

Commission
for Social Care
Inspection

CSCI

Making Social Care
Better for People



Annual Report and Accounts 2006-07

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Commission for Social Care Inspection

Annual Report and Accounts 2006-07

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Foreword



Dame Denise Platt DBE

This is the Commission for Social Care Inspection's (CSCI's) third annual report and covers our work during 2006-07 as the single regulator and inspectorate for both adults' and children's social care services¹.



Paul Snell

During another challenging yet successful year, we maintained our strong focus on our vision and values and delivered our objectives as set out in our first three-year corporate plan. For the third year in succession, we

completed our programmes of assessing councils' social care performance and of inspecting regulated services. We delivered on our ambition to be an 'expert voice' on social care by publishing a number of wide-ranging reports into aspects of social care, including our *State of social care in England 2005-06* and an in-depth study of home care services, *Time to Care?*.

We played a full part in the development of Joint Area Reviews of children's services and are contributing to new ways of assessing councils and places, following the Local Government White Paper. In addition, we laid the foundations for integrating our assessment of the quality of regulated services with our assessments of councils' performance. Building on the progress made over the previous two years, we continue to transform the way we regulate services, through the implementation of our 'Inspecting for Better Lives' programme. This work is designed both to help drive up the quality and safety of services and to enable us to become more effective and efficient.

In all of our programmes throughout the year we maintained our focus on improving outcomes for people who use social care. In reforming our processes to enable us to adopt a more proportionate and risk based approach to assessment and regulation, we concentrated on those services that needed to improve most. Our enforcement action helped to lever improvement and stamp out bad practice.

We have increased the involvement of people who use social care services in the design and delivery of our work and both reflected and amplified their views and experiences of social care in a number of ways, including through our reports. We have used our uniquely broad perspective of social care to bring together a picture of the whole of social care, whether commissioned by councils, arranged by them or by individuals and regardless of the nature of the provider – public, private or voluntary.

We worked closely with partner organisations, particularly in preparing for the smooth transfer of functions to the new Ofsted, and to help prepare the ground for the new health and adult social care inspectorate planned, subject to legislation, to begin in 2008 and to take over its functions fully by April 2009.

Social care is about people. We hope this report demonstrates how we have worked to help improve social care for the benefit of the people who use those important services.

Dame Denise Platt DBE
Chair

Paul Snell
Chief Inspector

¹ From 1 April 2007 responsibility for the regulation, inspection and review of the majority of social care services for children passed to the new Ofsted.

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1 Introduction

This report sets out the work of the Commission for Social Care Inspection (CSCI) in 2006-07, its third year of operation. The Commission is a Non-Departmental Public Body which has a statutory duty to encourage improvement in the quality of adults' and children's social care in England.

As England's single social care regulator for adults' and children's services during 2006-07, CSCI has a unique perspective of the whole of social care service provision, whether this is by local councils or the private and voluntary sectors. For example, developing ways to inform councils of the performance and quality of regulated services which they commission for people in their communities.

CSCI controls entry to the care market by licensing providers through its registration activity; monitors the quality of service provision by inspecting services and reporting on its findings; and reviews council social services to ensure they perform well and deliver value for money.

People who use services are at the heart of our work and all our activities aim to ensure that wherever services are provided, they are safe, meet the needs of the people who use them, and are of good quality.

More details of our statutory duties and functions are in the Management Commentary on page 55. Changes to CSCI's regulatory scope from 1 April 2007 are set out in Chapter 6 (page 45).

Our job is to make sure that services are relevant and personal to the people who use them: give people choice; give people voice; give people dignity; and most importantly safeguard and promote their rights and welfare.

Paul Snell, Chief Inspector, CSCI



Dame Denise Platt DBE
(Chair)



John Knight
(Commissioner)



Professor Jim Mansell
(Commissioner)



Olu Olasode
(Commissioner)



Beryl Seaman CBE
(Commissioner)



Peter Westland CBE
(Commissioner)



Paul Snell
(Chief Inspector) from August 2006



David Behan CBE
(Chief Inspector) until August 2006

Chair and Commissioners

Dame Denise Platt DBE is the Chair of the Commission. There are five Commissioners: John Knight, Professor Jim Mansell, Olu Olasode, Beryl Seaman CBE and Peter Westland CBE. The Chair and Commissioners set the overall strategic direction of the organisation and approve its plans and priorities for the year. The Commission helps to fulfil its aims of openness and transparency by publishing minutes of these meetings as well as Commission papers on our website at www.csci.org.uk.

Chief Inspector and staff

Paul Snell is the Commission's Chief Inspector. He took over this role from David Behan CBE in August 2006. Paul leads a team of six Business Directors and the Children's Rights Director¹ who devise and manage the delivery of CSCI's work programme.² Details of our Business Directors are on the inside back cover.

National, Regional and local structure

CSCI Headquarters functions are located in three offices, in London, Leeds and Newcastle. Most of our operational activity is managed from within nine Regions across England, 9 Regional Offices and a network of 57 local offices where the majority of operational and support staff are based. Details of our Regional Directors are on the inside back cover. Further changes to the organisational structure will take place in 2007-08 and will feature on our website at www.csci.org.uk. See also Chapter 6 [page 45].

¹ From 1 April 2007, the Children's Rights Director post moved to Ofsted

² From 1 April 2007, the responsibility for regulating children's social care services transferred to Ofsted

Organisation and resources

During the 2006-07 financial year, CSCI employed an average 2,318 whole time equivalent contracted staff (compared with 2,389 in 2005-06 and 2,422 in 2004-05). By the end of 2006-07, this had reduced to 2,213. As part of regulatory changes, 279 CSCI staff (264 whole time equivalent) transferred to Ofsted on 1 April 2007.

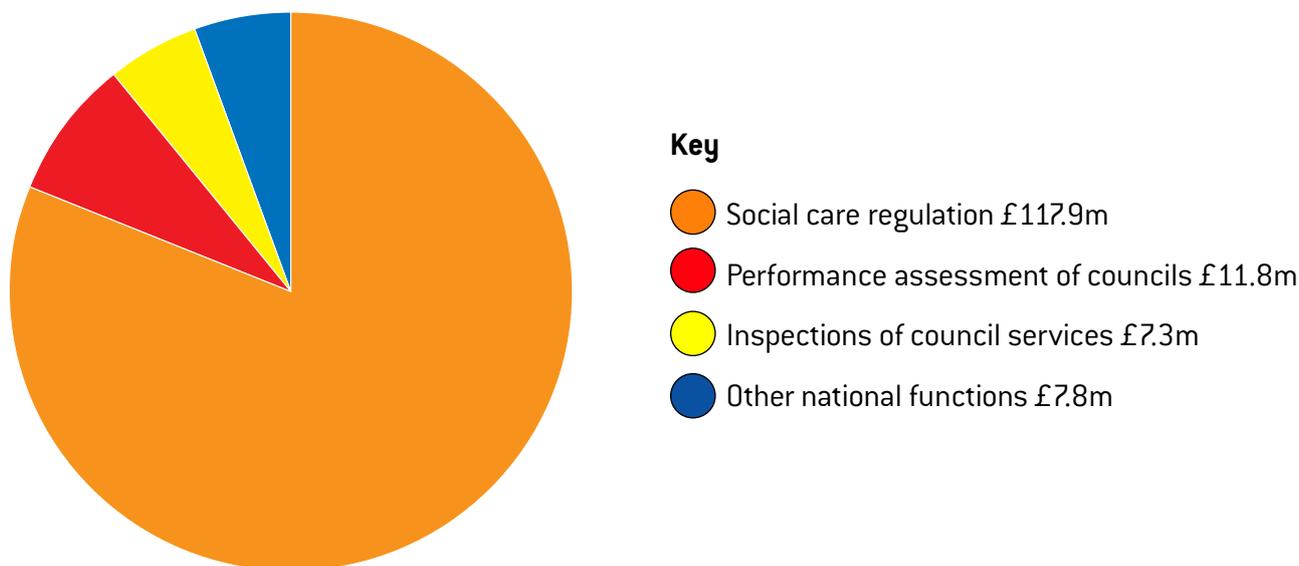
The majority of staff work in the regional or local offices and carry out or support registration and inspection of social care services or assessment of the performance and value for money of council social services. Inspections of councils' social care services are conducted by a small nationally-managed team.

