

2018-19
Quarter 3
Performance report

Success measures

Key performance indicators

1: Public assurance and building confidence

KPI1: Statutory inspections complete.
102%
(1,755 completed out of 1,716 planned to end of Q3)
[Target 99%]

KPI2: People who tell us scrutiny helps improve services.
staff: 98%
people experiencing care: 98%
[Target 90%]

2: Informing policy

KPI3: People who say our national reports and publications are useful.
To be reported in Q4
[Target 90%]

Colour code

Red significantly below target (11% or greater under target)

Amber slightly below target (1%-10% under 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

KPI4: Inspections involving an inspection volunteer.
8%
(421 inspections completed involving an inspection volunteer up to 31 December 2018)

KPI 5(a): % of complaints about care that are investigated within the relevant timescales (excluding FLR)
54%
[Target 80%]

KPI 5(b): % of complaints about care that are investigated within the relevant timescales (including FLR)
73%
[Target 80%]

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

KPI6: Registration applications completed within timescales.
80%
[Target 80%]

KPI7: Staff absence rate.
Data not available

KPI8: Staff vacancy level.
inspector: 2.7%
non-inspector: 8.9%

KPI9: Complaints about us completed within timescales.
78%

KPI10: Audit recommendations met.
Data not available
[Target 100%]



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.

Kevin Mitchell, Executive Director of Scrutiny and Assurance

Edith Macintosh, Interim 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.

Registered care scrutiny

In 2018/19, up to 31 December 2018, we completed 4,982 inspections, 95 fewer than the 5,077 we completed in the same period 2017/18. This included 1,755 statutory inspections, 102% of the 1,716 planned for completion by the end of this quarter. We completed 604 registrations (33 fewer than the same period in 2017/18), 1,875 variations (718 fewer than the same period in 2017/18) and received 3,801 new complaints (343 more than the same period in 2017/18).

Factors affecting capacity

Throughout this quarter, in response to significant capacity challenges, adult services inspection teams have been reassigning inspection activity in order to prioritise statutory inspections. We expect to complete all statutory inspections by the end of this year. However, there are a growing number of low-risk, non-statutory inspections that we had planned for this year that will not now be completed. There is a similar situation in children’s services with the likelihood of a significant number of inspections of non-statutory, low-risk services not being completed.

Developing methodology (registered care scrutiny)

The new framework for inspecting care homes for older people fully reflects and supports the implementation of the health and social care standards. Initial feedback from these inspections indicates that scrutiny practice is more focussed on assessing people’s experience of rights, respect and wellbeing. Inspectors and service providers are reporting that inspections using the new framework feel different and more focussed on improving outcomes for people.

While all inspections of registered services are currently reflecting the standards by referencing them when making any requirement or area for improvement, work is on-going to develop the new frameworks for other service types so that the standards can be fully embedded. Consultation on the methodology for inspecting care homes for children and young people is currently taking place so that the new framework fully reflects the standards. The quality framework for care homes for adults has now been drafted and is about to be piloted.

We have started to develop our methodology for safer recruitment taking account of the recently updated guidance. This is out for consultation with teams.

KPI 1: % first statutory inspections completed

102% (1,755 inspections) completed up to 31 December 2018

96% (1,640 inspections) completed by the same quarter last year

Total number of scrutiny and improvement interventions

11,262 up to 31 December 2018
(11,541 up to 31 December 2018)

Strategic Objective 1: Public assurance and confidence

Kevin Mitchell, Executive Director of Scrutiny and Assurance

Edith Macintosh, Interim Executive Director of Strategy and Improvement

Key priority 1.1:

Developing and delivering our inspection programme

Strategic scrutiny

This quarter we completed the fieldwork for our first two joint inspections of services for children and young people in need of care and protection, in Argyll & Bute and in Fife. We carried out a progress review of services for children in Moray, the second progress review following a concerning inspection carried out in 2016. We published a report on a joint inspection of strategic planning in Clackmannanshire and Stirling Health and Social Care Partnership, and completed the fieldwork for a similar joint inspection in North Ayrshire. We completed fieldwork activity for our thematic review of self-directed support, carried out in six partnership areas across the country. We commenced our first scrutiny of justice services with an inspection of criminal justice social work services' implementation of community payback orders in Scottish Borders, and validated self-evaluation of community justice in North Lanarkshire.

Developing methodology (strategic scrutiny)

The methodology for the strategic inspection of services for children and adults was reviewed prior to registered services, and so the health and care standards are referenced rather than being fully reflected at this stage. With regard to non-regulated care, the Scottish Government's implementation steering group has received a positive response to its proposal for a voluntary pledge to follow the principles of the standards.

