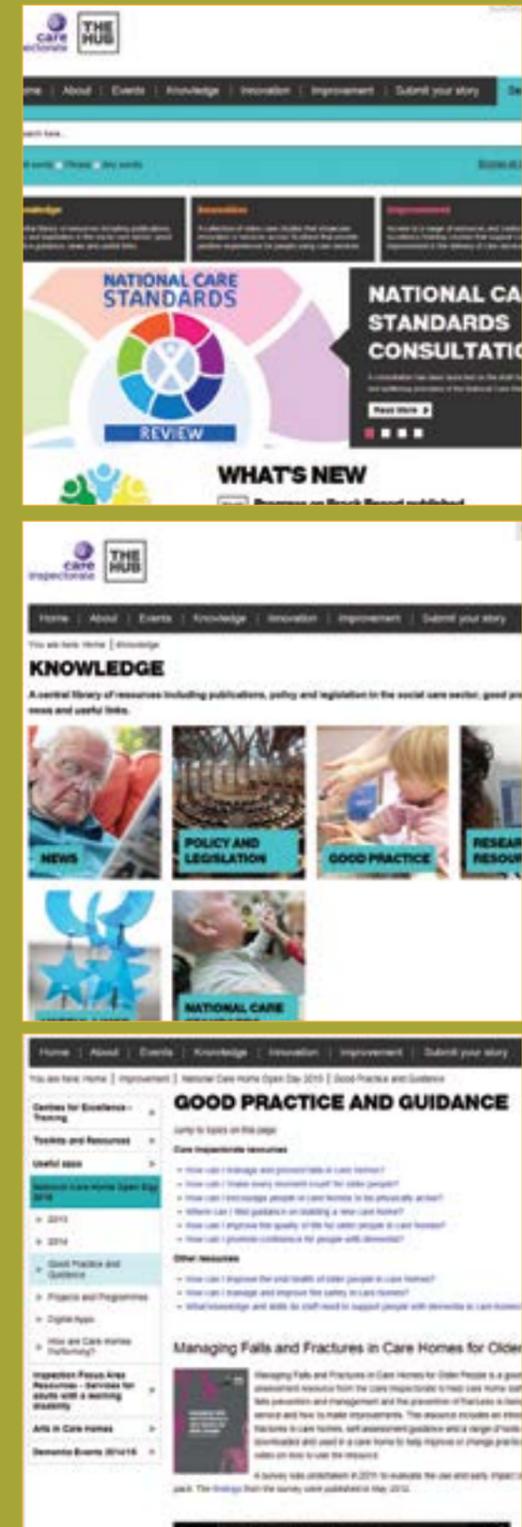
'We'd also provide training to staff, for example about our library and the research tools we used. We wanted to tell people about what was available, and not just in-house – lots of useful stuff was out there.'

It took time, but the policy team's persistence led to The Hub.

'Good place to keep up to date with current best practice.'

In its first year it has become an invaluable source of knowledge, learning, advice, training and good practice for our employees, service providers, other regulators and anybody with an interest in any aspect of care.

Adds Claire, 'The site has exceeded expectations, but like every great website, it never stands still.'



Claire and her team continually monitor how it's being used, collect site users' feedback and update, tweak and upgrade the website.

If you're reading this online, click on the link below to go to The Hub, but if you're reading a printed publication, go online to

hub.careinspectorate.com

SHIFTING LANDSCAPES OF DEMENTIA CARE

We hosted our first-ever national conference on caring for people with dementia this year.

And the response was so overwhelming that we then arranged five more 'Shifting Landscapes of Dementia Care' events in Aberdeen, Irvine, Shetland, Lerwick and Inverness in 2014 and early 2015.

Heather Edwards, our Dementia Consultant, said, 'There have been many developments and improvements in dementia care in recent years. We thought it was a good time to bring these together and share them with health and social care staff to help improve care for people with dementia.'

Our Dundee conference was opened by Professor Charlotte Clarke with a thought-provoking talk on 'Risks, Rights and People Living with Dementia.' Dementia campaigner Tommy Whitelaw also gave a moving, personal account about his experiences of caring for his mum, Joan.

At all our events, we highlighted ways to promote well-being and person-centred care with talks on care planning, continence and the benefits of physical activity.

