



Regulation and Inspection of Social Care (Wales) Act 2016

Supporting continuous improvement: guidance on carrying out a quality of care review

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

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1. Introduction

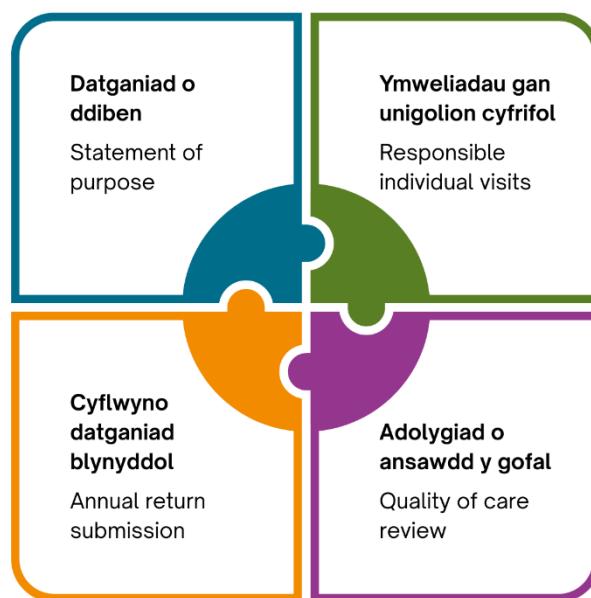
Providers must continually improve the quality of care and support they deliver. This guidance offers an optional framework for self-evaluation and improvement to support providers regulated under [the Regulation and Inspection of Social Care \(Wales\) Act 2016](#) (the 2016 Act).

The guidance does not override the Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017 or related statutory guidance. Providers may demonstrate compliance in other ways, as long as outcomes for service users remain the focus.

Supporting continuous improvement

A quality of care review is a structured self-evaluation process. It helps providers assess how well they are meeting people's needs and achieving positive outcomes. The review should be part of a continuous improvement cycle, not a one-off exercise. It enables providers to evaluate how good they are and what needs to improve, leading to better outcomes for people who experience care. It should not be a 'tick box' exercise nor is it just for CIW, though we may ask to see it as part of evidence to inform our judgement around leadership and management.

The review does not exist in isolation; it is inextricably linked to the statement of purpose, Responsible Individual (RI) visits and engagement with people and the Annual Return.



The aim of improvement activity in care services is to make the care provided better. That might be safer (less errors, infections, falls), more effective (well-being outcomes), more efficient (less waste) or more person-centred (caring, compassionate, fitting with person/family wishes).

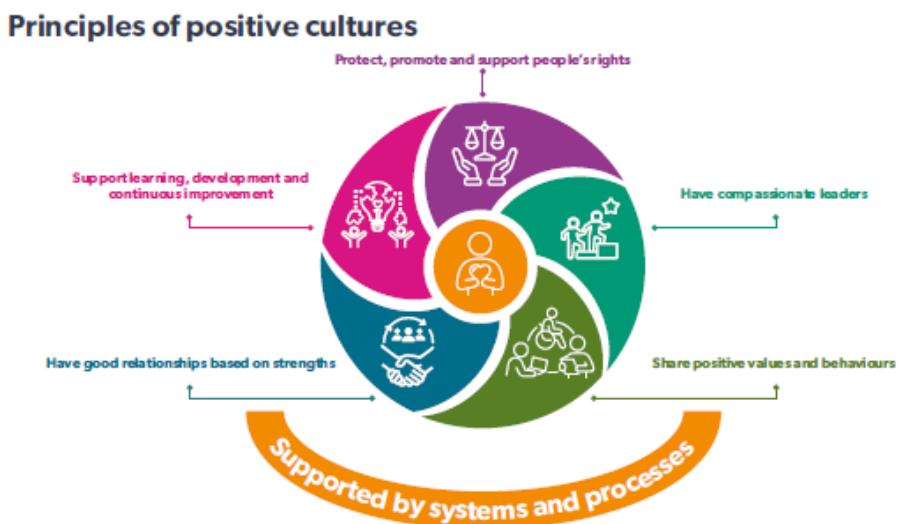
Improving quality of care doesn't happen by accident, it involves individuals, teams and organisations looking at how making changes to the way they work can improve care. Improving care is often about changing habits. Sometimes a small change can make a huge difference.

