

Care Inspectorate
Improvement Strategy
2019-2022

Care Inspectorate Improvement Strategy 2019-2022

1. Foreword:

I am delighted to introduce the refreshed Improvement Strategy 2019-22. This demonstrates how we have successfully strengthened our improvement support role and function across the Care Inspectorate and celebrates the difference that has been made, ultimately, to the lives of people experiencing care. It provides an insight into what our improvement support offer will be over the next three years and how we will identify where improvements are required. The strategy describes how we will build the skills, confidence and capacity for improvement support with our own staff and across the social care and early learning and childcare sectors in Scotland. It supports our new corporate plan and contributes to realising our vision and pursuing our common purpose which is world class care.

In 2017, we produced the very first Care Inspectorate Improvement Strategy with agreement from our Board. The “Model for Improvement”¹ on page 6 [How to Improve](#) has been used successfully as our improvement methodology. This methodology is research-based and has shown that it can support the process of self-evaluation across health, social care and early years. This model provides a framework for identifying, testing and evaluating if an improvement has taken place to support implementing long term changes. A number of providers, partnerships and care services have been through our improvement workshops and with support from our inspection staff found this framework successfully supports improvement in care.

In the Care Inspectorate, we are in a unique position in that we provide scrutiny and assurance and we support improvement. Scrutiny drives continuous improvement and acts as a diagnostic tool on which we can plan our improvement support activity. We have a commitment to collaborative improvement and working in partnership and strengthening relationships with our stakeholders. Our improvement support is shaped by what people experiencing care tell us is not working well alongside the intelligence that we gather. In this refreshed improvement strategy, there is a particular focus on three specific areas of growth – growing improvement support, growing innovation and growing involvement. This will be underpinned by the development of more in-depth workshops to build improvement capacity and capability with a view to spreading and sustaining effective practice.

- **Growing improvement capacity and capability** – this is integral to the core purpose of our work; we have a duty to support improvement in care. This is

¹ The Institute of Healthcare Improvement uses the Model for Improvement as the framework to guide improvement work. The Model for Improvement,* developed by Associates in Process Improvement, is a simple, yet powerful tool for accelerating improvement.

expressed in the extract from the relevant legislation which is as follows:

- Section 44(1) b of the Public Service Reform (Scotland) Act 2010 places upon us “the general duty of furthering improvement in the quality of social services”.
- **Growing innovation** - Testing out, supporting and spreading **innovative practice** and influencing policy across social care and the early years will support the development of world class care and provide models of care which are fit for the future.
- **Growing involvement** – the involvement of people who experience care and support will help to direct improvement support to where it matters most for people and the communities they live in.

The refreshed improvement strategy describes how we aim to support social care services, providers and partnerships to develop more skills to make lasting improvements and involve those who experience care and support throughout the process

Peter Macleod

Chief Executive

2. Introduction

This improvement strategy is focused on how we can grow our capacity to further embed a culture of continuous improvement across the care sector in Scotland that supports improved outcomes for people who experience care. Primarily this strategy is for us in the Care Inspectorate, to appreciate what has been accomplished so far through the evaluation of our work, and what requires to be done in relation to our improvement support role to support the outcomes of the Corporate Plan over the next three years.

This work builds on the Improvement Strategy of 2017-2019 with a focus on three key objectives: growing improvement support, growing innovation and growing involvement. These key objectives support the Health and Social Care Standards which put people’s rights and what matters to them at the heart of what we do and the new quality frameworks. The quality frameworks put a greater emphasis on self-evaluation for the purposes of identifying what needs to improve, along with quality illustrations showing what ‘good care’ looks like.

The Care Inspectorate is a scrutiny body which supports and drives improvement. This means we look at the quality of care in Scotland to ensure it meets high standards. Where we find that improvement is needed, we support services,

providers and partnerships, in a variety of ways to take positive steps to make changes that improve the quality of care.

We work across early learning and childcare, integrated health and social care, social work, social services, and criminal justice social work. We regulate around 13,000 care services and carry out joint inspections with other bodies of services for adults and children across local partnerships, as well as thematic inspections and community justice.

