Arolygiaeth Gofal Cymru
Cymru
Care Inspectorate
Wales

Regulation and Inspection of Social Care (Wales) Act 2016

Framework for inspection of adults and children's services

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

Contents

Introduction

1. This framework provides guidance for inspectors and service providers about CIWs approach to inspection and applying ratings to inspections of care home services and domiciliary support services inspected under the [Regulation and Inspection of Social Care (Wales) Act 2016](1) [1] (2016 Act).

2. The framework should be read in conjunction with our [Code of Practice for Inspection for regulated services](2) [2] and, for inspectors, relevant internal practice guidance related to inspection, evidence gathering and reporting writing.

3. Inspection provides assurance for the public; it also supports continuous improvement in services. This framework helps to describe outcomes for people and guide what ratings we will award.

4. When inspecting, we consider four themes aligned to the regulations and statutory guidance
   - Well-being,
   - Care and Support,
   - Leadership and Management
   - Environment (for accommodation-based services only)

5. It is important to remember inspection, and the awarding of ratings arising from this, is underpinned by standards of service provision as set out in the regulations but it is about the specific context of the service being inspected. No two services are identical – each will have different people living at or using the service and different staff teams. This will affect what we see, hear and read. Therefore, services are judged within their own context.

Implementation of a ratings system

6. Under section 37 of the 2016 Act, the Welsh Ministers can make regulations for ratings that may be given in relation to the quality of care and support provided by a service provider following an inspection. [The Regulated Services (Inspection Ratings) (Wales) Regulations 2025](#) came into force on 31 March 2025.

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[1] http://www.legislation.gov.uk/anaw/2016/2/contents/enacted
[2] https://careinspectorate.wales/providing-a-care-service/our-inspections

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Rights based approach

7. Our ratings framework reflects our commitment to promoting and upholding the rights of people who use care and support services. This includes, but is not limited to the rights of people set out in the following legal frameworks:

- The Human Rights Act 1998[3]
- The Equality Act 2010[4]
- The United Nations Convention on the Rights of the Child (UNCR)[5]
- The United Nations Convention on the Rights of Persons with Disabilities[6]
- The United Nations Principles for Older Persons
- The Mental Capacity Act 2005[7]
- The Deprivation of Liberty Safeguards (DoLS)[8]
- The Welsh Language Standards[9]

8. Further information on our commitment to upholding human rights within our regulatory and inspection work is set out on our website[10]. Further information on our rights-based approach to inspection is also set out in our Code of Practice for Inspection of Regulated Services[11].

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[3] https://www.equalityhumanrights.com/en/human-rights/human-rights-act
[4] https://www.gov.uk/guidance/equality-act-2010-guidance
[5] https://www.gov.uk/government/publications/united-nations-convention-on-the-rights-of-the-child-uncrc-how-legislation-underpins-implementation-in-england
[6] https://www.equalityhumanrights.com/en/our-human-rights-work/monitoring-and-promoting-un-treaties/un-convention-rights-persons-disabilities
[7] https://www.legislation.gov.uk/ukpga/2005/9/contents
[8] Due to be replaced by the Liberty Protection Safeguards
[9] https://www.legislation.gov.uk/wsi/2015/996/schedule/1/made
[10] https://careinspectorate.wales/providing-a-care-service/our-inspections
[11] Code of Practice for Inspection of Regulated Services (HTML document) | Care Inspectorate Wales

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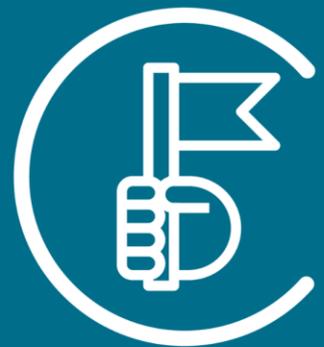
Applying ratings

Section 1: Applying ratings

Providing Assurance

1. We have a regulatory duty to discharge and offer public assurance. Our primary concern is to ensure providers support people to achieve the best possible outcomes and keep them safe.

2. We take a strengths based approach in line with the Social Services and Well-being (Wales) Act 2014[12] and will recognise quality. Where necessary we will act to secure improvement. Our approach is set out in our securing improvement and enforcement policy[13].

3. Well-being is about the lived experiences of people, their outcomes and how well they are supported to achieve them. Each inspection theme is considered in relation to how well people's well-being outcomes are being achieved, whether the service is safe, and people's human rights are being met in line with the relevant regulations and associated statutory guidance. In reaching a decision to award a rating for each inspection theme, all evidence gathered during an inspection activity will be considered.

Applying ratings using descriptors

4. Each inspection theme will be awarded a rating. We do not award an overall rating for the service as a whole.

5. Ratings are:

    *   Excellent
    *   Good
    *   Requires improvement
    *   Requires significant improvement

6. Section 2 contains detailed descriptors for ratings of each inspection theme to help people, inspectors, providers, commissioners, and other stakeholders understand what ratings mean.

    The statutory guidance issued under the 2016 Act essentially sets out what "good" looks like. Therefore, we have mapped this across each of our inspection

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[12] Social Services and Well-being (Wales) Act 2014
[13] Securing Improvement and Enforcement Policy (HTML document) | Care Inspectorate Wales

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themes and developed additional descriptors for Excellent, Requires improvement, and Requires significant improvement. These descriptors help inspectors apply consistent ratings and guides providers on what informs us under each rating. The descriptors also offer guidance for service providers to support continuous improvement.

7. All evidence gathered during inspection is considered when deciding which rating should be awarded. The descriptors are examples to inform this decision making. Not every example will be relevant to every service, it is not a tick box exercise. We will consider which descriptors best fit the evidence gathered during inspection in relation to the overall theme and on balance its impact on people's outcomes. For example, we may see some excellent practice and will note this in the report, but this may not lead to an excellent rating for the theme as a whole.

8. When considering awarding **Excellent** or **Requires significant improvement** in any inspection theme the supporting evidence is reviewed and discussed with the team manager. This encourages a process for constructive challenge and helps to ensures consistency in our application of ratings.

9. If failures are identified which require a priority action notice to be issued, i.e. there are poor outcomes / significant risks to the well-being of people, then the inspection theme must be rated as **Requires significant improvement**. To decide this, we look at the risk to people.

   If we identify issues or concerns which have negligible impact or risk to people, and can be **resolved quickly**, and which are **unlikely to reoccur**, they will be recorded in the inspection record and discussed during feedback to the provider. This will not affect the rating awarded for the relevant theme and will not be included in the report.

Securing improvement decision making framework

10. We use a risk assessment tool to support our decision-making process. We assess the impact on and / or potential risk to the well-being of people using the service using the following risk level definitions[14]:

11. **Level of impact / risk to outcomes for people**

Level of impact/risk	Definition
Negligible	• Where people enjoy good well-being outcomes, and it is very unlikely outcomes could be impacted by the issues we have found. • The service provided is safe overall.
Minor	• Where the issues identified have resulted in minor impact or risk of harm to people's well-being outcomes.
Moderate	• Where the issues identified have resulted in a moderate impact or risk of harm to people's well-being outcomes including infringement of their rights.
Major	• Where the issues identified represent, significant failings resulting in a major/significant impact[15] on or significant risk of harm to people's well-being outcomes including infringement of their rights. Or • permanent disability. Or • significant or irreversible adverse health condition.

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12. We assess whether the likelihood the failings will continue or reoccur in the future based on the following definitions[16]:

Likelihood of the impact on people's outcomes continuing or reoccurring	Definition
Unlikely	The factors impacting on people's outcomes are unlikely to continue or reoccur as: • measures have been taken or are currently being implemented to address the issues identified and/or fully manage the impact/risk and/or • we are confident the provider has the capacity, capability and commitment to ensure the issues identified are addressed
Likely	The factors impacting on people's outcomes are likely to continue or reoccur as: • insufficient or ineffective measures are in place to fully manage the impact / risk or address the issues identified and/or • there is insufficient capacity, capability, or commitment from the provider to manage the impact/risk and/or address the issues identified.

13. We determine the appropriate action in response to potential risk and / or impact on people's well-being arising from breaches of regulation. To determine our response where issues are identified, we use the following table[17]

Likelihood of re-occurrence		Negligible	Minor	Moderate	Major
Likely	For RISCA services discuss with provider in feedback and record in feedback section of inspection notes		**Priority Action Notice** or **Area for Improvement (Inspector's judgement)**	**Priority Action Notice**	**Priority Action Notice**
Unlikely			**Area for Improvement**	**Priority Action Notice** or **Area for Improvement (Inspector's judgement)**	**Priority Action Notice**
		Negligible	**Minor**	**Moderate**	**Major**

Level of impact/potential risk to service user

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Difficulties in determining a rating

14. Following evaluation of the evidence, if inspectors are undecided about the rating for a theme, they should refer back to this guidance document and the securing improvement and enforcement policy. This will help to ensure the evidence is reassessed accurately and consistently. For example, to achieve a **good** rating in relation to the specific theme, a service should be demonstrating they are supporting many people to achieve their well-being outcomes. If further evidence is required to establish this, inspectors may seek additional information from the service provider to assist in making a final decision.

15. If we highlight an aspect of an inspection theme which is an area for improvement, we will take a balanced approach when deciding on the rating for the theme by considering whether the remaining aspects of the theme can be rated as good. This means the theme as a whole may still be rated as **good**, even though we have highlighted an area for improvement. This will also be reflected in the report.

Feedback following inspection

16. Providing feedback is an essential part of inspection, supporting continuous service improvement. Feedback will be structured around the inspection themes. It is an important opportunity to give the manager and Responsible Individual (RI) an overview of the findings and to check and test the evidence we may be relying on to award ratings.

17. Service providers may find it helpful to consider where they rate themselves at the beginning of the inspection process, and to reflect on that self-assessment during feedback.

