



Monitoring our Performance 2015-16

Quarter 2 report

1st April 2015 to 30th September 2015

Strategic Objective 1- To provide assurance and build confidence through robust

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

In 2,073 inspections carried out during Q1 and Q2 our inspectors recorded time spent on improvement work during inspection as part of the diary exercise (data taken from submitted inspection reports for inspections completed during Q1 and Q2). A total of 4,128 hours was spent on improvement work during these 2,073 inspections (for an average of 2.0 hours per inspection). This 2 hours is in addition to the average time spent of 27.8 hours per inspection in Q1 and Q2. In Q1 and Q2 33% of inspections where improvement work was carried out were in Childminding services, 29% were inspections in Daycare of Children services and 23% were in Care Home services. Further work is being undertaken to improve the recording and analysis of this information which has been recorded only since April 2015. Improvement activities included: supporting improvement meetings in services, monitoring visits, meetings with providers and local authorities and participation in development work. Work is on-going to capture and meaningfully present information about improvement activities undertaken outwith inspections.

Case Study – long-term improvement making an impact in a daycare of children service

This quarter, we inspected a nursery and found it to be very good across all quality themes. The quality has not always been so good. In 2012, after an unannounced inspection, the Care Inspectorate evaluated the quality as weak and unsatisfactory. Our inspection report had raised concerns about children's experiences when playing outside and at mealtimes. With the support and direction of the inspector the service was able to focus on identifying and overcoming these issues, and this was a catalyst for change. The next inspection in 2014, managers and staff had made significant changes to the nursery and we found a more focused and confident team that had improved outcomes for children using the service. We evidenced further improvement on the most recent inspection.

When the Care Inspectorate visited the service after the 2012 inspection it was clear that the staff team really wanted to improve the service. The staff team had developed the indoor layout in the nursery, and improved the access for children to the outdoor play area. 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. This enabled children to have a wonderful outdoor space to play in and explore. The management acknowledged that 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 increased confidence was evident.

They now have a range of experiences that were not previously available to them including, running around and climbing trees and well as exploring the nature available to enhance learning of topics such as insects.

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 have weekly baking and cooking classes! Since the 2012 inspection the nursery has continued to build on their practice and the most recent inspection has identified further improvements which have resulted in very good outcomes for children.

Case Study – the inspector’s perspective

Inspections can sometimes be the start of a longer term improvement process with our inspectors helping services to navigate along their improvement journey. This case study focusses on the same service as before, describing the journey and the extra work involved from the inspector to achieve this sustained improvement.

The current inspector was allocated this service in her caseload at a time when its quality was failing and enforcement was being considered. The service had been fluctuating between low and good grades. The inspector spent time with the previous inspector and the inspector manager to discuss the service regulatory history and actions that the service needed to take to make sustained improvement. Although an enforcement report and improvement notice had been generated alternative approaches were also discussed.

A support visit was arranged to support initial engagement between the service and the new inspector. The inspector and a co-inspector visited the service and spent time with the manager and provider. This enabled discussion about the children’s experiences of care and the services plans to improve. It enabled the inspectors to become familiar with the environment and to meet staff. Expectations of change were reinforced to support improvement and outcomes for children.

The inspector and inspector manager had a further meeting to discuss the outcomes of the visit and to further consider plans for supporting improvement. The first inspection of this service confirmed key areas that needed to be the focus of their improvement. Requirements and recommendations about improving these areas were made in the usual fashion. The inspector reflected, “the key challenge for me was to identify whether there was a willingness and understanding on the part of the service to make those improvements in a way that the service could sustain in the longer term.”

“The manager and depute manager appeared enthusiastic about developing and improving the service. Discussion about issues observed led to the depute manager joining me in my inspection, to sit with me and see what I see. This really helped her reflect on aspects of the service that were not working well, and from there I could begin to help them focus on how to improve it.”

“We focused on three key areas where the children would most benefit from improvements. I discussed these with the manager, depute manager and provider during the inspection and at the feedback, and encouraged them to try to focus on solutions that would improve outcomes for the children. “

The next inspection evidenced change and improvement. Again time was taken to discuss the impact of the changes that had been made, to gain greater insight into the depth of understanding that was developing within the service and to explore how building upon this would enable further improvement. At this inspection the inspector challenged the service to be more ambitious and aspirational for the children, to further embed the good practice observed and to build on this.

