

Independent Review of Inspection, Scrutiny, & Regulation (IRISR) - Call for Evidence Analysis Report

September 2023

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Executive Summary

Independent Review of Inspection, Scrutiny & Regulation (IRISR) Call for Evidence

In September 2022 the Scottish Government announced an Independent Review of Inspection, Scrutiny, and Regulation (IRISR). Dame Sue Bruce was appointed as the Chair of the IRISR with Mr Stuart Currie as the Vice Chair.

The Chair of the IRISR stated her commitment to stakeholder engagement as part of the review, including the inclusion of those with lived and living experience. The programme for stakeholder engagement took place between October 2022 and January 2023 and involved two key elements: a call for evidence and a series of stakeholder engagement events (referred to as 'events' throughout this report). Both elements of the programme focused on five key themes.

In total, there were 100 responses to the call for evidence, 60 were from organisations and 40 from individuals. A total of 20 in person and virtual events were led by the Vice Chair; seven of which were held in-person across Scotland. The remaining 13 events were held online. Across the events, there were a total of 130 representatives of organisations and 19 individuals who attended.

This chapter of the report provides a summary of key issues that emerged across the programme for stakeholder engagement. The main chapters of the report contain more detail.

A number of key themes were evident across the call for evidence and events as well as across respondent groups. In many instances, the same issues were raised by respondents across each of the five themes under consideration. A list of all the questions asked is provided in Appendix 2.

Key findings by theme

Theme 1 – A person-centred approach

- While some respondents to the call for evidence and the events spoke about a person-centred approach, others referred to a person-led approach. A person-led approach is seen to involve people more and was the preferred wording for some respondents.
- The most frequently mentioned theme was to work with people with lived and living experience to share their knowledge and thus contribute to

inspection and regulation processes. To do this, it is vital that people are involved in decision-making, and at the centre of systems of inspection, scrutiny, and regulation. It is important that engagement should be meaningful. A variety of different communication channels and ways of interacting would be needed to ensure inclusion of people with care and support needs.

- A large minority¹ advocated direct involvement of those with lived experience in co-designing engagement tools or developing the inspection framework. This included areas such as standard setting and framing the questions that they themselves would ask during the inspection process.
- A relationship-building or partnership-building approach was commonly advocated at events to support people to contribute.
- When referring to ways in which to communicate with those with lived or living experience, there were positive comments about using qualitative approaches (e.g. panels or workshops).
- Other ways to enable involvement included using independent advocates for support and guidance and having a more user-friendly language tone in documents. Concerns were raised over a perceived lack of access to advocacy services, and a lack of information or education on what to expect from care services.

Theme 2 – What needs to be inspected, scrutinised and regulated?

- A majority of respondents felt there are services not currently subject to inspection, scrutiny, and regulation that should be (Q2). A wide range of services were quoted by consultees, but only a few were frequently mentioned (Q2a). Services provided by personal assistants (PAs) were most frequently cited, though a few respondents were against further scrutiny of personal assistants as they may be less likely to take on this role. Unregistered services providing social care support which sit outside regulation requirements were also cited as needing further scrutiny, with a wide variety of examples given.
- When asked about why these services should be subject to inspection, scrutiny, and regulation (Q2b), a large minority thought that all services should be subject to the same level of inspection, scrutiny, and regulation to ensure consistency of standards and assurance of high care quality. It was also thought that this would lead to improved standards of care and support to people who use social care support. Further inspection or

¹A 'large minority' indicates a viewpoint given by between 25% and 50% of the respondents to a question; see methodology section for explanations of other quantitative terms used.

regulation was forecast to help drive improvements and encourage best practice across services. Increased safety was also seen to be an advantage.

- The Care Inspectorate was seen as the organisation most suitable for taking responsibility for undertaking inspection, scrutiny, and regulation (Q2c). This body already has responsibility for quality of care provision and improvements over a variety of specific services. Smaller numbers suggested other bodies which could take responsibility such as employers and social care providers (in an engagement role), the Scottish Social Services Council (SSSC) (e.g. for suitability of individuals to be employed) and the Scottish Government.

Theme 3 – How should inspection, scrutiny, and regulation be carried out?

- Opinions were very split on whether the same regulator should inspect all services (Q3); almost equal numbers of respondents answered 'Yes' and 'No'. The key benefit identified by those in favour was that this would offer a consistent or streamlined approach to regulation. Other benefits included a reduction in confusion over specific responsibilities. This would lead to more efficient use of resources, though a significant minority would only support one regulator if their workforce maintained a broad range of specialist knowledge across different services.
- Among those against having the same regulator, the main reason given was that it would prove too much of a challenge to have one regulator with the necessary spread and depth of knowledge, skills and expertise. Health, social work and social care were also regarded as being distinct. However, an improved partnership approach between regulators was proposed as an alternative.
- A large majority disagreed that there should be different regulators for inspection and improvement (Q4). Among respondents not in favour, the main reason was that inspection and improvement are linked. It was also felt that inspectors were best placed to offer improvement support for services providing social care support if inspections were carried out in a supportive manner. Having more than one regulator could lead to differing priorities for development and improvement plans.
- Among those in favour of having different regulators, this was seen as helping ensure improvement (e.g. it was perceived that improvements happen due to a variety of factors and not only as a result of inspections).
- On ensuring that regulation and inspection processes are underpinned by a commitment to improving services (Q5), respondents said that regulators and inspectors should work collaboratively with the social care and support

workforce, people receiving social care support, services providing social care support and other regulatory bodies. They also said that inspections and improvements should be approached in a supportive manner to relieve anxiety. A focus on continuous improvement was advocated: for example, by following through in terms of regular feedback, reviews and monitoring. The implementation of good practice was recommended as well as funding and resourcing.

- Respondents reinforced their agreement that regulation, inspection, and scrutiny should have an emphasis on services continually improving (Q6). There were calls for clarity of expectations and sharing of good practice, along with closer collaboration with providers of social care support. There were also calls for a focus on meeting the needs of people receiving social care support. Issues with the provision of resources for improvement actions were again raised.
- If something goes wrong in a service (Q7), respondents wished to see a clear procedure for reporting the problems, particularly for people receiving social care support.
- There were recommendations for providing and implementing solutions, along with appropriate actions and changes to solve problems. That said, respondents felt that investigations should be at an appropriate or proportionate level depending on the issue raised. Accountability was seen to be important, although there should not be a “blame” culture. A collaborative approach to problem solving with services which provide social care support was thought best where possible, along with timely remedial action. After resolution, learning reviews were strongly advocated as well as introducing preventative measures to reduce the reoccurrence of problems.
- Providers of social care support were most commonly seen as being responsible for making improvements (Q8), as they are seen to have responsibility for arrangements and delivery of their services. The managers of providers of social care support were mentioned less often. Regulators were mentioned in the context of providing support and guidance. Significant minorities suggested that front line staff offering social care support, those with lived and living experience (as a source of knowledge for making improvements) and local authorities also had a role.
- There were also calls for all people involved with providing social care support to have a role in improvements.
- In order to ensure regulatory bodies are effective (Q9), feedback from services and social care providers offering social care support was most frequently mentioned, with fewer mentions of feedback from those with lived and living experience.

- A need for openness, transparency and communication about regulators' activities was advocated (e.g. production of reviews and reports). Independent scrutiny of regulators was suggested, along with a need for evidence and data (e.g. analysis of inspection reports).

Theme 4 – How will we know systems are working?

- Respondents outlined a number of ways to ensure that people have the information they need about how providers of social care support are performing, to support decision making about care and support (Q10). These included inspection reports that are accessible to all and include easy-read and summary versions in a range of different formats and channels. There were also requests for a duty on providers of social care support to publish and provide the most recent inspections report. A single source public website that provides all the required information was suggested. On existing websites that provide information, this needs to be clearly signposted and provide cross-references to other sources of information. Involvement of people receiving social care support and their families would also help to ensure they receive the required information they need. A wide range of information was outlined as necessary (Q11).
- Respondents outlined a number of ways data collection and sharing could be better (Q12). There were references to a single digital system or platform to help reduce duplication and administrative burdens, improve consistency in data collection and streamline data collection and reporting requirements. Some respondents would like to see a national digital strategy that would allow for better communications and information sharing. This would also be helped by more collaborative working and ensuring that all data is accessible to all users.
- Respondents noted some concerns over data collection and sharing, for example, the current inoperability between different IT systems and the funding that would be needed to set up a single data collection system.
- Respondents identified a number of ways in which regulation, inspection, and scrutiny could support good practice for people accessing care and support (Q13), for people working in the social care sector (Q14), and for providers delivering social care support (Q15). These included defining, identifying and highlighting good practice and placing a greater focus on positives and less on negatives in the inspection process. There was also a desire for inspectors to focus on developing relationship-based practices and supporting positive outcomes, with more collaboration and support for organisations.
- It was seen as important to involve people receiving social care support and their families in co-designing inspection, scrutiny, and regulation processes.

- There were also calls to ensure that training for the social care and support workforce provides people with the skills needed to perform their roles effectively.
- Creating a culture change so that inspection, scrutiny, and regulation is seen as an opportunity to reflect on challenges, successes and learning; a greater focus on the positives was seen to be needed.
- Ensuring care providers support staff training requirements and provide access to high quality training and continuous professional development, was perceived to be important for those working in the social care sector.
- There were calls to adopt a more collaborative role between regulators and care providers, with support provided on an ongoing basis outwith the inspection regime. This would help to build good relationships and create a more positive view of inspection, scrutiny, and regulation.
- Finally, there were requests for a consistent approach to inspection, scrutiny, and regulation.

Theme 5 – How will systems of inspection, scrutiny, and regulation support the workforce?

- There is a need to ensure that it is easy to join the social care and support workforce, with a simple and transparent registration process and clear information on the requirements for any qualifications. There were a few calls for more support for the social care and support workforce. Suggestions included additional funding to be provided to help workers achieve mandatory qualifications and support from providers of social care support in terms of training and achieving qualifications. It was also suggested that there should be a duty on social care support providers to ensure staff are registered and achieve the required qualifications.
- There were requests for greater flexibility around qualifications and equivalencies, with consistent compliance with standards. While there were calls for consistent minimum standards across the care sector, there were some comments of a need for proportionality, depending on the work / role being undertaken. There are differences in regulatory requirements and it was felt that closer working between different regulators would help to ensure consistency.
- There was general agreement of the need for organisations and regulatory bodies to have systems in place that involve all those working within the social care sector, before, during and after the inspection process. This would contribute to improved outcomes within the sector as well as creating a more positive working environment and encouraging others to work within the sector. Inspection, scrutiny, and regulation is perceived to

be important and there were some requests for a greater focus on collaboration, self-evaluation and outcomes and sharing of good practice. These would help to reduce any anxiety associated with the inspection process.

Introduction

Background

In September 2022 the Scottish Government announced an Independent Review of Inspection, Scrutiny, and Regulation (IRISR). Dame Sue Bruce was appointed as the Chair of the IRISR with Mr Stuart Currie as the Vice Chair.

The Chair of the IRISR stated her commitment to stakeholder engagement as part of the review, which included a wide range of stakeholders including those with lived and living experience.

The Programme for Stakeholder Engagement

The programme for stakeholder engagement took place between October 2022 and January 2023 and involved two key elements: a call for evidence and a series of stakeholder engagement events (referred to as ‘events’ throughout this report). Both elements of the programme focused on five key themes:

- Theme 1: A person-centred approach.
- Theme 2: What needs to be inspected, scrutinised, and regulated?
- Theme 3: How should inspection, scrutiny, and regulation be carried out?
- Theme 4: How will we know systems are working?
- Theme 5: How will systems of inspection, scrutiny, and regulation support the workforce?

Call for evidence

The open call for evidence took place between 24 October 2022 and 13 January 2023.

Respondent profile

In total, there were 100 responses to the call for evidence, 60 were from organisations and 40 from individuals. A list of all those organisations that submitted a response to the call for evidence is included in Appendix 1. Respondents were assigned to respondent groupings to allow analysis of any

differences or commonalities across or within the various types of organisations and individuals that responded. The following table provides the profile of those who responded to the call for evidence.

Table 1: Respondent profile

	Respondent sub-group
Advocacy	3
Health & Social Care Partnerships (HSCP) / Local authority	8
Regulator	5
Representative body	28
Providers of social care support	10
Other	6
Total organisations	60
Individuals	40
Total respondents	100

Stakeholder engagement events

A total of 20 events were led by the Vice Chair, with support from the Secretariat. Seven of these events were held in-person and the locations of these were Orkney, Inverness, Borders, Glasgow, Edinburgh, Kirriemuir and Ballater. The remaining 13 events were held online. Individuals attending the online events came from geographic locations across Scotland.

Across all the events, there were a total of 149 individuals and representatives of organisations who attended. As the following table shows, this included a range of providers of social care support, representative bodies, regulators, local authorities, advocacy organisations, individuals and others.

Table 2: Respondent profile

	Respondent sub-group
Advocacy	4
Health and Social Care Partnerships (HSCP) / Local authority	17
Regulator	8
Representative body	24
Organisations providing social care support	38
Other	39
Total organisations	130
Individuals	19
Total respondents	149

Methodology

The call for evidence

Responses to the call for evidence were submitted using the Scottish Government consultation platform Citizen Space or by email. A small number of respondents submitted a response which did not answer the specific questions. These responses were analysed and incorporated into the report at the relevant sections.

All responses were downloaded into an excel database which formed the basis for analysis of responses.

Events

The questions posed at these events followed the structure of the five call for evidence themes. Notes from each event were provided to the researchers and the findings were included in analysis at the relevant questions. By and large, the same issues were raised in responses to the call for evidence and at events. Where different issues were raised at events, these are highlighted in this report.

