

# Risk Assessment: Adult Social Care Mystery Shopping Exercise

## Scoring Key

Likelihood (L) and Impact (I) are scored 1–5. Risk Score = L × I. Residual scores reflect risk after mitigation is applied.

|       |          |             |                 |             |
|-------|----------|-------------|-----------------|-------------|
| Score | 1–4: Low | 5–9: Medium | 10–14: Med-High | 15–25: High |
|-------|----------|-------------|-----------------|-------------|

L = Likelihood | I = Impact | R.L = Residual Likelihood | R.I = Residual Impact

| ID | Category        | Risk Description  | Mitigation   | L | I | Score | R.L | R.I | R.Score | Owner             |
|----|-----------------|---|--|---|---|-------|-----|-----|---------|-------------------|
| R1 | Operational     | Fictitious cases are progressed beyond the agreed scope, generating unnecessary work for frontline staff or triggering real service responses | ASC to code all mystery shopping contacts to enable identification and removal. Exercise designed to end contact as early as possible. Regular liaison between Healthwatch and ASC throughout to monitor and intercept any cases approaching scope boundaries. | 3 | 4 | 12    | 1   | 2   | 2       | ASC / Healthwatch |
| R2 | Safeguarding    | A mystery shopper scenario inadvertently triggers a real safeguarding response, causing confusion, wasted resource or distress to staff       | All 20 scenarios reviewed and approved by ASC prior to fieldwork. Scenarios designed to mirror realistic thresholds without crossing into acute crisis. ASC has internal flagging process to intercept and close mystery shopping cases before escalation.     | 2 | 4 | 8     | 1   | 2   | 2       | ASC               |
| R3 | Data Protection | Personal data of real residents or staff is inadvertently collected or processed during the exercise, breaching GDPR obligations              | Scenarios use entirely fictitious identities. Healthwatch to create ad-hoc email addresses for the exercise. No real personal data to be recorded. Data handling protocols agreed in the MOU.  | 2 | 5 | 10    | 1   | 2   | 2       | ASC               |
| R4 | Data Protection | Individual staff members are identified in findings, creating HR or reputational concerns   | Exercise explicitly scoped to assess systems and processes, not individual performance. Healthwatch will   | 2 | 4 | 8     | 1   | 1   | 1       | Healthwatch       |

| ID | Category          | Risk Description  | Mitigation  | L | I | Score | R.L | R.I | R.Score | Owner             |
|----|-------------------|---|---|---|---|-------|-----|-----|---------|-------------------|
|    |                   |   | not record staff names. Findings reported at team/service level only. Agreed in MOU and communicated to all mystery shoppers.   |   |   |       |     |     |         |                   |
| R5 | Operational       | Mystery shoppers are identified by staff during the exercise, compromising the validity of findings   | Mystery shoppers trained to present scenarios naturally and consistently. Contact volume kept within normal traffic levels. Shoppers do not identify themselves or the exercise at any point. ASC staff not informed of specific contact dates or times.                                    | 2 | 4 | 8     | 1   | 2   | 2       | Healthwatch       |
| R6 | Volunteer Welfare | Volunteer mystery shoppers experience distress as a result of engaging with complex or emotionally challenging scenarios                        | All volunteers trained and briefed prior to fieldwork. Scenarios assigned sensitively with volunteer wellbeing in mind. Healthwatch project lead available throughout exercise to provide support. Debrief offered to all volunteers on completion.   | 2 | 3 | 6     | 1   | 2   | 2       | Healthwatch       |
| R7 | Technical         | Online referral forms or phone systems are unavailable during the exercise, preventing mystery shoppers from completing their assigned activity | Exercise timetabled over three weeks to allow flexibility. Mystery shoppers instructed to note and report any technical failures rather than abandon the exercise. Healthwatch to liaise with ASC if systemic technical issues arise. Findings to document any access failures encountered. | 2 | 3 | 6     | 2   | 2   | 4       | ASC / Healthwatch |
| R8 | Reputational      | Findings are leaked or published prematurely before ASC has had the opportunity to review and respond, causing reputational damage              | MOU requires Healthwatch to share findings with ASC for fact-checking before publication. ASC given opportunity to prepare a formal response for inclusion in the report. Publication timeline agreed between both parties in advance.  | 2 | 4 | 8     | 1   | 2   | 2       | Healthwatch       |
| R9 | Quality           | Mystery shoppers deviate from their assigned  | All volunteers receive structured training before   | 2 | 3 | 6     | 1   | 2   | 2       | Healthwatch       |

| ID  | Category    | Risk Description  | Mitigation   | L | I | Score | R.L | R.I | R.Score | Owner             |
|-----|-------------|---|--|---|---|-------|-----|-----|---------|-------------------|
|     |             | scenario, introducing inconsistency or generating findings that do not reflect realistic resident experience                          | fieldwork commences. Scenarios and boundaries clearly documented. Healthwatch project lead monitors progress and available for guidance throughout. Debrief after each contact to review consistency.                    |   |   |       |     |     |         |                   |
| R10 | Operational | Exercise places disproportionate burden on frontline ASC or Customer Services staff, affecting service delivery to real residents     | Contact volume agreed in advance with ASC and kept within normal traffic levels. Exercise timetabled to avoid known pressure periods. ASC retains the right to pause the exercise if operational pressures require it.   | 2 | 3 | 6     | 1   | 2   | 2       | ASC               |
| R11 | Quality     | Findings are insufficiently robust or representative to support meaningful service improvement, undermining the value of the exercise | 20 scenarios designed by ASC to reflect real-life complexity and current performance objectives. Three-phase methodology (website, phone, online forms) provides breadth of insight.                                     | 2 | 3 | 6     | 1   | 2   | 2       | Healthwatch / ASC |
| R12 | Governance  | Lack of clarity over ownership, responsibilities or publication rights creates dispute between Healthwatch and ASC                    | Memorandum of Understanding signed by both parties prior to commencement, clearly setting out ownership of methodology, data, findings and publication rights. Regular joint oversight meetings throughout the exercise. | 1 | 3 | 3     | 1   | 1   | 1       | Healthwatch / ASC |