Following feedback and the completion of the report the inspector sought best practice guidance to support the service. This included referral to guidance such as “Setting the table” to support good nutrition, an inclusive and nurturing eating environment, staff knowledge and understanding, parental involvement and children’s knowledge and understanding of food, nutrition and fluid intake. The service manager communicated with us how this was being implemented – at this stage they demonstrated a more methodical approach by researching, planning, encouraging staff to champion areas for development and then implementing change with the participation of parents and children.

Some time after this inspection, the inspector was approached by a registration inspector who had received a variation notice from this service. The manager had taken on board a discussion with the inspector about making better use of the space available in the service, and had secured funding for this. The service, now very much focussed on improving outcomes for children, were still keen to press on even if there was an impact on the number of children that could be accommodated in the service. The inspector continued to work with the registration inspector to complete the variation, with the inspector observing, “There was quite a bit of discussion involving the service, the registration team and me to support this variation to go ahead. The registration inspector supported the improvement needed when he visited the service and reinforced the difference the changes would make. That investment of all of our time was worth it though – the space is now much better suited to the needs of the children using it. Access to outdoor play has been greatly improved; the area for the two year olds is no longer disrupted unnecessarily. The impact on the children was very clear to the manager and provider, who have since embarked on a programme of other physical improvements to the service including new toilet facilities, a messy area for the babies and a new nappy changing area. Outcomes for children include improved independence skills, greater focus and concentration, extended play, better access to indoor / outdoor play, greater choice and access to resources, language and literacy skills have improved as have children’s problem solving abilities, noise levels have lowered and behaviour has improved.”

Reflecting on the challenges that we face as an inspector, she said “It can be a difficult line to walk sometimes. We remain first and foremost a regulator with professional boundaries and a focus on improved outcomes for children. However to help a service that wants to get better but needs some help, we need to build a solid relationship so that we can ask tough questions of a service without that relationship breaking down. We need to be able to guide a service towards solutions that are achievable and sustainable, and not leave them feeling overwhelmed. And we need to be able to invest time in helping services find a way to improve.”

“This service has now improved considerably - with all grades of good after two years, and further improvements to all grades of very good this year. So after all the hard work, that investment by all involved has been well worth it. And because the service has shown such commitment to on-going improvements, I can now focus on other services that need that same level of commitment from me”.

Progress against Key Priorities

Methodology developments

We implemented two tests of change for the inspection of services which received very good or excellent grades at their last inspection. These are Validation inspections in highly performing services (some daycare of children, housing support and secure care) and Early Years Focused inspections which outcomes for children within the national GIRFEC policy and are very closely linked with the SHANARRI well-being indicators.

The Validation inspection will look at the provider's quality assurance systems and how they monitor and ensure good outcomes for people using the service. This will include the providers' development plan and how they monitor this. The Inspector will spend time during the inspection visit on focussing on the experiences for people using the service, parents and carers who use the service. This will include different methods of gathering their views of the service. No grades will be awarded for these inspections; the provider's grades will remain as at the last fully evaluated inspection. Where the Inspector finds that outcomes for people are not being maintained they have the option to revert to a fully graded inspection. The purpose of the validation inspection is to assure the public that previous high standards of excellent or very good outcomes for people using services are being maintained.

The Early Years Focused Inspections are focused inspections where the Inspector will consider up to two aspects under each theme to assess how the service is maintaining standards for children and uses many of the aspects of the Validation inspection. However as this inspection is focused on specific areas the findings will be graded. In situations where the quality of provision has not been maintained the Inspector will continue with the same process but can add more aspects to each theme to ensure that the service is supported to make improvements for children and families and can make requirements and recommendations where outcomes can be improved. Both these methodologies will be evaluated in the future.

Developing practice in adults and older people services

We convened an Adult Protection Expert Group to review the findings of the Significant Case Review and CQC Report into Orchid View Care Home in West Sussex. This followed a Coroner's Report which identified that 5 residents there had died from neglect and 18 others had endured 'sub-optimal care'. Our review of any lessons to be learned will be reported to the Policy Committee in 2016.

We provided advice and guidance to the two Partnership areas that are undertaking the Scottish Government pilot to test the potential for Self Directed Support being offered to care home residents. Moray and East Renfrewshire Councils are taking this forward and we have recognised the importance of ensuring that our approach to registration and inspection is as enabling as the regulations allow, to support innovation.

Other work supporting improvements in the quality of care

We published our handbook detailing how we conduct our joint inspection for children and young people. It is intended as a tool to assist inspection coordinators and others to better understand our inspection approach.

A number of tests of change around our complaint investigation methodology are being undertaken at present to ensure our work is proportionate, efficient and supports improvement for people using services.

