Guidance for inspectors
How we inspect care services

This guidance gives you an overview of:
- Each stage of the **key inspection cycle** – from planning, to fieldwork and reporting
- The different types of inspections we do – **key, random and thematic**.

You will need to read this guidance in conjunction with specific guidance such as ‘**Using the inspection record**’ and ‘**How we write reports**’ to get a more detailed understanding of particular stages.

**Main points**

1. The way we inspect enables us to be **proportionate**, **targeted** and to focus on what really matters to people. We assess the quality of **outcomes** that people experience, and continually ask ourselves ‘so what does this evidence mean for the people who use the service?’

2. A **proportionate** approach to inspection is not just about the frequency of inspections. It also informs the style and timing of inspection work. For example, a proportionate approach to evidence gathering means we make a judgement when we have successfully triangulated **sufficient** evidence. And it uses other techniques such as sampling and testing to gather evidence rather than assessing 100% of a process or procedure.

3. Regulation is a **cycle** of activity rather than a series of one-off events. Key inspections are an essential element of our inspection cycle, supported by the ongoing link inspector function. We publish a quality rating resulting from every key inspection.

4. On occasions we may undertake a random inspection, with a local area manager’s agreement. This is a short focussed inspection that includes a site visit. Random inspections do not, in themselves, result in a change of a quality rating. A change of rating occurs only after a key inspection.

5. A local area manager will set up an inspection on the system. But when there are specific medication issues that require some inspection activity that is separate from the key inspection, the local area manager will liaise with the regional lead pharmacist to take this action.
6. A lead pharmacist can initiate and launch a random inspection when this is part of the strategy to carry out controlled drugs inspections on a 10% sample in line with government guidelines.

7. We also carry out thematic inspections where corporate themes and priorities are taken forward and assessed in a sample number of adult care settings. As well as resulting in a short individual report for the service that is inspected, we also produce a national report based on the findings of the sample.

**Guidance on key inspections**

| What is a ‘key inspection’? | • A key inspection is a major evaluation of the quality of a service and any risk it might present.  
|                           | • It always focuses on the outcomes for people using it.  
|                           | • All key NMS must be reported on in the key inspection report as evidence of the outcomes.  
|                           | • The key inspection is our assessment of risk. There is no separate risk assessment process following the inspection. |

| What does the key inspection cycle involve? | • All key inspections include the following stages:  
|                                            |   **Stage 1**: Planning and mapping of evidence  
|                                            |   **Stage 2**: The involvement of people who use services  
|                                            |   **Stage 3**: Fieldwork activity (including a site visit)  
|                                            |   **Stage 4**: Consolidation of evidence  
|                                            |   **Stage 5**: Making judgements on outcomes  
|                                            |   **Stage 6**: Awarding a quality rating  
|                                            |   **Stage 7**: Reporting and closing down  
|                                            | We will go over each key inspection stage in detail from page 4. |

| When does a key inspection start and finish? | • The key inspection starts at the planning stage.  
|                                           | • It is only finished when we publish the report and the inspection record is complete. |

| How long should a key inspection take me? | • We have allocated an **average** resource of just over 3 days for the planning, fieldwork and reporting of our key inspections.  
|                                          | • This is a guide – the time needed for any particular inspection will vary and will be proportionate to the issues identified at the planning stage.  
|                                          | • Smaller services may need less than this level of resources and larger services may need more.  
<p>|                                          | • However, a local area manager should agree when more than 3 days is necessary. |</p>
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<td>• ICAP formally introduces ‘workflow’ to the way we work. ‘Workflow’ is the process of moving a work item from one step to the next.</td>
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<td>• Each process has a start and an end point and the movement through each step will usually be automated by ICAP (we will still have some manual processes in place that are detailed on our intranet).</td>
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<tr>
<td>• Each service has a folder with sub folders for registration, concerns, complaints and allegations, inspection and enforcement.</td>
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<tr>
<td>• The inspection record folder is the place where we do all the planning, analysis and report writing of all of our inspections. This is made up of several electronic forms (e-forms) that correspond to each process step.</td>
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The stages of a key inspection cycle:

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<th>Stage 1: Planning and mapping evidence</th>
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| ● Our planning brings together all the accumulated evidence and maps it against outcomes described by NMS. This evidence may include:  
  - history of the service (including previous reports and improvement)  
  - any inspection activity since last key inspection  
  - information from the Annual Quality Assurance Assessment (AQAA) dataset (scanned in the current inspection record folder)  
  - information from the AQAA self assessment (scanned in the current inspection record folder)  
  - any statutory notifications we have received (scanned in the current inspection record folder)  
  - monthly reports (if this applies)  
  - concerns, complaints and safeguarding  
  - compliments  
  - information from other stakeholders  
  - surveys and information held on the views of people using the service since the last key inspection  
  - changes to provider policies and procedures, statement of purpose and service user guide  
  - any enforcement activity.  |
| ● Our planning work is recorded in the e-forms of the current inspection record folder. We must complete all relevant e-forms before we start our fieldwork activity.  |
| ● We develop a hypothesis for testing in each outcome group, which we then follow up.  |
| ● A hypothesis is an assumption we make about the quality of a service based on the initial evidence we have that we then test and add to through further inspection work.  |
| ● We test our hypothesis through contact with the people who use the service (stages 2 & 3) and during our site visit (stage 3).  |
| ● The analysis of AQAA is an important part of the planning stage. It gives us data and information on what the provider feels they are doing well, and where they consider they need to make improvements. We are then able to triangulate the evidence we get from AQAA with other sources.  |
| ● It is important that we manage our time effectively so that our inspections are fit for purpose.  |
| ● Our planning may indicate that we can triangulate some evidence about key NMS before our site visit. This means we can be more targeted at the site visit.  |
| ● We should not plan activity that exceeds our available resources. We may need to prioritise activity to ensure we properly evaluate the matters we decided to focus upon during the inspection.  |
Stage 2: Involving people who use services

- One of our core values that guides our work is to put people who use services first.
- To do this we need to speak and act in a way that makes sense to individuals, and respects their rights and choices. We will be guided by what they tell us, and support them to live independent lives with dignity.
- To make a judgement about the quality of a service we must seek and understand how people view and experience that service. This is a key part of our inspection process.
- Engaging with people who use services is more than asking them their views. It is also about observation, speaking with other stakeholders and ‘triangulating’ pieces of evidence in order to build up a picture of how people experience living in, or using a service.
- In order to do this effectively we need to target our ways of working to the individual needs of people using the service.
- Our planning will identify how we intend to engage with the people who use the service. To effectively engage we have to ensure our planning is thorough, so that we make the best use of our allocated time during fieldwork.
- For example, this may mean having an expert by experience as part of the inspection team to help get the views of people who use services; observing people’s experiences and wellbeing where they are unable to verbally communicate with us, or arranging for an interpreter to visit the service with us.
- We can also seek the views of people using services and other stakeholders before doing a key inspection visit by sending surveys to them.
- This information should be used to inform what we look at during an inspection or confirm our understanding of what we thought a service might be like.
- Our surveys for people who use services and other stakeholders are available on our intranet in different formats and community languages.
- We need to decide where we will meet people who use services. It may be at, or away from, their home or service. But we must take account of an effective use of our time resource.
- For example, some very good work has been done in rural domiciliary care service and adult placement scheme inspection with the provider bringing together a group of people who use the service in a day centre. The inspector was able to talk to them as a group about their views rather than visiting each of them individually in their own homes.
- We have a range of stakeholder engagement tools on our intranet to help you to engage with people more effectively.
- These can be found under ‘Inspection’, ‘Stakeholder Engagement’.
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<th>Stage 3: Fieldwork activity</th>
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<tr>
<td>• As a general principle our key inspection site visits are <strong>unannounced</strong>.</td>
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<td>• It can occasionally be announced where there are very good reasons to do so. This could be because we want to ensure a manager is at the agency offices, or that people who use services in a care home will be available.</td>
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<tr>
<td>• Our announced visits should be by ‘short notice’. This could be a few hours or a days telephoned notice of a visit.</td>
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<td>• The purpose of the key inspection site visit is to engage with people using the service and it’s staff, to observe the service in action, and to check on significant changes to the premises.</td>
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<tr>
<td>• We should not routinely use a site visit to read policy documents or procedures; we should use our time to see how they affect people using the service.</td>
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<tr>
<td>• We can also compare relevant policies or procedures with actual practice if we find a problem.</td>
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<tr>
<td>• We need to consider when we have ‘enough evidence’. For example, if we have successfully triangulated evidence we should not need to spend time on the site visit looking for more evidence.</td>
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<tr>
<td>• What we want to understand when we visit the service is the quality of people’s experiences. What does it feel like to live in the home, or use the agency?</td>
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<td>• There should be no surprises for the provider when they get our draft key inspection report.</td>
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<tr>
<td>• If we are able to do so, and if we are confident that the evidence supports it, we can tell the provider or manager what the judgement for each of the outcome groups are likely to be.</td>
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<tr>
<td>• We should however explain that we have not yet completely finished the key inspection and that we may need to do further analysis and evidence mapping before we draft our report.</td>
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<td>• Our feedback to the provider should always include areas of strength or good practice, as well as areas for improvement.</td>
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<td>• If we have specialist involvement, for example a pharmacist inspector forms part of the inspection team, their findings are incorporated into the report.</td>
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Stage 4: Consolidating important evidence