Summary of care services registered by service type at 31 March 2019

Source: Care inspectorate Service List at 01 April 2019

| Care service | Subtype | Total |
|-----------------------------------|---------------------------------|---------------|
| Adoption Service | | 38 |
| Adult Placement Service | | 45 |
| Care Home Service | Alcohol and drug misuse | 17 |
| | Blood borne virus | 1 |
| | Children and young people | 304 |
| | Learning disabilities | 155 |
| | Mental health problems | 55 |
| | Older people | 826 |
| | Physical and sensory impairment | 39 |
| Respite care and short breaks | 10 | |
| Childcare Agency | | 24 |
| Child Minding | | 4973 |
| Day Care of Children | | 3635 |
| Fostering Service | | 60 |
| Housing Support Service | | 1,058 |
| Nurse Agency | | 101 |
| Offender Accommodation service | | 5 |
| School Care Accommodation service | Mainstream residential school | 20 |
| | Residential special school | 35 |
| | School hostel | 7 |
| Secure care accommodation service | | 5 |
| Support service | Care at home | 1,030 |
| | Other than care at home | 441 |
| All types of care service | | 12,886 |

3. The building blocks

Improvement support and the Corporate Plan 2019-22

The delivery of the strategic outcomes and subsequent objectives outlined in our new Corporate Plan will be supported through the activities outlined in this strategy. Improvement support is not the responsibility or remit of one team but of the organisation as a whole and as a result of the work we are doing our workforce are growing in confidence and knowledge in improvement approaches to support the care sector. This is a great strength of the Care Inspectorate and its approach to improvement support, it is part of everyone's role, crosses directorates, and everyone has a part to play. The refreshed improvement strategy gives a focus as to how we as an organisation will provide improvement support across the organisation. Improvement support is a key component of our new business model and has a significant role to play across registration, inspection, complaints and enforcement. Over the next three years the improvement support aspect of our work will strengthen not only to support improvement in regulated care services but also in strategic inspection.

Embedding a culture of self-evaluation

Self-evaluation is central to continuous improvement. One of our key strategic objectives in our Corporate Plan is to promote quality self-evaluation with providers and partnerships and to work collaboratively with them to develop effective tools to support the self-evaluation process. Through the activities of this strategy we will, using an improvement support approach, carry out this work. Self-evaluation is a reflective process through which providers of care services can get to know what they do well and identify where they need to improve, and the best way to do that. Self-evaluation is a dynamic and continuous process rather than a one-off activity. It is forward looking, leading to the development of improvement plans and the relevant actions to test change ideas for improvement to see what works best, which leads to implementing good practice and supporting innovation in care. Self-evaluation is a very important marker of quality assurance. There is a guide to self-evaluation on the Care Inspectorate 'Hub'.

Improvement support and the Health and Social Care Standards

The Health and Social Care Standards provide a human rights, person-led focus through which the outcomes of improvement support can be measured. These standards, which have a strong focus on what matters most to people, will continue to enable us to build a culture and understanding of improvement within the Care Inspectorate and across the social care sector. The standards also challenge us to explore different opportunities for improvement activity and the testing of innovative models of care. The quality frameworks set out the elements that will help us answer key questions about the difference care is making to people, and the quality and effectiveness of the things that contribute to that. The primary purpose of a quality

framework is to support services to self-evaluate their own performance. The same framework is then used by inspectors to provide independent assurance about the quality of care and support. By setting out what we expect to see in high-quality care and support provision, it can help support improvement too.

Involving people

Just as there has been a shift in our approach to scrutiny and assurance to focus on outcomes for people through the assessment of quality in services being based upon people's personal experiences, we need to ensure the same principles are followed for improvement support. We will strengthen the links to the involving people team to explore ways of engaging with people who experience care as well as with our inspection volunteers to help realise the aspirations of the Involvement Strategy.

We will actively encourage people to get involved in influencing and shaping our improvement support programmes. Improvement, by the very nature of the process, requires us and all our partners to work differently and to be united and optimistic in our approach. In order to see success, the experience, knowledge and input of everyone involved must be valued and respected while working on the principles of co-production and collaboration such as "we all teach, and all learn".

The Hub

On the Care Inspectorate's internet-based resource, the 'Hub' we have a section on "Your Improvement Journey". This takes people through the steps involved in identifying improvement areas, thinking about their change ideas and measuring the impact of the change. The section also hosts our growing suite of improvement support resources, guidance and other materials, including practice guides. Over the coming year we plan to develop this site further to include more improvement stories from scrutiny and improvement support to highlight lessons learnt, including when improvement does not go according to plan and how challenges can be overcome.

Here is a link to the Hub showing the new guidance about eating and drinking well in care, a guidance for older people and the resources to support how to do this.