A range of headquarters-based corporate services such as finance, people development, data analysis and communications account for the remainder of the staff.

Our 2006-07 budget was 2.1% smaller than 2005-06. This planned reduction fits with streamlining all our activities and delivering significant efficiency savings over a three-year period. In this financial year, not only did we deliver our target of £4.751 million savings, but we reduced our budget by a further £2.6 million. Figure A below shows our expenditure by function in 2006-07.

The Financial Statements from page 78 give a detailed breakdown of our expenditure in this financial year.

Figure A: CSCI's expenditure by function in 2006-07



CSCI's vision and values

- To put the people who use social care first;
- To improve services and stamp out bad practice;
- To be an expert voice on social care; and
- To practise what we preach in our own organisation.

Report content and structure

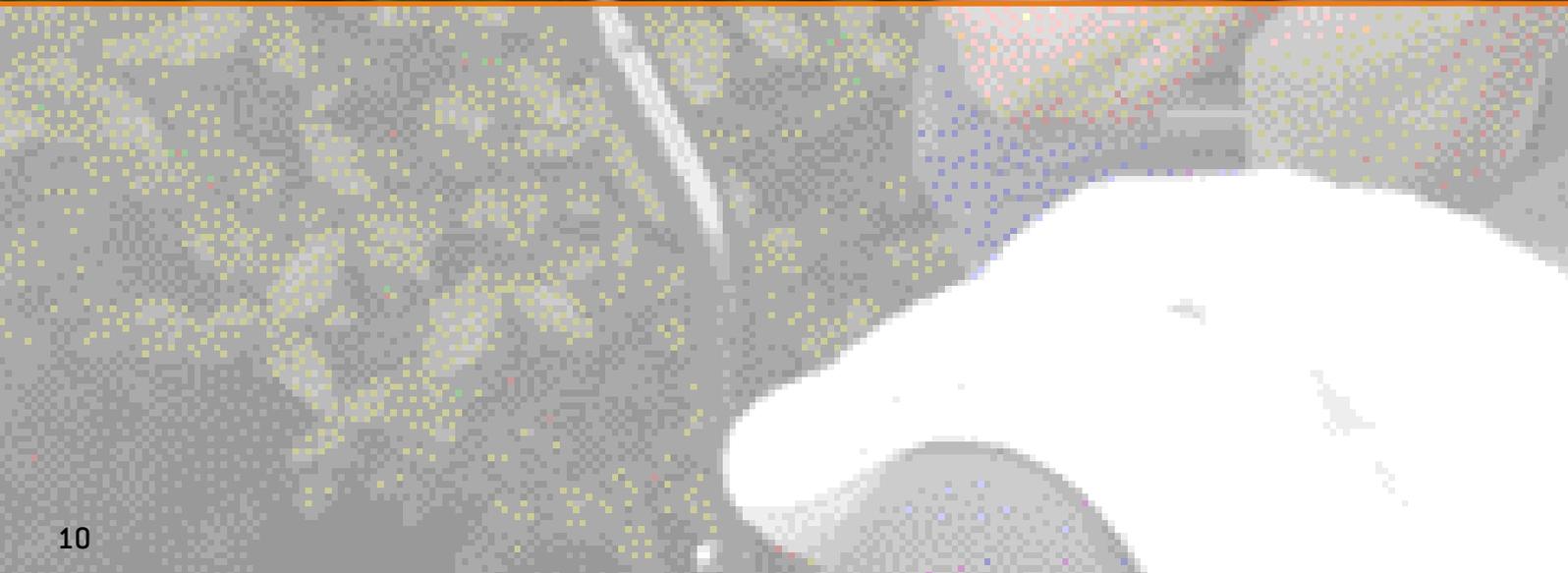
This Annual Report outlines our activities in 2006-07. The vision and values set out above provide the main structure for the report. This year we have increased the involvement of people who use services in our assessments of service quality. Details are in Chapter 2. We have strengthened our ongoing plans to modernise and improve the way we regulate services and have consulted widely with people who use services and service providers on changes to the way we will inspect in the future. Our performance against our objectives, including enforcement and partnership working, is set out in Chapter 3.

We have demonstrated our commitment to being an expert voice in social care by listening to people's views and concerns and by issuing reports on a wide range of topics, including our statutory report on the state of social care in England. Further details are in Chapter 4.

This year has seen further changes for our staff in the way the organisation is structured. We have demonstrated our commitment to practise what we preach by taking forward work on a raft of diversity and equality issues. More information is in Chapter 5.

Future changes to care sector regulation are set out in Chapter 6.







2 Putting people who use social care first

Our objectives for 2006-07

- Ensure that people receiving services and their representative bodies are actively engaged with CSCI
- Maintain an up-to-date picture of the views and concerns of people who use services, and ensure that this knowledge influences policy and practice
- Maintain a permanent consultation programme to consult children on key social care and welfare issues
- Support the specialist policy networks

CSCI is committed to involving the people who use social care in all our work so that we can hear what they are saying, respond to their concerns and help improve services for their benefit.

We have used a wide range of methods to consult and involve people in all our work and have tested other methods to involve more people. Our modernisation programme, Inspecting for Better Lives, and local council Performance Assessment Framework were developed with the involvement and ideas of people who use social care services. Our inspectors routinely talk with the people using the care service being inspected to find out their experience of that service, what works well and what may need to improve.

CSCI needs to change the perception of service providers in terms of who their customer is. Many providers seem to think that the council is the customer, as they often pay the fees. But it's not: people who use the service are the customers.

Person using social care services

For example, to ensure we get a better understanding of the experience of people with communication difficulties, we developed, with Bradford University, a tool for inspectors, the Short Observational Framework for Inspection (SOFI). This involves inspectors observing (then reporting on) a range of points from the person's perspective over a two hour period. For example, the person's general state of well-being, the attitude of staff caring for them, and the person's level of engagement with the staff and other people around them. The tool has improved inspector confidence in making judgements about outcomes for people. Our findings feed in to our inspection report of the care service and the overall assessment of service quality and the outcomes for people being cared for.

Our assessments of councils include a consideration of how people in the community who use social care services are involved in the planning and delivery of those services. To help ensure constant input, we have established contracts with a range of groups of people who use services across the spectrum of social care to comment on our work and inform its development. This is vital for us in reflecting and helping to improve the experience of people who use social care.

For example, we set up a Standing Reference Group which includes approximately 40 younger adults and older people who use services, from a range of minority groups and with a variety of social care needs, to help us take our work forward, such as helping us write our Disability Equality Scheme and commenting on a number of draft publications from the perspective of a person using social care. Further information about our work on equalities and diversity is in Chapter 5.

CSCI helped contribute to the funding of a project to train young people who have spent a large part of their lives in care in becoming inspectors of council care services. The Lifelong Improvement for Looked-After Children (Lilac) project will concentrate on how well councils involve looked after children in their own care and in the planning and evaluation of care services generally. It also looks at how effectively councils handle complaints. Feedback from the young people involved was very positive and they were keen for the initiative to continue, when the responsibility for regulating children's social care transferred to Ofsted in April 2007.

Staff in care homes sometimes say, we don't know what they want. Staff need to make real efforts to find out what people need, especially people who don't easily communicate with words.

Person using social care services



Experts by Experience

Our 'Experts by Experience' programme highlights our determination to involve people using social care in our work.

To help us improve social care services, we have expanded the Experts by Experience programme introduced last year. This involves people with first-hand experience of using social care services taking part in our inspection programme. The experts accompany our inspectors to a care service and then meet with and observe the people who use the service, to gain feedback from the point of view of someone who uses a service. Observations on issues such as care practice, care home accessibility, non-verbal communication between the staff and the people using the service are particularly helpful to the inspection process and can be used as evidence in our inspection reports.