Work has been undertaken in Q2 to develop a scrutiny and improvement plan for 2016/17, including engagement with operational staff and discussion at a Board strategic event.

In Q2 we published our latest biennial report on key themes arising from serious incident reviews conducted by criminal justice social work services. This report evidenced a 127% increase in the number of serious incidents reported to the Care Inspectorate which we regard as positive in that we believe that there was significant under-reporting of incidents previously. The report made a number of recommendations to improve practice, including strengthening quality assurance systems, using established assessment frameworks before people in prison are released and improving contingency arrangements to cover staff absences.

Early Years inspection teams have been engaged in a range of quality assurance activities. This has consisted of development events and follow-up activity looking at establishing consistent thresholds for intervention regarding enforcement and child protection referrals. While West and East Early Years Teams attended separate events during Q2, a joint Early Years development event is planned for Q3. Team Managers have also started quality assuring inspection reports across teams in order to improve the quality and consistency of practice.

The Children and Young People (Scotland) Act 2014 has a range of implications for early years services (including childminders) including:

- a) Increase to 600 hours free early learning and childcare (formally pre-school provision for all eligible children)
- b) Provide early learning and childcare to eligible two year olds
- c) Children's plan
- d) Duty for local authority to consult on the delivery of provision
- e) Flexibility on the way that early learning and childcare is made available

To monitor the quality of the expanded provision and the introduction of Government funded Early learning and Childcare for two year olds, all early years inspections are focusing on these two key areas of policy implementation in all inspections of daycare of children or childminding services during 2015-16. The findings of these inspections will contribute to a national report on the impact of the expansion and the quality of services which we aim to publish late in 2016. A shorter report on the ways in which local authorities have increased the hours will be published shortly.

We have been in regular discussion with Scottish Government policy officials on the Care Inspectorate's potential role in developing a scrutiny and improvement approach for Community Justice in light of the Community Justice Scotland Bill. The future model of community justice is shifting from the current 8 Community Justice Authority Areas (CJAs) to local strategic planning and delivery of community justice services in collaboration with local partners (local authorities, health boards, police, fire & rescue, health and social care joint integration boards etc.). A new body, Community Justice Scotland, will be created to provide strategic leadership and support innovation, learning and development and professional assurance and advice to Scottish Ministers. The Care Inspectorate has statutory responsibility for the scrutiny and improvement of social work services, including criminal justice social work and proposals for the Care Inspectorate to undertake preparatory work to support self-evaluation of community justice services have been well received.

In Q2 we published our report on the inspection of services for children and young people in Aberdeenshire and entered the pre-fieldwork stage for joint inspections in Fife and Dundee.

We completed the final phase of fieldwork for the thematic review of multi-agency public protection arrangements which we have conducted in partnership with Her Majesty's Inspectorate of Constabulary for Scotland. The report is due to be published in November.

Under the Duty of Co-operation, we continued to support colleagues in Her Majesty's Inspectorate of Prisons by joining the inspection teams for HMP Cornton Vale. As Cornton Vale includes a mother and child unit, we deployed an inspector from one of our early years teams to work alongside one of our strategic inspectors.

Strategic Inspections

At the end of Q2 we published progress reviews following joint inspections of services for children and young people in Clackmannanshire and Stirling which had identified areas for concern in responding to children who may be in need of protection. The progress review found significant strengthening in systems to share and assess information when concerns were raised, improved staff confidence and morale and clearer leadership and direction.

We also completed health and social work inspections for both Argyll and Bute and the Western Isles. The Western Isles inspection was done simultaneously alongside the inspection of children's services. Both these reports are completed and at the final stages of the quality assurance process before publication. In Q2 we commenced inspections in East Lothian and South Lanarkshire. In East Lothian we have recently completed the on-site field work activity and have commenced the report writing stage of the inspection. In our inspection in South Lanarkshire we are concluding our field work activity.

Inspections Completed - KPIs

We completed 99.7% (1145 inspections) of our planned statutory inspections in Q1 and Q2 (KPI 1(a)).

63% of our statutory inspections were completed by the last possible date of inspection (KPI 1(b)). This is lower than the 72% completed before the last possible date in Q1 and Q2 of 2014/15.

We completed 85% (3242 inspections) of our total planned number of inspections for the year to date (KPI 1(c)). This is lower than the 89% (3669 inspections) completed in Q1 and Q2 of last year.

Inspections Completed - commentary

All regulated care service teams continue to be affected by vacancies and staff sickness. Assessment Centres have been carried out and a number of successful applicants are now beginning to take up post. The benefits of these new staff will not be felt until into January / February 2016 when they have been inducted at local and national level into their roles. As part of this induction they will be supported by inspectors through mentoring and shadowing of inspections – this has a time impact on the lead inspector / mentor.

