



Whistleblowing disclosures report 2023-24

September 2024

Introduction

The Care Inspectorate was established on 1 April 2011, by [The Public Services Reform \(Scotland\) Act 2010](#), and is the statutory successor to the Scottish Commission for the Regulation of Care, established by [The Regulation of Care \(Scotland\) Act 2001](#), on 1 April 2002.

The Care Inspectorate is the independent scrutiny and improvement support body for social care and social work services in Scotland. We are responsible for regulating care services for adults, early learning and childcare, children's services, and community justice. This includes registration, inspection, complaints investigations, enforcement and supporting quality improvement. We also work in partnership with other scrutiny and improvement bodies, looking at how care is provided by community planning partnerships and health and social care partnerships across local authority areas. This helps stakeholders understand how well services are working together to support positive experiences and outcomes for people.

We have a general duty of furthering improvement in the quality of social services, set out in the 2010 Act, and we must act in accordance with the following principles:

- the safety and wellbeing of all persons who use, or are eligible to use, any social care service are to be protected and enhanced,
- the independence of these persons is to be promoted,
- diversity in the provision of social services is to be promoted with a view to those persons being afforded choice, and
- good practice in the provision of social services is to be identified, promulgated and promoted.

Through our work, we support improvement in the quality of care provided, with our vision being world-class social care and social work services in Scotland, where everyone, in every community experience high-quality care, support, and learning tailored to their rights, needs, and wishes. This means we work with services, offering advice, guidance, and sharing good practice to support them to develop and deliver improved care.

If we find that care is not good enough, we act by identifying areas for improvement and/or issuing time-framed requirements for change, which we follow up to check if these are met. If we believe there is a serious and immediate risk to the health, welfare, and safety of people experiencing care, we can issue an improvement notice, or apply to the Sheriff Court for an emergency cancellation of the service's registration.

We encourage and support people to raise complaints about care services, which we manage as set out in '[How we deal with complaints](#)'. We have a duty to protect people and will refer adult and child protection concerns to the relevant social work agencies or Police Scotland for further investigation as necessary.

As set out within [The Prescribed Persons \(Reports on Disclosures of Information\) Regulations 2017](#), the Care Inspectorate has a duty to report annually on the following matters:

- a) the number of workers’ disclosures received during the reporting period that it reasonably believes are qualifying disclosures within the meaning of section 43B of the [Employment Rights Act 1996](#), and which fall within the matters in respect of which the Care Inspectorate is prescribed. ‘Matters relating to the provision of care services’, as defined in The Public Services Reform (Scotland) Act 2010,
- b) the number of those disclosures in relation to which the Care Inspectorate decided during the reporting period to take further action,
- c) a summary of:
 - i. The action that the Care Inspectorate has taken during the reporting period in respect of the workers’ disclosures,
 - ii. How workers’ disclosures have impacted on the Care Inspectorate’s ability to perform its functions and meet its objectives during the reporting period, and
- d) an explanation of the Care Inspectorate’s functions and objectives.

Complaints received

Complaints about the Care Inspectorate 2023/24

In 2023/24, we received no internal whistleblowing complaints from Care Inspectorate staff.

Complaints about regulated care services 2023/24

In 2023/24, we received 5,646 complaints about regulated services, of which 24% (1,337) were raised by employees of care services. Of this group, 1,037 were identified as current employees (18%) and 300 were identified as ex-employees (5%). Overall, this is a reduction of 13% on the rate of complaints raised by care service staff from the previous year. Figure 1 provides a breakdown of all complaints submitted during 2023/24 by complainant type.



Figure 1: complaints raised by complainant type for 2023/24

Our complaints process allows people to remain anonymous when raising an issue about a registered care service. This means their identity is unknown to the Care Inspectorate, although they self-identify their relationship to the care service, which cannot be verified by us. The percentage of all complaints by complainant type received anonymously during 2023/24 has decreased from the year before, with 61% of complaints received in 2023/24 compared to 67% in 2022/23. There was also a decrease in the proportion of individuals who self-identified as an employee or ex-employee of a care service wishing to remain anonymous, with 71% wishing to remain anonymous in 2023/24 compared to 78% in 2022/23.

During 2023/24, 55% of relatives and carers wished to remain anonymous, compared to 61% the previous year. More people experiencing care wished to remain anonymous in 2023/24 (49%) than in 2022/23 (43%).

Our latest published full complaints report, 'Complaints about care services in Scotland, 2019/20 to 2023/24', can be found [here](#).

How we deal with complaints

The complaints function of the Care Inspectorate is an important element of our regulatory methodology and enables us to gather important information on how well registered services are performing. Each whistleblowing complaint contributes to the overall scrutiny of care services and helps to inform their journey of improvement. All complaints received about care services influence our Scrutiny and Assessment Tool (SAT), which directly impacts the type and timing of our inspection activities.

Our complaints procedure is designed to be open, transparent, risk-based and focused on peoples' experiences. This approach is based on complaint handling guidance from the Scottish Public Services Ombudsman's (SPSO) [Model Complaints Handling Procedure](#). The aim of this model is to standardise and streamline complaints handling procedures across all sectors. The guidance shows that concerns about a service are best resolved as close to the point of service delivery as possible. Therefore, our approach includes direct service action or investigation by the provider, where we encourage the service to resolve the concerns directly. This enables the Care Inspectorate to ensure resources are used for high-risk complaints where the outcomes for people's health and wellbeing needs are investigated and action taken.

