



**Self-evaluation for
improvement –
your guide**

The background

We are developing quality frameworks for the different types of care settings. We began in 2018 with the framework for care homes for older people and we will have launched all of the frameworks by the end of 2020. These quality frameworks help services evaluate themselves. Our inspectors use them too, to evaluate the quality of care during inspections and improvement planning.

Each framework presents several quality indicators that sit under a series of key questions. Each quality indicator comes with two illustrations; one describes very good practice and the other describes weak practice. By comparing your own performance with these illustrations, you can identify what is working well and what you need to improve to support better outcomes for people experiencing care.

What this guide is for

We support improvement and we want to empower services to evaluate their own performance. This guide helps services across all care settings understand how they can do that. We believe that self-evaluation can be a powerful tool to identify what's working well and to identify and support improvement. We want all services to undertake self-evaluation. We see self evaluation as a process that the care service leads on and it is for you to determine the frequency and focus of your self-evaluation. Self-evaluation is not undertaken for the benefit of the Care Inspectorate; it should be used by you to inform and understand where you need to target your efforts to support improvement.

For some services, self-evaluation could be undertaken continuously, on a planned, ongoing basis. For others, self-evaluation could be undertaken on a two- or three-yearly basis. When selecting an area for self evaluation, you might want to focus on the performance of a team, a particular process, or the experiences evidenced from comments and complaints you have received. There are services that are provided by one person or by a very small team. For you self-evaluation is no less valuable but you may need to adapt the approach described here to suit your service.

The improvements you have planned for your service, based on the evidence you have found through self-evaluation, should be detailed in an improvement or action plan. We will not routinely ask you to submit an improvement or action plan but we may ask for a plan as part of our scrutiny of your service.

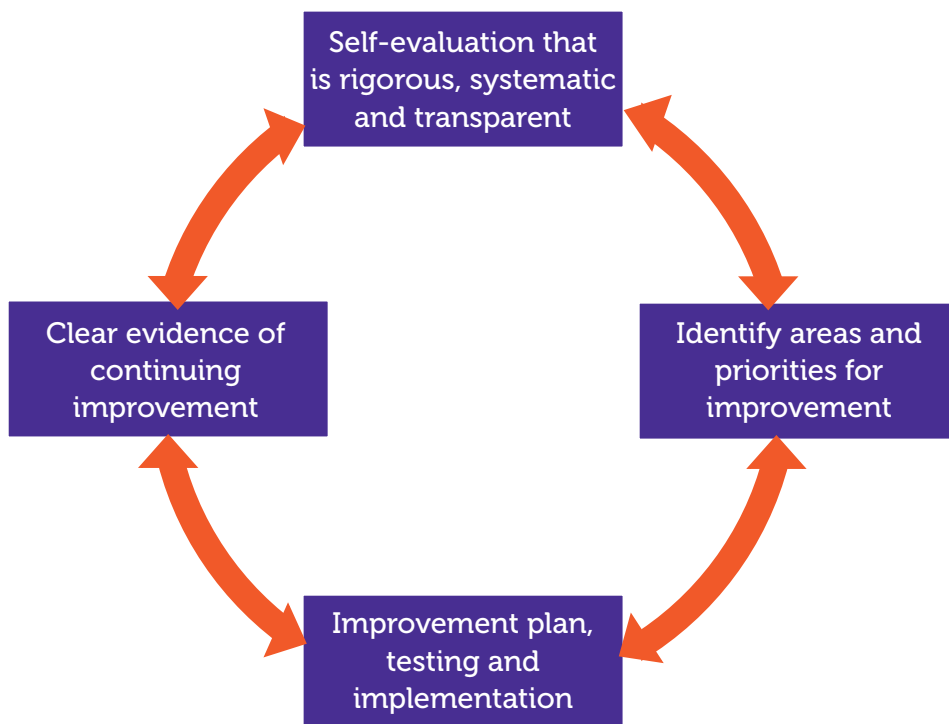
1. What is self-evaluation?

Self-evaluation is central to continuous improvement. It enables care settings to reflect on what they are doing so they can get to know what they do well and identify what they need to do better.

Self-evaluation is about testing changes and ideas for improvement to see what works best for your service whatever its type or size so that you can then implement good practice and support innovation. The process involves reflection, conversations, challenge and support so you can make informed decisions about how your service makes a positive difference to people's lives by delivering better outcomes. Rather than a one-off activity that you do to prepare for inspection, it is an ongoing process throughout the year that leads to continuous improvement.

