

Regulation and Inspection of Social Care (Wales) Act 2016

Guidance on completing the quality of care review

Mae'r ddogfen yma hefyd ar gael yn Gymraeg.
This document is also available in Welsh.

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1. Introduction

Purpose of guidance

1.1 This document offers guidance for providers on carrying out an effective quality of care review in order to drive improvement and achieve excellence in the provision of quality care and support services. This guidance also provides a framework to report on the quality of care review.

1.2 This guidance is for services regulated under the Regulation and Inspection of Social Care (Wales) Act 2016 (the 2016 Act). These include:

- care home services
- secure accommodation services
- residential family centre services
- domiciliary support services
- adoption services
- fostering services
- adult placement services
- advocacy services

1.3 The quality of care review within any regulated service should be part of a culture of quality improvement. This involves using tools and methods systematically to assess and improve the quality of care and outcomes for the people using the service. This should not be a one-off exercise, but **a continuous improvement cycle** with a focus on improvement at all levels.

Legal context

1.4 The 2016 Act places service quality and improvement at the heart of regulation, strengthening protection for those who need it, and ensuring services deliver high-quality care and support. This supports the aims of the Social Services and Well-being (Wales) Act 2014, which enshrines the rights of people using care and support services in Wales into law.

1.5 Regulations made under the 2016 Act (see Annex A) require service providers to ensure there are effective arrangements in place for monitoring, reviewing and

improving the quality of care and support¹² provided by the service. This includes seeking the views of people who use the service, their representatives, the relevant authority where appropriate (such as service commissioners, placing authority, area authority or the local authority who has arranged provision of support), and staff, on the quality of care and support provided by the service and any improvements needed.

- 1.6 The service provider's designated responsible individual also has a corresponding legal responsibility to establish and maintain a system for monitoring, reviewing and improving the quality of care and support provided by the service. This is known as the 'quality of care review'³. The regulations require the review to take place as often as required, or at least every six months.
- 1.7 On completion of a review of the quality of care and support, the responsible individual⁴ must prepare a report (known as the quality of care review report) that includes an assessment of the standard of care and support provided and make recommendations for the improvement of the service.
- 1.8 When making any decisions on plans to improve the quality of care and support provided by the service, the service provider must take into account the views of those consulted and have regard to the report prepared by the responsible individual.

Annual Returns

- 1.9 The 2016 Act requires registered service providers to submit an annual return following the end of each financial year. The annual return must include the information set out in section 10 of the 2016 Act and the annual return regulations made under the Act. This includes the provision of a statement of compliance with the requirements as to the standards of care and support set out within the regulations. The responsible individual will be responsible for preparing this statement of compliance. When preparing the statement the responsible individual must have regard to the outcome of the latest quality of care review, thereby establishing a clear link between the quality of care review and the service provider's annual return.

¹ For a regulated advocacy service, any reference to 'care and support' within this guidance means 'the advocacy provided'.

² For a regulated adoption service, any reference to 'care and support' within this guidance means 'support'.

³ For a regulated advocacy service and a regulated adoption service, this is known as 'quality of service review'.

⁴ This requirement does not apply where the service provider is an individual

2 Quality of care review

Who is responsible for the quality of care review?

- 2.1 There are clear lines of accountability, responsibility and delegation between the service provider, responsible individual and the manager⁵.
- 2.2 The service provider is responsible for: driving service improvement; establishing a system to provide assurance that the service operates to organisational, professional and legal requirements and its statement of purpose; and supporting people who use the service to achieve their personal outcomes. This includes consideration of any quality assurance outcomes when taking decisions on plans for improvement.
- 2.3 The responsible individual is accountable for both service quality and compliance and has overall responsibility for overseeing the management, quality, safety and effectiveness of the service. The responsible individual is also responsible for preparing a report⁶ following completion of the quality of care review.
- 2.4 The responsible individual can delegate some of their activities to others in the service, such as the manager. However, the responsible individual should ensure the analysis of audits and reports is clear, evidence-based and informs the conclusions and recommendations for improvements.
- 2.5 The manager is responsible for the day-to-day management of the service and ensuring the service complies with organisational, professional and regulatory requirements. This includes taking forward relevant actions arising from the quality of care reviews.

