



How we inspect regulated services:

guidance for providers
of regulated care
settings and the public

June 2024



HAPPY TO TRANSLATE

How we inspect regulated services: guidance for providers of regulated care settings and the public

1	Introduction	3
2	Principles of inspection.....	3
3	Our approach to inspections.....	4
	Quality frameworks.....	5
4	Planning the Inspection.....	5
	Scrutiny Assessment Tool (SAT).....	5
	Sources of intelligence	5
	Timing	6
5	Who carries out the inspection?	6
	The lead inspector and co-workers	6
	Inspection volunteers	6
6	The inspection visit.....	7
	The start of the visit	7
	Gathering and triangulating evidence	8
	Talking to people.....	9
	Gathering views of other professionals	9
	Discussions with managers and staff	9
	Observation	10
	Sampling documentation	10
	Recording evidence	10
	Letters of serious concern	10
7	Evaluations and Feedback	11
	Ongoing feedback to the service.....	11
	Making our evaluation	11
	Making requirements and areas for improvement	11
	Providing feedback.....	12
	Feedback to people who use services and carers	12
	The feedback meeting.....	12

8 After the inspection..... 13
The inspection report..... 13
The error response form..... 13
The action plan..... 14
Follow-up inspections 14
Post-inspection support 14
9 Feedback on the inspection process 14
Inspection satisfaction questionnaires 14
APPENDIX A: GRADING GUIDANCE 16

1 Introduction

At the Care Inspectorate, we regulate care services for people of all ages in Scotland. Our work includes registering services, inspecting and evaluating (grading) them, dealing with complaints, carrying out enforcement action where necessary, and helping services to improve.

We are also here to champion good quality care whenever we encounter it across the thousands of inspections we carry out each year. We work closely with all care providers to support them to improve all the time. We will collaborate and take action where experiences and outcomes are not meeting individuals' needs.

Almost everyone in Scotland, at one time or another, will use a service that we regulate. We regulate around 11,500 care services offering many different kinds of care to people with a wide range of needs. It's our job to regulate and inspect care services so that:

- vulnerable people are safe
- the quality of these services is high and continues to improve
- people know the standards they have a right to expect
- we can report publicly on the quality of these services across Scotland
- we can support the review and development of how services are delivered.

We inspect a variety of care services including care homes and support/care services for older people, adults and children, fostering and adoption services, adult placement services, nurse agencies, early learning and childcare (ELC) registered under day care of children, including school aged childcare and childminders. Information about registered care services can be found [here](#).

When we inspect, our inspectors talk to people using the service, staff and managers. We give care services evaluations when we inspect them, and look at key areas like how well care, play and learning are supported, how well services support people's health and wellbeing and the quality of the setting, personal planning, staffing, leadership and management. Each area of each care service is assessed on a scale from one to six, where one is unsatisfactory and six is excellent. After every inspection, we publish an inspection report showing our findings. All our inspection reports are public documents for all to see.

2 Principles of inspection

The purpose of inspection is to give assurance about the quality of care, support and learning and promote improvements, so that people enjoy positive experiences and the best possible outcomes.

We recognise that inspections can be stressful for services. We aim to minimise any additional stress and undue anxiety for everyone involved.

Our inspectors therefore will:

- conduct themselves professionally at all times in line with our core values, organisational and professional standards;

- maintain a high level of awareness of the context in which staff are operating, and of their feelings and reactions to the inspection process.
- ensure that every inspection is of high quality and responsive to the needs of people using services.
- Identify strengths to celebrate the achievements of services
- involve managers, staff, people who use the service, carers and other professionals in the inspection process
- use the intelligence we have about a service as the starting point for the inspection and to identify key issues to explore
- gain the perspective of people using the service
- make sure time is spent wisely to get the best possible evidence to identify the achievements of the service since the last inspection and support improvement
- treat people with dignity and respect, engaging them in professional dialogue, recognising their efforts and sharing findings in a constructive way to encourage ownership and learning to take place
- provide constructive professional feedback throughout the process to support continuous improvement
- be clear with services about areas for improvement and requirements
- ensure that evaluations are valid, proportionate and based on first-hand evidence, triangulated where possible; and
- report confidently on the quality of the service and the experience of people using it and share good practice where appropriate.

