

Independent Review of Inspection, Scrutiny, & Regulation (IRISR) - Executive Summary of the 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 in the Call for Evidence Analysis Report.

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

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.

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 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.



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