A well-planned, structured approach to improvement will give you a better chance of being successful. *"The journey to improvement is never one that we should think of as being 'complete'. The moment we think that, we actually start to miss the issues that might arise."* Skills for Care

Creating a culture to improve

Improvement thrives in a positive workplace culture, built on clear values and strong compassionate leadership. Everyone in the organisation should be involved in making improvements.

With SCW we have developed a Positive Cultures resource to support positive cultures focused on five key principles, underpinned by systems and processes. This framework can help you reflect on the culture of your service.



2. Legal context and links

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

Regulation 8

This sets out the requirements service providers to ensure there are effective arrangements in place for monitoring, reviewing and improving the quality of care and support¹² provided, in line with the Statement of Purpose. This includes identifying:

- who is responsible for ensuring this is done
- how this will be done
- how often this takes place
- arrangements for the responsible individual to report to the service provider.

It must also include seeking the views of people who use the service, their representatives, staff working at the service and the relevant authority where appropriate (such as the local authority or health board who has arranged provision of support), on the quality of care and support provided by the service and any improvements needed.

Statement of Purpose (regulation 7)

There are 82 references to the Statement of Purpose in the statutory guidance, highlighting the importance of this document. It must clearly describe the aims and objectives of the service, the care and support it provides, how and where they are delivered, and the arrangements in place to support delivery. Through their visits to the service and the quality of care review, RIs should be able to evidence how they are delivering the Statement of Purpose.

Positive culture (regulation 6)

The statutory guidance for the 2016 Act was amended in March 2024 and includes reference to equality and positive cultures. Service providers must have clear arrangements for the oversight and governance of the service to promote a compassionate culture that achieves the best outcomes for people and supports staff well-being

Duty of Candour (regulation 13)

Service providers must promote a culture of candour. There are clear links with reviewing the quality of care, being open and honest about what is working well and what needs to improve. Recognising and being transparent about scope for improvements is key to establishing an open learning culture.

Responsible Individual visits (regulation 73)

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

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

The responsible individual (RI) must visit the service in person at least every three months to meet with people to monitor the performance of the service in relation to its statement of purpose and to inform the quality of care review.

They must ensure visits are logged and documented, including evidence of:

- the date of the visit
- details of discussions with staff and people using the service
- details of records reviewed, and
- details of the outcome of the visit such as actions taken or needed to improve the service

Engagement with people (regulation 76)

The RI must have accessible arrangements for gathering feedback from people using the service, their representatives, staff, and commissioners.

Their views must be reported to the service provider and taken into account in the quality of care review report, to inform plans for improvement.

Quality of care review (regulation 80)

The RI has a legal responsibility to establish and maintain a system for monitoring, reviewing and improving the quality of care and support provided by the service. This is known as the 'quality of care review³'. This should take place as often as required, but at least every six months.

The review should be informed by the three monthly visits by the RI.

The review must include:

- consideration of the outcome of the engagement with people
- analysis of the aggregated data on the incidents, notifiable incidents, safeguarding matters, whistleblowing, concerns and complaints;
- review of any action taken in relation to complaints; and
- consideration of the outcome of any audit of the accuracy and completeness of records.

On completion of a review of the quality of care and support, the RI⁴ must prepare a report to the service provider (unless the provider is registered as an individual). This is known as the quality of care review report and must include an assessment of the standard of care and support provided along with recommendations for the improvement of the service.

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

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

When making any decisions on plans to improve the quality of care and support, the service provider must take into account the views of those consulted and have regard to the quality of care review report prepared by the RI.

Annual Returns (regulation 81)

There is a clear link between the quality of care review and the service provider's annual return. Service providers are required to submit an annual return following the end of each financial year. The annual return must include the information set out in section 10 of the 2016 Act and the annual return regulations made under the Act.

This includes the provision of a statement of compliance with the requirements as to the standards of care and support set out within the regulations. The RI is responsible for preparing and is accountable for the quality and accuracy of the information provided in the statement of compliance within service provider's annual return. It should be informed by, and reflect, the RI visits, quality of care reviews and quality of care reports.

3. Carrying out the quality of care review

Who is responsible for the quality of care review?

There are clear lines of accountability, responsibility and delegation between the service provider, responsible individual and the manager⁵. In short:

- Service Provider: Drives improvement and ensures systems are in place for quality assurance and acts on findings set out in quality of care review report.
- Responsible Individual (RI): oversees quality and compliance, ensures evidence-based analysis and prepares the quality of care review report for the provider.
- Manager: Manages day-to-day operations and implements actions from the review. They may assist the RI in reviewing quality of care.

