



2016-17  
Quarter 2  
Performance report  
Board meeting  
16 December 2016

## Introduction by Karen Reid, Chief Executive



This quarterly report is the first produced using a revised set of success measures and new format. It reports against the key priorities of our corporate plan's strategic objectives and uses the recently-agreed success measures which are designed to focus on the experiences of people experiencing care, their carers, our service providers and other key stakeholders. The report is an attempt to illustrate the impact of our work, as well as the breadth and depth of it.

This report is just the first step. The new format will be further developed and refined to deliver a robust and balanced evaluation of our progress against the strategic objectives. In addition we will continue to refine our new success measures' baseline data and targets, so that our staff, Board members and - most importantly people who experience care and their carers - have a clear way of assessing our contribution to public assurance and improvement of care.

I look forward to hearing views on the new format and suggestions as to how we can even better demonstrate the wide range of work we do and the impact that has in improving the quality of care.

# Success measures (key performance indicators)



## 1: Public assurance and building confidence

Statutory inspections complete. Target 99%  
94.8%

Providers, people experiencing care and their carers who tell us our scrutiny interventions help services to improve. Target 90%

Staff in services: 97%  
People using services: 97%

## 2: Informing policy

People who say our national reports and publications are useful. Target 90%  
Aiming to report from 2017-18

**Colour code**

- Red** significantly below target
- Amber** slightly below target
- Green** target achieved
- Blue** no target, data only
- Purple** data not available

## 3: Supporting people's understanding of high quality care and making sure their voice is heard

Inspections involving an inspection volunteer.

122 Inspections completed that included an Inspection Volunteer during Q2

Complaints about care that are investigated within the relevant timescales. Target 80%  
76%

## 4: Efficiency and effectiveness, excellence, cultural change, workforce and collaborative working

Registration applications completed within time  
Target 80%  
87.8%

Staff absence rate  
3.4%

Staff vacancy level  
3.75%

Complaints about us completed within SPSO recommended timescales.  
54%

Agreed audit recommendations met within timescale. Target 100%  
2 recommendations completed  
1 with revised timescale

## Strategic Objective 1:

We will give public assurance and build confidence that social care and social work in Scotland is rights-based and world class, through robust and independent scrutiny and improvement processes.

### Example of our practice – housing support/care at home

The Care Inspectorate regulates a number of combined housing support/care at home services for people who have experienced mental health difficulties. The services support people to maintain tenancies, access care, and control their own lives as much as possible. The service in question was considered to be low risk and the care and support was found to be very good at the last inspection.

A number of notifications were submitted to the Care Inspectorate during a four week period about one person misusing substances and being found in a state of altered responsiveness. On two occasions, dropped cigarettes set off fire alarms in the house of multiple occupancy. These notifications altered our assessment of risk. Whilst the service was liaising appropriately with other agencies such as the local authority and fire services, the inspector was concerned spoke directly with the manager to discuss how the safety of the individual and other people would be maintained.

We made our expectations of the service clear and asked them to:

- involve the Mental Welfare Commission as appropriate to ensure the individual was assessed and receiving the right care for them
- work with the local authority to discuss a possible adult support and protection process
- speak again to fire services and request support for better assessing fire risk in the service.

As a direct result of the above, a “professional concern” meeting was held including representatives from health, social work, police and fire services. Discussions included identifying the right care and support for the individual, better use of the adult support and protection process, and the type of care programmes used.

The person is now receiving inpatient support within a specialised drug rehabilitation service. The service’s manager is clear that involvement from the Care Inspectorate facilitated forward momentum in achieving this outcome, which has led to the person receiving the care they need.

### Example of our practice - childminding

Inspectors recently visited a childminding service following concerns raised by the local authority and by two anonymous contacts. The service, registered to care for a maximum of six children at any one time, had 17 children present with the potential for 23 children to be cared for that day.

Initially, the childminder did not allow our inspectors to access the premises. When they did, they found two assistants with a large number of children aged between 1 and 5 years in high chairs, buggies and car seats. The situation presented as chaotic and mismanaged. The environment was messy and cluttered with food on the floor and equipment piled high on worktops. Nappies and clothes were not being changed quickly enough. Snack time felt frenetic and assistants were not responsive to the varying needs of the individual children due to the high numbers. One of the assistants could not remember all of the children’s names.

We ensured that childminder notified the parents that the service was closing and our staff worked with the provider to ensure children were safe until parents arrived.

We worked in partnership with the local authority to support parents to identify alternative childcare and our contact centre was also able to signpost parents appropriately.

Facing the prospect of enforcement action from the Care Inspectorate, the childminder immediately cancelled her registration and is no longer operating.



