**EPSO Working group Observation in inspection**

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***Introduction***

In inspection visits the inspector uses many different ways to gather information. For example talking to care givers, talking to people who use the service, reading documents and reading client files. Observation is also an important source of information for the inspector. In June 2016 EPSO countries shared in Kosovo the use of SOFI (Short Observation Framework for Inspection) by different inspectorates. The participants decided to start an EPSO working group on observation. The working group wants to explore the use of observation. Not only with SOFI, not only in dementia care, but wider, in all kind of inspections.

Some countries expressed the wish to support care providers to use observation as a self assessment (internal learning) or an accreditation instrument.

***Some theory***

Wikipedia says: “Observation is the active acquisition of information from a primary source. In living beings, observation employs the senses. In science, observation can also involve the recording of data via the use of instruments. The term may also refer to any data collected during the scientific activity. Observations can be qualitative, that is, only the absence or presence of a property is noted, or quantitative if a numerical value is attached to the observed phenomenon by counting or measuring. An observer is someone who gathers information about observed phenomenon, but does not intervene”.

***Inspection***

As inspectors we observe during our inspection visits. We observe in many different ways. There are two important choices we can make, when we use observation as an inspector:

1. Structure: is it fixed or not: do we make agreements about time, place, and what we observe?
2. Position: do we use a fixed position?

The choices we make in structure and position are based on the purpose of the inspection visit.

When the inspector inspects a service where the people who use the service can’t tell the inspector how they experience the care, we can use a SOFI observation. The structure and position are fixed. The SOFI observation is based on an evidence based theory. We want and need to use this theory in the right way to learn about the experiences of the user of the service we inspect and observe

person centered care. We use the SOFI observation especially, but not exclusive, in the services where people can’t tell themselves how they experience the care.

When the inspector brings a focused inspection on the theme of “Hygiene”, the inspector observes fixed subjects (the possibility and material to wash hands, clean and dirty materials separated etc). During a focused inspection on medication safety the inspector also observes fixed subjects, for instance the use of double initials in case of risk full medication.

***How does an inspector observe***

Do we make notes during the observation? Or do we write down our observations on a later moment?

When we make notes during the observation, we can’t participate. This can upset caregivers and people who live in the service. The inspector is spectator and concentrates on the observation. It’s important to be a fly on the wall – have as less influence on the situation as possible. In the Netherlands this is sometimes difficult while dementia care is provided more and more in small scale groups of 6 – 8 clients.

When we participate – drink coffee or have lunch with people who use the service, we make notes on a later moment. The inspector is part of the situation and influences the situation. Perhaps the inspector forgets things, focuses on his or her “hobbies” or memory and reality don’t match. What do we miss?

***Core principles***

One of the “golden rules” by using observation in inspection: the inspector should always use more than one source: triangulate the observations. Never trust on your eyes only. The inspector should always ask the carers why they do things, check if what the inspector sees is right, doesn’t interpretate, verify.

**Some questions can make an inspector help to make a choice in choosing the type of observation:**

1. What is the question/theme the inspector wants to answer/look at?
2. Why does the inspector use observation?
3. Is your inspection on a special theme?
4. What are the practical possibilities? (how many hours are you at the care provider, what kind of service users live at the service
5. the inspector visits)
6. How accurate and objectively should an observation be?
7. Other ………..