3 Our approach to inspections

The frequency and timing of our inspections will depend on a number of factors, including our risk assessment of the service. The majority of our inspections are unannounced. Where there are exceptional circumstances, and a short notice inspection is the only appropriate option, a service will typically get less than 24 hours' notice. The exception to this is fostering and adoption services where inspections are announced four to six weeks in advance of an inspection.

For services that only operate at set times, we will ask the provider to update us regularly on the operation of the service.

Core assurances

Core assurances are the key areas we consider when we register and inspect services and the policies and procedures relating to them, for example, protecting people or recruitment. Theory and inquiries into when care goes wrong has highlighted the areas that are important to monitor because these can be identified as early indicators of concern to people using services (Scottish Government 2014, Hull University 2012, Francis Report 2013).

Because we know, and research tells us, that these key areas are essential to a service being safe, we have called them 'core assurances'. We will assess these at every inspection.

We have started to publish the core assurances within our [quality frameworks](#). The core assurances span an entire quality framework, covering elements of several different quality indicators. If we have any concerns arising from our assessment of a particular core assurance, we may decide to focus in on a specific quality indicator if not already included in the inspection. Using care at home as an example: the core assurance about staffing does not necessarily mean that we are evaluating all of key question three which is about 'How good is our staffing?', but if we identify concerns, we will look at this staffing in more detail. Which quality indicator under key question three we focus on will depend on what we are concerned about.

Quality frameworks

Our [quality frameworks](#) are designed to support care services in [self-evaluation](#). The same framework is then used by inspectors to provide independent assurance about the quality of care and support. Although we advise services to treat inspection as a process and not a one-off event, the quality frameworks and self-evaluation tools can help providers, managers and leaders to prepare for inspection. For example, we have a tool that helps the service self-evaluate against each of the core assurances for their service type. Feedback from providers has indicated that this helped them feel more prepared for the ongoing professional dialogue during the inspection. Using the quality illustrations from the framework for staff development activities can also help staff understand what very good outcomes look like.

During 2024/25, we will continue to support services to undertake self-evaluation. During summer 2024 we will be working with some adult services to test how we use self-evaluation to support our inspection activity.

4 Planning the Inspection

Scrutiny Assessment Tool (SAT)

The SAT helps us to identify indicators of potential concerns in a service. This tool was informed in part by the Hull early indicators of concern to people using services (Hull University 2012) and our own intelligence gathered from reviews of enforcement cases. Inspectors update the SAT in response to information we receive and whenever we undertake any scrutiny activities. Completing the SAT gives an overall rating of high, medium or low. The rating is not a risk assessment in the traditional sense. It supports inspectors to prioritise support and scrutiny interventions to services. There are no automatic actions related to any particular ratings, it forms part of a wider assessment of the level of risk. Inspectors are also able to request this be adjusted based on other intelligence to more accurately reflect the current position of a service.

Sources of intelligence

Prior to an inspection, inspectors will consider the intelligence we hold about a service. This will help to determine the type and frequency of inspection we carry out, and to determine the areas of the quality frameworks inspectors will focus on. This will include information from various sources including our internal registration report, the annual return, notification history, complaints or concerns and

enforcement information, external agency intelligence and risk, any recent variations to the conditions of registration and evaluation history.

The graphic below shows some of the sources of intelligence, but this list is not exhaustive.



Timing

When planning an inspection, we take account of the way that a particular service operates. For example, we will visit services at different times (early morning, evening, weekends and holiday periods) to maximise opportunities to meet people using services and their carers. This gives us a good understanding of the way the service is staffed, managed and delivered.

5 Who carries out the inspection?

The lead inspector and co-workers

Every inspection has a lead inspector. They are responsible for planning and carrying out the inspection and writing the report. They may also have a co-worker or a team of co-workers depending on their specialist skills and size of the service. Co-workers will support the lead inspector during planning, when gathering evidence, speaking with people and staff, and will take part in discussions about evaluations of the service and grades with the lead inspector.

Inspection volunteers

Where appropriate, an inspection volunteer may join the inspection team. Inspection volunteers have a personal and unique experience of care. They may use or have used services themselves or they may have experience of caring for someone who uses care services.

Inspection volunteers may be involved in inspections in different ways, such as:

- talking to individuals or groups of people using a service, their family, friends or representatives during inspections
- attending focus groups
- undertaking telephone interviews
- attending groups for people using a service, or carers' groups.