On any improvement journey it is important to see how changes have led to improvements. Self-evaluation establishes a baseline - a starting point - from which you can put in place plans with clear priorities for actions that will improve outcomes for people using your service. Used effectively, continuous self-evaluation helps monitor progress and measure the impact that your changes have made on outcomes - the differences made - for people.

The focus on outcomes means that self-evaluation is an essential tool to make a difference for the people who experience your service. It is a tool to understand what is working well, what needs to improve, and how you can you start your improvement journey:



2. How to use self-evaluation

Self-evaluation is based on three questions.

- **How are we doing?** – Do you understand how good your service is and the impact it has on the lives of people experiencing it?
- **How do we know that?** – Do you have evidence to show how good you are? You can look at performance measures, outcomes and processes but you should also speak to the people experiencing your service, and their families to get their views.
- **What do we plan to do next?** – What is your improvement plan? What are your improvement priorities? What changes do you plan to test out?

This diagram shows the approach:



3. Asking yourself ‘how are we doing?’

This question should help you identify your service’s strengths and begin to consider possible areas for improvement. The detail depends on what you are self-evaluating.

- Ask yourself, what difference are you making for people? Can you see the impact of your work through people experiencing high-quality, safe and compassionate care and support tailored to their needs, rights and choices?
- Where the Care Inspectorate has published a quality framework for your service type, you might want to use the quality indicators as the basis for your self-evaluation, selecting one or two of them to focus on. The Health and Social Care Standards are a useful benchmark against which to self-evaluate.
- You might have some other questions you want to ask yourself. Here are some examples to get you thinking.
 - How effective is [xx]?
 - How well do we engage with [xx]?
 - How effective are our processes for doing [xx]?
 - How good is our management and leadership?
 - What difference is [xx] making to [xx]?
- When looking at processes, ask yourself about how your service delivers its care or how the team works and the management and leadership provided to that team.
- Think about who you need to involve in gathering evidence, such as parents for childminders, managers, staff, people experiencing care, their families or carers, other partners or agencies.

4. Asking yourself 'how do we know?'

Self-evaluation relies on you obtaining and evaluating evidence. It is not enough to assume you know how you are doing without evidence.

When you are evaluating the quality of something, you need to look at a range of indicators and sources of evidence so you can ensure your evaluation reflects the whole picture.

One way to do this is through triangulation. This involves comparing one source of evidence with a second and a third. For example, if you are evaluating your staff learning and development programme, you could consider staff's evaluations of their learning and development and further evaluation of the impact this had on their practice. If you are a lone or small provider, you could for example assess how you support children's learning with written information with what children themselves think of their learning or what parents have found. You could then compare these findings with the experiences of people using your service.



The important sources of evidence are likely to include:

- performance data collected by you
- the views of people experiencing care and their carers
- the views of other stakeholders and professionals that interact with your service
- direct observation of practice
- reviewing documentation that evidences how decisions are made
- improvement data
- improvement stories.

Example 1: in a care home for older people you may wish to self-evaluate how well you prevent falls. You might look at **quantitative data** (your statistics) about falls to establish a baseline for you to measure improvement by. You might ask for the **views** of people who had fallen or who are frail to understand what works well for them. You might **observe** how confident staff are at supporting older people to move more. You might **review policies** about how physical activity and reablement are promoted. You can then compare these against benchmarks like quality frameworks from the Care Inspectorate, national guidance and local trends, and the health and social care standards.

Example 2: in an early learning and childcare setting, you may wish to self-evaluate how well children are able to play independently outside. You might **review the policies** you have in place. You might **observe** how children access the garden. You might also **speak** to children and parents to get their views. You could then compare these against benchmarks like the quality frameworks from the Care Inspectorate and Education Scotland, resource documents like My World Outdoors and Out to Play, and the Health and Social Care Standards.

- Think about where your evidence comes from. Think about the information you already collect or what is available locally and nationally. Consider and understand the views of people experiencing care and support and their carers.
- Be reasonable and realistic but robust in the types of evidence you collect. Ideally, you shouldn't have to create new evidence specifically for a self-evaluation: having proof of action or impact should already be an important part of day-to-day management and leadership in your service.
- The evidence should demonstrate your key strengths and weaknesses, areas for improvement, what works well and what could be better.

5. Asking yourself the question ‘what are we going to do next?’

This question should help you prioritise and plan improvements that are based on the evidence you found. It is about challenging yourself to think about how good you can be and how you are going to get there.

