



**care**  
inspectorate

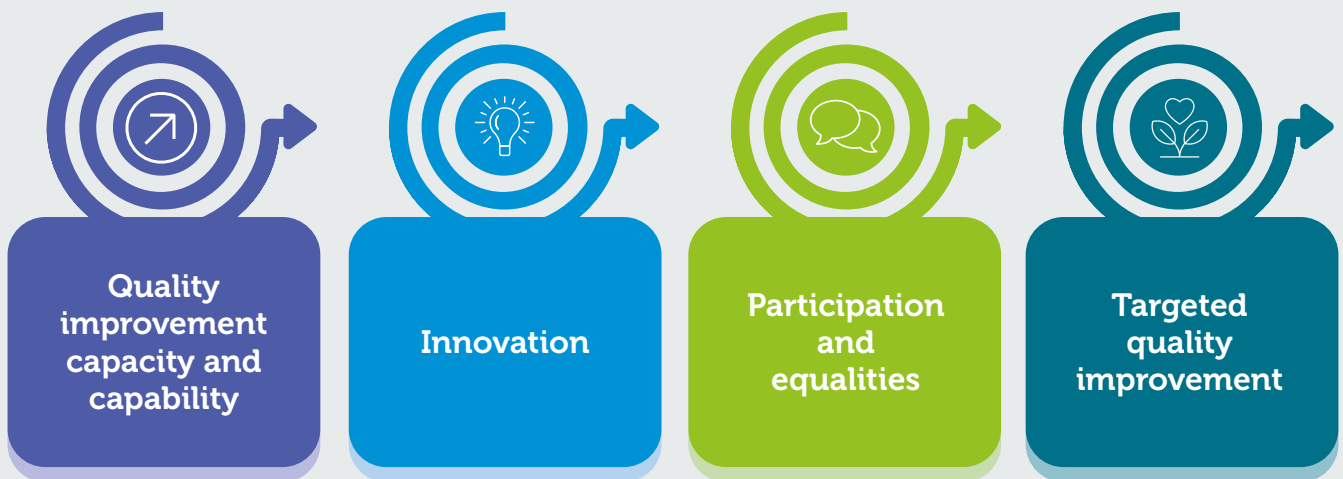
# Quality Improvement Plan 2025/26



## Background

The Care Inspectorate supports quality improvement (QI) across social care, social work, local health and social care partnerships and early learning and childcare. Our [Quality Improvement and Involvement three year strategy 2022- 2025](#) focusses on the four pillars of quality improvement and involvement support from this strategy.

### The four pillars of quality improvement and involvement



For **Pillar three**, Participation and equalities, a participation 2025/26 plan will work alongside this plan.

As a scrutiny and quality improvement organisation, a whole system, collaborative approach to supporting quality improvement is critical. This is key to identifying improvement themes and trends, through data and information from our scrutiny work, and effectively and timeously responding to these with the right approach for quality improvement support.

#### Quality improvement support

We support services, providers and health and social care partnerships across the life span, to improve the outcomes for people who experience care. This plan focuses on the key work priorities to 31st March 2026.

#### Accessing quality improvement

The process for accessing quality improvement support can be found here: [the identification, pathways and levels of quality improvement support](#). In 2025/26 we will work with Assurance and Improvement colleagues to further strengthen and align this process to ensure QI work is prioritised in the right areas at the right time.

## Quality improvement (QI)



### UNIVERSAL QUALITY IMPROVEMENT (MAINLY VIRTUAL)

- topic specific webinars
- an online QI hub
- signposting to, sharing/spreading good practice
- development of guidance on topic areas and supporting implementation

### TARGETED QUALITY IMPROVEMENT

- local/national/regional QI collaboratives or programmes supporting clusters of services
- QI input at enforcement or pre-enforcement
- Support to large providers where significant issues identified
- medium to longer term QI interventions

### QUALITY IMPROVEMENT CONSULTANCY

- short-term support, specific intervention, professional guidance topics relating to health and wellbeing
- discovery phase of new targeted work
- local/national development work including service redesign
- professional topic specific health and wellbeing
- guidance to services, providers and inspectors
- networks and learning for people who deliver care and influencing and informing policy development

## 2025-26 QI priorities

Targeted	Universal	Consultancy
<p>Targeted QI, such as</p> <p><b>Care Home Improvement Programme</b></p> <p><b>ELC improvement programme</b></p> <p><b>Stress and distress improvement programme</b></p>	<p>Self-evaluation for improvement, such as</p> <p><b>Adult support and protection self-evaluation development, prototyping and implementation</b></p>	<p>Specialist support, such as policy development, guidance to staff, national support to stakeholders and service and standards development.</p> <p><b>Working with ELC and CYP Assurance and Improvement colleagues, to provide specialist support that respond to the key issues from inspection activities</b></p>
<p>Quality improvement at enforcement stage (including pre-enforcement) for all service types across the lifespan.</p>	<p>Topic specific webinars, good practice guidance, development of identified resources, Improvement Hub development. Working with Assurance and Improvement and OWD colleagues we will build internal QI capacity and capability.</p>	<p><b>Co-design and prototyping of dementia stress and distress resources</b></p>

### 2025-26 QI commissioned priorities:

- ▶ Early learning and childcare improvement programme
- ▶ Technology Enabled Care
- ▶ Neurological framework network in one partnership area
- ▶ Reducing psychoactive medication use in care homes
- ▶ Dementia practical resources programme

## Targeted quality improvement

Our QI teams are responsible for supporting a range of quality improvement programmes and projects that differ in size, scale, and scope, and have specific areas of focus.

