



Framework for Engaging with People who use Care Services and Carers 2007–2010



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Section 1

Introduction and background

1.1 Introduction

In recent years there has been a growing emphasis on service user and carer¹ participation in health and social care policy and practice. Service user and carer participation is now very much at the heart of the governments', "Modernising Government" agenda which is increasingly introducing commitments across a range of public services to promote participatory styles of governance.


People who use care know what is right for them and want to make their views known. The Care Commission's aim as a national regulator has been to facilitate and promote service user and carer participation in regulation. The Corporate Plan 2007-10 now refers to one of its strategic aims as being "engaging people who use care services and their carers in the work of the Care Commission". This change in emphasis being seen, by the Care Commission's Board, as strengthening the importance of placing people who use care services and their carers at the heart of regulation.

The Care Commission sees engagement as being about making sure that all those who have a stake, interest or say in care can have their voice heard and engage in regulatory activities. Engagement is more than informing or consulting. It's about getting people, who wish to and choose to, directly involved. The Care Commission firmly believes that service users and carers must be provided with opportunities to engaged to a level and a degree that suits the needs of each individual.

The Care Commission developed its Public Participation Strategy 2004–07 to, "place people at the heart of regulation" and to increase participation in the planning and delivery of services by people who use care and their carers. Central to the work of the Care Commission has always been to make sure that care services meet the needs of people who use them. Consequently we have always promoted service user and carer involvement during our regulatory activities and this is routinely reflected within dedicated sections within all of our inspection reports.

We assess the quality of care by asking service users and carers about their experiences whether these meet the regulations and by reference to the National Care Standards, which set out the standards of care which people who use care services are entitled to expect. A range of care service questionnaires have been developed and are widely used for completion with and by service users and their carers during the inspection process.

¹ The term 'service users and carers' is used throughout this document for ease of reference, but is also taken to include family members and other representatives e.g. guardians, advocates etc. The term carer is used to mean people who look after a partner, husband or wife, son or daughter, relative or friend with a disability or illness. Many carers live with the person they care for, but many look after someone who lives independently, in supported accommodation, in hospital, or in a care home.



Registered services display contact details of the Care Commission and also list in their own complaints information, how service users and their carers can contact the Care Commission. Our low call cost telephone number has been widely advertised to allow service users and their families to contact us. In addition complaints can also be made directly using our website.

Our Lay Assessor Scheme is being rolled out across the country and promotes greater engagement with service users and their carers during the inspection process. Lay assessors are viewed by service providers and service users as an indication of the transparent processes adopted by the Care Commission.

We have developed a national Service User and Carer Reference group which has contributed to key developments in the last year and we continue to facilitate the Care Commission Forum, which meets twice yearly.

A range of published material has been produced, some in other languages and formats and has been widely promoted. The Care Commission's website has been redesigned to be more user friendly. Inspection reports, National Care Standards and a range of publications are all available to be downloaded.

We will build on the work we have undertaken in the last three years which has promoted service user and carer participation. This framework for engagement aims to further develop and strengthen our approach to the engagement of people who use care and carers in the work of the Care Commission and to ensure this agenda is fully integrated into all our regulatory processes.

It is about promoting a greater degree of engagement by people who use care and their carers in the regulation of their care. This will ensure that their views are reflected in our work and that we, "focus on the outcomes for people."

1.2 Background and underlying principles

The first Care Commission Public Participation Strategy was developed and approved by the Strategy Committee in October 2004. In line with the current Corporate Plan, a framework for engaging with people who use care services and their carers has been developed. This sets out a new framework for how the Care Commission will further promote the engagement of service users and their carers and ensure this agenda is integrated into our regulatory processes.

The case for regulating in a way that further promotes service user and carer engagement is accepted by the Care Commission.

This revised framework sets out the Care Commission's plans to continue to develop service user and carer engagement in its work.



The accompanying guidance for Care Commission staff provides resources for supporting staff when communicating with and involving service users and carers in the work of the Care Commission and will be available to service providers so that it can support development of service user and carer engagement within care services.

One of the four key aims within the current Care Commission Corporate Plan 2007-2010, is identified as;

“Engaging people who use care services and carers in the work of the Care Commission.”