In addition, there were a few ‘bespoke’ stakeholder events.

A few organisations conducted discussions and / or surveys among their members and reported the results of these as part of their submission.

The analysis

The number responding at each question is not always the same as the number shown in the respondent group table. This is because not all respondents answered all questions. This report shows the number of respondents who commented at each question. When referring to respondents who made particular comments, the terms ‘a small number,’ ‘a few’ and so on have been used. While the analysis was qualitative in nature, with the consultation containing only a limited number of quantifiable questions, as a very general rule it can be assumed that:

- ‘a small number’ indicates up to 5 respondents
- ‘a few’ indicates around 6-9
- ‘a small minority’ indicates around more than 9 but less than 10%
- ‘a significant minority’ indicates between around 10%-24% of respondents
- ‘a large minority’ indicates more than a quarter of respondents but less than half
- ‘a majority’ indicates more than 50% of those who commented at any question

Some of the consultation questions were composed of closed tick-boxes with specific options to choose from. Where respondents did not follow the questions but mentioned clearly within their text that they supported one of the options, these have been included in the relevant counts.

The researchers examined all comments made by respondents and noted the range of issues mentioned in responses, including reasons for opinions, specific examples or explanations, alternative suggestions or other comments. Grouping these issues together into similar themes allowed the researchers to identify whether any particular theme was specific to any particular respondent group or groups. Where any specific sub-group(s) held a particular viewpoint, this is commented on at each relevant question.

When considering group differences however, it must also be recognised that where a specific opinion has been identified in relation to a particular group or groups, this does not indicate that other groups did not share this opinion, but rather that they simply did not comment on that particular point.

While the consultation gave anyone who wanted to comment an opportunity to do so, given the self-selecting nature of the exercise, any statistics quoted here cannot be applied to a wider population out with the respondent sample.

Theme 1: A person-centred approach

When referring to respondents who made particular comments, the terms ‘a small number,’ ‘a few’ and so on have been used. While the analysis was qualitative in nature, with the consultation containing only a limited number of quantifiable questions, as a very general rule it can be assumed that:

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and ‘a majority’ indicates more than 50% of those who commented at any question.

The consultation explained that a person-centred approach is about focusing care and support on the needs of the person receiving social care support. Also, to ensure that people’s preferences, needs and values guide clinical decisions, and provide care that is respectful of, and responsive to them. This approach is supported by the PANEL principles of participation, accountability, non-discrimination, empowerment and legality, which are based on a [human rights-based approach](#).

The following section provides more in-depth detail on these principles:

- Participation – people should be involved in decisions that affect their rights
- Accountability – there should be monitoring of how people’s rights are being affected, as well as remedies when things go wrong
- Non-Discrimination – nobody should be treated unfairly because of their age, gender, ethnicity, disability, religion or belief, sexual orientation or gender identity; people who face the biggest barriers to realising their rights should be prioritised when it comes to taking action
- Empowerment – everyone should understand their rights and be fully supported to take part in developing policy and practices which affect their lives

- Legality – approaches should be grounded in the legal rights that are set out in domestic and / or international law

The first question asked:

Q1: How can we ensure that people with lived and living experience of care and support services are able / supported to contribute to inspection, scrutiny, and regulation processes? Please give us your views

A total of 93 respondents answered this question.

Supporting Inclusive Approaches

The most frequently mentioned theme (by a large minority of respondents across all sub-groups) centred on working with people with lived and living experience to share their knowledge and allow them to contribute to inspection and regulation processes. To do this, getting their involvement in decision-making, having an open approach and ensuring people are at the heart of all issues was recommended, along with assurances that participation will lead to positive action. Similar numbers of respondents also focused on the importance of meaningful engagement (ways of which are discussed below) via a variety of communication means and ways of interaction.

Supporting Inclusive Contributions

This was considered important, by a large minority including many representative bodies and social care providers, and by many people with lived and living experience at events. To do this, it was felt that the communication needs of people who use care and support services need to be taken into account. For example, people living with dementia or autism² were mentioned, as well as those experiencing mental health issues, those living with sensory impairments and those with seldom heard voices³; solution tools such as communication cards, tablets, software apps and 'talking mats' (a visual digital communication tool) were all suggested to help with interactions. An unpaid carer said:

“Ensure inspectors are able to access a range of communication tools used by those with communication differences and difficulties or ensure that where appropriate/required supported individuals receive support from those who know their preferred communication style well throughout the inspection process. Listen to the voice of the

² Most autistic people in the UK do not use person first language.

³ Groups of people who have traditionally had lower levels of engagement with, or participation in, policy, practice and services; or whose voices have not been heard in the process of policy development or service design.

team around the supported person as they are often the experts in translating methods of communication. Provide easy read information to providers and supported individuals on the purpose of inspection and how people can contribute to the process.” (Individual)

A significant minority of respondents called for flexibility in approaches, such as allowing time for responses to be made, visiting at suitable times to enable meaningful engagement, choosing suitable venues and listening to the supporting teams (e.g. staff, family members) of the individual concerned, to enable easy participation. Similar numbers emphasised the importance of including the views of all involved, with particular reference to people with lived or living experience such as family members, unpaid carers, those working in the social care sector and representative organisations.

A large minority suggested the direct input of those with lived experience in designing engagement tools or developing the inspection framework. This included areas such as the setting of standards as well as asking the questions that they themselves would ask during the inspection process. A service provider suggested that:

“This could include the opportunities for inclusion in regional, national or service specific groups which informed improvement in inspection and rules/standards.” (Service Provider)

However, an individual with lived or living experience queried the basis of the question:

“Ask different questions as the assumption is that the person understands how government operates, e.g., in question 1 what does supported mean? Is it BSL interpretation or emotional support? What does contribute mean? Or is it “answer the questions?” or “attend inspections?” (Individual)

A significant minority wanted to ensure that the views of people receiving social care support were listened to and acted upon, while a few respondents noted the importance of people being able to raise issues in a safe way without concerns about possible repercussions. The latter point was mostly raised during events.

A significant minority, of largely representative bodies, noted their agreement with a **human rights-based approach** to facilitate involvement, with a few of these commenting positively on the use of the PANEL principles as a way of breaking this down. Slightly smaller numbers of respondents, though mentioned at a majority of events, agreed with a **person-centred approach**. It was noted that this would help with relationship-building as an aid to

evaluation processes and assist avoiding traumatic experiences with inspectors, particularly for people with communication difficulties.

Forms of Communication

Respondents outlined their views on the pros and cons of specific forms of communication. A significant minority, particularly at events, commented positively about the use of qualitative approaches including panels, citizens committees, focus groups and workshops. Similar numbers also mentioned speaking face-to-face or by phone, either in a group situation or by individual appointment.

A few respondents were in favour of the use of written surveys or questionnaires, particularly at a pre-inspection stage, to give people a chance to think about their responses before submitting them. The same numbers however outlined drawbacks such as the length of the documents, exclusion (as some people may find it difficult to respond), a lack of unbiased views being given and people asking staff in care organisations to complete them on their behalf.

Small numbers of comments (from a mix of respondents) suggested the use of electronic or digital systems (e.g. an online platform for people to input quality of care information), while the same numbers were against using these in isolation, citing digital exclusion issues and some older people needing support to use IT systems. Small numbers again suggested the use of feedback platforms or systems (e.g. for ad-hoc feedback). A Health and Social Care Partnership (HSCP) / local authority and a representative body suggested more use of observed practice where appropriate.

Other actions

Other actions to help people to contribute to inspection and regulatory processes were put forward. A significant minority were in favour of using independent advocacy to provide support and guidance, facilitate discussions, assist with completing forms and helping with input from seldom heard voices. Similar numbers wanted to see a change in language tone in documents, noting issues in relation to 'wordiness' which can be offputting, and a need for plain English and easy-read formats. There were also a couple of requests for access to translation services (e.g. for British Sign Language (BSL) users).

Concerns over a perceived lack of access to information about what to expect from services providing social care support were raised by a significant minority of respondents and frequently at events. It was felt that people needed to be made aware of information about the rights of those who use care and support services, about care plans for those using care and support services, about the differing support options available and about inspection

details. Those accessing care and support services should also be provided with appropriate information accessibility tools.

The use of people with lived experience as lay or volunteer inspectors or peer reviewers was suggested by similar numbers. A few respondents wanted an effective feedback system in place to help track results and improvements from regulatory and inspection processes (this was a particular focus at events).

A few or small numbers of respondents wanted to see action to help involvement from specific stakeholders as follows:

- Children (e.g. embedding rights of the child, Getting it Right for Every Child (GIRFEC) approach, knowing who is coming to inspect in advance as they may not cope well with a new face or situation)
- Unpaid carers (e.g. contact through third sector organisations, visiting carers as they lack time)
- Those in rural or remote areas (e.g. with travel arrangements)

Inspection and regulatory processes

A variety of comments were made regarding the inspection and regulatory processes themselves. A significant minority cited the importance of having **knowledgeable and skilled inspectors and regulators**. Consistency provided by having the same inspector so that a relationship can be built was one part of this, given that one inspector can contradict another. There were also references to the need for knowledgeability about communication aids, tools and adaptations. A few respondents wanted to see the announcement of inspections before they take place, as they felt this would allow families and advocates to be prepared and it would make it easier for everyone to be involved as it would provide time to plan. A representative body however thought it best that inspections take place unannounced to establish a true picture of a service. A significant minority voiced concerns over sufficient resourcing in terms of staff, training and funding for the inspection and regulatory processes; this was particularly mentioned by event attendees.

A few respondents each made the following other recommendations about inspection and regulatory processes:

- Overhauling regulation of care (e.g. develop a national care plan, key quality indicators fail to fit a holistic approach, methodology needs to be overhauled to enable meaningful participation)
- Embedding or sharing good practice, or integrating a Code of Practice (e.g. processes should be, or are based on, Health and Social Care Standards, SSSC Codes of Practice)

- Enabling a transparent and accessible approach for involvement (e.g. regulatory bodies being open and accountable, telling people why they are there and how they can support improvement)
- Ensuring equality issues are not overlooked, bearing in mind that regulators, care providers, etc. may be subject to the Public Sector Equality Duty (PSED)
- Increasing the frequency of inspections of some services (e.g. more inspections for care at home services, more awareness / greater publicity concerning inspections and the regulatory role, more ability to challenge regulator judgements, or to seek help from the regulator)

Small numbers of respondents saw a need to review the current system or create an adequate complaints system. This was because of the potential for stigma to be associated with complaints terminology, the system not allowing for situations where a person may want to informally raise a concern or query rather than a formal complaints procedure, lack of easy navigation or resolution, and a need to make complaints materials available in different formats.

Very small numbers of respondents saw a role for quality assurance, with a social care provider citing the effectiveness of quality assessors. A small number perceived that there was too much scrutiny of care services. Conversely similar numbers thought that there is too little scrutiny.

Finally, there were a small number of calls from mainly individual respondents to ensure health services were included in social care planning, with complaints about a lack of service provision in certain areas (autism, learning disabilities). Remarks about current problems in the care industry (lack of consistent staff, demographic challenges and capacity issues) were also made by small numbers of respondents.

In summary: Theme 1 – A person-centred approach

- While some respondents to the call for evidence and the events spoke about a person-centred approach, others referred to a person-led approach. A person-led approach is seen to involve people more and was the preferred wording for some respondents.
- The most frequently mentioned theme was to work with people with lived and living experience to share their knowledge and thus contribute to inspection and regulation processes. To do this, it is vital that people are involved in decision-making and at the centre of systems of inspection, scrutiny, and regulation. It is important that engagement should be meaningful. A variety of different communication channels and ways of interacting would be needed to ensure inclusion of people with care and support needs.

- A large minority⁴ advocated direct involvement of those with lived experience in co-designing engagement tools or developing the inspection framework. This included areas such as standard setting and framing the questions that they themselves would ask during the inspection process.
- A relationship-building or partnership-building approach was commonly advocated at events to support people to contribute.
- When referring to ways in which to communicate with those with lived or living experience, there were positive comments about using qualitative approaches (e.g. panels or workshops).
- Other ways to enable involvement included using independent advocates for support and guidance and having a more user-friendly language tone in documents. Concerns were raised over a perceived lack of access to advocacy services, and a lack of information or education on what to expect from care services.

⁴A 'large minority' indicates a viewpoint given by between 25% and 50% of the respondents to a question; see methodology section for explanations of other quantitative terms used.

Theme 2 – What needs to be inspected, scrutinised, and regulated?

When referring to respondents who made particular comments, the terms ‘a small number,’ ‘a few’ and so on have been used. While the analysis was qualitative in nature, with the consultation containing only a limited number of quantifiable questions, as a very general rule it can be assumed that:

‘a small number’ indicates up to 5 respondents

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‘a large minority’ indicates more than a quarter of respondents but less than half

and ‘a majority’ indicates more than 50% of those who commented at any question.

The consultation paper explained that in Scotland, there are three main organisations that regulate and inspect social care support. These are:

Care Inspectorate – is a scrutiny body which supports improvement and regulates and inspects care services in Scotland to make sure they meet the right standards. They also jointly inspect with other regulators to check how well different organisations in local areas work to support adults and children.

Healthcare Improvement Scotland – is the inspection and improvement body for health but it carries out a number of strategic and thematic inspections with the Care Inspectorate, for example, inspections of Health and Social Care Partnerships.

Scottish Social Services Council – is the independent professional regulator for social workers, social care and early learning and childcare practitioners. It sets the standards for their practice, conducts training and education, supporting continuous professional development.

The next question asked:

Q2: Do you feel there are services that are not currently subject to inspection, scrutiny, and regulation that should be?