What an effective quality of care review involves

- 2.6 An effective quality of care review seeks to determine the extent to which people who are in receipt of services have their rights met and can achieve their personal outcomes through the service provided. It should clearly demonstrate how the service provided makes this happen and contain the following elements.
- setting internal quality standards
 - gathering information
 - undertaking an analysis

⁵ The manager who has been appointed by the responsible individual

⁶ This requirement does not apply where the service provider is an individual.

- reporting and action planning

2.7 We cannot overstate the importance of the service provider setting quality standards, analysing the information collected and driving service improvement through planning of agreed actions.

Setting internal quality standards

2.8 Internal quality standards are explicit statements setting out how much, how well, how often or how quickly an activity/action happens. They clarify what people have the right to expect from the service. The service provider should describe the quality standards they aim to achieve and which demonstrate the impact of their service on those people who use it.

2.9 These standards should be informed by the relevant regulatory requirements, but need not be limited to these. The standards should help the service provider strive for excellence and include building on what works well for the service.

2.10 The service provider should also describe the performance indicators/benchmarks that will demonstrate the extent to which its quality standards are being achieved.

Information gathering

2.11 Service providers should develop or adopt systems and processes that can gather information in relation to its quality standards and assist the service provider to understand how the service has enriched people's lives and/or helped them to meet their well-being outcomes. This could include:

- considering the outcome of engagement with people through the use of questionnaires, surveys and reviews
- maintaining accurate records, including compliments, near misses and incidents that do not reach the threshold for notification to CIW
- recording outcomes of any actions to improve the service or of any investigations within the service
- recording how people who use the service have been listened to and any changes to the service as a result
- recording how the service involves people who use the service in its design and improvement
- consideration of outcomes of any audits

- monitoring staffing levels, staff satisfaction levels and identifying any specific staffing issues, such as vacancies, rota issues, availability and quality of training, contractual arrangements, professional registration, supervision outcomes and sickness levels
- reviewing outcomes in relation to tracking, investigating and monitoring events such as safeguarding incidents and complaints
- outcome of any inspection reports from regulators or commissioners.

2.12 It is important service providers seek information from multiple sources to ensure conclusions are based on triangulated evidence.

Undertaking an analysis

2.13 An effective review should focus on how well the service has performed, giving consideration to three key questions:

- What we do well and how do we evidence it?
- What areas do we need to improve or want to develop further?
- What specific actions do we need to take to make the improvements/developments successful and how will this be measured?

2.14 In order to answer those three key questions, the service provider should analyse the evidence gathered to form conclusions about performance and achievement of outcomes. This should include:

- comparisons made with the outcomes of previous quality of care reviews
- any patterns and trends identified
- any emerging issues, and
- any lessons learnt.

2.15 The analysis should enable the service provider to identify what works well and where there are gaps. These will inform recommendations for driving improvement across the service.

Reporting and Action Planning

2.16 The review should bring together in a single report all the available information from the service provider's quality review systems (relating to the

quality standards set) and its conclusions about the quality of care and support provided by the service. Further guidance on the report is set out in Chapter 3.

2.17 The service provider should seek to drive improvements in performance and outcomes achieved, including in those aspects of the service that work well, in order for the service provider to strive for excellence.

2.18 The service provider should take action to improve all aspects of its service. The actions required should be set out in a clear action plan and include:

- the specific actions prioritised by the service provider (these should be outcomes focussed)
- the timescales identified to complete the action
- a nominated lead officer responsible for the delivery of the identified action
- the performance indicators to be used to measure whether progress is being achieved or improvements have been made.

2.19 The service provider should ensure arrangements are in place to enable effective monitoring of the action plan and lead officers are accountable for progress made.

3 The quality of care review report

3.1 The quality of care review report will likely have different audiences who will have a particular interest in the reports' content. These include

- the Board, directors, management team, and staff
- members of the public and people using or wishing to use the service, and or their families or representatives
- commissioners of services or authorities who purchase and monitor social care provision
- Care Inspectorate Wales (CIW)

However, **the quality of care review report is primarily for use by the service provider**. The service provider does not need to send a copy of the report to commissioners or CIW unless requested to do so (for example, as part of an inspection).

3.2 The report sets out how the service is performing and where the service can drive improvement. It should demonstrate the service providers' capability to be reflective about their own performance and be responsive to its findings. The report should set out:

- any quality standards set for the service
- any conclusions reached on the extent to which the rights of people who use the service and their personal outcomes are being met and the supporting evidence
- any issues raised with the service and action taken as a result of feedback and
- any service improvements desired and the actions needed to drive these forward.