The expert gained opinions from five people using services and six carers. The information provided by the expert was detailed and included people's comments that could be included in the report. The information could be used to triangulate the evidence gained in the inspection.

CSCI inspector speaking about an expert's contribution

Feedback from this initiative has shown benefits to all parties involved: for example, people using the service felt they could relate to someone who had experience of a similar service; providers welcomed the feedback the experts provided; the experts themselves gained an understanding of people using the service, as well as expanding their skills and training opportunities; inspectors felt experts added value to the inspection process.

We recruited the experts through a number of support organisations which were themselves chosen through a tendering exercise. Contracts emphasised the need to ensure experts had a breadth of experience of social care and came from

diverse backgrounds. Experts were involved in inspections of services which were assessed as on the cusp between average and good. Using their particular skills and direct knowledge, experts focused on specific outcomes for people using the service. The additional information experts provided contributed to the overall assessment of the service.

I was well received and had the opportunity to be shown around. I opted to look around by myself and talked freely to the residents.

An expert talking about an inspection by experience

This year, experts were involved in 134 inspections of regulated services, with 55 experts recruited from voluntary sector organisations who provide support ranging from supplying a support worker to putting the expert in touch with the right inspector. Next year, this initiative will expand further, with more than 220 experts expected to be recruited. We plan to focus on a number of areas of care including dementia care and substance misuse.

We will apply the learning from these initial inspections to improve this programme further. For example, we are encouraging support organisations to recruit experts from diverse cultural backgrounds; and we will look at how we can improve training for experts and inspectors, as well as matching experts to services better. We will use feedback from the experts to inform questions our inspectors ask during inspections, or to highlight points they need to look out for to increase their understanding of a person's experience of the service.

More information on how to get involved in our work is on our website at www.csci.org.uk/get_involved.aspx

She made us feel at ease, she chatted with the clients in a relaxed way, she had a meal with the clients, she spoke with the staff, she listened and observed.

A provider speaking about an expert's involvement

Service Improvement Boards

Service Improvement Boards are an important means by which we engage people who use services and other stakeholders in advising and commenting on our work. Five Boards cover: older people; learning disability; physical and sensory disability; mental health; and children and young people. The Boards have a collective membership of over 100 stakeholders. We work in partnership with the Healthcare Commission in running the learning disability board. The Boards have the same co-chairs as our internal policy networks which cover the same five groups. They therefore help influence the work of the Commission by feeding views and information into our policy-making and policy implementation work as well as our consultation responses, for example.

If the person doesn't fit the system, then the system should change.

Carer of a person with dementia

Issues addressed this year included a joint older people and mental health Board discussing wider aspects of mental health and well-being of older people. Members debated dementia care, the views of people using services, and how CSCI could improve its functions in this area and help lever improvement in mental health services for older people more effectively. Views were reported back to both the mental health and older people's policy networks and helped shape consultation about the Short Observational Framework for Inspection tool for inspectors of services for people with communication difficulties (see page 13). One outcome from the joint Improvement Board meeting was the strengthening of our links with the Healthcare Commission on older people's mental health issues

We reviewed the working of all the Service Improvement Boards this year and Commissioners agreed a number of actions to facilitate better working on cross-cutting issues in adult social care and improve the communication back to Board members. We shared lessons from the children and young people's Board with Ofsted, prior to the transfer of regulatory responsibilities relating to children's services to them from 1 April 2007.

CSCI have been very open to improving the involvement of people who use services in all that they do. I have appreciated CSCI's recognition of the need to improve and their listening and responding to issues raised by the Board.

Stakeholder attending Service Improvement Board



Complaints about CSCI

CSCI is keen to improve its own performance alongside that of others in social care. Complaints help us learn what we can do better. We are committed to learn from complaints and apply lessons to achieve improvement.

This section of the report sets out how we dealt with complaints about CSCI. Details about complaints, concerns and allegations about care services are at page 28 below.

In 2006-07, we reformed the way we handled complaints about CSCI. We streamlined the complaints process, reducing it from three stages to two, enabling earlier recourse to the Parliamentary Ombudsman. A national Complaints Review Service (CRS) provides quality assurance and consistency in considering complaints, with the first stage in the process dealt with at a local level.

Complaints are an outcome – not just an airing of a grievance.

Older person living in residential care

Complaints about CSCI in 2006-07

The Complaints Review Service handled 236 cases in 2006-07. Of these, 129 were not about CSCI and concerned regulated services or inspection reports. The Complaints Review Service reviewed the remaining 107. In 74 cases, the review concluded that these had been dealt with appropriately at the first stage or concerned our judgements which include an appeals or representation process. Two cases were upheld and five were withdrawn. The remaining 26 are still being reviewed or have been sent to a CSCI local office to deal with.

We dealt with 30 new cases referred to the Ombudsman, plus six carried over from 2005-06. Of these, 27 were closed and the remainder will carry over into 2007-08.

Outcomes from Ombudsman cases were: 23 not upheld; three upheld; and one upheld in part.

Lessons from these complaints relate mainly to information and communication issues. We have acted to feed these lessons into a number of areas to achieve improvement. For example: organisational change procedures; the development of a service improvement framework; and the further promotion of a customer service culture and excellence in service delivery throughout the organisation.

Every child should receive the same quality of care and support no matter where in the UK they live.

Young person in care

Children's Rights Director report

The Children's Rights Director post is an independent one hosted by CSCI and which helps CSCI ensure that the rights and welfare of children who are in care or living away from home are both safeguarded and promoted.

The Children's Rights Director consults children to seek their views and experiences of care services, to find out what works well, what does not, what children like, what issues are important to children and what they would like to see changed. Reports of children's experiences help influence CSCI's regulatory work, such as having inspectors check



the quality of care services to make sure children are well cared for and have positive outcomes. Reports also influence Government, as the Director sends them to relevant Government Ministers, so children's views can directly help shape policy developments or contribute to assessing how effective policies are.

Don't ask silly questions about cultural identity – ask does racism affect you?

Young person in care

A dedicated website, www.rights4me.org, contains all the Director's reports, plus information for children about their rights. It is also a useful means of obtaining feedback on a wide range of children's issues, through increasing use of web surveys. There is also a mobile phone texting panel, 'Be Heard', which consults its members on different key issues every week. The Panel has sought children's views on topics such as: inspections, respect, moving placements, and knives.

The Director and his team also ensure that issues raised by children, individually or in groups, are brought to the attention of the relevant agency, such as councils, to ensure that their views are heard and fully taken into account in decision-making about where children may live or be placed, for example.

The Director issued a number of reports during 2006-07. A list of these and other CSCI publications is at page 35.

One report, *Children's View of Social Workers (July 2006)*, reflected the views of over 500 children and young people ranging in age from four to 21.

They commented on the best and worst about social workers, the help and information children want and need and on a range of issues such as training and personal and professional qualities of social workers. Comments varied: for example 'no-one's perfect, but she's close enough!' and 'it takes ages for a social worker to help'. These views have helped influence the Government review of the roles and tasks of social work in England in the 21st Century.

Another report, *Being a Young Carer (July 2006)*, highlighted the pressures some young people face when they care for someone in their family with a long-term illness or disability.

Mum spends a lot of time alone, so it doesn't seem right not to keep her company.

Young carer

Care Matters (February 2007), reported children's views on the Government's proposals about how the care system could be made better for children in the future. The top promise children wanted councils to make to them is that they will have a good and safe home. Children also strongly reflected that they wanted to be treated as individuals and not simply as children in care: their individuality and diverse backgrounds and circumstances should be valued and not pre-judged.

I want to be free of my past, better than my present and always ambitious for my future!