As shown in the following table, a majority of respondents who expressed an opinion felt there are services not currently subject to inspection, scrutiny, and

regulation that should be. Greater proportions of individuals thought this than organisations.

Table 3: Level of agreement on whether there are services that are not currently subject to inspection, scrutiny, and regulation that should be

	Yes	No	Not sure	No response
	Number (%)	Number (%)	Number (%)	Number (%)
Advocacy (3)	- (0%)	1 (33%)	- (0%)	2 (67%)
HSCP / Local authority (8)	3 (38%)	2 (25%)	3 (38%)	- (0%)
Regulator (5)	2 (40%)	- (0%)	- (0%)	3 (60%)
Representative body (28)	9 (32%)	4 (14%)	3 (11%)	12 (43%)
Service provider (10)	4 (40%)	1 (10%)	1 (10%)	4 (40%)
Other (6)	3 (50%)	- (0%)	2 (33%)	1 (17%)
Total organisations (60)	21 (35%)	8 (13%)	9 (15%)	22 (37%)
Individuals (40)	23 (58%)	12 (30%)	4 (10%)	1 (3%)
Total respondents (100)	44 (44%)	20 (20%)	13 (13%)	23 (23%)

(Percentages might not add to 100% because of rounding)

All respondents who answered question 2 were then asked to say which types of services should be subject to inspection, scrutiny, and regulation, why they should be inspected, scrutinised, and regulated and who should be responsible for this.

Which types of services should be subject to inspection, scrutiny and regulation?

A total of 66 call for evidence consultees commented at this question. Among these were small numbers who made a response other than 'Yes' at the previous question. A very wide range of services was quoted by consultees and at events, but only a few services came up repeatedly in answers and discussions. The most frequently discussed service – mentioned by a large minority of respondents across all sub-groups and at events – was **personal**

assistants (PAs). It was noted that there were currently discussions taking place regarding the levels of inspection, scrutiny, and regulation needed for this role. A few respondents were against further scrutiny. There were concerns that this may deter people from becoming a personal assistant, or because the role is very specific to the person receiving support.

A significant minority (comprising mainly the same respondents who discussed personal assistants) cited **people employed using self-directed support (SDS).** Inspection, scrutiny, and regulation should cover, for example, outsourced services for the third sector or how the introduction of SDS in terms of advice is being delivered. Similarly, a very small number of respondents cited self-employed social care workers.

A significant minority saw a need for further scrutiny of unregistered social care providers or some professional groups who provide social care support which sit outside regulation requirements. Consultees gave a wide variety of examples⁵ including agency staff, independent care centres, para-professional roles, independent consultants, independent counselling or therapeutic services, advisors used by regulatory bodies, non SSSC-registered managers, social work assistants and cooks in care homes.

A few respondents viewed all services operating in the health and social care sector as requiring more inspection, scrutiny, and regulation, while two individual call for evidence respondees saw a similar need for local authority social work services themselves. A small number of respondents thought the forthcoming National Care Service would need regulation and inspection.

A few respondents each identified other service areas as requiring inspection, scrutiny, and regulation:

The regulators themselves (specifically the Care Inspectorate (CI), Healthcare Improvement Scotland (HiS))

Third sector organisations (in instances where these are not collaborating with statutory partners); care at home services or placements (mainly by individual respondents / lived experience / unpaid carers) with mentions of poor personal experience or feedback; community health services (e.g. nursing, healthcare assistants and services for those with sight or hearing loss not included in present national arrangements)

There were also a large number of social care support services mentioned by only very small numbers or single respondents, or at one or two events only, as follows:

⁵ Some of these professions are already subject to registration via SSSC.

- Nannies
- Older unpaid carers of adult children
- Contact centres for family contact⁶
- Family support workers (e.g. beneficial to register with SSSC)
- Community outreach groups
- Alcohol / drug services⁷
- Harm reduction services
- Advocacy organisations / services / providers
- Mental health services (inspection needs clarification)
- Unpaid adult carer centres
- Organisations providing support for victims of modern slavery, those in the asylum system and survivors of trafficking
- School care settings (e.g. private residential schools which house care experienced children)
- Playgroups (e.g. those running just under the 2 hour cut off for inspection)
- Childcare agencies
- Child activity services / out of school care services (e.g. football camps, those run by leisure trusts and those where parents are not present)
- Early years services (Early Learning Centre sector, intervention services Early Start, Sure Start, etc.)
- Services for children with additional support needs (ASN)
- Tutoring services / home school education services
- GP surgeries
- Hospital to home services (set up by NHS / health authorities)
- Acute health services
- Dementia services (meeting centres, etc.)
- Pharmacies
- Training and skills providers
- Secure care transport provision
- Foodbanks

⁶ It is agreed the Care Inspectorate will be inspecting these in future.

⁷ Some elements of these services are already subject to inspection, scrutiny, and regulation.

There were also a few comments (largely made by respondents who did not answer 'yes' at the first part of the question) stating that the priority should be to clarify and streamline inspection, scrutiny, and regulation processes to make it easier for people to navigate. Similar numbers, mostly representative bodies, felt it would be better to resource and properly support services (for example by improving individuals' skills) in order to improve them, rather than bring in additional regulation which could also create extra bureaucracy.

Why these services should be subject to inspection, scrutiny and regulation

A total of 63 call for evidence respondents replied to this question, including a small number who did not respond 'Yes' at the first part of question 2. Most gave their answers from the point of view of the benefits to people receiving social care support, rather than specifically relating to reasons for inspection, scrutiny, or regulation of the services they mentioned at the previous question. Three dominant themes emerged.

Firstly, a large minority from across the broad spectrum of respondent types and events felt that all services should have the same level of inspection, scrutiny, and regulation. The advantages were seen to be consistency of standards across the care service profession (e.g. the same standards for domestic / private / residential settings as for care homes, and for agency staff as well as the directly employed) and the provision of assurance of care quality (e.g. in terms of equality, inclusion, and human rights). A service provider commented:

“It seems incongruent that multiple care services who provide care, too often the same people, have different regulation requirements. For instance, a person may use a harm reduction service for drug use where that service may not be regulated or inspected but then that same person attends a stabilisation service which is regulated.” (Service Provider)

Secondly, it was thought by a large minority (again from across all respondent types although this was not mentioned at events) that an adequate or improved standard of care and support would be provided to vulnerable people receiving social care support such as victims of trafficking or exploitation. A representative body noted an inspection scheme already exists in England and Wales, without giving further details on this scheme.

Thirdly, similar numbers across all sub-groups thought that further inspection or regulation would help to drive improvements and encourage best practice across services. This would result in more training and skills development and increased continuous professional learning (CPL) opportunities.

A significant minority of mostly individuals, representative bodies and regulators noted increased protection of vulnerable people. Similar numbers from a broad mix of respondents saw further inspection, scrutiny, and regulation as helping with safeguarding (i.e. ensuring the safety of vulnerable people receiving social care support). Small numbers – mainly representative bodies and social care providers – identified advantages in terms of staff safety, safer recruitment processes, induction and support, and other staff vulnerabilities (e.g. not getting paid).

Very small numbers outlined advantages arising from:

- Helping with the instigation of improved complaint procedures
- Provision of accountability and transparency
- Informing the understanding of, and ability to, monitor and manage issues and risks

A few respondents gave caveats on how any further regulation should be implemented. Several representative bodies, other organisations and individuals wanted regulation and inspection to be a supportive process. They felt that the language currently used tends to promote a power imbalance between inspectors and the people receiving social care support and providers of social care support.

Furthermore, small numbers of comments suggested that regulation should involve giving recognition to or acknowledging the value of staff roles, and urged that all scrutiny is relevant to circumstances, with comments that this does not suit all scenarios (e.g. clubs, activities).

A few respondents wanted to see increased registration requirements as a result of increased scrutiny and regulation. However, similar numbers raised concerns about the possibility some staff could move from registered to unregistered roles to avoid scrutiny.

A few representative bodies and individuals made arguments as to whether or not personal assistants (e.g. directly paid under SDS option 1) should be inspected, a topic also discussed at events. It was suggested that extra protection and enhancement of services to people receiving social care support would be provided by extra regulation, although this could reduce an individual's right to choose. It was also felt that an outside agency providing inspection, scrutiny, and regulation might be seen as being in contravention of the principles of independent living. A small number of mentions were made at events and among consultees about making use of proportionate regulation in these situations.

A few representative bodies at events were concerned about the risks of losing staff due to further registration and qualification requirements.

Who should be responsible for undertaking inspection, scrutiny and regulation?

A total of 54 respondents answered this question. By far the most common response from a large minority of respondents (mainly individuals and representative bodies and a couple of HSCPs / local authorities) was the **Care Inspectorate (CI)**. Reasons for this centred around the Care Inspectorate already having responsibility for quality of care provision and improvements over a variety of specified services. Most of those referring to this organisation mentioned it in isolation although small numbers did mention it in combination with another organisation. A representative body and an individual thought responsibilities could lie jointly with the CI and Healthcare Improvement Scotland (HIS), while an HSCP / local authority and an individual thought regulation and inspection should be shared between the CI and the Scottish Social Services Council (SSSC). A small number of respondents simply said that the relevant or existing regulatory agencies should be in charge without specifying which ones.

A few respondents each supported the following taking responsibility:

- Employers / social care providers (to engage / play a role)
- SSSC (for additions to the register / registration, or suitability of individuals to be employed)
- The Scottish Government (e.g. Ministers)

In addition, a few respondents requested a single inspection and scrutiny body, with an HSCP / local authority viewing the relationship between the CI and SSSC as often overlapping. Similar numbers wanted to see an independent body in charge, with suggestions that inspection should be independent of the regulator, the regulator independent of government control, and that the body should be answerable to government and the public.

Small or very small numbers of respondents supported a role for the following:

- People receiving social care support / relatives / the public / social care and support workforce staff / unpaid carers
- The National Care Service
- Local government / local authorities
- Health and Social Care Partnerships (HSCPs)
- Subcontracting the role to sector specialists (e.g. third sector childcare organisations, Personal Assistant Network Scotland)

Other organisations that were mentioned (mainly during events) by only one respondent in connection with roles in regulation included:

- The Mental Welfare Commission (MWC) – to ensure care and medication plans are appropriate
- Trading Standards
- Office of the Public Guardian
- Chief Social Work Officer
- Health & Safety Executive (HSE) - for workers health & safety
- Scottish Human Rights Commission - for human rights-related issues

Further comments (mainly at events) were made about the regulation, scrutiny, and inspection landscape being very complicated and in need of simplification. This included too many bodies involved in inspection, and conflicting advice from different bodies (e.g. between CI and HiS) and from the same body at different times. In connection with this, there was a query over the interface between regulatory bodies. Finally there were a very small number of requests for clarity over the effects of regulation on the implementation of the National Care Service.

In summary: Theme 2 – What needs to be inspected, scrutinised and regulated?

A majority of respondents felt there are services not currently subject to inspection, scrutiny, and regulation that should be (Q2). A wide range of services were mentioned by consultees, but only a few cropped up repeatedly (Q2a). Services provided by personal assistants (PAs) were most frequently raised, though a few respondents were against further scrutiny of personal assistants as they may be less likely to take on this role if there is further scrutiny. Unregistered services providing social care support which sit outside regulation requirements were also cited as needing further scrutiny, with a wide variety of examples given.

When asked about why these services should be subject to inspection, scrutiny, and regulation (Q2b), a large minority thought that all services should be subject to the same level of inspection, scrutiny, and regulation to ensure consistency of standards and assurance of high care quality. It was also thought that this would lead to improved standards of care and support to people who use social care support. Further inspection or regulation was predicted to help drive improvements and encourage best practice across services. Increased safety was also seen to be an advantage.

The Care Inspectorate was seen as the organisation most suitable for taking responsibility for undertaking inspection, scrutiny, and regulation (Q2c). This

body already has responsibility for quality of care provision and improvements over a variety of specific services. Smaller numbers advocated other bodies to take responsibility such as employers and social care providers (in an engagement role), the Scottish Social Services Council (SSSC) (e.g. for suitability of individuals to be employed) and the Scottish Government.

Theme 3 – How should inspection, scrutiny, and regulation be carried out?

When referring to respondents who made particular comments, the terms ‘a small number,’ ‘a few’ and so on have been used. While the analysis was qualitative in nature, with the consultation containing only a limited number of quantifiable questions, as a very general rule it can be assumed that:

‘a small number’ indicates up to 5 respondents

‘a few indicates around 6-9

‘a small minority’ indicates around more than 9 but less than 10%

‘a significant minority’ indicates between around 10%-24% of respondents

‘a large minority’ indicates more than a quarter of respondents but less than half

and ‘a majority’ indicates more than 50% of those who commented at any question.

It is important to understand views on how inspection, scrutiny, and regulation should be carried out. The call for evidence asked a series of questions in relation to this.

The first of these questions asked:

Q3: Would a system work where the same regulator inspected all services?

As the following table shows, opinions were very split: almost equal numbers of call for evidence respondents answered ‘Yes’ (29%) and ‘No’ (30%), although 41% did not express an opinion. However, a narrow majority of organisations (particularly HSCP / local authority consultees) thought a system would work with the same regulator, while a small majority of individuals did not.

Table 4: Would a system work where the same regulator inspected all services?

