

Evaluation of unpublished (silent) ratings for Care Inspectorate Wales

Practice Solutions Ltd

Authors:

Martyn Palfreman (project lead)

Paul Pavia

Hannah Thomas

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1 Executive Summary

This evaluation was commissioned by Care Inspectorate Wales (CIW) in the autumn of 2023, with the aims of (1) assessing the effectiveness of unpublished (sometimes referred to as silent) ratings in driving up the quality of residential and domiciliary support services in Wales, and (2) exploring consistency of practice in applying ratings and the impact on service providers and inspection teams. Findings from the evaluation are intended to inform scheduled inspections during 2024-25 and any adjustments to existing arrangements which should accompany the scheduled publication of ratings from April 2025.

Recommendations focus on improvements to the ratings and how they might operate in the future, assuming that Ministers are likely to retain ratings in the foreseeable future and that they are likely to be published from April 2025.

The evaluation involved extensive engagement with a range of stakeholders and was informed by key lines of enquiry focusing on views on the concept of ratings; their current 'architecture'; their impact on service delivery; perceived opportunities and risks of publication; and potential areas for change and development in the next phase of implementation.

The introduction of ratings sits within a wider legislative and policy context set by the Social Services and Wellbeing (Wales) Act 2014 (SSWBA), A Healthier Wales and the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA), section 37 of which gives Ministers powers to introduce ratings.

There is a range of approaches to inspection and the application of ratings across sectors in Wales and the UK, although the application of ratings emerges as standard practice. There is some evidence of ratings having a positive impact on social care services, although there is not a comprehensive picture.

Conclusions from our evaluation, taking account of evidence from other ratings frameworks and quantitative and qualitative data relating to residential and domiciliary support services in Wales, are that:

- **Ratings fit strategically within the broader legislative and policy context** and form a legitimate element of properly accountable public services.
- Across stakeholder groups **there is a wide range of views regarding the efficacy and appropriateness of ratings**. Those in support highlight their potential contribution to meaningful choice for people using care and support services and in driving improvement.
- Those who are less supportive raise concerns about the **impact on managers and staff and potential threats to the sustainability of individual providers and the wider market**.
- **The purpose of ratings and their primary audience are not clear to all stakeholders**. Intended benefits for the public and providers should be properly communicated during the next phase of implementation.
- To have maximum impact, there needs to be **increased ownership of ratings** across stakeholder groups.
- **Current performance frameworks are not able to demonstrate the impact of ratings**, and this is an area for potential further development.
- **There are concerns with aspects of the current ratings 'architecture'**, notably the wide breadth of the 'Good' rating and the link between the Well-being and other themes which is seen as misleading in some instances. Theme descriptors could be revisited to foster a strengths-based approach where appropriate.

- **There is a logical case for ratings to be published and precedents exist in other ratings regimes.** Nevertheless, the risks of full publication in terms of possible impact on the mental well-being of managers and staff, stability of staff teams, the financial standing of providers and potential loss of business are well-rehearsed. Publication should therefore be accompanied by a range of stringent safeguards.
- There is value in **providing brief narratives alongside ratings to enable the public and others to appreciate the broader context** without having to read the full report.
- A **new phase of implementation and revised regulations provide an opportunity for introducing wider changes to address issues emerging from this evaluation**, co-produced with all key stakeholders.

15 recommendations emerge from our evaluation, the first 12 of which are for CIW, with the remaining 3 are aimed at CIW and relevant partners, signifying our view that there needs to be a genuinely collaborative approach in bringing about the suggested improvements.

Recommendation 1: CIW should formally launch this report and engage directly with those stakeholders who contributed to the evaluation, making a clear commitment to taking forward the recommendations through an approach based on co-production.

Recommendation 2: In preparation for the next phase of implementing the ratings framework, CIW should deliver a programme of change spanning the period from Spring 2024 to early 2025, underpinned by a comprehensive action plan. A themed approach should be adopted, informed by these recommendations and designed to produce improvements which will be incorporated in revised regulations and implemented over a defined timescale.

Recommendation 3: As a key element, the change programme should include a detailed engagement schedule, facilitating meaningful involvement by relevant stakeholders in each theme through task groups and optimising opportunities for service providers to participate. This involves recognising service delivery and front-line pressures and offering a range of approaches that encourage inclusion, including out-of-hours and online sessions.

Recommendation 4: A clear communications strategy aimed at all stakeholders should be developed to accompany the changes as they are being introduced, articulating the purpose of ratings and how they should be interpreted, as well as dispelling potential myths that could damage the reputation and impact of ratings. The communications should also provide clear information for providers about how ratings decisions are reached, thereby reducing the potential for ambiguity and possible challenge.

Recommendation 5: The change programme should also include a review of the 4 existing themes which are subject to ratings (well-being, care and support, leadership and management, and environment). This should look specifically at the function of the well-being theme and consider severing its link with the other three themes in terms of ratings levels.

Recommendation 6: A review of the current ratings levels and descriptors should be undertaken, to give a more effective indication of a provider's performance against each theme and, in particular, providing a more nuanced position for those currently rated as 'Good'.

Options include:

- Introducing an additional rating, or ratings, for example including 'very good'
- Reviewing the current descriptor for the 'Excellent' rating.

- Developing a simple visual axis containing the ratings levels and enabling the precise position of a service to be clearly displayed.
- Adopting a star rating like that used in the Food Hygiene Standards, to show clearly the current position of a service

Recommendation 7: Current challenge processes should be reviewed and strengthened as necessary, ensuring that providers have all reasonable opportunities to challenge the basis on which ratings have been decided and to provide additional evidence that they feel to be material, possibly as a basis for reconsidering those ratings. Transparency from CIW on how decisions are made is key. Getting the ratings right will be especially important once they are made public.

Recommendation 8: Opportunities should be taken to improve communication with providers regarding what happens following an inspection and timescales for reinspection, thereby helping them frame their improvement and development activity.

Recommendation 9: Professional working groups involving CIW, Welsh Government, SCW, provider representative organisations such as CFW and local authority and Health Board commissioners should be set up to consider the implications of ratings, especially how the care sector can support and safeguard the market and mitigate potential risks associated with publication.

Recommendation 10: Before ratings are published, a template should be developed for providing the public and others with information about how judgements have been reached (balancing strengths and areas of concern), and possibly how providers have committed to improve. This will help to reduce what is perceived as being the 'blunt instrument' effect, ensuring that people can make informed and well-considered decisions. This is particularly important in relation to children's residential care where full reports are not yet published.

Recommendation 11: Stakeholders should receive clear directions about how published ratings are to be communicated, (for example, by displaying them within establishments where possible or on provider websites). The logistics of communicating ratings for domiciliary support providers will need to be considered, given that people using these services and their families/ carers are unlikely to visit the bases used by such organisations.

Recommendation 12: A comprehensive 'advice, support and reflection' programme should be developed and implemented to coincide with changes, comprising:

- Training for inspectors on the mechanics of ratings and, critically, how to support providers through the process linked to publication. This should include appropriate mental health awareness training and advice on referring managers to appropriate support where necessary.
- More general training and development for inspectors on the implementation of ratings-based inspections, clarifying roles and responsibilities and supporting consistent practice.
- Training for inspectors to help them in the retrieval of relevant data and information from providers for use in inspections.
- Joint awareness sessions for inspectors and providers to explore the amended framework and how it can be effectively implemented and managed, making CIW processes more transparent where this is found to be necessary.
- Scheduled joint review sessions allowing stakeholders to reflect on the revised arrangements in practice and to identify changes and refinement where required. These could focus on a range of areas, including how ratings are decided, and be instrumental in achieving greater consistency in practice.

Recommendation 13: Consideration should be given to potential mechanisms for sharing and mainstreaming effective practice. These should enable those services with higher ratings to mentor and support those whose ratings have been less favourable. Approaches could include further improving and rolling out the existing communities of practice; buddying and informal coaching and mentoring; and shadowing or exchanges where capacity and staffing arrangements allow.

Recommendation 14: Potential mechanisms for monitoring the impact of ratings on the quality of care and support delivered, and outcomes for people, should be explored. This should include consideration of additional performance indicators and datasets that complement and build on existing performance measures. The framework should be designed in such a way as to minimise additional burdens on providers in the retrieval and collation of relevant information.

Recommendation 15: CIW and relevant partners should work together to ensure ratings inform quality assurance arrangements within national and local commissioning frameworks, and Escalating Concerns processes.

2 Introduction

This evaluation was commissioned by Care Inspectorate Wales (CIW) in the autumn of 2023. As articulated within the tender documentation, its aims were to:

- Assess the effectiveness of unpublished (sometimes referred to as silent) ratings in driving up the quality of residential and domiciliary support services in Wales.
- Explore consistency of practice in applying ratings and the impact on service providers and inspection teams.

The evaluation objectives were to:

- Provide an analysis of data collected since June 2023 across the range of services being rated, identifying implications for the social care sector.
- Gather and summarise views from a range of stakeholders on the implementation of the unpublished ratings system, to include the barriers and facilitators of implementing this system.
- Make recommendations to CIW on improvements required to make the approach as effective as possible.

A small Practice Solutions team undertook the evaluation. Team members were:

- Martyn Palfreman (Project lead)
- Paul Pavia
- Hannah Thomas

Helen Mary Jones and Sara Powys supported the evaluation by facilitating an engagement session with providers through the medium of Welsh.

Findings from the evaluation are intended to inform scheduled inspections during 2024-25 and any adjustments to existing arrangements which should accompany the scheduled publication of ratings from April 2025.

This evaluation report provides an analysis of (1) the legislative and policy environment in which the current unpublished ratings operate; (2) interim guidance for providers on the ratings; (3) practice guidance for inspectors on civil enforcement; (4) evidence from similar ratings frameworks operating in different sectors across the UK; and (5) the views of a range of stakeholders on the current operation and perceived impact of the ratings to date.

Based on this analysis, we make recommendations for improvements to the ratings and to how they might operate in future. In keeping with the tender and reflecting discussions with the Client, the recommendations are grounded in two assumptions, namely that:

- Ministers are likely to retain ratings in the foreseeable future; and
- Ratings are likely to be published from April 2025.

Our recommendations seek to address concerns raised by some stakeholders who considered either that ratings should be discontinued and/ or that publication should not be introduced.

3 Methodology

The methodology adopted for the evaluation involved:

- Considering the legislative and policy context in which the unpublished ratings operate.
- Critically assessing other ratings frameworks used in different sectors across the UK and identifying any implications for the next phase of ratings for care home services and domiciliary support services.
- Analysing available data supplied by CIW on the implementation to date of the unpublished ratings. This included (1) feedback on ratings by providers at various stages of planning and implementation; and (2) a thematic audit of Stage 1 and 2 challenges received regarding completeness of evidence and fairness/ proportionality of the findings on which ratings were based.
- Circulating bilingual, online surveys to a range of stakeholders seeking their views on the lines of enquiry set out in Figure 1 below.

Figure 1

Lines of enquiry for the evaluation	
1	Views on the concept of ratings
2	Perceived advantages and disadvantages of ratings
3	The extent to which stakeholders felt they had been engaged in the development and implementation of ratings
4	The ‘architecture’ of the ratings framework (specifically the appropriateness or otherwise of the themes and ratings used)
5	Where applicable, experience to date of the inspections involving the ratings-based inspection process and its implementation
6	The impact, if any, of ratings on service delivery
7	The opportunities and risks of publishing ratings
8	Potential areas for change and improvement in the next phase

- Developing bespoke versions of the survey for inspectors, services that had undergone inspections with ratings, other services subject to ratings that had yet to have an inspection, and people using services and their families/ carers. Blank versions of each survey are provided for information in **Appendix 1**
- Providing a series of virtual, facilitated workshops focusing on the same lines of enquiry as those which underpinned the online surveys. These sessions involved facilitated discussion, mainly in single groups. However, the sessions in English for providers included self-facilitated, break-out discussions and plenary discussions to capture key points. In each session, we also provided ‘padlets’ (essentially virtual whiteboards) which enabled participants to submit anonymised comments online. These were available during the sessions and for a further 24 hours.

Specific workshops were held as follows:

- 4 sessions with inspectors held on 28 February 2024 (attended by 51 people).
- 3 sessions with providers/ services held on 12, 14 and 22 March 2024, one of which was delivered through the medium of Welsh (with 142 in attendance in total).

- Engagement with the Commissioning Care Wales collaborative (CCW)¹ involving a high-level discussion with the network and a facilitated session on 12 April 2024 with a focus group comprising four commissioning officers.

There were structured interviews via Teams with individual stakeholders representing different parts of CIW and its main institutional stakeholders, including the National Advisory Board, the Social Services and Integration Directorate within Welsh Government, Care Forum Wales (CFW) and Social Care Wales (SCW). (A list of interviews undertaken is provided in **Appendix 2**).

We held detailed online conversations with five providers, drawn from a sample of sixteen services that had undergone inspections involving ratings and reflecting a range of different service categories, geographic locations, sectors, and size of operation. Responsible Individuals (RIs), managers or other senior officers were asked to participate in these conversations. Although disappointed with the level of response from selected services (given that 16 were invited to meet with us), we appreciate this could be due to operational pressures or lack of availability to engage within the timescales of the evaluation. The small number of responses also meant we were unable to request possible follow-on conversations with people using the selected services and their families/ carers. Nevertheless, engagement with significant numbers of providers through other mechanisms helped to compensate for any resulting deficiency in data.

Overall, the level and breadth of engagement was encouraging and provided a robust evidence base for the evaluation and its recommendations. In particular, the number of responses to the online survey (as shown in Figure 2) was welcome.