18. Initial feedback should be provided throughout the inspection visit and summarised at the end of the visit to those in charge of the service on the day; this will include proposed ratings for each theme. This provides an opportunity for the manager and / or RI to provide any evidence they think may have been overlooked.

19. During initial feedback we should inform the provider of any areas of good practice, as well as instances where outcomes for people are not being met or there are potential risks.

20. Where a service has not met the standards as set out in the regulations and we intend to issue a priority action notice or take other enforcement action, we will clearly inform the provider accordingly.

21. We may need to complete a fuller analysis of the information we have gathered and may be waiting on more information before reaching any conclusions or finalising our decision on rating each theme. If the proposed rating changes after initial feedback following further consideration of evidence, the inspector will inform the RI of this during the formal feedback meeting and prior to the drafting of the report. We will give clear reasons for any change.

22. Formal feedback will be given to the Responsible Individual at a mutually convenient time once all inspection activity has been completed.

Reporting

23. Inspection reports will be drafted in line with CIW practice guidance on report writing. The inspector will ensure the content of the report reflects the proposed rating. It should clearly communicate to the public whether we judge an inspection theme to be Excellent, Good, Requires improvement, or Requires significant improvement.

We will use evaluative words within the report to help link the narrative to the rating. Some suggested evaluative words[18] are set out in the following table:

Excellent	With few exceptions, excellent, outstanding, very strong, exceptional, exemplary, superb, high, very high standard, very high quality, extensive, highly effective, highly creative, comprehensively, significantly, meticulously.
Good	Many people, successful, strong, safe, valuable, positive, thorough, useful, purposeful, used well, consistent, good, relevant, continuous, effective.
Requires Improvement	Not always, unsatisfactory, limited, inconsistent, falls short, unsuitable, unreliable, not robust, needs strengthening.
Requires significant improvement	Rarely, insufficient, hinders, inefficient, ineffective, unable, weak, poor, not fit for purpose, restricted, at risk, inadequate, significant shortfalls, lacking.

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[18] The evaluative words were taken from CIW / ESTYN Joint Inspection Report Writing Style Guide, with some additions for this guidance only to reflect the ratings awarded within Adult and Children's Services inspection.

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24. All inspection reports are peer reviewed, and dip sampled as part of CIW's internal quality assurance framework.

How can providers respond to an inspection report?

25. We strive to ensure our reports are fair and findings and judgements are based on the triangulation of evidence we gather prior to, during and following the inspection visit.

26. In the interests of fairness and transparency, we accept the right of the Responsible Individuals or relevant persons to request a review of our reports where they believe them to contain factual inaccuracies or to be based on incomplete evidence. This gives us the opportunity to correct any errors and consider additional information before an inspection report becomes publicly available. This is set out in our Responding to Inspection Report reports policy[19].

27. Under the Regulation and Inspection of Social Care Act (Wales) Act 2016, a registered service provider may appeal against inspection ratings given on the grounds they are based on factual inaccuracy or incomplete evidence as set out in our policy.

Recording and displaying ratings

28. We will publish the ratings for each theme within our reports and online through our [service directory](#).

29. Service providers must display at each place it provides a service at least one sign showing the most recent inspection rating for the service. Care homes for children under 18 years of age and care homes for four or fewer people are exempt from this requirement. We will provide a poster to each service following the publication of its inspection report.

30. Domiciliary support services must display its rating in the office where the service is provided from, unless this is inaccessible to members of the public or is provided from someone's home.

31. All service providers must also show on every website its most recent inspection rating for each service. We will provide a widget via CIW Online account to enable providers to do this.

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[19] https://www.careinspectorate.wales/responding-inspection-reports-policy-html

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32. More detail on the display of ratings can be found in our guide to displaying ratings.

Securing Improvement

33. We follow our securing improvement and enforcement policy. Where we issue a priority action notice the service will be scheduled for a priority inspection **within six months** of the date the priority action notice was issued.

34. Following this inspection, we will consider whether outcomes for people have improved. If the inspector determines outcomes continue to require significant improvement or there are risks to people, the inspector will need to establish if these relate to the same practice areas identified at the previous inspection or demonstrate shortfalls in a new area of practice. If there has been a change in outcomes for people from the previous inspection, we will reconsider the rating awarded to the relevant inspection theme.

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Lines of Enquiry and ratings descriptors

Section 2: Lines of enquiry and ratings descriptors

35. In meeting the standards as set out in the Regulations services should be Good; the excellent descriptors are a progression from Good.

36. This framework aims to help members of the public, inspectors, providers and commissioners understand what we expect to see at inspection. This informs our decision-making process for awarding ratings. The ratings descriptors are grouped into broad lines of enquiry addressing the relevant standards as set out in the regulations under each of our four inspection themes of Well-being, Care and Support, Environment, and Leadership and Management. This framework must be used alongside the Securing Improvement and Enforcement Policy, the Review of evidence and findings of inspection reports (including ratings), the Code of Practice for Inspection of Regulated Services, and the Regulation and Inspection of Social Care (Wales) Act 2016 Statutory Guidance.

37. **The service provider's Statement of Purpose[20] is a key document.** It sets out the vision for the service and the provider's aspirations for meeting the needs of the people they support. The information in the statement of purpose must be accurate, kept up to date and should always reflect the range of people's needs a service is able to meet, including any specialist services. We will consider whether the service is being provided in line with the statement of purpose at every inspection.

> **Where we refer to people in the framework, we include children, young people, and adults accessing care home and domiciliary care services. We are also referring to people's representatives where appropriate, which could include family or advocates acting on their behalf. This is particularly relevant where people may lack the mental capacity to make specific decisions.**
>
> **Where we refer to staff we mean care workers, nurses, support staff and managers; where we say leaders we mean responsible individuals and registered managers.**

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[20] Guide to compiling a statement of purpose - Regulation and Inspection of Social Care (Wales) Act 2016 (HTML document) | Care Inspectorate Wales

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Lines of Enquiry

LOEs	Well-being	Pages
1	**People live healthily and safely with control over their lives,** supported by positive risk management. They have access to information that fosters choice and independence, and they receive support for meaningful activities, communication needs, and health needs to achieve their personal aspirations and outcomes.	
2	**People are safe and protected from abuse and neglect** and are informed about how to raise concerns in a way that suits their communication needs.	
3	**People are supported to cultivate safe and healthy relationships** This includes engaging meaningfully with their community, feeling valued, and developing to their full potential, including access to education, while doing what matters to them. This includes maintaining financial well-being and independence and receiving care in Welsh if they wish.	
4	**People live in accommodation that supports their well-being outcomes.**	
LOEs	**Care and support**	
5	**People receive the quality of care and support they need to achieve their personal outcomes -** care is designed in consultation with people, considering their wishes, aspirations, risks, and specialist needs. People experience continuity of care, with staff consulting relevant agencies and specialists as required. Care and support is provided in the language and communication method that best meets people's needs.	
6	**People are protected from harm and abuse.**	
7	**People's medication is safely managed.**	
8	**People's risk of infection is minimised** by the service provider promoting good hygiene practices, ensuring sufficient supplies are available to meet people's needs.	
LOEs	**Environment**	**Pages**
9	**People live in an environment with appropriate and well-maintained facilities and equipment** to help them achieve their well-being outcomes while identifying, mitigating and reducing health and safety risks.	

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LOEs	Leadership and Management	
10	**People are supported to achieve their outcomes because the service provider has effective organisational arrangements, governance and oversight to ensure smooth operations and high-quality care.** This includes effective quality checks and assurance processes that drive continuous service improvement, foster transparency, gather and respond to feedback, support staff in raising concerns and follow whistleblowing processes, handle complaints effectively, and learn from them to improve service delivery. The service provider ensures people, commissioners of care, regulatory bodies, agencies, and professionals receive accurate and accessible information about the service and its delivery.	**52 – 58**
11	**People are supported by staff with the necessary expertise, skills, and qualifications to meet people's care and support needs.** The service provider maintains an appropriate number of vetted, knowledgeable, and competent staff who are effectively deployed within the service. The provider ensures continuous learning and development opportunities are provided for staff.	**59 – 61**
12	**For domiciliary support services only – People are supported by staff who have sufficient time to provide care, with a choice in their contractual arrangements.**	**62 - 63**

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Inspection theme: Well-being

What we expect to see:

Our approach to inspection takes account of the principles of the Social Services & Well-being (Wales) Act 2014 ("the 2014 Act")[21] and the legal definition of "well-being".

The primary focus of inspection is the consideration of the national well-being outcomes and the extent to which people are living well and achieving their well-being outcomes. The inspection ratings framework helps inspectors and providers to see how well a service is supporting people to achieve their outcomes. To do this we consider people's well-being under the eight specific aspects of everyday life for a person defined within Section 2 of the 2014 Act[22]:

- Physical and mental health and emotional well-being
- Protection from abuse and neglect
- Education, training and recreation
- Domestic, family and personal relationships
- Contribution made to society
- Securing rights and entitlements
- Social and economic well-being
- Suitability of living accommodation

In relation to children, we also consider their physical, intellectual, emotional, social and behavioural development, and their "welfare" as that word is interpreted for the purposes of the Children Act 1989. In relation to adults, we also consider their control over day-to-day life, and their participation in work.

[21] Social Services and Well-being (Wales) Act 2014
[22] Social Services and Well-being (Wales) Act 2014

Line of enquiry 1: People live healthily and safely with control over their lives, supported by positive risk management. They have access to information that fosters choice and independence, and they receive support for meaningful activities, communication needs, and health needs to achieve their personal aspirations and outcomes.