6 The inspection visit

The start of the visit

At the start of the inspection, the lead inspector will:

- Let the manager or senior member of staff in charge know that they are in the service.
- Introduce yourself and explain your role.
- Agree the key contacts for the day, establishing who is the most senior person available in the service.
- Ask about the structure of the organisation and ask if the person in charge needs to contact anyone more senior for support.
- If the manager/senior has not experienced an inspection before, explain the process in more detail and check their understanding.
- Listen to any concerns the manager, provider or staff have about the inspection process.
- Have a tour or walk around of the premises (if it is a premises-based service), so they can introduce themselves (and any co-workers) to everyone.
- Not disrupt the plans for the day and be mindful of people's routines.
- Ask about any key achievements and areas of improvement since the last inspection and priorities going forward.
- Have a brief discussion with the manager or the senior member of staff in charge to outline what the inspection will involve, including which quality indicators/key questions are being evaluated.
- Enquire about any persons who have any significant health and wellbeing concerns which we may need to be sensitive around or which may be exacerbated or adversely affected by the inspection.
- Request a copy of the most recent development plan.
- Talk through the evidence they would like collated for the inspection and agree how this will be shared / accessed (for example information stored electronically or at a different office base).
- Ask for contact details of key stakeholders/visiting professionals and the best way to contact people using the service; and
- Explain the feedback process and talk about who should attend the formal feedback meeting. They'll also ask who they can give feedback to each day.

If, at any point in the inspection process, those involved feel overwhelmed, distressed or overly anxious, a request can be made for the inspection to be paused. A request to pause can be made by either the inspector or the manager/senior staff member. This request can mean different things depending on the situation and needs of the individuals involved. It may be a call to stop, acknowledge some of the

difficulties being presented/experienced, discuss these and agree the best way forward. This may be:

- agreeing to a short break before resuming the inspection,
- agreeing the need to involve other people to support the manager,
- pausing the inspection until the following day,
- discussing the need to reschedule aspects of the inspection and/or the feedback meeting to ensure appropriate support is available (for the inspector or the service).

In very exceptional circumstances an inspection may be paused up to five days. Any decision to pause inspection activities must be taken in consultation with Care Inspectorate service managers. Where the service is part of a larger provider, the provider will also be contacted to discuss the request to pause including arrangements for resuming the inspection.

Pausing an inspection would not be appropriate where we are concerned for the safety and wellbeing of those using the service.

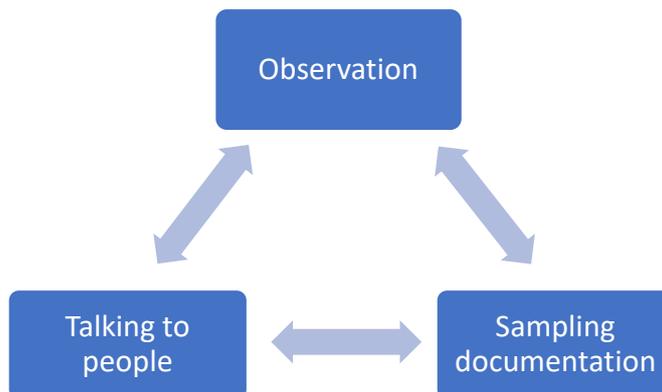
More information about our approach to scrutiny and improvement activities is available on our website.

Gathering and triangulating evidence

Inspectors will gather information under the relevant quality indicators which they will then report on. They may sample information or look in more depth depending on what is happening in the service, their observations and what people tell them.

Inspectors will always triangulate evidence to support their evaluations. This includes:

- observation
- talking to people
- sampling documentation



Talking to people

Evaluating people's experiences is a fundamental inspection activity. At the heart of the inspection, we will talk and listen to people who are using services and observe carefully how staff interact with them.

Our inspectors and inspection volunteers will speak with people using the service and their visitors, relatives/parents/ carers, staff, and volunteers. We may use different ways to gather views and experiences of people, including:

- face-to-face discussions and interactions
- questionnaires
- phone calls
- attending service user or relative groups that may be held during the course of the inspection
- emails
- conversations using technology such as Microsoft Teams or Near Me.

Our methods of inspection also allow us to give a voice to people in services who have not or cannot engage with us verbally.

All of our inspectors are trained to sensitively and respectfully engage with staff and people using services. Inspectors are able to recognise signs of distress and respond appropriately.