In addition the following goals have also been established to achieve this aim:

- More people who use care services and carers (including lay assessors) are involved in regulatory and other work of the Care Commission.
- Awareness of the National Care Standards is raised and compliance with them increases.
- People who use care services and carers are not excluded from giving their views due to barriers in communication (language, disability or geography).
- Published reports on the quality of care services reflect the experience of people using the service.
- There is a mature partnership between the Care Commission and people who use care services and their carers.

This framework is based on the Better Regulation Commission's principles of good regulation and our approach to promoting participation will be:

- Proportionate - ensuring that people who use care and their carers are invited to engage in ways that respect their time and circumstances and maximise their opportunities for contributing.
- Accountable - helping people who use care and their carers to own their engagement, make informed suggestions and decisions and to shape the nature of their involvement.
- Consistent - ensuring that initiatives to increase engagement in different areas of care are consistent with one another.
- Transparent - making information available in a variety of formats and ensuring that participants understand what is expected and what their engagement can achieve.
- Targeted - minimising burdens on participants and avoiding duplication and omission of opportunities to engage.

1.3 Mainstreaming engagement

The Care Commission wants to ensure that greater engagement promotes real empowerment. In order to achieve this we will continue to “mainstream” our approach to the involvement of people who use care services and carers. Mainstreaming can be defined as, not restricting



efforts to promote involvement to the implementation of a number of specific measures, but further integrating engagement into our core processes.

We want to increase service user and carer engagement systematically. It is our intention to enable and promote service user and carer engagement throughout the year, not just on the date of inspection. For example in Housing Support Services, inspection is a process not a visit. We believe this will enable people who use care services and their carers to develop a shared understanding of regulation, the Care Commission and the National Care Standards.

To achieve our goal of mainstreaming the engagement of people who use care services and carers we will need to monitor the impact and contribution that service user and carer engagement is making to our core business processes, including our decision making. We will do this by designing and developing our systems in order to ensure that they can provide feedback of the key messages obtained from all our engagement activities. Additionally we will need to develop our systems to aggregate this information base in order to ensure the views of people who use care services and carers inform our future policy and service developments.

The Care Commission recognises that power sharing can be difficult within large organisations working in accordance with traditional ideologies. That the relative values placed on different types of expertise and language and the professional assumptions about decision-making competence can make it difficult for service users and carers to be heard and to have an impact on decision making.

By developing greater understanding of power sharing based on an enhanced social and political understanding of the service user and carer movement within the Care Commission we will promote a positive culture of empowerment. This approach will ensure that we develop our framework by taking account of both the Better Regulation Commission's five core principles of good regulation and of our own core values, where we aim to be;

- Focused on people
- Open and accessible
- Rigorous and fair
- Levering change
- Encouraging active involvement

1.4 Promoting a culture of engagement

We are committed to an agenda of service improvement in partnership with people who use care services, carers and providers of care services. Our integrated approach to service user and carer engagement is based on an empowerment model.

An empowerment model is where professionals work with people in empowering ways to increase the ability of individuals or groups of people to influence issues that affect them. This will be achieved where by the Care Commission continuing to recognise and work to address



the underlying causes of exclusion and by **promoting inclusive practice**. Engagement will be seen as **supporting people** to take part in decision making.

We want the involvement of service users and carers to be a fully integrated feature of social care regulation in Scotland.

By promoting the development of this culture within the Care Commission, we will extend liaison work between Care Commission staff and local organisations and networks that have a particular focus on groups of, or representation of, people who use care services and their carers.

The challenge for the Care Commission as a regulator is to find ways to promote a greater degree of engagement by people who use care services and carers in regulation whilst ensuring that regulatory outcomes are improved.

In practice, developing this culture will mean that our staff will continue to;

- Be clear about the reasons for inviting people to engage so that people who use care services and their carers can make informed decisions about their engagement.
- Provide choice to people who use care services and their carers about the way they engage, in particular, whether this is done individually or in group settings.
- Ensure that engagement is able to make a difference through its impact on the planning, delivery and management of the Care Commission's resources.
- Communicate in appropriate ways and provide direct feedback about the impact of engagement to people who use care services and their carers and also within inspection reports.
- Recognise the diversity of interests and perspectives of people who use care services and their carers, and provide support to overcome the potential for any discrimination or exclusion.
- Be open, transparent and accountable about the decisions we make and how we deliver our core functions.