Outcomes for people are **Excellent** because	Outcomes for people are **Good** because	Outcomes for people **Require improvement** because	Outcomes for people **Require significant improvement** because
With few exceptions, people are treated with dignity and respect. They are actively supported to identify their well-being outcomes and encouraged to use and build on their strengths.	Many people are treated with dignity and respect. They are supported to identify their well-being outcomes and encouraged to use and build on their strengths.	People are not always treated with dignity and respect nor supported to identify their well-being outcomes and build on their strengths.	People are rarely treated with dignity and respect. They are not supported to identify their well-being outcomes and are not encouraged to use and build upon their strengths.
With few exceptions people are supported to have as much control as possible over their day-to-day lives and are supported extensively to understand their rights and entitlements as much as they are able. People are actively involved in decisions that affect them, ensuring their voices are respected and acted upon.

There is an outstanding and clear commitment from all leaders and staff to listening attentively, providing comprehensive information, in a format people | Many people have control over their day-to-day lives and are aware of their rights and entitlements. They are involved in making decisions that affect them, ensuring that their voices are consistently heard and respected.

Positive practice is shown through listening attentively, providing clear information, and effectively supporting people to make informed choices. This strong approach helps many people to take charge of their lives with confidence and assurance. | People may not always find it easy to share their opinions including through meetings, reviews, or advocacy. People sometimes achieve the outcomes they identify for themselves. | People's voices are rarely heard, and / or their choices rarely respected nor encouraged. People rarely achieve personal well-being outcomes. |

Outcomes for people are **Excellent** because	Outcomes for people are **Good** because	Outcomes for people **Require improvement** because	Outcomes for people **Require significant improvement** because
understand, and supporting people to make exceptionally well-informed choices. This highly effective approach empowers people to take charge of their lives with confidence and assurance.			
The service provider emphasises independence and choice through proactive risk management by all staff.

Staff possess the necessary skills and understanding to consistently assist people in exercising their rights, facilitating people to make aspirational decisions.

Staff work in close partnership with external stakeholders to address any information, advocacy, and support gaps for people.

This responsibility is consistently applied by all staff. | People's right to make their own choices and take informed personal risks is promoted by the positive culture in the service. This is reflected in people's personal plans.

People's well-being and safety is prioritised by identifying and managing potential risks.

People are offered choices in daily activities and have opportunities to reach their potential and engage in meaningful activities, such as selecting meals, participating in education, engaging in hobbies, joining community activities, and volunteering. | People are not always supported to maximise their independence and choice as far as possible.

Staff are not always able to describe what actions they must take to support people's independence and manage risks to well-being.

Risk assessments are not always reviewed or updated when changes occur in people's needs and known risks or lack sufficient detail. | People's independence is not maximised because of risk averse practices, including unnecessarily restrictive practices which support the running of the service, rather than supporting people's choice and independence.

Actions staff must take to minimise risk are either not clear in people's plans or are not followed.

Opportunities for meaningful activities are very limited, with choices constrained by assumptions staff make about what is safe or feasible for people. |

Outcomes for people are **Excellent** because	Outcomes for people are **Good** because	Outcomes for people **Require improvement** because	Outcomes for people **Require significant improvement** because
Staff offer extra help in daily decision-making with attentiveness and empathy and using people's preferred communication methods.			People are not listened to consistently and they are not supported to express their views. Staff do not use accessible means of communication or make sure that people have understood them.
With few exceptions, people have access to highly tailored information which is personalised to meet their communication needs. People have extensive support to understand the information including independent advocacy where required. This is achieved through various methods such as brochures, online portals, and direct consultations, in a way that supports people's communication needs.

People are involved in the production of information for themselves and their peers where possible. | Many people have access to the right information at the right time and in a way that meets their communication needs. This means providing clear, concise, and relevant information, and access to advocacy where needed. | People have access to information, but this is not always given at the correct time, through their preferred communication style, or with the support of advocacy when needed. This places people's ability to manage and improve their well-being at risk. It means that information they receive falls short of meeting their needs. | People rarely have access to the right information at the right time and in the manner they prefer. This hinders their ability to manage and improve their well-being. Information is often unclear, lengthy, and irrelevant, provided through limited channels such as outdated brochures, inaccessible online portals, and infrequent consultations, failing to support people's communication needs. They do not have access to advocacy services to support them. |

Outcomes for people are **Excellent** because	Outcomes for people are **Good** because	Outcomes for people **Require improvement** because	Outcomes for people **Require significant improvement** because
The service provider promotes the use of creative practices and tools, supported by latest research and best practice guidance, to meet people's communication needs.

This is achieved using people's preferred languages and communication methods, including for example, specialist methods like PECS, TEACCH, Makaton, or BSL.

With few exceptions, people experience excellent well-being because the promotion of Welsh language and culture is fully integrated into the culture of the service. | Communication needs are suitably met to ensure people and staff can understand each other. This also includes ensuring people's language preferences are met.

Many people experience enhanced well-being because their Welsh language and cultural needs are understood and catered for.

The service provider anticipates, identifies, and meets the Welsh language and cultural needs of people who use, or may use the service, or is actively working towards doing so. | People with diverse communication needs often face challenges because staff may struggle to understand and support them or may lack the necessary resources and training to respond effectively.

The provider does not always consider people's language and cultural preferences. Their efforts to promote Welsh language and culture are inconsistent and require strengthening. | Staff do not have the skills needed to meet people's communication needs. There is inadequate consideration and effort made to meet people's communication and language preferences.

There is limited understanding among leaders about their responsibilities for promoting Welsh language and culture. The promotion of the Welsh language and culture is currently not given significant emphasis. |
| People are extensively supported to live well and achieve self-directed outcomes. People maintain and improve upon their physical, mental, and emotional health because of the exemplary support they receive from staff. | People are supported to maintain their physical and mental health, and emotional well-being. People are well supported to engage in and participate in various activities that foster happiness and health. | People do not always have the support they need to maintain their physical, mental, and emotional health. | People have inadequate support to maintain their physical, mental, and emotional health. People rarely receive information about their health and treatment options and are not involved in |

Outcomes for people are **Excellent** because	Outcomes for people are **Good** because	Outcomes for people **Require improvement** because	Outcomes for people **Require significant improvement** because
People are empowered to make choices about their health and how it should be monitored and managed.

Where they are able, people plan, co-produce, and take the lead in diverse activities of their choice, with superb support from staff. These well-designed programs of activities support and encourage engagement, significantly enhancing people's sense of well-being.

People have enriching experiences delivered in new or creative ways. This may include community events that foster social connections, workshops to enhance personal skills and hobbies. By creating opportunities for learning, social interaction, and personal growth, service providers ensure that each | Planned activities and impromptu interactions with staff and others, help ensure individuals maintain a positive sense of personal well-being.

People have positive experiences, improving their quality of life and helping them achieve their well-being outcomes. | People do not always have choice and control over their health needs, where this is possible.

People do not always spend their time interacting with others or doing activities of their choice.

There are limited activities both formal and informal where people can engage with others, and express themselves, to support a sense of well-being.

Some people have positive experiences, however when people have negative experiences, this is not always acknowledged nor addressed by the provider. | decisions about their own health care.

People rarely engage with others, or through activities. The culture of the service does not facilitate or encourage engagement for people. Staff do not make efforts to plan activities or events which contribute to people's well-being.

People lack enriching experiences. Community events that foster social connections, workshops to enhance personal skills, and hobbies are missing. Opportunities for learning, social interaction, and personal growth are not provided, depriving individuals of a fulfilling and rewarding life. |

Outcomes for people are **Excellent** because	Outcomes for people are **Good** because	Outcomes for people **Require improvement** because	Outcomes for people **Require significant improvement** because
person can enjoy a fulfilling and rewarding life.			
People are part of a strong and sustained culture of openness without judgement. People's emotional and psychological well-being is actively supported and enhanced.	People's emotional and psychological well-being is supported, including how they manage stress, day to day. The service provider fosters a culture of openness without judgement.	People's stress triggers are known and recorded but strategies to support people when stressed are insufficient, or not always followed or understood by staff resulting in risks to people's well-being.	People's known stress triggers are not recognised nor addressed, leading to poor well-being outcomes. The service does not have a sustained culture of openness when supporting people's emotional and psychological well-being, and at times can be judgemental.
For children's services only: Exemplary care integrates all dimensions of children's physical, intellectual, emotional, social, and behavioural development. This comprehensive approach ensures they flourish in a nurturing environment tailored to their unique needs.	**For children's services only:** Children are learning to interact with others, including making friends, sharing, and cooperating. It's about building relationships and understanding social norms. Where children are not in education support and advice is offered. A positive approach to education is promoted in the home, to ensure children meet their educational achievements.	**For children's services only:** Children receive inconsistent support and information to help them build relationships and understanding of social norms.	**For children's services only:** Children are not supported to build relationships and understanding social norms. This could result in children not meeting their full potential and experiencing poor outcomes.

Line of enquiry 2: People are safe and protected from abuse and neglect and are informed about how to raise concerns in a way that suits their communication needs.

Outcomes for people are **Excellent** because	Outcomes for people are **Good** because	Outcomes for people **Require improvement** because	Outcomes for people **Require significant improvement** because
Flexible and highly creative new approaches are developed with people to prevent abuse and detect problems early, especially for those who lack a voice. These highly effective safeguarding methods involve a collaborative effort between people and external agencies.

A very strong support system ensures any risks are promptly identified and addressed.

People are encouraged to express their concerns and preferences, reinforcing a positive culture where their involvement is highly valued, and their rights and dignity are consistently upheld. | People are safeguarded from abuse and neglect. People are provided with a secure environment where they feel safe at all times. There are effective mechanisms in place to ensure every voice is heard and respected. There are strong support systems to ensure any risks are promptly identified and addressed. | People are not always safeguarded from abuse and neglect, within a secure environment where they feel safe. Risks are not always identified nor addressed promptly because support systems require strengthening to ensure the safety of people. | People are frequently exposed to abuse and neglect, and they often find themselves in an insecure environment where safety is a constant concern. There are inadequate mechanisms to ensure voices are heard and respected. Risks are often overlooked, misunderstood, and not always addressed.