There are further assessment centres identified and there has been targeted recruitment to the north of the country.

All teams have prioritised statutory and “must do” inspections for the remainder of 2015/16.

Enforcements issued in Q1 and Q2

In Q1 and Q2 we sent a total of 170 enforcement notices. 117 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). 53 enforcements were notices related to the quality of care (‘non-technical’) of which 35 were notices issued for outstanding PVG checks in Childminding services. The 18 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 September. The number of care homes with enforcement action is 1, compared with 11 in the first two quarters of last year. Further work is being undertaken to examine why this is.

Care Service	Number of enforcements	Number of Services
Child Minding	11	6
Daycare of Children	4	4
Support Service	2	2
Care Home	1	1

Strategic Objective 2- To contribute to building a rights based world class care system in Scotland

Quality Indicator 2 - Partnership Working. We will identify our key partners and how we can work effectively together in an atmosphere of mutual trust and respect to improve 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.

Progress against Key Priorities

During Q2 we worked closely with Scottish Government, NHS Tayside and the NMC to support the revalidation of nurses employed by the Care Inspectorate, and in the care sector. We participated in the pilot scheme and fed back to the pilot lead at NHS Tayside. This allowed the Care Inspectorate to understand more about the process and prepare for the demands of the full system. Now the NMC has now launched this revalidation system, we will ensure our staff are able to access revalidation and also raise awareness of the issue across the sector.

We are currently examining how we will consider requests for care services wishing to introduce pilots of senior care workers in specific circumstances. This follows requests from some care providers.

The Early Years forum is now in its second year. The forum consists of all national partners as well as key personnel from the Care Inspectorate. The forum meets bi-annually to discuss national policy and the work of the Care Inspectorate.

In Q2 the Care Inspectorate was involved in a SSSC-led national group that is developing a 'Common Core' set of skills and knowledge for anyone working with adults. This group was set up to advance a recommendation from the Chief Social Work Advisor's 'Vision and Strategy for Social Work' to develop an 'induction passport' for all staff in Adult Services.

We met with Shared Lives Plus UK to hear their views on our approach to regulating the 'Shared Lives' services in Scotland (defined as 'adult placement' services under our regulations). From this we will consider how best to develop our approach to more effectively differentiate between supported lodgings services for young adults (often care leavers or those involved with criminal justice services) and adult placement services providing respite and long-term care to either adults with a learning disability or, increasingly, to older people.

An independent review of the Scottish Early Learning and Childcare workforce was published in June 2015. The report made 31 recommendations on how the skills, qualifications and training of staff working within the early learning and childcare sectors including out of school care sector for services with children up to the age of 16, can contribute to improved outcomes for children, help to reduce social inequality and close the attainment gap, based on the evidence from the review. As a result of the report Scottish Government has developed an action plan and a number of recommendations will have an impact on the work of the Care Inspectorate. We have been asked to develop a project on the training of childminders with relevant national partners. We will also continue to be represented on the national workforce review group and support further recommendations from the review.

We have worked collegiately with key partners to promote good practice initiatives in early years services. For example, in response to a Scottish Parliament question about introducing 'Millie's Law' in Scotland, we worked with Scottish Government, SSSC and first aid organisations to raise awareness of the new specialist paediatric first aid qualification. Similarly, we worked with the Scottish Water Authority to raise awareness about lead in drinking water in care services.

We have contributed to the reference group overseeing the outcomes of the National Review for Domiciliary Dental Services for Oral Health chaired by the Chief Dental Officer. The group reviewed the access and uptake of such services for older people, with a particular focus on oral health in care homes. The group concluded outcomes for older people vary considerably. Awareness about services, uptake and best practice expectations varies considerably across Scotland. The Care Inspectorate has been worked closely with the Caring for Smiles project to raise awareness about best practice oral health care within the sector to support better uptake of services and expected best practice. To build on this we will focus on oral care for older people in care homes as an inspection focus area in 2016/17.

The Partnership Forum met in August. Partnership working continues to be a priority and progress has been made on 7 people management policies. An update on progress against the actions in the joint document 'We said we are doing' was considered by the Partnership Forum. The progress achieved was recognised and welcomed. Further work to develop career pathways is planned in December so that Partnership Forum have an opportunity to shape the approach and objectives of the new pathways.