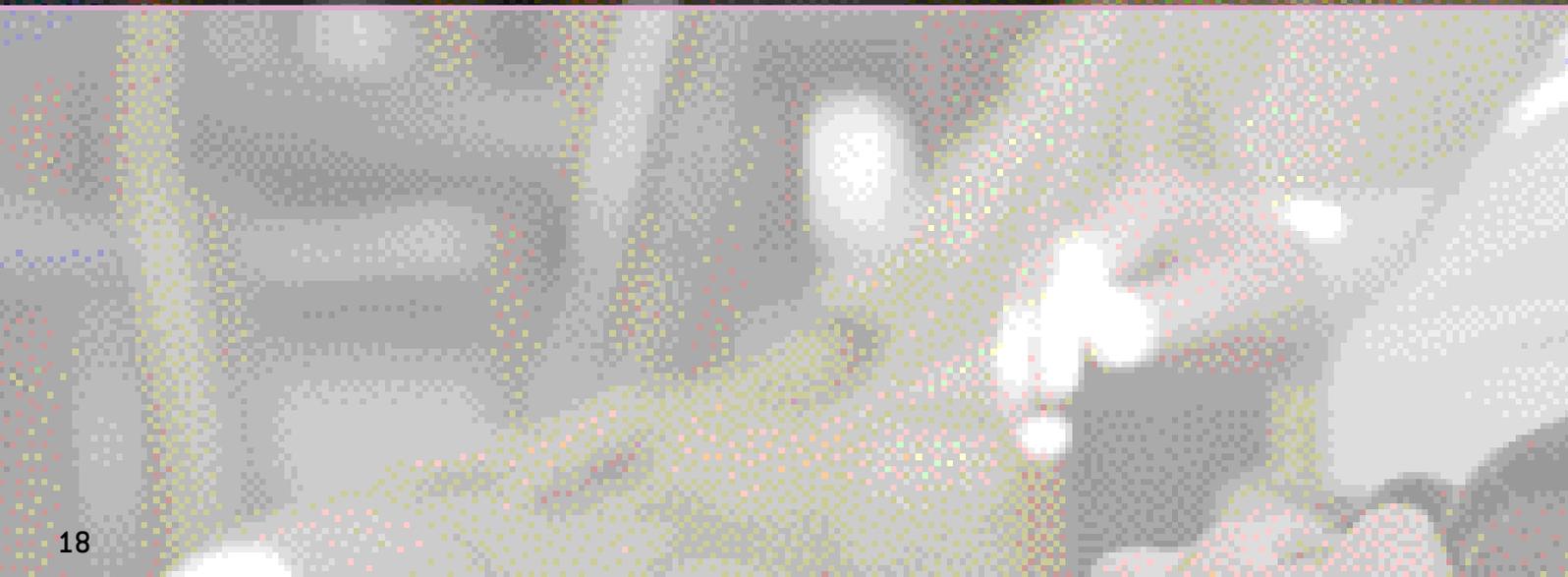
Young person in care

Policy by Children (March 2007), is a key report summarising over 100 social concerns they have expressed to the Children's Rights Director over the three years his office has been hosted by CSCI.

All the Children's Rights Director reports will be found on the Ofsted website, www.ofsted.gov.uk.

The Children's Rights Director and his team consult children through a range of methods, aiming to give each child a choice of ways of feeding their views in. These include national children's conferences, discussion groups at child-friendly venues, pizza evening discussions, card based surveys, web-based surveys, email and the 'Be Heard' texting panel. The team aim to invite children from social care settings selected at random, rather than always meeting a standing children's panel, so over the year will meet very large numbers of children from different settings.

The Children's Rights Director post moved from CSCI to Ofsted on 1 April 2007.





3 Improving standards and stamping out bad practice

Our objectives for 2006-07

- Promote improved outcomes for people who use social care services through the delivery of CSCI's performance assessment, regulatory and service inspection programmes
- Develop efficient and consistent enforcement practice across CSCI to stamp out bad practice
- Reflect best practice in the way we respond to complaints by ensuring a timely response to complaints about providers and CSCI
- Work jointly with other inspectorates to develop, lead and contribute to the inspection, review, and assessment of social care services to secure improvement

CSCI has a unique perspective across the whole of social care: from assessing council performance, including the way they commission services for their whole community and purchase and arrange specific care services, to inspecting and promoting improvement across the social care services which help support people. Our programme of inspections and assessments enables us to identify progress and trends across the sector, enabling councils and providers to focus attention on areas that most need improvement.

Some people with learning disabilities think that it's part of normal life if they are not allowed to have a cup of tea after 9pm because the kitchen has been locked up.

Person with a learning disability

Performance assessment of local councils

CSCI's performance assessment of local councils is a way to lever improvement for people in council areas who use social care services. A range of evidence measures inform our overall judgements: structured self-assessment; national performance measures; findings from CSCI inspections of the regulated services which councils commission; plus information from inspections of council social services. Emphasis is placed on councils involving people who use services in the design and delivery of their care. Each council is awarded a performance rating in the range of zero to three stars to reflect both overall performance and their capacity to improve.

This year's system of assessing council performance marked a step towards a new performance assessment system which will increasingly focus on outcomes for people who use services (see Chapter 6 for further details). Unlike last year, Adults' and Children's services were assessed separately, enabling a clearer identification of the progress of both adults' and children's services for each council.

The Annual Performance Assessments for both Adults' and Children's services in 150 councils were successfully completed and published on time in November 2006, on the CSCI website www.csci.org.uk and Ofsted website www.ofsted.gov.uk respectively.

The Adults' services performance ratings reflected that, for the fourth year running, many councils have improved their services. No councils were awarded a zero rating, although one-fifth of councils are rated one star. Twenty one councils have been identified as priority for improvement, based on their performance over the past five years. We have prioritised our work with these councils, stressing the need for urgent action to deliver significant and sustained improvements in outcomes for people in those communities who use or may need to use social care services. The councils have all produced improvement plans which address a number of common themes.

For example:

- improving strategic leadership and capacity
- improving delivery of personalised services, including better take up of Direct Payments
- helping more older people and those with learning difficulties or mental health needs to live at home

We will continue to monitor these councils closely.

In 2006, 25 councils (17%) improved their services enough to increase their performance while 16 (11%) fell back. The overall trend, however, is one of gradual and steady improvement. See Figure B below.

Good councils performed well in a number of areas, including:

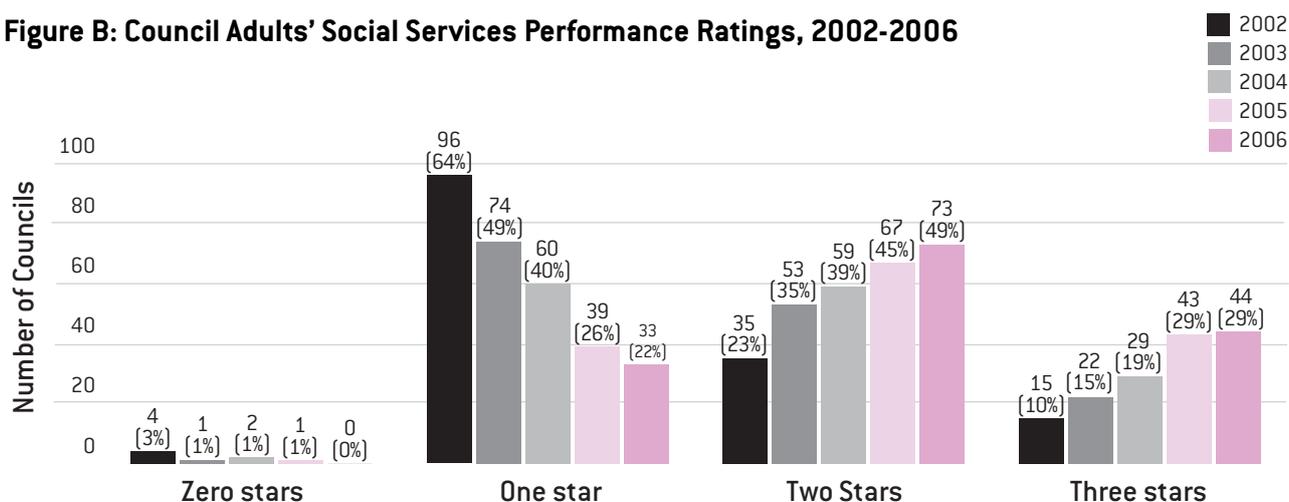
- having a good understanding of the social care needs of the whole community
- ensuring systems are in place to safeguard people from abuse, neglect or poor treatment whilst using services
- providing good quality information which is readily accessible to all
- seeking feedback from people who use services and carers, and acting on that feedback
- working to develop joint working with relevant partner agencies
- having good financial management systems that provide the foundation for better planning and commissioning of social care services.