All staff involved in delivering the new joint inspections of services for children and young people have been keeping learning logs, with formal reviews scheduled to ensure we learn from the first inspections and improve where this is needed. The first three partnerships have been invited to provide feedback on their experience and the value it has given, and will be invited to work with us on a development day to refine the methodology.

Strategic Objective 1: Public assurance and confidence

Kevin Mitchell, Executive Director of Scrutiny and Assurance

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 the 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 2A and 2B: People who tell us our scrutiny interventions help services to improve

People who experience care: 98%

Staff in care services: 98%

(People who experience care - 159 respondents,
Staff- 306 respondents.)

Quarter 3 2017/18:

People who experience care: 92%

Staff in care services: 98%

Making risk based scrutiny decisions – strategic scrutiny

We undertook risk assessments using nationally reported data and a variety of other intelligence to select sites for our new justice inspections. At the end of quarter 3, we met with our partners in Healthcare Improvement Scotland to review our intelligence and other planned activity and made proposals for inspections of adult services for 2019/20. We also pulled together a range of information around children's services that will inform our inspection planning meetings with scrutiny partners and other stakeholders in the new year.

Learning from enforcement

As our enforcement activity in 2018 led to us closing five care homes for older people in 2018, adult services have seconded a senior inspector to carry out a review of our enforcement activity. This project will process map key stages and actions, provide case studies to inform inspector learning and develop guidance for Health and Social Care Partnerships on their role when services are being closed. This review will also look for common themes that may be early signs of problems.

In addition, the Tactical Tasking and Coordinating Group commissioned the intelligence team to undertake a detailed analysis of the data around these services, again looking to identify common themes. These work streams are complementary, and will help us identify characteristics that may be early indications of failing services. Based on the findings of this work, we aim to develop a data model that can predict likelihood of failure, allowing us to target our inspection and improvement interventions.

Developing our staff

We have reviewed the professional development award (PDA) in scrutiny teaching materials relating to risk. This included producing a paper linking theory to our practice, which supports the Care Inspectorate's intelligence model and is available to all staff.

Strategic Objective 1: Public assurance and confidence

Edith Macintosh, Interim 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. We will use evidence and intelligence to assess risk and plan scrutiny and improvement interventions.

International interest in the outcomes focussed approach

Outwith Scotland, the standards continue to have a wide ranging impact. The Scottish Human Rights Commission recently cited the standards as evidence to the UK Parliament's Joint Committee on Human Rights of how the human rights act has been realised in Scotland. This was followed by the Commission inviting the Care Inspectorate to present at the Scottish Parliament for human rights day in December. The standards continue to generate considerable international interest and in quarter 3 there have been funded visits to Bulgaria, Singapore and Canada, and visits from Hong Kong, Denmark and Malta.

An intergenerational improvement project led by one of our care about physical activity improvement advisers, demonstrated increased activity levels and wellbeing for both residents in a care home and children from a visiting nursery. This project was used as an example at the Institute for Healthcare Improvement conference in Florida in December.

Quality assurance

We commenced the review of our scrutiny quality assurance procedures. We held two meetings during the quarter at which we reviewed and proposed amendments to our procedures and our reporting format.

Strategic Objective 1: Public assurance and confidence

Edith Macintosh, Interim 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.

Compassionate care

We have initiated a range of collaborations in order to promote compassionate care. In quarter 3 a grant was awarded by the Life Changes Trust to co-produce, along with Aberlour Child Care, Includem and Who Cares, a project promoting love and compassion for care experienced children and young people. We are co-producing an improvement support resource with the SSSC illustrating how people experience compassion across social care settings and the call for practice examples went out in December.

Developing our improvement capabilities

The graduation of the Scottish Improvement Leadership Programme was held in December 2018 and four members of our improvement advisors graduated on that day.

Implementing our improvement strategy

The improvement support team are supporting and driving forward the on-going delivery of the organisational improvement strategy specifically building capacity and capability across the care sector working with partnerships and providers to support improvement using the model for improvement. Some of the work undertaken this quarter includes:

- The improvement support team delivered 7 improvement workshops to provider groups and 1 drop-in session for inspectors.
- The children and young people teams supported delivery of an improvement workshop for Dumfries and Galloway's children and young people forum in October 2018.
- In collaboration with HIS, NHS 24 and the Scottish Ambulance Service we ran a half day event for staff who support improvement to look at areas where further collaboration is appropriate and brings added value to people experiencing care.
- The reducing pressure ulcers project with Health Improvement Scotland has concluded and we now host a micro site with tried and tested tools from the programme. The improvement support team manager is working with inspection teams to raise awareness of good practice and the microsite and is working closely with Scottish Care to support improvement.
- We are collaborating with Improvement Service and Scottish Care to test an approach to organisational action planning in the social care sector to support improvement. This approach will be initially targeted to the poorer performing services especially those who are lone providers and who have a number of key improvements to address.