Gathering views of other professionals

Inspectors may request a list of contact details for visiting professionals from the manager of the service. Where possible, we will make contact through email, phone or virtual technology where they are not visiting the service during the course of the inspection.

Discussions with managers and staff

Inspectors will speak with a selection of staff who undertake different roles during the inspection. The number of staff we speak with will depend on the size of the service. Inspectors will alter discussion/ interview arrangements if staff have to attend to the needs of people. We can also support conversations using technology such as Microsoft Teams or Near Me at a time that is most suitable to staff. All conversations will be held in private and be confidential to the inspector for the purpose of inspection (unless this includes information that indicates risk of harm where we may need to share this with the appropriate body). Inspectors will not disclose information that makes individuals identifiable. Inspectors may request contact details of staff so we can contact them.

Observation

Inspectors will observe how people are supported and cared for. We will focus on how people's needs are met and how staff engage with them.

At most of our adult and ELC inspections, inspectors use SOFI2 (Short Observational Framework for Inspection) under license from the University of Bradford. This is an inspection tool used to form a judgement on the person's experience of using the service.

The SOFI2 tool is designed for regulators, providing a framework to enhance the observations we already make at inspections about the wellbeing of people using the service and staff interaction with them. It is not a standalone tool, it provides a snapshot observation and can be used flexibly to record observations for an individual or a group. Our inspectors receive additional training on observation, compliance outcomes and judgements, feeding back and reporting.

You can find out more about SOFI2 [here](#).

Sampling documentation

Written information, including case records and personal plans, can be a very important source of evidence and will be sampled by inspectors. The size and nature of the sample will be informed by the core assurance or quality indicator being evaluated and the level and nature of any identified risks.

Recording evidence

Inspectors will record all evidence and evaluations in a notebook during the course of the inspection. The notebook is the legal written record which captures key aspects of the inspection process. The inspection notebook is recorded electronically, therefore inspectors will carry their IT equipment with them throughout the inspection. Inspectors may take photographs to support their evaluations. Any evidence we record will be stored and disposed of in line with our GDPR policies.

Letters of serious concern

Where there is an immediate risk to the health, safety, or wellbeing of people experiencing care at an inspection, or emergency enforcement procedures are considered, inspectors will address this with the manager and/or provider. A letter of serious concern will be issued to the provider immediately detailing the improvements that are required to be made.

If remedial action is taken immediately while the inspection is in progress, and the inspector is satisfied that this has reduced the presented risk, this will be reflected in the inspection report. Where the serious concerns are not addressed during the inspection, we will consider further regulatory action.

7 Evaluations and Feedback

Ongoing feedback to the service

Inspectors will periodically update the manager or senior staff on their findings so that there are no surprises at the formal feedback meeting. Where concerns are identified, particularly when the concern could result in risk for people, the inspector will alert the service so that they can take action immediately.

Ongoing professional dialogue during the inspection is used to recognise areas of good practice and any areas that need to improve. This allows the inspector to confirm their assessment and allows the manager to provide context or additional information.

If the inspection continues over more than one day, a time will be agreed to give a brief summary feedback at the conclusion of each day.

If, during the course of the inspection, you have concerns about the way the inspection is being undertaken or conduct of any of the inspection team, this should be raised as soon as possible. Initial concerns should be raised directly with the lead inspector who will be able to share the contact details for their team manager where further discussions are required. Alternatively, you can call our contact centre who will be able to give you contact details for the relevant team manager.

Making our evaluation

Once we have completed the inspection visit, we analyse and evaluate all the evidence gathered and carefully consider the quality illustrations from the relevant quality framework. We apply balanced professional assessment to decide on the appropriate evaluation from the grading guidance for the quality indicator. The grading guidance is available in **Appendix A**. We also have tools to support inspectors with consistent and proportionate decision-making.

We will provide an overall evaluation for each of the key questions inspected, using the six point scale from excellent (6) to unsatisfactory (1).

Where we inspect more than one quality indicator per key question, the overall evaluation for the key question will be the lower of the quality indicators for that specific key question.

Making requirements and areas for improvement

Where improvements are necessary, the inspector may use requirements or areas for improvement linked to the Health and Social Care Standards to support improvement within the service. Requirements are based on regulations and will always include a timescale for implementation. Areas for improvement may also be based on good practice guidance.