	Yes	No	Not sure	No response
	Number (%)	Number (%)	Number (%)	Number (%)
Advocacy (3)	1 (33%)	1 (33%)	- (0%)	1 (33%)
HSCP / Local authority (8)	5 (63%)	1 (13%)	2 (25%)	- (0%)
Regulator (5)	- (0%)	- (0%)	1 (20%)	4 (80%)
Representative body (28)	4 (14%)	7 (25%)	6 (21%)	11 (39%)
Service provider (10)	4 (40%)	3 (30%)	0 (0%)	3 (30%)
Other (6)	2 (33%)	2 (33%)	1 (17%)	1 (17%)
Total organisations (60)	16 (29%)	14 (23%)	10 (17%)	20 (33%)
Individuals (40)	13 (33%)	16 (40%)	9 (23%)	2 (5%)
Total respondents (100)	29 (29%)	30 (30%)	19 (19%)	22 (22%)

(Percentages might not add to 100% because of rounding)

All those who answered question 3 were then asked to give their reasons for their initial response. A total of 85 call for evidence respondents gave answers.

In favour of the same regulator

Among those who thought the same regulator could inspect all services, the main advantage (quoted by a large minority of call for evidence consultees across all sub-groups and a point made often at events) **was that this would offer a consistent or streamlined approach to regulation** (e.g. over how standards are applied).

Significant minorities of a broad mix of respondents felt there would be the benefit of a **reduction in inter-agency tensions and conflicts** in terms of policy and data sharing. Similar numbers thought a single regulator would help to **avoid confusion over who is responsible for what** and viewed the current system as overly complicated; this point was raised mainly by

representative bodies and at events mostly attended by unpaid carers and representative bodies.

A significant minority saw benefits arising from a **better or more efficient use of resources**, citing fewer hierarchical structures, cost efficiencies, a perceived reduction in the regulatory burden and less duplication of effort (e.g. different regulators inspecting one service). A few social care providers and individuals identified advantages to do with continuity, including easier forming of relationships with a single regulator or inspector. A few respondents predicted a more equitable approach to inspections in terms of equality of accountability, though a small number cautioned that standards should not be lowered.

Other reasons for having a single regulator were each given by small numbers of respondents as follows:

- More understanding of the (shared) challenges facing health and social care / more holistic approach to inspection (consideration of both social and clinical elements)
- Might be aligned with how the proposed National Care Service will operate (e.g. more joined up working, creates the conditions for greater integration of the inspection and scrutiny landscape)
- Helps to attain or set high standards (for support, care, assessment, protection, ensuring implementation of Health & Social Care Standards across services)
- Easier contact / more awareness of the relevant agencies and who to contact
- Easier to share best practice and learning

Among those in favour of a single regulator, a significant minority across all sub-groups noted the caveat that **they would support this, assuming inspectors and regulators had a broad range of specialist knowledge across different services**. A few respondents felt this would be dependent on human rights being embedded (e.g. prioritising personal outcomes), or as long as the principles of independent living are adopted (e.g. support for those choosing Self Directed Support Option 1).

In favour of more than one regulator

Among the number of respondents who were against the idea of a single regulator.

inspecting all services, the dominant theme (from a large minority of consultees across sub-groups and also frequently raised at events) was that

each regulatory body has its own area of expertise and it will be therefore prove too much of a challenge to have only one regulator with the necessary spread and depth of knowledge, skills and expertise. They felt there would be compromise and expertise would be lost. A significant minority pointed out the many different organisations, services providing social care support and types of user (e.g. child and adult social care, social work services, health services) needing to be scrutinised by bodies familiar with each type of users' needs and priorities and there is therefore a risk of different outcomes if there is one regulatory body.

In particular, a significant minority pointed out that **health, social work and social care are different things** which could result in challenges to staff from different sectors understanding different roles.

A small number of respondents (two individuals and two representative bodies) reinforced this, saying that a regulatory system was needed that focuses on social care specifically, that was distinctive, and that it should be protected.

A significant minority across all sub-groups and at several events supported an **improved partnership approach between regulators** as opposed to having a single regulator. It was felt this would enhance the clarity of regulatory roles and would help promote consistency and avoid duplication and confusion. A small number of these commented that it was cultural change rather than structural change that was needed (e.g. shared use of language and clear communication with all stakeholders).

Small numbers of respondents felt there could be an umbrella body combining regulators if social care and social work maintained separate identities or different departments. A greater use of joint inspections by regulators was seen as preferable to the disruption caused by merging existing bodies, and this approach was seen to work well during the Covid pandemic. A small number stood by a need for an independent inspection, scrutiny, and regulation process, with a service providing social care support noting failures to deliver accountability.

Other remarks

Other remarks were received largely from respondents who did not respond 'yes' or 'no' at Q3. A few respondents considered the pros and cons of which regulators could or could not be merged, although there was no consensus on this. Small numbers said that the feasibility of having the same regulator would depend on the training, knowledgeability and expertise of inspectors regarding services. Very small numbers saw a need to focus on the improvement and development of the social care and support workforce.

The next question asked:

Q4: Should there be different regulators for inspection (the organisation that looks at how things are working) and improvement (the organisation that supports things getting better)?

As table 5 shows, a large majority of those who answered this question disagreed that there should be different regulators for inspection and improvement. This was particularly in the case of organisations.

Table 5: Should there be different regulators for inspection (the organisation that looks at how things are working) and improvement (the organisation that supports things getting better)?

	Yes	No	Not sure	No response
	Number (%)	Number (%)	Number (%)	Number (%)
Advocacy (3)	- (0%)	- (0%)	1 (33%)	2 (67%)
HSCP / Local authority (8)	1 (13%)	5 (63%)	1 (13%)	1 (13%)
Regulator (5)	1 (20%)	1 (20%)	0 (0%)	3 (60%)
Representative body (28)	2 (7%)	7 (25%)	6 (21%)	13 (46%)
Service provider (10)	0 (0%)	5 (50%)	1 (10%)	4 (40%)
Other (6)	0 (0%)	4 (67%)	1 (17%)	1 (17%)
Total organisations (60)	4 (7%)	22 (37%)	10 (17%)	24 (40%)
Individuals (40)	11 (28%)	19 (48%)	8 (20%)	2 (5%)
Total respondents (100)	15 (15%)	41 (40%)	18 (18%)	26 (26%)

(Percentages might not add to 100% because of rounding)

Respondents answering question 4 were then asked to give their reasons for their initial response to this question. A total of 73 call for evidence consultees chose to respond.

Those against having different regulators for inspection and improvement

Among the large majority not in favour of having different regulators, the main theme mentioned (by a large minority of respondents across all sub-groups and frequently at events) was that **inspection and improvement are linked**. It was also suggested that it would be difficult to separate the two areas, and that having the same regulator would support a consistent approach.

A large minority (including the majority of HSCP / local authority respondents) thought **inspectors should be able to or were best placed to offer improvement support for social care services**. Inspections could therefore be a stimulus for quality improvement. A significant minority from across all sub-groups supported **closeness of dialogue, depth of understanding and a relationship building approach between an inspector and the service inspected**. A social care provider noted this had been a success during the Covid pandemic.

A significant number of responses echoed those given at the previous question, in that having more than one regulator could lead to differing development and improvement plan ideas, confusion, inconsistency, ineffective sharing of information and other tensions. A very small number identified savings in terms of time, effort and resources (e.g. fewer visits required to the same site).

A few respondents across all sub-groups cited easier sharing of good practice, such as shared learning and training and national arrangements for benchmarking. Two providers of social care support thought it would be easier to meet the required improvements to achieve the necessary standards (e.g. keeping to timescales for monitoring improvements).

A few mentions noted a need for some autonomy (e.g. separate departments or specialisms) within the same regulator. Some scenarios where this would be useful were elements for enhanced inspection (e.g. for children or in the justice area), differing skills requirements for assessing the meeting of prescribed standards of care, and improvement methodology specialisms (e.g. an independent improvement professional getting involved where the relationship between an inspector and the service providing social care support is problematic). Small numbers at events urged clarity of roles within regulators.

Those in favour of having different regulators for inspection and improvement

Most of those in favour of different regulators (a small minority overall) thought this would help to **ensure improvement**. Reasons given included that improvement was happening not only as result of inspections, that this

supports a development approach, and inspections and scrutiny should not be a tick box exercise. A representative body and an individual thought there would be better quality outcomes.

A few respondents thought having different regulators would provide greater focus on specific areas, noting that each social care area provides differing levels of service to those who use social care support. Very small numbers each noted better governance, accountability or transparency (without going into details), or ensuring that regulatory expertise, experience and knowledge is not diluted.

Other remarks

A few respondents (particularly regulators and representative bodies) thought the current regulators needed to work together more closely, especially in the areas of data, information and documentation sharing.

Other comments made (each by small numbers of respondents) included:

There are too many quangos, inspectors and regulators

The grading system is not fit for purpose (comments included that it could feel subjective and that it might encourage playing the system)

There is a need for those with lived and living experience to take a leading role

Concerns about the implications of perceived funding cuts and costs difficulties

Suggested other focuses for future development (e.g. more local engagement in frontline service delivery, more flexibility within the system, a focus on what works rather than what is administratively convenient, instigating a National Improvement Plan)

The next question went onto ask:

Q5: How can we ensure that regulation and inspection processes are underpinned by a commitment to improving services?

A total of 86 call for evidence consultees responded to this question.

Collaborative Working

The largest number of respondents – a large minority and particularly across most events – supported **regulators and inspectors working collaboratively with the social care and support workforce, people receiving social care support, services providing social care support**

and other regulatory bodies. This could take the form of partnership working, relationship building, and knowledge and good practice sharing (e.g., celebrating success). Stakeholder engagement was focused on by a few respondents, in particular engaging with people receiving social care support and unpaid carers.

Supportive approach

A large minority across all sub-groups recommended that **inspections and improvements should be approached in a supportive manner**, advocating a flexible system and provision of person-centred support. At events there were mentions that regulators should take the role of a ‘critical friend’ to services being inspected or regulated. A representative body stated that regulators and inspection services should focus on:

“...outcomes for people rather than provider compliance with policy and process.”

Similar numbers across all sub-groups wanted a focus on **removing stigma or anxiety from the process**. It was recommended that an inspection should be regarded as a learning opportunity to strive to be better. To achieve this, a culture was advocated that enables stakeholders to voice concerns and suggestions for improvements to social care support services without fear of repercussions, aided by a change in the language used and improved complaints procedures.

Focus on ongoing and continuous improvement

A large minority overall across all sub-groups and at events thought there should be a focus on **continuous improvement**. The advantages of this included an improvement-focused culture in regulatory organisations, support for self-evaluation for improvement, improvement planning, facilitation and maintenance. A large minority also discussed **following through in terms of regular feedback, reviews and monitoring**. Examples were given such as ensuring all directives for improvement are actioned adequately, having an overview of performance outcomes and regular data collection and analysis. A small number mentioned independent reviews (e.g. from the Scottish Government).

Standards and codes of practice

A large minority across all types of organisation (though only a few individuals amongst consultees or at events) wanted to **implement or create a code of practice for social care support services to uphold, or decide what is and is not good practice** for improvements or professional governance standards. There were a very small number of suggestions to either refresh or adhere to the Health and Social Care Standards. A few respondents cited a

need for minimum inspection standards and statutory standards for regulators and inspectors (e.g. regarding reporting requirements). Similar numbers requested a consistent approach by regulators, in terms of regularity of inspections and transferable benchmarks in order to gain a more realistic view of services.

Resourcing the commitment to improve

A significant minority across all groups and at events cited a need for **sufficient funding and resources** for the regulatory, inspection, and improvement systems. Slightly smaller numbers were concerned to ensure that inspectors have the necessary skills, tools, training, qualifications and expertise to be supportive in improvements / improvement methodology. A small number requested improved training opportunities for the social care and support workforce.

Small numbers expressed concerns about adequate social care and support workforce availability to help deliver improvements, given the current recruitment issues in the social care sector. A significant minority (almost all of them organisations rather than individuals) thought people with lived or living experience should be employed as part of the regulatory and inspection services.

Reducing bureaucracy and administration was the focus of a few respondents and at events. Too much unnecessary scrutiny of top performing services was mentioned in this context as well as removing pressures from regulatory staff and leadership, and pressure from inspections draining resources from the improvement function. At one event, a point was made about extra measures put in place during the Covid pandemic still being in place with many services struggling to adjust. Services felt they could not improve due to the restrictions placed on them.

Other points

Small numbers of respondents each wanted to see:

Additional enforcement powers for improvement (e.g. ensuring the regulator has the ability to intervene where excellence is not being achieved)

Regulator(s) and inspectors held to account (e.g. by having an organisation that regulates the regulator or having inspectors inspected in order to ensure protocols are followed)

Q6: Should regulation, inspection, and scrutiny have an emphasis on services continually improving? What might that look like?

A total of 77 consultees responded to this question. Nearly half of these agreed that regulation, inspection, and scrutiny should have an emphasis on services continually improving. Only a very small number disagreed.

Suggested focuses for improving

A significant minority (mainly individuals and representative bodies) asked for **clarity of expectations** for improvement. It was suggested this might involve standard setting, having realistic or flexible expectations of standard achievement, robust or realistic improvement plans for meeting new or updated guidance, benchmarking guidance, and time-frames for improvements. A few respondents also felt that attention needs to be paid to the complexities of service delivery (e.g. flexibly adapting services to the needs of those using social care support or having realistic expectations given facility layout or size constraints and consideration of contexts).

Similar numbers (almost all of these being individuals, representative bodies and HSCP / local authorities) highlighted **sharing best practice**, for example establishing what is or is not working, and showcasing services which provide social care support where improvements have been made.

Smaller but still significant numbers wanted to see **consistent monitoring and requirements for feedback to demonstrate improvements** (e.g. using databases, digital means or progress reports). Similar numbers would like to see **more focus on improvements during inspections themselves** to demonstrate a more fundamental role for improvements in regulation. There were a couple of suggestions that more inspections or more consistent inspection visits should be made. This was also suggested during events.

A few respondents were in favour of greater use of self-evaluation or self-identification of areas for improvement by providers of social care support.