The mid-way report on the inspection/improvement support scoping project was completed and presented to the Executive Group. Findings to date are focused on working definitions of improvement support terminology and how improvement support can be accurately captured. Inspectors had identified difficulties with keeping their skills current and we are joining with NHS Education for Scotland Knowledge Service (NESKS) to test out different methods with inspectors from two teams.

Strategic Objective 1: Public assurance and confidence

Edith Macintosh, Interim Executive Director of Strategy and Improvement

Key priority 1.3: Developing and implementing an improvement strategy.

Care about physical activity (CAPA) (next phase)

The next phase of the CAPA programme is underway. Engagement events are planned in local partnerships for the end of January. This will bring service manager and local stakeholders such as Allied health professionals, leisure services, associated other community groups, rehab and colleagues together to get involved in the new phase of CAPA and plan for the programme teams in their area.

The CAPA programme lead ran a well-received workshop at the King's Fund Conference in London on the positive impact of the CAPA programme titled 'outstanding social care: best practice examples that change the face of social care'.

We held poster displays of the CAPA work at the Institute for Healthcare Improvement and the International Conference on Integrated Care (ICIC) in San Sebastian. The CAPA programme lead delivered a CAPA workshop at the ICIC to share good practice internationally.

Case Study – supporting improvement in a Health and Social Care Partnership

The relationship manager for Glasgow Health and Social Care Partnership (HSCP) has been working with them to support their review of their personal planning process and plan. In doing so they have been able to recommend a number of improvements:

- The need to be clear on what is meant by a 'personal plan' and 'outcomes' in the context of national policy, legislation and good practice such as the new health and social care standards
- To use a validated tool to evaluate their current personal plan to determine what is working well and what could be improved
- To review evidence-based findings on personal planning to inform future work and knowledge-base
- To consider a 'test of change' for any new personal plan that is introduced
- To think about personal plans in the context of service user outcomes, rather than these being designed to meet the needs of the regulator

Key priority 1.4: We will ensure our findings are easily accessible and understood by people who use care services, and their carers, commissioners, and the general public. We will improve the way our inspection reports are structured and make it easier to find information about the quality of care online.

Improvement alliances

The gender equal play publication is an example of the Care Inspectorate reaching out to collaborate and co-produce an improvement resource with an organisation out with the care sector. The joint publication with zero tolerance was launched by the minister for children and young people in December and it promotes gender equality in how practitioners engage with children. The resource complements the Scottish Government's drive to attract more males to enter early learning and childcare as part of the expansion and gained wide press coverage and public support.

Strategic Objective 2: Informing local and national policy

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.

Edith Macintosh, Interim 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.

Developing our staff

The Professional Development Award (PDA) in scrutiny and improvement helps contribute to building a world class care system in Scotland by grounding our intelligence-led, risk-based, and evidence-based approach to scrutiny and improvement within a professionally and academically recognised framework. We are the only international care regulator whose inspectors are professionally registered as a category in their own right and this is backed by a specialised degree level qualification, which we are licensed to operate by the Scottish Qualifications Authority. We have come to an agreement with Healthcare Improvement Scotland who will take up places on the next cohort starting in May 2019.

Implementing our intelligence model

At the request of the tactical tasking and co-ordinating group (TTCG), the intelligence team have used current visualisation and analysis techniques to study the factors that may lead to deterioration in the quality of a care home for older people. Initial work has looked at those services that have been closed through enforcement. This work has been presented to many colleagues across the organisation and has in turn, been informed by their feedback. We have already identified some data gaps and hope to identify more from the enforcement project that is underway. The long term aim of this work is to develop a model that predicts likely failure, and therefore helps us target our resources where they are needed most. The next stage is to build on the initial model, using relevant data science techniques to develop and test predictive models. We anticipate that these models will be incorporated into our new digital systems in future, and will be used to flag up services at risk of deterioration in real-time.