The culture can appear disingenuous, with efforts to maintain standards of safety, rights, and dignity seeming more like a checkbox exercise rather than a genuine commitment. |

Outcomes for people are **Excellent** because	Outcomes for people are **Good** because	Outcomes for people **Require improvement** because	Outcomes for people **Require significant improvement** because
People are comprehensively informed about their rights. They have highly effective support and encouragement to voice their concerns effectively. Highly creative resources are made readily available to help people understand how to communicate their needs and worries. People have a very strong sense of empowerment and self-advocacy because they have excellent support to access advocacy services.	People are informed about their rights and supported in voicing their concerns effectively. Resources and advocacy services are used well to help them communicate their needs and worries in suitable ways, fostering empowerment and self-advocacy.	People are not always informed about their rights. They receive inconsistent support in voicing their concerns, with limited access to advocacy services when needed.	People are rarely informed about their rights and are often unsupported in voicing their concerns effectively. People are not supported to access advocacy services when needed.

Line of enquiry 3: People are supported to cultivate safe and healthy relationships This includes engaging meaningfully with their community, feeling valued, and developing to their full potential while doing what matters to them. This includes maintaining financial well-being and independence and receiving care in Welsh if they wish.

Outcomes for people are **Excellent** because	Outcomes for people are **Good** because	Outcomes for people **Require improvement** because	Outcomes for people **Require significant improvement** because
With few exceptions, people's well-being and sense of worth is greatly enhanced by all leaders and staff, who are knowledgeable and celebrate and champion diversity. People receive extensive structured and stimulating support to enable a sense of purpose and direction. People are empowered to thrive, with numerous opportunities to maintain, develop, and explore their interests, strengths, and skills. These opportunities encompass education, learning, employment, and leisure.	Many people are encouraged to embrace their identities and unique characteristics, knowing they are valued and respected. People's interests, culture, past life experiences, including sexuality, gender identity, spirituality, and important relationships, are recognised by leaders and staff, acknowledging the importance of these aspects for each individual.	People are not always encouraged to be proud of who they are. Support may be limited and leave people feeling lost and without direction. Their interests, culture, past experiences, and important relationships are not fully embraced by leaders and staff, making people feel like these parts of their lives don't matter.	People's experiences are poor due to stigma or feeling judged and undervalued because of their circumstances or protected characteristics. There is inadequate recognition of people's interests, culture or past life, including sexuality, gender identity, spirituality or important relationships, with poor acknowledgement of the importance of this for each person.

Outcomes for people are **Excellent** because	Outcomes for people are **Good** because	Outcomes for people **Require improvement** because	Outcomes for people **Require significant improvement** because
There are frequent opportunities for people to connect with family, friends and contribute to local communities, in creative and imaginative ways, including technology and online participation. People are exceptionally well supported to make friends. People are actively encouraged to share their hobbies, spend time together, and help each other. All staff have excellent understanding of safety, weighing risks and rewards to promote overall well-being and involvement in the community.	People are supported to maintain and sustain existing relationships with family, friends and important people in their lives as far as possible. This is facilitated by staff who respect these relationships and the importance they hold in people's lives. Staff have the necessary skills and access to technology to support this. People are encouraged to take positive risks, weighing benefits and drawbacks, to boost confidence and foster community involvement. People are supported to develop and sustain positive relationships within their community and with the people they live with.	People are not always supported to maintain relationships with family, friends, and important people in their lives. Staff may not always respect these relationships or understand why they matter so much to people. People are supported by staff who do not always have the time needed to assist or guide people in using technology to connect with family or friends and those important to them. Staff show an inconsistent attitude to supporting people to become involved in positive relationships within their community and with the people they live with.	People are not supported to stay connected to those important to them. Staff do not attempt to look for other ways of helping people stay connected where they do not have visitors. Staff do not have time to support / teach people to use technology to engage with family or friends. There is an overly cautious or risk-averse approach to visiting and wider community engagement. People's confidence is poor because they have limited opportunities to be socially active or do not receive the necessary support to develop positive relationships within their community and with people they live with.

Outcomes for people are **Excellent** because	Outcomes for people are **Good** because	Outcomes for people **Require improvement** because	Outcomes for people **Require significant improvement** because
With few exceptions, people's right to control their finances and personal property is respected and actively promoted, maximising choice, control and independence. Where people are unable to manage their finances, the decisions made enhance their quality of life and support arrangements are clear, safe, and accountable.	People are consistently supported to manage their finances effectively. Staff know and effectively follow the provider's procedures for supporting people to budget and / or make spending decisions. Staff are not involved with people's financial affairs unless necessary as part of agreed care plans. Where appropriate, people are encouraged and supported to handle their own financial affairs. These measures help people maintain control over their finances and ensure transparency and accountability.	People are not always supported to manage their money. Issues with finances are not dealt with consistently. Staff are not always sure of what procedures to follow and what support to offer if issues arise.	People are not effectively supported to manage their money. People are often discouraged from handling their own financial affairs, with little support for budgeting and spending decisions. There is a lack of protections in place to prevent staff becoming involved in people's financial affairs unnecessarily, leading to a lack of control and transparency, or mismanagement of people's finances.

Line of enquiry 4: People live in accommodation that supports them to achieve their desired well-being outcomes. (for accommodation based services only)

Outcomes for people are **Excellent** because	Outcomes for people are **Good** because	Outcomes for people **Require improvement** because	Outcomes for people **Require significant improvement** because
The provider always prioritises people's well-being, ensuring that their accommodation not only meets their needs but also significantly enhances their quality of life.

People always achieve outstanding outcomes because they reside in highly personalised accommodation that they feel a strong sense of ownership for and that truly feels like home to them.

People are equipped with a comprehensive range of technology and equipment, empowering them to achieve their well-being outcomes effectively.

People are engaged in highly effective ways in conversations about their environment making sure it matches their preferences, | People live in accommodation which meets their needs. The provider prioritises people's well-being when evaluating whether the accommodation meets their needs.

People have access to the equipment and technology they need to achieve their well-being outcomes.

People's views and needs are considered when designing, building, maintaining, renovating, or adapting premises. | People's well-being is not always prioritised by the provider when evaluating whether the accommodation can meet their needs.

People's well-being outcomes are sometimes unmet due to accommodation that is unsatisfactory and limits the positive experiences and well-being outcomes of people.

People are not always supported to achieve their well-being outcomes because of limited access to the equipment and technology they need.

People who can easily share their thoughts on the decoration and layout of the service are not always heard. The views of people who cannot verbally | People's well-being is not prioritised by the provider when evaluating whether the accommodation can meet their needs.

People's outcomes are rarely met because they live in accommodation that is not homely and not fit for purpose.

This hinders positive experiences and outcomes for people because premises are not adapted to promote or enhance quality of life or well-being.

People rarely have access to the equipment and technology they need to achieve their well-being outcomes.

People are not consulted nor their cultural and support needs. |

Outcomes for people are **Excellent** because	Outcomes for people are **Good** because	Outcomes for people **Require improvement** because	Outcomes for people **Require significant improvement** because
culture, and needs and positively impact their wellbeing.		communicate their preferences are not considered routinely. Environmental changes are often made without consultation, overlooking personal preferences, cultural and support needs.	considered when changes to the environment are made. Facilities in the service frequently do not meet people's requirements nor promote independence

Inspection theme: Care and Support

What we expect to see:

People are always treated with kindness, empathy and compassion. People understand they matter and their experience of how they are treated and supported matters. Their privacy and dignity are respected. Every effort is made to take people's wishes into account and respect their choices. This includes supporting people to be as independent as possible.

People are treated as individuals and their care and support meets their needs and preferences. People's strengths, abilities, aspirations, culture and unique backgrounds and protected characteristics are taken account of.

When inspecting this theme inspectors consider how arrangements for, and the delivery of, care and support contributes to people's well-being.

Line of Enquiry 5: People receive the quality care and support they need to achieve their personal outcomes - care is designed in consultation with people, considering their wishes, aspirations, risks, and specialist needs. People experience continuity of care, with staff consulting relevant agencies and specialists as required. Care and support are provided in the language and communication method that best meets people's needs.

Outcomes for people are **Excellent** because	Outcomes for people are **Good** because	Outcomes for people **Require improvement** because	Outcomes for people **Require significant improvement** because
With very few exceptions, people experience very high quality care and support because the provider conducts highly effective assessments of whether they can meet the person's needs alongside those of people already accessing the service, before offering a service. The provider gathers highly detailed information from other professionals and organisations already involved in people's care, to inform their decision on whether they can provide a service. They place exceptionally high value on their initial conversations with people to build very strong relationships with them.	Most people receive consistently good quality care because the provider thoroughly assesses their needs and personal outcomes, as well as the impact on people currently accessing the service, before agreeing to provide the service. For people with complex needs, assessors have specific training or seek advice from specialists. For people with nursing needs, assessments are done by a registered nurse with the relevant skills. The provider gathers useful information from professionals and others already involved in people's care and support. They talk to people themselves about their needs and preferences where possible. The information	People experience issues with the quality of care they receive from the service provider because assessments of their needs at commencement of service are inconsistent or limited information about people is obtained. People's care assessments do not always consider all of their diverse needs. The provider does not always ensure assessments are completed by staff who are suitably trained, authorised or competent to do so. Assessments from external health or allied professionals are not always incorporated into care planning processes, resulting in gaps in identified needs.	People often experience inadequate quality of care because the service provider ineffectively assesses their needs prior to agreeing to provide a service. The provider fails to gather adequately detailed information about people's care and support needs and potential risks to their well-being outcomes, and / or consider the potential impact for people already using the service. People with complex needs are at risk because the service provider may not have ensured assessors have the specific training they need or seek advice from specialists.