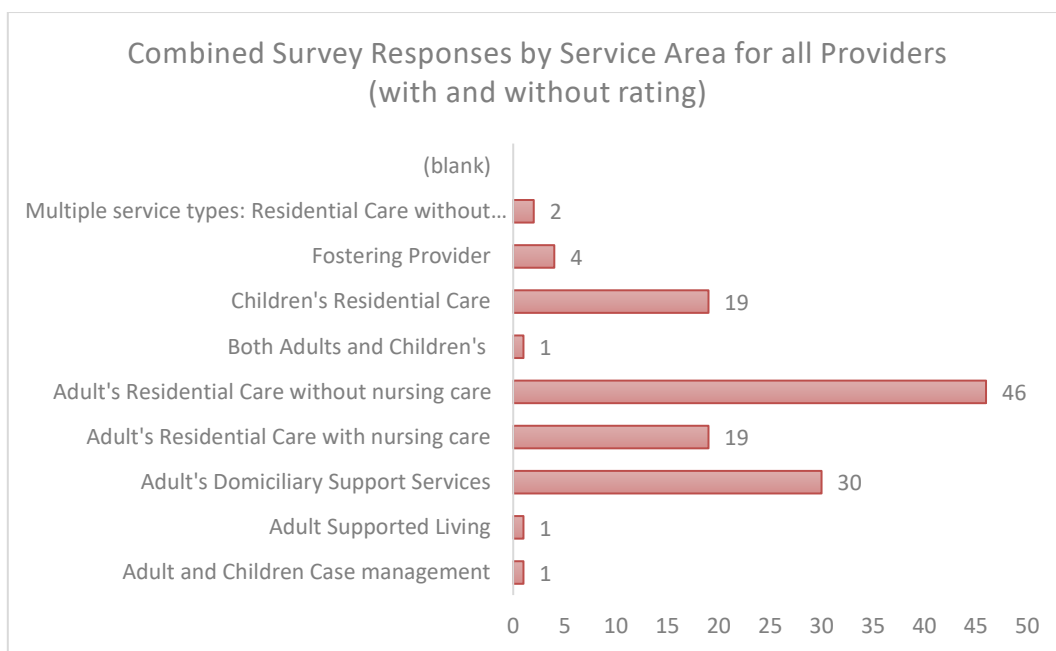
Figure 2

Stakeholder group	Number of responses
Inspectors	55
Services already inspected	72
Services not yet inspected	53
People accessing care and support services	4
Families/ carers of people accessing care and support services	5

A breakdown of respondents to the survey is provided below.

¹ [CCW](#) is a collaborative facilitated by the Welsh Local Government Association (WLGA) with a broad purpose of improving the quality of social care and health commissioning in Wales and developing effective practice in relation to integrated commissioning between local authorities and local health boards.

Figure 3



Detailed analysis of data collected in the engagement phase is provided separately in an accompanying document '*Stakeholder Analysis*'.

Throughout the evaluation, we met virtually on a fortnightly basis with an internal project steering group comprising the Head of Adult and Childrens Services Inspection, Team Manager for Adult Services Inspection and staff from the Communications and Engagement Team, to update partners on progress and to test emerging findings. In Section 4 of this report, we have grouped the findings under the key lines of enquiry set out in Figure 1. Evidence from our desk and fieldwork is considered against each line of enquiry. Work on the themes has been used to underpin a series of conclusions, which in turn inform our recommendations. These are presented in sections 5 and 6 of the report respectively.

4 Context

Policy and legislation

The Social Services and Well-being (Wales) Act 2014² (SSWBA) provides the legislative framework for social care in Wales. It is an important driver in bringing about the transformation of care and support and the integration of services provided by local authorities, local health boards, other statutory agencies and the third and social value sectors. The SSWBA is underpinned by the following core principles:

- Supporting people who need care and support to improve their well-being.
- Putting people at the centre of the care and support they receive.
- Partnership and cooperation in the planning and delivery of services.
- A focus on prevention.

These principles are developed further in the Welsh Government's national plan for health and care in Wales, 'A Healthier Wales' (2018)³, which sets out a long-term vision for a 'whole system' approach focused on health and well-being and preventing illness. Among ten national design principles identified within the plan as key to driving change and transformation are the following:

- Safety – enabling people to live safely within families and communities.
- Independence – supporting people to manage their own health and well-being and to be resilient and independent for longer.
- Voice - empowering people with the information and support they need to understand and to manage their health and well-being, and to make decisions about care and treatment based on 'what matters' to them.
- Personalised – health and care services which are tailored to individual needs and preferences.
- Seamless – services and information which are less complex and better co-ordinated for the individual; close professional integration, joint working, and information sharing between services and providers.
- Evidence driven – using research, knowledge and information to understand what works, learning from and working with others.

The subsequent Regulation and Inspection of Social Care (Wales) Act 2016⁴ (RISCA) reflects these generic principles within the context of service delivery, specifically by ensuring social care providers meet required standards in terms of quality and safety. RISCA provides for the protection of the well-being of individuals who rely on care and support. Its main objectives are to:

- Promote the well-being and rights of individuals who receive social care services.
- Set standards for social care services to ensure they are safe, effective and of high quality.
- Establish a regulatory framework to oversee and inspect social care providers to ensure they meet required standards.
- Enhance transparency and accountability in the social care sector.
- Encourage collaboration and partnership working among social care providers, local authorities, and other relevant organisations.

² [Social Services and Well-being \(Wales\) Act 2014 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2014/15/contents)

³ <https://www.gov.wales/sites/default/files/publications/2021-09/a-healthier-wales-our-plan-for-health-and-social-care.pdf>

⁴ [Regulation and Inspection of Social Care \(Wales\) Act 2016 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2016/15/contents)

RISCA introduced a new system of regulation and inspection, reflecting the changes brought about by the SSWBWA. It is underpinned by the following principles:

- Putting people at the centre of their care and support.
- Developing a coherent and consistent Welsh approach.
- Tackling provider failure.
- Responding quickly and effectively to new models of service and any concerns over the quality of care and support.

CIW

CIW is the regulatory body responsible for inspecting and regulating social and childcare services in Wales on behalf of Welsh Ministers. Its function is to provide assurance on the quality and safety of care provided by residential care homes for adults and children, domiciliary care agencies, adoption and fostering agencies, secure accommodation for children and young people, residential family centres, adult placement services, special schools' residential services and advocacy services, ensuring they comply with the law and meet required standards.

CIW's three strategic priorities are as follows:

- **To Be a Trusted Voice to Influence and Drive Improvement**, as an advocate for promoting improvement in care and support services.
- **To Consistently Deliver a High-Quality Service** in its regulatory and oversight roles.
- **To Be Highly Skilled and Responsive** in fulfilling its responsibilities.

CIW's guiding principles are: (1) to put people first, (2) to be intelligence-led, (3) to be risk-based and responsive, (4) to work collaboratively, (5) to support improvement and innovation, and (6) to reflect and learn.

Among a range of functions, CIW:

- Registers services, ensuring only those people who are judged to be fit and are likely to provide good quality care are registered to do so.
- Conducts regular, announced and unannounced inspections to assess quality of care, safety, staffing and management within regulated services (the frequency of these varies depending on service type and performance).
- Undertakes thematic inspections of specific areas of care and support, such as support for people living with dementia and safeguarding.
- Publishes inspection reports on its website (unless doing so would place vulnerable children or adults at risk of being identified).⁵
- Takes a range of actions if poor care is identified or where providers do not meet the standards required by the law. This can include placing conditions on the provider's registration, closing a service or cancelling the provider's registration.

Inspection ratings

Section 37 of RISCA empowers Welsh Ministers, through regulations, to make provision about ratings that may be given in relation to the quality of care and support provided by a service provider which has been inspected. Regulations may specify criteria to be applied when arriving at a rating and must include

⁵ [CIW, Responding to Inspection Reports Policy \[updated May 2023\]](#)

provision for a service provider to appeal against a rating included in an inspection report. They may also make provision requiring a service provider to display ratings included within an inspection report.

In practice, the introduction of ratings by CIW has been incremental. CIW began to introduce ratings for childcare and play services from 2016.⁶ An unpublished or silent ratings system was introduced in April 2016, with publication of ratings following in April 2019.

In April 2018, RISCA came into force and the Welsh Government began discussions with CIW about how Section 37 (ratings) could be introduced incrementally, initially for residential and domiciliary support services. A scoping paper was prepared, setting out the legislative framework under which such ratings would operate and proposing a phased implementation similar to the one employed for childcare and play services, starting with a pilot period during which ratings would remain unpublished. It made clear an independent evaluation of the pilot phase would be required before publication started. Following a small-scale service pilot of ratings that ran between September and December 2018, stakeholders (including inspectors and providers) were engaged in a series of conversations enabling a degree of co-design and providing an opportunity to consider opportunities, risks and concerns.

Outbreak of the Covid-19 pandemic in early 2020 caused a pause in the process of phased implementation. In February 2022, CIW announced the phased roll out of its ratings system would not start until April 2023. CIW began to implement a phased approach to ratings for residential care homes and domiciliary care support services from 1 April 2023. This was to be a two-part process:

- Phase one – a system of unpublished ratings for all residential care homes (both for adults and children) and domiciliary support services subject to inspection, initially between June 2023 and March 2024 (although this was subsequently extended to March 2025).
- Phase two – the publication of ratings for all residential care home services (both for adults and children) and domiciliary support services subject to inspection from April 2025.

Between June and December 2023, around 500 inspections based on the new ratings regime were undertaken. Further inspections took place during the period of the evaluation, which started in January 2024 and concluded in April 2024.

Unpublished ratings for care homes and domiciliary support services: How they work

As introduced, the ratings consist of four inspection themes: well-being, care and support, leadership and management, and environment. Each theme is given one of the ratings set out below.

⁶ [CIW, How we inspect childcare and play services.](#)

Figure 4

Rating	Descriptor
Excellent	This is an exceptional service that supports people very well and exceeds and exceeds our expectations.
Good	This is a good service that supports people well and meets our expectations.
Needs Improvement	This service is not supporting people well and needs to improve to meet our expectations.
Poor	This service is not supporting people safely and urgent action is needed to protect people and improve outcomes.

Services are not awarded an overall rating in addition to those given against each of the four themes. However, the well-being theme is designed to be an indicator of the extent to which well-being outcomes are being achieved by individuals using the service because it is affected directly by the arrangements in place by providers in respect of care and support, leadership and management and environment. Accordingly, where poor outcomes are identified and a Priority Action Notice⁷ is being issued under any of these themes, the maximum rating that can be achieved under the well-being theme is 'Poor'. Where an 'area for improvement' requirement is identified against any of the other themes, the maximum rating under the well-being theme is 'Needs Improvement'.

Inspections of care homes and domiciliary support services that apply the ratings are conducted in accordance with existing provisions, such as the Code of Practice for Inspection of Regulated Services⁸ and relevant practice guidance relating to inspection, evidence gathering and report writing. Inspectors are provided with supplementary guidance in relation to providing feedback on how ratings have been applied and how the use of 'evaluative' words within inspection reports link narrative to ratings.

Whilst service providers are unable to directly challenge or appeal ratings, they can submit comments about the completeness of the evidence used and/ or the fairness and/ or proportionality of the inspection findings on which the ratings are based. In the current implementation phase, ratings are not included in inspection reports and are shared only with service providers/ managers as part of the feedback process.

Outline guidance for the pilot phase has been produced for providers⁹.

⁷ Where CIW have identified failings that require Priority Action during an inspection, they take the following actions:

- a Priority Action Notice will set out the actions the provider needs to take to improve. It will also set out the regulations not being met and detail the evidence CIW has identified to make this judgement.
- a Priority Action Report will be issued to the provider which will set out the priority action notice(s). The provider must take action to improve outcomes for people.

A second inspection will be undertaken within 6 months from the issuing of the Priority Action Notice.

⁸ [Code of Practice for Inspection of Regulated Services \(HTML document\) | Care Inspectorate Wales](#)

⁹ [230818-Interim-draft-guidance-ratings-en.pdf \(careinspectorate.wales\)](#)

Other regulatory approaches

A summary of our research into the range of approaches to inspection and regulation applied to other services in Wales and other parts of the UK is provided below.

In Wales:

Before 2022, **Estyn**, the education and training inspectorate for Wales, used a summative grading system for its school inspections. Schools were given summative gradings such as ‘Excellent’, ‘Good’, or ‘Adequate’. These gradings were based on various factors including the quality of teaching, the school’s leadership, learners’ achievements and the school’s capacity to improve.

However, this approach changed in 2022, when the regulator revised its inspection regime to align with the development of the new Curriculum for Wales. When Estyn piloted the removed gradings from their inspection reports, the focus shifted from assigning a grade to detailing how well providers are helping children to learn.¹⁰ The emphasis is on in-person discussions rather than assessment of performance data. Inspection reports highlight a school’s strengths and areas for development and a separate summary for parents provides key information quickly in language that is easy to understand.¹¹ It no longer applies summative ratings. The new inspection cycle will begin in September 2024.

Healthcare Inspectorate Wales (HIW) inspects both NHS and independent health care services with the aim of ensuring people are receiving good care. It applies an inspection framework based on three themes: (1) quality of the patient experience, (2) delivery of safe and effective care and (3) quality of management and leadership. Inspections involve conversations with staff and patients and an examination of the service’s arrangements for self-assessment. Detailed inspection reports are published, focusing on the inspection themes and identifying concerns and required actions. Whilst ratings are not used, summary reports provide a precis of findings under each theme, areas for improvement and suggested next steps.

The **Food Standards Agency’s Food Hygiene Rating Scheme (FHRS)**, which also operates in England and Northern Ireland, rates food businesses based on the outcome of local authority inspections focusing on food handling practices and procedures, the condition and structure of premises, and the extent to which businesses are meeting legal requirements in relation to food safety. The frequency and timing of inspections depend on factors such as food type and history of compliance. The ratings, explained in Figure 5, are designed to help consumers make informed choices regarding where they eat or shop for food; to encourage businesses to improve their hygiene standards; and to reduce the incidence of foodborne illnesses.

Figure 5

Rating	Descriptor
0	Urgent improvement is required.
1	Major improvement is necessary.
2	Some improvement is necessary.
3	Hygiene standards are generally satisfactory.
4	Hygiene standards are good.
5	Hygiene standards are very good.

¹⁰ [Estyn – Inspection Explained](#)

¹¹ [Education Wales Blog: How is Estyn changing its approach to inspection under Curriculum for Wales? Insights from a peer inspector](#)

In England:

As independent regulator of health and adult social care, the **Care Quality Commission (CQC)** applies an assessment framework focusing on five questions: safety and effectiveness of services, the extent to which they are caring and whether they are responsive and well-led. Judgements are informed by an evidence base which is drawn from the perspectives of people, staff, leaders and partners, alongside observations of care and outcomes. CQC inspections result in ratings for services, using a four-point scale ranging from 'outstanding', through 'good' and 'requires improvement' to 'inadequate'. Ratings are applied to each of the areas within the assessment framework. In contrast to the position in Wales, an overall rating is awarded. An inadequate rating automatically results in a service being placed into special measures, with a follow-up inspection usually taking place within six months.

The **Office for Standards in Education, Children's Standards and Schools (Ofsted)** inspects maintained schools, some academies and other institutions alongside children's homes, childcare, adoption and fostering agencies and initial teacher training. In terms of its social care regulatory responsibilities, it uses the Social Care Common Inspection Framework (SCCIF).¹² The SCCIF is not a 'one-size-fits-all' framework. The evaluation criteria are broadly consistent across the different types of children's social care services but they reflect the unique nature of each type of service. Its judgement structure stems from its first principle of inspection – to focus on the things that matter most to children's lives – and places the progress and experiences of children and other people who use children's services at the core of inspections.

All SCCIF inspections follow the 4-point scale (outstanding, good, requires improvement to be good and inadequate) to make judgements on the overall experiences and progress of children, taking into account how well children are helped and protected and the effectiveness of leaders and managers.