At the same time, the TTCG also commissioned the intelligence team to develop grading profiles for individual inspectors, and create a model for identifying profiles that may be outliers. The team have developed a statistical model which easily identifies inspectors whose grading patterns are statistical outliers. This initial work focussed only on care homes for older people, and the outliers have been flagged up to service managers for further investigation, and to confirm whether this approach is indeed identifying appropriate cases. The long terms plan is to embed this approach within our new systems so that such information is securely held, and available to team managers to help them develop and manage their teams.

Annual returns

To ensure compliance with the General Data Protection Regulation (GDPR), we completed a data protection impact assessment (DPIA) of the annual returns. This focussed on all personal and identifiable data we collect. We undertook consultation with frontline staff, and have documented how we use each data item so that we have a clear statement of our legislative basis for collecting it.

We currently share much of the data we collect in the annual returns about the workforce with Scottish social Services Council, who have a duty to provide workforce intelligence for the sector. We will begin work to review and update our data processing and sharing arrangements with SSSC early in 2019.

Strategic Objective 2: Informing local and national policy

Edith Macintosh, Interim Executive Director of Strategy and Improvement

Key priority 2.1: Improve the way we collect, analyse, present and use intelligence.

Intelligence products and tools

The Intelligence Team maintains a number of intelligence tools (notification tool, grading tool, annual return summary tool) that support the delivery of our care service scrutiny. These tools enable an inspector to pull together a range of data about a service in one place, and provide benchmarking comparisons and identification of statistical outliers. As such, they can save an inspector a considerable amount of time when assessing and interpreting the large volumes of data we hold about each service.

Early this year, we undertook a review of our intelligence tools. As well as making some changes to the tools themselves, the review identified a training and awareness need amongst staff. The intelligence team have now developed a training package for staff who use, or want to use these tools, and have organised and run several training events over the past quarter.

To support relationship manager and link inspector roles, the intelligence team and the wider intelligence network produce statistical summaries of care services operated by large providers or based within local authority areas. We reviewed the content of these, receiving feedback from a number of relationship managers about what they would find more helpful. In quarter 3 we released a new tool to help intelligence network colleagues create more relevant reports. In turn, the intelligence network produced reports for each local authority in November 2018, in time to support the latest round of the local authority shared risk assessment process.

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.

Publishing evidence-based reports

We published the following reports and resources in quarter 2:

- Progress review following joint inspections of services for older people in Aberdeen City and City of Edinburgh.
- Report of a joint inspection of adults strategic planning in Clackmannanshire and Stirling.
- Food Matters. This extensive publication gives examples of good practice regarding eating well in early learning and childcare settings, promoting positive messages, and making links to policy agenda and research.
- Guidance on admissions to residential settings for children and young people.
- Early learning and childcare statistics 2017.

Strategic Objective 2: Informing local and national policy

Edith Macintosh, Interim Executive Director of Strategy and Improvement
Gordon Weir, Executive Director of Corporate and Customer Services



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.

Showcasing good practice in early learning and childcare

Our contribution to themes, trends, good practice, innovative models and areas of concern is illustrated by the range of improvement support resources we have produced, co-produced or collaborated on for the early learning and childcare sector. In quarter 3 this included our gender equal play resource and a Scottish Government guide for outdoor play, 'Out to Play'. Our expertise in outdoor play was also evidenced by invitations to present at influential conferences during quarter 3 in Scotland and further afield. In addition, an ELC team manager produced an article that has been published in the Scottish Journal of Residential Child Care; Animal Magic - using the health and social care standards for looked after children.

Evaluation of the expansion of ELC

Staff from the scrutiny and assurance directorate, led by the executive director, represent the Care Inspectorate on the Scottish Government-led evaluation of the early learning and childcare expansion. Known as the Scottish Study of Early Learning and Childcare (SSELC), this is a longitudinal study that will provide evidence on the impact and outcomes of the Scottish Government's investment in early learning and childcare provision. ScotCen have been commissioned to undertake this research and initial analysis has identified some key themes where improvements are needed, for example: displays for children, encouraging children's use of books, music and movement, maths/numbers and promoting acceptance of diversity. Care and nurture tend to be positive but the quality of experiences is the area that requires improvement.

As part of the research, the Scottish Government funded our inspectors to visit settings, undertake a 2.5 hour observation of the care provided to two year olds and complete an internationally recognised rating tool. Inspectors involved have highlighted the potential benefit of the Care Inspectorate adding these tools to an inspectors "tool kit".

Supporting the expansion of early learning and childcare

Staff from the registration teams attended the Education and Buildings Scotland Conference in November 2018, and co-presented a workshop about the ELC expansion and outdoor play agenda.