As service users and carers are well placed to comment on the quality of services they receive the Care Commission recognises it is essential for people who use care and their carers to directly engage with regulators. Additionally, we believe that care services should be designed to meet the expressed wishes and needs of people who use the service and that one of the best ways to do this is for service providers to encourage and support the involvement of people in the design and delivery of their respective services.

By further developing and strengthening our framework for engagement in this way, the Care Commission will;

- **Involve service users and carers in the work we do, in corporate affairs as well as in regulatory activities, and;**
- **Monitor and assess the effectiveness of service providers to promote**

engagement of service users and carers in all regulated care services.

It is essential that the Care Commission and Service Providers engage as soon as practicably possible with regard to developing their strategies for service user and carer engagement. The integration of service user and carer involvement is considered to be a key feature in terms of delivering our new methodology of, **Regulating for Improvement and Assessing the Quality of Care Services.**

The framework and its accompanying guidance provide a range of useful resources that Care Commission staff may require in order to fulfil these objectives.

The result of greater and more integrated involvement of people who use care services and carers will assist the Care Commission to ensure more effective scrutiny of care services. This in turn will afford greater protection for people who use care services, ensure that services are well run and that service improvements can be identified from the perspective of people using the care service.

Enhanced engagement will also assist the Care Commission to ensure people who use care services and carers are empowered and work in partnership with the Care Commission and service providers to drive forward our continuous service improvement focus.

1.5 Building capacity


In order to further develop the capacity of our staff to fully integrate the engagement of people who use care services and carers into our core processes we will work in different ways, for example, developing group work skills, which will require an understanding of community engagement² processes.

The Care Commission is therefore delivering in-house learning opportunities for staff aimed at developing effective practice when working with community groups (such as groups of service users and/or carers). In practice, this is a three day learning event aligned with our Regulating for Improvement Project which is being offered to all Care Commission Officers and a range of other key staff members.

In order to develop our roles as regulators in respect of the engagement of people who use care services and carers and to ensure this is fully integrated into our core business processes we are piloting, testing and reviewing models of service user and carer engagement

² Community engagement is described by Communities Scotland ('Community engagement – how to guide' Scottish Centre for Regeneration 2003) as:

'... the process of involving communities in the planning, development and management of services. Community engagement takes many shapes and forms. It can involve simple exercises in consultation through to the formation of multi agency partnerships with community representation at the centre. Underlying community engagement is the commitment of the service providers and planners to listen to those for whom the services are planned'



including participatory inspection and self assessment. In addition we are developing a range of resources that support staff in this work e.g. we have developed a tool to facilitate communication with older people with dementia and other memory problems.

We will ensure our learning enables participants to understand and explain the theory of and apply best practice techniques for undertaking effective engagement. The learning is designed to provide staff with a solid understanding of all the different approaches we use when working with our stakeholders, including the level of involvement appropriate to different community and social care settings. The learning is intended to further enhance the skills of staff with a range of practical tools and techniques to deliver successful engagement.

We recognise that effective facilitation is a key skill, which underpins all successful engagement and our learning will build upon the participants existing knowledge and understanding of the principles and practice of good facilitation. The learning events are designed to offer practical examples and enable participants to rehearse a range of techniques for supporting group working and service user and carer participation. The learning will enable officers to support groups more effectively and be aware of the many different skills that a good facilitator needs in order to empower groups to develop, to achieve their aims and to work in partnership with the Care Commission.

By working in this way and by empowering people who use care services and their carers to have their views inform our regulatory processes we will ensure that we provide information that is also easily understood and accessible. In addition we will offer advice and signpost service users and carers to sources of independent advice and support such as advocacy services. This type of support will allow service users and carers to build their skills and capacity, for example, to access and analyse information, present their perspectives, listen to messages and to negotiate. In accordance with our core aims we will support structures that are accessible and ensure all voices are heard by promoting our equality and inclusion values.