# 1: Public assurance and confidence

**Kevin Mitchell, Executive Director of Scrutiny and Assurance and Rami Okasha, Executive Director of Strategy and Improvement**

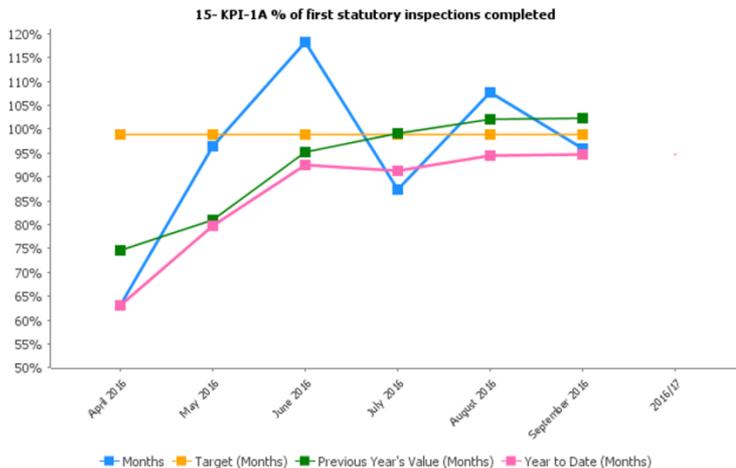
## Key priority 1.1:

We will deliver an inspection programme across strategic and regulated care scrutiny which focuses our activities in the areas of highest risk, whilst ensuring we inspect all partnerships and care services regularly and robustly. We will register new care services proportionately but robustly to ensure they meet the right standards. Our inspection methodology and business processes in strategic and regulated care scrutiny will develop to support the new National Care Standards, using a human rights and wellbeing based approach to help ensure the highest standards of safe, compassionate care for people using services. We will make sure that the views and experiences of people using services, and their carers, are central to our scrutiny and improvement work.

In response to the development of new national care standards, we have identified the need to make changes to our scrutiny methodology for care at a regulated and strategic level. This work will progress in tandem with changes to our ICT systems to ensure that business and digital transformation develop together.

In implementing a new approach to shorter reports in care services, we have worked with our inspection volunteers to ensure that the evidence they collect remains a core component of inspection and continues to inform the inspector's professional judgement. We have identified improvements to the way in which inspection records should be kept and have made changes to the record of inspection tool recently introduced.

We completed the joint inspection of services for children in Angus and started the joint inspection of services for older people in Orkney.



## KPI 1a: % first statutory inspections completed

**94.8%** completed up to 30 Sept 2016  
(99.7% in the same period last year)

## Total number of scrutiny interventions to 30 Sept 2016

**7676**

(7407 in same period last year)  
See page 29 for more details.



# 1: Public assurance and confidence

**Kevin Mitchell, Executive Director of Scrutiny and Assurance and Rami Okasha, Executive Director of Strategy and Improvement**

## Key priority 1.2:

We will ensure that our outcome-focused inspections identify how care services contribute to people’s wellbeing and reduce health and social inequalities, meaning we can help improve care where people do not experience that standard of care they should. We will use evidence and intelligence to assess risk and plan scrutiny and improvement interventions for both regulated care services and joint strategic inspections of community planning partnerships and joint integration boards. We will assess how well strategic plans and joint strategic commissioning take into account and deliver positive outcomes that meet the needs and choices of people in local communities.

### KPI: People who tell us our scrutiny interventions help services to improve

People who use services **97%**

Staff in care services **97%**

compared to 97% of people using services and 94% of staff in the same period last year

We have agreed to work with IRISS to develop a small-scale study to examine the relationship between scrutiny and improvement. This will complement a PhD thesis being undertaken by a staff member exploring the elements of scrutiny practice that support improvement in outcomes for people using care.

We continued to play a major role in the Sharing Intelligence Group for Health and Care, along with Healthcare Improvement Scotland, NHS National Education for Scotland, the Mental Welfare Commission, and Audit Scotland. We have ensured that link inspectors participated in multi-agency discussions about intelligence on care within NHS Board areas, and have sought to identify ways of ensuring the intelligence examined is informed by the perspectives of people using health and care services.

Our High Level Advisory Group on joint adult inspections continues to advise on a revised methodology for inspections considering the impact of strategic commissioning in partnerships.

During this quarter link inspectors have engaged with officers in the following areas to provide support and challenge to their self-evaluation activity in relation to both services for children and young people, and adults: Aberdeen City, East Ayrshire, North Ayrshire, Scottish Borders and Angus. In addition, we assisted in auditing activity to quality assure practice in North Lanarkshire, Clackmannanshire and Stirling and provided support and challenge to Perth and Kinross about risk assessment practice and the development of chronologies. Link inspectors have provided significant support to officers in Falkirk to help them prioritise improvement actions following their recent children’s services inspection. We have continued to provide additional monitoring and support to Dumfries and Galloway to support their continuous improvement.



care  
inspectorate



# 1: Public assurance and confidence

**Kevin Mitchell, Executive Director of Scrutiny and Assurance and  
Rami Okasha, Executive Director of Strategy and Improvement**

## Key priority 1.3:

We will develop and implement an improvement strategy to underpin the Care Inspectorate's role in supporting care services and local partnerships to improve and attain the highest standards of care for people. This will describe how we will support improvement in collaboration with others, what we will do when improvement is too slow, and show how we will share examples of excellent practice in care. This will encourage learning and innovation, help services and the social services workforce to build capacity, and give greater public assurance about high standards of care.