We have been offered grant funding from Scottish Government for three improvement advisers to support the expansion of ELC. This is currently being explored with the potential for recruitment to the positions in April 2019.

Scottish child abuse inquiry

We responded to a further notice (and Section 21 notices) issued by the Scottish Child Abuse Inquiry, requiring production of information held in respect of specified residential services for children. In this instance, no information was held.

Strategic Objective 2: Informing local and national policy

Edith Macintosh, Interim Executive Director of Strategy and Improvement

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.

Oral health in care homes

We joined an advisory group set up by the chief dental officer to increase the number of general dental practitioners providing services to care homes as part of the oral health implementation plan.

Embedding the Health and Social Care Standards

The SSSC Open Badges and the series of films produced by the standards review team are proving particularly effective vehicles for the cultural change. The recent films for the social care workforce and care at home settings demonstrate very effectively the role that the standards are playing in integrating the sector and promoting co-operation between the different partners in the care system. Similarly, Scottish Care's current report 'Care Homes: Then, Now and the Uncertain Future' reflects the positive impact of the standards and our new inspection methodology on the quality of care.

The standards are becoming so embedded across social policy in Scotland that comprehensively tracking their influence is challenging. The policy team have been maintaining a record of the main impact of the standards and recent additions include the standards being referenced in:

- Scottish Government new alcohol and drugs strategy
- Scottish Government's report on progress towards implementing self-directed support
- Healthcare Improvement Scotland's general standards for neurological care and support

The project development team and the Care Inspectorate are also being approached by a range of Scottish Government departments, which are in the process of developing standards covering their own field, for advice on the model adopted by the health and social care standards. There is growing interest from different areas of responsibilities in following the model of the standards. For example, the team is currently giving advice for developing the following standards:

- Mortuary standards (led by Healthcare Improvement Scotland)
- Bereavement support (working group led by Scottish Care)
- Secure Care
- Barnahus (child centred approach to criminal justice for children and young people)

This indicates that the standards, and the underpinning principles in particular, are being seen as an example of good practice and a template to be followed for other standards being developed or supported by Scottish Government.

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.

Kevin Mitchell, Executive Director of Scrutiny and Assurance

Edith Macintosh, Interim Executive Director of Strategy and Improvement



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

KPI 4: Inspections involving an inspection volunteer

**421 inspections up to 31 December 2018
(8% of all inspections completed)**

Totals now include young inspection volunteers
(Compared to 401 inspections (7%) by the same period last quarter)

MM12: Number of people using services and carers that inspection volunteers speak with

1,373 in Q3 2018/19

Totals now include young inspection volunteers
Compared to 1,218 in same period last quarter

Inspection volunteers

Over the year to 31 December 2018, inspection volunteers were involved in 421 inspections – 8% of all inspections completed to date, and up one percentage point compared to the 7% over the same period in 2017/18. In quarter 3 alone, adult inspection volunteers were involved in 148 inspections and spoke to 1,342 people experiencing using care services. In addition, young inspection volunteers were involved in 10 care service inspections and spoke to 31 young people experiencing care.

Note: figures included in the Q2 report for KPI4 included only Q2 data, rather than the cumulative total for the year and should have noted 289 inspections involving inspection volunteers over Q1 and Q2, which was in line with the figures reported for the same period in 2017/18.

We continue to hold quarterly group meetings in Dundee, Hamilton, Paisley, Inverness and Edinburgh for our inspection volunteers. Our young inspection volunteers held their annual development day in early December where representatives from Scottish Care consulted with them.

Our new involvement strategy 2018-21 was developed in consultation with people who volunteer with us and presented to board in December 2018

Involving young people in joint inspections

An important development in our new methodology for joint inspections of services for children and young people is a strengthened contribution from young inspection volunteers. We now devote a specific part of the inspection to gathering the views of children and young people, with young inspection volunteers playing a significant role in both the activities and the focus.

Strengthening the voice of young people in residential schools

In conjunction with secure care experienced people, the children and young people's teams had representation on the secure care strategic board, and each of the three workstreams: vision and purpose, commissioning; and pathways and standards. We co-chaired the 'pathways and standards' workstream with a secure care provider, and the standards are now awaiting publication.

Strategic Objective 3: Promoting standards, ensuring people are heard

Kevin Mitchell, Executive Director of Scrutiny and Assurance

Edith Macintosh, Interim Executive Director of Strategy and Improvement



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.