Regarding its regulatory responsibilities for schools, all state schools are inspected using a standard framework and inspections result in one of four ratings, as follows:

- Ofsted Grade 1: Outstanding
- Ofsted Grade 2: Good
- Ofsted Grade 3: Requires Improvement
- Ofsted Grade 4: Inadequate.

Ratings are based on inspectors' judgements across four categories, namely quality of education, behaviour and attitudes, personal development of pupils and leadership and management.

Schools receiving an inadequate rating are normally reinspected within three years. Schools that receive an inadequate grading in most categories, including leadership and management, receive a 'special measures' rating and receive direct intervention from Ofsted. Ofsted gradings have come under the spotlight recently following the suicide of Ruth Perry, headteacher of a primary school rated inadequate. The Coroner's report into Ms Perry's death concluded that the inspection had been a contributory factor. In response¹³, Ofsted has undertaken to re-evaluate its internal policies and procedures and to:

- Provide mental health awareness training for all inspectors prior to them being involved in inspections.
- Introduce new policies and procedures in relation to safeguarding, pausing of inspections where necessary, providing additional support for headteachers, confidentiality and complaints.

¹² [Ofsted, Social Care Common Inspection Framework](#)

¹³ [Prevention of Future Deaths Report \(Regulation 28\): Ofsted's response \(publishing.service.gov.uk\)](#)

In addition, Ofsted has committed to engaging an independent expert to lead a learning review in the light of Ms Perry's death¹⁴ and it has embarked upon a consultation exercise (the Ofsted Big Listen¹⁵) to seek views on current inspection arrangements and possible improvements. Launched in March, this will run until May 2024. It should be noted, however, that whilst in a recent inquiry report publication, the House of Commons Education Committee recommended that the Department for Education and Ofsted work together to find an alternative to the current single-word overall judgement that 'better captures the complex nature of a school's performance',¹⁶ the UK Government has given no undertaking to replace the current gradings system. However, it has committed itself to look at ways to improve the current system.

In Scotland:

The **Care Inspectorate in Scotland (CIS)** regulates social care and early years settings. It applies an inspection framework which comprises announced and unannounced visits to services with the aim of assessing the quality of care provided. People using services, carers, staff and managers are engaged in the process, which results in a grading against each of four Quality Themes - quality of care and support, quality of environment, quality of staffing and quality of management and leadership.

The grading scale has six categories:

- Unsatisfactory - Major weaknesses requiring immediate remedy.
- Weak - Significant weaknesses that require urgent attention.
- Adequate - Strengths just outweigh weaknesses, but improvements are necessary.
- Good - Major strengths with some areas for improvement.
- Very Good - Strong performance across most areas with minor areas for improvement.
- Excellent – Outstanding performance with no areas requiring improvement.

No overall grading is awarded. A collaborative approach is adopted to supporting services make improvements, although it is to be noted here that, unlike CIW, CIS has a funded improvement arm to do this.

Summary

Our analysis reveals a range of approaches to inspection and variation in the use of ratings. Under some frameworks, ratings are applied only to specified areas whereas in others an overall rating is provided. Ongoing and significant differences in approach across inspectorates and administrations may reflect that there is a strong element of contested discourse at work and no dominant ideology. Perhaps this lack of uniformity should convey, above all, the need for CIW to proceed carefully in taking ratings for residential and domiciliary support services into the next phase and to make best possible use of potentially helpful intelligence from elsewhere.

We did find some evidence the use of ratings can have a positive impact on performance of social care services, but this is not a comprehensive picture. This issue is covered in greater detail in the full literature review provided as a separate document. In recent years, Anne-Marie Towers and her colleagues at the University of Kent have undertaken probably the best work in this field, using the Adult Social Care Outcomes Toolkit (ASCOT) to compare care home residents' quality of life and CQC ratings in England. Their 2019 cross-sectional study concluded that CQC ratings are indicative of residents' quality of life, which can

¹⁴ <https://www.gov.uk/government/news/dame-christine-gilbert-to-lead-independent-review-into-ofsteds-response-to-ruth-perry-tragedy>

¹⁵ [Ofsted Big Listen - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/ofsted-big-listen)

¹⁶ [House of Commons Education Committee: Ofsted's work with schools](https://www.parliament.uk/business/committees/committees-a-z/commons-ed/education/committees-a-z/commons-ed-education/committee-reports/house-of-commons-education-committee-ofsted-work-with-schools-gov-response/)
[House of Commons Education Committee: Ofsted's work with schools – Government response to the Committee's report](https://www.parliament.uk/business/committees/committees-a-z/commons-ed/education/committees-a-z/commons-ed-education/committee-reports/house-of-commons-education-committee-ofsted-work-with-schools-gov-response/)

guide public choice and help compare care homes. However, there are limitations to the research, again examined further in the literature review. We did not find compelling evidence to ascertain whether or not people using social care and support services, their carers, or providers find the publication of ratings helpful. The conversations undertaken within the context of this evaluation suggest that opinions are likely to be mixed.

Research from the United States has examined how individuals exercise choice in respect of nursing home provision. It suggests that, where 'consumers' have used published information to choose providers, they still chose nursing homes which were geographically close and had high quality 'hotel services' They did not pay the same attention to the quality of clinical care. The research concludes that, in practice, individuals in the study made choices based on the quality dimensions that are easy for them to observe, evaluate, and apply to their situation.

5 Key themes

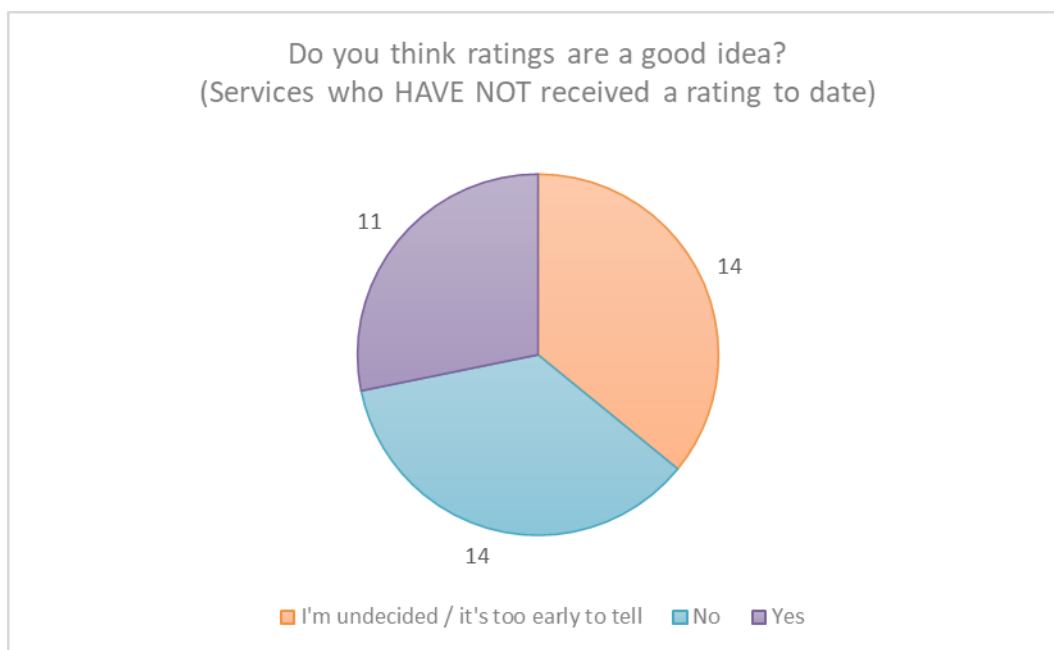
In this section, we set out key themes emerging from our evaluation. These are informed by quantitative analysis and (critically) by the extensive engagement exercises carried out with key stakeholders. Where appropriate, we have triangulated this evidence with existing intelligence shared with us by CIW about the experience and views of different stakeholders. The findings have been grouped under the key lines of enquiry set out in the Methodology chapter (Section 2, Figure 1). Evidence from our desk and fieldwork is considered under each of the themes.

Ratings as a concept

Our fieldwork suggests a clear division of opinion about whether ratings are a good idea or not, with those supporting them nevertheless highlighting concerns about aspects of how they work and/ or are applied.

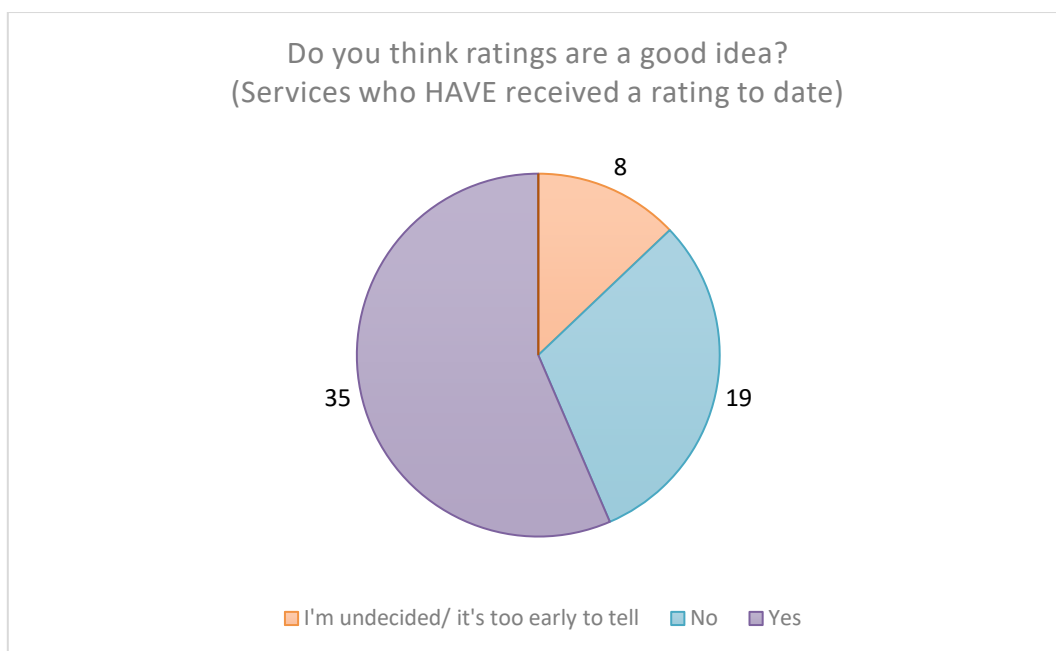
As shown in Figure 6, 11 of those services which have not yet been inspected under the ratings framework and which responded to the survey felt positively about the concept of ratings, 14 did not believe them to be a good idea, and 14 reported they were undecided or it was too early to tell.

Figure 6



Among providers who have already received a ratings-based inspection, over half of survey respondents felt that ratings were a good idea, with a third disagreeing and the remaining 13% claiming to be undecided or feeling it was too early to tell (see Figure 7). This suggests those that have gone through the process are more likely to see potential advantages. The proportion in favour of ratings is more pronounced among domiciliary support and children's residential services.

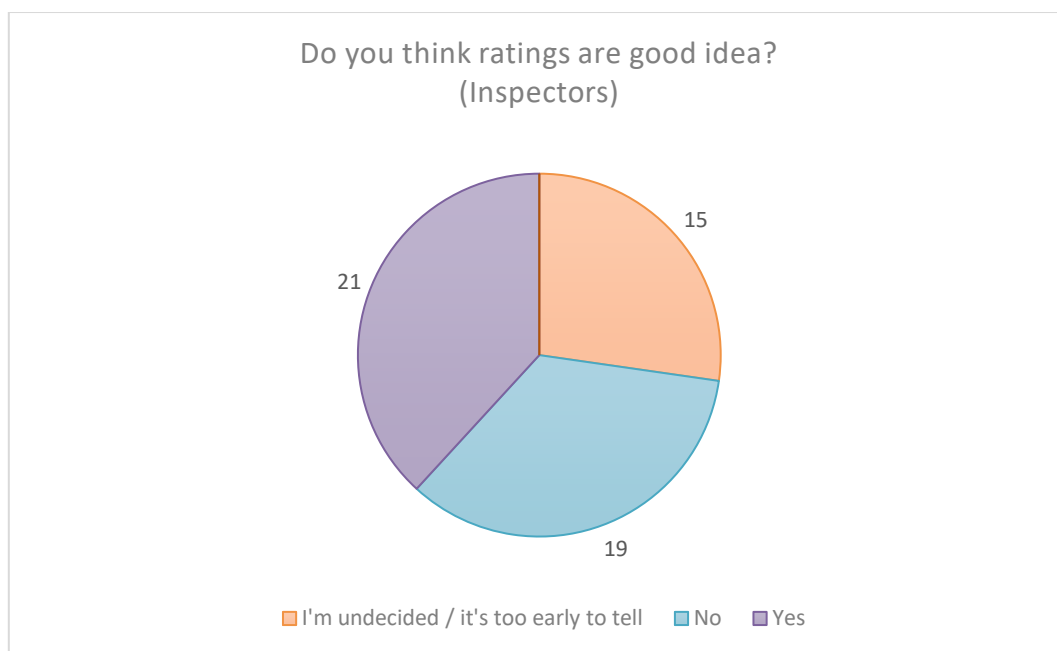
Figure 7



Some providers were very clear about their reservations. One respondent to the survey remarked ***'I feel the whole rating regime is going to add stress and angst across the sector. ... My shoulders sag and my energy is depleted when I think of this CIW rating burden being imposed. ... It seems that just when the world is recognising the inadequacy of single word assessments, CIW are about to embark upon this awful, energy sapping path'***. Another advocated against ratings as they were concerned that they ***'could lead to my managers considering suicide like the headmistress in England'***. Another was of the view that ***'they've not worked in England, so why would they work in Wales?'***

Managers within CIW felt ratings were a positive development, a view shared by the National Advisory Board and by key partner agencies such as SCW. However, there was a more mixed view from individual inspectors. Among those responding to the survey, 21 felt ratings to be a good idea, compared with 19 who held the opposite view; 15 were undecided or felt it was too early to tell.

Figure 8



In facilitated discussions, a small number of inspectors expressed the view that ratings should be withdrawn altogether. Some inspectors responding to the survey reported a mixed reception from providers. Comments included:

'No system of ratings improves our processes. If anything, it reduces our communication to the public to soundbites and, potentially, some level of falsehoods'.

'They are inherently unfair, as we are comparing services in the eyes of the public, which are not like for like'.

'No one I have spoken to has been positive about ratings ... Who benefits from it?'

'I feel the rating system is inherently unfair. We are comparing services which operate differently and have different funding frameworks under which they operate. As such, we are comparing chalk and cheese and rating them against each other. The single-word rating is unfair to services and the general public as it does not give an accurate reflection of service provision'.

As previously stated, we understand that there has been a clear trajectory in terms of progress in embedding the ratings system. Therefore, we have sought to highlight specific concerns about ratings again later in the report and to address these in our recommendations.