We have undertaken significant activity during the quarter to launch new resources to support improvement in care:

- Updated falls resource using a positive approach to risk which refreshes guidance issued in 2011 and has been informed by the national falls programme.
- Playlist for life (see strategic objective 2.3)
- Arts in care resource (see strategic objective 2.3)
- Materials and resources for drug and alcohol rehabilitation care settings

Improvement advisers from the Care Inspectorate have worked with Healthcare Improvement Scotland to support improvement around tissue viability in a number of care services as part of the Scottish Patient Safety Programme and have contributed to the development of new national standards for preventing and managing pressure ulcers across health and social care settings.

In Adult Services there are many examples of us signposting services to good practice and helping to address situations where we have found poor outcomes. For example:

- When we identified serious concerns in a care home, which led us to consider its possible closure, we liaised with health and social work colleagues who put together a support plan.
- A service provider in Glasgow was having difficulty with self assessment and with their staff understanding the inspection process. A team manager and Inspector provided a development session for the provider's management team and staff. They looked at what makes a good self assessment and inspection. We received very positive feedback from the provider and improved our working relationship.

## Strategic Objective 2:

We will inform local and national policy to contribute to ensuring a world class care system in Scotland, through intelligence-led, risk-based, and evidence-based approaches to scrutiny and improvement.

## Case Study

### Playlist for Life

Playlist for Life is an innovative project which is helping families and their loved ones with dementia connect through music. The Care Inspectorate has launched a resource supporting care homes across Scotland to deliver Playlist for Life to residents. Heather Edwards, the Care Inspectorate's dementia consultant, said, "Playlist for Life is such a great way to make that connection with a person living with dementia where everyday communication may be limited. A personalised playlist is the soundtrack that many of us have running alongside the important events in our lives as well as the background rhythm to the passing years. Hearing a song that takes us to our childhood home gives us a link to our identity. A song from a wedding can connect us to a loved partner. For me Playlist is all about making those connections to the people and events in our lives that define who we are."

Sally Magnusson, Chair and founder of Playlist for Life said, "We are absolutely delighted that the Care Inspectorate is backing Playlist for Life. We offer support and training to care homes so they can reach an individual and bring them closer to staff and family members through their unique playlist. We know it changes lives. We are excited that the Care Inspectorate wants all care homes in Scotland to be aware of its power."

The Care Inspectorate's resource is a short film which highlights the benefits of the project and introduces key components to care home staff.

On the next page, a care service provider tells us about the impact of Playlist for Life.



## Playlist for Life (continued)

**Yvonne Manson, Dementia Lead at Balhousie**, tells us about the effects of using the resource.

“I was supporting a resident with advanced dementia who was driven to walk all the time and at great pace. She often walked into doors, and was high risk of falls as she also collected objects as she walked and then could not see where she was going . The biggest risk was the pace she walked at - often almost a run.

“We had tried many different approaches to see what would help her to continue walking which she enjoyed but reduce the risk of falls.. We decided to trial playlist for life.

“This particular resident had two playlists for life one which was general and another to be used when her walking was higher risk due to the pace of the walk. The tracks on her walking playlist were all slower paced songs but still tracks that had meaning to her.

“The impact was immediate, and the resident’s slowed to a safe pace and her mood and engagement levels increased. It was evident she was getting a lot more out of the walking when using the playlist for life and so far there have not been any trips or falls when using the playlist during walking.



“The Care Inspectorate Dementia Consultant was supporting a resident with advanced dementia whose family was finding visits difficult . We discussed the playlist for life and they were happy to try this as they felt it was something they could do as a family.

“They compiled the list of meaningful songs . We started with only 5 tracks intending to increase this if it was successful. In the first few sessions it was clear the resident was enjoying the tracks. He would often tap along and his family were enjoying visits more when using the playlist .

“As the sessions continued we started to see changes with words being sung and an increase in mood, his playlist got added to and it was something that not only had a positive impact for the resident but also for his family and the staff as everyone learnt about the meanings behind the songs giving an insight into his family life.

“I like Playlist for Life as it includes not just the person with dementia but also those who are closest to the person . They are involved in the production of the playlist which means everyone feels involved and part of the intervention. “



## 2: Informing national and local policy

Rami Okasha, Executive Director of Strategy and Improvement

### Key priority 2.1:

Improve the way we collect, analyse, present and use intelligence. This will help us keep pace as the way care is delivered changes. We will develop our systems to be able to better use data and information that is available to us, both to inform our own work and the work of others.

We developed and undertook significant work to present social work spend data from 2006 – 2015, published in Q3. This was work previously undertaken by the Social Work Inspection Agency before 2011 and will play an important role in informing care.

We worked with the Health and Social Care Benchmarking Group to share our intelligence assets and promote access to our data store.

We began discussions with NHS National Support Services (Public Health Intelligence) and Scottish Government about the possibility of linking data sets to inform local planning and commissioning, as well as to support scrutiny and improvement.