Support measures for improvement

A large minority wanted **closer collaboration with social care providers including building relationships**; this could include regular interaction with a named inspector or closer involvement at a local level. A few respondents argued for supportive methods of inspection and regulation, for example acting in an encouraging way and enabling safe and open conversations.

A focus on **people-centred outcomes and meeting the needs of people receiving social care support** was advocated by a significant minority across all groups.

As at the previous question, there was a small minority of calls for those with lived and living experience to be involved with improvements on the regulatory side.

Support needs

A significant minority (from across sub-groups) saw a **need for resource provisioning** to help regulators and inspectors focus on service improvements. Social care and support workforce recruitment was specified as well as more general building of capacity, while these respondents also warned of resourcing challenges. A small number of respondents suggested not focusing resources on services which were already very good, as it would be difficult to demonstrate improvements with these.

A small minority saw a need for more or better training and development opportunities for the workforce (e.g., development and delivery of the National Training Framework for PAs and PA Employers, mentoring programmes).

A few respondents wanted to ensure processes are not too bureaucratic or cumbersome (e.g., in terms of too much paperwork or perceived duplication of effort between regulators).

Disagreement that regulation, inspection and scrutiny should have an emphasis on services continually improving

Only a very small number of respondents (two representative bodies and an individual) disagreed with the first part of the question, citing issues around a lack of resources to enable extra reviews and meetings.

Q7: What should happen if something goes wrong in a service?

A total of 83 call for evidence respondents commented at this question. Responses at events were similar.

Process for reporting and rectifying problems

A large minority of consultees thought there should be a **procedure for reporting incidents and problems**. Clear pathways of communication for people receiving social care support and others to engage should be provided. An event respondent raised concerns that there can be difficulties in communication and that inspectors need communication training. They also wanted to see more time for inspectors to engage and build trust with certain people with communication difficulties. A significant minority wanted to **enable trustworthy and safe reporting of issues by the person or provider of social care support concerned** (i.e., confidential, open, honest reporting of what went wrong).

A significant minority recommended having a **clear process for rectifying problems** such as national care guidelines, Charter of Rights and Responsibilities for a National Care Service. Clarity of guidance for approach and understanding of procedures for both inspectorate and service were

requested. A small number of representative bodies and HSCP / local authorities thought current processes are already adequate to deal with problems.

Solutions to problems

The highest number of responses (almost half of the respondents at this question) focused on the necessity of **implementation and provision of solutions and actions to solve problems**. This could be by sharing good practice, finding solutions from among social care staff or from the inspecting body / regulator, or by instigating an improvement plan.

A large minority from across all sub-groups recommended **investigation of problems at an appropriate or proportionate level**, with a few respondents commenting that this will depend on the gravity of the problem. Suggestions ranged from regulatory investigation leading to interventionist or enforcement action if there is an imminent safety issue, to disciplinary action if an individual rather than the process is at the root of the problem, to more supportive action in minor cases. It was suggested facilities should be closed if they were seen as unfit to deliver the service, with alternatives made available as soon as possible. There were a couple of mentions of escalation to the Scottish Public Services Ombudsman, for instance where there is dissatisfaction with a response to a complaint.

A significant minority thought it important to **analyse what went wrong or having a clear investigation**, for instance by seeking a full understanding of the situation or by validating concerns which have been raised.

A significant minority across most sub-groups thought it best to **work with services by offering collaborative support to solve problems** and that it was best if the methodology of solutions was non-threatening. This would result in a better understanding of the service.

Finally, **timely action** by agreeing timescales for rectification of problems or improvements, was considered important by a significant minority of respondents.

Accountability

A significant minority (almost all of them individuals and representative bodies) wanted **accountability for things going wrong**. A very small number mentioned redress, but similar numbers simply thought there should be an apology issued.

A few respondents were in favour of independent arbitration between regulators and those providing social care support to ensure the regulator does not end up “marking their own homework”, as one individual put it. It was

also regarded as important to take the views of other expertise outwith the regulator in cases where people were unhappy with the assessment of the service.

Additionally, there should not be a “**blame**” **culture** with regards to individuals, the social care and support workforce, services and providers of social care, according to a significant minority of mainly individuals and providers of social care (and also at events attended by providers of social care).

Reflection

Reflection by way of learning reviews (e.g. as to how the situation arose) was suggested by a large minority consisting mainly of individuals and most of the HSCP / local authorities. A significant minority cited the importance of **preventative measures** to prevent reoccurrences of incidents. These could take the forms of holding enquiries, putting remedial plans in place, retraining of staff, reviewing adequacy of controls or holding commissioners to account. Finally, an individual and a representative body suggested informing anyone who raised a complaint about improvements made and actions taken to rectify the situation.

Q8: Who should be responsible for making improvements to services?

A total of 78 call for evidence consultees responded to this question. Among relatively few mentions at events, the same pattern of answering emerged.

Services

Providers of social care services were the most frequently mentioned as having responsibility for making improvements to services, according to a large minority of respondents across all sub-groups. These respondents felt they should have accountability and primary responsibility for their services. A few respondents however said they should have support for identifying and sustaining improvements. **Managers** within organisations providing social care support were mentioned by fewer but still significant numbers of respondents, again with a few of these mentioning they should have guidance and support. Similar numbers stated “the service” or “services” without specifying managers or providers.

A large minority also suggested **regulators**, as these should provide support to the service providing social care support, ensure improvements are made, provide leadership and guidance and work collaboratively, sharing best practice. The Care Inspectorate was mentioned by small numbers, while Healthcare Improvement Scotland and the Scottish Social Services Council were each mentioned by very small numbers. Inspectors or inspection teams received a few mentions.

Other stakeholders

A large minority (mostly individuals and HSCP / local authorities) simply stated that **everyone or all those involved in the service providing social care support** should take responsibility for making improvements.

Frontline social care staff were mentioned by a significant minority, assuming they have adequate training and individual responsibility; these were also mentioned as being a good source of knowledge. Similar numbers of mentions were made of those with **lived or living experience**, who were also recommended as a source of knowledge.

A significant minority cited **local authorities**, particularly where they are the owner of a service offering social care support or the commissioner of the social care services. A representative body said that the Quality Improvement Officer's role was valued.

A few mentions were made of the Scottish Government or Scottish ministers, for example where regulators or agencies are failing they could provide leadership, share best practice, or have public accountability.

Very small numbers of mentions were made of the following:

- Improvement services / teams (e.g. from a future national improvement body)
- Support agencies (with relevant experience)
- Care Boards
- Health and Social Care Partnerships (e.g. for support)

Q9: How do we make sure regulatory bodies are doing a good job?

A total of 80 call for evidence respondents answered this question.

Information provision and communication

The largest numbers of respondents (a large minority across all sub-groups) cited **feedback from services and providers of social care support** as a means of making sure regulatory bodies are doing a good job. It was suggested this should consist not just of the complaints themselves but also their context, and feedback about the inspection process. A significant minority cited **feedback from people receiving social care support or people with lived or living experience**. A few wanted to see feedback from the social care and support workforce.

A large minority of mainly HSCP / local authorities, representative bodies and individuals saw a need for **openness, transparency and communication about regulators' activities and roles**. This included guidance about inspection processes, information about the complaints process, and sharing of knowledge. A significant minority suggested this should at least partly take the form of **performance reviews and reports, mostly in a context of self-reporting and self-assessment**. It was mentioned at an event that regulators use the Professional Standards Authority (PSA) Certified Framework to assess themselves, which was claimed to be open and transparent.

Small numbers cited a need for more dialogue, communication and collaboration with other regulators, for instance to ensure learning is maximised.

Scrutiny

A large minority from across all sub-groups thought regulators should be subject to **independent scrutiny**, with suggestions for an independent board of scrutiny from across social care, which would help to ensure accountability. A small number of respondents suggested scrutiny should come from government oversight and similar numbers simply cited that more monitoring of regulators was needed in general.

External auditing was advocated by a few respondents; an HSCP / local authority suggested a role for Audit Scotland in this, without providing any more detail. Small numbers of organisations cited the importance of the regulator's own quality assurance processes. A regulator stated:

“We undertake an annual self-assessment of our progress using an adapted version of the PSA's Standards of Good Regulation. We also maintain regular dialogue with many of the regulators the PSA oversees such as Social Work England and the Nursing and Midwifery Council. We would welcome the opportunity to have a further discussion about the case for and role of an independent scrutiny body.”

Analysis

A large minority (many of whom were representative bodies) cited a need for **better or more evidence and data** for analysis to help ensure regulators are doing a good job. Performance measures were mentioned, particularly in relation to improving the quality of services and outcomes for people receiving social care support. A significant minority across all sub-groups focused on **analysis and comparison of inspection reports**, suggesting these should be scrutinised for consistency of approach, consistency among inspectors, benchmarking purposes and whether or not they meet standards.

Other ways

A few respondents again raised funding and resourcing issues for regulators, in particular the need for experienced, qualified and trained people.

Very small numbers of respondents thought regulators must:

Have a better complaints system or make better use of the complaints system (e.g. handling concerns and feedback)

Ensure failures and inadequacies are properly dealt with (e.g. with punishments such as fines)

Have greater knowledge of the services being inspected (e.g. via relationship building)

Be independent

In summary: Theme 3 – How should inspection, scrutiny and regulation be carried out?

Opinions were very split on whether the same regulator should inspect all services (Q3); almost equal numbers of respondents answered 'Yes' and 'No'. The key benefit identified by those in favour was that this would offer a consistent or streamlined approach to regulation. Other benefits included a reduction in confusion over specific responsibilities. This would lead to more efficient usage of resources. A significant minority would only support one regulator if their workforce maintained a broad range of specialist knowledge across different services.

Among those against having the same regulator, the main reason given was that it would prove too much of a challenge to have one regulator with the necessary spread and depth of knowledge, skills and expertise. Health, social work and social care were also regarded as being distinct. However, an improved partnership approach between regulators was proposed as an alternative.

A large majority disagreed that there should be different regulators for inspection and improvement (Q4). Among respondents not in favour, the main reason was that inspection and improvement are linked. It was also felt that inspectors are best placed to offer improvement support for services providing social care support if inspections are carried out in a supportive manner. Having more than one regulator could lead to differing priorities for development and improvement plans.

Among those in favour of having different regulators, this was seen as helping ensure improvement. It was perceived that improvements happen due to a variety of factors and not only as a result of inspections.

To ensure that regulation and inspection processes are underpinned by a commitment to improving services (Q5), respondents said that regulators and inspectors should work collaboratively with the social care and support workforce, people receiving social care support, services providing social care support and other regulatory bodies. They also said that inspections and improvements should be approached in a supportive manner to relieve anxiety. A focus on continuous improvement was supported, for example, by following through in terms of regular feedback, reviews and monitoring. The implementation of good practice was recommended as well as funding and resourcing.

Respondents reinforced their agreement that regulation, inspection, and scrutiny should have an emphasis on services continually improving (Q6). There were calls for clarity of expectations and sharing of good practice, along with closer collaboration with providers of social care support. There were also calls for a focus on meeting the needs of people receiving social care support. Issues with the provision of resources for improvement actions were again raised.

If something goes wrong in a service (Q7), respondents want to see a clear procedure for reporting the problems, particularly for people receiving social care support.

There were recommendations for providing and implementing solutions, along with appropriate actions and changes to solve problems. That said, respondents felt that investigations should be at an appropriate or proportionate level depending on the issue raised. Accountability was seen to be important, although there should not be a “blame” culture. A collaborative approach to problem solving with services which provide social care support was thought best where possible, along with timely remedial action. After resolution, learning reviews were strongly advocated as well as introducing preventative measures to reduce the reoccurrence of problems.

Providers of social care support were most commonly seen as being responsible for making improvements (Q8), as they are seen to have responsibility for arrangements and delivery of their services. The managers of providers of social care support were mentioned less often. Regulators were mentioned in the context of providing support and guidance. Significant minorities suggested that front line staff offering social care support, those with lived and living experience (as a source of knowledge for making improvements) and local authorities also had a role.

There were also calls for all people involved with providing social care support to have a role in improvements.

In order to ensure regulatory bodies are effective (Q9), feedback from services and social care providers offering social care support was most frequently

mentioned, with fewer mentions of feedback from those with lived and living experience.

A need for openness, transparency and communication about regulators' activities was supported, such as production of reviews and reports. Independent scrutiny of regulators was also supported, along with a need for evidence and data (e.g. analysis of inspection reports).

Theme 4 – How will we know systems are working?

When referring to respondents who made particular comments, the terms ‘a small number,’ ‘a few’ and so on have been used. While the analysis was qualitative in nature, with the consultation containing only a limited number of quantifiable questions, as a very general rule it can be assumed that:

‘a small number’ indicates up to 5 respondents

‘a few indicates around 6-9

‘a small minority’ indicates around more than 9 but less than 10%

‘a significant minority’ indicates between around 10%-24% of respondents

‘a large minority’ indicates more than a quarter of respondents but less than half

and ‘a majority’ indicates more than 50% of those who commented at any question.

Having asked how inspection, scrutiny, and regulation should be carried out, the call for evidence and events then asked a series of questions on what information people would find useful to assist in making decisions about care and support.

The first question in this theme asked:

Q10: How can we ensure that people and their families who require care and support, have the information they need about how providers are performing to support their decisions about care and support?

A total of 85 call for evidence respondents across all sub-groups commented in response to this question. The same issues also tended to be raised at events.

A need for accessible reporting

A key theme from call for evidence respondents across all sub-groups, and from events, was of the need to **provide reports that are accessible to everyone and which are provided in a range of different formats**. There were suggestions for reports to be available online as well as in hard copy, and the provision of easy read reports including more use of graphics. There were also a small number of requests for summary versions of the full report, again provided in an easy read format.