Our colleagues from the Scottish Social Services Council talked about the government's Promoting Excellence Framework. This framework sets out the level of skills and knowledge care staff should have if they are supporting people living with dementia.

Heather added, 'We were able to talk directly to care staff about exactly what we mean by person-centred care, and what we look for during our inspections. We hope services and care staff can now use this information to improve services for people with dementia.'

If you weren't able to come to one of our events, you can find films with more information on dementia care on our Hub at:

hub.careinspectorate.com/improvement/dementia-events-201415/



Training for inspectors

Inspectors from across the organisation have been adding to their knowledge about dementia care.

They have been working through the 'Promoting Excellence' training and starting on a new dementia learning programme designed specifically for inspectors. This will allow inspectors to understand the training that is available for staff and highlight any areas for improvement during inspections.

We are keen to see how services can use dementia learning to improve the lives of people they are supporting.

HEATHER EDWARDS, DEMENTIA CONSULTANT, EXPLAINS:

'We want to challenge the way people think about what it's like living with dementia.'

To do this, we need to make sure they understand as much as they can about dementia and have the tools and knowledge to help improve the services they provide. One of our most important jobs is to help care services improve, and we can do that through events like this.'



ARCHIE NOONE FROM THE SCOTTISH DEMENTIA WORKING GROUP, EXPLAINS:

'I enjoy going out and meeting new people and helping, in a small way, to make things better for people living with dementia now, and in the future.'

My attitude is, I have dementia, but dementia has not got me.'



Make it your mission to watch Archie's YouTube movie by searching online for Archie Noone.

Get a copy of our new guide 'Promoting Continence for people living with dementia and long-term conditions' at www.careinspectorate.com or call us on 0345 600 9527 or email us at enquiries@careinspectorate.com

Interview with Archie Noone

When Archie Noone was diagnosed with dementia three years ago, he didn't leave the house for three weeks.

'I suddenly felt like I was living in a glass box, watching the world go by,' he recalled, 'It was a tremendous shock.'

These days, he's rarely at his Dundee home and travels extensively to talk about how his diagnosis affected him, and how it's not stopping him living an active and stimulating life.

He's even made a spoof James Bond movie – now on YouTube – with his much-loved sports car and a briefcase full of continence pads.

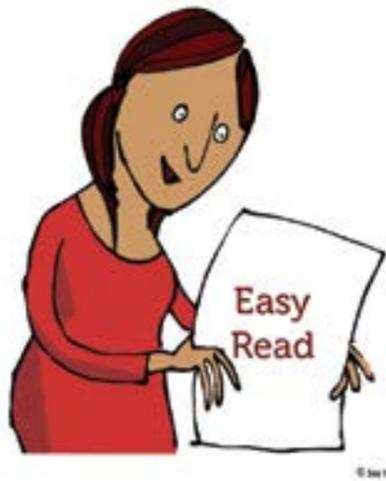
'It's embarrassing to talk about continence,' explained Archie, 'but if you don't talk to anyone about it, you'll not get help. We wanted to make a comedy about it and tell people that there are lots of things you can do to make life easier and better.'

The three-minute movie is part of the work he's been doing with the Care Inspectorate to raise awareness about how to stay continent for as long as possible when you're living with dementia or other long-term conditions.

Archie can now laugh when he remembers how his first trip to buy continence pads resulted in him looking like he was wearing a codpiece, 'I whispered what I was looking for, took what I was given and ended up with a bulge!'

'Of course, now I know there are other products on the market that don't bulge, and give you a much smoother line. But how are you meant to know if no-one tells you?' he said.

Now Vice Chair of the Scottish Dementia Working Group, Archie talks to people across the country about living with dementia and the importance of getting professional help and advice once you've been diagnosed.



ACCESSIBILITY

We make inspection reports, questionnaires and other information available in many formats, such as:

- audio
- easy-to-read
- languages other than English
- large print
- sign language.

This is to meet the differing needs of people who use care services. And it's because we believe it's important that anyone who uses a care service should know:

- what we found in their service
- how to send us feedback
- who we are and what we do.

During 2014/15 we received 79 requests for alternative formats or languages. Some were for different formats and languages, so we provided a total of 135 translations.