Providing feedback

Feedback to people who use services and carers

It may be appropriate for us to offer direct verbal feedback to people who use services and their carers. This provides an opportunity to assure them that their views have been fully considered alongside other evidence gathered and to tell them how these have influenced our judgements and how we propose to reflect them in the report.

As part of our commitment to keeping The Promise, we are currently testing different methods of formally feeding back to children and young people in a small number of services during 2024.

The feedback meeting

We support open professional dialogue throughout the inspection process. Observations and findings will be shared during the inspection. At the end of the inspection, we will provide formal feedback.

The formal feedback meeting provides the opportunity to present our inspection findings and initial evaluations. If the evaluations change once the inspection team write the draft report, this will be shared with the service before the draft report is issued. Feedback also provides the manager, senior member of staff or provider with an opportunity to present additional information, seek clarification or raise any challenges to the evaluations made by the inspector.

We will agree a suitable time for feedback with the manager and agree who will be present at the meeting. Providers are encouraged to ensure that all relevant people are invited and to take a full note at feedback. Evaluations presented at the feedback meeting are provisional and subject to moderation and validation.

We aim for our feedback to:

- use clear, simple language, be constructive and given with the aim of supporting improvement
- be focussed on strengths and highlight areas of good practice
- identify areas for improvement and the factors that contribute to them
- clearly explain the impact that areas of poor performance are having, or may have, on the quality of life and outcomes for people using services
- signpost to good practice guidance and improvement resources
- include the evaluations being awarded (even where these may be provisional) by referring to the grading framework
- consider the context in which staff are operating and share findings in a constructive way to encourage ownership and learning to take place.

The inspector will listen to any points the provider raises and consider any additional evidence they offer at this time.

Delivering difficult messages

It is our responsibility as a regulator to ensure the safety and wellbeing of people using care services. At times, this can involve delivering difficult messages about the quality of people's experiences and the care being provided. If we have identified areas of concern and are making requirements or considering enforcement action, we will engage sensitively and supportively with the management team/provider. We will work in the spirit of collaboration to clarify and agree the actions required to support improvement and keep people safe.

As you will have had ongoing professional dialogue and discussed our emerging findings with your inspector throughout the inspection, the feedback and conclusions on inspection findings should not be unexpected.

We encourage managers to have organisational support at feedback to ensure they feel at ease.

8 After the inspection

The inspection report

The inspection report is our opportunity to communicate our findings to the public. People may use our reports to help them make decisions about care services. It is therefore important we communicate as clearly as possible about what we found and the impact the service is having on the lives of people receiving care and support.

Draft reports are sent to the provider through our e-forms system. The report will be issued within 15 working days from the date of the feedback session.

The error response form

The error response procedure lets providers see the draft report and communicate any factual inaccuracies or discrepancies. This also deals with any challenges to evaluations where the provider feels that:

- the assessment and evaluation(s) do not reflect the evidence inspectors have considered during the inspection and that were discussed at formal feedback
- an evaluation (grading) is inaccurate because it does not reflect a factual interpretation of the grading scale criteria.

The provider must return the error response form within 10 working days so that we can review the information provided. We will assess if changes or adjustments are needed and update the report if necessary. The provider will receive a letter stating the evidence we considered, the outcome and if any changes have been made. The report will then be finalised and published on our website.

The action plan

Actions plans are automatically made available to providers once the report has been finalised. Providers must respond to any requirements and areas for improvement made and submit an action plan to the Care Inspectorate within the required timescale.

We would expect the action plan to detail how the requirements and areas for improvement will be met, by whom and when. It must clearly set out what the service will do to improve they should be SMART – Specific, Measured, Agreed, Realistic and Time Specific.

If the action plan does not address the requirements and areas for improvement, detailed within the inspection report, providers will be asked to update it.

Follow-up inspections

Follow-up inspections are carried out where intelligence, previous grading/ evaluations in the same inspection year and risk assessment highlights a need for further inspection. A follow-up inspection focuses on the requirements and areas for improvement made during previous scrutiny activities (such as inspections and complaint investigations) and evaluates how the service has addressed these to improve outcomes.

Post-inspection support

When we have concluded our inspection or follow-up inspection, we encourage services to remain engaged with us. We are committed to working in partnership to support improvement in services, which may take different forms. For example, we run formal activities such as the [early learning and childcare improvement programme](#) as well as providing more specialist support with issues such as [technology enabled care](#) and [Anne's law](#).