- Stage 4 of the process is the final evaluation of evidence we gathered during the inspection process, from planning and surveys to fieldwork.
- We must decide what it all means, and draw out the key points of evidence, taking the key NMS into account.
- We need to be sure that we have made sense of the evidence and can provide an audit trail showing how we resolved any conflicting information. We need to review evidence to ensure that we have gathered all we need to enable us to reach a judgement based on triangulated evidence.
- It is vital that our evidence is triangulated, to ensure that each judgement about an outcome is properly supported. We should describe our evidence in an objective way.
- Where there is a significant gap in the evidence we should undertake further work to fill it, or explain on the inspection record why we are unable to do so.
- There may be instances where, for example, the registered manager is not present at the time of the inspection visit, and a piece of evidence cannot be located. Providing there is a good reason for this, you may take account of evidence that is subsequently produced within 48 hours of the site visit.
- We should record our evidence in the ‘post-fieldwork analysis’ section of the inspection record. This has been described by some inspectors as a ‘thinking box’ and includes significant evidence that supports our judgement or evidence that we want to keep for our audit trail.

Pharmacist inspectors:

- Similar to generic inspectors you need to select the key pieces of evidence to uplift to the report. Your analysis of this evidence must be outcomes focussed in that it addresses the ‘so what’ question throughout. Based upon this analysis you will form a professional opinion about how medicines are handled within the service and the level of risk to people. The generic inspector will use your conclusion to inform the overall judgement that is given for that outcome area. The findings from pharmacist inspections do not produce an overall outcome judgement in their own right.
Stage 5: Making a judgement on outcomes

- When we undertake an inspection we make a judgement about the quality of a care service against each of the NMS outcome areas. The judgement is a reflection of the level of risk for people receiving the service and the quality of outcomes they experience.
- Judgements form the cornerstone of our inspection reports. They are critical in providing accurate information for members of the public and for determining our inspection programme for each service.
- How judgements are made is key to promoting consistency, proportionality and transparency, as they are the link between the evidence, the summary, requirements and overall quality rating. A good judgement always has the experience of users at its centre.
- We will always use Key Lines of Regulatory Assessment (KLORA) when making judgements. These provide us with a description of what the NMS may look like in practice and allow us to compare our accumulated evidence for the service. This means we are making robust, consistent judgements to inform the quality rating.
- When writing judgements we should always ask the “so what” question: so what is the relevance of this judgement to the people who are using the service?
- Judgements must only be made from robust, well-triangulated evidence. Any particularly contentious judgement should be discussed with a local area manager before we send the report to the provider. When a pharmacist inspector has been involved, we discuss and agree how their evidence relates to our judgement.
- The judgement section for each outcome area of the report begins with a standard sentence descriptor of the outcome. This is fixed text within the inspection report. All you need to do is tick ‘excellent’, ‘good’, ‘adequate’ or ‘poor’ within the inspection record for it to pre-populate the judgement sentence in your report.

