



Care and Social Services Inspectorate Wales

Inspection handbook adult and children's care homes & Local authority fostering services and independent fostering agencies

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Introduction

This document sets out how Care and Social Services Inspectorate Wales (CSSIW) inspect care and support services delivered in children's homes, local authority fostering services and foster agencies and care homes for younger and older adults including people receiving nursing care.

In respect of this document, the term 'manager' means the manager in charge of a registered service and those such as local authority fostering services, which are inspected but not registered with CSSIW.

Our role

We inspect and regulate social care services to:

- provide independent assurance for people who use services about the safety, quality and availability of residential care and community based services in Wales;
- ensure that action is taken to secure improvement where standards are poor or people are placed at risk;
- improve the well-being and care of people using care and support services;
- promote the rights of those using care and support services;
- inform the public about the quality of care services and
- make sure registered providers meet and continue to meet requirements of their registration.

The legal basis for inspection

We carry out our functions on behalf of Welsh Ministers whilst retaining our independence from Welsh Government.

We regulate and inspect care services for children, young people and adults under the following legislation:

- The [Care Standards Act 2000](#) (External link).
- The Health and Social Care (Community Health and Standards) Act 2003
- [The Children Act 1989 \(as amended\)](#)(External link).
- [Adoption and Children Act 2002](#) (External link).

Our powers in relation to inspection are set out in sections 31 of the [Care Standards Act 2000](#)

The expectation is that all services must comply with regulations and should meet the relevant national minimum standards.

Our principles

Our work is based on a set of principles:

- **Being people focused** – we put people who use regulated services at the centre of our work and consider the impact of services on improving people's well-being.
- **Supporting improvement** – we make judgements about services. We acknowledge best practice, identify poor practice and promote improvement in care services.
- **Being transparent** – we strive to write clear reports so that people can understand the basis on which judgements are made.
- **Being fair** - we base our judgements on the evidence gathered as part of an inspection and provides an opportunity for providers to question factual accuracy and findings.
- **Being robust** – we take firm and timely action when services provide poor care or place people at risk.
- **Being proportionate** – by focussing on what matters most.
- **Being efficient** - by making best use of ICT and seeking not to place unnecessary burdens on those providing care and support services.

Rights based approach

Upholding the rights of people is at the heart of our work. We take account of the objectives of the United Nations Convention on the Rights of the Child (UNCRC) and the Welsh Government's 'Children Rights Scheme', which are enshrined in the Rights of Children and Young Persons (Wales) Measure 2010 and the Declaration of Rights for Older People in Wales (2014).

The relevant articles of the UNCRC, the European Convention of Human Rights, the Human Rights Act 1998 and the Equality Act 2010 are embedded within our inspection frameworks. Inspectors will consider how providers promote peoples' rights, to ensure children and adults have a voice, are safe, treated with respect and helped to develop their full potential.

The Mental Capacity Act 2005

This Act safeguards the rights of adults who may (or may be assumed to) lack mental capacity to make decisions.

Any decision taken on behalf of a person lacking capacity must be made in their best interest and be the least restrictive option to meet their specific need.

During our inspections, we will look at how providers are using this act to promote and protect the rights of people using their service.

We will look at:

- when capacity is assessed;
- how mental capacity is maximised; and
- where people lack mental capacity to make a decision, how that decision is made and recorded to comply with the act.

The conduct of inspections

Inspections must always be undertaken in the interest of those who use services in order to promote their well-being and to ensure their protection. It is essential that the approach to inspections is based on mutual courtesy and respect between inspectors and those running services.

Code of conduct for inspectors

All inspectors should meet the standards in the Civil Service Code of Conduct. When conducting the inspection, we expect inspectors to:

- carry out their work with integrity, courtesy and sensitivity;
- evaluate the work of the service objectively;
- report honestly, fairly and impartially;
- communicate clearly and openly;
- act in the best interests of people using services ;
- respect the confidentiality of all information received during the course of their work; and
- produce proof of identity confirming their authority to enter and inspect.

Expectations of people running care services

We expect those running services to:

- be courteous and professional;
- apply their own codes of conduct in their dealings with inspectors;
- enable inspectors to conduct their inspection in an open and honest way;
- enable inspectors to evaluate the provision objectively against the inspection framework;
- provide evidence that will enable inspectors to report honestly, fairly and reliably about their provision;
- maintain a purposeful dialogue with the inspector or the inspection team;
- recognise that inspectors need to observe practice and talk to staff and others without the presence of the person in charge;
- draw any concerns about the inspection to the attention of inspectors or CSSIW in a timely and suitable manner;
- work with inspectors to minimise disruption and stress throughout the inspection; and
- ensure the health and safety of inspectors whilst on their premises.