<https://hub.careinspectorate.com/how-we-support-improvement/care-inspectorate-programmes-and-publications/eating-and-drinking-well-in-care-good-practice-guidance-for-older-people/>

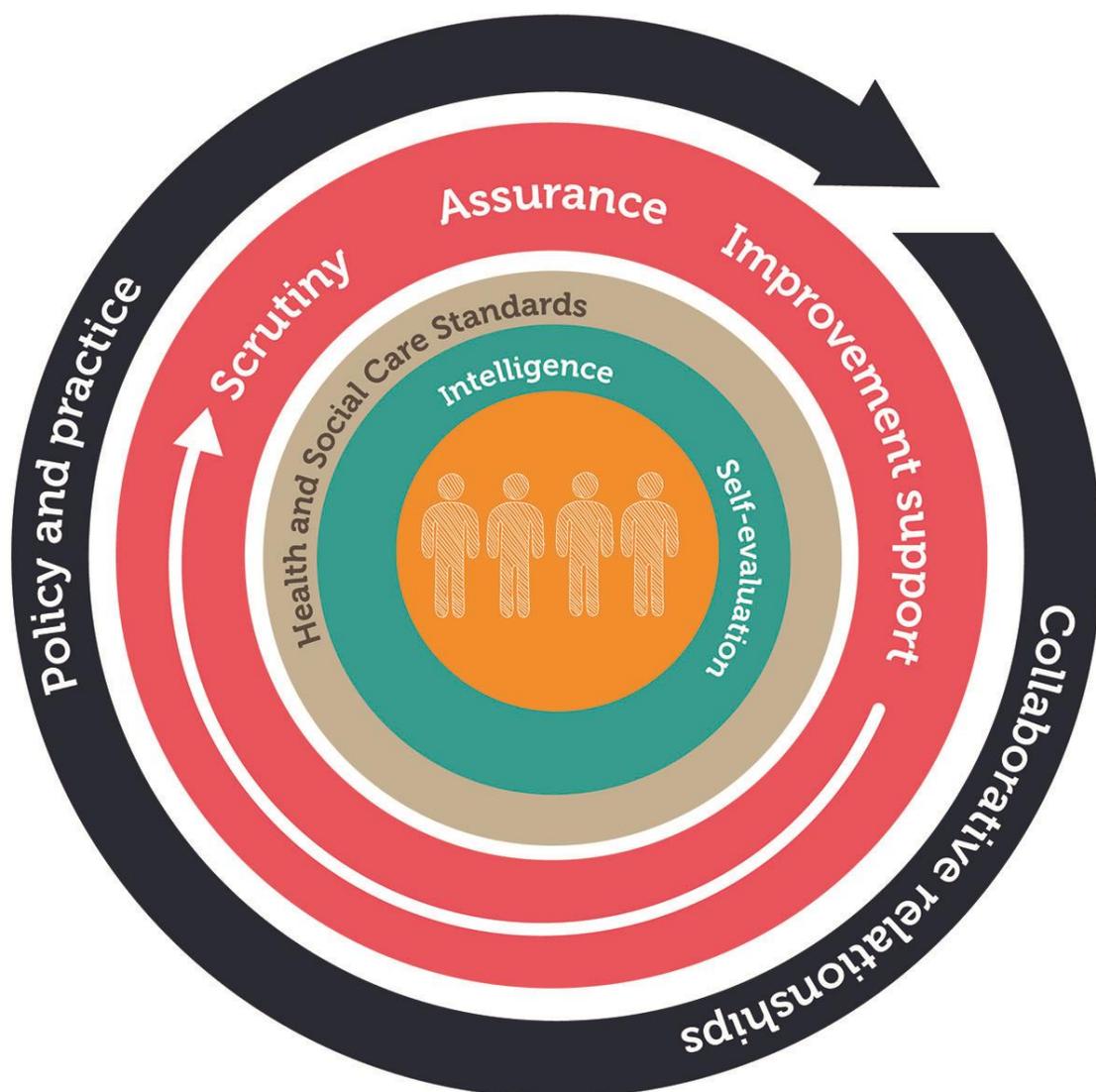
Intelligence-led improvement support

The Care Inspectorate firmly believes that effective use of intelligence is the foundation for our new business model (Figure 1) and scrutiny, assurance and improvement support approaches - enabling us to be intelligence-led, risk-based, targeted and proportionate. This helps towards making the best use of our limited resources by targeting them to where they can have the greatest impact in protecting people, by supporting improvement and innovation towards world class care. An intelligence-led approach is critical to enabling us to intervene early and support sustainability of services that are at risk of failing or closure.

Almost uniquely among health and social care regulators, the Care Inspectorate is responsible for investigating complaints about registered care services. Complaints are one of the most important ways we can support rapid improvement in care quality. Complaints activity can also provide us with important intelligence in order to know where to target our improvement support.

Our current business and digital transformation programmes give us an opportunity to develop our business model in which improvement support can be clearly identified as a core function of what we do and is aligned with our core purpose. It is anticipated that this will allow our activities and interventions across our business model to be recorded appropriately in order to identify what, when and how this is being provided and the impact evaluated. This will provide good intelligence and enable us to look at the themes emerging from our scrutiny and assurance activity. Understanding the intelligence that we gather will allow us to provide the right intervention at the right time with the maximum effect and impact.