Perceived benefits

We heard from stakeholders that ratings:

- Are consistent with a move away under RISCA from national minimum standards and regulatory compliance towards a greater focus on outcomes for individuals.
- May be useful in highlighting positive aspects of services and areas for improvement.
- Could be used as a tool for improvement and innovation.

- Provide a potential mechanism for meaningful dialogue between inspectors and providers about how improvement may be achieved.
- Might be used to support positive change in services.
- Potentially provide an incentive for services to make continuous improvements in the care and support they deliver.

One provider told us ***'I feel [ratings] will set out individual areas in detail to allow us Managers to concentrate on where improvement is required'***.

Others felt that:

- Ratings place a clear emphasis on safety and well-being of individuals.
- If deployed effectively, they can underpin a consistent framework for inspection across Wales.
- They can improve the overall perception of care and support in Wales and provide the public with improved choice.
- They can be a useful tool for managers and staff in understanding the strengths and weaknesses of their organisations.

We heard from a provider that ***'any evaluation and rating will help [us] to understand the strengths and weaknesses of the organisation, quality and standard of care, room for improvement, etc.'***

Some felt that, when published, ratings will provide a valuable means of informing the public about quality of services and helping them to decide where to place relatives.

In the survey, we asked inspectors who benefited from the implementation of ratings. Responses were spread evenly across individuals accessing services, their families, services themselves and CIW.

People accessing care and support and their families / carers had mixed views. Among the advantages of ratings identified, one person receiving domiciliary support responded to the online survey by stating that ***'[Ratings] will highlight best practice as well as any shortcomings'***. A carer respondent felt that ratings ***'would provide peace of mind for the person receiving care and their family'***.

Potential drawbacks

Some stakeholders expressed concern that ratings were a 'blunt instrument', which could over-simplify the inspection process and encourage a tick-box approach whereby judgements are 'squeezed' into pre-determined categories. In their opinion, this would diminish the accuracy of inspections and their usefulness to providers. It might result in less favourable judgements where, for example, providers did not have required paperwork or procedures in place, without considering the impact on care and support. This was seen as risking a core aim of ratings, which is to focus more on outcomes. There was concern that ratings inevitably reflect a snapshot of a service at a point in time and detract from more detailed, contextual information. This could lead to inspectors overlooking genuine progress being made by an organisation.

One provider felt that ***'it is impossible to produce a rating based on 1 inspection per year'***. Another said that ***'you can't realistically sum up the work of many people, an organisation and the progress of children over several years in one word'***.

Concerns were also raised over the application of ratings across a wide range of provider organisations, some of whom by virtue of their size might be better equipped to address deficiencies in areas such as staff training and development and physical infrastructure than their smaller counterparts.

There were questions about what some see as intrinsic subjectivity in the use of ratings, even if awarded in line with detailed guidance. Some providers worry that something seen as a positive by one inspector will be regarded differently by another. There were numerous references to the risk of inconsistency in applying the framework across Wales, thereby providing some services with an unfair advantage. This theme was evident from information CIW supplied on feedback in training sessions they had run for providers on ratings.

Other observations from providers included the following:

‘People’s opinions vary and what one person feels is excellent another person may see as just satisfactory’.

‘One bad report seals the fate of a service and there is much disparity between one inspector’s view and another’s’.

‘Ratings from regulatory bodies or client reviews can sometimes be subjective and influenced by individual experiences or biases. This subjectivity may not always accurately reflect the overall quality of care provided by the agency’.

Commissioners described feedback which suggested high levels of subjectivity in some areas, resulting in one inspector rating an aspect of a service positively where the same aspect had been highlighted as ‘Poor’ or ‘Needing Improvement’ by another inspector.

Many stakeholders told us they were anxious about the immediate impact of ratings on provider organisations. Even in the current phase when ratings are not published, there is an assumption that ratings will be shared internally following an inspection. Consequently, poor ratings could have a detrimental impact on staff morale, leading at best to reduced performance and in other instances to staff leaving organisations. Whilst recognising that poor inspection reports without ratings might have similar effects, some contributors felt that ratings could exacerbate this, augmenting existing challenges faced by many providers in Wales in recruiting and retaining care and support staff. Understandably, there are fears that the mental health and well-being of managers and staff could be detrimentally affected. Many respondents clearly felt that such effects might be exacerbated once ratings are published, an issue we explore in more detail later in this section.

Conversely, there is some unease that ratings might have an adverse impact on organisations which receive more positive judgements. Several participants in the evaluation told us that they thought organisations rated as ‘Excellent’ (or to a lesser extent, ‘Good’) might tend to coast or drift as a result or find themselves at a loss about how to maintain their status, anxious that ‘the only way is down’ from that point on.

One survey respondent considered ratings to be less helpful for children’s residential care than for adults because there tend to be very few viable placement options, given the specialised nature of care and a smaller market. By contrast, in the case of adults, people using services and their carers/ families generally have more options available to them and ratings can help them to make a more informed choice. One provider wondered how children might feel about being placed in a home rated as ‘Poor’ when they have no choice in the matter (and in this regard we also noted that current pressures in the market also mean that, in practice, choice can also be extremely limited for adults seeking residential care). Others were concerned about how poor ratings can be explained appropriately to children receiving care. We also heard from commissioners that published ratings might cause additional pressures within the market. For

example, hospital discharges might be delayed because patients are reluctant to go into homes rated as ‘Poor’ or ‘Needs Improvement’. There were some questions about the appropriateness of the existing ratings for domiciliary support services, given the often ‘transitory’ or short-term nature of the care and support provided and the difficulties associated with forming judgements around interventions which are necessarily time constrained.

Responding to the survey, one carer questioned the potential added value of ratings, asking **‘when there is a report, why on earth do you give ratings?’**

Stakeholder involvement in developing the ratings framework

CIW reported that they had invested considerably in engaging with inspectors, providers and partner organisations following the enactment of RISCA and prior to introduction of unpublished ratings, through provider events and information circulated by CIW to providers. From these conversations, we understand numerous opportunities were provided for inspectors, providers and partner agencies to contribute to developing the ratings framework. These included facilitated group sessions for providers and focused team discussions for inspectors.

In practice, however, there is a range of very different views about the extent to which providers and other stakeholders were involved in developing the framework prior to its introduction. This is important because of evidence that the more ‘co-produced’ a framework is, the more likely it is to be ‘owned’ by various parties and stronger commitment to seeing it succeed might be expected.

When we asked these stakeholders how effective they felt the engagement process facilitated by CIW had been, reactions were markedly different among those providers who had undergone and inspection with ratings, compared with those who had not, as illustrated in Figure 9:

Figure 9

Providers who have received a ratings-based inspection		Providers who have not received a ratings-based inspection	
60%	Felt they had been meaningfully involved in the consultation/engagement ahead of the pilot	13%	Felt they had been meaningfully involved in the consultation/engagement ahead of the pilot
24%	Felt they had not been meaningfully engaged	59%	Felt they had not been meaningfully engaged
11%	Were unsure	28%	Were unsure
5%	Said they did not have enough information to answer	N/A	Said they did not have enough information to answer

This could reflect the fact that those which have been inspected feel more familiar with the process and attribute this in part to the pre-implementation discussions. However, it is important also to acknowledge the extent to which providers voiced concerns regarding the extent to which their views were taken on board when finalising the ratings framework.

Examples of comments from individual providers are provided below:

'As the R.I., I attended a workshop held in North Wales and read all of the shared information and information accessible on the website'.

'I received emails with information about the ratings pilot'.

'Whilst I was engaged, it wasn't clear re overall rating'.

'We were not involved in the introduction of this; we were informed it was happening'.

'Although I was consulted, there did not appear to be an acknowledgment of the issues surrounding objective scoring and the language used for the ratings.'

Whilst partner organisations told us they considered their involvement in the development of the framework to be adequate, only 38% of inspectors considered that they had been able to 'actively inform' development of the approach adopted. However, 56% of inspectors responding to the survey felt that the involvement of other stakeholders at the development stage had been sufficient.

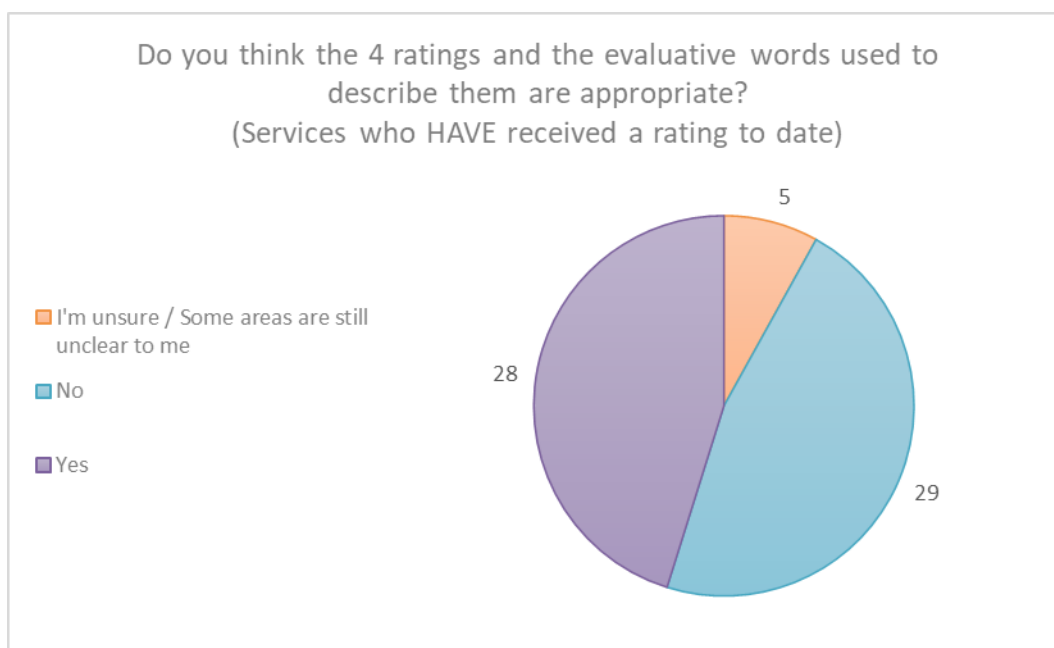
Our conversations suggest that perceptions about the level and effectiveness of engagement prior to ratings being introduced may have been affected by the relatively long interval between initial discussions (2018-19) and the final introduction of ratings (2023), brought about by Covid-19. Put simply, not everyone can clearly remember the nature of the engagement and they are uncertain about how contributions to early discussions fed into the final shape of the framework.

Ratings architecture

We invited contributors to the evaluation to tell us how they felt about the current ratings used in the framework (i.e. Excellent, Good, Needs Improvement and Poor) and the themes against which the ratings are applied (i.e. well-being, care and support, leadership and management and environment).

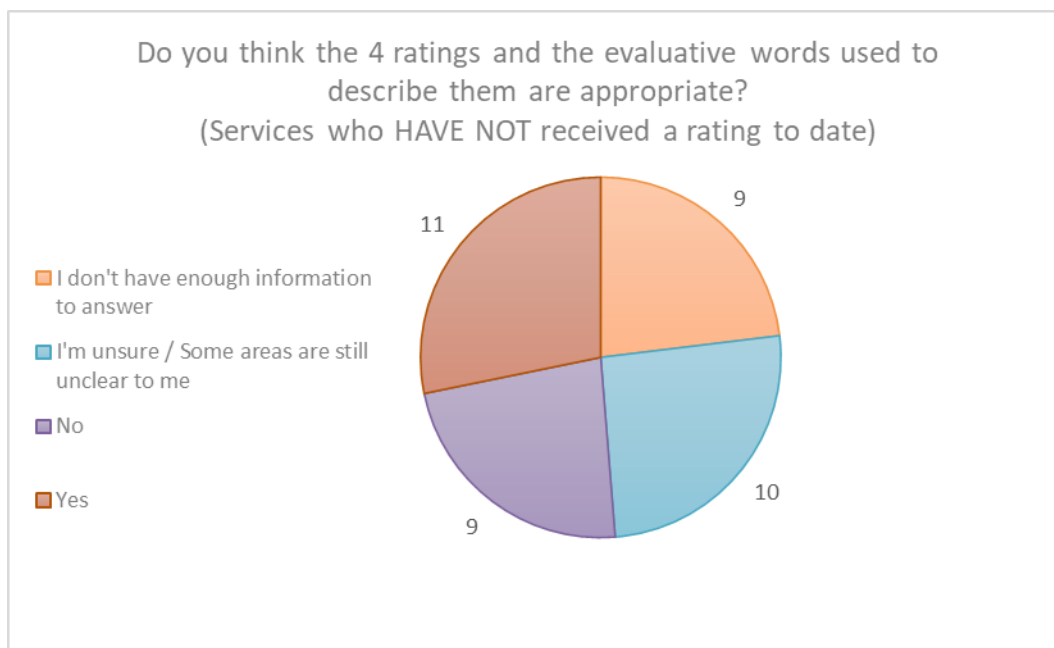
There are mixed views in relation to the ratings themselves. Providers responding to the survey who had already had a ratings-based inspection were equally split in terms of those who thought the ratings and the descriptors were appropriate (45%) and those who did not (47%), the remainder being unsure.

Figure 10



Perhaps not surprisingly, over half of those services yet to have an inspection were unsure or felt they did not have sufficient information to answer this question. Among those which did have a view, 74% felt they were appropriate, compared with 26% who thought they were not. Among inspectors, the disparity of views was greater, with half of those responding to the survey indicating that the current ratings and descriptors were not appropriate compared with 29% feeling that they were.

Figure 11



In our engagement work with stakeholders, we did hear messages about the language used in the ratings and their descriptors. Specifically, there is a sense that descriptors for 'Poor' and 'Needs Improvement' could be seen as using somewhat negative language and this could have a detrimental impact. A more strengths-based approach was regarded as potentially helpful because it would emphasise how existing practice and other arrangements can be built upon to attain required improvements.

Questions frequently arose regarding the breadth of the four rating levels. This was especially the case in respect of the 'Good' rating, which stretches from just ahead of 'Needing Improvement' to just short of 'Excellent'. This is seen as unhelpful in terms of:

- clarifying for providers where they currently are in terms of performance; and
- when ratings are published, in helping the public gauge the standard of care and support which services are providing.

These messages reinforced those recorded by CIW following their training sessions for providers on ratings.

Some inspectors who completed the survey told us:

“Good’ is too wide – it encompasses providers who are just scraping a good and also those who are bordering on ‘Excellent’.

“Good’ is too broad and not indicative of a service providing good care’.

‘The ‘Good’ rating is very broad, and can include services which are just making it into good, and those who are bordering on ‘Excellent’.

‘The ‘Good’ rating is too broad and doesn’t reflect the nuanced differences between services which are meeting the regs and are of average quality and those which are meeting the regs and are of a very good quality’.