The Care Commission recognises that engaging with and developing service user and carers groups and other involvement mechanisms may be a new experience for some service providers. Those who have not already developed such structures as part of their quality assurance or self-evaluation systems will be encouraged to do so and supported in their efforts. Only by establishing formal structures and mechanisms for engagement will service providers be able to ensure that they fully consult with service users and their carers. This will allow them opportunities to express their views on all aspects of service delivery, service planning, their continuous service improvement agenda including self assessment and grading. Additionally, the Care Commission will continue to support staff to promote engagement by providing other resources and signposting to a range of relevant organisations that specialise in promoting engagement. The Care Commission has developed resources to support the involvement of people who use care services and their carers. These include:

- This framework, and the accompanying guidance, which provides information on different methods of engagement and identifies a range of helpful references where staff can obtain additional advice and information.

- By developing practical ‘tools’ to facilitate engagement with service users and carers e.g. a tool to assist officers when communicating with people with dementia and with memory problems.
- Enabling greater access to information for instance, via the provision of written material in alternative formats.

1.6 Increasing engagement as part of regulation

Service users and carers already contribute in many ways to the work of the Care Commission at a corporate level and within regulatory activities. Now, developments are planned to further ensure that the engagement of service users and carers is an integral part of regulation. This section sets out how the Care Commission plans to increase opportunities for service users and carers to be more fully engaged in regulation.

Regulating for Improvement Project

In order to ensure that we put service users at the heart of regulation, our intention is to further develop our inspection methodology (the way we inspect services) as part of our Regulating for Improvement Project, so that inspections focus more on the service user, with the aim of further enhancing the quality of life that service users experience. This fundamental objective will involve changing some aspects of what Care Commission Officers do at the moment. The Care Commission is currently piloting and testing new models of for involving people who use care services and carers, including participatory inspection and self assessment.

Choice and levels of engagement

We are developing our systems to ensure that people who use care services and carers are given the opportunity to engage to a level and a degree that suits the needs of the individual or group concerned. For example participation for a singleton childminder will differ considerably from the engagement plan a large national provider may wish to develop. In addition the constraints to engagement will vary between care group because of barriers such as communication, literacy, energy levels, time, travel, vulnerability, risk and state of health. Responding to these barriers will require a range of different approaches. There is no “one size to fit all” approach to service user and carer engagement.

The following are being developed by the Care Commission;

- Core training for staff to ensure that we develop our integrated approach to service user engagement based on an **empowerment model**
- A new **recording tool** (similar to other ‘notebooks’ used by Care Commission Officers) to systematically record the views of service users and carers;
- **Support for providers** to encourage care services to set up mechanisms for engagement (e.g. a communications plan which will encourage and support providers to develop their participation agendas);

- Where appropriate, consultation during **service user or carer group meetings** as well as conducting individual interviews;
- Further development of the **care service questionnaires and other methods** that the Care Commission uses to find out what people using the service think of them.
- Methods of providing further **feedback** to service users and their carers who have been involved, e.g. by offering to send them a copy of the inspection report
- The production of more concise and **user friendly inspection reports**.

Extending lay assessor involvement

The Care Commission's Lay Assessor Scheme has undergone significant development in order to consolidate the pilot scheme and to take account of the feedback received from the external evaluation.

All new and existing Lay Assessors undertake a three day programme of induction training. This training will be further developed in the next inspection year to reflect additional opportunities to work with Lay Assessors in more creative ways as we develop our inspection methodology under the scope of the Regulating for Improvement Project.

The scheme now recruits only people with a direct experience of being a service user or a carer and who better reflect the demographic profile of service users and carers. This will allow us to deliver more of a 'peer research' model within the inspection process.


Lay Assessors have now been recruited to cover all five regional areas. In particular, people with a learning disability and people with a personal experience of mental health issues have been recruited which was noted as a gap in the original pilot.

The age range of Lay Assessors more generally reflects our target demographic profile which has simultaneously facilitated a broadening of the collective of personal experiences of Lay Assessors and thereby, our capacity to engage Lay Assessors in a broader range of services. We aim to develop this further in the new inspection year through a focus on engagement with children and young people specifically.

The geographical mainstreaming of the scheme allied to the recruitment exercise means that Lay Assessors can now be matched to a broader range of services, thus enhancing the capacity of the scheme to add value to the Care Commission's inspection processes and engagement agenda.

1.7 Relationship building

Our staff already meet with many groups and individuals in the course of their work. We intend to collate information about these meetings and further enable outcomes of these meetings to inform the future work of the Care Commission.