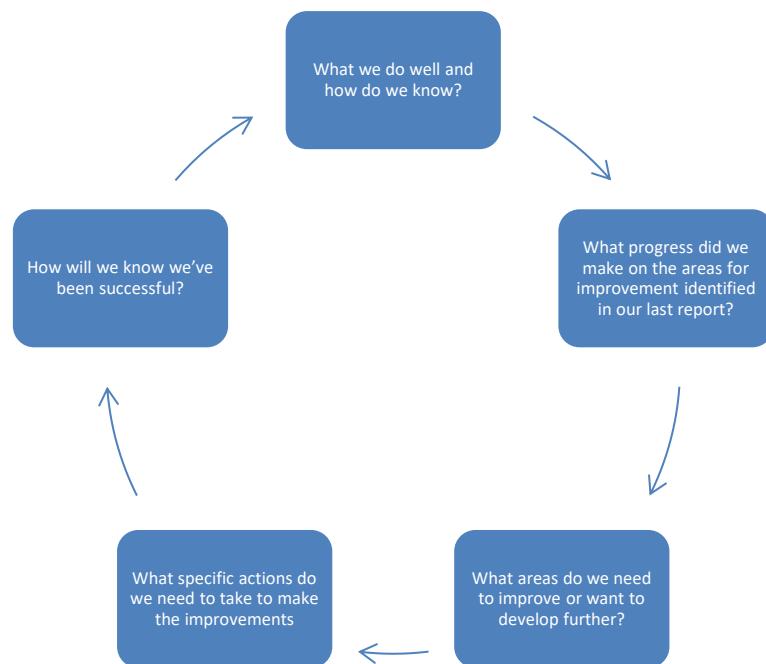
What an effective quality of care review involves

An effective quality of care review is a valuable improvement tool and should:

- Assess whether people's rights are met and personal outcomes achieved.
- Analyse evidence from feedback, incidents, audits, and other sources.
- Identify priorities for improvement and plan actions.
- Monitor and evaluate progress.

⁵ The manager who has been appointed by the responsible individual

A thorough review triangulates evidence from various sources, including the three monthly RI visits, identifies improvement priorities, plans actions, and monitors progress to enhance personal outcomes and service quality.



Quality standards

It can be useful to establish clear quality standards and performance indicators for the service, reflecting the statement of purpose and relevant regulations, although this is not a legal requirement.

Standards clarify what people have the right to expect from the service and demonstrate the impact of the service on the people who use it.

Being able to measure, collect and analyse information in relation to quality standards will provide evidence to inform action planning for service improvement.

It may also be useful to consider how well you're doing in relation to the principles of Positive Cultures

- Protecting, promoting and supporting people's rights
- Being compassionate leaders
- Having positive value and behaviours
- Having good relationships based on strengths
- Supporting learning, development and continuous improvement

Gathering evidence

You should have systems and processes to enable you to gather evidence about how the service has enriched people's lives and/or helped them to meet their well-being outcomes.

This must include:

- the outcome of the engagement with people
- analysing the aggregated data on incidents, notifiable incidents, safeguarding matters, whistleblowing, concerns and complaints
- issues and lessons learned in the analysis of complaints and safeguarding matters
- patterns and trends identified through the analysis of incidents or near misses, for example, falls or medication errors, safeguarding risks, records of control or restraint
- audits of records, including personal plans

You should seek information from a variety of sources to ensure conclusions are based on triangulated evidence. Suggestions are outlined below.

People who access care and support, their family and friends, and those advocating on their behalf all play a unique role in identifying what is working well and what needs to improve, coming up with solutions and ensuring any changes bring better outcomes. Services that use people's views to improve, tend to have positive cultures that are open, transparent and inclusive.

It's important to provide multiple channels for people to share their feedback, ensuring all voices are heard.

- Ask people if plans for their care truly reflect who they are, their outcomes and how they wish to be supported? This will ensure the services can be tailored to meet the needs and wishes of people.
- Record how people who use the service have been involved in its design and improvements
- Involve team members. Ask if they feel confident and have the tools needed to do their jobs properly? Are the right structures in place to listen to them and empower them?
- Monitor staffing levels, staff satisfaction levels and identifying any specific staffing issues, such as vacancies, rota issues, availability and quality of training, contractual arrangements, professional registration, supervision outcomes and sickness levels
- Consider records, including personal plans, compliments, audits, near misses and incidents
- Consider outcomes of any actions to improve the service or of any investigations within the service
- Review outcomes in relation to tracking, investigating and monitoring events such as safeguarding incidents and complaints
- Consider findings of inspection reports from regulators or reports from commissioners.

