

**CCPS response to the Independent Review of
Inspection, Scrutiny and Regulation (IRISR)**

December 2022

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Theme 1 – A person centred approach

A person centred approach is about focusing care and support on the needs of the individual. Ensuring that people's preferences, needs and values guide decisions, and providing care and support that is respectful of and responsive to them.

We will adopt a human rights based approach that empowers people to know and claim their rights. The PANEL principles are one way of understanding what a human rights based approach means in practice.

PANEL 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.

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.

Inspection and scrutiny

CCPS is aware that there is ongoing discussion about the language the review should use to talk about human rights, person-centredness and relationship-based support. Given the diversity of CCPS members, we expect that they will use a range of terms to describe good support. While language is important, we would encourage the review not to allow the discussion of terms to take priority over consideration of the structure and culture of the regulatory environment. The social care sector is extremely diverse and its language inevitably varies and evolves over time.

Gathering the perspectives of people who are supported by a service should be a core part of inspection, scrutiny and regulation. Social care services should be built around ensuring that people have choice and control and are meaningfully involved in making decisions about their own support. Inspection and scrutiny processes should be designed to assure this, based on an understanding of quality that focuses on the ability of those who use a service to achieve their own personal outcomes. This is more than simply asking whether people are satisfied with their support, it includes finding out about the impact on their lives and talking to them about the choices they make.

It is therefore essential that inspection and scrutiny processes engage well with people. This includes:

- Adequate time for inspection officers to meaningfully meet and engage with supported people. This is not always possible within an unannounced visit, which may unsettle people or require them to change their plans. People may need time to gather their thoughts and feel comfortable with the inspection officer or may want to arrange for their family to be involved.
- Inspection officers with the necessary skills and training to engage with people with communication support needs. This works best where an inspector has relevant experience of a particular area of social care, for example, of working with people with learning disabilities or who use particular communication aids.
- The engagement of peer inspectors with their own lived experience of accessing care and support.
- A choice of alternative means for supported people to feed back to inspectors. Some members have reported the use of pre-inspection questionnaires, but this does not appear to be consistent practice across the sector and, where they are used, the questionnaires are not always accessible to those who do not have the digital skills to complete them online.
- Meaningful engagement with support plans, observation of joint activities, and transparent use of observational tools such as SOFI, enabling providers and families to understand what is being observed and what this means.
- Inspection officers who speak directly to people, respecting their choices and acknowledging that their private spaces are their own homes. Officially, this is standard practice, but anecdotal evidence suggests it is not always the case.

There is a limit to how much of this can be done within the allocated time of an inspection visit. Ideally, this kind of engagement would be ongoing rather than shoehorned into a short period of time. For example, where providers have a relationship with a regular inspection officer, they may invite them to attend key events and milestones. This provides natural opportunities to speak to supported people and their families and gather insights that can be drawn on when it comes to formal inspection. It also showcases providers' successes and enables inspection officers to see the tangible impact that services are making.

Regulation

If regulatory processes are changed, it is critical this is done in collaboration with people with lived and living experience. For example, people who use services were closely involved in the development of the Health and Social Care Standards in 2017 and should

be again in the development of any new standards or regulations coming out of this review or the design of the National Care Service.

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

In Scotland, there are three main organisations that regulate and inspect social care support:

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, conduct training and education, supporting continuous professional development.

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

No.

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

Please give us your views.

CCPS members welcome opportunities to improve their services, develop their workforce's skills and ensure consistent high standards across the sector, whether or not this is done through service registration and regulation. There are services that currently sit outside of registration requirements that manage significant risk and deliver pivotal prevention and early intervention services. In the current regulatory environment, we would not necessarily recommend extending regulation as the right approach, but it is just as important that these services deliver to high standards and have qualified, informed staff who are recognised for what they do.

We would like to see the importance of non-regulated services more widely understood, and their staff recognised. These services are often prevention and early intervention services that play a critical role in avoiding crisis and reducing demand for other health and social care services. Their staff are skilled workers, yet they miss out on the development opportunities, pay uplifts and other initiatives usually limited to registered workers (for

example, Scottish Living Wage uplifts, the PVG fee waiver and the 2020 £500 social care bonus).