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

**93% by Q3 2018/19
(total of 5263 services)**

(compared to 95% by the same quarter last year)

Corporate parenting

The profile of the corporate parenting strategy was raised at the Engage in Change Forum with middle and senior managers in November 2018. This was to raise awareness and understanding of the corporate parenting role and to re-energise the strategy and plan.

We have a complaints inspector participating in our corporate parenting group to ensure that our young inspectors are encouraged to raise awareness of our complaints procedure with the young people, organisations and advocacy groups whom they come into contact with.

National child sexual exploitation group

We continue to have representation on the national child sexual exploitation (CSE) group and the CSE data indicators sub-group.

Using SOFI 2

Organisational workforce development (OWD) has developed a description of a Short Observational Framework Inspection 2 (SOFI 2) lead role for inspectors to support SOFI 2 training for new inspectors and promote the use of SOFI within teams. We have provided further training on SOFI2 to enable our complaints inspectors to also take this approach when undertaking complaint investigations.

Developing our quality frameworks

We continue to engage with providers and people who experience care to develop and review our new quality frameworks. We have attended service user groups and provider groups to talk about the new care standards, improvement and the new frameworks.

Strategic Objective 3: Promoting standards, ensuring people are heard

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

KPI 5(a): % of complaints about care that are investigated within the relevant timescales (excluding FLR)
54% of complaint investigations were completed within 40 days (571 out of 1,051 complaints completed)
[Target 80%]
(compared to 75% in Q3 2017/18)

KPI 5 (b): % of complaints about care that are investigated within the relevant timescales (including FLR)
73% of complaint investigations were completed within 40 days (1,287 out of 1,767 complaints completed)
[Target 80%]
(compared to 85% in Q3 2017/18)

Developing new digital systems

The digital transformation team have continued to develop the new complaints app, working closely with other parts of the organisation, in particular the complaints and contact centre teams.

The initial version of this new app is due to be launched in quarter four and will better support how we record, manage and report on complaints in future.

Embedding the new complaints process

The new complaint procedure is now well established and this ensures a risk-based and proportionate response to complaints.

Further to the Board discussion about KPI5 in December 2018, we have reviewed this measure internally and presented it as two separate measures.

- KPI5(a) includes only those complaints that progressed to a full investigation. By 31 Dec 18, 54% were completed within 40 days, falling well short of the 80% target, and showing a drop from the 75% recorded for Q3 2017/18.
- KPI5(b) shows the wider experience of those who have made a complaint where we have reached a resolution, including both full investigation and front line resolution. This measure shows that a resolution was reached within 40 days in 75% of cases, still short of the 80% target, and a drop from 85% last year.

The drops in performance on both measures are in part attributable to changes in recording and practice under the new complaints procedure, and it is not possible to present a true like-for-like comparison.

In addition, there are a number of factors that have affected capacity in the complaints team this year, including staff vacancies, management capacity and the introduction of the new complaints procedure.

In order to address these performance issues an action plan has been put in place, which includes: advertising and filling complaints vacancies; providing clearer definitions of high risk complaints and how we deal with anonymous complaints; introduction of the new complaints app which will improve management information and in turn enable better performance management. However it is important to note that the complaints team will be working across both the new system and the old PMS system until all complaints are completed in PMS, and it may take some time to realise the full benefits of the new complaints app.

Strategic objective 4:

We will perform as an independent, effective and efficient scrutiny and improvement body, working to consolidate excellence, deliver cultural change, invest in a competent, confident workforce and work collaboratively with partner agencies to support the delivery of safe and compassionate, rights-based care.

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.

KPI 7: Staff absence rate

No data available – due to implementation of new HR system.

(4.2% in same quarter last year).

Chartered Institute of Personnel and Development (CIPD) average for the public sector is 4.3%.

KPI 8: Staff vacancy levels

inspector : 2.7%

(3.1% in same quarter last year)

non-inspector : 8.9%

(7.1% in same quarter last year)

Staff collaboration

The registration teams delivered workshops for inspection teams on illegally operating services, to upskill inspectors in preparation for the rollout of the new procedure.

The registration teams have worked with the contact centre to develop FAQs for providers in relation to registration.

The children and young people teams have been working collaboratively with strategic inspection teams, with attendance from strategic colleagues at November 2018's National Children and Young People's Team Meeting.

New HR system

Our new HR system, MyView, was released in October 2018. The system is still being implemented, and staff absence data is not yet available.

Staff vacancy levels

Although there has been a slight fall in inspector vacancy levels compared with last year, there was a rise in the staff vacancy levels for non-inspector posts.