Challenges facing councils include:

- providing timely, convenient and responsive arrangements for referral, care planning and review
- providing a range of services to support and encourage all carers
- providing services that are broad and varied to meet needs, offering choices to many, and taking account of individual preferences
- commissioning for services which represent good value for money in terms of quality and cost.

Figure B below shows performance ratings for councils from 2002. The ratings for 2002-05 have been adjusted to reflect adults' services only, to allow comparison with 2006 data.

Figure B: Council Adults' Social Services Performance Ratings, 2002-2006



Fuller details and an analysis of performance can be found in: Performance Ratings for Adults' Social Services in England (November 2006) and *The State of Social Care in England 2005-06* (January 2007). Both reports can be found on our website www.csci.org.uk.

Service inspections

Service inspections help support improvement in councils' social care services. CSCI inspectors assess the delivery of a council's social care services, its use of resources and the outcomes for people in that community. People using services are routinely consulted as part of the inspection process. CSCI's inspections are proportionate, with annual performance assessment data informing which councils should be inspected. Efforts are focused on improvement and councils rated excellent are not inspected.

CSCI no longer makes its own inspections of council children's services, apart from some specialist services. Instead, we work in partnership with nine other inspectorates in this area, conducting Joint Area Reviews. These inspections replace those of a range of different inspectorates.

Supporting People inspections are undertaken in partnership with the Audit Commission Housing Inspectorate and HM Inspectorate of Probation.

This year, we conducted 120 inspections of council services as follows:

Table 1: Inspections of council services in 2006-07

Type of inspection	Number of service inspections
Joint area reviews	49
Supporting people	41
Older people's services	13
Mental health services	11
Learning disability services	4
Physical and sensory impairment services	2
Total	120

Reports of these inspections are on our website www.csci.org.uk except Joint Area Review reports which are on Ofsted's website www.ofsted.gov.uk and Supporting People inspections which are on the Audit Commission website www.audit-commission.gov.uk.

Further information about our inspections of council services are at page 59.

CSCI's statutory registration and inspection programme

CSCI's governing legislation requires us to keep a register of the number and type of services registered with us, along with the number of places provided. This information is useful to researchers and policy makers to examine trends in social care. The public also access the register, most often using our website www.csci.org.uk to search for a care service in a particular location.

Services must register with CSCI before operating. We check that the service and the people running it and working in it are suitable and safe for the people who will use the service.

As part of our improvement agenda, we have centralised a number of registration processes, to concentrate experience and to speed up the registration time and cut out unnecessary procedures.

Our performance 2006-07 was as follows:

- 10,699 registrations were completed, of which just over 84% were completed within the 4 month target time, against a target of 85%. (Performance improved constantly throughout the year with 91% being achieved in December 2006 and 93% in March 2007)
- fewer than 7% of registrations are more than 4 months old, compared to a target of less than 20%
- applications outstanding more than 7 months dropped by 96% in the year and now number 21
- 1,879 registrations received at the end of the year will carry over to be completed in 2007-08 (compared to 2,722 last year).

We describe and analyse what we have found in our work such as drivers and trends in service quality and provision in our annual *State of Social Care in England* report. The latest report, for 2005-06, is on our website at: www.csci.org.uk/about_csci/publications/the_state_of_social_care_in.aspx. The next report will be published early in 2008.

Table 2: Services and places registered in 2006-07

Adult care home services and places	31 March 2005	31 March 2006	31 March 2007
Services registered	19,762	18,752	18,577
Places available	441,376	440,223	441,958
Adult placement schemes	52	123	133
Domiciliary care services	4,120	4,632	4,735
Children's home services and places	31 March 2005	31 March 2006	31 March 2007
Services registered	2,046	2,040	1,958
Registered places in homes	12,195	11,823	11,382
Residential family centres	38	40	44
Residential family places	355	276	284

You spend your whole life fighting, pushing, cajoling to get the services to do what you need.

Person using care services

Inspections

This year we changed significantly the way we conduct our inspections. Prior to April 2006, we had a statutory duty to inspect most services twice a year, irrespective of quality. From 1 April 2006, we were given powers to be more proportionate and focus our activities on services which needed to improve most. Risk assessment identifies the services which need most attention. A range of other factors also inform inspections: complaints from relatives and other professionals, the lack of a manager, high staff turnover, intelligence from councils or other agencies.

We will evaluate all this information in each service's Annual Review to determine if an earlier and more focused inspection is required.

For the third year in succession, we completed a full inspection programme of 26,676 key inspections of adults' and children's services. The vast majority of these were unannounced, over 93% for adults' services and almost 75% for children's services.

Table 3: Total inspections in 2006-07

Service Type	Scheduled	Completed	% Completed	% Unannounced
Adults	23,351	23,351	100	93.5
Children	3,325	3,325	100	74.4
Total	26,676	26,676	100	

Note: this table does not contain data relating to inspections scheduled for 2007-08 but which were conducted in 2006-07. Further information is on page 58.

Inspection reports

We write reports of our inspections and publish them on our website. Our target this year was to complete 85% of reports within 28 days: we achieved this target, completing just over 85% in the required timescale.

These reports give people who use services valuable information about how particular services are performing. They can be viewed on our website at www.csci.org.uk. A search facility enables a search by service type or by postcode. This year over 1.5 million inspection reports were accessed from our website.



Enforcement

Our inspectors use a range of enforcement methods both to eliminate bad practice and to encourage improvements in all social care services for the benefit of the people who use them. Where inspectors find that circumstances within a service present a clear and immediate risk to the health and safety of anyone, particularly people using services or working for them, we will use our emergency enforcement powers to deal with the problem, such as seeking an urgent cancellation and closing the service.

For less severe problems, we will use other methods, which range from providing advice and guidance to a

service provider – such as on recruitment, medication or training issues – to issuing notices requiring improvements to considering or taking prosecution action. Prosecutions are undertaken for certain breaches of legislation or where someone is operating a registrable service without having registered it.

Enforcement activity in 2006-07 is set out in Table 4 below.

Table 4: Enforcement actions in 2006-07

Requirements notices	Statutory notices	Urgent cancellation	Prosecution
2,787	584	5	6

Occasionally, the threat of urgent action is sufficient to persuade providers to make immediate improvements, and these cases do not feature in the statistics.

Requirements notices are a formal method of recording what action CSCI requires the provider to take to improve the service. This can cover almost any aspect of the care service. If action is not taken within appropriate timescales, we can take more serious enforcement action and serve a statutory notice. If improvement does not occur, we consider prosecution. Table 4 above shows our enforcement activity this year. It appears that where enforcement is necessary, lower levels are sufficient for most providers to take the necessary improvement action, so that the more serious actions are not required. In 2006-07, we issued 584 statutory notices, but prosecuted on six occasions.

Urgent cancellations cover a number of situations – in one case, a care home was inadequately staffed because the provider had failed to pay bills from staffing agencies; in another case, a provider had not carried out all of the necessary pre-employment checks on staff working in a children's home; and in another, we closed a care home because it had no records for the people using the service or for its staff.

The majority of prosecutions this year have been where people have broken the law by running a service without first registering it with CSCI. For example, inspectors in the West Midlands suspected that a person previously prosecuted by CSCI for operating an unregistered domiciliary care service was now running an unregistered care service. Inspectors made an unannounced inspection of the property and found clear evidence that it was operating as a care home. CSCI prosecuted under the Care Standards Act. The person was convicted and sentenced to 18 months probation, plus 250 hours unpaid work and required to pay CSCI's costs. CSCI liaised with the local council to ensure that the people living in the unregistered home were moved to suitable alternative accommodation.