Figure 1: New Business Model



Improvement alliances

Collaboration is key to successful improvement and this has been demonstrated many times throughout our improvement support work, and particularly through programmes such as CAPA where the strength of relationships with partners and stakeholders is critical to success. Over the past two years we have further built and nurtured relationships with other improvement bodies and organisations, such as the “iHub” in Healthcare Improvement Scotland, in order to maximise our collective improvement support efforts and develop, share and spread good practice. Working collaboratively with local communities and local subject matter experts where we cannot directly provide that much needed expertise, is also essential to support sustainable positive change.

Some examples of these are:

- Working with Scottish Care, and large independent sector providers, to provide improvement workshops across partnership areas to build capacity and capability in improvement support.
- We worked with care home providers, dietitians and home caterers to co-produce a resource to support good eating and drinking in care homes for adults. We also worked with early learning childcare organisations, health colleagues and Scottish Government to develop and produce good practice examples from care services based on the “Setting the Table” guidance for early years.
- Working with Healthcare Improvement Scotland (HIS), iHub and Scottish Care on Reducing Pressure Ulcer in Care Home Improvement Programme. Tools were developed and are hosted on the pressure ulcer microsite. We continue to connect with the tissue viability specialist nurses in community settings who cover care homes to scale up and spread the learning.
- Working with colleagues in the Dutch Inspectorate to share learning about using the Short Observational Framework for Inspection to improve outcomes for people.
- Collaborating with the “Focus on Dementia Team” from the I”iHub” to support the Specialist Dementia Unit Improvement Programme, addressing the recommendations from the Mental Welfare Commission report “Dignity and Respect”.
- A series of presentations with the Scottish Social Services Council (SSSC), HIS, Children and Young People’s Improvement Collaborative (CYPIC), NHS Education Scotland (NES) and the Improvement Service to Chief Officers and Chief Social Work Officers to inform them about the improvement support function of different improvement support bodies.
- Partnered an improvement initiative in NHS Tayside to co-produce with the health board, Scottish Care, and community pharmacy a system which has significantly reduced medication waste in care homes.

- The Care Inspectorate and SSSC are working with a wider range of stakeholders including CELCIS, the Alliance and Social Work Scotland to co-produce a compassionate care resource, which will illustrate good practice.
- Collaborating with the Improvement Service and Scottish Care to test an improvement planning tool in small care home providers to focus their improvement efforts.
- The improvement support team is currently supporting workshops with the SSSC to promote improvement learning and development and the role of leadership to maximise improvement efforts across the sector.
- Working with providers of services for young people, inspection volunteers and inspection teams we are developing a good practice guide to support the key elements of good personal planning for young people in residential care.

What do we mean by improvement?

There are several different ways to support improvement and different approaches and methodologies such as EFQM and LEAN for example. The Care Inspectorate has identified the “Model for Improvement” as the approach to support services, providers and partnerships to make sustainable change. This approach is well researched and has been used across health and social care effectively to make improvements that last. Quality improvement has been defined by some experts as:

‘the combined, unceasing efforts of everyone – professionals, those experiencing services and their families, researchers, planners, educators and others – to make the changes that will lead to better outcomes (health and social), better system performance (care) and better professional development (learning)’

[What is Quality Improvement?](#)

The “Science of Improvement” is a different approach to assuring quality. It goes beyond traditional methods of setting targets, identifying areas for improvements and requirements in order to see improvement in care quality, where it may be appropriate to do so. It brings a systematic approach to realising improvement in the quality of care which focuses on outcomes for people. While importantly the responsibility for making improvements rests with those providing and leading services, a true improvement approach brings people together to identify, plan and make the changes collaboratively, where it has been clearly identified that it will make a difference to the lives of individuals. It provides **opportunities** and **generates creativity** and **innovation**.