## 2: Informing national and local policy

Kevin Mitchell, Executive Director of Scrutiny and Assurance

### Key priority 2.2:

Developing our intelligence together with partner agencies, publishing evidence based reports and promoting examples of validated national and international good practice in the rights based delivery of integrated health and social care. We will develop a programme of evidence based publications to inform local and national policy; these publications will include thematic reviews, statistical information, learning from serious incident reviews and significant case reviews, complaints and public protection work.

We published scrutiny evidence from 20 significant case reviews from 2012-15 in the quarter. The findings of this report are being considered as part of the national child protection improvement programme

We published a report on the findings of the last 12 joint inspections of services for children and young people. Our findings were based on a very wide range of activities which included a review of the records of 1097 children. It summarised our interviews with 644 children and young people and 327 parents or carers .

We have had an excellent response from parents and childminders in relation to the online survey about what a childminding induction framework should contain . There were 937 responses from registered childminders and 862 responses from parents who use childminding services. The Childminding Lead in the Care Inspectorate will develop this further. Scottish Government colleagues are very interested in the high level of response as well as the quality of the information gathered that will support the development of the induction framework for childminders.



## 2: Informing national and local policy

**Rami Okasha, Executive Director of Strategy and Improvement and Kevin Mitchell, Executive Director of Scrutiny and Assurance**

**Key priority 2.3:**  
Develop our contribution and exposure to trends, research and innovative practices emerging from national and international partners. We will work together with partner agencies to identify emerging themes, trends, good practice, innovative models and areas of concern across all care service types and in the strategic provision of early learning and childcare, integrated health and social care, social work, and community justice. We will ensure that our activities act as enablers to the development of new and innovative models of care which can support better outcomes for people.

We produced materials to showcase the impact that Playlist for Life can have in supporting people with dementia in care settings, which is a scheme developed by Sally Magnusson to encourage the use of music to help promote positive wellbeing (see case study for priority 2, pages 8 &9 ).

Our Arts in Care resource is aimed at supporting people in care homes for older people to access, participate and enjoy high-quality artistic experiences. A core feature of the resource is to encourage care services to share “recipe cards” where they have identified effective ways of artistic engagement in care services, especially where this has had a positive effect on physical or mental health.

We provided written feedback to all 29 partnerships across the country having completed the fieldwork for the validated self-evaluation of alcohol and drug partnerships. This provides important evidence about implementation of the quality principles as part of the national alcohol and drug strategy.

Following the success of My World Outdoors, which encouraged outdoor play in early years, we received this feedback through The Scottish Childminding Association:  
*“Through the SCMA Outdoor Play CPD workshop I gained the confidence that I am doing outdoor play correctly by letting children explore. As long as they are not in danger, then let them have fun.” SCMA Childminder*

“My World Outdoors is an excellent publication that shares good practice in how childminders can provide play and learning. It fully supports our Outdoor Play CPD workshop and e-Learning courses and plays a huge part in promoting the importance of play so that childminders have the confidence to allow children to learn from trial and error, falling and getting up, and developing coping strategies and resilience. Following its success, SCMA has now been invited to work with the Care Inspectorate to produce an interactive publication celebrating the unique qualities that childminding services bring to the children and families in their care. The publication “My Childminding World” will showcase different aspects of childminding services from those who look after the very young child to those providing excellent out of school care services. It will give the opportunity to highlight some of the good practice examples of partnership working with local authorities and key agencies focussing on the best possible outcomes for the children using the services.” *Anne Condie, Head of Childminding Services. SCMA*

We recruited staff to work on national design guidance for early years services, and completed consultative work on developing a childminder induction for staff. We are working with a wide range of organisations to showcase how the arts in early years services can contribute to positive outcomes.



## 2: Informing national and local policy

Rami Okasha, Executive Director of Strategy and Improvement and  
Kevin Mitchell, Executive Director of Scrutiny and Assurance

### Key priority 2.4:

Continue to support a wide range of policy development and ensure that the Care Inspectorate is ready and able to respond to emerging policy agendas. We will co-lead the National Care Standards development in a way which reflects voice, choice and control for people who use services and their carers, regardless of care setting, and ensure that principles around dignity and respect, compassion, inclusion, responsive services, and wellbeing are promulgated so as to be embedded in care service delivery.

We continue to support the Scottish Government policy in relation to the expansion of Early Learning and Childcare. In addition to representation on the overarching Strategic Early Years Forum we also contribute to the Strategic Evidence and Staffing Group.

We have seconded an inspector who will link with Scottish Government to develop a series of design principles of best practice for premises based early years services. This initiative is funded by Scottish Government as they have identified the key importance of high quality environments required to support their vision of 1140 hours of high quality ELC for every child by 2020.

Quarter 2 saw a widespread consultation on the self-evaluation framework designed for the new community justice partnerships, which we aim to launch in November.

We are contributing to a number of workstreams that make up the national child protection improvement programme. During quarter 2, these were the systems review (reviewing child protection committees, case conferences and the use of the child protection register) and a working group on neglect.

We have continued to play a major role in the development of the new national care standards. Work during quarter 2 was focused on developing the detailed standards and descriptors to be used during the public consultation, and communications resources to illustrate the importance and impact of the standards.