Formal regulatory decisions have an appeals process. This year, we have dealt with 62 appeals to the Care Standards Tribunal, of which 50 are new appeals and 12 lodged but not finalised in 2005-06. Appeals occur when CSCI decides to refuse a new application, cancels an existing registration or imposes conditions on a care service and the provider does not agree with the decision. Thirteen of the new appeals have been concluded (nine dismissed, two withdrawn, one allowed and one

where CSCI withdrew its opposition), while the remaining 37 appeals will carry over to 2007-08. In addition, the 12 appeals carried over from 2005-06 were all concluded (four dismissed, two withdrawn, two struck out, one allowed and three where CSCI withdrew opposition).

We also dealt with one appeal to the High Court, an appeal against a prosecution in 2005. The claimants failed on all three aspects of their appeal.

Addressing poor practice in learning disability services

Case study: Inspection leveraging service improvement

We inspected a South West England council's social services for adults with learning disabilities, jointly managed with the local Primary Care Trust (PCT). Although inspectors found committed staff and some good practice, the service needed stronger direction, better basic systems, improved use of resources and joined-up leadership. Also, outdated day services needed to be modernised.

The council used CSCI's report as a tool for improvement. Councillors agreed to implement the report's recommendations at the same time as taking firm – and overdue – action to remodel day services. Working more closely with the PCT, the council set up a senior Board to lead this work, recruited project management staff and increased funding to facilitate the move to a new model of provision over a 3-year period. These and other changes to procedures and staff roles have led to improved outcomes for people using the services. Six months after the inspection report, the number of people waiting for a service had fallen by 85%. For

the first time, all people using services are having regular reviews and, along with carers, are being kept updated about proposed changes. Links are being made with community facilities which meet people's needs and interests.

The range of planned changes and improvements will take some years to complete, and CSCI will continue to check on progress being made through its regular business links with the council.

Improving services for people with dementia

Case study: Enforcement achieving better outcomes

A care home in the North West caring for a number of people with dementia and mental disorder was identified as poor, following a CSCI key inspection. Improvement was necessary in a range of areas, including health and safety, management and training in adult protection.

Following a management review, CSCI worked with the home to set clear objectives for improvement which the home set out in an action plan. An inspection the next month

showed rapid improvement in all health and safety issues, with the provider progressing well in the other areas. CSCI continued to monitor the home.

Two months later, a further inspection found all requirements met with improved outcomes for people using the service. Follow-up surveys showed residents and their relatives satisfied with the levels of care. Having evaluated that the changes were sustainable, CSCI has now assessed the home as good.

Working with partners to transform services

Case study: Joint working improving learning disability services

Working in partnership with the Healthcare Commission, we reported our serious concerns about services for people with learning disabilities in Cornwall in July 2006. The Commissions found evidence of institutional abuse such as hitting people and unacceptable restrictions on people living in supported housing such as over-reliance on medication and prolonged use of restraint. As a result of

the investigation, 40 people were referred to Cornwall County Council under the procedure for the protection of vulnerable adults. The Commissions called for the redesign of services for people with learning disabilities by the local health and social care organisations through the development of an action plan leading to sustainable improvement with continued external monitoring.

Complaints, concerns and allegations against regulated services

The information that the public – often relatives and carers – give us about care services is vital. They often have complaints or concerns that they want us to know about.

This year we revised our procedure for how we deal with this information. Our new internal policy separates information into complaints, concerns and allegations so that we can then clarify who should resolve the issue – the council, the police, the provider or the Commission. We make sure that the person who contacted us is kept informed of what is being done with the information they gave us.

We also examine whether there has been a breach of legislative requirements and, where this occurs, we will take further action. If the provider has not met their legal obligations, we will tell them what they must do to put things right. In 2006-07 we received 5,407 letter, emails or other communications about regulated services which, when analysed, broke down into 13,706 elements. We replied to almost 99% of all the initial communications within 28 days. Our target is 100%.

Information about abuse, neglect, care practice and/or staffing issues continue to account for a substantial proportion of what we receive (consistently between 61% and 64% of contacts in each of the last three years), whilst those about admission and access represent only a small proportion. Table 5 below shows the breakdown of issues and reasons for contact, compared with the two previous years. Whilst the number of communications about abuse (financial, physical, emotional, neglect, sexual) has reduced this year, the overall proportion has risen to 17%.

Partnership working – safeguarding

We work with a range of partner organisations to help us achieve our improvement goals.

One example of this is our joint work with the Association of Directors of Adults Social Services and Association of Chief Police Officers to update the Safeguarding Adults Protocol. This clarifies the role of key agencies collaborating in multi-agency procedures designed to protect people who may be the subject of abuse and neglect. The protocol sets out CSCI's role as regulator and three key elements to the way in which CSCI responds to a safeguarding alert:

- where there are concerns a person faces a serious risk to their health or well-being, CSCI will consider appropriate regulatory action in addition to investigation and assessment by partner agencies
- where breaches of Care Standards legislation are suggested, CSCI may conduct enquiries and/or an unannounced inspection to find evidence to support further action
- where no immediate regulatory action is identified, CSCI will take into account the results of any investigation by partner agencies.

Improved clarity of roles and responsibilities and more effective and co-ordinated partnership working will result in improved safeguarding for people at risk in the community.

A copy of the protocol can be found on our website at www.csci.org.uk.



Table 5: Number, percentage and type of issues raised, 2004-05 to 2006-07

Reasons for contact	2004-05	2004-05 (%)	2005-06	2005-06 (%)	2006-07	2006-07 (%)
Care practice	5,145	25	4,508	25	3,167	23
Staffing	5,166	25	4,384	24	3,253	24
Abuse	2,865	14	2,394	13	2,262	17
Premises	1,673	8	1,423	8	996	7
Registration	1,276	6	1,076	6	1,081	8
Other	816	4	929	5	719	5
Health and safety	1,108	5	919	5	715	5
Food	878	4	812	5	584	4
Facilities	460	2	384	2	236	2
Incidents	607	3	342	2	198	1
Activity	397	2	323	2	216	2
Access	335	2	261	1	141	1
Admission	188	1	156	1	138	1
Total	20,914	100	17,911	100	13,706	100

There has been a reduction in the total number of pieces of information about complaints, concerns and allegations. This could be for a number of reasons. For example, prior to 2006-07, all information shared with us was classed as a complaint and recorded as such. The procedure introduced this year includes passing information to a service provider to investigate and follow up. Also, allegations of abuse are now mainly passed to the local council safeguarding adults team to handle, with CSCI becoming involved when necessary.

The majority of issues raised are about care homes and care homes providing nursing: 85% this year; domiciliary care services were the source of 12%; and children’s homes 2%. All other services together made up the remaining 1%.

As with previous years, the person who most often raises an issue with us is either a relative or a carer of the person using the service – 34% of all communications came from this group; people using services accounted for 3% (compared to 5% in 2005-06 and 4% in 2004-05). In 27% of cases the person providing the information was anonymous or not known. Current or former staff members accounted for 15% of communications; 7% came from other groups; social workers or placing officers 6%; health professionals 5%; public 2%.

Our new approach to handling information about care services has resulted in greater clarity about the responsibilities of providers, commissioners of services and CSCI. The new way of working encourages greater ownership by providers for concerns and complaints, and strengthens the direct link with people who use their services. It also makes clear the lead role of local councils in safeguarding, and their wider commissioning responsibilities. These changes are helping to improve the experience of people using care services and promoting a greater awareness of the need to ensure their safety and wellbeing.

CSCI should encourage the changing of the culture of complaints. Complaints should be celebrated, and should be perceived as an effective way to improve services. CSCI should check if people have been involved in designing the complaints procedure in care services.

Person using care services





4 Being an expert voice on social care

Our objectives for 2006-07

To publish:

- A national report on the State of Social Care in 2005-06
- A series of good practice bulletins for the care sector
- A report on commissioning, following an expert seminar
- A report on Domiciliary Care services
- A review of children's issues CSCI has found in the last 3 years

CSCI recognises the importance of raising awareness of specific issues in social care to all its stakeholders. This helps focus attention on areas which may require improvement or helps spread good practice. Through our publications we aim to use our findings to assist services to improve.