Strategic Objective 3- To support peoples' understanding of high quality, safe and compassionate care by promoting the standards and quality of service they should expect and make sure their voices are heard

Quality Indicator 3 - Improvements in Involving People. We will involve children and adults throughout Scotland who use services, their families and carers and the wider public in the design and delivery of our scrutiny functions.

We have redeveloped our Involve newsletter to better support communication with involved people, helping them to inform our work.

We will launch the summary of our involvement strategy at our involved people conference in November.

We have recruited five new young inspection volunteers who will support our strategic inspections of services for children and young people, and we continue to invest in developing and supporting inspection volunteers. We are working to develop ways of supporting inspection volunteers living with dementia to become involved in our work.

Our Involvement Team have been attending various conferences and events throughout the country to promote the Inspection Volunteer scheme in the hope that more volunteers can be recruited. These included:

- International Family Daycare Conference,
- MELA (both Edinburgh and Glasgow),
- Pride,
- LGBT training event,
- CEARTAS advocacy project,
- The Action Group in Edinburgh,
- MECOPP,
- Local libraries,
- Local community groups,
- Job centres,
- Volunteer centres,
- Learn Direct project,
- Relatives meetings within care homes and daycentres
- Carers aware sessions.

We have been exploring the possibility of running information stalls at local garden centres and have met with the “community champions” to take this initiative forward.

Inspection volunteers have been involved in 164 inspections in Q2 – this means that 10% of inspections completed in Q2 had an inspection volunteer.

Inspection volunteers have spoken to 1052 people receiving services and 456 family members or friends. A total of 1103 hours has been spent on inspection activity by our volunteers in Q2. There are currently 67 inspection volunteers who are active and available for inspections with another 11 new Inspection Volunteers going through the recruitment process.

In comparison to Q1, in Q2 there were:

- more requests for inspection volunteers (47% increase),
- more inspections carried out involving inspection volunteers (31% increase),
- more service users and carers spoken with (23% increase),
- more hours spent by inspection volunteers in work supporting inspections (23% increase)

We exhibited at the following conferences in Q2:

July

- International Family Daycare Organisation Conference – Children in Scotland/SCMA
- Chat for change – Highland Council

August

- PRIDE Glasgow – Pride Glasgow
- Dundee and Angus Harmful Practices Guidance Launch
- MELA Edinburgh - MELA

September

- Pocket Ideas Launch – NHS Ayrshire and Arran
- IFSW European Conference and Social Services Expo – IFSW Europe
- People Like Us – Care Inspectorate Staff Conference

Strategic Objective 4- To build capacity within care settings to make sure there is high quality development and improvement of rights based care across Scotland

In addition to the Early Years forum we have also attended a series of events for providers and staff in early years services. These have taken place across the country hosted by Play Scotland, SCMA, NDNA and SOSCN. These events have enabled our Inspectors to meet with the groups outwith our inspection activity to share and support best practice.

Throughout Q2, we have continued to work on developing extensive resources to support high-quality care for people with a diagnosis of dementia. We have worked with SSSC and the Scottish Dementia Working Group and will use the materials to support scrutiny in 2016/17.

We have worked closely with Luminate and artists to develop a resource pack to support the arts in care settings (similar to CAPA), and this will be launched in Q4.

We have consolidated the restructuring of our Health Improvement Team, and undertaken major reviews of health care triggers for future publication. These consist of an overview of good practice in a particular area, that can assist inspectors in identifying areas where services need to improve or where best practice should be used.

We have worked with Scottish Government and NHS colleagues to launch the recent continence resource, at the request of the Scottish Government, across health settings as well as care settings. Training events to support high-quality practice in the field of continence care are being planned for Q4.

Monitoring Measures

In Q1 and Q2 98% 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 September (MM-1(a)). This is a slight improvement on the 97% of services in that maintained or improved their good grades in Q1 and Q2 of 2014/15. Only 12% of all graded services at 30 September had any quality themes graded as unsatisfactory, weak or adequate (1, 2 or 3) (MM-1(b)). This matches the 12% of services with these grades in 2014/15.

We developed a new user friendly way of publicly reporting our regulatory activity with a focus on improvement through an Outdoor Play Resource. This combines reporting on our findings regarding outdoor play and specialist outdoor only services with highlighting examples of excellent and innovative practice. A group of early years staff, led by a head of inspection, has drafted the resource, which is currently being finalised, with publication anticipated for January 2016.

We have completed five inspections of secure care services since 1 April 2015. We have focused on, and will report on the use of "single room separation". This is in response to the Care Inspectorate's role in the NPM (National Preventative Mechanism). A short report discussing the findings will be drafted in Q3.