This includes recognition of the connections between regulated and non-regulated services, which are often delivered in conjunction with each other. For example, registered supported living services may connect the people they support with non-regulated services such as financial advice; befriending; tenancy sustainment; homeless streetwork; mentoring; mediation services. This may or may not be delivered by the same provider. Inspection officers need to be aware of these links, especially where the people who access them may view them as a single, holistic package of support. When people comment on their experience of a regulated service, they may be reflecting on their experience of interlinked services that are not regulated.

We would also like to see the approach to strategic inspection strengthened and the Care Inspectorate's service registration categories reviewed (see 2b below).

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

Please give us your views.

We are taking the opportunity within this question to outline where we would like to see changes in the ways registration and strategic inspection are approached, although we appreciate this is not a direct answer the question about the regulation of additional services.

Strategic inspection

Scrutiny and regulation cannot ignore the wider system in which social care services operate. The focus of current inspections on individual services means that social care providers may be held accountable for things outside of their reasonable control. For example, we know that there is currently a national staffing crisis within social care. Difficulty in recruiting new staff and high levels of sickness absence after three years of pandemic response is leading to understaffed teams, increased use of agency staff, and the need for managers to cover frontline shifts. Several of our members have received comments about the unsustainability of this in their inspection reports, and yet this is not an issue that providers can realistically resolve. Without commissioning and procurement that provides for Fair Work in commissioned services, these staffing challenges are inevitable. Strategic inspection is an opportunity to identify where commissioning and procurement do not adequately allow for fair pay, staff learning and development, or the necessary hours of support.

We are pleased to see the impact of commissioning and procurement recognised within the new Indicator 1.4 of the Quality Frameworks, which assesses the extent to which people get the right support for them and includes consideration of how planning, commissioning and contracting arrangements are working to enable this. However, this remains within a service inspection that will lead to the grading of the service rather than the wider structures, and having been introduced during the pandemic period it is not yet clear how it this new indicator will be used.

Regardless, the Care Inspectorate has existing powers to scrutinise commissioning and procurement arrangements in local authority areas and we would like to see the use of

these strengthened. We have argued previously in our response to the National Care Service consultation that these powers should include enforcement where there are found to be shortcomings. This would seem to be even more important if NCS proposals to introduce national standards for commissioning and procurement were to go ahead.

Registration categories

Social care services are currently required to register with the Care Inspectorate under one of 16 service types and subtypes, as laid out in legislation by Schedule 12 (Care Services: Definitions) of the Public Services Reform (Scotland) Act 2010. These categories are anachronistic and limiting for social care services that do not fit neatly into narrow definitions.

For example, there is a lack of clarity about when a service should be registered as a care home, a housing support service, or needs a joint registration where it also delivers care at home. Small residential services providing housing and support to people with learning disabilities may have been registered historically as care homes, while newer services providing the same support are registered as housing support. Sheltered housing services for older people with individual tenancies are sometimes asked to register as care homes due to the link between the accommodation and the support, despite the fact that the support offered is light-touch and not full residential care. Services that design their offer around personal outcomes and support for independent living may deliver a range of different types of services to different people they support.

This can leave services that do not fit fully into a single category required to comply with guidance that is not appropriate to or does not fully cover their work. This is particularly a challenge for services that are registered as care homes, where guidance is primarily aimed at care homes for older adults who are likely to be managing higher medical risk. There can be a direct impact on supported people if their benefit assessment is affected by whether they are considered to be in 24-hour care. Simplification or update to these registration categories would support social care's ability to innovate and further tailor their support to individual outcomes.

The categories also currently clash with the SSSC's categories for workforce registration. This complicates data collection and analysis in an already complex sector and creates the need for tables such as the one on page 8 of the [Staff Vacancies in Care Services 2021](#) to be included in publications to translate between them. For providers in organisations that provider multiple service types, it creates barriers to efficient staffing, because it limits staff ability to move between services without an administrative process to update their registration, even where their qualifications and skill profile are completely transferrable. We are pleased that the current proposals under SSSC's Future Proofing Programme will reduce the 12 staff registration categories to just four, beginning the simplification of an overly complex system that creates a burden for the sector.