The Strategic Development Directorate will facilitate a mapping exercise to gather information from across the organisation with regard to all liaison work with our stakeholder groups. Such information will be gathered in a systematic way and recorded.

Our specific objectives for this exercise are to:

- Record the level of liaison work that is presently undertaken by Care Commission staff with service user and carer groups. To provide baseline information.
- Record the level of liaison work that is presently undertaken by Care Commission staff with providers.
- Devise systems to aggregate this information, including reporting on attendance at events, how key messages are recorded and how feedback is made available.
- Agree a consistent approach to service user and carer engagement for example providing guidelines on consultation.
- Identify structures where it may be appropriate for the Care Commission to consult with representative bodies on areas of policy or practice development. For example to consult on our equality schemes.
- Analyse the information collated and identify any gaps that might exist. Prepare and agree an action plan to address any shortfalls.
- Obtain an overview of how this work is recorded and used by management teams.

By extending opportunities for local networks and organisations, with a particular focus on service users and carers groups, to engage with the Care Commission we will support how these groups influence the services they receive and how they make their views known. The approach being developed will ensure that public engagement will enable all those that have an interest and want to comment on care services or on Care Commission processes to have their voice heard.

Section 2

Key strands of the Framework for Engagement

2.1 Key strands of the engagement framework

The four key strands of the framework are;

- **Sharing Information**
- **Participation at a Strategic Policy Level**
- **Participation in Regulation; and**
- **Levering change in the practice of service providers, as regards the development of engagement of people who use carer services and carers within all regulated care services.**

Each section provides a simple background supporting statement and is followed by a reference to relevant legislation, including the Regulation of Care (Scotland) Act 2001 and is supported by relevant targets and planned outcomes.

2.2 Sharing information

Introduction

We want the information we gather during our work to be available to everyone who needs it, including people who use care services and their carers. We also want to put systems in place to assess the quality of individual care services and then measure how much they improve over time.


Legislative requirements

Regulations associated with the Act require the Care Commission to convene a committee of its Board that shall:

‘...meet at least twice each year with a view to obtaining from relevant persons their views on the work of the Commission and reporting to the Commission’ (Scottish Statutory Instruments, No 106).

This committee is known as the Care Commission Forum.

Under the Regulation of Care (Scotland) Act 2001 the Care Commission must make available certain types of information to the public for example inspection reports and a web based register of care services.



The Care Commission also has a duty under the Freedom of Information (Scotland) Act 2002 to make information available to anyone who requests it subject to certain exemptions.

Under the Freedom of Information (Scotland) Act 2002 the Care Commission must also have in place an approved Publication Scheme that lists classes of information it publishes or intends to publish, indicate how this information can be obtained and state whether a cost will be incurred to obtain it.

Care Commission priority activities – We will

- continue to make sure people know how to contact us, find out about what we do and how to get copies of our inspection reports.
- further develop our inspection reports to make them concise, easy to read and more user friendly for all stakeholder groups.
- continue to improve the way people can get information they need about our work, for example from our website and in other formats such as large print for people with visual impairments.
- continue to develop the quality assessment framework that will provide information about the quality of each individual service that we regulate which includes the perspective of people who use the care services and their carers.
- develop an audit tool based on the quality assessment framework designed to enable service providers to conduct their own self evaluation against the National Care Standards.
- continue to publish more detailed information on our website about any action we ask individual care services to take to improve.
- develop and make more accessible the national meetings of the Care Commission Forum taking account of the feedback received, particularly those who use care services and their carers.
- extend the range of opportunities for people to receive information and to make their views known at local level, for instance, establishing contact with local groups, networks and organisations representing people who use care services and their carers.
- undertake or support stakeholder surveys to gauge satisfaction with the information received and with levels of knowledge and awareness of the Care Commission.
- Continue to comply with the Freedom of Information (Scotland) Act 2002 and Data Protection Act 1998.

Planned outcomes

Key outcomes from these targets will include:

- A quality assessment framework in place which provides information on individual care services. This information assists people to make choices.
- Feedback our stakeholders give us and evaluation of research on the provision of information helps us to improve the way we provide information, including inspection

- reports which are more accessible for all of our stakeholder groups.
- More detailed and meaningful information published on our Web-based register of services, for example about any action we ask care services to take for improvement.
- Meetings of the Care Commission Forum are more accessible, particularly for service users and carers and we increase the participation of service users and carers at these events.
- Greater opportunities for consultation and the exchange of views and information at a local level.
- Greater accessibility to information produced and held by the Care Commission.