The Institute for Healthcare Improvement (IHI) talks about this ‘science of improvement’ which indicates that in order to make improvements something fundamentally must change. However, not all changes result in improvements. Therefore, it is necessary to explore where improvement is required and what change may result in improvement, so applying the principles of improvement

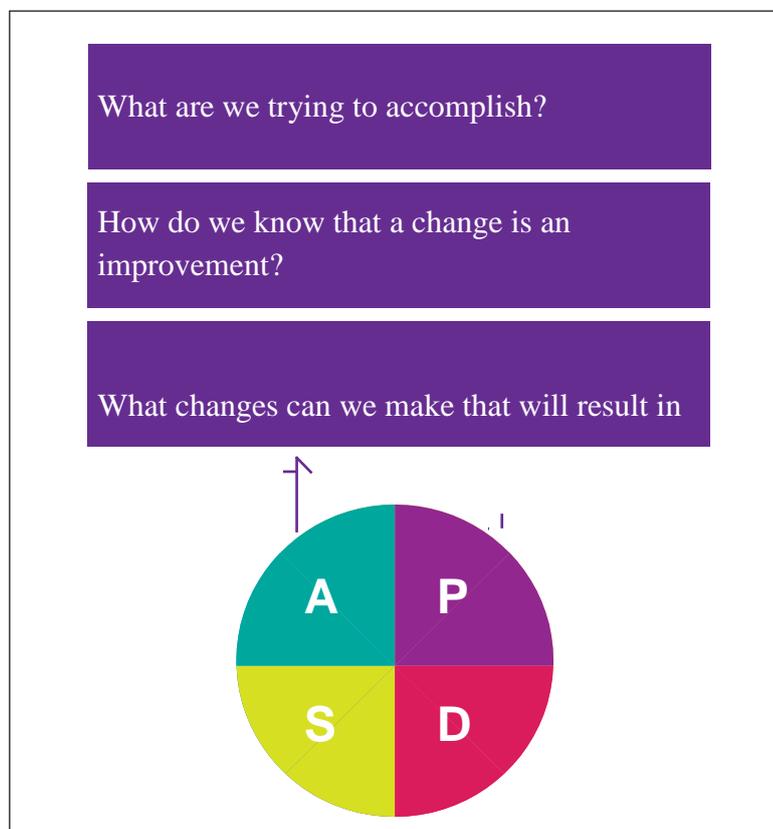
science and achieving positive, sustainable change. This exploration of what improvement is required may come directly from self-evaluation, scrutiny and assurance evidence or may take the form of a root cause analysis of systems and processes. The changes may be informed by existing good practice but may also come from testing innovative approaches.

Key principles of improvement science are:

- understand and recognise where and why improvement is required -self evaluation
- prioritise and plan improvements
- develop or identify a change idea to test, which may result in an improvement
- have a system in place that will evidence improvement has taken place.

Using the **Model for Improvement** (figure 2) when planning to carry out improvement work provides a framework in which improvement support can happen. This consists of three fundamental improvement questions in order to define the improvement aim, intended outcome and change idea and a system for planning and running small tests of change (Plan, Do, Study, Act (PDSA)). This approach has proven to promote efficient and effective, sustainable change and, importantly, provide learning that supports individuals and organisations to build further improvement interventions.

Figure 2: Model for Improvement



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4. What do we mean by improvement support?

Improvement support is integral to the Care Inspectorate's core purpose and a key function.

Our inspection staff are our biggest resource for supporting improvement through the collaborative regulatory relationships they have with providers and services as well as their use of improvement methodology and ability to share stories of success. Direct improvement support, advice or guidance is most often provided by inspectors and team managers as part of the registration, inspection and complaints process.

Specific improvement support comes from our Improvement Support Team (IST), who are all qualified improvement advisors. Their expertise can support inspection staff through learning and development, advice and mentoring to build confidence and develop their knowledge of improvement science and improvement tools. They also provide improvement support to care providers and local partnerships in collaboration with local networks and other organisations, often as a result of improvement identified through our intelligence.

Some specific improvement support projects over the next year include:

- reducing medicine incidents in care homes
- testing and spreading the use of video conferencing in care homes
- reducing falls in care homes using the "Managing Falls and Fractures in Care Homes for Older People" resource pack
- developing and testing what a 'good personal plan' looks like across the lifespan for a child or young person
- developing and testing good practice guidance for housing support staff
- developing an improvement support resource on compassionate care.

Inspectors and Improvement Advisors also collaborate and work on joint improvement initiatives. For example, currently a good practice guidance is being developed to identify the key principles of a personal plan. This improvement activity was identified through intelligence from scrutiny, its aim is to support the sector to embrace, understand and implement person centred care for people who experience care. It will support the rights of people to be heard.

National improvement programmes

National improvement programmes are led by our improvement advisers and, where possible and capacity allows, with the involvement of our inspectors to further support improvement directly with services. An example of a national programme is the Care About Physical Activity Programme (CAPA) which is funded by the Active Scotland division of the Scottish Government until April 2020.

The external evaluation of the first phase of CAPA showed much success and identified that promoting more movement every day is having a positive impact on people's health and wellbeing. This has demonstrated:

- significantly reduced likelihood of falls

- significantly improved physiological measurements
- increased level of independence
- more time spent moving each day.