The Care Inspectorate are aware of the issues with the service registration categories but have suggested that they are unable to make changes because the categories are laid out in legislation. This could be considered as a priority for any legislative change recommended by the review or included as part of the process of the National Care Service Bill.

Organisational registration

The National Care Service consultation asked whether the social care regulator should be empowered to inspect providers of social care as a whole, as well as specific services. It is our understanding that the Care Inspectorate is already empowered in this regard but has not used these powers. We have previously discussed the merits and demerits of introducing a 'licensing' system for providers that might obviate the need for individual service-by-service scrutiny as is currently conducted. We believe that this is worth further investigation.

At the least, an investment in the regulator's internal systems to enable organisational registration could significantly reduce the administrative burden of registering a new service. Under the current system, an organisation must go through the Care Inspectorate's full due diligence process to register or change the registration of each one of its services. This includes repeatedly submitting organisational information, financial data and policies, as well as duplicating checks on directors and trustees. If these organisational records could be held at a higher level and separated from service registration, this would reduce improve accuracy, reduce repetition, and release staff time on both sides. It would also provide for some level of market oversight by the Care Inspectorate, making it possible for them to report any concerns about organisational viability to Scottish Government.

2c. Who should be responsible for this?

Please give us your views.

We understand that the Care Inspectorate has existing powers to undertake everything suggested above. If changes to the registration categories do require legislative change, this should be prioritised to reduce the administrative burden on the sector and enable innovation and truly person-centred care and support.

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

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

No.

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

Please give us your views.

A joint approach to health & social care regulation, scrutiny and improvement has proved valuable during the pandemic (for example, ongoing joint HIS and Care Inspectorate inspections in key areas). However, we strongly support the continuation of a discrete regulatory system that focuses on social care specifically, given the important distinction between health care (in particular, acute health care) and social care support. We would encourage the review to ensure that a focus on social care support remains in any future

system, and that it is not subsumed by more clinical interpretations of safety, assurance and quality.

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)?

No.

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

Please give us your views.

We note the connection to the proposal within the National Care Service (NCS) discussion that the Care Inspectorate remain the independent regulator, with the NCS taking on the role of improvement. We have concerns about this approach and it is not clear to us what the benefits would be.

It would seem to move the Care Inspectorate into a strict scrutiny and enforcement role focused on providers without consideration of how it might scrutinise the actions of the wider system (including the NCS itself) and not accounting for the need for the NCS, the Care Inspectorate and providers to work collaboratively on service improvement. This would be a reversal of the general direction of travel over recent years.

There is a risk that it would result in the loss of the valuable development work, training and investment done by the Care Inspectorate alongside providers on the quality improvement frameworks, which are specifically designed to support self-evaluation and improvement with a basis in the Health and Social Care Standards.

The inspection side would be likely to focus on basic compliance, and the improvement body would not have the insight into current operations to make informed recommendations about service-specific improvements. For providers, this would mean managing two relationships with two different organisations, likely using frameworks with different priorities, with the added workload of having to reconcile the two. It would create an additional barrier to consistency of approach across the sector, which is something the current regulatory system already struggles to achieve (please see our response to question 9, 'how do we make sure regulatory bodies are doing a good job?').

We can see there might be a role for the NCS or another body to take the lead on national improvement projects that would currently sit with the Care Inspectorate (for example, the Care about Physical Activity (CAPA) Project or the Safe Staffing Project). However, this would need to be done with an understanding of the diversity of social care services and a commitment to collaboration with the sector. The Care Inspectorate has this existing expertise and would seem to be the natural home for this work.

Separating scrutiny from improvement appears to CCPS as a potentially costly structural change with significant risks and a lack of clear benefits. Extremely careful planning would be needed to manage the risks and make sure the two bodies were able to effectively share intelligence and build on existing improvement methodologies, and it is hard to see how this would offer an improvement on the status quo.

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

Please give us your views

CCPS supports the ongoing shift away from ‘tick-box’ regulation & inspection towards self-evaluation and improvement based around the Health and Social Care Standards. This requires further work to foster an improvement-focused culture within the regulatory organisations that encourages two-way communication and a relational approach to working with provider organisations. While the language of improvement is widely used and accepted, we hear from our members that their experiences of inspection visits and reporting do not always match the rhetoric.