Strategic Objective 5- To support and inform local and national policy development by providing high quality, evidence based advice and information on care

Quality Indicator 2- Partnership Working. See above under strategic objective 2.

We continue to respond to media, public and government requests for statistical information. In Q2 we responded to 46 Freedom of Information requests, 9 requests under the Data Protection Act, 10 Scottish Parliament requests and 27 Scottish Government requests. Two of the FOI requests required additional time to be agreed with the enquirer due to delays in the requests being processed.

We responded to 21 consultations in Q1 and Q2, including:

- Consideration of Petition PE1548, National Guidance on Restraint and Seclusion in Schools
- Consideration of Petition PE1551, Calling on the Scottish Parliament to urge the Scottish Government to introduce legislation that makes it a criminal offence to fail to report child abuse.
- Health and Sport Committee call for evidence on Carers (Scotland) Bill
- UK Consultations on extended prescribing - proposals relating to dieticians and orthoptists
- Consultation on 2016/17 Children's Social Work Statistics Collections
- C&YP Act guidance and draft orders (GIRFEC)
- Social care of older people with complex care needs and multiple long-term conditions: draft guideline consultation
- Scottish Parliament's Education and Culture Committee – call for written submissions on Education (Scotland) Bill

- Scotland's Adoption Register Regulations 2016
- Consultation events on Guidance Part 10 & Part 11 Children and Young People Act
- Healthcare Improvement Scotland consultation, Scoping Report: Pressure Ulcer Standards
- Revised food in hospitals
- Health & Sport Committee call for evidence on the Health (Tobacco, Nicotine etc. and Care) (Scotland) Bill
- Justice Committee call for evidence on the Community Justice (Scotland) Bill
- Health & Sport Committee issues call for views on palliative care
- Consultation on the English language requirements and process for registration with the NMC
- What matters to you about the future of palliative and end of life care in Scotland?
- Consultation on further extension of coverage of the Freedom of Information (Scotland) Act 2002 to more organisations
- Consultation On The Removal Of The 3 Year Limitation Period From Civil Actions For Damages For Personal Injury For In Care Survivors Of Historical Child Abuse
- Consultation on draft non-statutory guidance for parts 10 (aftercare) and 11 (continuing care) of the children and young people (Scotland) Act 2014
- Healthcare Improvement Scotland consultation on proposals for a new model of reviewing the quality of care in Scotland

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

The National Enquiry Line received 12,421 calls in Q1 and Q2. This is higher than the 12,014 calls we received in Q1 and Q2 last year. The most common areas that these calls related to are as follows:

- General Enquiries (4558 calls)
- Staff or Office enquiries (1836 calls)
- Registration enquiries (1070 calls)
- E-forms or Website queries (557 calls)
- Publication requests (299 calls)
- Complaints (312 calls)

In Q1 and Q2, 82% of calls were answered at the first point of contact. 18% of calls received (2,219 calls) were transferred to duty inspectors.

Staff Conference

The Staff Conference took place in September 2015 and was a significant opportunity for staff development and for the new Chief Executive to set out a vision for developing the Care Inspectorate into a world class scrutiny body that supports improvement. A wide range of other organisations and experts gave input to the conference. The initial feedback suggests the conference played a pivotal role in the journey to around organisational culture, in setting a shared vision for the organisation, and empowering staff to be confident in the work they do.

In Q2 we produced and published the following publications and reports:

Memorandum of Understanding

- MOU - Education Scotland
- MOU - Telecare Services Association (TSA)
- MOU - Scottish Social Services Council (SSSC)
- MOU - Scottish Charity Regulator (OSCR)
- MOU - Institute for Research and Innovation in Social Services (IRISS)
- MOU - Police Scotland

Regulatory Policies and Guidance

- Arrangements for Test of Change Inspections - Follow-up Inspections
- Outline guidance for recording information in the PMS and RMS
- Inspection handbook- joint inspection services for Children and Young People
- Operational Procedure – Inactive Care Services

Improvement Resources

- Evaluation of 'Care... about physical activity'
- Care Inspectorate Adults with Incapacity Register
- COSLA Resource Pack on developing Intermediate Care in Care Homes
- Seasonal vaccination programmes in residential care services - 2015 to 2016

Governance Documents

- Quality Improvement Strategy
- Programmes and Project Management Guidance

Operational Policies (internal and external)

- Flu Vaccination Guidance
- Grievance Notification Form
- Paternity Leave Policy
- We said, we did, we are doing
- Procurement Strategy 2015-16
- Quarter 1 ISQ staff analysis
- Results from the service user ISQ Q1 2015/16
- Complaints review request form
- Biodiversity Duty Reporting 2011-14
- Procedure for Handling Complaints
- Register of Members Interests 2015-16
- Biodiversity Duty Reporting 2011-14

Thematic Reports

- Joint inspection of services for older people in Glasgow
- Services for children and young people in East Renfrewshire
- Inspecting and improving care and social work in Scotland 2011 – 2014 (the 'Triennial Review')
- Serious Incident Reviews Report

Intranet and Website

During Q2 we launched our redesigned website. This was phase one of our new website and we are continuing to work closely to maintain and plan the ongoing development of the website. The aim is to increase the functionality of the website and make it easier for people to search for information about care services.