Before we progress to a complaint investigation, we assess the details to ensure that it falls within our remit, that we have sufficient information to understand the substance of the issues, and that we have an agreement from the complainant to proceed. If the complaint is not within our remit, or the complainant does not wish to proceed with an investigation, the complaint is revoked, meaning no further action is taken and the information logged for intelligence. All complaints received, including those revoked, are incorporated into the overall count. Any concerns that require to be assessed as adult or child protection concerns are referred to the lead agency, such as the social work department or Police Scotland. We keep in touch with the social work department until a decision is made about whether an investigation will take place. If a decision is

made that no investigation is required by them, the issues will be re-assessed and investigated by the Care Inspectorate if this is appropriate.

Once we decide to proceed, there are four pathways that can be used to reach a complaint resolution. These are set out below.

Intelligence - where we receive and record information about a care service and highlight that to the inspector for that service. This approach would only be used for lower-risk complaints and/or complaints where we may not have enough information. This helps our inspectors develop a broader overview of concerns about a service, which in turn informs the timing and focus of our inspections. We may use the information as intelligence about the service to help inform our scrutiny and improvement support activity. For example, bringing forward a full, unannounced inspection of a service. In 2023/24, 67% of all whistleblowing complaints were logged as intelligence. This may be, in part, because of the anonymous nature of the complaint, which often lacks detail for investigation. We continue to take steps to encourage complainants to remain confidential opposed to anonymous, as this allows us to seek clarity or further detail in support of a complaint's investigation.

Direct service action - when issues are straightforward and suitable for quick or immediate action, we contact the service and ask that they engage directly with the person making the complaint to resolve the identified matters. Typically, this is used for straightforward or simple matters, where people are unsatisfied with their experiences. Enabling services to take immediate and direct action often achieves a positive result quicker. In 2023/24, 10% of all whistleblowing complaints were referred to the provider for direct service action.

Investigation by the care provider - when issues are suitable for the complaint to be investigated using the service's own complaint procedure. We obtain consent to share the person's contact details with the service and we then ask the service provider to investigate the concerns and respond directly to the complainant. We also ask that a copy of the complaints investigation and outcome is shared with the Care Inspectorate, allowing us to determine any identified areas for improvement. In 2023/24, 12% of all whistleblowing complaints were referred to the provider to investigate.

Complaint investigation by the Care Inspectorate – following assessment, we investigate serious complaints about failings in care that have led to, or are likely to lead to, poor outcomes from an individual or individuals. From these investigations, there are several outcomes which we may put in place and include, upholding or not upholding elements of the complaint investigated, setting out defined areas for improvement and/or time-framed requirements, and re-evaluating the services awarded grades. In 2023/24, 11% of all whistleblowing complaints were investigated by the Care Inspectorate.

Impact of whistleblowing complaints

While primary responsibility for protecting whistleblowers lies with the provider of the registered care service as the employer, the Care Inspectorate informs whistleblowers of their rights, and signposts them to sources of support.

Of the whistleblowing complaints about registered care services investigated by the Care Inspectorate during 2023/24, 84 were upheld. Of the 84 upheld, 35 resulted in defined requirements for improvement being set, which imposed an obligation for care services to make improvements in the following areas:

- choice regarding care and treatment (2)
- environment (2)
- food (2)
- healthcare (including inadequate healthcare or healthcare treatment, nutrition, infection control issues, medication issues oral health and palliative care) (19)
- protection of people (3)
- record keeping (2)
- staff (19)
- wellbeing (7).

The Care Inspectorate follows up on all set requirements, and publicly reports on the actions taken by the care service through an inspection report. Reports for specific care services, including the detail of any upheld complaints, can be accessed via the Care Inspectorates [website](#).

Supporting whistleblowers

When someone tells us they are a staff member or ex-staff member of a registered care service, we inform them of their protection under the whistleblowing legislation. We include information for whistleblowers on our [website](#), and when we write to people following a complaint submission, we include the following statement in our response:

‘Whistleblowing is when an employee or ex-employee raises a concern about wrongdoing in the public interest. A worker can blow the whistle to someone in their own organisation or to a third party known as a ‘prescribed person’. The Care Inspectorate and the SSSC are prescribed persons in the whistleblowing legislation. If the concern meets the whistleblowing criteria, then the person who is blowing the whistle is legally protected from suffering any disadvantage or victimisation from their employer because of what they have done.

‘As you have identified yourself as an employee/ex-employee in the registered care service, we are informing you that you have rights to protection under the Public Interest Disclosure Act. It can be stressful to raise a concern at work and as a whistleblower you should be supported. The Care Inspectorate/SSSC [leaflet](#) gives further information regarding whistleblowing and signposts whistleblowers to organisations that can provide support, including:

‘[Protect](#) – a charity which provides free, confidential legal advice to people who are concerned about wrongdoing at work and not sure whether, or how, to raise a concern.’

Conclusion

The Care Inspectorate takes all complaints raised with us seriously. When whistleblowers raise issues with us about registered care services, we confirm their rights and legal protection, and signpost them to further sources of information. As a result of addressing complaints, including those raised by whistleblowers, the Care Inspectorate continues to work to make a positive difference to the lives of people experiencing care, and supports improvement in the provision and delivery of registered care services.

For next year's annual whistleblowing report, we will enhance our internal policy and look at how we timeously inform services of complaints raised anonymously, so appropriate action can be taken quicker to enhance the outcomes of people experiencing care.

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