From the previous two questions, you should have a good idea of what’s working well and what needs to improve. From that knowledge, you can develop plans for improvement, prioritise what’s most important, who you need to involve, and think about any guidance, research, good practice examples, change ideas and other support you might need.

We recommend using the Model for improvement (click on the ‘Quality improvement tools and resources’ bar in the [Quality and improvement section of our website The Hub](#)) to ensure that the changes you make will actually lead to the improvements you intended. The Model for Improvement is a system for developing, testing and implementing changes that lead to improvement. It is a simple approach that anyone can apply and it:

- reduces risk by starting small
- is highly effective, and widely used across social services and the public sector.

Once you have tested your improvements and you are getting consistent and positive results, set a date for implementing them. Make sure all staff know about the changes, and when, how and where they will happen. Involve your staff throughout the process. You may need to update written guidance and policies to include any new ways of working.

Further tweaks may be required during the implementation phase using the PDSA (Plan, Do, Study, Act) process shown in the Model for Improvement. You should regularly review any data and processes to ensure improvements continue.

Remember, it takes effort and commitment to ensure your improvements are sustained.

6. Carrying out your self-evaluation

Your quality assurance processes

Some care services already have a culture and experience of evaluating their performance. This guide does not suggest you replace or add to those processes but gives you advice and ideas about how they can be effective.

The importance of leadership

Good leadership is very important in self-evaluation. Leaders can ensure that staff are empowered to self-evaluate. Leaders can create a culture where it is safe to challenge culture, staff are encouraged to reflect on their own and others' practice, and feedback is actively sought from people experiencing care.

We recommend reading the SSSC's 2016 publication [Enabling Leadership](#).

Self-evaluating as a group

There is no set way to carry out self-evaluation. You should select the people, processes and timescales best suited to your care service. In most types of service, self-evaluation is best done in a small group (perhaps five or so people). Drawing on the views and perspectives of different people is a strength and involving people who are crucial to the success of the work is very important.

We recognise there is a wide variety of service types and sizes including lone providers such as childminders and services provided by a small team. This guide is adaptable to all service types and you will be able to scale your approach up or down to take account of what will suit your service best.

A suggested step-by-step guide

- Agree who is going to be in the **self-evaluation team** (with managers, staff and others, including perhaps people who experience care or their carers/parents) and decide who will lead the process if you are part of a team. You might want to share this guide with them early on.
- Set the **scope** of the self-evaluation: decide the areas of practice you will evaluate (perhaps over the next year) and the **timescales** you will work to.
- Have a **kick-off meeting** of the self-evaluation team if you have decided on a team approach. Find a quiet space and set aside generous blocks of time. This will help you

discuss in detail the type of evidence you will look for, allocate tasks and timescales to the people who will obtain the evidence, and decide who will review the evidence initially to see what it says. You should agree how the evidence you find will be collected and recorded. Where you are not planning a team approach you can have a session or communication with the people experiencing your service and their carers or parents to talk about the evidence you will collect.

- Reconvene (perhaps a few weeks later) to hear from people who have been reviewing evidence and compare this to other information, facts or sources of evidence that you have. This is answering the self-evaluation question **'how are we doing?'**
- Examine this evidence critically, asking yourself whether it is robust, to help you identify areas that are working well and those that are not. As we publish them, our quality frameworks will help you compare your service to the 'very good' and 'weak' illustrations. This is answering the self-evaluation question **'how do we know?'**
- Agree the priority areas for improvement and identify who will be responsible for planning, testing and embedding changes if you have a team approach to self-evaluation. This is answering the self-evaluation question **'what are we going to do next?'** The people involved in planning improvements may be the same or different to your self-evaluation team if you are using a team. It should include those experiencing care and their carers as appropriate.

Record these discussions, actions and changes to help you keep track of progress. You will also be able to share them with us to help demonstrate the quality and impact of your service's leadership.

Remember, you are not undertaking this for the Care Inspectorate. You are doing this to help improve outcomes for people experiencing your care and support. Where we see that a service has identified, through self-evaluation, areas for improvement and has a plan to address them that will impact positively on outcomes, we will record this as a management strength in an inspection report. Where we identify areas for improvement that the service is not aware of or has no plan to address, this will likely impact on the evaluations (grades) we make.