We would encourage the review to emphasise the need for scrutiny bodies to continue to develop clear standards and high-quality tools for the sector on self-evaluation & improvement, as well as embedding this into their working culture, improving their own ability to measure performance & quality based on experiences and outcomes for people rather than provider compliance with policy and process.

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

Please give us your views

As discussed above, continuous improvement with a focus on outcomes should be the central goal of regulation, inspection and scrutiny. This should be an understanding of improvement that includes scope for creativity, innovation and personal choice within social care. It should not aim to bring all social care providers into uniformity, but to enable them to develop and continuously improve their own high-quality offer of support and to share new ideas and good practice across the sector. CCPS members have reflected their appreciation of detailed, thoughtful inspection reports that provide practical, considered recommendations for how services could be improved.

There is also a need for discourse about continuous improvement to be realistic about the challenging context in which social care services are operating. The current daily reality is that services are struggling to manage increasing need and winter pressures with reduced staff teams. There is a risk that exhausted staff and overworked teams hear continuous improvement as a demand to do more with their limited resources, with an implied lack of appreciation for their current efforts. To have the right impact, approaches to continuous improvement must recognise scarcity in the sector and the need for adequate resources to provide the highest quality of support. It must place value on the resilience that the sector is continuously demonstrating and the successful contingency measures that are enabling services to keep providing support during such a challenging period.

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

Please give us your views

This is a broad question that covers a whole spectrum of when something could be considered to have gone ‘wrong’.

In the most extreme cases, this would be something that has the potential to cause serious harm to supported people. Wherever there are significant incidents, we would expect providers to make all the necessary referrals, including potentially to Fitness to Practise investigation. Tying in with the proposed National Care Service Bill, we recognise the need for the CI to be able to act quickly and robustly in rare cases where services are failing. However, as CCPS has laid out in its previous consultation responses, we would welcome more detail on the proposed enforcement measures for both the Care Inspectorate and Ministers, particularly around the opportunities providers would have to make improvements before they were used, and what arrangements would be in place to prevent such a situation resulting in supported people being left with no service. Generally, CCPS would like to see enforcement and intervention combined with a focus on improvement, and an avoidance of withdrawal of service for supported people unless at absolute last resort.

Where issues that present a lower risk come to light during inspection, we would expect to see these reflected in the inspection report alongside practical, reasonable recommendations for resolution or improvement. These should take systemic and contextual issues into account and be communicated clearly and discussed openly with the provider, including a meaningful opportunity for the service provider to challenge the findings. The Care Inspectorate should then agree next steps and a timeline with the provider.

Where an issue is a minor exception but results in a lower-than-previous grade, CCPS would like to see this recognised by the regulator and an opportunity provided to rectify it quickly. We hear from our members that when there have been small incidents during inspection visits, the resulting lower grade has stayed with them until their next inspection. Because the Care Inspectorate plan their inspections based on risk, a service with a long history of high-quality work can sometimes be waiting 1-2 years for this.

The Care Inspectorate may be correct that a small issue and a slightly lower grade do not constitute a direct and significant risk to the people being supported, but we must also account for the impact on the service. A lower grade can demoralise staff, who see their consistent hard work go unrecognised. The report is publicly available and may lead to reduced trust in the service among supported people, their families, and the local community. It can also have an impact on the service's contract with a local authority, preventing them from joining a framework, retendering for a contract, or taking on new care packages. CCPS is aware of members who have been told that they are too concerned about their grades. This does not realistically account for the way that grades are used to make judgements about the quality of a service by a range of different audiences, who may not read the full inspection report or have any understanding of the context.

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

Please give us your views.

While the regulator can recommend improvements to services and may take enforcement action if these recommendations are not implemented in extreme cases, social care providers are responsible for making improvements to their own services.

This does not reduce the responsibility of local authorities (and possibly, in future, Care Boards) to provide adequate funding to offer a viable, high-quality service when they commission and procure social care.

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

Please give us your views.