Analysis

Review your service, analysing the evidence gathered to form conclusions about performance and achievement of outcomes.

- Does your service help you achieve the mission, vision and objectives as set out in the Statement of Purpose?
- Does your service meet the needs of the people you support?
- How well is the service performing (including quality standards / key performance indicators if you have these)?

To answer these questions, you should consider:

- comparisons made with the outcomes of previous quality of care reviews
- any patterns and trends identified
- any emerging issues,
- improvements made since the last review
- any lessons learnt including from incidents or previous improvement activity

This analysis should enable you to identify what works well and where there are gaps. This will inform recommendations for driving improvement across the service.

There should be arrangements in place to enable effective monitoring of any action plan to address areas for improvement.

4. Quality of care review report

The quality of care review report is **prepared** by the RI for the service provider, including its Board members (where applicable) every six months.

The report should set out how the service is performing, where it can improve and the actions needed reflecting the evidence and analysis set out in section 2.

Whilst the RI is accountable for the content, findings and conclusions of the report, they may ask other people to assist them in preparing it.

We have developed a report template service providers may wish to follow. This is designed to assist you in meeting your statutory responsibilities but there is no requirement to follow it. RIs have autonomy to use what they feel works for their services, whilst ensuring the areas in the bullet points above are addressed.

The template is provided at [Annex F](#) and aligns the report with the four key themes considered during inspection.

- well-being
- care and support
- environment (not relevant for domiciliary support services)

- leadership and management

Considering the lines of enquiry within CIW's inspection framework will help to ensure a comprehensive review of the quality of care you provide.

Annex D contains examples of information to include. *This is not an exhaustive list, and you are encouraged to consider other examples relevant to your service when producing the quality of care review report.*

You may find it helpful to rate your service in relation to each theme. This could be using CIW's ratings descriptors or a 'Red, Amber, Green' traffic light system. A summary of CIW's descriptors is contained in annex E.

You don't need to send a copy of the report to CIW unless requested to do so (for example, as part of an inspection).

There may be others with an interest in its content, and you may wish to share it with them. For example

- The management team and staff
- people using or wishing to use the service, and or their families or representatives and members of the public
- commissioners of services or authorities who purchase and monitor social care provision

However, there is no legal obligation to share the report with those listed above, unless the service provider wishes or is contractually obliged to do so.

Annex A - Hints and Tips: Dos and don'ts (*adapted from Estyn*)

Do

- develop a learning culture that promotes continuous improvement
- use evidence-based practice to innovate and improve
- be reflective, open and honest
- involve and listen to people who use the service, their families, staff and other stakeholders
- use a good range of approaches to gather reliable evidence
- retain and build on existing and effective practice
- keep progress against improvement priorities under review

Don't

- focus solely on the quality of paperwork
- make self-evaluation an event (rather than a continuous process)
- separate self-evaluation from other improvement processes
- focus on a narrow range of data
- make self-evaluation the responsibility of senior leaders only
- judge everything
- make things appear better than they are

Annex B - Useful resources

Care Inspectorates Wales Inspection framework [250508-framework-Inspecting-Adult-and-Children-en.pdf](#)

Supporting Positive Cultures - [Guide: supporting positive cultures - Social Care Wales - Research, Data & Innovation](#)

Care Inspectorate Scotland [Self evaluation for improvement - your guide.pdf](#)

Skills for Care [Guide to improvement](#) – whilst focused on CQC, there is useful content on improvement and self evaluation

Social Care Wales [Our evidence offer | Social Care Wales](#)

[Social Care Institute for Excellence \(SCIE\)](#)

NICE [Quality standards | Standards and Indicators | NICE](#)

[Overview | Home care for older people | Quality standards | NICE](#)

[Quality improvement resource for adult social care | Social care | NICE Communities | About | NICE](#)