Strategic Objective 4: Independent, effective and efficient

Edith Macintosh, Interim Executive Director of Strategy and Improvement
Gordon Weir, Executive Director of Corporate and Customer Services



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.

Healthy working lives

We continue to promote and be actively involved in a variety of healthy working lives initiatives. Blood donation day was held in the Dundee office on 1 November and was a huge success. 52 donors rolled up their sleeves and donated with a total of 37 units (pints) of blood collected.

Regular monthly promotions are held in line with key monthly UK health campaigns. Examples of these include healthy holidays and staying hydrated, migraine awareness week, national fitness day, national stress awareness day, alcohol awareness week etc. The support for all of our events or information campaigns is tremendous. In every single event, information campaign or activity, we have had excellent employee participation which we hope will continue as we take forward new activities and challenges.

Promoting positive external relationships.

The Operational Liaison Group has continued to improve joint working between the Care Inspectorate and SSSC, to move towards a more open and collaborative relationship. Steps taken were noted in a summary report from the group, which was welcomed by the joint executive management meeting in December.

Empowering staff

Phase 3 of the coaching programme was procured and dates are being set up to commence the 2 day coaching conversations training which will be open to all staff.

The following actions were completed to progress the project plan for LEAD between October and December 2018:

- Functionality for LEAD recording in the LMS was designed, built and tested, based on a 12 week project plan. The test group included staff, managers and trade union colleagues. Supporting written and video guidance was also produced. This work was completed in full prior to the Christmas break, ready for launch on 15 January 2019.
- To support the development of standard performance goals for our common roles (strategic inspectors, team managers, senior inspectors and inspectors), workshops were held with nominated strategic inspectors, senior inspectors and inspectors. The workshop for team managers will take place in January 2019.
- Standard behavioural goals, aligned to our values, were developed to add to the goal library in the learning and management system (LMS).

Strategic Objective 4: independent, effective and efficient

Gordon Weir, Executive Director of Corporate and Customer Services

Kevin Mitchell, Executive Director of Scrutiny and Assurance

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.

KPI 6: Registration applications completed within timescales

80%

of registrations were completed on time up to
31 December 2018

(compared to 83% in the same quarter last year)

[Target 80%]

ICT modernisation programme

The implementation work associated with the new payroll / human resources information system and service is progressing but is behind schedule. The first “live” payment to staff and board members on 31 October 2018 went well, but we have encountered a few problems with subsequent pay runs. This has delayed other development work including the release of annual leave functionality. In the meantime however, staff and managers can still use flexi sheets to track annual leave balances. In addition to this, we are aware of discrepancies between the supplier’s response to tender and the solution and service we are receiving. These issues have been raised with the supplier and we are currently working on a resolution.

Transforming our registration processes

Following consultation with the registration management team in early October 2018, progress on the transformation of registration processes has continued, with draft papers considered by the methodology group in November 2018.

Our performance against our registration target has fallen slightly from 83% to 80% completed within timescales – sitting just on our 80% target.

Contact centre news

In October 2018 a meeting took place between representatives from the contact centre and the communications team to discuss plans for utilising social media to reduce frequent calls to the contact centre and connect with our customers.

In November 2018 the first eForms demonstration sessions were held with a small group of inspection staff. Extremely positive feedback was received and resulted in requests from other staff to attend future demonstrations. Plans are underway to make this available to more colleagues in the near future.

SO4: independent, effective and efficient

Gordon Weir, Executive Director of Corporate and Customer Services

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.

Learning and development (L&D)

Functionality for L&D booking, recording and evaluation in the LMS was designed, built and tested, based on a 12 week project plan. The test group included staff, managers and trade union colleagues. Supporting written and video guidance was also produced. This work was completed in full prior to the Christmas break, ready for launch on 15 January 2019.

The L&D programme for quarter 4 was confirmed, booked and promoted to all staff. The programme covers a number of topics which are in high demand by all staff. Topics include conflict management, resilience, time management and learn, experience, achieve and develop (LEAD).

The L&D monitoring report covering the period April to November 2018 was presented to the executive group. This report shared an update on activity, budget spend and evaluation outcomes across all L&D activity.

Job evaluation

It was initially agreed with the Partnership Forum that there would be a three stage job evaluation process. In line with this, the first phase of the job evaluation exercise reviewed all senior corporate and strategic grades – this is now complete, the second phase was for all other staff (except team managers/inspectors) and the third phase would be for team managers/senior inspectors/inspectors/practitioner inspectors.