Failure to listen to what people really need, and respond to this, results in missed opportunities to promote independence and to help people live full and rewarding lives. At worst, it can also result in services that do not respect people's rights and dignity.

Dame Denise Platt DBE, on the 'Time to Care?' report findings

The State of Social Care in England 2005-06

Each year we publish a major overview report on what we have found out about the state of social care. *The State of Social Care in England 2005-06* was published in January 2007.

As shown in last year's State of Social Care Report, there is a continuing trend of gradual improvement in the quality of services, with more services meeting minimum standards. This is balanced by the finding that councils are tightening local rules about who qualifies for state-funded social care. As a result, more people are paying for their own care and some are going without. Overall, those who receive services have the highest levels of need. The Report called for a new settlement between the State, families and individuals to make it clearer what are the responsibilities of each.

Read the full report at:

www.csci.org.uk/default.aspx?page=1852&key=



Time to Care?

Time to Care?, published in October 2006, reported how agencies are meeting Government standards for home care, while probing the experience of older people who receive care at home. The findings were mixed:

- increasing threshold levels mean that many people who would benefit from services do not receive them – the number of households supported fell from 528,500 in 1992 to 354,500 in 2005
- whilst older people appreciate the fact they receive a home care service, there are aspects of the service they are not satisfied with: for example, if their home care worker is rushed, having only 15 minutes to get them out of bed, wash and dress them before moving on to the next client, which can be unsafe and undignified.

There are, however, examples of good, innovative practice, such as home care arranged for a couple through a council using an Individual Budget which enables one person to remain at home, rather than go into residential care, whilst their partner can continue working.

I have two half hour visits which was what we needed. My wife made good friends with the care workers and they are a breath of fresh air.

Older person who is a carer talking about individual budgets

Services need to reshape to meet the changing needs of an ageing population.

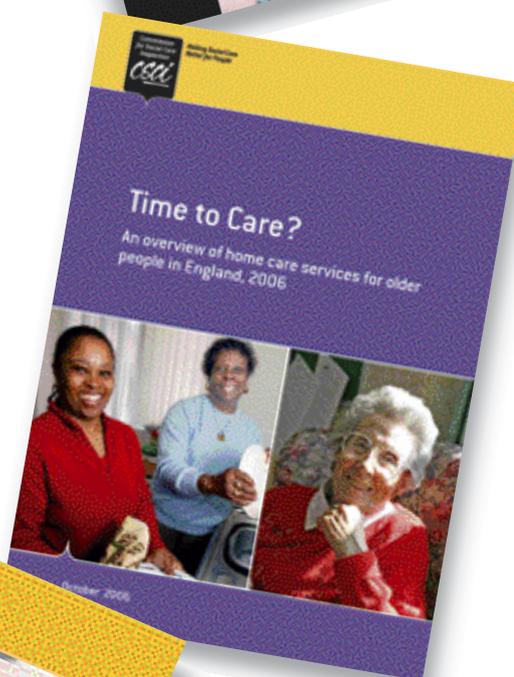
The full report is available on the CSCI website at www.csci.org.uk.

Children's services: CSCI findings 2004-07

The report *Children's services: CSCI findings 2004-2007*, published in March 2007, set out a range of issues that CSCI has found in its three years of regulating children's social care services:

For example:

- Children and families are not always getting the help they need as a result of funding pressures on councils resulting in higher eligibility criteria and thresholds to access services.
- There is not enough support for children when they are taken into care and placed in a children's home or with foster parents.
- Children in care do less well in education. While some improvements have been made, more needs to be done and action taken quickly.
- Services to children with disabilities vary considerably depending on where they live. Services to children whose parents are disabled are similarly variable.



CSCI National Reports in 2006-07, available at www.csci.org.uk. The website also has an archive of reports published in previous years.

Supporting People, promoting independence	May 2006
In Focus: the right people for me	May 2006
In Focus: safe and sound	June 2006
Annual Report and Accounts	July 2006
Equalities and Diversity Strategy	August 2006
Relentless Optimism, creative commissioning for personalised care	September 2006
Time to Care?	October 2006
In Focus: better safe than sorry	November 2006
A new outcomes framework for performance assessment of adult social care 2006-07	November 2006
Performance ratings for council social services	November 2006
Making Choices: taking risks	December 2006
Disability Equality Scheme	December 2006
State of Social Care in England 2005-06	January 2007
Growing up matters – better transition planning for young people with complex needs	January 2007
Children’s Services, CSCI findings 2004-07	March 2007
One-person children’s homes – a positive choice or last resort?	March 2007

Children’s Rights Director Reports in 2006-07, now available at www.rights4me.org.

Running Away	May 2006
Children’s Views on Social Workers	July 2006
Boarding School Placement	August 2006
Children’s Views on Standards	September 2006
Rights and Responsibilities	October 2006
About Adoption	November 2006
Children’s Consultation on the Children’s	January 2007
Index Report	January 2007
Children and Safeguarding	January 2007
Care Matters – Children’s Views on the Government Green Paper	February 2007
About Education – Children’s Views	March 2007
Looked after in England	March 2007
Policy by children	March 2007





5 Practising what we preach

Our objectives for 2006-07

- Support the delivery of CSCI's equality and diversity strategy
- Develop and implement the workforce development strategy
- Continue to deliver the three-year financial strategy
- Achieve savings from the implementation of a business-led estates strategy

The Commission is committed to practising what it preaches. This year a great deal of activity focused on equalities and diversity. Following consultation with people who use social care services and our staff, we published our Equalities and Diversity Strategy in August 2006. The Strategy sets out how we will develop recruitment and retention processes, so that our organisation continues to reflect the society it serves, and provide training to our staff so that they can incorporate diversity into everything they do.

CSCI needs to make sure people's voices are heard by telling of the difficulties disabled people face and people's real stories. This should include the barriers that people face as well as the good practice stories.

Person with a disability

Action on equality and diversity

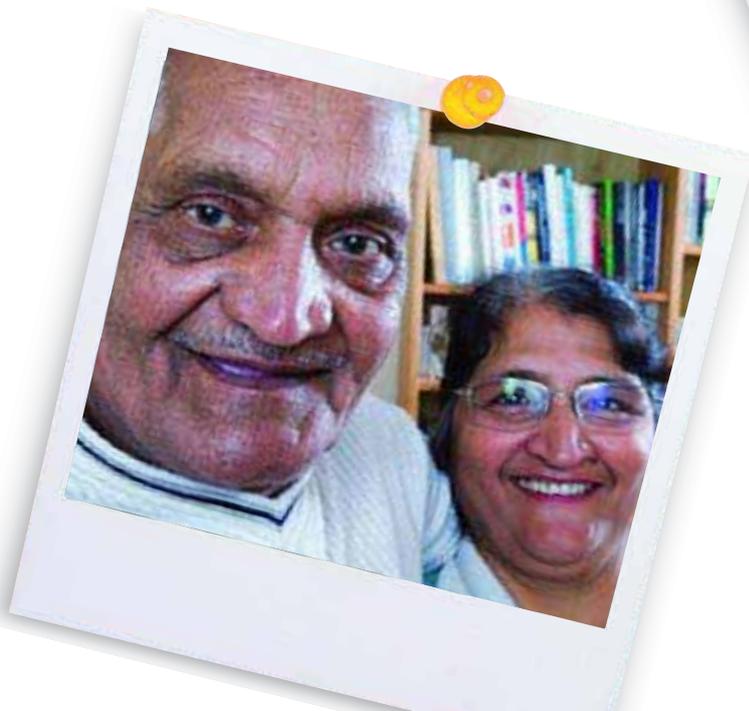
We have developed an Equality Impact Assessment tool in line with legislative requirements to ensure that our policies, guidance to staff and ways of working promote equality and diversity. They ensure that we focus attention on the interests of those people most likely to face discrimination or barriers to leading the life they choose, for example because of their race, gender, age, sexuality, disability, religion or belief. Our three staff diversity groups – Disability at Work Group; Lesbian, Gay, Bisexual and Transgender Workers Group; Black Workers Group – as well as Experts by Experience have been involved and made valuable contributions as part of the consultation process in completing Equality Impact Assessments.