1. As part of the 25/26 Scrutiny and Assurance plan, we will provide:
  - targeted and consultancy-based QI to all service types and health and social partnerships.
  - targeted QI at enforcement stage (pre and during enforcement) to enable services to build the capacity to make essential improvements.
2. The ELC improvement programme will deliver **three** cohorts of QI reaching **120** services settings at risk of or not meeting the ELC national standard.
3. Pending a robust evaluation and its subsequent outcomes, the Care Home Improvement Programme (CHIP) will deliver **two** cohorts of QI, to care homes for adults and older people, with an inspection outcome of 'adequate'.
4. An Appropriate Adults (AA) QI programme will use a staged approach to engage each of the **21** local AA services between 2024 and 2026.
5. A stress and distress QI programme in collaboration with Healthcare Improvement Scotland, will engage up to **30** adults and older people care homes.
6. Using a Scottish approach to service design we are developing and prototyping dementia stress and distress resources for practitioners, reaching **200** individuals.
7. Implementation and spread of dementia stress and distress resources to **three** cohorts of up to **10** small independent adults and older people providers.
8. Project REACH (Resolution Engagement and Complaints Handling) will engage **nine** adult care homes across **three** provider groups. This will support a knowledge exchange for the University of Glasgow and University of Stirling.
9. Support a national campaign across the ELC sector, focused on key themes identified from inspection (Assurance and Improvement ELC).
10. Continue to work with **one** health board to prototype a national care network. Care at Home staff, people living with neurological conditions and the wider multiagency team will share learning and good practice about how the person's holistic needs and outcomes are best met. This will then spread nationally.
11. A psychoactive medicines QI programme will deliver cohort **four** with up to **10** adults and older people care homes, aiming to improve practice in relation to dementia care and use of psychoactive medicines.
12. Working with Strategic Scrutiny will develop, test and spread a self-evaluation approach for adult support and protection, reaching between **six** and **11** health and social care partnerships. This work is in the initial stage of development.



## Quality improvement capacity and capability

We are committed to strengthening our role in supporting the care sector to build quality improvement capacity and capability, and to grow knowledge and skills to make relevant improvements across the sector. We are also committed to supporting the care sector to identify and share strengths, spread good practice and support staff to feel valued.

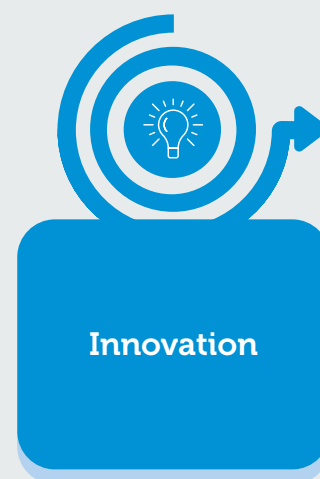


1. Provide **750** QI consultancies: through the implementation of new standards, national guidance, development of good practice guides, promoting excellence, practice notes, toolkits and specialist subject matter expertise. This includes internal, external, all service types and is across the lifespan.
2. Working with Assurance and Improvement colleagues, develop and test 'self-evaluation tools for improvement' and guidance in relation to quality frameworks.
3. Deliver a minimum of **150** QI capacity building sessions to all service types, providers and within the Care Inspectorate (for example. face-to-face workshops, webinars, bitesize, podcasts).
4. Continue to co-deliver the Care Experience Improvement Model (CEIM) to **two** cohorts of practitioners reaching 30 services and work to embed the CEIM across health and social care.
5. Support the delivery of the internal Professional Development Award (PDA) and offer enhanced support to the **60** inspectors per cohort, undertaking the Quality Improvement 'graded unit'.
6. Work with **one** health and social care partnership to implement enhanced support to grow QI capacity building across the partnership.
7. Continue to scope QI opportunities and support the registration team in the pursuit of 'Getting it right at registration'.
8. Working with Assurance and Improvement colleagues, including methodology, a QI project will spread and scale the 'children's and young people's feedback improvement project' to other service types across the lifespan.
9. Continue to strengthen QI capacity and capability and ensure all work is aligned to national policy drivers. This is through providing representation to, Whole Systems Strategic Improvement Group (WSSIG), Scottish Learning and Improvement Framework (SLIF), QI Advisory Board, Scottish Approach to Change external reference group, QI leads group, Care Experience Improvement Model (CEIM) steering group, IMPACT, and the National Organisations Integration Huddle.

## Innovation

Using a QI approach, we will test out new ways of working and approaches to addressing complex issues and work with partners across the health and care sector to influence policy and practice.

1. The QI focused Technology Enabled Care (TEC) workstream will:
  - proactively develop, deliver, spread and share innovative practice in technology and digital solutions across social care
  - develop a TEC self-evaluation toolkit.
2. Continue to provide representation to the European Social Innovation Network (SINC) and connect with the European Social Network (ESN) to learn from and share good practice across Europe.
3. Quarterly Technology Enabled Care spotlight sessions will reach **120** care services.



## Measuring the impact of our quality improvement plan 2025/2026

How will we know change is an improvement?

	<b>01</b> Key performance indicator	% of people tell us that quality improvement support will improve care.
	<b>02</b> Key performance indicator	Number of people reporting an increased level of confidence to apply quality improvement as a result of engagement with the improvement section.
	<b>03</b> Capacity building	Number of quality improvement capacity building workshops.
	<b>04</b> Prioritising	% of appropriate referrals for improvement support allocated to work plan.
	<b>05</b> Volume/ Reach	Number of participating services and health and social care partnerships.
	<b>06</b> Qualitative feedback	Voices of people experiencing care and professional feedback (for instance, staff survey, case studies, impact statements).



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