We have continued to play a key role in the Safer Recruitment Guidance Programme Board, chaired by the Executive Director of Strategy and Improvement. The Board includes members from local authorities, providers, umbrella bodies and other interested bodies such as Disclosure Scotland. In quarter 3, this work will deliver the new national guidance envisaged by the Vision and Strategy for Social Services in Scotland. The resource will be hosted by the Care Inspectorate on The Hub.

### Do you recruit social service staff?

The new safer recruitment guidance will help you employ people with the right skills and values.

Find ideas and advice to help you recruit safely all the way through the process on our online interactive tool at [hub.careinspectorate.com](https://hub.careinspectorate.com)

### Strategic Objective 3:

We will support peoples' understanding of high quality, safe and compassionate care by promoting standards and quality of service they should expect and help make sure their voices are heard.

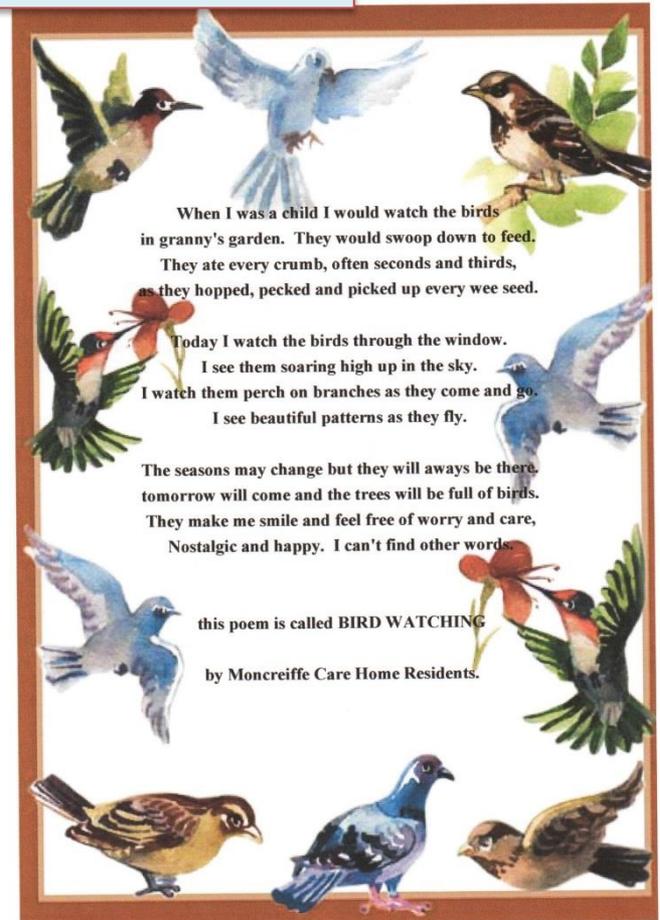
#### Inspection volunteers with dementia

Our inspection volunteers gather the experiences, thoughts and feelings about the quality of care from people using the service and their relatives. In early 2016 we recruited and trained a small number of inspectors with a diagnosis of dementia to improve our understanding and assessment of services for older people. Between July and September 2016 our three inspection volunteers carried out 7 inspections of care homes for older people in addition to the 5 inspections in quarter 1.

Inspection is a tiring process so it was important that the volunteers were comfortable with travelling and were well supported.

During the pilot, we asked the inspection volunteers for their observations and feelings about the service being inspected using their experiences as a person living with dementia which could then be used in feedback to the provider. One of the volunteers commented, *“As a person living with dementia, it was good being listened to by the manager of the care home, helping them to look at things in a different way. It was good seeing family members being happy with the care home where their relative lived”*.

We are currently evaluating this pilot and have already received positive feedback from inspectors involved. One said, *“It was good to have the views of someone on their dementia journey. I felt they looked at things differently from me and give great insight into the way the home looked and functioned”*. The evaluation of the pilot project will continue into our next reporting period.



An example of the results of one of the activity “recipes” in the Arts in Care resource.

### 3: Promoting standards, ensuring people are heard

Rami Okasha, Executive Director of Strategy and Improvement and Kevin Mitchell, Executive Director of Scrutiny and Assurance



#### Key priority 3.1:

Strengthen how we listen and act upon the views and experiences of people who use services and their carers to inform and continually improve our work, including by more pro-actively seeking their views and acting on them, and co-designing wherever possible. We will continue to involve people with experience of care services in our scrutiny and improvement work and seek to become an inclusive organisation able to help empower people who use services and their carers, so that together we continue to strive for innovation, improvement and excellence in our user focus activities

Inspectors from Adult Services supported the recent development day to ensure volunteer inspectors are able to participate as valued members of the inspection team.

One of our teams has also been leading on a pilot whereby people affected by dementia are supporting our work as inspection volunteers. This is a project being lead by our Dementia Consultant and the National Dementia Forum. See the short report on page 14.

In addition, the Complaints Team has started to include inspection volunteers as part of complaint investigations. This is in the early stages and will be reported on in 2017.