There were a few references to the need for reports to be accessible to all in terms of language used as well as being provided in alternatives such as British Sign Language (BSL) and in different languages. Two HSCPs referred to the need for information that is accessible to those with sensory impairment.

A small minority of call for evidence respondents, across most sub-groups, suggested there should be **a duty on social care providers to provide the most recent inspection report** to people receiving social care support and their families, as well as providing information on the role of the regulator, the performance of the social care provider and details of any changes or actions required by the regulator following an inspection. One service providing social care support felt that services like theirs should do more to allow access to information for people with greater communication needs. There were also a very small number of suggestions for services offering social care support to use standard templates to provide information to people receiving social care support and their families. An attendee at an event noted that services offering social care support vary in terms of the level of information they provide to people receiving social care support and their families, with some being good at sharing reports but others less good. There were also a few comments from call for evidence respondents and from events that some information provided is out of date.

While a number of comments focused on inspection reports, there were a small number of comments from call for evidence respondents on the need for access to improvement plans, performance indicators and quality improvement frameworks.

A few attendees at events also commented that there is a need for better communication around where and how to obtain information about how providers are performing to support their decisions about care and support. One respondent suggested this could be the responsibility of Public Health Scotland, while another respondent suggested a television advertising campaign was needed.

The use of websites

There were references from a small minority of call for evidence respondents – primarily individuals, HSCPs and advocacy organisations – and from some events on **the use of websites in providing information** to individuals and their families who use social care support. Most of these were general comments on the need for information that is easily accessible via a website(s) and there were a small number of suggestions for a single source public website that is available for people receiving social care support and their family members.

A small number of respondents referred specifically to the **Care Inspectorate's website**, with suggestions for greater promotion of this

website as a source of information that can help people to make choice on social care. There were also a small number of suggestions for the Care Inspectorate website to record updated information in real time as well as providing the results of satisfaction surveys. A few call for evidence respondents across most organisation sub-groups, commented that information about how providers of social care support are performing already exists through Care Inspectorate reports or on their website.

While websites are clearly perceived to be a useful source for information, there were a few comments from call for evidence respondents that some websites are difficult to navigate, are not clearly signposted or do not present information that is easily accessible or presents information from the perspective of people receiving social care support or their family members. An event attendee commented that some people receiving social care support or family members will be digitally excluded.

The involvement of people with receiving social care support and their families

There were references from the call for evidence and events to **fully involve** people receiving social care support **and their families in decisions about their care and support** or to involve them in any changes to the processes of inspection, scrutiny, and regulation. One representative organisation suggested using the Charter of Involvement⁸ to see if people receiving social care support and their families feel included and respected.

Allied to this issue, there were a few comments from call for evidence respondents of the need to make more use of advocacy services, third sector organisations, peer networks or local networking services that can reach out directly to local communities. It was felt these could provide support and advice. An attendee at an event noted that there is a need for inspection, scrutiny, and regulation processes to work in partnership with trusted services to disseminate information and hold information sessions within the community.

There were comments from a few respondents – mainly individuals – of the need to obtain feedback from people receiving social care support and their families. A variety of methods were suggested including questionnaires, briefings, online events, drop in hubs and surveys. There was also a suggestion from an event that there should be a channel to the regulator for feedback on complaints and appeals.

⁸ The Charter of Involvement has been developed by the National Involvement Network. It sets out in their own words how supported people want to be involved, in the support that they get, in the organisations that provide their services, in the wider community.

Other suggestions from call for evidence respondents and event attendees for ways in which information could be provided to people receiving social care support and their families included:

- An advice helpline.
- Inclusion of people receiving social care support and their families in the inspection process.
- Annual reports demonstrating inspection activities that have taken place.
- Public information campaigns.
- Information on how services are delivered or how to access regulatory bodies to obtain information.
- Promotion of what service providers are doing and positive reinforcement of what they are doing well.

Final comments

While respondents focused on formal channels of information, a small number – mainly representative bodies – felt that some decisions about care are made on word of mouth recommendations and that people receiving social care support and their families are less concerned about inspection reports. The importance of word of mouth as an information channel was also highlighted by some respondents attending events. For some, this may be attributed to a lack of choice of local facilities, a lack of awareness of regulation within the sector, a need to take the first option offered (in what may well be a crisis situation) or a lack of awareness of the availability of inspection reports. An attendee at an event noted the importance of personal contact and a capacity to visit a service beforehand as well as word of mouth and qualitative feedback.

Small numbers of call for evidence respondents and those attending events raised other issues. These included:

- A National Care Service could set out core principles for regulation and scrutiny, which would provide clarity to people receiving social care support and their families.
- There are online tools such as Care Opinion which allows people receiving social care support to report and share personal experiences of care, and which could be used to access information.
- The need for the inspection to pick up on, and to share good practice.
- The use of social media (for younger people receiving social care support) such as Facebook, Instagram or tik tok.

The next question asked:

Q11: What information might that be?

A total of 64 call for evidence respondents commented in response to this question, with a **significant minority of these referring to information provided by the inspection process or inspection reports**. Some comments echoed those from the previous question.

The inspection process and inspection reports

A few call for evidence respondents and attendees at events noted the importance of having the most recent inspection report available, in an easy to read version and accessible format. This included references to an easy read version of each report and the provision of reports in a range of different formats, to meet different needs. Once again, there were a small number of suggestions for a brief summary document of inspection findings that includes information on the ethos, aims, grades, strengths and areas for improvement, along with details on how to access further information if required. There were also comments on the need to ensure that all information provided is up-to-date. Although most respondents focused on inspection reports related to specific social care providers, one provider of social care services suggested it would be useful to be provided with general reports on the state of care across the sector as well as on the performance of different types of services providing social care support.

Respondents to the call for evidence and at events referred to a wide range of information that could be provided in inspection reports. This included:

- The purpose of inspection and the process of inspection.
- An overview of the service providing social care support and the services available; location of setting of social care support.
- Performance (past and present) to allow for comparisons over time. One respondent noted that information on performance will vary across different services who provide social care support, depending on the type of care and support provision; national and local information so that performance can be compared across different social care providers.
- Outline of strengths / where services who provide social care support are 'getting it right'.
- Outline of weaknesses and where services who provide social care support are 'getting it wrong'.
- Areas for improvement / improvement plans; how services who provide social care support have responded; and progress made against these; achievements against targets.

- Outcomes of inspection process.
- Compliance with legal requirements.
- Management / staff turnover within providers of social care support services; staffing levels (grades, roles, qualifications and experience).
- Complaints and enforcement activity; appeals process.
- Contact point for the regulator.
- Case studies in relation to lived or living experience, provided by people receiving social care support and their families; for example, whether the quality of care provided meets the expectations of people receiving social care support.
- Qualitative information on whether relationships are warm and supportive, whether residents are comfortable, and the day-to-day routine.
- Information on how assessments are made and waiting lists.
- The role of SSSC and what they regulate.

As noted by a representative body:

“The principles within the Social Care (Self-Directed Support) (Scotland) Act 2013 are clear that individuals should be provided with enough information to enable an informed choice. This could be details of the service provided, inspection activity and outcome, number of registered workers, engagement opportunities for those using services, and future plans for service development.”

The involvement of people receiving social care support

As at the previous question, there were a number of comments from both call for evidence respondents and those attending events, about the need to **involve people receiving social care support**. Comments included a need for engagement with people receiving social care support so as to ascertain what information would be most useful to them. There were also a few suggestions for the inclusion of lived experience of people who have previously received social care support and the provision of feedback from people currently receiving social care support and their families so that potential users of social care support and their families can obtain an up to date picture of a specific service they might be considering.

The regulator

There were a few comments to the call for evidence on the need for information on how to access the regulator's website, with a suggestion that regulator websites should be easily navigated and have clear signposting as well as providing a clear explanation of their role in the inspection, scrutiny, and regulation process.

Additional information provision

There were a small number of requests in the call for evidence for information on what is available locally, along with contact details for these providers of social care support and what to expect from them.

Q12: How can we make data collection and sharing better?

A total of 73 call to evidence respondents commented in response to this question.

A single digital system

A key theme emerging in response to this question from call for evidence respondents was of a need for a single shared digital system or platform with all required information, as each organisation at present has its own IT system and there is little consistency in terms of the data collected. This issue was raised by a large minority of respondents across all sub-groups and cited by small numbers of attendees at events. A single shared system would reduce duplication of effort, remove administrative burden, help to streamline current data collection and reporting arrangements, enable users to focus on meaningful data and priority areas, and allow for service and system wide improvements. There were some suggestions that changes to data collection are being made already, with one regulator referring to information sharing agreements already in place between some organisations. Another regulator referred to a new framework with Sharing Intelligence of Health and Care Group (SIHCG) and another suggested adoption of the Scottish Approach to Service Design (SatSD) that focuses on a user-centred approach. One proviso in relation to the collection and sharing of data was that current local systems in use would need to be updated and properly resourced in order to ensure they can collect the required data.

One HSCP referred to the Improvement Service taking forward a project to try and simplify data submission arrangements across local authorities. An organisation in the 'other' sub-group noted:

“To assist in improved data collection, we need to develop a single system, with the ambition of reducing duplication and minimising the administrative burden and which effectively:

- Supports the service provider to manage and report on performance
- Collates evidence to inform scrutiny
- Provides a Learning Management System for staff training and continuous professional development
- Records and aggregates training needs
- Sends notifications and required data to scrutiny bodies, commissioners and Scottish Government.”

There were also a few suggestions for **more collaborative working from** call for evidence respondents and from events. This included regulators sharing more information and working together using a joined-up approach, and with deeper collaboration and stronger relationships between social care support providers.

Linked to the issue of a single digital system, there were again comments on the need for any data to be accessible.

Two organisations providing social care support suggested that the **set up of a single regulatory organisation** would allow for the central collection of data, align data sharing and allow for better sharing of information across agencies.

Development of a strategy

Alongside suggestions for a single shared digital system, there were a few calls – mainly from HSCPs and representative bodies responding to the call for evidence – for a **national digital strategy** for the public sector that would allow for better communications and information sharing. The involvement of the regulators in discussions about datasets and collecting data would help to develop this strategy, although it was suggested by an organisation in the ‘other’ category that there is firstly a need to map current data collection so there is a good understanding of what is currently available and what is required by the different regulators. To aid this, there would need to be consistency across the data collected and consistent definitions.

The need for accessibility

The issue of accessibility was raised again at this question by all respondents (call for evidence and events), with references to the need for easy to navigate and clearly signposted websites and for information to be accessible to all. It was also noted that it would be important that individuals providing data have a clear understanding of how their data would be used, and for those working with the data to understand how to use the data to reach positive outcomes and improvements to service delivery. One representative body responding to the call for evidence noted:

“Data held about registered social care services by the service and workforce regulators is not currently linked. The regulatory bodies could significantly improve the social care data available by sharing what they already hold from inspection visits, annual returns, and registrations in an accessible and up to date format.”

Collecting data

A small minority of respondents referred specifically to the approaches used for data collection. There were suggestions for more regular surveys (such as quarterly surveys on the social care and support workforce or among people receiving social care support), for a combination of quantitative and qualitative data to be collected so as to provide a full picture of the service provided, and utilising a variety of different formats. There were a small number of comments that there is currently a lack of timely data, with one organisation providing social care support suggesting that there should be ongoing data collection so as to track and monitor performance outwith the inspection process.

Concerns over data collection and sharing

A few respondents outlined concerns they had in relation to data collection and sharing. These revolved around the inoperability between different IT systems and the level of funding that would be required to set up a collaborative approach to data sharing, and also that some organisations may be reluctant to share data. One representative body also cautioned over pressures currently facing the sector in terms of the time needed to collect information or participate in engagement sessions; and another that increased demands to collect data will lead to increased demands on administrative staff. As noted by an advocacy organisation;

“Currently there are 32 different systems in health and social care. This can result in an inconsistent picture of the current social care profession and difficulty gathering accurate equality and evidence data. This proves difficult to evaluate who is accessing social care services such as minority groups and to understand and address any differences in their experiences. To achieve an inclusive service focused on equity of access and quality of provision, more understanding around personal characteristics and needs is required. Introducing regulation and data sharing that is universal for all social care services would rectify this and contribute towards continuous service improvement.”

An individual at an event noted that some providers of social care support are subject to multiple inspections which creates a lot of duplication of effort and can be time consuming.

Q13: How do we make sure regulation, inspection and scrutiny supports good practice for people accessing care and support?

A total of 70 respondents commented on this question in the call for evidence. Many of the topics raised were noted by respondents to the call for evidence and those attending events.

Two key themes emerged in response to this specific question. The first, noted by a significant minority across all sub-groups as well as being mentioned at events, commented on the need to **define, identify and highlight good practice**. There were a few comments on the need to focus on creative, flexible and innovative working practices rather than focusing on poor service delivery or elements of the service that do not work as well as they should. This would help to ensure continual improvements to good practice as well as ensuring all services offering social care support can adhere to good practice. It would also ensure that people receiving social care support and their families would know what good practice should look like.