2.3 Engagement at strategic policy level

Introduction

We will develop mechanisms by which people who use care and carers' views can influence the development of the regulatory practice and other policies adopted by the Care Commission.

Legislative requirements

The Care Commission is required by statute to exercise its functions in a 'manner which encourages equal opportunities and in particular the observance of the equal opportunity requirements' (Section 1, The Regulation of Care (Scotland) Act 2001).

Care Commission priority activities

- We have already established a national reference group of service users and carers, with Board member involvement, to ensure these views inform Care Commission' developments, including the Care Commission's Regulation for Improvement Project.

We will

- continue to develop service user and carer representation on advisory and practice working groups to consider key developments and to further improve regulatory practice;
- continue to develop the work of the equality and diversity group to inform activities relating to equality of opportunity, including ensuring legislative compliance;
- make sure our employees are properly equipped with the skills and knowledge to promote effective engagement and deliver the changes we want to make to our regulatory processes.
- obtain feedback from localised liaison work and from service users and carers as part of our regulatory activities to inform policy development.

Planned outcomes

Key outcomes from these targets will include:

- A clear perspective, at Board and Executive Management Team level, of issues that affect people who use care services and their carers.
- The views of service users and carers informs future policy and practice developments.
- All staff apply the principles of our engagement practice in all aspects of their regulatory activities.
- Increased mechanisms available to capture the views of people who use care services and their carers. This information informs key developments such as, the Corporate Plan and the Regulation for Improvement Project.
- Equality objectives are mainstreamed and monitored.

2.4 Engagement in Regulation, and leveraging change in the practice of service providers, as regards the development of engagement of people who use carer services and carers within all regulated care services

Introduction

We will seek to engage with people – particularly people who use care services and their carers – in the work of the Care Commission. We intend their views to be heard and taken into account during the process of regulation, and will provide opportunities for staff to develop further their practice in working with people who use care services and their carers.

Legislative requirements

Specific legal requirements are made within the Act relating to what the regulatory framework must include. For instance, the Care Commission must keep the complaints procedure under review and shall vary it after consultation with appropriate people. The Commission must then publicise the procedure and must give a copy of the procedure to anyone who requests it. (Section 6).

During inspections, regulators can interview in private any person who is cared for by the service if they agree (Section 25 (6)(c)(iv)). If a person who uses a service is incapacitated, they have a right to have their guardian, continuing attorney or welfare attorney present during the interview (Section 25(7)(a)). A person can also request another person to be present if they wish and if the regulator does not object (Section 25(7)).

Care Commission priority activities – We will

- ensure the perspective of people who use care services and their carers is fully integrated in our Regulating for Improvement Project.

- free up more time for staff to engage with service users and their carers, by streamlining paper processes and redesign inspection methods.
- provide more opportunities for people who use care services and their carers to communicate directly with the Care Commission, raising their concerns and/or giving feedback.
- provide guidance to staff and to service providers to promote effective engagement and communication and 'signpost' to internal and external resources.
- make the organisation more accessible to people at risk of exclusion for instance, provision of specialist aids and equipment to encourage greater participation by members of the public such as induction loops, Minicom systems, information in alternative formats etc;
- develop tools to obtain the views of people in a systematic way, for example 'Sharing your views toolkit' for people with dementia and memory problems.
- further develop and extend the Lay Assessor scheme across all regions and localities.

Planned outcomes

Key outcomes from these targets will include:

- Enhanced approach to participation of service users and carers in regulation, including participatory inspection and self assessment.
- There is a marked increase in service user and carer involvement during regulatory processes.
- Communication tools and other resources assist staff to engage with service users and carers not previously involved in regulatory processes.
- Systematic recording is undertaken to capture the views of service users and their carers on the quality of individual care services.
- Improved levels of engagement with service users and their carers.
- Improved access to the organisation and its services by members of the public, including those from ethnic minority communities and/or with disabilities.
- Increased numbers of Lay Assessor involvement in inspections.



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