We held a joint planning session with Scottish Consortium on Learning Disability to understand areas of mutual interest and ensure the views of people with learning disabilities are core to our strategic thinking

#### **Inspections involving an inspection volunteer**

**122**

(Compared to 200 in the previous quarter)

#### **Hours spent by volunteers on inspection activity**

**653**

(Compared to 1268.5 in the previous quarter)

### 3: Promoting standards, ensuring people are heard

Rami Okasha, Executive Director of Strategy and Improvement and  
Kevin Mitchell, Executive Director of Scrutiny and Assurance



Key priority 3.2:

Strengthen our role in executing our responsibilities for vulnerable people, including for those whose ability to make decisions under the Adults with Incapacity Act is restricted, and our new role as a Corporate Parent.

We have strengthened links with the Scottish Throughcare and Aftercare Forum to ensure we listen to the voice of people who use care. This has resulted in agreement for STAF to present training sessions to our staff in maintaining boundaries and challenging older assumptions about this.

We have started work on a new corporate parenting strategy which will be considered by the Board during 2017.



### 3: Promoting standards, ensuring people are heard

Kevin Mitchell, Executive Director of Scrutiny and Assurance

Key priority 3.3:

Strengthen our approaches and develop new ways to listen and gather real-time information on the views, opinions and experiences of people using care services and their carers, and use this information to inform and co-design scrutiny and improvement interventions.

**MM: % services with more than 90% of respondents happy or very happy with the quality of care**

**93%**

(same as 93% seen last year)

In this quarter, we have provided training for our latest group of six young inspection volunteers to prepare them to contribute to inspections from the autumn through the rest of the year.

The Short Observational Framework for Inspection (SOFI) is an approved framework for regulators that enhances observations of the interactions between staff and people experiencing care at inspection. SOFI is well established in adult inspections. We are currently working with the Welsh Inspectorate who in partnership with the University of Bradford have developed the framework to be used in daycare of children’s services. We aim to introduce SOFI in children’s inspections during 2017-18 to strengthen our observations of young children. This should enable us to have a strong framework of evidence to support services to improve outcomes for children and identify best practice that can be disseminated across the sector.

### 3: Promoting standards, ensuring people are heard

Rami Okasha, Executive Director of Strategy and Improvement and  
Kevin Mitchell, Executive Director of Scrutiny and Assurance



#### Key priority 3.4:

Develop new approaches to receiving, assessing, considering and responding to concerns and complaints raised by people about care services to ensure that our scrutiny and improvement interventions are effective, proportionate, and coherent across the range of our work

**Complaint Risk Assessment/Triage:** The Complaints Team have developed an 8 point assessment for complaints to ensure that we identify those complaints that are more serious and respond appropriately. The assessment will also allow us to be proportionate in the complaint investigation, as we will be able to consider the available intelligence and whether a complaint would be better investigated by the service concerned.

The National Complaints Team will be piloting the risk assessment in November and December 2016.

**Social Work Complaints:** The Complaints Service Manager is working with SPSO and Local Authorities to support the development of social work complaint procedures, following a change in legislation.

We have been developing an approach to be more proportionate in how we investigate complaints about care services, to ensure our resources are targeting on the issues of highest risk and that complaints can be dealt with at the lowest possible level where this is appropriate and likely to lead to positive outcomes for people.

**KPI: % of complaints about care that are investigated within the relevant timescales**

**76% of complaint investigations were completed within 40 days (compared to 71% last year)**

**MM: % of complaints about the Care Inspectorate that are resolved through front line resolution**

**21% (8/39) complaints about the care inspectorate completed up to 30 Sep were resolved through frontline resolution (compared to 60% (12/20) last year)**

## 4: Independent, effective and efficient

Gordon Weir, Executive Director of Corporate and Customer Services,  
Rami Okasha, Executive Director of Strategy and Improvement and  
Kevin Mitchell, Executive Director of Scrutiny and Assurance



### Key priority 4.1:

Develop a best value approach underpinned by an efficiency saving regime to identify areas for savings, investment, and growth. This will enable us to meet future financial challenges, working collaboratively with our staff and partner bodies to continue to identify ways of reducing duplication and deploying flexible, innovative approaches to evidence public value. We will revise and strengthen our quality assurance processes and practices across all parts of the Care Inspectorate to ensure we deliver the highest quality work in a way that constantly evolves and improves.

### Audit recommendations met within timescale:

2 met within timescale

1 with revised timescale

The Audit Committee has reviewed the outstanding internal audit recommendations and has agreed revised deadlines in two cases. There are no high risk recommendations outstanding.

We have introduced a quality assurance process to improve the contributions made to the deliberations meeting for the joint inspections of services for adults. This brings greater coherence with the process used successfully in the children's inspections. We have also introduced a new writing guide and process for quality assuring our reports.

We continue to refine our inspection approach for joint inspections of services for adults, along with colleagues in Healthcare Improvement Scotland. Review of the action plan by the joint operational group shows progress being made. A number of tests of change have been included in the current joint inspection in Orkney and all of the workstreams are being taken forward by both organisations jointly.

This quarter saw the second meeting of the high level advisory group for joint inspections which has now confirmed the areas of particular focus including adult support and protection.