We established a dedicated website on equalities and diversity. This brings together all the different strands of equalities and diversity work throughout the Commission. It offers the latest equalities and diversity developments, as well as learning tools to help staff understand the key issues. The site sets out how people who use services are involved in our work to ensure equalities and diversity issues are considered. The site will continue to be developed in the next year.

Part of the broad Equalities Strategy relates to disability and our Disability Equalities Scheme was published in December 2006. This says how we will help to eliminate discrimination in the workplace and sets out what we expect from

social care and council providers. People who use services participated in developing the Scheme and commended the Commission for involving and consulting them at an early stage on the Scheme's framework rather than on a completed document. They viewed this as a genuine, meaningful consultation where they could really influence the outcomes.

We have appointed disability champions in each region and are working with disability groups on all aspects of our work. We are training our inspectors in different methods of communicating with people with a physical or sensory impairment. For example, we have developed a tool for inspectors to use to help us understand the experiences of people with severe communication problems, such as people with dementia or high support needs. This will help us assess how well services are meeting the needs of people who cannot communicate easily.



We trained 16 Dignity at Work Advisors to act as the first point of contact for staff who perceive themselves as being the victim of harassment or bullying.

We completed Disability Discrimination Act audits for all our buildings and have taken follow-up action to ensure they allow access for people with disabilities. For example, we installed new lifts in our Lincoln and Leicester offices. Where appropriate, we have acted with our landlords to ensure necessary improvements have taken place and developed an action plan to address any outstanding priority issues.

We have a specific duty under the Race Relations Act to monitor details about our staff with regard to their ethnicity. We publish a report covering ethnicity, gender, age and disability, including details about, for example, how many staff apply for employment, training and promotion; receive training; benefit or suffer detriment as a result of our performance assessment procedures. The report is available at www.csci.org.uk/about_csci/who_we_are/about_the_diversity_of_our_sta.aspx.

We have developed methods for our inspectors to support them in engaging with people from black and ethnic minority communities. Designed with input from a range of people using services, inspectors will track cases, talk to the person concerned and professionals involved in their care to examine how well people's needs have been met.

Services need to support people and make sure that people can access information – that it's in the right place at the right time. Council websites can be a nightmare to find your way around.

Person with a disability

Accessibility of information is very important to us. To assist increasing the accessibility of our information, we launched our revised and improved website in April 2006. The site has a range of accreditations, including: Royal National Institute for the Blind See It Right accreditation; Plain English Internet Crystal Mark. The website won the New Statesman New Media Award in 2006. The site is proving increasingly successful, with 1.5 million regulatory inspection reports were downloaded in the last year. National reports were also very popular: *The State of Social Care Report* was downloaded 39,000 times; *Time to Care* and *Better Safe than Sorry*, a report on systems to protect adults, were each downloaded 33,000 times.

Publications and information are available in a range of alternative formats, including Easy Read and community languages. Inspection reports for learning disability services are also produced in Easy Read format. For our own staff, Dragon or other assistive technology is used by 80 people to enable them to do their job.



Three-year financial strategy

We have continued to manage effectively a reduction in our resources: financial, staff and estate. This has been supported by capital investment and increased learning and training opportunities for staff. For further details see page 62.

Workforce strategy

We completed a major programme to implement the results of an exercise which evaluated 170 posts covering over 2,000 staff, carried out jointly with our recognised trade unions. This resulted in the establishment of a new organisational pay and grading structure and the development of common terms and conditions, to which more than 95% of staff have now transferred.

Learning and Performance Deal

Our ongoing commitment to staff training and development has been reflected in a 37% increase in the number of days training staff undertook in 2006-07. The average of 6.8 days training per person is 1.5 days higher than the national average. Training included Plain English report writing for over 350 Inspectors and Business Services staff to help ensure their findings are presented in a user-friendly format. Management development training included a module on staff development which helped managers consider a full range of methods of developing their teams. Staff feedback was consistently positive.

Estates strategy

As part of the financial strategy, we have implemented a managed reduction in the size of our estate from some 80 offices at the start of 2006-07 to working out of 57 offices and managing nine vacant offices at the end of the financial year. This strategy will continue in 2007-08.







6 The future

New corporate plan

Our new corporate plan *Driving Forward* reflects our priorities and the changes to our structures, budgets and objectives from 2007 until the end of March 2009. From April 2009, the Government has announced that, subject to legislation, a new office for regulating health and social care will be established. The corporate plan is available on our website at www.csci.org.uk.



Plans for improving performance assessment

Our plans for performance assessment involve focusing more on the experience of people who use social care services.

We will be working with partner organisations to help develop the performance assessment of councils to integrate inspection and assessment across the whole social care sector, across both commissioning and provision for people living in councils' communities. Joint Area Reviews and performance ratings for social care will change, along with the Annual Performance Assessments.

Assessment in 2007-08 will be based around the seven outcomes set out in the Health White Paper *Our Health, Our Care, Our Say* and this will replace the current national Standards and Criteria. The new system will provide the basis for our future input to joint work by several inspectorates around the new Comprehensive Area Assessments and will help us develop a framework that is more closely aligned with the Healthcare Commission. Ongoing joint work with councils will lead to Performance Indicators which focus on outcomes and get to the heart of the experience of people who use social care services. CSCI's system wide approach will result in better information about the quality of regulated services in councils' areas helping councils make decisions and shape local services.

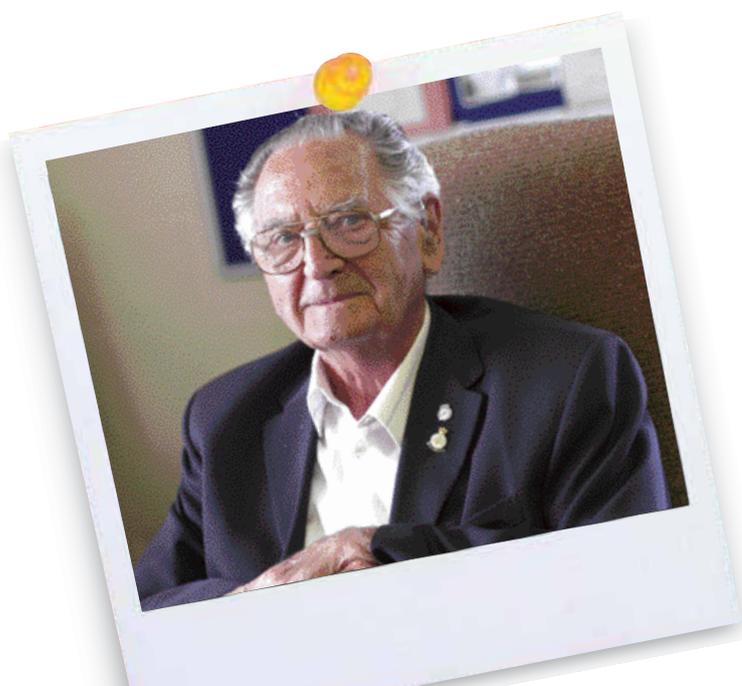
Transforming regulation

CSCI will continue to drive forward its ambitious regulatory change programme in the coming year. Quality ratings will be introduced in regulated services so that people wishing to access services can see at a glance how services compare. There will be a greater focus on outcomes for people who use services as well as on improvement in service quality. Quality ratings will reward good performance and put the onus on poorly performing service providers to improve.

CSCI will also contribute to the development of the new adults' social care regulator, Ofcare. Two staff have been seconded to the Department of Health to support the development of a new outcomes-based framework for regulation.

Regulation of children's services

From 1 April 2007, the responsibility for regulating children's social care services transferred to Ofsted. CSCI has worked with Ofsted to facilitate this move to help ensure a seamless transition. We retain our statutory duty to safeguard and promote the rights and welfare of children who may use services we will continue to register and regulate, such as domiciliary care, nurses agencies, Specialist Further Education Colleges registered as care homes, and some rehabilitation establishments. We will maintain our keen interest in the transition from children's to adults' services.



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