The regulatory bodies' first responsibility is to the public in successfully delivering its role in protecting individuals and providing public assurance. Given this, we will be interested to see what the public tell the review they expect from their regulator. We understand that inspection, scrutiny and regulation should serve to respect, protect and fulfil human rights, both in how these functions are carried out, and through the effects of inspection, scrutiny and regulation on how providers discharge their responsibilities.

Social care providers will regard regulatory bodies as doing a good job if they demonstrate:

Strong relationship management

The social care sector includes a broad and diverse range of services. The service regulator should be able to provide each service with inspection officers who have the background and specialist knowledge to understand its specific offer to the people it supports. For example, an inspector whose personal background is in care homes for older people will not be in a strong position to inspect a supported living service for younger adults with learning disabilities. Once these relationships are in place, the regulatory body should have the capacity for its inspectors to put time into developing them, familiarising themselves with the services and acting as a point of contact for service leads. Social care providers place great value on working with an inspector who knows their service and can be contacted for advice when needed, ideally through regular scheduled calls (e.g. quarterly) with a designated Relationship Manager. This matching of inspectors happens to an extent within the current system but has often been deprioritised due to Care Inspectorate capacity. Our members reflect that where inspectors have changed multiple times, every inspection feels like the first, with no continuity and limited ability to draw on the strengths and challenges of previous inspections or recognise improvement.

The workforce regulator should work to ensure that its staff understand the breadth and diversity of the sector and the nuances of what different types of worker do. Providers do not always find this to be the case when they interact with SSSC call handlers around registration, investigation and learning and development needs. We are aware that the SSSC is also experiencing its own capacity challenges, and that SSSC staff may therefore not have the training or experience to manage complex cases and requests.

The SSSC should also actively manage its relationship with the sector, making sure it consults fully on changes and proactively engages at a senior level with provider groups like CCPS's Workforce Development Network. Too often, the SSSC seems to assume that it knows what providers and the workforce need without taking seriously the need for meaningful collaboration and consultation.

Consistency of approach

A good regulator will give out consistent messages to the services or workforce it regulates. In such a diverse sector, this will mean consistency of approach to the application of the quality frameworks and codes of practice, not uniformity among the services. This should mean that services that are part of the same national organisation, working with the same organisational policies, should get a consistent response to those policies from all the inspection officers that work with them. Inspection officers should all take the same

improvement-led approach. Fitness to Practice referrals should receive consistent responses from the workforce regulator. Currently, we hear from providers that too much seems to depend on the individual inspection officer, or the case worker who assesses the Fitness to Practice case. We are aware that there are internal assurance processes designed to moderate this and would like to see increased transparency and review of these.

Impact measurement

The regulator should be monitoring its own impact and publishing this for transparency. There is a claim that Scottish social care is increasingly human rights based, but little information about how this is measured. CCPS members are not clear how the Care Inspectorate or the SSSC currently measure and evaluate the impact of their own work to bring improvement to the sector.

A culture of support

While there are certainly improvements that the review could make to systems and processes, it should not focus exclusively on structure. We would encourage the review to consider the primary importance of a positive, supportive culture within the regulators that can help to make the case for the sector, rather than feeding into negative narratives about it. Despite the shift towards improvement in recent years, CCPS members suggest that a truly supportive approach would still require a further shift from a document focused, process driven approach to one that begins from the point of engagement with people and their personal outcomes. The regulators should see their role in how they can support high quality. How can the Care Inspectorate support services to do well at inspection? How can SSSC support development and professionalisation?

There are many examples of positive experiences of both the Care Inspectorate and SSSC among providers, but these are not consistent. Some individuals seem to take a deliberately punitive approach with a critical tone despite the existing internal assurance measures. To ensure that the provider experience of inspection or Fitness to Practise referral matches the rhetoric that comes from the top of the organisation, the regulatory bodies need to foster an improvement-focused internal culture, as well as ensuring appropriate capacity and staff training.

Theme 4 - How will we know systems are working?

Under this theme, we would like to know what information people would find useful to assist in making decisions about care and support.

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?

Please give us your views.

We feel that supported people and their families are best placed to answer this question: this is mainly about what works for people who require care and support, from their

perspective. We understand that empowerment, as required by the PANEL principles and by human rights conventions such as the UNCRPD, requires that people are informed about and have the opportunity to understand their rights. Inspection, scrutiny and regulation bodies have an important role to play in ensuring that information which they supply about providers both informs people about their rights, and enables people to decide what care and support services may best fulfil their rights.