Outcomes for people are **Excellent** because	Outcomes for people are **Good** because	Outcomes for people **Require improvement** because	Outcomes for people **Require significant improvement** because
	gathered fully informs the decision about whether they can provide a service to people.		
People receive exceptional care and support due to their significant involvement in the planning process. Staff use strategies tailored to each individual to involve and meaningfully engage with people, their families, friends, and other professionals in the planning process.

People are treated equitably and with dignity and respect during reviews, and their preferences and individual needs are very clearly evident throughout their highly personalised plans.

The provider consistently excels at empowering people to identify and achieve sustainable new health and well-being outcomes that may not have previously been considered.

For people with complex or continuing health needs, staff | For people who wish to be involved, the plan for their care and support is co-produced between them, their representatives, relevant professionals, and the service provider.

People's personal plans are strengths based and outline how staff should support people to achieve their well-being outcomes. People's plans consistently include their preferences, routines, and beliefs.

Where they want to contribute, people are encouraged to contribute to the regular review of their personal plans, along with relevant representatives and plans are updated as changes in their needs or preferences occur.

People's interests, culture, past life, protected characteristics, and | People are not always involved in planning how their care and support needs will be met. This means staff do not have a full understanding of people's needs.

People's personal plans contain limited, inconsistent or unreliable information. They are not always based on what people can do for themselves. This means staff may not always be aware of people's current needs.

Where people are involved in reviews of their planned care and support, this is not always done in a positive way that respects their voice and / or treats it equitably with those of others involved in their care and support.

People's interests, culture, past life, protected characteristics, and important relationships are not always reflected in plans. | People often feel excluded from planning their care and support.

People's personal plans are rarely completed in collaboration with them and / or relevant professionals. Plans lack adequate detail to properly inform staff about people's care and support needs.

People's personal plans are incomplete or lack the detail required to ensure staff know what care and support they need.

People's personal plans are not reviewed regularly, and nor are they involved. Updates to people's plans are not made in a timely way even when there are changes in their needs or preferences.

People's views about their care and support needs are not |

Outcomes for people are **Excellent** because	Outcomes for people are **Good** because	Outcomes for people **Require improvement** because	Outcomes for people **Require significant improvement** because
always seek to improve care, treatment, and support by identifying and applying the latest in evidence-based practice.	important relationships are reflected in plans. **For children who are looked after**, the service provider's review of personal plans aligns with care review schedules of the placing authority.	**For children who are looked after**, the service provider's review of personal plans does not always align with care review schedules of the placing authority.	listened to, and their preferences are not valued by staff. People's interests, culture, past life, protected characteristics, and important relationships are often overlooked in plans, with minimal recognition of how vital these elements are to each individual. **For children who are looked after**, the service provider's review of personal plans does not align with the care review schedules of the placing authority.
With very few exceptions, people consistently achieve personal aspirations and highly positive outcomes because the provider uses evidence based research, legislation and / or relevant policy including learning from reviews, to inform practice. People are supported by highly skilled staff with an excellent understanding of their individual needs and preferences, including their protected equality	Many people experience care and support that is dignified and respectful, and they have meaningful interactions with staff, friends, family, and other people. Most practice is grounded in current evidence-based research, legislation and / or relevant policy including learning from reviews. Where people exhibit behaviours that may challenge other people, they are supported positively, buy	People's care and support needs are not always met. Staff are inconsistent in how they follow personal plans. Records do not always reflect timely care has been provided. People who have complex needs or exhibit behaviours that may challenge others have insufficiently detailed plans to ensure staff know how best to support them and prevent harm to	People experience significant shortfalls in the quality of care, including a lack of dignified or respectful care. Staff rarely recognise when people need or want support. They appear rushed and task-oriented in their work, leading to few meaningful interactions. Delays in people's care are frequent, and their cultural and religious needs are often unmet.

Outcomes for people are **Excellent** because	Outcomes for people are **Good** because	Outcomes for people **Require improvement** because	Outcomes for people **Require significant improvement** because
characteristics, values and beliefs, which may influence how they want to receive care, treatment, and support.	skilled staff who safeguard the dignity and rights of everyone involved. Staff regularly review behaviour support approaches in collaboration with people and relevant professionals. Care is delivered in a way which promotes the development of routine and structures for people in line with their needs and preferences.	their well-being or the well-being of other people. Care is not always delivered in a way that promotes routines and structure for people in line with their needs and preferences.	Where people exhibit behaviours that may challenge others, potential for harm to other people may be ignored or not identified. Care is not delivered in a way that promotes the development of routines and structure in line with people's needs and preferences, or the importance of this is not recognised.
The service provider uses very strong, established links with local mental health, health, and social care services resulting in people experiencing excellent outcomes. Health promotion is actively encouraged and highly personalised. Health passports are highly personalised, with staff acting as	People are referred for appropriate care and treatment at the right time and recommendations for care and treatment by other professionals are carried out as directed. The provider ensures people have access to a nutritious and balanced diet. Specialist dietary needs and those relating to culture, ethics and religion are routinely catered for.	Referrals to health care and allied professionals at the right time and / or in a way that ensures people's health and well-being is maintained or improved are inconsistent. Recommendations for care and treatment by other professionals are not always carried out as directed.	People are not involved in decisions about what they eat and drink. Specialist dietary needs and those relating to culture, ethics and religion are often not catered for. There is a lack of access to a balanced and nutritious diet for people. Referrals for appropriate care and treatment at the right time are not made, and recommendations for care and treatment by other

Outcomes for people are **Excellent** because	Outcomes for people are **Good** because	Outcomes for people **Require improvement** because	Outcomes for people **Require significant improvement** because
advocates for people when necessary.	People are assisted and supported to attend and participate in health checks and activities related to health promotion, where appropriate. Staff are aware of their role in health promotion. People are supported to access amenities that promote health and well-being or assist them in achieving outcomes, such as leisure centres, fitness classes, or other therapeutic activities. Health passports and transition plans are developed, maintained and used consistently for people who require them. Children and young people have routines promoting health and activity.	Specialist dietary needs and those relating to culture, ethics and religion are not always catered for.	professionals are not carried out as directed. People's personal plans are not updated in a timely way with their latest needs when they change following review by external professionals.

Line of enquiry 6: People are protected from harm and abuse.

Outcomes for people are **Excellent** because	Outcomes for people are **Good** because	Outcomes for people **Require improvement** because	Outcomes for people **Require significant improvement** because
People are kept safe by an exceptionally strong approach to safeguarding. There is a proactive and positive culture of safety in the service, based on openness and honesty. All staff understand and follow the Wales Safeguarding Procedures. The service provider continually seeks ways to improve safety through a culture of reflective practice and implements sustainable positive changes. This includes learning from internal and external reviews. Where improvements are required, these are openly shared and understood by all staff, who share responsibility for embedding improvements.	People are kept safe from harm and abuse, ensuring all legal requirements are met. Concerns about safety are listened to, safety events are reported and investigated thoroughly, and lessons are learned to continually identify good practices. People feel secure, knowing that staff and volunteers understand and act in accordance with their safeguarding responsibilities. Improvements are made to the service in response to issues identified through safeguarding incidents. Where allegations of abuse, neglect, or improper treatment are made, the service provider takes immediate action to ensure the safety of those receiving care and support, and makes appropriate	People's safety is not always recognised nor prioritised by staff, leaving people vulnerable to bullying, harassment, harm, abuse, neglect, and discrimination. Staff are not always able to demonstrate their understanding of safeguarding practice. Where allegations of abuse, neglect or improper treatment are made, the service provider does not always take appropriate action to ensure the safety of people receiving care and support.	People receiving a service have faced or are at significant and immediate risk of harm or abuse including for example bullying, harassment, physical neglect and abuse, and discrimination. People and / or staff are not supported to raise safeguarding concerns and may feel actively discouraged or even fearful about doing so. Staff are not able to describe their responsibilities relating to keeping people safe. They do not know how to report concerns and or where to find policies, procedures or guidance. Staff may engage in or tolerate poor practices without considering their impact on people's emotional and physical safety, well-being and dignity.

Outcomes for people are **Excellent** because	Outcomes for people are **Good** because	Outcomes for people **Require improvement** because	Outcomes for people **Require significant improvement** because
	referrals to relevant agencies, such as local authorities.		Risks to people may be overlooked or ignored resulting in significant risk of harm to people.

The service provider does not make appropriate referrals to relevant agencies, such as local authorities, and may only do so when prompted by external professionals. |
| People's rights to liberty are protected and safeguarded.

People are supported by staff with extensive knowledge, skills and understanding of how to minimise restrictive practices to ensure everyone feels safe while enjoying maximum freedoms, regardless of their needs. | People's liberty is protected in line with legislation.

People are supported by skilled and competent staff to achieve their personal outcomes through the least restrictive ways possible. | Some people's liberty is not protected in line with their best interests and legislation, and least restrictive practices are inconsistently applied by staff with limited knowledge and skills. | Many people do not have their liberty protected in line with legislation.

People's consent to care and treatment and best interest's decisions are not being obtained in line with legislation. Staff do not understand these requirements.

Where restraint is used, it is not recognised, and no attempts are made to find less restrictive options to provide necessary care and treatment. |

Line of enquiry 7: People's medication is safely managed.