The next phase of CAPA has expanded moving to a more regional approach including many more partnership areas than the previous programme. This phase continues to be focused on older people and work closely with care professionals from care at home, day care, sheltered housing and care home services and will be completed in May 2020. To date we have engaged with over 600 staff in nine partnerships in this second phase of CAPA.

Improvement support and strategic inspection

Currently the IST is working with our inspectors in strategic inspection to explore how best to coordinate our improvement support with other bodies and how best to support improvement for specific topics from thematic inspections.

Following a thematic inspection undertaken by the Care Inspectorate or a joint inspection with other scrutiny partners it may be that our findings suggest that the necessary improvement support is best provided by a body other than ourselves in which case we might engage with one or more of our partners to provide it. In some circumstances services, providers and partnerships may benefit most from support from the IST where learning and development around the “Model for Improvement” and structured approaches to specific improvement priorities would be have most impact. Where possible this would be done along with colleagues in strategic inspection, particularly link inspectors. A current example of this is with Dundee City Partnership. Following a thematic inspection on public protection one of our senior improvement advisers from the IST, working with the link inspector for that area and collaborating with Dundee City Partnership, has supported a focused programme of improvement support to build capacity and capability for improvement and transformation in that area using the “Model for Improvement” and an improvement science approach.

In some circumstances services, providers and partnerships may benefit most from support from people who have the necessary specialist skills, knowledge and experience relative to the area where improvement is needed. There are also times where a joint approach with improvement science and subject matter expertise is best.

- Following a strategic inspection where systemic failings within or across services are identified this may require external specialist improvement support from out with the area. In these circumstances, the Care Inspectorate has a crucial role to play in identifying the nature and extent of the support required based on the scrutiny evidence.

Improvement support for integration

The Care Inspectorate has a duty of collaboration with other scrutiny and improvement bodies, including Healthcare Improvement Scotland (HIS), Her

Majesty's Inspectorate of Constabulary in Scotland (HMICS), Her Majesty's Chief Inspector of Prisons for Scotland (HMIPS), Education Scotland, Mental Welfare Commission (MWC) for Scotland, the Accounts Commission for Scotland and the Scottish Housing Regulator.

Over the past years as we have strengthened our improvement support role and our improvement alliances. Much of the work we have done has supported partnership working and integration with the sole aim of improving people's life experience.

The recent recommendations of the Ministerial Strategic Group for Health and Community Care provide a further opportunity to review how our work has contributed to integration and to consider how improvement bodies can work more collaboratively to further support the process of and outcomes from integration. This will include looking at models of delivery and how we can work with the improvement bodies identified to be more streamlined and targeted in our approach to improvement support.

5. Outcomes from the Improvement Strategy 2017-19 and next steps which will be delivered through the refreshed strategy 2019-22:

| Key areas | Outcomes | Next Steps: |
|---|--|--|
| 1. Building an improvement infrastructure | Quality improvement (QI) learning and development workshops provided to 1259 members of the social care workforce across Scotland | The IST will continue to support the social care workforce with QI learning as well as support the supporting the learning through the implementation phase. |
| 2. Supporting colleagues in scrutiny and assurance to be agents for improvement | 25 Quality Improvement (QI) one-day workshops were delivered to inspectors for regulated care and strategic inspectors. | The IST will continue to support the Professional Development Award and support all inspectors from across scrutiny and assurance. |
| 3. Building improvement capability in the sector | 46 QI one-day workshops were delivered. The participants came from across health and social care, including Health and Social Care Partnerships (HSCPs), universities and care provider organisations. | These workshops will continue at the introductory level and develop as the learning grows and consolidates. |

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| <p>4. Building improvement alliances</p> | <p>We have been consolidating alliances with many national organisations. However, we continue to make new and to strengthen connections with partners and stakeholders, including:</p> <ul style="list-style-type: none"> • Scottish Prison Service • The Scottish Improvement Science Collaborating Centre (SISCC) • Trellis • Faith in Older People • AIDS Trust • Scottish Childminding Association • Glasgow Caledonian University, Allied Health Science. | <p>Improvement alliances are essential to the scale up and spread of improvement initiatives. We will continue to strengthen these connections and explore opportunities for new relationships and partnerships.</p> |
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| <p>5. Improvement support projects and programmes</p> | <p>Completed:</p> | <p>Next Steps:</p> |
| | <p>Completed first phase of the national Care About Physical Activity Programme (CAPA) and designed and secured funding for the second phase.</p> | <p>Second phase of CAPA started with learning events completed in all nine of the partnership areas. This programme will run until May 2020.</p> |
| | <p>Continence promotion project for six residents living in a care home for older people over a six-month period. This improved the quality of life for the individuals who were part of the project.</p> | <p>This be further tested to determine if it can be scaled up and spread during this strategy period.</p> |
| | <p>Production of an Improvement Guide for all sectors produced with Sonia Sparkles which gives clear steps for all social care to make small changes to improve outcomes.</p> | <p>The key elements of this is now being used within a template to collect improvement stories over 19/20.</p> |