3.3 We have developed a report structure that service providers may wish to follow. A template is provided at Annex B. This splits the report under four key well-being areas⁷.

- 1) People feel their voices are heard, they have choice about their care and support, and opportunities are made available to them.

⁷ Based on the Welsh Government's national outcomes framework for people who need care and support and carers who need support

- 2) People are happy and supported to maintain their ongoing health, development and overall well-being. For children, this will also include intellectual, social and behavioural development.
- 3) People feel safe and protected from abuse and neglect.
- 4) People live in accommodation that best supports their well-being and achievement of their personal outcomes (for accommodation-based services only).

3.4 Whilst there is no requirement to follow this approach, doing so may assist the responsible individual in meeting their statutory responsibilities. To assist the preparation of the report we have also set out some examples for consideration under the three key questions (as set out in paragraph 2.12). **This is not an exhaustive or prescriptive list and responsible individuals are encouraged to consider other examples relevant to their service when producing the quality of care review report.**

3.5 The report template includes a summary at the end of each of the key well-being areas. Responsible individuals can use these summaries to form the basis of their statement of compliance for inclusion within the service provider's annual return.

Related legislation

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| Regulation and Inspection of Social Care (Wales) Act 2016 | http://www.legislation.gov.uk/anaw/2016/2/contents/enacted |
| The regulated services (service providers and responsible Individuals) (Wales) Regulations 2017 | https://www.legislation.gov.uk/wsi/2017/1264/contents/made |
| The Regulated Services (Annual Returns) (Wales) Regulations 2017 | http://www.legislation.gov.uk/wsi/2017/1097/contents/made |
| The Regulated Adult Placement Services (Service Providers and Responsible Individuals) (Wales) Regulations 2019 | http://www.legislation.gov.uk/wsi/2019/163/made |
| The Regulated Advocacy Services (Service Providers and Responsible Individuals) (Wales) Regulations 2019 | http://www.legislation.gov.uk/wsi/2019/165/contents/made |
| The Regulated Fostering Services (Service Providers and Responsible Individuals) (Wales) Regulations 2019 | http://www.legislation.gov.uk/wsi/2019/169/contents/made |
| The Regulated Adoption Services (Service Providers and Responsible Individuals) (Wales) Regulations 2019 | http://www.legislation.gov.uk/wsi/2019/762/contents/made |

Quality of care review report template

1) People feel their voices are heard, they have choice about their care and support, and opportunities are made available to them.

What we do well and the evidence for it.

This section should consider a summary of arrangements in place including the methods used to involve people in their care and support and a summary of the views received from the people who use the service and their relatives or representatives. Use direct quotes as supporting evidence. Summary of how the rights of people who use the service are being met.

Examples of what could be considered here, include:

- *A summary of governance arrangements in place to support engagement with those involved with the service.*
- *A summary of the views received from people who use the service about how the service listens to them, enables them to make choices and their views on the opportunities available to them. Views of their relatives and/or representatives, carers and advocates where applicable should also be summarised.*
- *Views of other relevant professionals, for example, local authority, local health board, education services, as appropriate.*
- *Performance against quality standards.*
- *Evidence of the extent to which the rights of people who use the service are being met, such as people have a voice, ability to contribute to decisions that affect their lives, etc.*
- *Any action taken to improve outcomes for people who use the service.*
- *Assessing the quality of plans⁸ in comparison with the care and support received by people who use the service; do they reflect choice and opportunities?*
- *Effectiveness of staff engagement with those involved with the service. This could also include data in relation to staffing levels, and numbers of staff receiving related training, outcomes arising from evaluating the effectiveness of related training, supervision and/or appraisal outcomes.*
- *Effectiveness of the service to promote an open and transparent culture.*

⁸ For example, advocacy plans, adoption support plans, care and support plans, placement plans or personal plans

What areas do we need to improve or want to develop further?

This section should consider areas for improvement identified through analysis of engagement, feedback, monitoring, CIW or other regulator reports.

Examples of what could be considered here, include:

- *Any areas for service improvement identified through analysis including building on what works well.*
- *Improve engagement and inclusion of people who use the service.*
- *Improve outcomes for people who use the service through greater choice and control over the way care and support is made available to them.*
- *Build on existing staff experience and expertise, improving staffing levels, related training provision or staff supervision.*
- *Improve the culture of the service to facilitate improved outcomes for people who use the service.*

What specific action do we need to take to make the improvements / developments successful and how will this be measured?

