WORKING TOGETHER TOWARDS WORLD-CLASS CARE

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Care Inspectorate
The Care Inspectorate (SCSWIS) created under the Public Service Reform (Scotland) Act 2010

- ‘Duty of Furthering Improvement’ (section 44.1.b)
- ‘Duty of User Focus’ (section 112)
- ‘Duty of Cooperation’ (section 114)
The Care Inspectorate

Non-Department Public Body

Funded by Scottish Government and by Fees

Founded in 2011

600 staff

£35m Budget
Scottish Context

• Scottish Ministers have devolved powers to make laws which affect the Scottish people
• Reserved matters still decided upon by Westminster
• UK Parliament retains power to legislate on any matter but won’t normally on devolved issues without consent of Scottish Parliament
• Health and social services are devolved
Scottish Context – our population

• 2018: 5,077,070 people
• 19% of people over the age of 65 years
• 17% of people under 16 and 64% aged 16-64
• The increase in older people much higher than younger age groups over last 20 years
• Largest increase is in 75 years + (+31%)
• Since 2000 Scotlands’ population increase has mostly been due to positive net migration
13,230 Registered Care Services

Early Learning and Childcare
Social Work Criminal Justice
Services for Adults and Older People

Local authorities social work and CPPs
Integration Joint Boards
Community Justice Authorities
Education Governance
OUR PURPOSE

Across social work, integrated health and social care, early learning and childcare, children’s services and criminal justice social work, we:

provide protection and assurance

support improvement

provide information and intelligence

support policy and innovation
OUR VISION AND STRATEGIC OUTCOMES

OUR VISION:
The Care Inspectorate’s vision is for world-class social care and social work in Scotland, where every person, in every community, experiences high-quality care and support, tailored to their rights, needs and wishes.

OUR THREE STRATEGIC OUTCOMES ARE:

STRATEGIC OUTCOME 1:
People experience high-quality care

STRATEGIC OUTCOME 2:
People experience positive outcomes

STRATEGIC OUTCOME 3:
People’s rights are respected
OUR BUSINESS MODEL:

KEY STRATEGIES, PLANS AND PROGRAMMES

- Culture Strategy
- Involvement Strategy
- Improvement Strategy
- Inspection Plan
- Strategic Workforce Plan
- Transformation Programmes
- Business • Digital • Intelligence
- Learning and Development Strategy
- Financial Strategy
- Strategic Risk Register

Care Inspectorate
The new Standards are significantly more rights-based, person-led and outcome-focused than before. This is to allow coherence and supporting improvement activity at every level and reflect the fact that many people use different types of care at the same time. The Standards will help everyone focus on what really matters. They are based on five headline outcomes.

- I experience high-quality care and support that is right for me.
- I am fully involved in all decisions about my care and support.
- I have confidence in the people who support and care for me.
- I have confidence in the organisation providing my care and support.
- I experience a high-quality environment if the organisation provides the premises.
ADULT SOCIAL CARE REFORM

“...to complement and strengthen local adult support and protection improvement activity, provide assurance and identify future areas for improvement so that adults at risk of harm in Scotland are supported and protected. Interagency commitment and collaboration and will be a key element of work across Scotland to ensure that we all as individuals, agencies and partnerships do everything in our power to protect adults from harm.”


COMMUNITY EMPOWERMENT

“...seek to secure the participation of community bodies in community planning, in particular those that represent the interests of people who experience inequalities of outcome from socio-economic disadvantage.

Strategic Scrutiny Group, Principles for Community Empowerment (July 2019)
Modernising our regulatory approach 2017 - 2019

- Moving from ‘enforcer’ to ‘enabler’
- More proportionality in better performing services
- Much greater focus on people’s outcomes
- Clear role in supporting improvement
- New complaints handling process
- Shorter inspection reports
- Greater emphasis on self-evaluation
- Significant strengthening of CI quality assurance
Self-evaluation for improvement – your guide
SELF-EVALUATION GUIDE

Self-evaluation is not undertaken for the benefit of the Care Inspectorate; it should be used by you to inform and understand where you need to target your efforts to support improvement. For some services, self-evaluation could be undertaken continuously, on a planned, ongoing basis. For others, self-evaluation could be undertaken on a two- or three-yearly basis. When selecting an area for self evaluation, you might want to focus on the performance of a team, a particular process, or the experiences evidenced from comments and complaints you have received.

How are we doing?

- How well do we support people’s wellbeing?
- How good is our leadership?
- How good is our staff team?
- How good is our setting?
- How well is our care planned?

How do we know?

What are we going to do now?
WORKING TOGETHER TOWARDS WORLD CLASS CARE - COLLABORATION

- People experiencing care and their carers
- Scutiny bodies
- Local authorities
- Local communities and social care partnerships
- Culture
- Partnership forum
- Care Inspectorate workforce and Inspection volunteers
- PDA
COLLABORATION, INTELLIGENCE AND IMPROVEMENT

- Embedding a culture of self-evaluation - services are then able to identify their own improvement priorities.
- Linking into the strategic objective of the Corporate Plan - Improvement support is aligned to the strategic objectives of the Corporate Plan, because improvement support is everyone’s business.
- Health and Social Care Standards - improvement support can be used to realise these standards and impact outcomes for people experiencing care.
- Intelligence led improvement support - our efforts our directed to where our scrutiny evidence leads us, along with other evidence from research and policy.
- Involving People - we need to always keep at the heart of what we do people who experience care, directly or indirectly, this helps us to keep in mind equalities and the impact of unintended consequences.
- The Hub - to share practice and learning.
- Improvement Alliances, relationships and collaboration are key in driving improvements across health and social care.
EMBRACING REGULATION TO IMPROVE SERVICES

• The organisation’s culture is one in which learning and continuous improvement is expected, striven for and valued.

• Self-awareness is given high priority. Leaders are committed to investing in self evaluation so that they can use the insights gained to drive improvement.

• Leaders recognise and respect the role and authority of the regulator and genuinely welcome the opportunities for new insight and added value that scrutiny provides.

• Managers and staff at all levels seek to collaborate and cooperate to learn from others and are prepared to share their successes, challenges and struggles.

• Leaders are transparent in their actions and decision-making and accept accountability for the quality of the services they deliver.
OUTCOMES FOR PEOPLE: LIVING NOT JUST EXISTING

- Frameworks
- Improvement
- Involving People
- Rights and Standards
- Corporate Parent
- Accessible
NEW METHODOLOGY: A QUALITY FRAMEWORK FOR CARE HOMES FOR OLDER PEOPLE

“The core of this new approach sets out the elements that 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.”

care inspectorate
Quality indicator framework

- How good are outcomes for people experiencing care?
- How good is the leadership?
- How good is the staff team?
- How good is the setting?
- How good is our delivery of care and support?
“Continued performance at adequate level is not acceptable”
Scottish Legislation

- Scottish Strategic Regulators Code of Practice.

- Public Services Reform (Scotland) Act 2011.

- Scottish Statutory Instruments (form of law made by Scottish ministers on behalf of Scottish Parliament).
“It is not enough to be compassionate. You must act.”

HIS HOLINESS THE DALAILAMA

“Everyday kindness in our communities and in our interactions with services has such a profound impact on our lives.”

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