“People who use the service experience excellent*/good*/adequate*/poor* outcomes in this area. We have made this judgement using available evidence including a visit to this service.”

- After choosing ‘excellent’, ‘good’, ‘adequate’ or ‘poor’ as our rating we add a sentence or two to clarify our judgement on the specific outcomes for each area.
- It is important that the evidence section under each outcome informs and fully supports a judgement we have made.
- Although we will continue to score in the inspection record we will not publish these in our key inspection reports. This is because we want the report to focus on outcomes. We will send the provider a separate report showing their NMS scores.
Stage 6: Awarding a quality rating

- In Stage 6 we arrive at an overall quality rating for the service. From January 2008 after each key inspection we will be publishing providers quality rating. This will be in the form of an overall judgement descriptor and stars:
  - ‘Excellent’ services will be awarded 3 stars
  - ‘Good’ services will be awarded 2 stars
  - ‘Adequate’ services will be awarded 1 star
  - ‘Poor’ services will be awarded 0 stars
- We will only change quality ratings after a key inspection. Events between key inspections may bring the rating into question. For example, we might do a random inspection to follow up a serious complaint and conclude that there may be significant problems across the service. In these circumstances a local area manager may decide that a full key inspection is necessary. The evidence from this may indicate that the rating should be changed.
- We decide our overall quality rating by applying the “rules based” approach. This will:
  - Ensure a consistent and accountable approach to awarding a quality rating;
  - Manage the opportunity for providers to request a review of their quality rating.
- Inspectors must use the quality rating judgement tool to determine the overall quality rating. You download this from the intranet and, once completed, save it in the inspection record folder.
- Local area managers must agree each new inspector’s first three overall quality ratings prior to them being shared with the provider. And local area managers must agree every quality rating where there is a significant change from the previous rating.
- After that local area managers will review quality ratings as appropriate to the inspector’s experience, confidence and skill. They must, however, review at least one quality rating a month of each inspector as part of the normal quality review process for inspection reports.
- Inspectors should discuss the quality rating with their managers if they feel there is a strong possibility that the rating will be challenged.
- We will continue to send our draft reports to providers for their comments on the factual accuracy of our evidence. If a provider is not happy with their quality rating we would first expect them to raise this with the lead inspector at the factual accuracy stage.
- The overall quality rating will inform future inspection frequencies.
Stage 7: Reporting and closing down the key inspection

- Our key inspections are not complete until we have published our inspection report.
- We now write all of our planning, post fieldwork analysis and report writing in the current inspection record folder. The ‘evidence summary’ section then pre-populates the inspection report.
- If we want to make any changes to our inspection report, we must make them in the relevant e-forms in the current inspection record folder.
- We must write our reports in an outcome focused way – ‘so what does this evidence tell me for the people using the service?’ We have re-described the NMS in a more outcome focused way so they focus on the experiences of people who use the service.
- Normally we would finish collecting evidence for the key inspection at the site visit (although clarifying evidence may come from the provider, for example, a couple of days after the key inspection site visit that we can use).
- If we receive evidence after the site visit that is not about our current key inspection, we can open a new inspection record and record this evidence there. We would then use that evidence for the next key inspection. This would mean that for a short period, in exceptional circumstances, we would have 2 inspection records open for the same service.
- We publish a service’s overall quality rating for key inspections carried out from January 2008.
- If you produce a report on the R&I system (the service has not yet “migrated” to ICAP) we will need to write the service’s overall quality rating in the summary section of the report. This will be automatically generated for us when we write reports on ICAP.
- While providers are not able to challenge our judgements, they are able to challenge the accuracy of the information, the evidence we used to arrive at our judgements and the process we have followed. The judgements made in our inspection reports are those of the Commission alone. However, we must listen when providers say that we have made an error in our evidence. We must check our evidence and either make changes where we find inaccuracies, or explain to the provider if we do not agree with their argument. Changes in evidence may or may not lead to a change to our judgements.
- When writing our reports we must ensure we use our Key Lines of Regulatory Assessment (KLORA) to ensure our judgements are fair, consistent and proportionate. Our KLORA are on our website so providers can also see how we come to our judgements.
### Stage 7: Reporting and closing down the key inspection

