HANDLING COMPLAINTS IN REGISTERED CARE SERVICES

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The Care Inspectorate is the official body responsible for inspecting and supporting improvement social care and social work in Scotland.

Everyone is entitled to safe, high quality, compassionate care that meets their needs.

14,000 REGULATED CARE SERVICES
We also carry out strategic scrutiny

- joint inspections of **strategic planning** in partnerships
- lead joint inspections of **services for children**
- thematic review of **adult support and protection**
- thematic review of **self directed support**
- scrutiny of **community justice**
- review of **adverse events** in social work
Investigating complaints about the care quality

The Care Inspectorate must establish a procedure by which a person, or someone acting on a person’s behalf, may make complaints about a registered care service.

- the procedure must be available to people whether or not the registered service has a complaints procedure.
- the Care Inspectorate must keep the procedure under review and must vary it whenever, after consultation, it considers it appropriate to do so.

The Public Services Reform (Scotland) Act 2010, Section 79
Number of complaints

In 2016/17, we received 4,277 complaints about care services.

Over the last three years, we received an average of 356 complaints per month.
Complaints by service type

- Care homes: 47.9
- Day care of children: 19.7
- Support service: 15.3
- Childminding: 9.2
- Housing support: 6.1
### Who makes complaints?

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friend or relative</td>
<td>45.4</td>
</tr>
<tr>
<td>(Ex) Employee</td>
<td>20.9</td>
</tr>
<tr>
<td>Person experiencing care</td>
<td>9</td>
</tr>
<tr>
<td>Public</td>
<td>6.9</td>
</tr>
<tr>
<td>Professional visitor</td>
<td>1.6</td>
</tr>
<tr>
<td>Another provider</td>
<td>1.2</td>
</tr>
<tr>
<td>Health professional</td>
<td>1.2</td>
</tr>
<tr>
<td>Advocacy service</td>
<td>0.3</td>
</tr>
<tr>
<td>Politician</td>
<td>0.1</td>
</tr>
</tbody>
</table>
## What do people complain about?

<table>
<thead>
<tr>
<th>Summary area of complaint</th>
<th>number upheld</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>General health and welfare</td>
<td>432</td>
<td>23.2%</td>
</tr>
<tr>
<td>Specific healthcare concerns</td>
<td>313</td>
<td>16.8%</td>
</tr>
<tr>
<td>Concerns about staff or staffing</td>
<td>298</td>
<td>16.0%</td>
</tr>
<tr>
<td>Communication</td>
<td>252</td>
<td>13.5%</td>
</tr>
<tr>
<td>Policies and procedures</td>
<td>112</td>
<td>6.0%</td>
</tr>
<tr>
<td>Choice</td>
<td>101</td>
<td>5.4%</td>
</tr>
</tbody>
</table>
Overall, 57% of complaints are upheld.

Usually, improvements are required as a result.
A new complaints process from November 2017

A complaint is received

Risk assessment

Investigation undertaken and investigation report is completed

Noted as intelligence

Frontline resolution

Passed to provider to investigate

Post investigation response for complaint and complained about

Written feedback

Complaint updated – final
Options for complaint handling

Note the information for a planned inspection

Frontline resolution – resolve the complaint without the need for an investigation

Service investigation – we ask the care service to investigate and report back to us

Investigation – by the Care Inspectorate
Risk to people experiencing care determines how quickly this starts
Risk assessment

- Are there protection issues?
- History of the service
- Nature of the complaint and risk to poor outcomes
- Likelihood of it happening more than once or to other people
- Service’s capacity to improve
### Assessing the seriousness of a complaint

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>Serious complaints about failings in care that have led to, or are highly likely to, result in poor health and wellbeing outcomes for an individual or individuals i.e. illness or injury</td>
</tr>
<tr>
<td>Medium</td>
<td>Organisational issues that have the potential to present a risk to people experiencing care, e.g. staffing levels, recruitment or training, environmental issues, missed and late visits</td>
</tr>
<tr>
<td>Low</td>
<td>Complaints that do not relate to the provision of care and/or lack sufficient detail to identify or assess risk</td>
</tr>
</tbody>
</table>
## Care Inspectorate response

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>Inspector investigates and reports to both the complainant and the provider</td>
</tr>
<tr>
<td>Medium</td>
<td>Provider to resolve or investigate to resolve the issue. The provider shares the outcome with the lead inspector for the service.</td>
</tr>
<tr>
<td>Low</td>
<td>The complaints team share the information with the lead inspector for the care service and any other relevant agencies.</td>
</tr>
</tbody>
</table>
## Complaint investigation methodology

<table>
<thead>
<tr>
<th>Agree elements for the investigation</th>
<th>Visit the service unannounced</th>
<th>Interview people and review records</th>
</tr>
</thead>
</table>

- Maintain and update the record of complaint (ROC)

**Feedback for complainant and complained about**

Write report and sent to both parties. This details:
- elements investigated
- evidence to uphold
- evidence not to uphold
- conclusions and action to be taken

**Post investigation review**

**Report finalised and on website**
Questions about this new process
Shifting the culture about complaints in care
The principles of good complaint handling

**User-focused:** puts the complainant at the heart of the process.

**Accessible:** appropriately and clearly communicated, easily understood and available to all.

**Simple and timely:** as few steps as necessary within an agreed and transparent timeframe.

**Thorough, proportionate and consistent:** provides quality outcomes in all complaints through robust but proportionate investigation and the use of clear quality standards.

**Objective, impartial and fair:** objective, evidence-based and driven by the facts and established circumstances, not assumptions, and this should be clearly demonstrated.
A good complaints procedure will:

Seek early resolution: it aims to resolve complaints at the earliest opportunity, to the person’s satisfaction wherever possible and appropriate.

Deliver improvement: it is driven by the search for improvement, using analysis of outcomes to support service delivery and drive service quality improvements.
Research tells us...

People want service to **acknowledge** their experience and make things better

Many services still see complaints as **negative**

Services that have a robust complaint **culture of listening to people** and responding are learning organisations

Most complaints come to the Care Inspectorate where people are **not satisfied with response** or previous issues raised with services

People are **hesitant** to make complaints
Apologies are very powerful and very important
An apology is more likely to resolve a complaint early than any other action you might take.

An apology may be the only practical way of restoring trust and repairing a broken relationship with a person.

If you investigate a complaints and find there has been a problem, make an apology.
How to make a good apology

An apology is more likely to resolve a complaint early than any other action you might take. An apology may be the only practical way of restoring trust and repairing a broken relationship with a customer. When we consider a complaint and find there has been a problem we most often recommend that the organisation apologise.

Apologies are very powerful and important. This guide will help you get apologies right for most people most of the time.

Say it or write it?

Empathy and sincerity is much easier to express and recognise when we say it. When we speak to another person directly we come over as fellow humans and not a faceless organisation. Our body language and tone of voice backs up our words, ensuring our meaning is properly understood. When we talk to someone we are more likely to notice if our words are not being well received and can correct misunderstandings before they escalate.

Written apologies are always trickier to get right simply because we can’t check whether we have been properly understood. Verbal apologies help avoid a lot of potential pitfalls. There will be situations where a written apology is needed. Following this guide will help you get that right.
Supporting complaint handling in care

Care services must have robust complaint handling procedures – staff confidence

Value complaints as feedback and opportunities for improvement

We will publish complaint handling training / development / processes for services, in conjunction with SPSO

Possible complaint development days.
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