An inspector can enter and inspect premises being used - or those CSSIW suspect are being used - as an agency or establishment at any time and it is an offence to intentionally obstruct an inspector carrying out their regulatory function.

Self Assessment of Service Statement (SASS) and annual quality review of care

Each year providers will be required to send us:

- a Self Assessment of Service Statement (SASS) and
- a review of the quality of care at the service.

These documents enable us to assess how providers view themselves in terms of quality against the four key themes (three in relation to fostering services/agencies) of the inspection frameworks ahead of an inspection. We expect providers to be open and honest with us, sharing all appropriate information. Providers must ensure that the information they submit is complete and accurate.

Failure to complete the SASS and the review of quality of care for a service may result in enforcement action being taken by us and will affect our judgement of the leadership and management of the service.

Inspection frameworks

Our frameworks, with the exception of fostering services (where there is no reference to environment), have four themes:

- supporting well-being;
- care and support;
- environment and
- leadership and management

The frameworks have been developed with ratings in mind, but there is **no** intention to implement these until at least 2019 – 20. However, inspectors will make judgments about their findings and capture these in the narrative of the report under each theme using qualitative language.

Types of inspection

CSSIW carry out two types of inspection, full and focused.

Full inspection

This is carried out for each scheduled inspection and involves consideration of all relevant inspection themes from our frameworks.

- This is an opportunity to confirm that the registered persons remain compliant with regulations their conditions of registration and that the information contained in their Self Assessment of Service Statement (SASS), Statement of Purpose and annual quality care review/ assurance report are accurate.

CSSIW also carry out a full inspection of all newly registered services within six months of the date of registration **or** from the date of operation. The post-registration inspection will provide an opportunity to test out the stated intentions of the provider as submitted in their registration application. It may also focus on any issues identified during registration.

Focused inspections will usually be undertaken in response to a concern, or to follow up on areas of non-compliance identified at previous inspections. These inspections may only look at some aspects of a service. Our inspectors should always use the opportunity during a focused inspection to consider and comment on the well-being of people.

All inspections of care settings are unannounced, although in exceptional circumstances, we may call a day or so in advance to minimise any disruption or distress to people and to check which days and times may be best to visit.

Inspections of fostering services/agencies will be announced. A minimum of 20 working days notice will be given of scheduled inspections and five working days notice of focused inspections.

We will continue to inspect any service at any time, especially where we have concerns about a service.

Themed inspections

CSSIW may sometimes decide to look at specific themes through our inspections to provide a national view of current practice. Information about this will be provided to inspectors and registered providers in advance.

Inspection intervals

CSSIW operate a rolling programme for scheduled inspections. The intervals between inspections are illustrated in table 1.

Table 1: Inspection intervals

Service type	Maximum interval between inspections
Care Homes	1 year
Children's homes	1 year
Fostering services/agencies	4 years

There are circumstances when additional inspections will be undertaken. The circumstances that could lead to an additional inspection include the following:

- when services are newly registered, post-registration full inspections will take place within six months from the point of registration;
- an additional inspection will be required to test improvement made and compliance where the service is deemed a 'service of concern' or the provider a 'provider of concern' within CSSIW's enforcement pathway;
- an additional inspection will be required to test compliance where a non-compliance notice is issued;
- where a service ceases to be a 'service of concern', a full inspection will be carried out within 6 months after it has been removed from the process to ensure that any agreed actions have been implemented and maintained
- where there has been an absent/vacant manager or responsible individual for more than three months, as additional inspection may be required to ensure the service is operating safely; and
- where CSSIW receive concerns/information that indicates an inspection is required to provide assurance about the quality and safety of the service.

The timescales for inspections in table one are based on maximum intervals. Inspectors must schedule their inspection within that interval taking into account the availability of people living at the home or in the case of foster care those providing the service.

Planning the inspection

Safeguarding

Safeguarding the well-being of people is at the heart of our business and inspectors will always look at how well people are cared for and protected. Inspectors will always consider whether the arrangements for safeguarding people are effective as part of the inspection themes for well-being and leadership and management.

Inspectors will consider how well leaders and managers have created a culture where people's well-being is promoted and that timely and appropriate safeguarding action is taken where people may be suffering, or are likely to suffer significant harm.

Where safeguarding concerns arise during an inspection, inspectors will take action to make a referral to the local authority or to satisfy themselves that appropriate referrals have been made. Particular concerns may include delay or negligence in passing on concerns about a person at risk of or suffering significant harm to the relevant agencies. It is not the role of an inspector to investigate a child or adult protection concern or an allegation against a member of staff.