- If providers do not agree with our quality rating for their service, and we have tried to resolve this at the factual accuracy stage, they are entitled to request a review of their overall rating.
- They can do this, under specific grounds, at the draft stage of the report.
- Their request will go to a central team who will either accept or reject it. If the request meets specific grounds they will accept the request and review the evidence that we used to come to our judgements. The central team will either uphold our quality rating, or ask us to change it.
- We will not publish the final report until the request for review process has been completed.
- We will continue to ask providers of services we have rated as 0 stars ‘poor’ to produce an improvement plan describing how they will meet the requirements we identified in our report. We will use our judgement to decide whether providers with an overall rating of 1 star ‘adequate’ need to provide us with an improvement plan. In these circumstances we will consider the evidence, level of risk and the capacity of the provider to improve without our intervention.
- We will close the inspection when we have published a final report and the record is complete.
- A bar chart will be displayed in the summary section of the report (generated by our ICAP systems). This visually shows how well a provider is meeting each outcome area and is informed by our judgements.

### Additional clarification of key processes

#### You describe in the planning stage that a hypothesis approach is a key part to inspection. What do you mean by this and why is this necessary?

- We need to be not only effective but also efficient in the way that we inspect. This means thinking really carefully about how we can apply a proportionate approach when carrying out key inspections.
- To use the time available to the best advantage for people who use services, we must focus our activity on the key quality issues for that service.
- To achieve this we cannot carry out a site visit with a blank canvas. We must focus our activities on what really matters to people who use services. By developing hypotheses we can target our activities both in terms of what to look at, and in what depth.
- In plain terms a hypothesis is an initial opinion that we form at the planning stage. It indicates how that service is performing and the outcomes for people who use it based on the pre fieldwork evidence. We test this initial impression by gathering evidence at the site visit. Please see inspection record guidance for examples of hypotheses.

#### What happens when we don’t do a key inspection within a 12-month period?

- We carry out an Annual Service Review on good and excellent services where we have not carried out a key inspection in that year.
- The ASR provides a report on the current position of a service and helps to assure ourselves that the service is still performing as well as when we did the last key inspection.
- The ASR process is how we review the cumulative evidence of a service received in the last 12 months, including the AQAA.
- It is the formal way that we declare our official position regarding a service when there has been no key inspection report.
- Please see separate ASR guidance for further information.
### Additional guidance for agencies

| I have inspected a Domiciliary Care Agency that is only an employment agency. None of the NMS in the Protection outcome group apply. How do we make a quality rating? | • Although this outcome group is about safety and management, it does not apply to these agencies. You should:  
  o Leave the judgement blank, and  
  o Put in the evidence summary box “When we inspected this agency it was only operating as an employment agency, so the standards in this section (and the regulations linked to them) did not apply.”  
  • In the quality rating tool, you should use the option “not inspected”. It will then not include this outcome group when it calculates the rating. |

| For a nurses agency, there are outcome groups that do not include key standards. How do I record this and does it affect the quality rating? | • The NMS in the Information and Registered Persons groups are not key standards.  
  • If you have not inspected either of these standards, you should leave the judgement(s) blank and put in the evidence summary box “We did not inspect the standard in this area.”  
  • In the quality rating tool, you should use the option “not inspected”. It will then not include this outcome group when it calculates the rating. |