You may also find it helpful to have further discussions with your inspector, particularly if you are working on improvements that we have identified in our inspection report. In some instances, we may be able to provide further input to help with improvement. This might include further collaborative work with your inspector or signposting to [improvement resources](#). Our improvement resources can also be used to plan for and implement improvements identified during service's own quality assurance or self-evaluation processes.

9 Feedback on the inspection process

Inspection satisfaction questionnaires

Your inspector may leave you with inspection satisfaction questionnaires at the end of the inspection to help us gain feedback on peoples experience of the inspection. A link to an inspection satisfaction questionnaire (MS forms) for staff and managers

can be found within the messages function of the **final** inspection report in the eforms system.

Our [policy for complaints](#) about the Care Inspectorate reflects our organisational commitment to valuing and learning from complaints. This supports our aim to resolve dissatisfaction at the earliest opportunity by conducting thorough, impartial and fair examinations of complaints so that, where appropriate, evidence-based decisions on the facts of the case can be made.

We always welcome feedback on our inspection processes. You can contact your inspector directly. Alternatively, call us on 0345 600 9527 or email enquiries@careinspectorate.gov.scot where one of our advisors will direct you to the appropriate person.

APPENDIX A: GRADING GUIDANCE

EXCELLENT 06	VERY GOOD 05	GOOD 04	ADEQUATE 03	WEAK 02	UNSATISFACTORY 01
OUTSTANDING OR SECTOR LEADING	MAJOR STRENGTHS	IMPORTANT STRENGTHS, WITH SOME AREAS FOR IMPROVEMENT	STRENGTHS JUST OUTWEIGH WEAKNESSES	IMPORTANT WEAKNESSES – PRIORITY ACTION REQUIRED	MAJOR WEAKNESSES – URGENT REMEDIAL ACTION REQUIRED
<p>An evaluation of excellent describes performance which is sector leading and supports experiences and outcomes for people which are outstandingly high quality. This is a demonstrable track record of innovation, effective practice and/or very high quality performance across a wide range of its activities and from which others could learn. We can be confident that excellent performance is sustainable and that it will be maintained.</p>	<p>An evaluation of very good will apply to performance that demonstrates major strengths in supporting positive outcomes for people. There are very few areas for improvement. Those that do exist will have minimal impact on people’s experiences and outcomes. While opportunities are taken to strive for excellence within a culture of continuous improvement, performance evaluated as very good does not require significant adjustment.</p>	<p>An evaluation of good applies to performance where there is a number of important strengths which, taken together, clearly outweigh areas for improvement. The strengths will have a significant positive impact on people’s experiences and outcomes. However improvements are required to maximise wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible.</p>	<p>An evaluation of adequate applies where there are some strengths but these just outweigh weaknesses. Strengths may still have a positive impact by the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve. Performance which is evaluated as adequate may be tolerable in particular circumstances, such as where a service or partnership is not yet fully established, or in the midst of major transition. However, continued performance at adequate level is not acceptable. Improvements must be made by building on strengths while addressing those elements that are not contributing to positive experiences and outcomes for people.</p>	<p>An evaluation of weak will apply to performance in which strengths can be identified but these are outweighed or compromised by significant weaknesses. The weaknesses, either individually or when added together, substantially affect peoples’ experiences or outcomes. Without improvement as a matter of priority, the welfare or safety of people may be compromised, or their critical needs not met. Weak performance requires action in the form of structured and planned improvement by the provider or partnership with a mechanism to demonstrate clearly that sustainable improvements have been made.</p>	<p>An evaluation of unsatisfactory will apply when there are major weaknesses in critical aspects of performance which require immediate remedial action to improve experiences and outcomes for people. It is likely that people’s welfare or safety will be compromised by risks which cannot be tolerated. Those accountable for carrying out the necessary actions for improvement must do so as a matter of urgency, to ensure that people are protected and their wellbeing improves without delay.</p>

Headquarters

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY
Tel: 01382 207100
Fax: 01382 207289

Website: www.careinspectorate.com

This publication is available in alternative formats on request.



© Care Inspectorate 2024 | Published by: Communications | COMMS-0624-510

 @careinspect  careinspectorate