In addition to the new look website, the Communications Team also redesigned and restructured the Intranet, working with teams throughout the organisation to refresh the content and realigned it to the corporate structure.

Social Media

During Q2 we continued to post information on our Facebook and Twitter accounts sharing information that we had posted on our own website or information from events that we attended. We have growing followers on social media and increased interaction about important inspection findings, improvement resources and policy developments.

Quality Indicator 4- Best Value. Developing, implementing and reviewing our strategies and policies.

Progress against the HR policy programme during Quarter 2 proceeded to plan.

The following policies were approved at the September Resources Committee;

- Alcohol and drugs misuse
- Homeworking
- Flexible working
- Equal Pay
- Career Break
- Carer's Leave
- Shared parental leave

The following policies were drafted and put out for consultation;

- Salary Protection
- Grievance Policy
- Workforce change
- zero tolerance

Training has been rolled out across the organisation on the Carer's duties as part of the attainment of the Carer's Kitemark award which we are working towards. This recognises employers who actively support carers at work.

Bitesize training sessions are being offered to all on our key new policies to provide support and advice on how to properly deploy the policies and ensure these are being applied fairly and equitably.

The Executive Team has agreed a programme of best value reviews. This programme will subject all areas of the CI budget to review by March 2020.

Quality Indicator 5- Staff Experience. Developing and deploying our staff in line with corporate aims and objectives.

The Healthy Working Lives group are continuing to work towards the silver award. We are also making swift progress against our Health and Safety improvement action plan following the fundamental review of health and safety in February 2015.

A new corporate induction has been developed and will be piloted in January for 18 new inspectors who recently joined the organisation. Evaluation of this new approach will assist in the future development of the induction experience.

A new learning and development delivery model is being developed through a short life working group representative of the inspection, registration and complaints workforce. This new model will include devolving budgets to Heads of Inspection to support a more responsive approach for inspectors accessing conferences and short courses.

Quality Indicator 6- Leadership and Direction. Developing our vision, values and principles and acting as role models. We will create a clear vision for the Care Inspectorate and communicate this effectively to all our staff to direct them in their work.

Work is progressing to review the Senior Management team structure. Following this there will be development for leaders put in place to support the changes proposed. A new leadership pathway for aspiring managers will also be developed in April 2016 to support succession planning and to manage emerging talent. A development programme will also underpin the new pathway once in development.

To help us take this closer look at our culture, values and behaviours we will be using the 'Unwritten Ground Rules' (UGRs) approach and tools. We have asked staff to participate in an online UGRs stocktake and we are seeking to establish a programme of UGR workshops across the organisation.

We have created the Bright Ideas mailbox and Yammer group for staff to share views, ideas, suggestions and opinions with our Chief Executive.

Quality Indicator 7- Quality assurance and improvement of the Care Inspectorate.

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 (or the high quality will be maintained) following the inspection (Staff total 485 respondents, service users total 235 respondents). This is an improvement compared to Q2 of 2014/15 when 93% of staff and 89% of service users thought that the quality of their care service would improve following the inspection.

The Care Standards Questionnaires are completed by people who use services and their relatives and carers. We analysed questionnaires from 4,115 services in Q2. In 93% of care services, 90% or more respondents were satisfied or very satisfied with the overall quality of the service. This 93% matches the level of satisfaction seen in Q2 of 2014/15. The service types with the highest proportion of satisfied or very satisfied respondents were Childminders (100% from 318 responses) and Daycare of Children (96% from 1,302 responses). The service type with the lowest rate of satisfied or very satisfied respondents was Children's Residential Services with 78% from 183 responses.

We issued 72% of draft care service inspection reports within 20 working days in Q1 and Q2. 90% of final inspection reports issued in Q1 and Q2 were published within 13 weeks of the inspection feedback date. In Q1 and Q2 of 2014/15, we issued 81% of draft reports and 94% of final reports within timescales.