Comments from providers included the following:

[The ratings] are too broad ... ‘Good’ covers just above poor and just below ‘Excellent’.

‘There is too much middle ground which is being ignored between ‘Needs Improvement and ‘Good’.

Several remedies were suggested. Whilst acknowledging the risk that introducing an additional ratings level would make a relatively simple framework more complex, a number of stakeholders suggested that an additional category might be helpful. Suggestions included adding a new ‘Adequate’, ‘Satisfactory’ or ‘Compliant’ classification between ‘Needs Improvement’ and ‘Good’ and/ or a ‘Very Good’ level between ‘Good’ and ‘Excellent’ (although in this regard, the risk of inspectors instinctively opting for the middle of 5 ratings was raised). A significant number of stakeholders pointed out the potential merits of ratings being supported by a visual scale or axis, allowing a service’s position within the awarded category to be accurately plotted and displayed. Some contributors to the evaluation advocated an approach like that of the Food Hygiene Standards, with the ratings for individual providers clearly communicated via a star rating. We explore this more fully within our recommendations in Section 5.

Some concerns were also raised concerning the ‘Excellent’ rating. As noted above, there is a feeling that this could present a perverse incentive for providers, who may feel they have ‘reached the top’ in terms of their performance and have nowhere else to go. People questioned whether the absence of any tangible innovative practice following an ‘Excellent’ rating could lead automatically to a lower score at a subsequent inspection. This would be seen as unfair. Some stakeholders were also unclear about inclusion of the term ‘sector-leading’ within the descriptor for ‘Excellent’, which is considered somewhat nebulous and difficult to evidence. We also heard concerns about the inability of some inspectors to explain what ‘Excellent’ looks like in practice, leading to a sense of uncertainty. Conversely, one provider who had received ‘Excellent’ ratings for all themes felt that this would provide an incentive for further development and innovation.

There were mixed views about the absence of an overall rating. Some considered this to be appropriate as it avoids over-simplistic and unrepresentative judgements on complex services, whilst others felt such a rating might be helpful. A clear majority of inspectors are opposed to the idea of an overall rating whilst providers are more evenly split, with just under 50% of those responding to the survey saying they would be in favour. Some of these suggested this would be of benefit to services, commissioners and people using services and their families.

There is a strong feeling among stakeholders that, in practice, the well-being theme acts as a proxy for an overall rating. This leads many to think it is unreasonable that this theme is automatically scored as ‘Poor’ or ‘Needs Improvement’ if any of the other themes are rated similarly. This view came across clearly in feedback data from providers supplied to us by CIW. Among providers responding to the questionnaire, twice as many felt that the well-being rating should not be affected by the other ratings as those that felt it should. One provider was clear in their view that **‘the Well-being rating should be assessed in its own regard and not directed by the other themes as somebody can have excellent well-being despite there being a slight issue with paperwork or the environment in the service’.** There is equally strong feeling on this issue among commissioners and inspectors, 76% of those responding to the questionnaire stating that the well-being rating should not be affected by those for the other themes and only 16% thinking that it should.

Comments included:

'The well-being section should not be dependent on the findings of the other sections'.

'I think the well-being should be a standalone rating and not influenced by other domains'.

'Well-being should be removed as a standalone theme and become inherent in the other themes. Currently, if we rate a service 'Poor' in environment but good in the other themes - overall well-being is automatically poor. This is over simplistic and may not be proportionate nor fair'.

CIW advised us that in practice inspectors do not judge inspection themes as poor due to marginal or negligible shortcomings, and inspection themes are only rated as poor where there are serious concerns which have significant risk or impact on people. In those instances, a priority action notice would be issued to ensure improvements are made swiftly. However, the strength of feeling about the automatic impact of other ratings on well-being warrants the appropriateness of this being considered moving forward.

In relation to the 4 themes, inspectors appear to be evenly divided in their opinions about whether these are appropriate. Among providers, a clear majority support the themes as they stand, notwithstanding the view of some that they are over-simplistic as a means of describing and rating extremely complex services. Some providers indicated that they would value fuller descriptors of the themes and would work with inspectors and others to develop and refine them over time.

As noted above, frequent concern is raised over the function of the well-being theme and we received a high number of calls for this to be reviewed, particularly to make it standalone from the other themes rather than it being seen as a de facto overall rating.

Implementation of the framework

Inspectors reported they had a range of support from in CIW during the implementation phase which included supervision, training, peer support and Quality Assurance. 73% of respondents to the survey said they felt the level of support provided was good or excellent. 82% said they felt their confidence in applying the ratings had grown during the pilot, compared with 13% who said it had not. However, 60% of the inspectors who completed the survey said that ratings had not improved their effectiveness, compared with 35% who said that they had.

Although there are variations, the experience of providers to date seems to be generally positive. 50 of 72 providers who had undergone a ratings-based inspection and responded to the survey claimed to have been supported by their inspectors during the process. 66% felt they had been properly advised on the process prior to the inspection taking place, compared with 19% who did not feel this to be the case. A clear majority felt they had been able to indicate where they felt they were on the ratings matrix and that they had been given the opportunity to provide appropriate evidence to inform their inspection. 84% said that people using their services and families had been appropriately involved. Among those that felt differently, one reported that they had not been able to 'show off' relevant evidence as much as they would have liked. They also felt that staff were not consulted nor was feedback obtained from relevant professionals. 61% felt that their ratings were fair, as opposed to 31% who said they were not fair. One provider remarked that they ***'felt a marking down in one area was harsh and not reflective'***.

More general comments included:

'The inspector that we have for our services ... is excellent at explaining the process and making it as painless as possible'.

'Our inspector was inquisitive, polite and yet challenging'.

'I was apprehensive about the inspections as this was the first time we were rated. My inspector was excellent and explained everything very well. She also very much viewed the service from the experience of the service users and key stakeholders, which I think is a credit to her and CIW.'

In the survey for services that had undergone inspections with ratings, we asked providers about the effectiveness of the challenge process. As noted earlier in the report, services can challenge the evidence used to inform ratings rather than the ratings themselves. Whilst most providers reported that they had not used their right to challenge, a small number questioned whether it would be meaningful. One commented that **'CIW have a closed shop approach to appeals and complaints'** and another that **'it will always be an inspector's perception versus a provider's reality; therefore, challenging [ratings] will be time consuming and obstructive to front-line care'**. Another provider spoke of being unable to 'put their head above the parapet' regarding a rating, for fear of repercussions.

Commissioners raised significant concerns regarding the extent to which CIW had involved them in the implementation of ratings, which they felt to be inadequate. They gave a clear message that they felt 'out of the loop' regarding arrangements for implementation, and potentially compromised by not being informed about ratings awarded to individual providers.

Impact of ratings-based inspections to date

Our clear impression is that, whilst the immediate impact of the inspection process on providers can be assessed, it is too early to accurately evaluate the longer-term impact on the quality of services.

Providers responding to the survey identified the main positives to date as boosting staff morale and providing focus for development and improvement. Other benefits included the fact that ratings make things easier for people to understand and they help individuals make choices about care. Improvements to care was the least-frequently selected positive from a suggested list.

Providers reported a range of impacts on staff, with some saying this was negligible, some that their inspection had been a positive experience and others commenting less favourably. Specific comments from the survey included the following:

'Staff were pleased to be able to engage and give honest feedback'.

'The staff have felt really recognised for all their hard work'.

'Staff were made to feel under pressure by the inspector'.

One provider told us the inspection had caused anxiety and stress and that inspectors had failed to recognise the inherently difficult nature of working in social care. Another said the inspection had made staff feel nervous and uncomfortable. Our impression was that, whilst some of these concerns existed prior to ratings, their introduction brought them into sharper focus.

Whilst some inspectors (including 38% of those responding to the questionnaire) felt that ratings will help service providers develop and improve, it is too early to provide any robust evidence in the Welsh context. There is some research regarding impact in social care settings in England – notable the work conducted by Ann-Marie Towers and her colleagues at the University of Kent – and we have referenced this earlier in the report and in the literature review. A small number of providers told us that ratings had improved standards of care, but there was a stronger perception that they have boosted staff morale (where positive ratings had been received) and helped managers focus on areas for improvement. The latter appears to apply even to some of those services receiving less favourable ratings. One provider told us that areas identified as

‘needing to improve’ had reinforced their own self-assessment and consolidated the case for focused change.

We were told that more could be done to share effective practice identified within services that had been awarded ‘Good’ or ‘Excellent’ ratings, to help and support those services that had received less favourable ratings and so needed to improve in key areas. This could take the form of detailed case studies, for example. We heard of workshops run by CIW involving those rated as ‘Excellent’ and designed to share practice with others. Communities of practice involving providers had been facilitated by SCW. We suggest that these initiatives need to be promoted further. The importance of facilitating such discussions across the spectrum of services (including adults’ and children’s residential and domiciliary care), in order to support each part of the sector, should also be emphasised.

In conversations with the Social Services and Integration Directorate in Welsh Government, we heard that current performance indicators and supporting datasets do not provide opportunities to interrogate the performance of individual providers in terms of outcomes for individuals. Alongside the fact that implementation of ratings is still in its infancy, this means that there is no meaningful data to demonstrate whether they have achieved a positive impact on the levels and quality of services. We believe that there are opportunities for CIW and Welsh Government to work together in addressing this issue and in developing the means of tracking any impact of ratings in the future, a proposal which is discussed later in this report.

Publication of ratings

As noted earlier, we were asked to broaden the scope of our evaluation beyond the anticipated impact of publication of ratings from April 2025. However, this issue was naturally the focus of considerable discussion during our fieldwork. We engaged with the range of stakeholders to ascertain views on publication in principle and to explore perceptions around potential benefits and risks.

Views on the principle of publication appear to be evenly split. There was no predominant stance among stakeholders, either in terms of support for publication or opposition to it, as illustrated in Figure 12 below which summarises responses from providers to the survey:

Figure 12

Providers who have received a ratings-based inspection		Providers who have not received a ratings-based inspection	
47%	Felt publication of ratings would make things better	26%	Felt publication of ratings would make things better
34%	Felt publication of ratings would make things worse	28%	Felt publication of ratings would make things worse
19%	Were unsure	46%	Were unsure

The views expressed by providers broadly in support of publication included:

- The question ‘to publish or not to publish’ is academic, as people will assume that those providers not publicising their ratings voluntarily have not scored well.
- Publication is necessary for transparency.
- It can be a potential incentive to improve and drive-up standards.
- Publication will make ratings more valuable for people looking for care and support and their families.

A range of issues were raised by those more concerned about possible adverse effects of publication included:

- The potential impact on the well-being of managers and staff – there were numerous references to the suicide of Ruth Perry.
- Publication poses a possible threat to the continued viability of services, putting additional strain on the care market and wider economy in specific localities.
- There is a risk that a universally applied framework will not take account of differences between large provider organisations and smaller agencies in terms of ability to invest in training and development, environmental improvements, etc.
- The risk that publication could have an impact on the ability of organisations to secure financial loans, insurance, etc.
- There might be a negative impact on provider/ commissioner relationships and possible loss of placements, once again affecting future viability.
- The quality of care and support could be compromised, because of low staff morale, increased turnover or resources being moved from the frontline to improvement activity, or any combination of these.
- The potential for the public to misinterpret ratings, resulting in confusion and leading to possible ill-informed choices when placing or moving relatives.
- The possibility that high ratings could result in providers applying increased top-ups in fees, making those services less accessible and potentially creating a two-tier system of care.
- Potential for an increase in the rate of challenge to ratings by providers who find themselves having to deal with some of the impacts identified above.

Some of the specific comments received were as follows:

‘Ratings will push some providers out, too much pressure particularly for smaller providers, many of whom are leaving the market as a result of issues like this’.

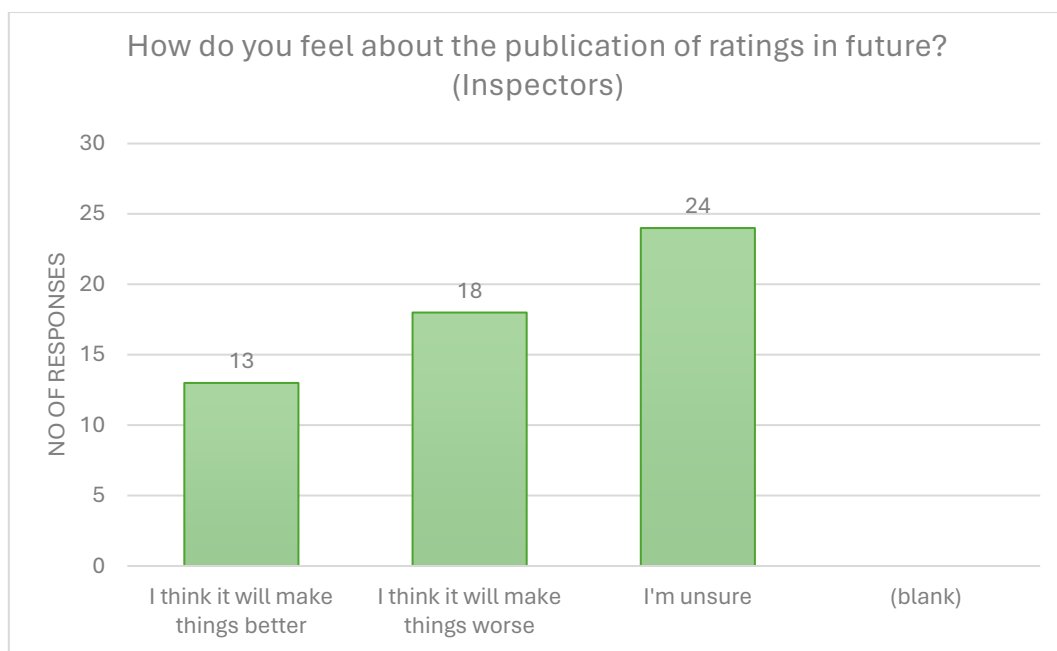
‘We are a small home in two Victorian houses that has been in existence for 35 years as a family run home and I can’t compete with the luxury of purpose-built larger homes. I’m never going to get excellent on some things which is not fair’.

‘People in general will just look at the rating rather than reading about the service. This will definitely give a misconception of the service’.

‘If a business gets a poor rating that will be the end of it. So, I think a good number of homes will close’.

Among inspectors, there was a similar diversity of views in relation to publication. Among respondents to the survey, 13 felt publication would make things better, compared with 18 thinking it would make things worse and 24 saying they were unsure.

Figure 13



Comments in favour of publication included:

'I think it will make providers focus more on improvement'.

'[It] will force service to evaluate their quality and ensure actions for change are addressed'.

'[if published, ratings would] be of much greater benefit to people looking for a service for themselves or someone else'.

'I think it will provide reassurances to the public (also all stakeholders) in ensuring informed decisions can be made'.