Inspectors will always consider:

- the service's safeguarding policies and procedures;
- circumstances where a member of staff is suspended and there is currently a safeguarding investigation taking place;
- failure to follow statutory requirements or locally agreed procedures for dealing with allegations against staff and
- failure to adhere to the legal duty to refer a member of staff who has harmed, or poses a risk of harm to a child, young person or adult to the Disclosure and Barring Service (DBS).

The following statutory guidance should be taken into account:

[Social Services and Well-being \(Wales\) Act 2014 - Working Together to Safeguard People](#)

[Prevent duty guidance for England and Wales](#): guidance for specified authorities in England and Wales on the duty of schools and other providers in the Counter-Terrorism and Security Act 2015 to have due regard to the need to prevent people from being drawn into terrorism.

Concerns

Concerns raised by people or others close to them and staff working in a service are important sources of information that help us to understand the quality of care being provided. We consider how well providers handle concerns and complaints. We will draw on different sources of evidence to understand how well providers encourage, listen to, respond to and learn from concerns and complaints. We will use information from:

- concerns shared with inspectors by people being supported and/or cared for, family and practitioners;

- people who contact us through our website and by phone; and
- concerns from other agencies e.g. district nurses, general practitioners, advocates, fire authority, education and environmental health departments.

Welsh language

We are committed to undertaking inspections in the medium of Welsh in Welsh language services. We will publish inspection reports in Welsh for Welsh speaking and bi-lingual services or in the language of choice of the registered provider.

We have given a commitment to make specific judgements in full inspections on what is known as the “active offer” in relation to Welsh language provision. The ‘active offer’ means the service is **provided in Welsh without someone having to ask for it**. Inspectors should record the most accurate statement from the list below within the Care and Support theme.

- *‘The service provides the ‘active offer’ in relation to the Welsh language’;*
- *‘The service is working towards providing the ‘active offer’ in relation to the Welsh language’; or*
- *‘The service does not provide the ‘active offer’ in relation to the Welsh language’.*

Undertaking inspections - gathering and using evidence

When planning inspections we will take account of what is known about a service and will complete an analysis of the information to identify key lines of enquiry for the inspection plan. Sources of evidence will include:

- previous inspection reports;
- statement of purpose;
- concerns received by us and notification of significant events;
- the Self Assessment of Service Statement (SASS);
- safeguarding information;
- the service’s own quality of care review report;
- any current or recent enforcement activity;
- feedback from relatives (where appropriate), foster carers, practitioners; and
- other professionals who may have a significant interest in the service.

Reports will be based on the evidence found at the visit and consideration of what is already known about the service. In gathering evidence, we place emphasis on:

- people’s experience of the service;
- what they tell us about their experiences;
- observation of how care is delivered and
- how people’s well-being outcomes are met.

At the beginning of an inspection, inspectors will:

- explain the purpose of the inspection;
- discuss an outline plan for the inspection taking into account the impact on the service;

- ask that relevant documents are made available during the course of the inspection;
- ask if there are any issues or risks that we should be aware;
- ask for a general health and safety briefing;
- ensure that there are agreed procedures for addressing any concerns or complaints that might arise during the course of the inspection;
- set up the arrangements for feeding back the inspection findings; and
- agree arrangements for completing post-inspection questionnaires.

The following is a list of some documents and information that inspectors are likely to require access to during inspection:

- staff (practitioner) information, including the details of qualifications, supervision, training and arrangements for continuous professional development of staff;
- details of staff recruitment procedures and records for all staff and volunteers working at the service;
- safeguarding policies;
- behaviour management policies, including bullying;
- arrangements for meeting the needs of people with specific medical, psychological or educational requirements;
- log books of accidents, incidents and complaints;
- risk – benefits assessments, fire safety, and other policies relating to health and safety;
- a list of any safeguarding referrals made to the local authority and details of the resolutions;
- any reports of external evaluation of the service;
- confidentiality policy;
- records of attendance and rosters for all staff and volunteers;
- a list of foster carers, plus contact details;
- contact details of social workers in fostering teams;
- a list of foster panel members, their roles and contact details; and
- copies of foster panel minutes.

Carrying out inspections

Time spent at inspection will vary depending on the type and size of the provision and the age range and complexity of the people receiving care and support. The number of inspectors will also depend on the size and complexity of the service provided.

Inspectors will:

- explore the perspective of people using the service, their families, staff and practitioners;
- focus on the well-being and experiences of people by undertaking observations of practice – inspectors will normally, in every full inspection,

(where it is felt appropriate) use the Short Observational Framework for Inspection (SOFI) 2 Tool;

- scrutinise records and documents, including care plans and medication sheets;
- seek the views of those in charge and those running the service;
- inspect the suitability and safety of the premises, including food hygiene standards rating;
- seek to make judgements that are fair based on valid evidence; and
- be constructive in identifying and supporting services to work towards improvement.