### Guidance on random inspections

| What is a ‘random inspection’? | • A random inspection is short and specifically targeted to look at particular aspects of a service.  
  • A random inspection:  
    - should be unannounced wherever possible.  
    - can be used to follow up a serious complaint or issues in an improvement plan, or look into suggestions that people using the service might be at significant risk.  
    - can be used to follow up a significant issue arising from an Annual Service Review in a year where no key inspection is planned, or in exceptional circumstances be carried out to support the ASR process.  
    - can be used as part of an annual sample of services across all quality ratings, as decided by senior management.  
  • We will randomly inspect 5% of good and excellent services each year (please see separate operations directorate guidance on random inspections and Pls.)  
  • Random inspections do not take place each year for every service. We only use them exceptionally, and as part of planned work under the circumstances described above. |
What does a random inspection involve?

- The random inspection:
  - will be planned and its scope agreed with a local area manager.
  - will normally take no more than 7 hours to complete, including all planning, fieldwork and report writing but sometimes take less time.
  - will always result in a short form of report that we will publish from January 08.
- A random inspection **cannot** change the quality rating for a service. But it might lead us to carry out a key inspection earlier than planned if we believe there is a fundamental change in the quality of the overall service or increased risk to those who use the service.

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How does the introduction of ICAP change the random inspection process?

- We publish random inspection reports from inspections, unless there has not been a key inspection since we started publishing quality ratings and the provider has not agreed to their current rating being published.
- In these circumstances we would not publish the report, but would make it available on request. If we got a request for the random report we would need to replace the front cover that refers to the quality rating.
- Once providers have a key inspection their random report will be published.
- The inspection record folder is the place where we do all the planning, analysis and report writing of all of our inspections (including random inspections). This is made up of several electronic forms (e-forms) that correspond to each process step.

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<td>No, judgements for outcome groups are produced following a key inspection only. You will, however, reach a conclusion about how well the service manages certain areas, for example, medicines. Your conclusion will be based upon this specific evidence. You may wish to say in your report that the way that medicines are managed is ‘poor’ or ‘adequate’ etc. This is because we must always apply the ‘so what’ rule to our evidence.</td>
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<tr>
<td>This should not be interpreted as an <strong>overall</strong> judgement descriptor for that outcome area.</td>
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Guidance on thematic inspections

What is a ‘thematic inspection’?

- A thematic inspection is a targeted inspection of a type of service. It will look at a particular social care topic that has been chosen for regional or national reporting.
- In a thematic inspection the choice of topic, services and methodology will be made at a corporate level.
- The findings will be reported nationally and providers involved will receive a short report similar to that for a random inspection. We will highlight good practice and issues for improvement in the national report.

What does a thematic inspection involve?

- The thematic inspection:
  - will have specific guidance to support it, including information about the topic area, the structure and planning for the inspection and how to write the report.
  - will normally take no more than 7 hours to complete, including all planning, fieldwork and report writing but sometimes take less time.
  - will result in a report for the provider using the random report layout. The findings of the report will also inform a national report.
- The thematic inspection may include 2 parts – a ‘thematic probe’ and a ‘thematic inspection’:
  - thematic inspection: this is a specific, targeted inspection where we only inspect against a chosen topic. It usually involves a small sample of services.
  - thematic probe: inspectors will look at particular standards as part of their key inspection. This is time limited, and involves a national snapshot.
- A thematic inspection cannot change the quality rating for a service. But it might lead us to carry out a key inspection earlier than planned if we believe there is a fundamental change in the quality of the overall service or increased risk to those who use the service.

Where should I record the work I do on the thematic inspection?