7. Involving people who experience care, and their carers

The purpose of self-evaluation is to deliver positive outcomes for people experiencing care so it is important that they and their carers are at the heart of the self-evaluation process.

The views of people experiencing care may not be what you expect. Being involved can be empowering for participants and help you identify really relevant improvements. It can be a positive experience for everyone. For staff, where you have a team providing care, hearing what people value about their care and support can be deeply rewarding and re-energising. Hearing about what's not working well from the perspective of people experiencing care, particularly if expressed as experience and feelings rather than opinion or judgement, can strengthen your staff's resolve to improve.

The involvement of people experiencing care and their carers is also in line with good practice and legal requirements. It is a basic human right to be heard and to express our views. Increasingly, services are committed to continual engagement with people to find out what's working well and what could be better. Self-evaluation should make use of this activity and build upon it.

It is important to appreciate how difficult it might be for some people to take part in self-evaluation. Some may feel that the 'professionals' know best and that they have little to offer. Some may feel reluctant to discuss potential improvements as staff may see this as criticism. People may feel they can't participate if they do not know what is expected of them. so the quality of information you provide beforehand and the range of formats you offer is significant.

However, if you share with people that the service wants to improve outcomes, how important their views are to this process and how much work is involved, then people may volunteer. Equally, it is important that you do not ask too much of people and look at how best to support them to be involved. For example, people may need help to write up notes for their part of the process.

Here are some ways of involving people.

- Invite a 'representative' onto the self-evaluation group. If people do not want to sit on the group, ask if they would be part of a reference group that would share its views with someone from the self-evaluation group.
- There may be a local advocacy group that would want to be involved and represent people experiencing care. For some people, approaches such as Talking Mats, Emotional

Touchpoints or Photo Elicitation may help them be involved on a one-to-one basis.

- If the service has a closed Facebook page, this can be a good way to engage with people.

The negative view of the capabilities of people experiencing care and their capacity to make decisions is increasingly being challenged. Keep an open mind to avoid labelling people or making assumptions and work creatively in partnership with them.

Be realistic and flexible to support different people's needs including young children and older adults.

Be careful not to privilege the views of more articulate or actively involved people. When involving people in self-evaluation, it can be helpful and convenient to use existing resources. For example, if you have a residents' or carers' group, you could ask them to nominate someone for the self-evaluation group or there may be a carer or befriender who comes to the service a lot and is keen to be involved. Be careful to ensure that any representatives know they must represent the wider views and not just their own.

These checklists may help you prepare and plan to involve people.

Checklist for involving people

Questions to consider	Action taken
Why are you involving people?	
What do you want to achieve?	
What is the focus of involvement? What you are trying to involve people in?	
Who are you involving? Do some people have specific needs? For example, do they need information in picture form or do they have other communication needs?	
What resources will you need? Resources may include time, money, knowledge and skills.	
From asking people who use your service, what do they say they has been enjoyable and has worked well before when they've been involved?	
Will you provide incentives for example, hospitality? Can you build your involvement activity into something else for example, key work, social or fun activities?	
Have people been asked to get involved early enough so you decide together what and how they can be involved and influence improvement?	
Are people who use your service able to get involved?	
What time commitment do you need from people?	

Checklist for removing barriers to involving people

Identifying barriers	Action taken
Do people know they have a right to be involved or do they know that their views are sought and valued?	
What will they or their carers get out of being involved? Is the reason for this clear to them for example, to make the service better?	
Is it going to be something they enjoy?	
Do they see that things could change as a result?	
Is it difficult for people to get involved because of their age or do they find it hard to read your information or get to meetings? Do people need additional supports?	
What knowledge or skills do people need? Will you help them to learn or try out new things as a result of their involvement? People may fear that they don't know enough or that they don't have anything to contribute.	
Are the people who work in your service supportive of involvement and do they value what service users and carers have to say?	
Are the people who work in the care service aware of the ways that people can be involved?	
Do staff in your service have the necessary knowledge and skills to support involvement?	

Useful reading and links

[Quality improvement and involvement strategy 2022-2025](#)

[Our quality frameworks for all service types](#)

[Evaluation Support Scotland](#) - Evaluation Support Scotland (ESS) works with third sector organisations and funders so can measure and report on their impact. Their website gives access to evaluation tools and support.

[Our self-evaluation tools](#)

[NHS NES Quality Improvement Zone](#).

[Institute for Healthcare Improvement – Improvement areas](#) – Resources to help with improvement.

[National Audit Office – Self-assessment resources](#)

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