Following a workshop with Audit Scotland we are developing an action plan to minimise duplication in the registration process. Alongside this we are also considering a more risk based streamlined variation process for premises based services considering a change to the number of people using the service.

Work has continued with SSSC and SQA to develop a professional development award, which will result in the Care Inspectorate being accredited as an SQA delivery centre. The first cohort of 20 inspectors have been identified and will commence in Q3. We have also continued to support our nursing staff in revalidating, and have worked with RCN to examine the professional support they can offer our staff. One senior staff member has started an RCN professional leadership course to examine whether this will be a useful vehicle for supporting our nursing staff.

## 4: Independent, effective and efficient

Gordon Weir, Executive Director of Corporate and Customer Services,  
Rami Okasha, Executive Director of Strategy and Improvement and  
Kevin Mitchell, Executive Director of Scrutiny and Assurance



### Key priority 4.2:

Support a programme of cultural change, to deliver an open, transparent and enabling culture which consolidates excellence, engages and empowers staff, prioritises collaboration over compliance, and demonstrates leadership at all levels.

Adult Team Managers have taken part in work on unwritten ground rules (UGRs) and we are rolling this out across teams with over half the adult teams having this session.

We have continued our approach of examining unwritten ground rules in the Care Inspectorate and supporting teams to identify effective ways of working. We have begun the first steps of developing a coaching culture in the organisation, which we believe will help support the employee / management relationship in a way which is supportive for staff, and which will support inspectors in asking appreciative enquiry questions in their discussions with care service staff. An initial development session for senior managers is being augmented by three additional managers in the Care Inspectorate being supported through a professional diploma in business coaching.

Chief Executive's bright ideas system continues to generate effective suggestions from staff colleagues.

### Staff absence rate

**3.4%**

**7.6 days per employee per year**

## 4: Independent, effective and efficient

Gordon Weir, Executive Director of Corporate and Customer Services

Rami Okasha, Executive Director of Strategy and Improvement



### Key priority 4.3:

Develop effective and efficient ICT systems, digital services, and processes and practices, tailored to the needs of different stakeholder groups, which strive for excellence, putting the internal and external customer at the heart of all our business activities.

### Registrations completed within time

**87.8%**

of registrations were completed on time up to 30 Sep (compared to 70% last year)

**2,905**

Total number of eForms Helpdesk closed calls for the above period

Includes approximately 143 email enquiries.

We have continued to invest time and resource to our social media platforms, which are now an established communications tools used by many thousands of people who use care, providers, and influencers.

Facebook Campaign	Likes	Shares	Reach
Meet Sid - general promotion	84	3	33,096
Do you use a child-minding service	632	527	88,731
Arts in Care	1613	295	84,277
Care News - Summer 2016	836	123	74,088
Playlist for Life	2015	605	111,594

We have worked with other organisations to examine their approaches to digital transformation and have begun to arrange training sessions in Agile development for staff.

We have worked with Quality Scotland to apply Lean principles to our registration process.

## 4: Independent, effective and efficient

Gordon Weir, Executive Director of Corporate and Customer Services

Rami Okasha, Executive Director of Strategy and Improvement



### Key priority 4.4:

Develop a transformational change programme to further invest in a competent, confident workforce which is empowered to support the delivery of safe, compassionate and rights-based care, including developing new career pathways and supporting the professional development of our staff in their specialisms

The transformation programme (Building a Better Care Inspectorate) has been agreed and will form the basis of our programme management approach to business transformation. During Q2, we spent considerable time developing new career pathways, focusing on practitioner inspectors, senior inspectors, and inspection assistant roles. These will commence recruitment in Q3 and Q4.

**Posts vacant as at 30 September 2016**

3.75%



# 4: Independent, effective and efficient

Gordon Weir, Executive Director of Corporate and Customer Services

**Key priority 4.5:**

Strengthen our governance arrangements and success reporting so that we are transparent, accountable and open to challenge on how we evidence our success and use of public monies and resources. We will review in partnership with Scottish Government, our legislative framework to ensure it is fit for purpose and acts as an enabler in delivering our statutory responsibilities of providing protection and assurance for people who use services and their carers.

CIPFA have begun a governance review which we will report on to Board members.

We have continued to discuss with government the need to review the definitions of care service types in the Public Services Reform (Scotland) Act and are now engaged in discussions about the implementation of the Carers Act and the potential role for the Care Inspectorate in this.

A number of discussions have taken place with our Sponsor Department designed to commence a review of the legislation under which we operate. It is clear that this is a significant piece of work which may entail substantial legislative change, including changes to primary legislation. We await confirmation from our Sponsor Department that the Scottish Ministers are prepared to commit to a wide-ranging review of all relevant legislation before embarking on work with Scottish Government colleagues to develop specific proposals for change.

**Complaints against the Care Inspectorate completed within SPSO recommended timescales**

**54%**

# Appendix

## Performance data and management information

### **Additional performance reporting measures**

In addition to the success measure reported in this appendix, the following annualised reporting data will be collected and considered as part of the performance measurement framework

Resources Committee Reports:

- Budget monitoring, billing of care providers, debt analysis
- Annual procurement performance
- Annual estates performance

Board Report – annual health and safety report

Annual reporting statement on compliance with information governance responsibilities

Annual reporting on our progress against the public sector equality duty.