This section should include an action plan setting out the specific outcome-focussed actions needed to improve, timescales identified, lead officer, and the performance indicators to measure improvement.

Examples of what could be considered here, include:

- *Change the relevant quality standards to build on existing practice and drive service improvement*
- *Additional innovative ways for people to make their voices heard*
- *Use of strengths based approaches to engaging with and gathering views of people using the service.*
- *More frequent opportunities to have conversations on what matters to people.*
- *Review and update relevant policies, procedures and practices.*

Summary

This section is a brief high-level summary of the key points. It should summarise the extent to which people feel their voices are heard, that they have choice about their care and support, and there are opportunities available to them. This should focus on the outcomes not systems and processes. The supporting evidence does not need to be set out here; this should be set out in the relevant sections above. This section should not exceed 500 words.

2) People are happy and supported to maintain their ongoing health, development and overall well-being. For children, this will also include intellectual, social and behavioural development.

What we do well and what is the evidence for it?

This section should consider a summary of arrangements in place including the methods used for collecting views and a summary of the views received from the people who use the service and professionals. Use direct quotes as supporting evidence. Summary of how people access health professionals and how the service supports people's independence.

Examples of what could be considered here, include:

- *A summary of governance arrangements in place to support people who use the service to maintain health and well-being.*
- *A summary of the views received from people who use the service about how happy and supported they feel in relation to their ongoing health, development and overall well-being. Views of their relatives and/or representatives, carers and advocates where applicable should also be summarised.*
- *Effectiveness of the service in supporting people's independence, enabling them to have control over everyday life and where relevant participation in education / work, how risk is considered.*
- *Evidence of the extent to which the rights of people who use the service are being met, such as people are supported to access healthcare and other services, etc.*
- *Views of other relevant professionals, on the effectiveness of the service in ensuring people have access to health professionals, for example, dentistry, behaviour therapy, psychology, ophthalmology; and information is shared (where relevant)?*
- *Effectiveness of staff to assist people who use the service to maintain health and well-being. This could also include data in relation to staffing levels, and numbers of staff receiving related training, outcomes arising from evaluating the effectiveness of related training, supervision and/or appraisal outcomes.*

What areas do we need to improve or want to develop further?

This section should consider areas for improvement identified through analysis of feedback, monitoring, CIW or other regulator reports, any identified non-compliance and outstanding actions.

Examples of what could be considered here, include:

- *Any areas for service improvement identified through analysis Including*

building on what works well

- *Opportunities to improve people's outcomes through more effective communication and joint working arrangements with other professionals.*
- *Improve outcomes for people who use the service through greater inclusion and support in relation to their ongoing health, development and overall well-being.*
- *Build on existing staff experience and expertise, improving staffing levels, related training provision or staff supervision.*

What specific action do we need to take to make the improvements / developments successful and how will this be measured?

This section should include an action plan setting out the specific outcome-focussed actions needed to improve, timescales identified, lead officer, and the performance indicators to measure improvement.

Examples of what could be considered here, include:

- *Change the relevant quality standards to build on existing practice and drive service improvement*
- *Use of strengths-based approaches to ensure people's well-being outcomes are effectively met.*
- *More opportunities for people to become independent.*
- *Review and update relevant policies, procedures and practices.*

Summary

This section is a brief high-level summary of the key points. It should summarise the extent to which people are happy and supported to maintain their ongoing health, development and overall well-being. For children this should also summarise the extent to which they are supported to maintain their intellectual, social and behavioural development. This should focus on the outcomes not systems and processes. The supporting evidence does not need to be set out here; this should be set out in the relevant sections above. This section should not exceed 500 words.

3) People feel safe and protected from abuse and neglect

What we do well and the evidence for it?

This section should consider a summary of arrangements in place; a summary of views of the people who use the service; numbers of referrals, etc. Use direct quotes as supporting evidence.

Examples of what could be considered here, include:

- A summary of governance arrangements in place to support safeguarding of vulnerable people.*
- A summary of the views received from people who use the service about whether they feel safe and protected. Views of their relatives and/or representatives, carers and advocates where applicable should also be summarised.*
- Effectiveness of safeguarding referrals and support provided to the people effected. This could include data in relation to the number of referrals made, outcomes of investigations, number of whistleblowing incidents, referrals to Liberty Protection Safeguards; follow up on outcomes and learning demonstrated as a result.*
- Evidence of the extent to which the rights of people who use the service are being met, such people are protected from discrimination, etc.*
- Effectiveness of how the service feeds back in a manner appropriate to the age and level of the person affected.*
- Effectiveness of staff to support those people affected by safeguarding issues. This could also include data in relation to staffing levels, numbers of staff receiving related training, outcomes arising from evaluating the effectiveness of related training, supervision and/or appraisal outcomes.*

What areas do we need to improve or want to develop further?