Phase 2 is now complete - this exercise involved 21 posts which affected around 43 postholders. As a result of this exercise there were 6 appeals, which affected 20 postholders. This exercise was is now fully concluded.

Work is now underway to undertake job evaluation benchmarking and put together a briefing paper for the future of job evaluation within both the Care Inspectorate and SSSC.

Interview skills

During quarter 3, the human resources team developed and piloted 'interview skills workshops' with business support colleagues across two offices; Paisley and Stirling. The session was developed with the aim of supporting internal staff to move or progress within the organisation. This 4-hour session focussed on the internal recruitment and selection process in a workshop style; it allowed participants to undertake role-play exercises and share experiences in a safe group environment. Participants were provided with information and guidance on how to complete an application form; preparation for the interview process; and an understanding of the importance of using feedback following an interview. Participant feedback from the session has been overwhelmingly positive. The workshop will become a standing item on our learning and management system that all staff can book onto.

SO4: independent, effective and efficient

Kevin Mitchell, Executive Director of Scrutiny and Assurance

Edith Macintosh, Interim Executive Director of Strategy and Improvement



Key priority 4.4: Develop a transformational change programme to further invest in a competent, confident workforce

Workforce development

Our adult and child protection group have delivered 32 sessions for staff on the role of the Care Inspectorate in adult and child protection. All team managers have received input on the importance of monitoring protection referrals.

ELC teams attended development days across the country in November developing their knowledge and understanding of adverse childhood experiences and how they may apply this knowledge in the context of regulation.

Career pathways – practitioner inspector and inspection assistant

Job design – the OWD team provided support to the scrutiny and assurance directorate to review and clarify the job, design and principles supporting the allocation of work for both pilot teams:

- Pilot communication - the OWD team worked with the service managers to develop a number of communications to support induction and briefings for the pilot teams. These included a short video, which was used to support induction. Pilot teams have also received a written summary of practitioner inspector and inspection assistant responsibilities. This includes expectations of inspectors in pilot teams and how the co-working model should be followed (distribution of tasks between roles).
- Pilot evaluation - to strengthen our approach to monitoring, a bi monthly survey will be completed by all pilot team members. The purpose of the survey is to; provide the steering group with regular and timely information; track how roles are working in practice on a regular basis; give pilot post holders and pilot teams a voice at the monthly steering group meetings; gather regular monthly information / intelligence to support on-going evaluation; identify any issues and challenges as they arise so the steering group can respond; increase responsiveness to issues that are identified and support the evaluation of the pilot.

The pilot steering group now meets on a monthly basis, to support more regular monitoring of the pilot. The OWD team chair the meeting and have also reviewed and updated the structure of the meeting to ensure service managers and pilot team managers have a stronger role in sharing updates and leading on responses to issues as they arise, in a more consistent way.

SO4: independent, effective and efficient

Edith Macintosh, Interim Executive Director of Strategy and Improvement
 Gordon Weir, Executive Director of Corporate and Customer Services

Key priority 4.4: Develop a transformational change programme to further invest in a competent, confident workforce

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.

KPI 9: Complaints about the Care Inspectorate completed within SPSO-recommended timescales

78%
 (compared to 77% in the same quarter last year)

MM 8: % of complaints about the Care Inspectorate that are resolved through front line resolution

29% of complaints about the Care Inspectorate completed up to 31 December 2018 through frontline resolution.
 (compared to 37% in the same quarter last year)

Induction

The bespoke induction programme for inspectors was delivered to all new inspectors. The programme concludes in January 2019. Based on our model of continuous improvement, the programme delivered was updated in response to feedback and suggested improvements from the previous cohort of delegates.

The bespoke induction programme for the pilot roles of practitioner inspector (PI) and inspection assistant (IA) was delivered to all new staff joining the pilot. The programme concludes in January 2019 and, as far as relevant, was delivered jointly with inspectors. Again, based on our model of continuous improvement, the programme delivered was updated in response to feedback and suggested improvements from the previous cohort of delegates.

The new corporate induction day for all staff was offered to staff for the first time in November 2018. On the whole the programme was well evaluated and the content will continue to be developed in response to the feedback received. The corporate induction day will be offered four times per year, with the next session scheduled for February 2019.

Legal induction training

Our legal team delivered two days of induction training for new and returning inspectors. The second of these was part of the wider programme of induction training to the new and returning inspectors.

Complaints about the Care Inspectorate

We completed 78% of our investigations into complaints about us within the recommended 20 day timescale, a slight increase on the 77% we investigated within 20 days over the same period in 2017/18.

KPI 10: % Audit recommendations met

No update available