Outcomes for people are **Excellent** because	Outcomes for people are **Good** because	Outcomes for people **Require improvement** because	Outcomes for people **Require significant improvement** because
Staff work closely with people to involve them in understanding and administering their medicines where appropriate. They seek new ways to promote independence and collaborate with other agencies and advocates. The service excels in supporting people to manage their prescribed or over-the-counter medicines, continually assessing this in partnership with people and professionals. People who may lack the capacity to make decisions about their medication are exceptionally well supported to ensure their best interests are thoroughly considered, and best-interest procedures are followed in line with legislation.	People receive their medication as prescribed in accordance with national guidelines and the service provider's medication policy. Medication is consistently stored as required to ensure its efficacy and safety. People receive medication in a person-centred way considering choice, individuality and independence. Regular reviews of medications are completed in a timely manner, involving people where appropriate and the relevant professionals. Audits are completed to ensure consistency of practice and good standards are maintained.	People may not always receive medication as prescribed, or in accordance with national and local guidelines and the service provider's medication policy. Regular reviews of prescribed medications are not consistently completed and / or outcomes are not fully communicated to all relevant staff to ensure people receive the medication they need. The service does not always adhere to proper procedures when people lack capacity to make decisions about their medication. This includes instances where medication may need to be administered without their knowledge or consent.	People are at risk because staff do not administer medicines safely, or people do not receive them as prescribed. Medication is not managed appropriately to ensure its efficacy or safety. Regular reviews of prescribed medications are not completed in a timely manner. The service fails to follow relevant national guidelines for non-prescribed medicines/homely remedies. The service does not adhere to correct procedures when individuals lack the capacity to make decisions about medication.

Outcomes for people are **Excellent** because	Outcomes for people are **Good** because	Outcomes for people **Require improvement** because	Outcomes for people **Require significant improvement** because
	Openness and transparency are evident with learning around incidents or near misses.		

Line of enquiry 8: People's risk of infection is minimised by the service provider promoting good hygiene practices, ensuring sufficient supplies are available to meet people's needs.

Outcomes for people are **Excellent** because	Outcomes for people are **Good** because	Outcomes for people **Require improvement** because	Outcomes for people **Require significant improvement** because
People are protected by high standards of hygiene practices which comply with laws and guidelines related to food handling, hand washing, and cleaning, along with emergency contingency plans. Highly effective oversight and review systems for service supplies are in place. In food preparation, staff encourage people's independence and autonomy where appropriate by involving people in good food hygiene practices using creative means.	People are protected as much as possible from the risk of infection because premises and equipment are kept clean and hygienic, and food hygiene practices are good. There is an effective approach to assessing, managing and preventing the risk of infection, with clear roles and responsibilities in line with current national guidance. Information about the risk of infection is shared appropriately, including with people using the service, visitors and external agencies. Staff and volunteers are trained, understand, and implement safe practices to prevent infection. Oversight and review systems for service supplies are in place,	People are not always protected because the service does not consistently meet national infection control and hygiene guidelines and standards. Not all staff have received adequate training and / or may not fully understand their hygiene responsibilities, leading to inconsistent infection control practices. Staff lack confidence or inconsistently apply infection control and hygiene practice.	People are at risk from inadequate infection prevention and control and / or food hygiene practice. Concerns about people's infection or hygiene risks are not referred to the appropriate agencies nor is advice sought. Staff do not know or follow the provider's policies and procedures on infection control.

Outcomes for people are **Excellent** because	Outcomes for people are **Good** because	Outcomes for people **Require improvement** because	Outcomes for people **Require significant improvement** because
	along with emergency contingency plans

Service providers maintain adequate supplies to deliver high-quality care for people's' personal outcomes. | | |

Inspection theme: Environment

What we expect to see:

For accommodation based services, people's needs, preferences, and any protected characteristics, are considered in the layout, decoration, maintenance and repair of the service environment. The environment helps to promote independence as much as possible.

People's safety is prioritised when supplying, maintaining, servicing and repairing equipment and facilities in the service. Health and safety risk management strategies and processes ensure people remain safe and support them to achieve their well-being outcomes.

Line of enquiry 9: People live in an environment that meets their needs – the service provides suitable communal and personal spaces, with well-maintained facilities and equipment. Risks to health and safety are identified, mitigated, and reduced.

Outcomes for people are **Excellent** because	Outcomes for people are **Good** because	Outcomes for people **Require improvement** because	Outcomes for people **Require significant improvement** because
People's privacy and dignity is always prioritised in the design, layout and use of living spaces.

Different areas are available for preferred activities, private space for family or alone time, all maintained to a very high standard and culturally appropriate. Space is maximised creatively, and equipment and technologies superbly support high-quality, personalised care.

People benefit from excellent use of the space available through creative use of living areas. The environment is cleverly designed to meet people's needs and wishes as far as possible, using innovative ways to promote independence. | People's privacy and dignity are considered in the design and layout of the service.

People have access to a variety of different communal and private spaces in which to spend time alone, socialise or entertain visitors.

Communal spaces meet the needs of people, promoting independence and providing opportunities for private meetings, activities, and recreation.

People benefit from a warm, comfortable, welcoming, well-lit environment with plenty of fresh air. The service provider ensures people have suitable furnishings and equipment to meet their | People's privacy and dignity is not always considered in the design and layout of the service.

People's needs are not always met because there is limited suitable space for people to have private time with visitors or spend time alone other than their bedrooms. The decoration, layout, and design of communal and individual spaces is unsatisfactory, limiting people's ability to achieve their desired outcomes.

People's needs are not always met because the providers systems for monitoring and maintaining the physical environment and equipment in the home require strengthening. | People's privacy and dignity is rarely considered in the design and layout of the service.

People's needs are rarely met because communal and private spaces rarely meet the needs of people, stifling independence and providing limited opportunities for private meetings, activities, and recreation. Living spaces are functional but not homely or clean, with poor attention to decoration and furniture quality. Staff areas encroach on living spaces, affecting people's well-being and indicating a lack of respect for it being someone's home.

The encroachment of staff areas into living spaces negatively |

Outcomes for people are **Excellent** because	Outcomes for people are **Good** because	Outcomes for people **Require improvement** because	Outcomes for people **Require significant improvement** because
The provider demonstrates a very strong commitment to ensuring the premises and any equipment is maintained and serviced to a very high standard. People are encouraged to help with decorating or furnishing the premises where possible. People experience outstanding care and support because the provider has very strong systems in place for identifying and making any environment or equipment adjustments people require. The service provider actively seeks out new technology and sustainable novel solutions to help people live with as few restrictions as possible. Garden and outdoor areas exemplify excellence in design, providing outstanding spaces where people can safely and freely access nature. The	needs and preferences. This includes specialist beds, call systems, moving and handling equipment, and access to communication facilities. Bathrooms, showers, and toilets are designed to ensure privacy, dignity, safety, and accessibility. The provider ensures effective systems are in place to maintain and manage the accommodation and make required adjustments to meet people's needs. The service uses technology and equipment to meet people's care and support needs and to support their independence, in line with their best interests. Where available, outdoor spaces are safe, attractive, and accessible to all people, including those with physical, sensory, and cognitive impairments. Where outdoor space is limited in the	The decoration and maintenance of the accommodation falls short, including unsatisfactory adaptation of some facilities to meet people's needs and preferences. Equipment in the service is not always maintained and serviced as needed. While some specialised equipment is provided, there is insufficient quantities, or it is not always available when needed, or is unsuitable for people's needs. The service provider lacks awareness or understanding of technologies and equipment for care and support that could positively affect outcomes for people. Gardens and outdoor areas are inaccessible to some people in the service due to physical or sensory issues and the provider does not actively seek alternative ways to facilitate access to these.	impacts people's well-being and demonstrates a disrespect for the sanctity of their home. There is a lack of commitment by the provider to make the necessary adjustments required to meet people's needs. The provider has inadequate systems in place to manage and maintain the accommodation effectively. There is a lack of specialist equipment which compromises people's safety, dignity, and care quality. Where available, outdoor areas are underutilised, and access is restricted due to a risk-averse mindset. Where there is limited accessible outdoor space, the provider fails to identify and facilitate access to alternative spaces in the local community for those who want it.

Outcomes for people are **Excellent** because	Outcomes for people are **Good** because	Outcomes for people **Require improvement** because	Outcomes for people **Require significant improvement** because
provider's innovative and creative approach ensures that these spaces are tailored to meet the physical, sensory, and cognitive needs of people in person-centred ways. These spaces are inviting and enable people to venture outside independently whenever possible.

Where outdoor space is limited, the provider showcases exceptional resourcefulness by supporting individuals to access alternative outdoor areas within the community. This significantly enhances people's physical, mental, and emotional well-being, demonstrating a commitment to high-quality, person-centred support through creative and innovative use of resources. | service, people are often supported to access outdoor space in the wider community. | When outdoor space is limited, access to external green spaces is rarely facilitated. | |
| People's care and support needs are met through the provider's highly effective safety management systems, which successfully anticipate and | People can easily navigate the premises and access necessary equipment safely, and this is a key consideration for the provider. | General risk assessments for the whole home are lacking adequate detail, and findings are inconsistently acted upon by management or staff. | People and staff feel unsafe because risk management plans are unclear and uncoordinated. This results in a risk averse culture and restrictive practices |

Outcomes for people are **Excellent** because	Outcomes for people are **Good** because	Outcomes for people **Require improvement** because	Outcomes for people **Require significant improvement** because
mitigate risks in the home in ways that maximise people's autonomy and independence. These are based on best practice and sustain excellent practice and improvements in the service over time. The service provider proactively engages with people, professionals, and organisations to assess and minimise risks identified in the environment, premises, and equipment. The provider's comprehensive security measures are meticulously implemented to protect people while safeguarding their rights, privacy, and dignity. These measures ensure the protection of personal property and facilitate proper and respectful access to and from the premises.	The service provider actively predicts and manages risks to people, considering it a shared responsibility for all staff. Most staff are familiar with the strategies and apply them consistently. Regular servicing, maintenance and immediate repairs of facilities ensures the safety and well-being of people using the service. The service provider ensures the premises comply with current legislation and national guidance in relation to health and safety, fire safety, environmental health and any standards set by the Food Standards Agency. Security arrangements are in place to protect people without compromising their rights, privacy, and dignity. This includes protecting personal property and providing appropriate access to	People are at risk of harm because safety certification for some equipment and facilities may be out of date. The home and grounds are secure, but those security measures do not consistently consider the rights, privacy, and dignity of all people in the service.	which negatively impact on people's well-being. The service provider makes little or no effort to assess, monitor, or improve safety in the service. Staff routinely or purposefully disregard the provider's policies and procedures for maintaining people's safety and security in the home. Maintenance systems are poorly organised or ignored by staff, risking people's safety with frequently malfunctioning or poorly serviced equipment. Staff are unclear on procedures for reporting maintenance or cleanliness issues, leading to delays in addressing health and safety issues that impact on people's well-being outcomes. The provider's security measures are poorly implemented, failing to protect people and compromising

Outcomes for people are **Excellent** because	Outcomes for people are **Good** because	Outcomes for people **Require improvement** because	Outcomes for people **Require significant improvement** because
	and from the premises. Where there is CCTV surveillance this is regulated to ensure it is overt, purposeful, lawful, and respects people's privacy and dignity.		their rights, privacy, and dignity. These inadequate measures do not ensure the protection of personal property and hinder proper and respectful access to and from the premises.