Complaints about the Care Inspectorate

We received 33 complaints about the Care Inspectorate in Q1 and Q2. As at 30 September, one is in progress, 24 have been withdrawn, and 8 investigations have been completed. Of the withdrawn complaints, 12 were resolved by frontline resolution, 5 were withdrawn due to not being able to obtain further information from an anonymous complainant, one was not within our remit to investigate and 6 were withdrawn for other reasons.

We completed investigations into 11 complaints about the Care Inspectorate in Q1 and Q2 (some of these were received in 2014/15). Four complaint investigations (36%) were completed within 20 days of being formally registered (KPI 5).

No complaints about the Care Inspectorate that were investigated by the Scottish Public Services Ombudsman in Q1 and Q2 required the Care Inspectorate to make improvements (MM-4). In Q2 we received a decision letter from SPSO relating to a complaint from 2014/15 that included recommendations.

Complaints about Care Services

We received 2,161 complaints in Q1 and Q2, a decrease of 6% compared to the 2,294 received in Q1 and Q2 of 2014/15 (although worth bearing in mind that in 2014/15 we received more complaints than in any year previous).

In Q1 and Q2, 98% of complaints acknowledged had their acknowledgement letter sent within 3 working days (KPI 6a). This is slightly lower than the 99% in Q1 and Q2 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.

23% 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.

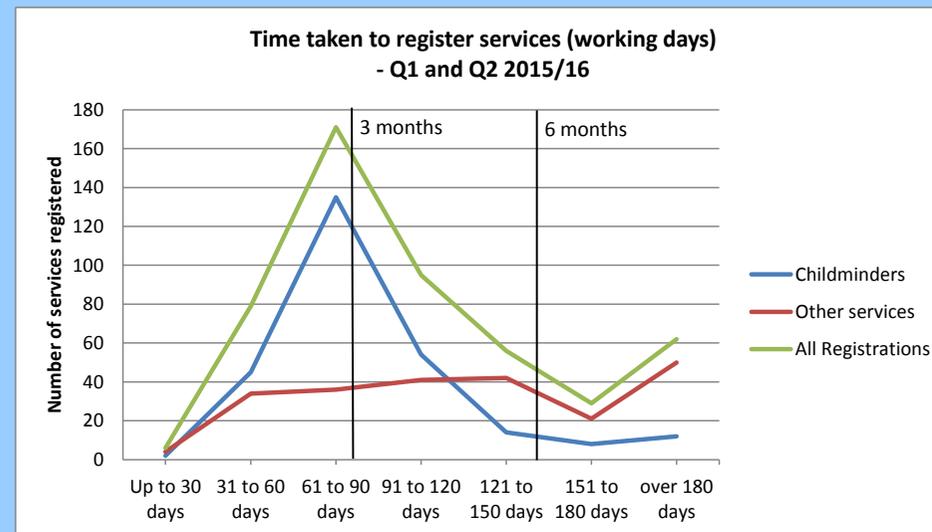
In Q1 and Q2, we completed 71% of complaint investigations within 40 days – short of our 80% target (KPI 6(c)). This is also lower than the 84% of complaints in Q1 and Q2 of 2014/15 that were completed within 40 days.

We continue to monitor the length of it time it takes us to agree the heads of complaint with complainants (MM-5). In Q1 and Q2 40% of complaints were registered within 10 days, 68% were registered within 20 days, 81% of complaints were registered within 30 days. 19% 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 70% of registrations within timescales in Q1 and Q2 (KPI 6(d)). 56% of childminder registrations were completed within three months and 83% of other care service types were registered within six months (cases that went over the timescales but for reasons outwith our control are exempt from this target). This is lower than our target of 85% but is higher than Q1 and Q2 last year when we completed 57% within timescale overall (with 36% of Childminders completed within 3 months and 76% of other services completed within 6 months).

The chart below shows the number of registrations completed by the time taken to complete in working days (this includes cases exempt from the KPI).



The most common reasons for delays in the registration process were:

1. Applicant did not take the required actions
2. Other (External reasons)
3. Other (Internal Care Inspectorate reasons)
4. Referees did not respond within timescale
5. Applicant requested the registration to be put on hold

Variations

We completed 1338 variations in Q1 and Q2 (MM-3). The most common types of variation completed in Q1 were:

- Change in Conditions of Registration,
- Change in Capacity,
- Change of Premises,
- Change of Operation times.

In Q1 and Q2 of 2014/15 we completed 2,536 variations; however this includes over 800 change of operation times variations in Daycare of Children services to make capacity for the increase in free childcare hours.