Comments from those less supportive included:

'The ratings are based on a snapshot from the day of inspection. Things can change quickly and our ratings will not always accurately reflect the service being received by the public. We have an example in OFSTED of how inspection has directly contributed to the death of an individual. Making ratings public is not worth the potential impact this could have on individuals who provide a service, or indeed inspectors who have given the rating. We can inspect and improve services without risking people's well-being'.

'I think it will produce many more challenges to reports over minor issues, just to get the rating up. This may delay publication and more services going through the enforcement process'.

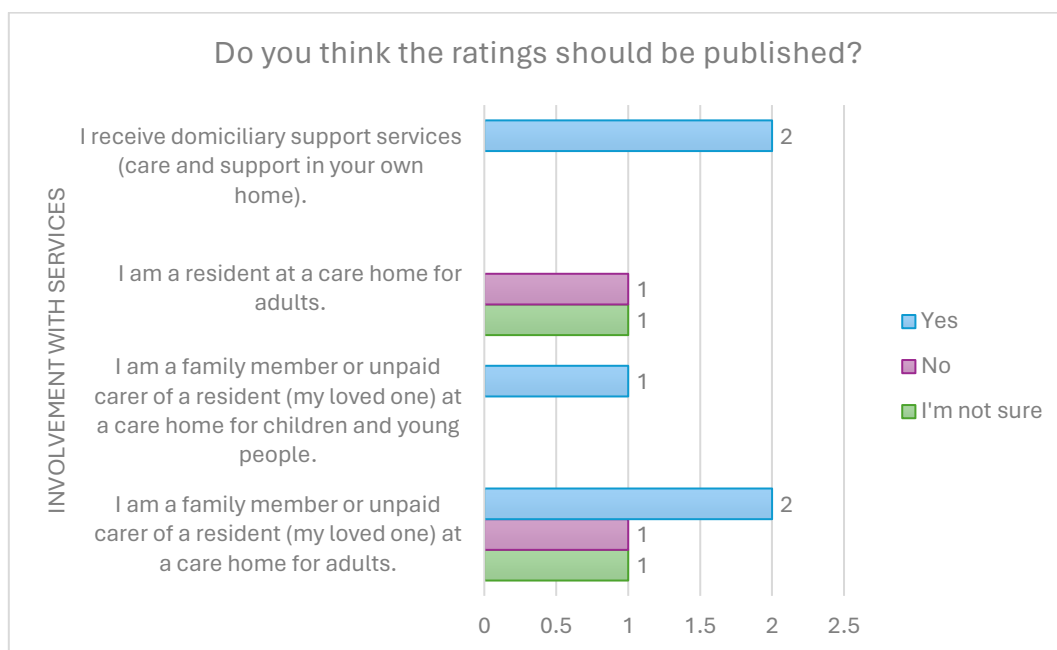
We also were told that CIW and providers would need to manage carefully messages coming from publication to ensure that these were accurate and conveyed the full context in which ratings had been awarded. This would help ensure that the public were given appropriate facts and were better equipped to make informed choices.

Of specific note were concerns expressed by commissioners regarding publication, which they feared could lead to an implosion in the market along with significant implications for framework agreements. There is a question about the appropriate status of a provider rated as 'Poor' or 'Needing Improvement' regarding their retention on commissioning frameworks. There is also a fear of a potential 'exodus' of people using

services with unfavourable ratings, adding catastrophic pressure on placing local authorities and health boards and leading ultimately to poor outcomes for individuals. Commissioners also expressed anxiety over the potential relationship between CIW ratings and local Escalating Concerns processes. Where these are not aligned, there would be a risk of confusion about the status of individual providers and the commissioning organisation’s obligations, which could have far-reaching consequences on individuals and the system more generally. The specific implications for ‘in-house’ services were also raised as a concern, with commissioners asking how a scenario in which a statutory body’s own provision was rated poorly would be managed in practice. We note that an MOU recently drafted between CIW and local authorities is key here, although the current lack of clarity suggests this might be helpfully reviewed and strengthened as appropriate.

We also asked people accessing care and support services and their families/ carers whether they thought that ratings should be published. Opinions were evenly balanced.

Figure 14



A similar balance of opinion was evident amongst people accessing care and support and their families/ carers in terms of the extent to which they feel publication would help them understand how good a service is, and whether it would influence choice of service.

Figure 15

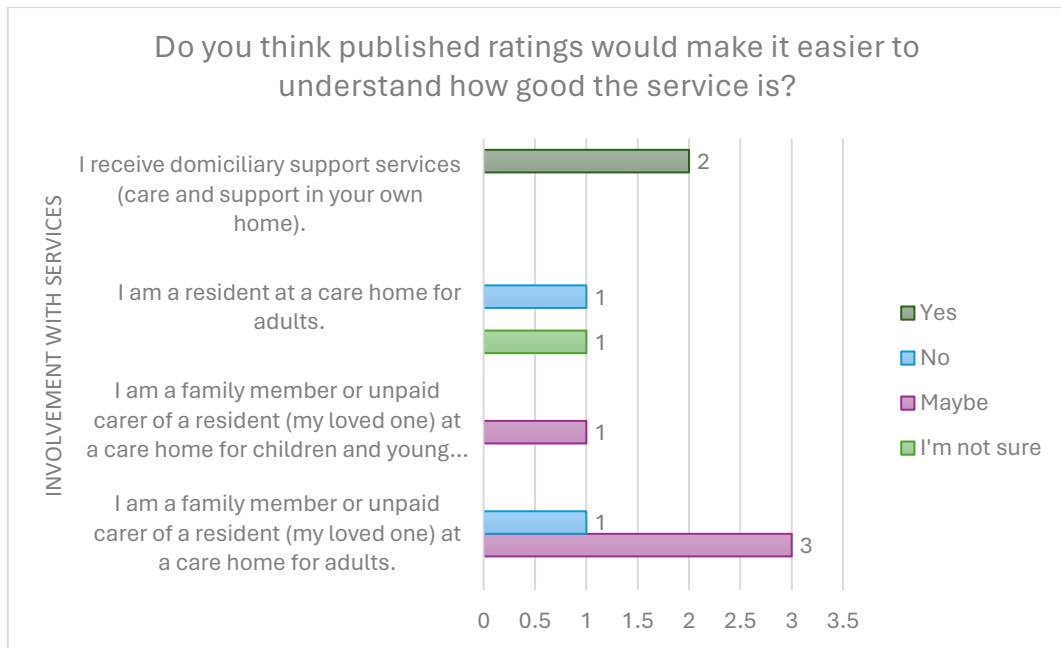
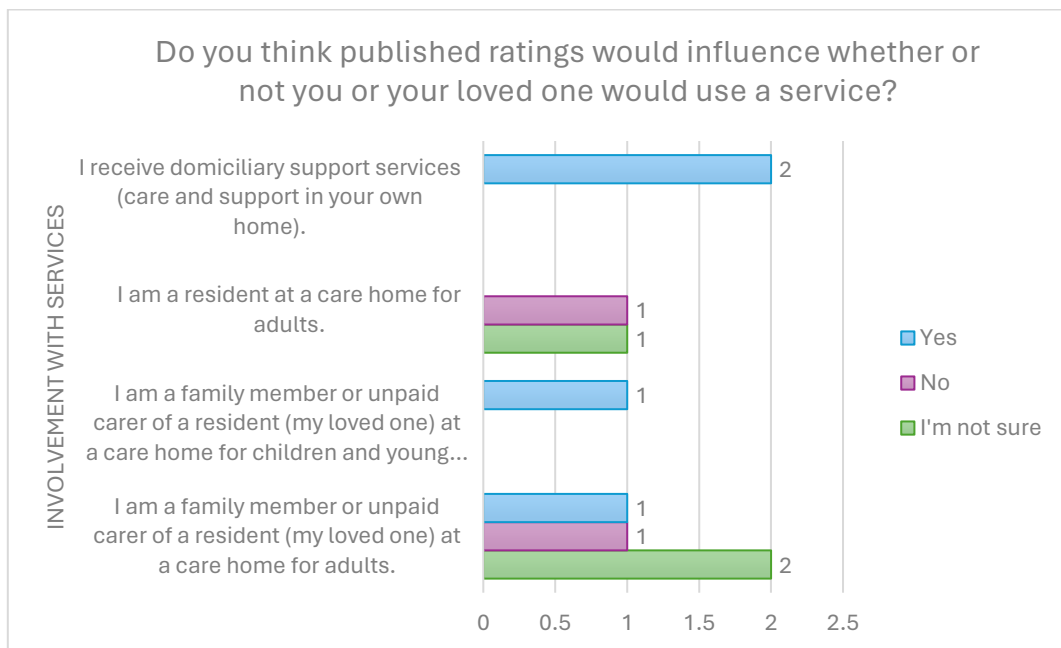


Figure 16



Areas for improvement and change

When asked about those aspects of the ratings system they would like to see considered as areas for change, inspectors most frequently cited:

- Introduction of a new rating to enable greater differentiation between those services just above 'Needing Improvement' and those close to being 'Excellent'.
- Reviewing the automatic link between well-being and the other themes when applying ratings.
- Consideration of separate ratings for domiciliary support services given their distinct nature (see under 'potential drawbacks' above).
- Improvement of practice guidance to manage individual interpretation and encourage greater consistency.

Providers similarly advocated an additional rating within the current 'Good' rating and consideration of an overall rating as potential areas for change. They also called for a greater emphasis on support by CIW, rather than merely judgement on the current level and quality of services. This was echoed through calls for more specific advice for providers from CIW on possible routes to improvement. Recognising that CIW does not receive funding to support improvement, there is an imperative here for collaboration with agencies such as SCW to ensure that appropriate support is made available through other means.

There is also a clear appetite among some providers to have made available the facility for formal appeals against ratings and, where appropriate, the opportunity for re-inspection within a short period (say 3 months) to reassess and review ratings in the light of improvements made over that period by the provider. There is a strong sense that services want their current status to be accurately portrayed and where "quick wins" are possible to address particularly minor issues, providers do not want to be left for a significant length of time with a rating that they feel does not reflect their service.

Some stakeholders, including a number of commissioners, called for possible introduction of an overall rating (seen by many as the role filled by the well-being rating under current arrangements).

6 Conclusions

Conclusion 1: Against the previous regime based on national minimum standards, from which there has been a departure over a number of years, solidified by RISCA, the introduction of ratings for residential and domiciliary support services represents a coherent and logical progression. It aligns with practice in equivalent sectors across the UK and is consistent with the principles set out in both the Social Services and Well-being (Wales) Act 2014 and the Regulation and Inspection of Social Care (Wales) Act 2016. The intended focus on outcomes for people and anticipated collaborative approach to improvement align with Social Services and Well-being (Wales) Act principles, as well as the RISCA principles of putting people at the centre of their care and support; developing a coherent and consistent Welsh approach; tackling provider failure and responding quickly to concerns over quality of care and support. Taking action in response to calls from some stakeholders for a greater emphasis on sharing effective practice and more active support for providers in addressing areas of concern would help facilitate another RISCA principle of responding to new models of care.

Conclusion 2: Both as a concept and in practice, the introduction of ratings for care home and domiciliary support services is in keeping with regulatory approaches taken by a range of public services in Wales and other administrations. An obvious and close precedent exists in relation to childcare and play services. Notwithstanding some risks and challenges, there appears to be a consensus that ratings form a legitimate element of properly accountable public services.

Conclusion 3: However, across the stakeholder groups with whom we engaged, there is a wide range of views regarding the efficacy and appropriateness of ratings. Those in support highlight their potential contribution to meaningful choice for people using care and support services and in driving improvement. Those who are less supportive raise concerns about the impact on managers and staff and potential threats to the sustainability of individual providers and the wider market. Even among people accessing care and support and their families/ carers, support for ratings is not universal. Across both providers and inspectors, support and concerns were evenly spread. Given that there appears to be a clear policy imperative in favour of using ratings and further embedding them within the inspection regime, we have concluded that further strengthening the ratings system to address issues of concern and to improve efficacy represents the most sensible way forward.

Conclusion 4: There is still confusion on the part of stakeholders about the purpose and intended benefits of the ratings system. Some feel the primary audience is the public, who can use ratings to inform decisions around care and support. Others see them principally as a tool for services to critically assess current performance and prioritise and plan for improvement. It is important that further work is undertaken to demonstrate that these aims are not mutually exclusive but can, and indeed should, be seen as complementary. The next phase of implementation must provide new opportunities to communicate and embed this dual purpose.

Conclusion 5: To have maximum impact and to realise the potential of ratings, it is necessary to secure increased ownership of the system among key stakeholders including the public, providers, inspectors, and commissioners. There are good foundations in place for this enterprise, notably the involvement of stakeholders in developing the framework and the significant opportunities provided for collective feedback and reflection (for example through regular provider events). For professional stakeholders, these need to be consolidated and built upon, with all partners given a genuine opportunity to shape the next phase. A helpful first step would be CIW adopting the findings and recommendations from this evaluation. For the public, careful and ongoing communication about the purpose and function of ratings and how they should be interpreted will be key.

Conclusion 6: Whilst we believe it is too early to demonstrate the impact of ratings in terms of individual provider and whole system improvement, it is equally apparent that measuring existing performance indicators and datasets are not fit for purpose in this regard. It is imperative that CIW is given the opportunity to work with colleagues in Welsh Government to address shortfalls in current systems by developing a new performance framework.

Conclusion 7: There is a general acceptance of the four themes which are subject to ratings (well-being, care and support, leadership and management, and environment), three of which apply to domiciliary support services. We see no clear case for reviewing them. However, the 'function' of the well-being theme lacks clarity, with many stakeholders regarding it as a proxy for an overall rating. Some feel that an automatically low rating for well-being if another theme has been scored at this level is misleading and unjustified. We believe this needs to be reviewed.

Conclusion 8: Many stakeholders regard the current four ratings system (Excellent, Good, Needs Improvement, Poor) as insufficient and in need of change. There is a view strongly and consistently held that the 'Good' rating is too broad because it can apply to those services performing just above the 'Needs Improvement' level, those falling slightly short of 'Excellent' and everything in between. There are also concerns over the 'Excellent' rating. Some stakeholders feel that the definition in use is not clear enough and being given this rating could lead to 'coasting' and/or difficulties in maintaining this standard between one inspection and the next. Providers told us that, consequently, they are actively seeking not to achieve 'Excellent'.

Conclusion 9: The opportunity should be taken to review the descriptors. Whilst conveying clear messages for the public on a provider's performance, new descriptors need to foster a strengths-based approach where appropriate.