Providing feedback

The purpose of feedback is to give the relevant manager and responsible individual an overview of findings and to check and test the evidence the inspector may be relying on in their report.

Arrangements for feedback will be agreed at the start of the inspection. Normally, the inspector will provide verbal feedback to the manager and responsible individual at the end of the inspection visit. If the manager and responsible individual are not available on the day of the inspection, the inspector will provide feedback to the person in charge on the day and will arrange to meet the registered person(s) at a mutually convenient time where necessary. At this point in the inspection, the inspector will only be able to give an overview of their findings, as they would not have had time to complete a proper analysis of the information they have gathered and may be waiting for more information before reaching any final conclusions.

The inspector will make a note of the feedback they give but will not leave any written report nor ask the person in charge/provider to sign the inspector's account of the feedback. Providing feedback is an important opportunity to check and test the evidence the inspector may be relying on in their report. There should be a principle of "no surprises". Any concerns the inspector has at the end of the inspection and potential areas of non-compliance **must** be discussed.

Inspectors will **ask for and record** the person in charge/provider's view on the fairness and conduct of the inspection at the end of the feedback, in addition to leaving a feedback form for their comments on the inspection.

Inspection reports

A draft inspection report will be produced following the inspection, normally within 28 days of the site visit. This will be sent to the provider so that they can comment on the report including any factual inaccuracies, which they feel may have affected our findings and judgements.

The provider has ten working days (14 calendar days) to respond to the inspector who will provide a response within 5 working days. A further 5 working days are available for additional provider response.

Once this process is complete for **adult care homes** CSSIW will:

- Send a PDF version of the report (and any non-compliance notice) to the registered provider (the responsible individual in the case of a corporate body) and to the registered manager via the e-mail address recorded on the CaSSI record.
- Make the report (and any notice) available in the regional office and send a PDF copy of the report and notice via e-mail to an individual / local authority / health board following a specific request.
- Post a PDF version of the report (and any notice) on our internet site. **(Note: Care homes with six or fewer places will not contain the address of the care home).**

In addition for:

Children's homes:

- Send a PDF version of the report (and any non-compliance notice to the registered provider (the responsible individual in the case of a corporate body) and to the registered manager via the e-mail address recorded on the CaSSI record.
- Make the report (and any notice) available in the regional office and send a PDF copy of the report (and notice) via e-mail to an individual/ local authority/ health board/education authority following a specific request.
- Post a **message** on our internet site that the report (and any notice) is available from the regional office.

Fostering Services:

- Send a PDF version of the report (and any non-compliance notice/improvement letter to the registered provider (the responsible individual in the case of a corporate body or equivalent in local authorities) and to the designated manager via the e-mail address recorded on the CaSSI record.
- Make the report (and any notice/improvement letter) available in the regional office and send a PDF copy of the report (and notice/improvement letter) via e-mail to an individual/ local authority/ health board/education authority following a specific request.
- Post a PDF version of the report to our internet site.

The inspection report may identify recommendations for improvement that will be followed up at the next inspection. These should give the service a clear and specific indication of the areas for improvement that it will need to address.

Further information about our [open reporting policy](#) can be found on our website.

Non-compliance

We focus our inspections on the experience and outcomes for people using services, whilst also taking into consideration appropriate regulations and National Minimum Standards. When the outcomes for people are poor, we will take action, which might include issuing notices of non-compliance; the urgent imposition of conditions on the

registration of a service or criminal prosecution. Our response to non-compliance is informed by the following key principles.

The non-compliance notice will be replaced by an improvement letter to local authorities whose services are inspected, but not registered.

- **Provider responsibility:** Service providers are responsible for complying with regulations. Unless urgent action is required, providers will be given opportunities to rectify failings.
- **Proportionality** When we take action, this will be proportionate to the outcomes for people receiving services, the risk to their health and well-being and the readiness of the provider to achieve compliance. Our priority is to focus on those areas where non-compliance has a direct effect on people's well-being.
- **Efficiency and effectiveness:** Action taken by us will be clear, consistent, timely, fair and transparent.
- **Progressive action:** Providers who persistently fail to comply with regulations will face escalated enforcement action, which may ultimately lead to cancellation of their registration.
- **Working with others:** We work with other agencies, regulators and inspectorates to ensure that any action is co-ordinated and information and concerns are shared. This is particularly so when there are safeguarding concerns or health and safety issues overseen by other regulators.

Issues of non-compliance should form part of the feedback following the inspection and noted in the inspection report. Where a separate non-compliance notice has been issued, it will be published on our website and our non-compliance process followed.