This section should consider areas for improvement identified through analysis of feedback, monitoring, CIW or other regulator reports, and any identified non-compliance and outstanding actions.

Examples of what could be considered here, include:

- Any areas for service improvement identified through analysis including building on what works well.*
- Improve outcomes for people who use the service through more effective working arrangements with partner agencies and other professionals.*
- Improve feedback to people who use the service and who raise a complaint.*
- Build on existing staff experience and expertise, improving staffing levels, related training provision or staff supervision.*

What specific action do we need to take to make the improvements / developments successful and how will this be measured?

This section should include an action plan setting out the specific outcome-focussed actions needed to improve, timescales identified, lead officer, and the performance indicators to measure improvement.

Examples of what could be considered here, include:

- *Change the relevant quality standards to build on existing practice and drive service improvement, for example in relation to supporting people's rights and making a complaint or raising a concern.*
- *More opportunities for training for staff on whistleblowing, safeguarding and child protection.*
- *Review and update relevant policies, procedures and practices, such as safeguarding policies and procedures to ensure the appropriate management of risk.*

Summary

This section is a brief high-level summary of the key points. It should summarise the extent to which people feel safe and protected from abuse and neglect. This should focus on the outcomes not systems and processes. The supporting evidence does not need to be set out here; this should be set out in the relevant sections above. This section should not exceed 500 words.

4) People live in accommodation that best supports their well-being and achievement of their personal outcomes (for accommodation-based services only).

What we do well and the evidence for it?

This section should consider a summary of arrangements in place including access to the local community; how privacy, dignity and confidentiality is maintained; and a summary of views obtained on any changes to the environment. Use direct quotes as supporting evidence.

Examples of what could be considered here, include:

- A summary of governance arrangements in place to support people who use the service to live in a safe and suitable environment?*
- Effectiveness of any health and safety related work that has been undertaken/planned? How has this demonstrated improved outcomes for people who use the service?*
- Views of people who use the service on how well the service maintains their privacy, dignity and confidentiality.*
- Effectiveness of access to the local community and facilities relating to education, health, employment and leisure for people who use the service.*
- Evidence of the extent to which the rights of people who use the service are being met, such as people are treated with dignity and respect, etc.*
- Views of people who use the service on how well they are able to personalise their environment, and how well they are consulted on changes to the environment that impact on them. Provide examples as evidence.*
- Effectiveness of staff to assist people who use the service to be independent, contribute to society and achieve their personal outcomes. This could also include data in relation to staffing levels, numbers of staff receiving related training; outcomes arising from evaluating the effectiveness of related training; supervision and/or appraisal outcomes.*

What areas do we need to improve or want to develop further?

This section should consider areas for improvement identified through analysis of feedback, monitoring, CIW or other regulator reports, and any identified non-compliance and outstanding actions.

Examples of what could be considered here, include:

- Any areas for service improvement identified through analysis including building on what works well.*
- More frequent access to the local community and its services.*

- *Improve outcomes for people who use the service through greater involvement in the changes to or maintenance/upkeep of the buildings, fixtures and facilities.*
- *Ways of improving staffing levels, related training provision or staff supervision.*
- *Build on existing staff experience and expertise, improving staffing levels, related training provision or staff supervision.*

What specific action do we need to take to make the improvements / developments successful and how will this be measured?

This section should include an action plan setting out the specific outcome-focussed actions needed to improve, timescales identified, lead officer, and the performance indicators to measure improvement.

Examples of what could be considered here, include:

- *Change the relevant quality standards to build on existing practice and drive service improvement, for example in relation to infrastructure and environment.*
- *More opportunities to access the local community.*
- *Use of strength-based approaches to improve communication with people who use the service to ensure outcomes are being met.*
- *Review and update relevant policies, procedures and practices.*

Summary

This section is a brief high-level summary of the key points. It should summarise the extent to which people live in accommodation that supports their well-being and achievement of personal outcomes. This should focus on the outcomes not systems and processes. The supporting evidence does not need to be set out here; this should be set out in the relevant sections above. This section should not exceed 500 words.