Conclusion 10: There is a logical case for ratings to be published and precedents exist in other ratings regimes. We were made aware that ratings are already being shared informally with staff and some stakeholders report that this is helpful. Nevertheless, the risks of full publication in terms of possible impact on the mental well-being of managers and staff, stability of staff teams, the financial standing of providers and potential loss of business were well articulated. It is crucial to bear constantly in mind the examples where putting ratings into the public domain has produced negative and sometimes tragic outcomes (notably the suicide of Headteacher Ruth Perry in England). Publication should be accompanied by a range of stringent safeguards, including: support for services and inspectors; clear articulation of the basis for ratings; opportunity for swift re-inspections and revised ratings where appropriate; and relevant training for all stakeholders.

Conclusion 11: The value of a brief narrative alongside the ratings awarded is clear. Such narrative could be made available at the time of publication, enabling the public and others to appreciate the broader context without having to read the full report. This is particularly important in relation to children's residential care for which full reports are not currently published.

Conclusion 12: Alongside a move to publish ratings, a new phase of implementation and revised regulations provide an opportunity for introducing wider changes to address issues emerging from this evaluation. For the reasons outlined earlier, changes should be co-produced with all key stakeholders. Across the various stakeholder groups, there appears to be an appetite for this inclusive approach. The breadth of insight and experience across the sector needs to be fully exploited in developing an improved regime, one which builds on current strengths and deals with weaker areas. We specify possible areas for improvement in our recommendations.

7 Recommendations

The next phase of implementing the ratings framework, marked by the introduction of published ratings, provides a crucial opportunity for broader changes that will address the range of issues that have emerged to date, and which are summarised in the conclusions set out in the previous section. The following recommendations are designed to support CIW and its partners in facilitating these changes. We believe the recommendations also provide the basis for transition to a more strengths-based approach.

Recommendations 1 to 12 are for CIW. Recommendations 13 to 15 are aimed at CIW and relevant partners, signifying our view that there needs to be a genuinely collaborative approach in bringing about the suggested improvements.

Recommendation 1: CIW should formally launch this report and engage directly with those stakeholders who contributed to the evaluation, making a clear commitment to taking forward the recommendations through an approach based on co-production.

Recommendation 2: In preparation for the next phase of implementing the ratings framework, CIW should deliver a programme of change spanning the period from Spring 2024 to early 2025, underpinned by a comprehensive action plan. A themed approach should be adopted, informed by these recommendations and designed to produce improvements which will be incorporated in revised regulations and implemented over a defined timescale.

Recommendation 3: As a key element, the change programme should include a detailed engagement schedule, facilitating meaningful involvement by relevant stakeholders in each theme through task groups and optimising opportunities for service providers to participate. This involves recognising service delivery and front-line pressures and offering a range of approaches that encourage inclusion, including out-of-hours and online sessions.

Recommendation 4: A clear communications strategy aimed at all stakeholders should be developed to accompany the changes as they are being introduced, articulating the purpose of ratings and how they should be interpreted, as well as dispelling potential myths that could damage the reputation and impact of ratings. The communications should also provide clear information for providers about how ratings decisions are reached, thereby reducing potential for ambiguity and possible challenge.

Recommendation 5: The change programme should also include a review of the 4 existing themes which are subject to ratings (well-being, care and support, leadership and management, and environment). This should look specifically at the function of the well-being theme and consider severing its link with the other three themes in terms of ratings levels.

Recommendation 6: A review of the current ratings levels and descriptors should be undertaken, to give a more effective indication of a provider's performance against each theme and, in particular, providing a more nuanced position for those currently rated as 'Good'.

Options include:

- Introducing an additional rating, or ratings, for example including 'very good'
- Reviewing the current descriptor for the 'Excellent' rating.
- Developing a simple visual axis containing the ratings levels and enabling the precise position of a service to be clearly displayed.
- Adopting a star rating like that used in the Food Hygiene Standards, to clearly show the current position of a service as set out in Figure 17.

Figure 17



Recommendation 7: Current challenge processes should be reviewed and strengthened as necessary, ensuring that providers have all reasonable opportunities to challenge the basis on which ratings have been decided and to provide additional evidence that they feel to be material, possibly as a basis for reconsidering those ratings. Transparency from CIW on how decisions are made is key. Getting the ratings right will be especially important once they are made public.

Recommendation 8: Opportunities should be taken to improve communication with providers regarding what happens following an inspection and timescales for reinspection, thereby helping them frame their improvement and development activity.

Recommendation 9: Professional working groups involving CIW, Welsh Government, SCW, provider representative organisations such as CFW and local authority and Health Board commissioners should be set up to consider the implications of ratings, especially how the care sector can support and safeguard the market and mitigate potential risks associated with publication.

Recommendation 10: Before ratings are published, a template should be developed for providing the public and others with information about how judgements have been reached (balancing strengths and areas of concern), and possibly how providers have committed to improve. This will help to reduce what is perceived as being the 'blunt instrument' effect, ensuring that people can make informed and well-considered decisions. This is particularly important in relation to children's residential care where full reports are not yet published.

Recommendation 11: Stakeholders should receive clear directions about how published ratings are to be communicated, (for example, by displaying them within establishments where possible or on provider websites). The logistics of communicating ratings for domiciliary support providers will need to be considered, given that people using these services and their families/ carers are unlikely to visit the bases used by such organisations.

Recommendation 12: A comprehensive 'advice, support and reflection' programme should be developed and implemented to coincide with changes, comprising:

- Training for inspectors on the mechanics of ratings and, critically, how to support providers through the process linked to publication. This should include appropriate mental health awareness training and advice on referring managers to appropriate support where necessary.
- More general training and development for inspectors on the implementation of ratings-based inspections, clarifying roles and responsibilities and supporting consistent practice.
- Training for inspectors to help them in the retrieval of relevant data and information from providers for use in inspections.
- Joint awareness sessions for inspectors and providers to explore the amended framework and how it can be effectively implemented and managed, making CIW processes more transparent where this is found to be necessary.

- Scheduled joint review sessions allowing stakeholders to reflect on the revised arrangements in practice and to identify changes and refinement where required. These could focus on a range of areas, including how ratings are decided, and be instrumental in achieving greater consistency in practice.

Recommendation 13: Consideration should be given to potential mechanisms for sharing and mainstreaming effective practice. These should enable those services with higher ratings to mentor and support those whose ratings have been less favourable. Approaches could include further improving and rolling out the existing communities of practice; buddying and informal coaching and mentoring; and shadowing or exchanges where capacity and staffing arrangements allow.

Recommendation 14: Potential mechanisms for monitoring the impact of ratings on the quality of care and support delivered, and outcomes for people, should be explored. This should include consideration of additional performance indicators and datasets that complement and build on existing performance measures. The framework should be designed in such a way as to minimise additional burdens on providers in the retrieval and collation of relevant information.

Recommendation 15: CIW and relevant partners should work together to ensure ratings inform quality assurance arrangements within national and local commissioning frameworks, and Escalating Concerns processes.

8 Appendix 1: Online surveys

Care Inspectorate Wales Ratings Pilot 2023

The following questions are for services which have NOT been part of the pilot and as such have not received ratings between June 2023 and December 2023.

Section 1



Please answer the following questions as honestly as you can.

Over the past year inspection ratings for adults and children's services in Wales have been piloted with care homes and domiciliary services across the country. Whilst services have been informed of their ratings, these have not been placed in the public realm. From April 2025, the ratings will be published and in advance of this next phase Care Inspectorate Wales has commissioned an independent company, Practice Solutions Ltd, to evaluate the arrangements and identify improvements.

Your views on the framework are important and you are invited to let us have your views by responding to this survey. **It should take you no longer than 6 minutes to complete.**

This Data is being collected by Practice Solutions Ltd on behalf of Care Inspectorate Wales. In compliance with the EU General Data Protection Regulation *GDPR) and Data Protection Act 2018, personal data will not be shared with, or provided to, any third party for marketing or any other purpose.

Section 2

You and your service

1

Your role Required to answer. Single choice.

- Team Manager
- Responsible Individual
- Residential team member
- Domiciliary care team member

2

The service you work in Required to answer. Single choice.

- Adult's Residential Care with nursing care
- Adult's Residential Care without nursing care
- Adult's Domiciliary Care
- Children's Residential Care
- Children's Domiciliary Care

3

Please select the sector your service operates in Required to answer. Single choice.

- Independent Sector
- Statutory Sector
- Third Sector
- Not for profit

4

How many individuals are supported by your service? Required to answer. Single choice.

- Under 10
- 10 > 20
- 21 > 50
- 51 > 75
- 76 > 100
- 100+
- Not sure

5

Has any part of your service been inspected during the period June 2023 - December 2023 using the new ratings framework? Required to answer. Single choice.

- Yes
- No

Section 3

The development and implementation of the framework

6

Were you meaningfully involved in the consultation / engagement phase ahead of the pilot? Required to answer. Single choice.

- Yes
- No
- I'm unsure

7

Please provide further details

Enter your answer

Section 4

Your views on the ratings framework

8

How familiar are you with the ratings framework? Required to answer. Single choice.

- Very
- Quite
- Not very
- Not at all
- I don't have enough information to answer

9

Please provide further details

Enter your answer

10

Do you think ratings are a good idea? Required to answer. Single choice.

- Yes
- No
- I'm undecided/ it's too early to tell

11

Please provide further details

Enter your answer

12

Do you think the 4 themes included in the framework are appropriate? Required to answer. Single choice.

- Yes
- No
- I'm unsure / Some areas are still unclear to me
- I don't have enough information to answer

13

What changes to you think could be made?

Enter your answer

14

Do you think the 4 ratings and the evaluative words used to describe them are appropriate? Required to answer. Single choice.

- Yes
- No
- I'm unsure / Some areas are still unclear to me
- I don't have enough information to answer

15

What changes do you think could be made?

Enter your answer

16

Should the Well-being rating be affected by the other ratings? Required to answer. Single choice.

- Yes
- No
- I'm unsure / Some areas are still unclear to me
- I don't have enough information to answer

17

What changes to you think could be made?

Enter your answer

18

Do you feel there is a need for an overall rating (in addition to ratings against the four themes?) Required to answer. Single choice.

- Yes
- No
- I'm unsure / Some areas are still unclear to me

19

Please provide further details

Enter your answer

Section 5

The inspection process

20

Do you feel prepared for an inspection under the new system? eg. Are you clear on the process? Do you know what to expect? Required to answer. Single choice.

- Yes
- No
- I'm unsure / Some areas are still unclear to me

Section 6

Implementation and change

21

Please answer the following questions on the potential impact of ratings. Required to answer.

<ul style="list-style-type: none"> • Do you feel that the ratings system will help service providers to develop and improve? 				
<ul style="list-style-type: none"> • Do you feel that the ratings system will be beneficial to individuals and families that access care and support? 				
<ul style="list-style-type: none"> • Do you believe the ratings will drive change and improve well-being outcomes? 				
<ul style="list-style-type: none"> • Do you believe ratings will help support self-assessment? 				

Section 7

Challenge, comment and future development

22

Do you think ratings are a good idea? Required to answer. Single choice.

- Yes
- No
- I'm undecided / it's too early to tell

23

Please provide further details.

Enter your answer

24

How do you feel about the publication of your ratings in future? Required to answer. Single choice.

- I think it will make things better
- I think it will make things worse
- I'm unsure / Some areas are still unclear to me

25

What concerns (if any) do you have about the ratings applications? Feel free to add more concerns under 'other'. Required to answer. Multiple choice.

- It might be too difficult to understand
- It could threaten the survival of a service with some poor ratings
- The framework might not be applied in the same way across Wales
- Staff might feel discouraged or leave
- People might not want to work in a service with some poor ratings
- It might lead to a deterioration in the care and support provided
- It could lead to complacency among services with higher ratings

26

Is there anything else that you would like to tell us about the ratings framework?

Enter your answer

Individuals & Families

CIW Ratings Pilot Evaluation 2023

The following questions are for those individuals and their families who use residential care or access domiciliary support services at home.



Section 1

Some information about why we are asking you these questions

For the past year, Care Inspectorate Wales (CIW) has begun to award ratings for Adults and Children's services, including residential homes for adults and children and young people, and home care services, when they carry out inspections. These ratings will say how good a service is in supporting the well-being of people they support, the quality of the care and support provided, leadership and management of staff and providing a positive environment for individuals receiving care. Services may be rated as excellent, good, needing improvement or poor.

Currently, ratings given to services are not published, but this will change in April 2025. Before then, CIW have asked an independent company to look at how the ratings are working and what could be changed in the future. It is important that the views of people receiving support, and their families or unpaid carers, feed into this work.

By filling in this survey you can let us know what you think about what's in place and what needs to happen in the future. The survey is straightforward and **should take less than 10 minutes to complete**.

This Data is being collected by Practice Solutions Ltd on behalf of Care Inspectorate Wales in compliance with the EU General Data Protection Regulation (GDPR) and Data Protection Act 2018, personal data will not be shared with or provided to any third party for marketing or any other purpose.

Section 2

About you

1

Which of the following best describes you? Required to answer. Multiple choice.

- I am a resident at a care home for adults.
- I am a family member or unpaid carer of a resident (my loved one) at a care home for adults.
- I am a resident at a care home for children and young people.
- I am a family member or unpaid carer of a resident (my loved one) at a care home for children and young people.
- I receive domiciliary support services (care and support in your own home).
- I am a family member or unpaid carer of someone (my loved one) who receives domiciliary support services (care and support in their own home).

2

Do you or your loved one get any help to pay for the care and support that is provided? Required to answer. Single choice.

- Yes
- No

3

Who helps to pay for your care and support or that of your loved one? Required to answer. Single choice.

- The local authority
- The Local Health Board
- The local authority and Local Health Board

4

Are you aware of the new ratings system? Required to answer. Single choice.

- Yes
- No

5

Were you involved in helping shape the new approach? Required to answer. Single choice.

- Yes
- No
- I'm not sure

6

How did you find the experience? Please tick all that apply Required to answer. Multiple choice.

- I felt listened to
- I understood what I was being asked

- I felt able to say what I thought
- I felt my views counted
- I didn't feel listened to
- I didn't understand what I was being asked
- I didn't feel comfortable to say what I thought
- I didn't feel my views were taken into account
- I didn't understand the purpose

7

Would you like to have been involved? Required to answer. Single choice.

- Yes
- No
- I'm not sure

Section 3

The inspection process

8

Since June 2023, have you or your loved one been involved in an inspection of the service that provides your care and support? Required to answer. Single choice.

- Yes - I was involved in an inspection
- No - the service hasn't been inspected
- No - the service WAS inspected but I wasn't involved
- I'm not sure

9

How did you find the experience? Please tick all that apply Required to answer. Multiple choice.

- I felt listened to
- I understood what I was being asked
- I felt able to say what I thought
- I felt my views counted
- I didn't feel listened to
- I didn't understand what I was being asked
- I didn't feel comfortable to say what I thought
- I didn't feel my views were taken into account
- I didn't understand the purpose

10

Would you like to have been involved? Required to answer. Single choice.