Inspection Theme: Leadership and Management

What we expect to see:

The standards set out in the Regulations aim to ensure service providers implement governance arrangements that support smooth operations and provide a foundation for high-quality care, helping people achieve their well-being outcomes.

Line of enquiry 10: People are supported to achieve their outcomes because the service provider has effective organisational arrangements, governance and oversight to ensure smooth operations and high-quality care. This includes effective quality checks and assurance processes that drive continuous service improvement; fostering transparency through sharing accurate and accessible information with people, commissioners of care, regulatory bodies, agencies and professionals about the service and its delivery; gathering and responding to feedback; supporting staff in raising concerns and to follow whistleblowing processes; handling complaints effectively, and learning from them to improve service delivery.

Outcomes for people are **Excellent** because	Outcomes for people are **Good** because	Outcomes for people **Require improvement** because	Outcomes for people **Require significant improvement** because
People have high levels of confidence in the service provider because leaders in the service ensure there is a very strong positive culture that is supportive, inclusive, and respectful. Leaders confidently steer the service through challenges where necessary. Leaders are visible role models as they guide the strategic direction and the pace of change. Leaders promote and sustain a positive culture that ensures equal opportunities and anti-discriminatory practices for all protected characteristics. People	The service provider's oversight and governance arrangements foster a positive and compassionate culture in the service. There are effective quality monitoring systems including audits of care and support provided, visits to the service by leaders, and feedback from people, staff, and visiting professionals. This information is used to drive continuous improvements in the service. This results in people having confidence in how the service is	People do not always have confidence in leaders. Leaders in the service make limited efforts to promote a positive culture. Governance and performance management is unreliable and not always effective, leading to systems that are not regularly reviewed and / or risks that are not consistently identified or managed. Service performance reviews are sometimes superficial, and quality reports demonstrate inconsistent or limited analysis of results from monitoring processes.	People do not have confidence in leaders. There is a negative culture in the service because leaders are not visible role models, and not well known to staff or people. The provider's vision for the service lacks clarity, collective ownership, and does not focus sufficiently on improving outcomes. Where improvements are needed staff do not feel confident in contributing to or implementing these. Staff are not able to adapt, or think creatively to meet people's needs, outcomes and wishes.

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benefit from the provider's clear vision of the service, which inspires their staff and promotes equality and inclusion for all.	managed and in the leadership team.	Audits of quality of care completed by managers fall short. They do not cover all aspects of the service delivered and lack detailed analysis and action planning to improve service quality for people.	People experience poor quality care and support because the provider has weak quality monitoring systems in place. There is a lack of monitoring by managers and leaders. Roles, responsibilities, and accountability arrangements in the service are unclear, and staff do not receive honest constructive feedback about their performance or areas needing improvement.
Leaders pursue specific equality, diversity and inclusion goals and can demonstrate their advancements. The organisation offers specialised training to support managers and staff, consistently reviews feedback to improve equality, diversity and inclusion, and promotes equality, diversity and inclusion.	The provider has good contingency planning in place for maintaining critical business activities in the event of disruptions such as power outages, IT failures, severe weather, illness, or building and road closures.	The provider's contingency plans are not always reviewed and updated to ensure people's needs continue to be met in the event of service disruption. This places people at risk.	
The aims and objectives of the service provider inform the care and support provided. These aims and objectives are regularly reviewed and reflect the involvement of people who use the service and other stakeholders.	The provider's policies and procedures are appropriate and proportionate to the needs of people supported by the service, and they are understood and implemented by staff. Policies and procedures are reviewed regularly to ensure they align with current legislation and national guidance.	Staff are not always updated on any changes in the provider's policies, or do not know where to find latest versions to refer to.	People are at risk because the provider's systems for identifying, capturing, and managing organisational risks and contingency planning are ineffective, and some legal requirements are not met or are poorly understood by managers and staff.
There are very well-developed contingency plans in place in the	The service provider has systems established for effective financial planning, budget monitoring, and control in the service. This	The service provider has inconsistent systems in place for effective financial planning, budget monitoring and control in the service. This is placing people's well-being at risk.	Staff are unaware of the provider's policies and procedures or routinely do not

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event of emergencies. These ensure people continue to receive excellent continuity of care. People and staff are meaningfully involved in reviewing and updating policies and procedures. The service provider has strong working relationships with others in the sector, sharing best practice to promote high quality care and support for people across the sector.	ensures people's well-being outcomes are consistently good.		follow them. This is not recognised or addressed appropriately by the provider. There is no, or limited evidence that equality and inclusion are embedded either within policies, procedures and plans or in staff practice. The service provider has ineffective systems for financial planning, budget monitoring, and control in the service resulting in lack of financial investment in the service. This is impacting on people's well-being.
Leaders engage commissioners, professionals, staff, and people in quality assurance processes, valuing their feedback to drive continuous, highly effective and sustainable improvements. This inclusive approach ensures dynamic improvement plans that align with best practices in social care, significantly enhancing outcomes for people.	The service provider oversees the quality of care through effective audit processes. Information gathered from both internal and external audits guides quality review reports, improvement strategies, and swift problem-solving. The provider collaborates with external professionals to aid improvements, and feedback is	The service provider's systems for scrutiny and self-assessment reporting in the service are not always effective. Internal and external feedback is not always effectively analysed or acted upon in a timely way, and emerging issues are sometimes missed until they have become larger problems.	The need for improvement is not recognised. This can lead to reactive crisis management rather than constructive quality assurance and self-evaluation. People's opinions and experiences are not heard, and the provider does not make adequate efforts to gather feedback in meaningful ways that

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The provider uses comprehensive audits of all aspects of the service to monitor practices. They complete highly detailed analysis of audit findings and take action as a result to promote and uphold high standards of care quality, resulting in highly effective and sustainable improvements for people.

The service provider celebrates the achievements of staff through initiatives recognising those who provide outstanding care and support. They positively engage with staff to generate ideas for improving the service and involve them in planning and putting those ideas into practice.

There is a very strong commitment to fostering development of leadership skills for staff at all levels. | utilised to guide planned improvements. Systems are established to facilitate and evaluate new ideas.

The provider supports staff development in leadership at all levels.

The service provider ensures timely notifications are sent to relevant authorities in the event of significant incidents in the service. This ensures appropriate actions are taken promptly to safeguard people and maintain service quality. | The provider does not always support staff development in leadership at all levels.

Relevant authorities are not consistently informed of significant events in the service. Some people experience delays in receiving timely professional advice as a result of this, and their health and well-being is placed at risk of harm. | meet people's communication needs and preferences.

Oversight and audits of key elements of care and support provided are either absent or superficial. This impacts the quality of care provided and hampers improvement planning.

Leaders do not build on successes to drive further improvements, failing to motivate staff to engage in quality assurance processes.

The provider does not support staff development in leadership at all levels.

The service provider rarely notifies relevant authorities in the event of significant incidents, such as accidents, injuries, or interruptions in service provision. This negatively impacts on people's outcomes through |

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The provider demonstrates a very strong commitment to sharing information with relevant authorities about events in the service, fostering transparency, and high levels of trust and accountability, in line with their duty of candour.			delays in timely advice being sought from external agencies and professionals.
People are confident giving feedback because they know this is welcomed and responded to in a spirit of partnership. The provider engages people and staff in practical initiatives to enhance equality, diversity and inclusion in the service. This might include involving people and staff in strategy creation, collecting feedback, and conducting surveys.	Feedback from people and staff is encouraged by the provider to support assessing care quality, considering specific conditions or communication needs of respondents. People know how they can provide feedback about their experiences of the service and can do so through various accessible methods. People are kept informed of the outcomes of their feedback. This is done in a timely way and via communication methods that meet their needs and preferences.	People are not always encouraged to provide feedback, or do not have accessible means to do this which meet their communication needs and preferences.	People are rarely asked for their feedback, or their experiences and opinions are not meaningfully considered by the service provider when assessing care quality. If feedback is sought from people, their specific conditions or communication needs are not adequately considered. There is a closed culture in the service where new ideas are discouraged, and lessons are not learned.

Outcomes for people are **Excellent** because	Outcomes for people are **Good** because	Outcomes for people **Require improvement** because	Outcomes for people **Require significant improvement** because
People feel confident raising concerns, knowing their input is welcomed as there is a highly positive culture of openness and transparency throughout the service.

Leaders follow bespoke, creative, and accessible processes to address concerns or complaints. This might include using external professionals to ensure an independent and objective resolution.

With few exceptions, where things go wrong leaders take action to learn from mistakes. | Leaders foster a culture of candour by being transparent and truthful when errors occur, sharing information about incidents and their impact, and offering apologies as appropriate.

Leaders are accountable for the actions, behaviours, and performance of their staff.

Staff are familiar with the complaints policy and know how to respond appropriately to concerns or complaints.