Performance data and management information

Performance Indicator	Strategic Objective	Target	Q2 2015/16	Q2 2016/17	Notes
<b>KPI</b> - % of providers, health and social care partnerships, people who use care services and their carers who tell us that scrutiny interventions help services to improve	1	90%	94% of staff and 97% of service users thought the quality of the care service would improve following the inspection	97% of staff and 97% of service users thought the quality of the care service would improve following the inspection	
<b>KPI</b> - % of statutory inspections completed	1	99%	99.7%	94.8%	
<b>MM</b> – Number of Scrutiny and Improvement interventions undertaken because of changes in risk or as a result of specific intelligence	1	n/a			Further work required to define and capture other scrutiny and improvement work, with a view to capturing this from 1 April 2017
<b>MM</b> - % of inspection hours spent in high and medium risk services	1	Baseline year		31% of inspection hours in Q1 and Q2 were spent in medium and high risk services	Note: 20% of inspections carried out in Q1 and Q2 were in medium and high risk services
<b>MM</b> - % services where grades have improved (or good grades maintained) since the last inspection	1	Baseline year			Further work required on definitions
<b>MM</b> - % hours spent on improvement activity	1	Baseline year		A total of 2,806 hours spent on improvement work in Q1 and Q2 of 16/17 was recorded in the IRTs	Further work required on definitions and recording mechanisms in the medium term.

Performance data and management information

Performance Indicator	Strategic Objective	Target	Q2 2015/16	Q2 2016/17	Notes
<b>MM</b> - % services with any grade of weak, unsatisfactory or adequate for two inspections or more	1	Baseline year	3.2%	2.5%	2.5% of graded services at 30 Sep have had any grades of weak, unsatisfactory or adequate for two inspections or more
<b>MM</b> - % of registration applications that do not proceed due to concerns about ability to provide a quality service	1	n/a			Aim to record and report from 1 April 2017
<b>MM</b> - % newly registered services with requirements made / poor grades at the first inspection	1	n/a			To be reported in Q4
<b>KPI</b> - % of people who say our national reports and publications are useful	2	90%			Report from 1 April 2017
<b>KPI</b> - % inspections involving an inspection volunteer	3	n/a	8.9% (289 inspections completed involving an Inspection Volunteer since 1 April)	9.4% (322 inspections completed involving an Inspection Volunteer since 1 April)	Figures are cumulative for the year to date.
<b>KPI</b> - % of complaints about care that are investigated within the relevant timescales	3	80%	71%	76% of complaint investigations were completed within 40 days	

Performance data and management information

Performance Indicator	Strategic Objective	Target	Q2 2015/16	Q2 2016/17	Notes
<b>MM</b> - % of complaints about the Care Inspectorate that are resolved through front line resolution	3	Baseline year	60% (12/20)	21% (8/39 complaints)	
<b>MM</b> - % services with >90% of respondents happy or very happy with the quality of care	3	n/a	93%	From responses to CSQs received up to 30 Sep: 93%	
<b>MM</b> - % of complainants who tell us their complaint was resolved fairly and care improved	3	Baseline year			Implementation timescale to be confirmed
<b>MM</b> - Number of people whose views are heard as part of our scrutiny and improvement activities	3	Baseline year			To be reported in Q4
<b>MM</b> - The number of people using services and carers that inspection volunteers speak with	3	tbc	1977	2507	Figures are cumulative for the year to date.

Performance data and management information

Performance Indicator	Strategic Objective	Target	Q2 2015/16	Q2 2016/17	Notes
<b>KPI</b> - % of registration applications that are completed within time following payment of the relevant fee, clearly differentiating between any internal and external delays.	4	80%	70%	88%	
<b>KPI</b> - Staff absence rate, segmented by type	4	tbc			*Awaiting information*
<b>KPI</b> - Staff vacancy levels, segmented by inspector / non inspector	4	tbc			*Awaiting information*
<b>KPI</b> - Complaints about CI completed within SPSO-recommended timescales	4	Baseline year	36%	54%	
<b>KPI</b> - % of agreed audit recommendations that are met within timescale	4	100%			Implementation timescale to be confirmed
<b>MM</b> - Number of grievances, dignity at work cases, and disciplinary hearing, with information on whether or not they are upheld	4	n/a			Implementation timescale to be confirmed

## Summary of scrutiny interventions completed in 2016/17 up to 30th September

source data: Monthly Performance Report up to 30/9/16 published on 6/10/16.

	Number completed in 2016/17 up to 30th September	Number completed in 2015/16 up to 30th September	Comparison of 2016/17 vs 2015/16 year to date
New Registrations completed	497	533	▼
Inspections completed	3408	3244	▲
Complaints Received	2209	2161	▲
Number of Enforcement letters sent	28	133	▼
Number of Variations completed*	1534	1338	▲
* not including typo changes to certificates			
<b>Total scrutiny interventions completed in 2016/17 up to 30th September</b>	<b>7676</b>	<b>7407</b>	<b>▲</b>