11. What information might that be?

Please give us your views.

Our members would like to have ongoing confidence that the information about their services is up to date and easily accessible. It should continue to include more detail than just numerical grades, which will be impacted by recent changes to inspection methodology (e.g. the move to show the lowest grade from each Key Question on the quality frameworks, rather than the average) and the challenges of the current and recent context (i.e. the pandemic and ongoing staffing crisis).

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

Please give us your views.

Much social care data is collected in a fragmented manner and there is a need to streamline data collection and sharing between the regulators, local authorities/IJBs and Scottish Government to create a joined-up, accurate picture of the sector that does not duplicate effort.

Providers working across multiple local authority areas are required to collect and share different versions of the same data and/or input this information into a wide range of systems, including those of the Care Inspectorate and SSSC. We can and should make better use of our data to understand how positive outcomes are reached to improve and inform service delivery and to make more efficient use of providers' time. Both the Care Inspectorate and the SSSC should be leaders in the ongoing national work to create shared data sets and standards for social care that could support planning and impact measurement at all levels. This should include the use of personal outcomes-based tools to capture the full value of the impact on supported people and their lives. At present most data collected is based on service inputs/outputs

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. For example, the Care Inspectorate's monthly Datastore publication is useful, but it could be developed to answer more complex questions (e.g. "How many housing support services are working with homeless people?") and present the data accessibly online. The Care Inspectorate's annual return is a key source of sector data, particularly around staffing, but the way that it is collected and analysed does not maximise its potential. Coming at the beginning of the year, the annual return places significant pressure on providers' time within a relatively short window. Analysis takes so much of the year that we miss opportunities to respond to immediate

pressures, use it meaningfully for organisational planning, and provide Government with the data it needs to make key decisions.

The SSSC's Workforce Data site provides the kind of interactive view that the Care Inspectorate Datastore does not, but only for published data that is already a year old. The joint Care Inspectorate and SSSC report 'Staff Vacancies in Care Services 2021' was published at the end of November 2022. It contains a huge amount of data but is already outdated because the context has moved on so significantly. Despite this, it is one of the most recent and comprehensive sources of social care data on registered social care services we have and is therefore likely to be used in national decision making.

It is worth noting that many social care providers also deliver services that are not required to be registered with the Care Inspectorate or the SSSC. The data on these services will be held locally either by the commissioners of these services or by the provider themselves.

We have seen the importance of having live data sets that can speak to one another throughout the pandemic. Improvements in data collection are essential if the regulators are to support workforce planning, workforce development, service planning etc., all of which are essential to building a strong, fair, resilient social care sector. There has been previous discussion about how the Care Inspectorate annual return could be reconfigured so that it is live across the year, enabling providers to report changes as they happen and the Care Inspectorate to provide responsive, insightful reporting. We would like to see this explored.

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

Please give us your views.

As discussed under Theme 1, making sure regulation, inspection and scrutiny supports good practice for people accessing care and support requires active engagement and involvement with them and their choices about their own lives.

We hear from providers that they receive improvement recommendations about the environment the people they support live in. These are to suggest upgrades to furniture or changes to décor and may result in lower grades for the provider. However, this is often not what the people accessing support want for their own home environment or the use of their funds. Inspection officers would only know this by speaking to the supported person in some depth. This demonstrates how important it is to ensure that evaluation of outcomes-based support focuses on the individual's chosen personal outcomes, rather than what appears to be a good outcome from an outside perspective.

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

Please give us your views.

Regulatory bodies have the opportunity to champion the sector and the people that work in it by showcasing examples of innovation, diversity and good practice. They must recognise that while regulation is important to protect both the workforce and the public, it should not become so burdensome and process-driven that it discourages people working in the sector.

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

Please give us your views.

Regulation, inspection and scrutiny processes should allow for, support and seek out examples of innovation and creativity in the sector. It must not allow a compliance-based approach to prevent the sector from embracing new approaches. There is a key role for the regulator in exploring, researching and communicating about these new ideas to support the development of the sector.