Staff understand duty of candour, and their whistleblowing responsibilities. Staff receive training in how to raise concerns, including their professional obligations, and are confident raising issues with managers. | People are not always encouraged to express their views about their care and support, and complaints cannot always be made in accessible ways.

People are uncertain the service provider take their complaints seriously.

People do not always get a response when they complain.

The provider is inconsistent in how they analyse and learn from complaints and concerns. | People may be at risk of experiencing discrimination, detriment, or harassment after making complaints.

People lack confidence their complaints will be taken seriously, thoroughly investigated, and responded to promptly.

When complaints are made, they are not handled in an open, transparent, timely, or objective manner, reflecting a defensive attitude from the service provider. This creates a critical and punitive culture, making people wary of raising concerns, and staff anxious and defensive about making mistakes.

People and staff are unclear or unaware about how to raise |

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	People feel confident that their concerns or complaints will be taken seriously, will be thoroughly investigated, and responded to promptly, with no fear of repercussions.		concerns or make complaints, and those who do may not feel supported. This lack of support means that complaints and concerns do not drive meaningful change as they should.

Line of Enquiry 11: People are supported by staff with the necessary expertise, skills, and qualifications to meet people's care and support needs. The service provider maintains an appropriate number of vetted, knowledgeable, and competent staff who are effectively deployed within the service. The provider ensures continuous learning and development opportunities are provided for staff.

Outcomes for people are **Excellent** because	Outcomes for people are **Good** because	Outcomes for people **Require improvement** because	Outcomes for people **Require significant improvement** because
People achieve excellent outcomes because the provider has a very strong commitment to ensuring high numbers of extremely skilled and knowledgeable staff are in the service at all times. The service provider has highly effective processes in place to ensure decisions on staffing levels are extremely well informed by extensive evaluation of people's needs, and consider the statement of purpose, the physical environment and local context.

This ensures managers can be highly responsive to emergency situations, or sudden changes in people's needs, whilst maintaining very high quality care for people. | People achieve their personal outcomes because the service provider makes sure there are enough suitably qualified and trained staff to deliver quality care and support.

When assigning staff to the rota, managers consider the layout of the environment, and the way people use the service facilities, and the time needed for staff to get to people in the service.

The provider regularly checks and adjusts the staffing levels and skills mix to keep up with the changing needs of the people they support. They have plans in place to manage staff sickness or absences to ensure people experience continuity of care.

In emergencies, they ensure there are enough well-trained and | People's needs are not always met because there are unsatisfactory numbers of appropriately qualified staff in the service, resulting in staff on shift being over-stretched. Processes for ensuring good staffing levels need strengthening to ensure the numbers and skills mix of staff consistently meet the changing needs of people.

The provider has inconsistent staffing contingencies in place and takes limited steps to address this.

In emergencies, the lack of adequately trained and qualified staff impedes the ability of the remaining staff to effectively meet the needs of individuals. | People's needs are rarely met because the service provider fails to ensure there are enough numbers of qualified and trained staff available to support people effectively.

The provider has ineffective processes for reviewing or modifying staffing levels and skill mix, leading to a mismatch between staff skills, staff numbers, and the changing needs of the people they support.

Contingency plans to manage staff sickness or absences are inadequate, causing significant disruptions in care and risk to people.

In emergencies, there is a lack of well-trained and qualified staff, exacerbating the crisis and |

Outcomes for people are **Excellent** because	Outcomes for people are **Good** because	Outcomes for people **Require improvement** because	Outcomes for people **Require significant improvement** because
The views and well-being of staff are key factors considered when assessing staffing. Relevant professionals are consulted to inform staffing arrangements where appropriate.	qualified staff to manage both the crisis and regular duties.		preventing staff on shift from meeting people's needs.
Equality, diversity and inclusion values are embedded in the providers recruitment processes and development opportunities at every level.

The provider actively involves people in hiring decisions to ensure staff providing care are chosen thoughtfully.

The provider actively promotes staff well-being. They conduct thorough inductions, which often exceed Social Care Wales guidance on staff training. | The service provider has strict selection and vetting processes for hiring staff to ensure all staff and volunteers are qualified and trustworthy. This includes making sure any agency staff meet the same standards as permanent staff.
Permanent staff undergo routine and regular checks to ensure they remain suitably fit to work in the service and are appropriately registered with professional bodies. People are encouraged to have an input in recruitment processes.

Staff qualifications and training are monitored by managers and leadership in the service. Gaps in skills mix or lapsed training is identified and addressed in a timely way to ensure people are well cared for. | The service provider's processes for vetting and selecting new staff are inconsistently applied.

People's opinions and preferences for what staff they want to support them are not always asked for or acted upon during recruitment processes. | People have experienced poor outcomes or are placed at risk because the service provider's selection and vetting processes for new staff are inadequate.

Routine and regular fitness checks for permanent staff, including registration with professional bodies and criminal record checks, are lacking or not completed in a timely manner. When staff fitness issues arise, these are not dealt with appropriately.

The provider does not have adequate processes in place to check agency staff meet the required fitness, skills and experience needed to support them effectively and safely. |

Outcomes for people are **Excellent** because	Outcomes for people are **Good** because	Outcomes for people **Require improvement** because	Outcomes for people **Require significant improvement** because
Staff training and development is prioritised by the provider. The training provided to staff is extensive, this includes equality, diversity and inclusion, cultural competency, and anti-racism training to help managers and teams improve their practices. Training for staff is both innovative and inclusive, developed with input from staff and the people they support. Staff feel very well-trained and supported, enabling them to provide effective and safe care. There are highly effective systems in place to review training provision and requirements in the service. The organisation addresses poor performance promptly, supporting staff to improve skills and performance in response to issues that arise.	Staff are well supported by the service provider through effective induction and continuous training provision that is relevant to the needs of people they support. Staff receive copies of relevant professional codes and practice guidelines, which managers and leaders actively promote. Staff have regular one-to-one supervision sessions with their line manager at least quarterly, and an annual review to provide feedback and identify training needs.	Staff supervision, appraisal and development of staff need strengthening to ensure all staff have the training, skills, and competence to meet people's needs.	New staff receive an inadequate induction and there is a lack of documented continuous and relevant training for all staff to ensure people's needs are met. Staff training and skills are lacking, and the provider fails to ensure people's needs are being met by qualified and skilled staff. Staff have inadequate access to relevant professional codes or practice guidelines, and the service provider is poor at promoting these standards actively to staff. Supervision sessions with line managers are infrequent or untimely, and annual reviews are either ineffective or not conducted, leaving staff without means for one-to-one feedback or guidance for improvement and development. This results in a workforce that is ill-prepared, unmotivated, and unable to provide high-quality care.

Line of enquiry 12: For domiciliary support services only – People are supported by staff who have sufficient time to provide care, with a choice in their contractual arrangements.

Outcomes for people are **Excellent** because	Outcomes for people are **Good** because	Outcomes for people **Require improvement** because	Outcomes for people **Require significant improvement** because
People receive care from staff who are well-prepared for travel, traffic, and parking. Each visit is meticulously planned to include time for meaningful interactions and emotional support, in addition to personalised physical care that caters to individual needs and preferences. Should the allocated call time prove insufficient, the provider proactively reassesses the care provision and promptly communicates any adjustments to commissioners.

People are very familiar with the names of their daily staff, more over they are supported by a consistent group of carers who are attuned to their unique preferences.

Staff well-being is actively promoted. Schedule changes are coordinated with skill always | People receive care from staff who have systems in place for scheduling of domiciliary support visits considering realistic travel times and factors like traffic and parking.

Care time is sufficient to meet personal plans. Staff have enough time for breaks between visits for rest and relaxation.

People's care and support time is allocated in schedules based on people's personalised plans for care, enhancing their well-being.

Care staff with non-guaranteed hours contracts are offered alternative contractual arrangements that provide them with job stability, and ensure people experience continuity of care, resulting in a motivated workforce that provides good, | Some people receive late calls and /or appointments being cut short, resulting in people feeling rushed, and staff becoming more task oriented. This is because the service provider has implemented systems for scheduling domiciliary care worker visits. However, these systems are not always adhered to or sometimes prove ineffective, leading to insufficient time allocated for travel, traffic, and parking between appointments. Which could place the well-being of people at risk.

The service provider does not always offer alternative contractual arrangements to domiciliary staff on non-guaranteed hours. Those offers made are not always recorded resulting in possible job instability in the provider's workforce which | People's quality of care and support is impacted. This is a result of late or missed calls, staff hurrying between appointments, potentially increasing their stress levels placing them at risk.

The service provider fails to account for realistic travel times, traffic, and parking, which can lead to challenging schedules for domiciliary staff.

The time allocated for individual visits does not align with people's assessments, resulting in unsatisfactory care experiences for people.

Staff on non-guaranteed hours are not offered alternative contractual arrangements, which can create job insecurity and potential disruptions in people's |

Outcomes for people are **Excellent** because	Outcomes for people are **Good** because	Outcomes for people **Require improvement** because	Outcomes for people **Require significant improvement** because
mindful of the needs of people and the skills set of the staff.

People are involved in or notified of changes whenever feasible. In emergency situations, any alterations to the schedule are promptly communicated to people, and alternative staff are allocated, who are already familiar to people.

The service provider has structured, sustained schemes in place to support the retention of care staff. | reliable and consistent care, which positively impacts people's lives.

People are informed of emergency situations, any alterations to the schedule are communicated to people, and alternative staff are allocated, who are already familiar to people. | could place the well-being of people at risk.

People are not always informed of changes to schedules calls which can impact on people's well-being. | care. This situation may contribute to a workforce that appears less stable, with lower morale, leading to inconsistent and less reliable care, which can affect people's well-being outcomes.

People are not informed of schedule changes which impacts the wellbeing of people and can cause stress to staff who must accommodate additional calls to their schedule. |