Annex C - Related legislation

Regulation and Inspection of Social Care (Wales) Act 2016	http://www.legislation.gov.uk/awn/2016/2/contents/enacted
The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017	https://www.legislation.gov.uk/wsi/2017/1264/contents/made
The Regulated Services (Annual Returns) (Wales) Regulations 2017	http://www.legislation.gov.uk/wsi/2017/1097/contents/made
The Regulated Adult Placement Services (Service Providers and Responsible Individuals) (Wales) Regulations 2019	http://www.legislation.gov.uk/wsi/2019/163/made
The Regulated Advocacy Services (Service Providers and Responsible Individuals) (Wales) Regulations 2019	http://www.legislation.gov.uk/wsi/2019/165/contents/made
The Regulated Fostering Services (Service Providers and Responsible Individuals) (Wales) Regulations 2019	http://www.legislation.gov.uk/wsi/2019/169/contents/made
The Regulated Adoption Services (Service Providers and Responsible Individuals) (Wales) Regulations 2019	http://www.legislation.gov.uk/wsi/2019/762/contents/made
The Special School Residential Services (Service Providers and Responsible Individuals) (Wales) Regulations 2024	The Special School Residential Services (Service Providers and Responsible Individuals) (Wales) Regulations 2024 (legislation.gov.uk)
The Regulated Services (Special School Residential Services) (Wales) Regulations 2023	https://www.legislation.gov.uk/wsi/2023/1327/contents/made
The Regulated Services (Service Providers and Responsible Individuals) (Wales) (Amendment) Regulations 2024	The Regulated Services (Service Providers and Responsible Individuals) (Wales) (Amendment) Regulations 2024 (legislation.gov.uk)

Annex D - Examples of what to include in report of Quality of Care review

Engagement: A summary of arrangements in place to support engagement with people who use the service, families, staff and other professionals. Analysis of the views gathered including during 3 monthly RI visits. Actions taken as a result of feedback.

- **Statement of purpose:** evidence of how you are achieving the mission, vision and objectives set out in your Statement of Purpose
- **Patterns and trends** identified through the analysis of data on incidents, accidents or near misses, for example, falls or medication errors; safeguarding risks; records of control or restraint; whistleblowing; concerns and complaints; along with issues identified and lessons learned
- **Upholding people's rights:** Evidence of the extent to which people's rights are being met, for example how people contribute to decisions that affect their lives, access healthcare, and how matters relating to equality, diversity and inclusion including Welsh language are addressed.
- **Staffing:** Data in relation to recruitment, retention and staffing levels; sickness rates, numbers of staff receiving training, outcomes arising from evaluating the effectiveness of training, supervision and/or appraisal outcomes.
- **Safeguarding:** Evidence of effectiveness of safeguarding. This could include data on number of referrals made, outcomes of investigations, number of whistleblowing incidents, referrals for authorisation for deprivation of liberty safeguards; follow up on outcomes and learning demonstrated as a result.
- **Quality assurance:** Results of quality audits and details of actions taken/improvements including
 - Care and support plans
 - Improvement plans
 - Compliments and Complaints
 - Medication
 - Safeguarding
 - Health and safety
- Performance against any other internal quality standards.

Annex E - Summary of CIW rating descriptors

An 'excellent' rating means, with few exceptions, the service is outstanding. This could be for exceptional leadership, for care and support that puts people at the centre of everything they do, or for making a significant positive difference to people's well-being.

A 'good' rating means the service is consistently safe, caring, and meets people's outcomes through reliable practices with positive results.

A 'requires improvement' rating means the service sometimes falls short of expected standards with inconsistent practices and areas that need strengthening to ensure people's safety and well-being.

A 'requires significant improvement' rating signals the service is rarely effective, has weak or inadequate leadership, and significant gaps in care that risk people's safety and wellbeing. Immediate action is needed to make improvements.

For more detail see CIW's inspection framework: [250508-framework-Inspecting-Adult-and-Children-en.pdf](https://www.gov.uk/government/publications/250508-framework-inspecting-adult-and-children-en.pdf)

Annex F - Quality of care review report template

Well-being
<ol style="list-style-type: none">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 neglect3. People are informed about how to raise concerns in a way that suits their communication needs.4. 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.5. People live in accommodation that supports their well-being outcomes
What do we do well and how do we know?
What has changed or improved since the last review?
What areas do we need to improve or want to develop further?
What specific action do we need to take to improve and how will we measure our progress?

Care and Support

6. 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.
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.

What do we do well and how do we know?

What has changed or improved since the last review?

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

What specific action do we need to take to improve and how will we measure our progress?

Environment (not domiciliary support services)

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. 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.

What do we do well and how do we know?

What has changed or improved since the last review?

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

What specific action do we need to take to improve and how will we measure our progress?

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.
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.
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.

What do we do well and how do we know?

What has changed or improved since the last review?

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

What specific action do we need to take to improve and how will we measure our progress?