| | | |
|--|---|---|
| | Building Better Care Homes for Older People resource published. | Development of a similar guidance for children and young people over 19/21. |
| | Resources developed to support eating and drinking well in care for adults | Supporting the promotion of this with the care sector and CI staff 19/20 |
| | Development of an “Out of Hours” communication tool in partnership with HIS, supporting staff to be able to communicate effectively to NHS 24 so the right decisions around care and admissions are made for people. | This will be tested “In hours” over the life of the refreshed improvement strategy. |
| | Reducing medication waste, in collaboration with NHS Tayside and Scottish Care, learning from this work is now being spread across the sector. | Ongoing input in terms of advice and mentoring from one of our IAs over 19/22 |
| | Development of a model policy that will work as an infection prevention and control tool setting out minimum standards in care homes for care professionals and inspection staff. | Health Protection Scotland has seconded a senior health protection nurse to the IST for 2.5 days a week for two years (19/21) to implement the findings of the HALT study and the use of the supporting tool. |
| | Working with the Royal College of Speech and Language Therapists on two publications, “eating, drinking and swallowing” and “communication”. | These resources will be completed in 2019. |
| | Worked with early learning childcare organisations, health colleagues along with Scottish Government to develop and produce a resource based on the Setting the Table nutritional guidance for early learning childcare service years using | Promoting this internally and with care services 19/21 |

| | | |
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| | good practice examples we obtained from care services. | |
| | Collaboration with the AIDS Trust to produce a resource to best support people living with HIV, giving examples of what 'good' looks like. | Promoting this internally and externally 19/21 |
| | Publication of My life, my care home, the results of the dementia inspection focus area in 145 care homes across Scotland with examples of good practice and areas for improvement highlighted, so that services evaluate their practice and make changes. | Participating in a short life working group set up by Scottish Gov looking at the impact of the dementia strategy in care homes. The recommendations from My life, my care home are being considered for action - 19/20 |
| | The Short Observational Framework for Inspection (SOFI 2) was piloted with great success in early learning and childcare inspections. | Inspectors in ELC have recently been trained in SOFI 2 and this will now be rolled out across ELC inspection teams during 19/20 |
| | Pocket guide developed for care at home staff illustrating key elements of a visit and highlighting how to notice changes in a person's wellbeing. | This is now being used and learning from this will be used in developing quality illustrations for care at home. |

Feedback from improvement support workshops

"Really valuable mix of lecture and activities, I now have tools that can inform my work"
Inspector adults team.

"I can clearly see how I can support services to use improvement methodology to make simple improvements in daily practice" Inspector ELC team.

"I have used this PDSA testing in my service, this is a fantastic way of making improvements. This supports staff to understand the changes they are making" Care home manager

“I did not even know about this and it gave me a logical way of tackling and testing improvement.” Care home worker

Hearing the impact of improvement support:

Film: <https://youtu.be/Tf6VEVoHhE8> - Evelyn Newman (NHS Highland Dietician)

Evelyn, a Dietician from NHS Highland talks about what staff need to think about when assisting people experiencing care to eat and drink. Evelyn says: “Help them really enjoy the meal time experience and to look forward to it”. For more information on food and fluids download our pocket guide <http://bit.ly/foodandfluid-pocketguide>. For more information visit bit.ly/foodandfluid.

Laura chats to residents from Springhill Nursing Home
Laura Haggarty, Improvement Adviser chats to residents from Springhill Nursing Home about their involvement in intergenerational sessions

<http://www.capa.scot/?p=1524>

6. Scrutiny, assurance and improvement support scoping project

A scoping project across Scrutiny and Assurance and Strategy and Improvement Directorates was carried out with four inspection teams from across the organisation during 2018. The purpose of this was to explore how improvement support was currently being carried out by inspection staff, if there were any learning and development requirements, what opportunities may be being missed for improvement support and could be further developed. This highlighted several important areas for action through the life of this strategy. Actions highlighted:

- Develop a common understanding and language about what is meant by improvement support for the Care Inspectorate and define this in a glossary
- To further strengthen the effective regulatory and improvement support relationships between the Care Inspectorate and providers. This will be achieved through work on role definition and identifying the contribution to improvement support from inspectors, team managers, relationship managers, link inspectors and improvement advisors. Inspectors identified that one of their most significant strengths to influence and support improvement was dependent on establishing and sustaining an effective regulatory relationship, with providers, service managers and frontline staff working in social care. This is compatible with research carried out by the King’s Fund and the Alliance Manchester Business School which highlighted the relational importance of scrutiny to drive successful improvement.
- Identify proactively more opportunities for collaboration across regulated care, strategic inspection, improvement support and involving people group to utilise our resource for improvement support effectively and efficiently and

ensure that the voice of the care experienced is at the heart of the improvement

- Collaborate with NHS Knowledge Service testing how inspection staff can maintain and develop specific subject matter knowledge. Inspection staff identified this during the scoping exercise as important for identifying the potential change ideas for improvement.
- Develop a method to record improvement support in order to report on, evaluate, grow and continuously improve our offer through business and digital transformation.
- Continue to build improvement capability, capacity and confidence across the organisation through more in depth, custom made workshops, shadowing and mentoring. We will work with our Organisational Workforce Development team to identify opportunities for workforce development in this area through, for example, secondments.
- To explore the possibility of developing an “improvement academy” for the organisation which would also offer the opportunity for the care sector and key organisations to collaborate with us, in the same way as within some health boards areas. This academy could potentially support the key themes of the improvement strategy, building improvement capability and capacity both within the Care Inspectorate and across the social care and early years sector. Innovation and good practice could be researched and developed and implementation supported. There may be an opportunity to link with an HEI and further collaborate with research and development. A full proposal will be developed over the coming year including resource requirements and implications be presented to the Executive Group for consideration and final decisions. A proposal will be described to the Board if this a feasible model.
- Strengthen our collaborative working with colleagues from the Scottish Social Services Council (SSSC) and support leadership and management development in the care sector which is a key required for successful improvement in care.

7. Conclusion

Growing our improvement support role and function

The key aspect of the refreshed improvement strategy is how we aim to continue to support care services, providers and partnerships to develop their improvement skills in order to make lasting improvements, while supporting and spreading innovation and involving those who experience care and support throughout the process in order to see the best outcomes for people who experience care.

The three over-arching aims are to:

- Grow improvement support – to continue to **build improvement capability and capacity** both within the Care Inspectorate, with social care providers and partnership areas.
- **Growing innovation** - Testing out, supporting and spreading **innovative practice** and influencing policy across social care to support the development of world class care and provide models of care which are fit for the future.
- Grow involvement – to **involve people** who experience care and support to shape and direct improvement support to where it **matters** most for people and the communities they live in.

How will we deliver on our aims?

We have an emerging model for improvement support which will use the Care Inspectorate's Intelligence Model to identify improvement priorities, themes and topics. This will allow us to develop and build intelligence around improvement initiatives and take forward risk based proportionate action. The current Tactical, Tasking and Co-ordination Group will provide a platform for us to evaluate and plan future improvement support initiatives with consideration to resource allocation and staffing.

Some specific actions that we will take have already been identified throughout this document however, like any improvement journey, this will also evolve during the three-year period through a dynamic process where priorities for improvement support are identified over the two year term of this strategy. We will follow good practice in the improvement methodology that we encourage providers and partnerships to use and will test and develop our improvement offer on that basis.

As well as building on the improvement initiatives from the first strategy there follows some examples of the current and new improvement projects and programmes taking place over the time period of this improvement strategy 2019-22. These include:

- Working with the Improvement Service and Scottish Care to test the use of an improvement planning tool in care homes for older people.
- Working with colleagues from the Scottish Social Service Council and stakeholders to produce a compassionate care resource and promote a national conversation of what compassion means in practice.
- Working with a partnership area to support the development of service planning, quality evaluation, quality improvement and project management skills.
- A project focusing on reducing falls in care homes, using key elements of the Care Inspectorate "Falls and Fractures Good Practice Guide", and associated tools.

- Delivery of an improvement programme to support the early learning childcare expansion across Scotland.
- Reducing medicine incidents in care homes for older people.
- Testing and spreading the use of videoconferencing in care homes.
- Developing and testing of what a 'good personal plan' looks like for a child or young person.
- Test of good practice guidance for housing support.
- Implementing the findings of the scrutiny, assurance and improvement support scoping project which includes the exploration of an "improvement academy" hosted by the Care Inspectorate.

As a scrutiny and improvement support body and through our regulatory role we are uniquely positioned to provide public assurance and assess quality while supporting improvement as well as identifying and spreading innovation and influencing and shaping national policy. This refreshed improvement strategy helps us to improve how we do that and provide focus and direction on specific areas. The approaches we take help providers and partnerships across Scotland to provide values driven, world class care which meets the needs, rights and choices of people to have the best quality of life that is possible.