Regulatory bodies must also remain cognisant of the context social care providers are working in. An improvement focus is essential, but it must be realistic. Where commissioning and procurement processes impact on providers' ability to deliver high quality care and support focused on outcomes for people, this should be highlighted through strategic inspection and/or addressed by bringing commissioners into discussion with organisations providing services.

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

One of the aims of this review is to ensure that inspection, scrutiny and regulation works towards making the system better for everyone, including people who use services and those who work in them. Under this theme, we are interested in how that might be achieved for those who deliver social care and support.

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

Please give us your views

Workforce registration requirements were brought in to professionalise social care careers. They require social care workers to work in line with the SSSC Codes of Practice, register within 6 months of starting work, achieve the required qualifications, and take responsibility for their own career development through Continuous Professional Learning.

The professional requirements of the role are not currently matched by the pay that commissioned social care services are funded to offer their workforce. This means that low-paid staff are required to study for (and often self-fund) further education in their own time and pay annual registration fees. In a sector that already struggles to recruit enough staff, we know that these requirements have a negative impact on staff retention. To truly professionalise the sector, we would need:

- A funding environment that afforded fair pay for the workforce in commissioned services, with parity with the equivalent roles in local authorities and the NHS, as well as additionality for learning, development and training.
- Parity in fee requirements. Registration fees have been included in the local authority pay award, while workers in commissioned services are still expected to self-fund their registration from pay that is currently below the Scottish Living Wage.

- Additional funding opportunities for mandatory qualifications and enough capacity within learning providers for every member of the workforce to complete their qualifications in good time. CCPS often hears that providers are having to stagger the workforce's SVQs due to lack of provision, particularly in rural areas where it can be difficult to find an appropriate assessor.
- Additional work to communicate the benefits of registration to the workforce, to balance the focus on Fitness to Practise.
- Additional education and focus on the worker's own responsibility for registration and learning, minimising the burden on the employer and reducing the number of people who leave the sector due to registration or qualification requirements.
- Simplification of the parts of the register which limit the workforce's flexibility and ability to move between service types, even where the qualification requirements are the same (we note that this has been proposed by the SSSC).

CCPS has already expressed concern around some of the SSSC's recent Future Proofing proposals, which seem to take us in the wrong direction by making it more difficult for members of the workforce to achieve the requirements of registration in a national context of a significant real terms pay cut for frontline social care workers, and a lack of recognition for managers and supervisors through pay differentials. We expect that this will only exacerbate the staffing challenges the sector faces. The proposals would mean that the time available to achieve mandatory qualifications would drop from 5 years to 3 years, which may exacerbate challenges for a majority female workforce who are comparatively likely to have their own caring responsibilities outside of work.

Despite this, we note that our members invest significant effort in ensuring compliance with workforce registration requirements and supporting requests for evidence for Fitness to Practise investigations. Providers are committed to developing a professional workforce with training and remuneration that reflects the skill profile of their role.

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

Please give us your views

The social care workforce is regularly surveyed for their views on a range of issues through the SSSC register, to the point that CCPS has become concerned about 'survey fatigue' and response rates are generally low. Based on SSSC workforce data the Scottish social care workforce is made up of 208,360 people, with a relatively even split between public, third and private sector employees and working in hugely diverse range of services. When we consult on any issue, including regulation, we need a robust methodology for determining what can be considered a representative sample, otherwise there is a real risk that the views of a minority come to define the entire sector. For example, the recently announced reduction of the time workers have to complete their qualification from 5 years to 3, which was decided following a consultation process with the workforce, is hugely unpopular with workers affected by it. Providers report that it has produced fear and dismay among their employees, whose time outside of work, as a majority-female workforce, is impacted by higher-than-average caring responsibilities of their own.

To enable the workforce to meaningfully contribute to inspection processes, inspectors should aim to build relationships with the workforce and engage with them as equals. Too

often, a focus on grading and the tone of inspection makes it a fear-inducing experience for staff. Inspectors should consider the impact of inspection reports on the workforce in the language that they use. Where there needs to be a less favourable grading or report, this must be introduced with sensitivity and acknowledgement of context, especially if the challenges come from staffing issues, meaning the existing team are likely doing all they can.

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