- All the work we do on a thematic inspection is recorded in the inspection record for that service.
- This includes all the pre fieldwork planning, our hypothesis, the findings of our fieldwork, our analysis and our report writing.
- In this way the inspection record forms the audit trail of all our inspection activity.
- We should not use any other form of aide memoir to record our general inspection work.
- Contemporaneous notebooks should only be used in the rare circumstances when Police and Criminal Evidence Act (PACE) recording is required, normally after a caution has been issued.
- Please see guidance ‘Using the inspection record’ for further details about the process of our record keeping and keeping a robust audit trail.
| How does the introduction of ICAP change the thematic inspection process? | - ICAP enables us to publish our thematic inspection reports.  
- As stated before, all of our planning, analysis and report writing for thematic inspections are completed in the inspection record – this is made up of several e-forms that correspond to each process step. |
The ‘rules based’ approach ANNEX 1

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<th>Excellent</th>
<th>3 star ★★★ service</th>
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<td>It must be possible for a service to be ‘3 star’. In other words, the expectation is not for perfect services but for particularly good services, well managed, and with a sustained track record of high performance.</td>
<td></td>
</tr>
<tr>
<td>- Services cannot be 3 star if any outcome group is scored as being poor, <strong>and</strong>;</td>
<td></td>
</tr>
<tr>
<td>- Outcome groups relating to safety and management must be at least good <strong>and</strong>;</td>
<td></td>
</tr>
<tr>
<td>- at least one outcome group relating to safety and management must be excellent <strong>and</strong>;</td>
<td></td>
</tr>
<tr>
<td>- at least 50% of outcome groups must be judged as either good or excellent <strong>and</strong>;</td>
<td></td>
</tr>
<tr>
<td>- a brand new service cannot be excellent at the first key inspection following registration, as it would lack a track record of performance over time. By brand new we mean that the service, as it is registered, did not operate before registration. Those services can only achieve a 2 star, good, rating. <strong>But</strong></td>
<td></td>
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<tr>
<td>- There are times when a service is already registered with us but there has to be an application for registration due to changes in the way it is to be run. It will be possible for those services to achieve an ‘excellent’, 3 star, rating at their first key inspection as long as the first four bullet points are met.</td>
<td></td>
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</tbody>
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<table>
<thead>
<tr>
<th>Good</th>
<th>2 star ★★★ service</th>
</tr>
</thead>
<tbody>
<tr>
<td>A ‘2 star’ service may have some excellent outcomes.</td>
<td></td>
</tr>
<tr>
<td>- Services cannot be good if any outcome group is scored as poor, <strong>and</strong>;</td>
<td></td>
</tr>
<tr>
<td>- Outcome groups relating to safety and management must be at least good</td>
<td></td>
</tr>
<tr>
<td>- at least 50% of outcome groups must be judged as at least good</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Adequate</th>
<th>1 star ★★★ service</th>
</tr>
</thead>
<tbody>
<tr>
<td>A ‘1 star’ service may have some outcomes that are good, even excellent.</td>
<td></td>
</tr>
<tr>
<td>- Outcome groups involving safety and management must be at least adequate <strong>and</strong>;</td>
<td></td>
</tr>
<tr>
<td>- at least 50% of outcome groups must be at least adequate</td>
<td></td>
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</tbody>
</table>
The outcome groups relating to safety and management in different service types are:-

<table>
<thead>
<tr>
<th>Poor 0 star service</th>
<th>A ‘0 star’ service may have some strengths. It may have some good or even excellent outcomes, or it may be a generally low performing service. The key issue is that it does not perform as a safe service.</th>
</tr>
</thead>
</table>
| Care Homes for Older People | - Health and personal care  
- Complaints and protection  
- Management and administration |
| Care homes for Younger Adults | - Personal and healthcare support  
- Concerns, complaints & protection  
- Conduct & Management of the Home |
| Domiciliary Care Agencies | - Personal care  
- Protection  
- Organisation and running of the business |
| Nurses Agencies | - Complaints and protection  
- Management and administration |
| Adult Placement Schemes | - Managing an adult placement scheme |