More unusual languages which we were asked to translate information into included Lingala, Yoruba, Malayalam, Pashto and Nepalese.

If you need our information in an alternative format or language, please email: translations@careinspectorate.com

We've also made every effort to make our website accessible and easy to use for everyone. If you're reading this online **find out more about our website's accessible options.**

You can also go to our website's home page, scroll to the bottom and click 'Accessibility'.

79

requests

135

translations



UPDATE ON SID

A computer game to help children in care understand their rights received international acclaim.

The 'Far From Home' game is available on our Meet Sid website, which we've built to help young people in care find out about their rights.

It received a bronze award in the 'Games for Good' category at the Serious Play Conference in Los Angeles.

Far From Home is a three dimensional game that helps young people to explore themes of trust and the importance of making good decisions.

It was developed for us by students from Abertay University, Dundee, helped by young people with experience of being in care, from Who Cares? Scotland and the Aberlour Childcare Trust.

You can meet Sid [here](#) if you're reading this online or, if you're reading a printed copy, go to: meetsid.co.uk



Gordon Weir
Director of
Corporate Services

HOW POLICY IMPACTS ON OUR WORK

Two new laws are introducing significant changes to health and social care, and services for children and young people.

The **Children and Young People (Scotland) Act** became law at the start of 2014/15, although most of its provisions are being phased in over the coming years.

It places new duties on Scottish ministers and on public bodies such as health boards and local councils in relation to the rights of children set out in the United Nations Convention on the Rights of the Child.

The Act will influence policies and services for children in early education, and looked-after children.

The Act also places duties on us, including being alert to matters that could affect the wellbeing of children and young people.

From August 2014, the Act increased mandatory early learning and childcare to 600 hours a year for many children. Other aspects of the Act have a longer timeframe.

A second important new law, the **Public Bodies (Joint Working) (Scotland) Act 2014**, also took effect at the start of 2014/15.

It provides the legal framework for health boards and local councils in Scotland in integrating health and social care services.

Health and social care integration is about ensuring that people who use health and social care services get the right care and back-up whatever their needs, and when they need it.

Our role under the Act, in partnership with Healthcare Improvement Scotland, is to check this is happening. (See 'Joint inspections' on page 9.)

We will continue working both with Healthcare Improvement Scotland on joint inspections and, in later years, with Healthcare Improvement Scotland and Audit Scotland to assess the progress and impact of health and social care integration.

Follow us on:

@careinspect

facebook.com/careinspectorate



JOINING THE CYBERWORLD

More people than ever before are finding it easier and faster to find out what we're doing. This year brought a steady increase in people using Facebook and Twitter in particular, to find out about us and about wider developments in care.

'We've been using social media in addition to our website to promote things like news items or when we issue a major publication,' says Mark Keiller.

Mark is one of two digital engagement officers in our communications team who closely monitor developments across the care sector and highlight these through digital channels such as the website and social media.

'We try to identify and highlight information that we think would be of interest to people,' says Mark. 'That could be anyone, including professionals and the people who use services.'

MARK KEILLER EXPLAINS:

'We've been using social media in addition to our website to promote things like news items or when we issue a major publication.'