- Yes
- No
- I'm not sure

Section 4

Driving change

CIW want to ensure “the ratings provide value to service providers and the people seeking or using care and support services.”

CIW believe “the inspection ratings will give a clear and objective indication of the quality of services and how well services are supporting people.”

11

Do you think the ratings framework will help care and support services to improve? Required to answer. Single choice.

- Yes
- No
- Maybe
- I'm not sure

12

Please provide further details.

Enter your answer

13

Do you think it will benefit those receiving care and support and their families? Required to answer. Single choice.

- Yes
- No
- Maybe
- I'm not sure

14

Please provide further details

Enter your answer

15

Do you think the ratings should be published? Required to answer. Single choice.

- Yes
- No
- Maybe
- I'm not sure

16

Please provide further details.

Enter your answer

17

Do you think published ratings would make it easier to understand how good the service is? Required to answer. Single choice.

- Yes
- No
- Maybe
- I'm not sure

18

Please provide further details.

Enter your answer

19

Do you think published ratings would influence whether or not you or your loved one would use a service? Required to answer. Single choice.

- Yes
- No
- I'm not sure

20

Please provide further details.

Enter your answer

21

What do you think other benefits of the ratings system might be? (Please tick all that apply) Required to answer. Multiple choice.

- It will highlight where care is good or excellent
- It will highlight where care is not good enough
- It will show what things are good and not so good about services
- It will provide information that's easy to understand
- I can't see any positives
- I don't know

22

What concerns (if any) do you have about the ratings framework? Please tick all that apply Required to answer. Multiple choice.

- It might be too difficult to understand
- It could threaten the survival of a service with some poor ratings
- The framework might not be applied in the same way across Wales
- Staff might feel discouraged or leave
- People might not want to work in a service with some poor ratings
- It might lead to a deterioration in the care and support provided
- It could lead to complacency among services with higher ratings

Section 5

Final comments

CIW believe that ratings “will recognise excellence and good practice, and they will highlight where improvements need to be made.”

23

Overall, do you think ratings are a good idea? Required to answer. Single choice.

- Yes
- No
- I'm undecided / it's too early to tell

24

Is there anything else you would like to tell us?

Enter your answer

Evaluation of the CIW Ratings Pilot 2023

The following questions are for those services which **HAVE been inspected** as part of the pilot and have received unpublished ratings between June 2023 and December 2023.

Section 1



Please answer the following questions as honestly as you can.

Over the past year inspection ratings for adults and children's services in Wales have been piloted with care homes and domiciliary services across the country. Whilst services have been informed of their ratings, these have not been placed in the public realm. From April 2025, the ratings will be published and in advance of this next phase Care Inspectorate Wales has commissioned an independent company, Practice Solutions Ltd, to evaluate the arrangements and identify improvements.

Your views on the framework are important and you are invited to let us have your views by responding to this survey. **It should take you no longer than 15 minutes to complete.**

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Section 2

You and your service

1

Your role Required to answer. Single choice.

- Team Manager
- Responsible Individual
- Residential staff
- Domiciliary care staff

2

The service you work in Required to answer. Single choice.

- Adult's Residential Care with nursing
- Adult's Residential Care without nursing

- Adult's Domiciliary Support Services
- Children's Residential Care
- Children's Domiciliary Support Services

3

Please select the sector your service operates in Required to answer. Single choice.

- Independent Sector
- Statutory Sector
- Third Sector
- Not for Profit

4

How many individuals are supported by your service? Required to answer. Single choice.

- Under 10
- 10 > 20
- 21 > 50
- 51 > 75
- 76 > 100
- 100+
- Not sure

5

Has any part of your service been inspected during the period June 2023 - December 2023 using the new ratings framework? Required to answer. Single choice.

- Yes
- No

6

Please provide the date that your inspection took place, if you can. We acknowledge that this information might identify your service, so this question is deliberately optional, and you do not have to answer. Date.

Please input date (dd/MM/yyyy)

Section 3

The development and introduction of the framework

7

Were you meaningfully involved in the consultation / engagement phase ahead of the pilot? Required to answer. Single choice.

- Yes
- No
- I'm unsure / Some areas are still unclear to me
- I don't have enough information to answer

8

Please provide further details

Enter your answer

Section 4

Your views on the ratings framework

9

Are you clear about why and how ratings are applied? Required to answer. Single choice.

- Yes
- No
- I'm unsure / Some areas are still unclear to me
- I don't have enough information to answer

10

Please provide further details

Enter your answer

11

Do you think ratings are a good idea? Required to answer. Single choice.

- Yes
- No
- I'm undecided / it's too early to tell

12

Please provide further details

Enter your answer

13

Do you think the 4 themes included in the framework are appropriate? Required to answer. Single choice.

- Yes
- No
- I'm unsure / Some areas are still unclear to me

14

What changes to you think could be made?

Enter your answer

15

Do you think the 4 ratings and the evaluative words used to describe them are appropriate? Required to answer. Single choice.

- Yes
- No
- I'm unsure / Some areas are still unclear to me

16

What changes to you think could be made?

Enter your answer

17

Do you agree with there being ratings against each inspection theme? Required to answer. Single choice.

- Yes
- No
- I'm unsure / Some areas are still unclear to me

18

Should the Well-being rating be affected by the other ratings? Required to answer. Single choice.

- Yes
- No
- I'm unsure / Some areas are still unclear to me

19

What changes to you think could be made?

Enter your answer

20

Do you feel there is a need for an overall rating (in addition to ratings against the four themes?) Required to answer. Single choice.

- Yes
- No
- I'm unsure / Some areas are still unclear to me

21

Please provide further details

Enter your answer

Section 5

The inspection process

22

Please answer the following in relation to your experience of being inspected (please scroll across)
Required to answer.

	Yes	No	I'm unsure / Some areas are still unclear to me	I don't have enough information to answer
<ul style="list-style-type: none"> Do you feel the preparatory phase was adequate? eg. Were you properly advised on the process beforehand? Did you know what to expect? 				
<ul style="list-style-type: none"> Do you feel that the ratings applied reflect the narrative in the inspection report? 				
<ul style="list-style-type: none"> Did you feel you were able to indicate where you felt you were on the ratings matrix and was this taken into account? 				
<ul style="list-style-type: none"> Do you feel you were given adequate opportunity to provide appropriate evidence? 				
<ul style="list-style-type: none"> Were residents / individuals / carers appropriately involved? 				
<ul style="list-style-type: none"> Were staff appropriately involved? 				
<ul style="list-style-type: none"> Do you believe the ratings you received were fair? 				
<ul style="list-style-type: none"> Did you feel supported during the inspection process? 				

23

If you can, please provide more detail on your experience of being inspected

Enter your answer

24

Did you get support from any of the following during the inspection process? Required to answer. Multiple choice.

- CIW as an organisation
- The inspector(s)
- Line Manager
- Registered Individual
- Peers / Colleagues

25

What was the impact of the inspection on staff? Required to answer.

Enter your answer

Section 6

Implementation and change

26

Please answer the following questions on the potential impact of ratings

	Yes	No	I'm unsure / Some areas are still unclear to me	I don't have enough information to answer
• Do you feel that the ratings system will help service providers to develop and improve?				
• Do you feel that the ratings system is beneficial to individuals and families that access care and support?				
• Do you believe the ratings will drive change and improve well-being outcomes?				
• Do you believe ratings will help support self-assessment?				

27

If you can, please provide further details in support of your answers

Enter your answer

Section 7

Challenge, comment and future development

28

Do you think ratings are a good idea? Required to answer. Single choice.

- Yes
- No
- I'm undecided/ it's too early to tell

29

Please provide further details.

Enter your answer

30

How do you feel about the publication of your ratings in future? Required to answer. Single choice.

- I think it will make things better
- I think it will make things worse
- I'm unsure / Some areas are still unclear to me

31

Please provide further details.

Enter your answer

32

What positives (if any) have come from the ratings process to date? Feel free to add more positives under 'other'. Required to answer. Multiple choice.

- Standards of care have improved
- I feel it will support recruitment and retention in future
- Positive ratings have boosted staff morale
- It makes things simpler for everyone to understand
- I feel it will help individuals make informed choices about their care and support
- It has helped focus areas for development and improvement

33

What concerns (if any) do you have about the ratings applications? Feel free to add more concerns under 'other'. Required to answer. Multiple choice.

- It might be too difficult to understand
- It could threaten the survival of a service with some poor ratings
- The framework might not be applied in the same way across Wales
- Staff might feel discouraged or leave
- People might not want to work in a service with some poor ratings

- It might lead to a deterioration in the care and support provided
- It could lead to complacency among services with higher ratings

34

How do you feel that the ratings will impact on your relationship with commissioners? Required to answer. Single choice.

- Positively
- Negatively
- Unclear at this stage
- Not at all

35

How effective do you think the challenge process is? Required to answer. Single choice.

- Very effective
- Somewhat effective
- Neither effective nor ineffective
- Somewhat ineffective
- Very ineffective

36

Please provide further details

Enter your answer

37

What (if anything) concerns you about the mechanism for challenge?

Enter your answer

38

How effective do you think the post inspection feedback process is? Required to answer.

- Very effective
- Somewhat effective
- Neither effective nor ineffective
- Somewhat ineffective
- Very ineffective

39

Please provide further details.

Enter your answer

40

What key areas would you like to see retained moving forward?

Enter your answer

41

What key areas would you like to see changed moving forward?

Enter your answer

42

Is there anything else that you would like to tell us about your experience of the ratings framework?

Enter your answer

Evaluation of the Ratings Pilot 2023 – Care Inspectorate Wales Inspectors



Over the past year inspection ratings for adults and children's services in Wales have been piloted with care homes and domiciliary services across the country. Whilst services have been informed of their ratings, these have not been placed in the public realm. From April 2025, the ratings will be published and in advance of this next phase Care Inspectorate Wales has commissioned an independent company, Practice Solutions Ltd, to evaluate the arrangements and identify improvements.

Your views on the framework are important and you are invited to let us have your views by responding to this survey. **It should take you less than 10 minutes to complete.**

Please answer the following questions as fully as you can.

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Section 1

About You

1. Your role in CIW Required to answer.

Enter your answer

Section 2

The development and implementation of the ratings framework

2. Please answer the following questions relating to the development and introduction of the framework (please scroll across) Required to answer

	Yes	No	I'm unsure	I don't have enough information to answer
Were you able to actively inform the development of the ratings system?				
Do you think there was sufficient engagement with other key stakeholders? eg. Providers, frontline staff, carers, individuals who access care and support				
Is having ratings against 4 themes helpful?				
Do you feel there is a need for an overall rating (in addition to ratings against the 4 themes?)				

3. What, if any, support have you received in implementing the ratings during this pilot phase?

Required to answer. Multiple choice.

- Supervision
- Training
- Peer Support
- QA / Other benchmarking activity

4. How would you rate the level of support during this pilot phase? eg. 1 - poor / 5 - excellent Required to answer. Rating.

1 - 2 - 3 - 4 - 5

5. Please provide further details.

Enter your answer

Section 3

The inspection processes

6. Please answer the following in relation to your experience of undertaking inspections within the new system Required to answer.

	Yes	No	I'm undecided / It's too early to tell	N/A
Does the ratings framework support consistency of practice?				

Have you felt able to provide objective feedback on the process in practice and if so, has this been taken into account?				
Has your confidence in applying ratings improved over the course of the pilot?				
Where self-assessment had taken place, was there a marked difference between the service's own rating and the inspection rating?				
Do you feel the ratings have improved your effectiveness as an inspector?				

7. Please select the statement you most agree with - Required to answer. Single choice.

- My role has been positively impacted by the introduction of the ratings system.
- My role has been negatively impacted by the introduction of the ratings system.
- My role hasn't changed since the introduction of the ratings system.

8. Please provide any further details of the impact ratings have had on your role as an inspector

Enter your answer

Section 4

Impact

9. Who would you say benefits from the implementation of ratings? (Please tick all that apply) Required to answer. Multiple choice.

- Individuals who access care and support
- Families of those who access services
- The inspected service
- Care Inspectorate Wales
- Commissioners
- The wider community
- Local Authorities

10. Please provide further details.

Enter your answer

11. How would you say providers have responded to the introduction of the ratings? Required to answer. Single choice.

- Generally, positively

- Generally, negatively
- The response is mixed

12. What has been your experience of sharing ratings with providers? Required to answer.

Enter your answer

13. Do you feel that the ratings system will help service providers to develop and improve? Required to answer. Single choice.

- Yes
- No
- I'm undecided / it's too early to tell

14. Please provide further details.

Enter your answer

15. Do you have evidence of any improvement to services since the pilot began? Required to answer. Single choice.

- Yes
- No
- It's too early to see any change

16. Where you have been able to evidence improvement, please provide brief examples.

Enter your answer

Section 5

Other comments

17. Do you think ratings are a good idea? Required to answer. Single choice.

- Yes
- No
- I'm undecided / it's too early to tell

18. Do you think the 4 themes included in the framework are appropriate? Required to answer. Single choice.

- Yes
- No
- Not sure

19. What changes do you think could be made? Required to answer.

Enter your answer

20. Do you think the 4 ratings and the evaluative words used to describe them are appropriate? Required to answer. Single choice.

- Yes
- No
- Not sure

21. What changes do you think could be made? Required to answer.

Enter your answer

22. Should the Well-being rating be affected by the other ratings? Required to answer. Single choice.

- Yes
- No
- Not sure

23. Do you feel there is a need for an overall rating (in addition to ratings against the four themes?) Required to answer. Single choice.

- Yes
- No
- I'm undecided / it's too early to tell

24. What concerns (if any) do you have about the award of ratings?

Enter your answer

25. How effective do you think the challenge process is? Required to answer. Single choice.

- Very effective

- Somewhat effective
- Neither effective nor ineffective
- Somewhat ineffective
- Very ineffective

26. Please provide further information

Enter your answer

27. What (if anything) have you learned since the framework was introduced?

Enter your answer

28. How do you feel about the publication of ratings in future? Required to answer. Single choice.

- I think it will make things better
- I think it will make things worse
- I'm unsure

29. Please provide further details

Enter your answer

30. What things would you like to see retained moving forward ahead of implementation?

Enter your answer

31. What key things would you like to see changed moving forward ahead of implementation?

Enter your answer

32. Please provide any other observations that you think might be useful

Enter your answer

9 Appendix 2: Stakeholder interviews

Interviewee	Organisation	Date of interview
Mary Wimbury	CFW	23 February 2024
Margaret Rooney	CIW	26 February 2024
Sarah Glynn Jones	CIW	4 March 2024
Dr Ruth Hussey	CIW (National Advisory Board)	4 March 2024
Barry Miles	CIW	18 March 2024
Charlotte Powell	SCW	18 March 2024
Joseph Wilton	Welsh Government	8 April 2024