The second key theme, noted by a significant minority of respondents across all sub-groups and from respondents at events, focused on the need to **involve people receiving social care support and their families**. In this way, the system of inspection, scrutiny, and regulation would fit people receiving social care support, rather than expecting people receiving social care support to fit the system. Ways in which to involve people receiving social care support included active involvement at all levels such as management meetings and peer inspections. A commitment to co-design systems with people with lived or living experience alongside provision of accessible information would help to develop social care services that meet their needs as well as highlight good practice. It was felt there is a current lack of focus on developing relationship-based practice that aims to facilitate support and positive outcomes by involving users of social care services in their own care plan. A representative body felt that strategic evaluation of the process of inspection, scrutiny, and regulation should draw on data collection and intersectional analysis of people's experiences of health and social care, to ensure evidence-based responses that target groups of people who do not have equitable access to care. In summing up, a representative body commented:

“Having people with lived experience involved in all aspects of regulation, inspection and scrutiny will encourage good practice through its very nature. People with lived experience can create clear guidance on how to conduct inspections and encourage best practice. Positive outcomes following

inspection can be shared with the public to show the aim of inspection is to continually improve. Positive examples could be shared in training new inspectors and amongst teams. Discussions should also be had when things do not go well in order to learn from mistakes made and improve practice. Peer support organisations can share examples of good practice through their information channels. They could also hold workshops with special interest groups and in local areas, reaching out to under-represented groups. Different channels should be used, keeping in mind that not everyone has access to the internet or finds it the best way to receive information.”

There were also a few references to the need for inspection reports to be accessible, to provide insight on the current system and opportunities for changes and to frame the results in the context in which care is delivered while acknowledging the challenges facing the sector.

Individuals involved in the social care sector

While much of the focus at this question was on the involvement of people receiving social care support and the use of good practice, a significant minority of respondents also focused on the **role of inspectors and the need for good professional practice** during their involvement in inspection activities. This issue was raised in responses from all sub-groups to the call for evidence as well as at events. Comments included the need for:

- Clear guidelines for inspections so that all interpret the outcomes in a consistent way; and a thorough and systematic approach to the grading system.
- More regular visits to local authorities and services offering social care support.
- Inspectors to be visible outwith the formal scrutiny and inspection processes, having regular contact and observation sessions.
- Creating a better dialogue between inspectors and providers of social care support.
- Well trained inspectors with up-to-date and relevant knowledge and skills for each of the inspections undertaken and the different service types.
- An environment that supports learning.
- Higher levels of transparency in the inspection, scrutiny, and regulation process.
- The embedding of PANEL principles in all practice.
- Less focus on procedure and policy and more on developing relationship-based practice and supporting positive outcomes.

- Offering higher levels of support to organisations, working in partnership and understanding the ethos of different organisations.

While the role of inspectors is clearly important, a small minority of respondents across all sub-groups and those attending events, also focused on the way the social care and support workforce should carry out their jobs. These included references to high quality training so that the social care and support workforce has the right skills at the right time and in the right place. There were also calls for ongoing and continuous improvement in terms of skills development. Some very specific skills were outlined by respondents and these included specialist training to help develop understanding of mental health issues, stigma and discrimination. While a number of responses focused on specific skills and training, there were also a few references to other skills such as the need for staff to be kind and compassionate.

Across the social care and support workforce as a whole, there were a few comments on the need for a system that is rights-based and works for the benefit of the people receiving social care support, rather than focusing on a specific registration category. One organisation felt there is a need to improve workers' knowledge and understanding of legislation, regulation and standards. There was a reference to the need for a change in attitude so that the social care and support workforce views inspection, scrutiny, and regulation processes as positive and to their benefit, rather than being process driven and could be challenging for many.

Final comments

There were a small number of comments made by one or two respondents to the call for evidence and at events. These included:

- Better promotion of the health and social care standards.
- Strengthening codes of practice so that providers of social care services adhere to the Care Standards; for example, currently there are no statutory obligations on these to ensure anyone in the social care and support workforce attains the qualifications required for their registration.
- The setting up of a national body to focus on benchmarking and the sharing of good practice.
- Offering clear definitions of what is meant by inspection, scrutiny, and regulation.
- Reframing inspection and scrutiny as one tool within a broader system that is focused on supporting continuous improvement.
- The need to address questions of resources, responsibilities and relationships.

- Having a collaborative approach across regulators and with the National Social Work Agency, using information gathered through scrutiny and inspection to highlight best practice and promote joint working.
- Offering a 'Trip Advisor' style site for the rating of services offering social care support.
- A transparent and easy to use complaints system, that offers anonymity to complainants.

The next question in the call for evidence focused on the social care and support workforce, and asked:

Q14: How do we make sure regulation, inspection, and scrutiny supports good practice for people working in care and support?

A total of 63 respondents to the call for evidence responded to this question. To an extent, some respondents raised the same issues to this question as they had to the previous question, and a few respondents set the context for their response in terms of the challenges in the current landscape facing services offering social care support. These include a reduced labour pool, high inflation, recruitment and retention issues and higher wages being offered in other less pressured working sectors.

Issues that were raised at the previous question included the highlighting, identifying and sharing of good practice; and for inspectors to be well trained with up-to-date knowledge; for inspection reports to be accessible and focus on positives rather than problem areas or to offer a better balance between providing positive feedback and highlighting areas for improvement. There were also a few requests for clearer explanations on the role of inspection (and the inspector) and regulation activities. There was a request from a representative body for the quality framework for inspections to be amended to require inspectors to examine services providing social care support against required national Fair Work standards. A service providing social care support suggested that regulations should ensure that there are terms and conditions in place to support the social care and support workforce and that these could be part of the inspection process.

The need for culture change

There were a small number of references from call for evidence respondents and events on the culture change that is needed within the sector so that the inspection process is not seen as a burden but as an opportunity to reflect on challenges, successes and learning. It was felt that a greater emphasis on collaboration and support would help to bring about the required change in culture. Furthermore, while there needs to be a recognition that regulation is important, an approach focusing on good practice and innovation within the

health and social care sector would encourage rather than discourage individuals from working in the social care sector and thus help to address the existing recruitment and retention issues.

The role for care services

A small minority of respondents focused on roles that need to be adopted by services providing social care support, although some may already have taken these roles on board. There were a small number of references to the need for services offering social care support to support meaningful training for their social care and support workforce, offering support for continuous professional development (CPD) and learning so that there is a culture of learning, and support that ensures staff have the necessary skills to perform their role well. It was also suggested that regular meetings between managers of services providing social care support and their staff to discuss areas of development would be useful in supporting their staff, alongside a commitment to this from senior leadership.

The social care and support workforce

Linked to the previous point, a small minority of respondents to the call for evidence and some of those at events focused on the need for resources, training and support to be provided to the social care and support workforce. This included access to good quality continuous professional learning (CPL), opportunities for CPD that reflect the skills needed to perform their job well, management support and encouragement and paid time for training. There was one reference to training on mental health issues and societal issues such as racism. Training and CPD would also demonstrate that the social care and support workforce is respected and valued and offer a valuable contribution to their employer. A small number of respondents – mostly individuals – referred to the need for the social care and support workforce to be offered secure contracts with fair pay and terms and conditions. There were also a small number of references to the Fair Work standards which offer all individuals an effective voice, opportunity, security, fulfilment and respect.

A few respondents commented on the need to involve the social care and support workforce more, for example by having systems in place to obtain regular feedback from them on their experience, and in involving them to a greater extent in the inspection processes.

A small number of respondents noted the need for services providing social care support to have robust disclosure policies and whistleblowing protection for their staff. A similar number also suggested support should be provided by regulators for social care service staff. This included ongoing consultation and feedback and involvement at all levels of the inspection.

The next question in the call for evidence asked about providers delivering care and support.

Q15: How do we make sure regulation, inspection, and scrutiny supports good practice for providers delivering care and support?

A total of 55 respondents to the call for evidence commented in response to this question. Again, responses echoed many of the points raised by call for evidence respondents and at events at the previous two questions. These included:

- The need to highlight and share good practice.
- Involving social care support providers in the inspection, scrutiny, and regulation processes, for example, by building trusting relationships based on mutual respect.
- The provision of support outwith the inspection process.
- The provision of consistent advice and a consistent approach across the inspection process.s
- Working collaboratively with social care support providers and involving them in any developments in inspection, scrutiny, and regulation. There were also a small number of references to the need to involve the social care and support workforce and people receiving social care support.
- Building good relationships with providers of social care support and reducing the fear and anxiety felt by many about the inspection, scrutiny, and regulation processes.
- Ensuring reports are set in context and recognise the challenges of funding and staffing.
- Changing focus to support improvement, with a greater emphasis on collaboration rather than scrutiny.
- To consider the terms and conditions offered to the social care and support workforce and ensure they are standardised to help improve recruitment to the sector and provide career options to those in the social care and support workforce.
- For services providing social care support to all work to operate at consistent and high standards.

In summary: Theme 4 – How will we know systems are working?

Respondents outlined a number of ways to ensure that people have the information they need about how providers of social care support are performing, to support decision making about care and support (Q10). These included inspection reports that are accessible to all and include easy read and summary versions in a range of different formats and channels. There were also requests for a duty on providers of social care support to publish and provide the most recent inspections report. A single source public website that provides all the required information was also suggested. On existing websites that provide information, this needs to be clearly signposted and provide cross-references to other sources of information. Involvement of people receiving social care support and their families would also help to ensure they receive the required information they need. A wide range of information was outlined as necessary (Q11).

Respondents outlined a number of ways data collection and sharing could be better (Q12). There were references to a single digital system or platform to help reduce duplication and administrative burdens, improve consistency in data collection and streamline data collection and reporting requirements. Some respondents would like to see a national digital strategy that would allow for better communications and information sharing. This would also be helped by more collaborative working and ensuring that all data is accessible to all users.

Respondents noted some concerns over data collection and sharing, for example, the current inoperability between different IT systems and the funding that would be needed to set up a single data collection system.

Respondents identified a number of ways in which regulation, inspection, and scrutiny could support good practice for people accessing care and support (Q13), for people working in the social care sector (Q14), and for providers delivering social care support (Q15). These included defining, identifying and highlighting good practice and placing a greater focus on positives and less on negatives in the inspection process. There was also a desire for inspectors to focus on developing relationship-based practices and supporting positive outcomes, with more collaboration and support for organisations.

It was seen as important to involve people receiving social care support and their families in co-designing inspection, scrutiny, and regulation processes.

There were also calls to ensure that training for the social care and support workforce provides people with the skills needed to carry out their job effectively.

Creating a culture change so that inspection, scrutiny, and regulation is seen as an opportunity to reflect on challenges, successes and learning; a greater focus on the positives was seen to be needed.

Ensuring care providers support staff training requirements and provide access to high quality training and continuous professional development, was perceived to be important for those working in the social care sector.

There were calls to adopt a more collaborative role between regulators and care providers, with support provided on an ongoing basis outwith the inspection regime. This would help to build good relationships and create a more positive view of inspection, scrutiny, and regulation.

Finally, there were requests for a consistent approach to inspection, scrutiny, and regulation.

Theme 5 – How will systems of inspection, scrutiny, and regulation support the social care and support workforce?

When referring to respondents who made particular comments, the terms ‘a small number,’ ‘a few’ and so on have been used. While the analysis was qualitative in nature, with the consultation containing only a limited number of quantifiable questions, as a very general rule it can be assumed that:

‘a small number’ indicates up to 5 respondents

‘a few’ indicates around 6-9

‘a small minority’ indicates around more than 9 but less than 10%

‘a significant minority’ indicates between around 10%-24% of respondents

‘a large minority’ indicates more than a quarter of respondents but less than half

and ‘a majority’ indicates more than 50% of those who commented at any question.

The call for evidence noted that one of the aims of this review is to ensure inspection, scrutiny, and regulation works towards making the system better for everyone, including people who use services and those who work in them. The review was keen to understand views on how this might be achieved for those who deliver social care and support.

The first question about this theme asked:

Q16: How do we ensure there is compliance and consistency with workforce registration requirements?

A total of 65 call for evidence respondents commented on this question.

Recruitment to the sector

A significant minority of those answering this question – across all sub-groups and at events – referred to the **need for an easy and clear process that would encourage individuals to work in the social care sector**. Comments included the need for transparency in registration and the requirements for specific qualifications and a registration process that is easy to initiate and maintain. Small numbers also noted that there is a need to review registration categories, job titles and roles so that social care can be positioned as a highly skilled and diverse career. Offering access to, and clear communication

with, inspectors and regulatory organisations as well as employers was also seen as being important.

There were a small number of suggestions from call for evidence respondents and those attending events for additional funding opportunities to be made available for mandatory qualifications. Given the pressures of demanding working roles and the need to complete training and achieve qualifications, it was seen as important that all individuals within the social care and support workforce have adequate opportunities to complete their qualifications. A representative body noted their support for regulatory mechanisms that seek to professionalise the social care and support workforce and build value in the various roles available but felt there is currently too much focus on compliance and fitness to practice and the potential to be struck off the register.

There were also a few calls for higher levels of support for the social care and support workforce, with suggestions for mandatory supervision sessions to record and assess work completed or for a framework for compliance so that there is clarity over what is required of them to fulfil their role.

Some of those attending events also commented on the need to address recruitment and retention issues within the social care sector. One way of helping with this issue was perceived to be a duty upon providers of social care support services to develop and improve the social care and support workforce in terms of training opportunities. An example provided by one call for evidence respondent was of the high numbers of childminders leaving the workforce due to high levels of bureaucracy and duplication of quality assurance. This respondent suggested there should be one single or shared national inspection system that would rationalise existing frameworks and reduce outcomes reporting.

Flexibility around qualifications

A significant minority of those answering this question, across all sub-groups and at events, focused on the issue of having greater flexibility around qualifications and equivalencies with qualifications being portable across different parts of the social care sector and reflecting the need and wider scope of social care support. A small number of these respondents felt there should be consistent compliance in standards, with minimum standards adopted by all and incidents dealt with in a consistent manner (at present the way in which incidents are dealt with can vary with different regulators). One regulator commented that there are currently several professional workforce regulators which can lead to inconsistencies in standards for the social care and support workforce and can make compliance a confusing issue. An HSCP suggested that the different regulators need to be able to work together effectively.