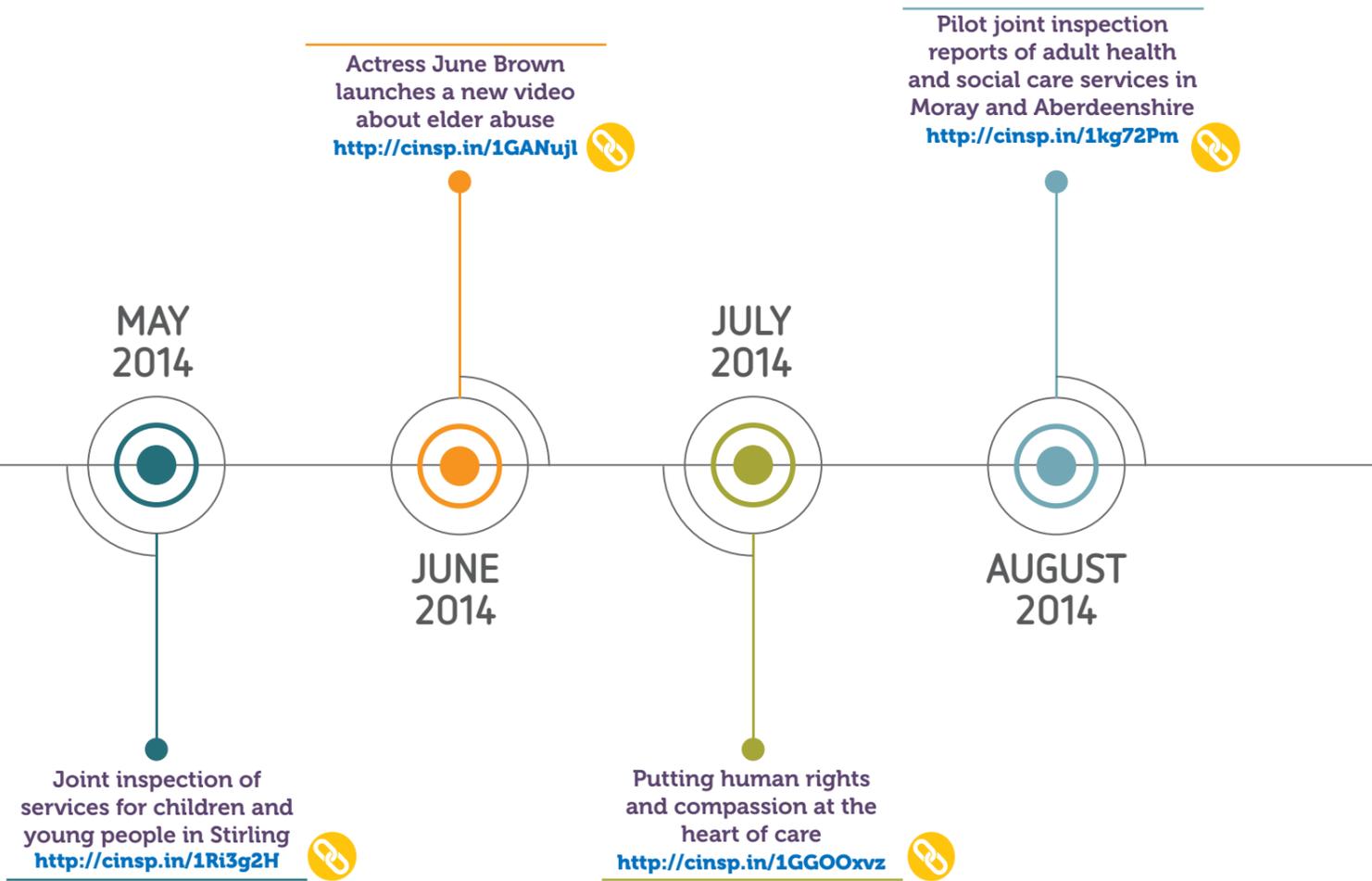
The impact has been impressive. By the end of 2014/15 Facebook 'likes' were around 4,000 and our Twitter account had over 3,000 followers. Care services have also been taking to Twitter to keep fellow professionals, colleagues and the public well informed about developments in care.

We also use YouTube to post good practice videos that are also available through our own web resource, the Hub.

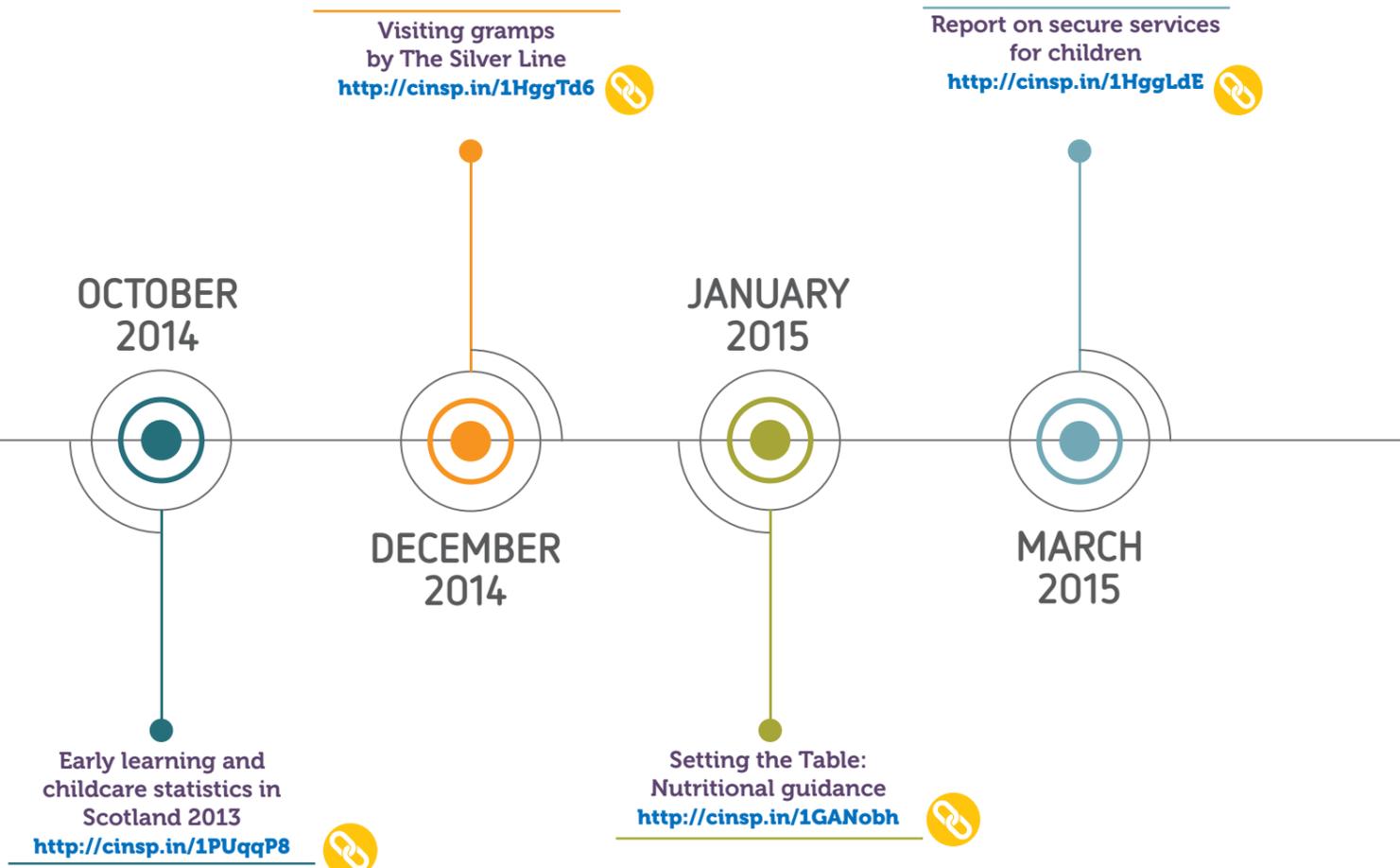
Services are adapting technology to great effect – for example, at Abbotsford House care home in Bearsden, Glasgow, where carers are using hand-held computer tablets to update care plans and records as they work.

If you're reading this online, find out what they're doing at Abbotsford House.

If you're reading a printed copy, go to our website: www.careinspectorate.com, click on THE HUB and click 'Innovation'.



FIND THE BIG STORIES ONLINE



Excellence in Care
Developing our methodology for scrutiny and improvement
Important changes are happening from 1 April 2015
Leaflet Excellence in care

Report Improving Care in Scotland
What the Care Inspectorate did in 2013/14

Report Annual Report 2013/14

Guide Promoting Continence
Promoting continence for people living with dementia and long term conditions

INFORMATION WE PUBLISHED IN 2014/15

Report Childcare Statistics 2013
Early learning and childcare statistics 2013
The provision and use of registered daycare of children and childminding services in Scotland as at December 2013
Published October 2014

Magazine Care News
Care news
SHARING YOUR INTEREST IN CARE

Leaflet Passionate about good childcare
Have you ever used a childminder, playgroup, nursery, crèche or out of school care?
Volunteer with us and make a difference

Report Caring for people at home
How care at home services operate in Scotland and how well they performed between 2002 and 2013

LAST YEAR WE CARRIED OUT 7,818 INSPECTIONS

This map of Scotland shows the breakdown of these inspections by service type.