Registration

There were a few references to the disparity in registration requirements for those working in different sectors, with suggestions for everyone in the social care and support workforce to have the same qualifications regardless of the sector in which they work. This would help to reduce barriers that exist when changing jobs and ensure that all social care support providers provide training support to their staff. Linked to this issue, there were a few calls for greater flexibility around qualifications so as to allow for the social care and support workforce to be better able to access opportunities across different service types. One attendee at an event suggested there should be a minimum level of standardised training in terms of skills and qualifications for all individuals working in the social care sector.

A few respondents attending events also commented on the inconsistency of registration within the care sector and felt that the social care and support workforce should be required to register so that all can adhere to the same care standards. One of these noted that it can be challenging to achieve registration; another that registration should be immediate on joining the care workforce.

It was also noted by a very small number of respondents that some roles such as personal assistants are not registered by SSSC and that there should be a consistent approach to registration for all people working within the social care sector.

Role of the SSSC

A significant minority of respondents referred to various aspects of the role of the SSSC. Issues raised by small numbers of respondents included:

- Calls for closer working between different bodies including the Care Inspectorate and SSSC so they can develop joint strategies which would allow social care and support workforce requirements to match up with change in practice ambitions. There were also a very small number of suggestions that consideration should be given to other registration organisations such as the Nursing and Midwifery Council (NMC) or the General Teaching Council for Scotland (GTCS) and the processes they follow.
- SSSC and providers of social care support should jointly develop a high level strategy for skills development.
- There should be immediate registration with SSSC for anyone joining the social care and support workforce. At present support staff have up to six months to register with SSSC but then can move to another provider of social care support shortly before the end of the six month period when the period of registration starts again.

- There should be a requirement for the social care and support workforce to provide proof of annual training undertaken.
- SSSC should have increased opportunities for intervention with providers of social care support who fail to meet workforce registration obligations.
- Review SSSC investigation processes so that there is a balance between robust safeguarding and the consideration of the social care and support workforce.
- Have a single Code of Practice for the social care and support workforce so there are clear and consistent expectations for all.

There were a small number of references to the SSSC's consultation on next steps for the register for the future, which was seen to link to this consultation.

Small numbers of respondents – mostly HSCPs – referred to the **role for providers of social care support**, with suggestions for registration and statutory duties to be imposed upon all of them. This would also include a responsibility to ensure that the social care and support workforce is registered. A few individuals attending events also noted that providers of social care support should offer more support to their workforce.

As at earlier questions, there were a number of references to the inspection process, with comments on the need to co-design services, for consistency through the inspection process and for the collection of regular data and consistency in follow through.

While there were some requests for consistency in registration across the workforce, there were a few comments on the cost of this, although there was little consistency in these. A small number of respondents called for an end to registration fees or for employers to pay for this cost. A representative body also noted the inequalities within the workforce regulation system in that some social care staff are registered and their costs are paid by their employer, some social care staff are not required to register, and others have to register and pay their own registration fees.

Q17: How can we ensure that people who work in care and support services are able to contribute to inspection, scrutiny, and regulation processes?

A total of 67 respondents to the call for evidence responded to this question.

Involvement of the workforce

The key theme emerging in response to this question, across all sub-groups and from individuals attending events, was of the need to involve the social care and support workforce. This included involving them in the inspection process and in co-design of inspection, scrutiny, and regulation processes.

There were a small number of references to the role of trade unions in supporting and representing the care workforce.

Respondents cited a number of ways in which the social care and support workforce could contribute their views. These included focus groups, workshops, face-to-face meetings during inspections, annual surveys, online questionnaires and engagement events. It was also noted that services providing social care support would need to provide adequate time and resources for higher levels of staff involvement.

Involvement of the inspection process

A significant minority of respondents referred specifically to the inspection process and the need for the social care and support workforce to have a greater understanding of what this involves. This included:

- Greater awareness of the role of regulators and inspectors.
- Inspectors being open and valuing the social care and support workforce and their views.
- Inspectors building relationships with the social care and support workforce outwith inspections to help them develop confidence in regulators, the inspection process and its outcomes.
- Ensuring it is easy for the social care and support workforce to be involved in the inspection process.
- Providing access to feedback platforms.
- Allowing the social care and support workforce to share good practice and to view the inspection process as an opportunity to reflect upon challenges, successes and learning.
- Providing feedback to the social care and support workforce via a range of different channels; setting up systems that allow for constructive feedback loops.
- Consistent inspection processes, with knowledge and understanding of specific sectors within the care arena.

However, a small number of respondents noted that it can be difficult to obtain feedback from individuals within the social care and support workforce, given current workload pressures and a lack of time to be involved in the inspection process.

A small minority of respondents also noted the need for offering anonymity to individuals within the social care and support workforce and ensuring there are anonymous reporting mechanisms that allow them to communicate confidentially with inspectors. Allied to this there were some comments of a

need for clear whistleblowing policies to be in place within providers of social care support.

Cultural change

We have already noted that inspection, scrutiny, and regulation is felt to be a challenging experience by some in the social care and support workforce and social care providers. A significant minority of those responding to this question, both in call for evidence responses and at events, noted the need to change views of inspection, scrutiny, and regulation so that it is seen as a positive concept for continuous improvement. Linked to this, there were a small number of suggestions for the language used to change so that it can be easily understood and does not appear to be focusing on negatives. Demonstrating positive experiences and outcomes was seen to be one way in which the social care and support workforce could be encouraged and motivated to participate. Alongside this, it was felt by a few respondents that a quality improvement approach and a greater focus on self-evaluation and reflection would help the social care and support workforce to perceive inspection, scrutiny, and regulation in a more positive light.

Other issues and suggestions noted by small numbers of those responding to the call for evidence and at events included:

- A need for systems to be in place that allow for regular input from the social care and support workforce.
- Creation of a Board of Scrutiny with social care and support workforce involvement.
- Consider offering secondments and work experience opportunities to the social care and support workforce.
- Healthcare staff should be able to enter the social care and support workforce without losing pay and conditions.
- It is unclear what processes exist for agencies or contractors to raise concerns.
- There needs to be consistency in the care values across the social care sector.
- There needs to be anonymity for anyone in the social care and support workforce who wishes to make a complaint; and a system for whistleblowing.
- There should be guaranteed contracts on completion of training.

As noted by a representative body:

“The national overview that the Care Inspectorate have of practice is invaluable to leverage across Scotland to support improved service delivery. The development of improvement teams (outwith the regulators) that work alongside local areas to address their unique needs, cognisant of the workforce challenges they may be facing, would itself foster a different relationship between workers and the scrutiny / regulatory process, hopefully encouraging more engagement. If the likely outcome of their engagement with regulators is perceived to be meaningful support and assistance, the incentive to contribute increases.”

In summary: Theme 5 – How will systems of inspection, scrutiny and regulation support the workforce?

There is a need to ensure that it is easy to join the social care and support workforce, with a simple and transparent registration process and clear information on the requirements for any qualifications. There were a few calls for more support for the social care and support workforce. Suggestions included additional funding to be provided to help workers achieve mandatory qualifications and support from providers of social care support in terms of training and achieving qualifications. It was also suggested that there should be a duty on social care support providers to ensure staff are registered and achieve the required qualifications.

There were requests for greater flexibility around qualifications and equivalencies, with consistent compliance with standards. While there were calls for consistent minimum standards across the care sector, there were some comments of a need for proportionality, depending on the work / role being undertaken. There are differences in regulatory requirements and it was felt that closer working between different regulators would help to ensure consistency.

There was general agreement of the need for organisations and regulatory bodies to have systems in place that involve all those working within the social care sector, before, during and after the inspection process. This would contribute to improved outcomes within the sector as well as creating a more positive working environment and encouraging others to work within the sector. Inspection, scrutiny, and regulation is perceived to be important, there were also some requests for a greater focus on collaboration, self-evaluation and outcomes and sharing of good practice. These would help to reduce any fears associated with the inspection process.

Conclusion

In concluding this report, we have pulled together some of the key themes emerging across the call for evidence and stakeholder engagement events.

Overall, there is support for a person-centred approach to inspection, scrutiny, and regulation, albeit that some respondents would prefer a person-led approach where users of care and support services are more involved throughout.

There were requests for involvement of a wide range of organisations and individuals in the inspection, scrutiny, and regulation process. Not only does this include people receiving social care support and their families, but also the social care and support workforce and providers delivering social care support. When involving different types of people it is necessary to use a variety of different communication channels as well as offering advocacy services for any individuals who may find it difficult to represent themselves.

There is a desire for full involvement all aspects of the inspection, scrutiny, and regulation services, including the co-production of engagement tools, standard setting and the inspection process.

There were some calls for development of a single digital system / platform that would be accessible to all. There were some requests for a single data collection system so that the same data would be collected by all within the social care sector. There were also requests for a single source public website that would provide information to ensure people receiving social care support and their families have the information they need to be able to support their decisions about care and support services.

In general, respondents would like to see all services being subject to inspection, scrutiny, and regulation in order to ensure consistency in standards and high quality care provision.

At present, some of the social care and support workforce and providers of social care support find the inspection, scrutiny, and regulation process to be a challenging experience and there were various suggestions on how to resolve this issue. For example, bringing about a culture change so that inspection, scrutiny, and regulation is seen as an opportunity to reflect on challenges, successes and learning, and with a greater focus on the positives. This would help lead to continual improvement across all services.

It was felt that inspection reports need to be accessible to all potential users of social care support and there were some requests for easy read versions and / or summary sheets that highlight key points.

The issue of recruitment and retention within the social care and support workforce is clearly important and there were calls to ensure that providers of social care support provide access to high quality training, including opportunities for continuous professional development.

While views were split as to whether there should be a single regulator to inspect all services, there were low levels of agreement on having different regulators for inspection and improvement as the two areas are seen to be linked.

Appendix 1: List of Respondent Organisations

Service Provider

Beyond Limits Dumfries & Galloway
Tigh a'Chomainn Camphill
L'Arche UK
Turning Point Scotland
Alzheimer Scotland
Scottish Autism
ENABLE
National Autistic Society Scotland
British Red Cross
Age Scotland Orkney

Representative Body

Scottish Out of School Care Network (SOSCN)
The Health and Social Care Alliance Scotland (the ALLIANCE)
National Day Nurseries Association
Scottish Federation of Housing Associations
Common Weal Care Reform Group
CCPS
Care and Learning Alliance
Diabetes Scotland
Council of Ethnic Minority Voluntary Sector Organisation (CEMVO) Scotland
Aberdeenshire Involvement Network
Inclusion Scotland & People Led Policy Panel
In Control Scotland
UNISON Scotland
Scottish Childminding Association
EHRC
National Carer Organisations
CARE For Scotland
Social Work Scotland
Royal College of Nursing
Scottish Care
COSLA
SDSS
Carers Collective
Carers Collaborative
Scottish Young Carers Services Alliance
Carers Centres Managers
People First Scotland
Deaf Blind Scotland

Regulator

Care Inspectorate
Scottish Public Services Ombudsman
Nursing and Midwifery Council
Healthcare Improvement Scotland - Independent Healthcare team
SSSC

HSCP / Local Authority

Aberdeen City Health & Social Care Partnership
Aberdeenshire Health and Social Care Partnership
Argyll and Bute Health and Social Care Partnership x 2
Clackmannanshire and Stirling HSCP
Dundee Health and Social Care Partnership and Children and Families Social
Work Services, Dundee City Council: Officer response
Glasgow City Health and Social Care Partnership
Stirling Council

Advocacy

Advocacy Highland
Scottish Independent Advocacy Alliance
See Me

Other

Aberdeenshire Adult Protection Committee
Centre for Mental Health and Capacity Law/Centre for Mental Health Practice
Policy and Law Research, Edinburgh Napier University
Dumfries and Galloway Community Justice Partnership
Insight Coaching & Consultancy Ltd
NHS Education for Scotland (NES)
+ 1 unnamed

+ 40 individuals

Appendix 2: Stakeholder engagement questions

Theme 1 - A person-centred approach

1. How can we ensure that people with lived and living experience of care and support services are able/supported to contribute to inspection, scrutiny and regulation processes? Please give us your views

Theme 2 - What needs to be inspected, scrutinised, and regulated?

2. Do you feel there are services that are not currently subject to inspection, scrutiny and regulation that should be? Yes / No / Not sure

2a. If yes, please tell us which type of services?

2b. Why do you think they should be inspected/scrutinised/regulated?

2c. Who should be responsible for this?

Theme 3 – How should inspection, scrutiny and regulation be carried out?

3. Would a system work where the same regulator inspected all services?

3a. If yes, why? And if no, why not?

4. Should there be different regulators for inspection (the organisation that looks at how things are working) and improvement (the organisation that supports things getting better)? Y / N / Not sure

4a. If yes, why? If no, why not?

5. How can we ensure that regulation and inspection processes are underpinned by a commitment to improving services?

6. Should regulation, inspection, and scrutiny have an emphasis on services continually improving? What might that look like?

7. What should happen if something goes wrong in a service?

8. Who should be responsible for making improvements to services?

9. How do we make sure regulatory bodies are doing a good job?

Theme 4 – How will we know systems are working?

10. How can we ensure that people and their families who require care and support, have the information they need about how providers are performing to support their decisions about care and support?

11. What information might that be?

12. How we can make data collection and sharing better?

13. How do we make sure regulation, inspection, and scrutiny supports good practice for people accessing care and support?

14. How do we make sure regulation, inspection, and scrutiny supports good practice for people working in care and support?

15. How do we make sure regulation, inspection, and scrutiny supports good practice for providers delivering care and support?

Theme 5 – How will systems of inspection, scrutiny and regulation support the workforce?

16. How do we ensure there is compliance and consistency with workforce registration requirements?

17. How can we ensure that people who work in care and support services are able to contribute to inspection, scrutiny, and regulation processes



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