

## Complaints Committee Annual Report to the Board – 2015/16

**Report to:** Board  
**Date:** 30 September 2016  
**Report by:** Anne Haddow, Convener  
**Report No:** B-17-2016  
**Agenda Item:** 10.2

### **PURPOSE OF REPORT**

This report represents a draft summary of the work of the Complaints Committee during financial year 2015/16 and gives the Committee's opinion on the assurance that this work provides.

### **RECOMMENDATIONS**

That the Board

1. Considers the revised report.

**Version Control and Consultation Recording Form**

Version	Consultation	Manager	Brief Description of Changes	Date
	Senior Management			
	Legal Services			
	Corporate and Customer Services Directorate			
1.0	Committee Consultation (where appropriate)		Complaints Committee revisions to sections 2, 3.1.1, 3.1.2 and 3.2	10/5/16 6/9/16
	Partnership Forum Consultation (where appropriate)			
<b>Equality Impact Assessment</b>				
Confirm that Involvement and Equalities Team have been informed			YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
EIA Carried Out			YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
If yes, please attach the accompanying EIA and briefly outline the equality and diversity implications of this policy.				
If no, you are confirming that this report has been classified as an operational report and not a new policy or change to an existing policy (guidance, practice or procedure)			Name: Position:	
Authorised by Director	Name: Rami Okasha		Date:14/9/16	

## 1.0 INTRODUCTION

The Complaints Committee Annual Report to the Board summarises the work of the Complaints Committee for the past financial year.

## 2.0 REMIT OF THE COMPLAINTS COMMITTEE

The purpose of the Complaints Committee is to take an overview of the complaint handling arrangements of the Care Inspectorate for both complaints about registered care services and for complaints about the Care Inspectorate, and also to ensure that there is a sufficient and systematic review of the internal control arrangements of the complaints function of the organisation, including arrangements for risk management and business continuity planning in respect of complaints.

## 3.0 SUMMARY OF COMPLAINTS COMMITTEE WORK

### 3.1 Complaint Contextual Information

#### 3.1.1 Complaints About Registered Care Services

The Complaints Committee agreed at the end of 2015/16 that reporting arrangements would comprise a brief exception report to the Committee each quarter and a more detailed annual report on complaints which would be made publicly available.

Since 2011/12, the volume of complaints received has been increasing over time, peaking at a rate of 369 per month in 2014/15. In 2015/16, the volume of complaints received has dropped to on average 340 complaints per month – 29 (8%) fewer than the peak level of 369 per month in 2014/15 but 45% higher than the 2011/12 level.

In comparison to complaints received, the volume of complaints formally registered on average per month has increased more modestly over time, by 21% between 2011/12 and 2014/15. On average, 147 complaints were registered per month this year – a 13% drop from the peak of 169 per month in 2014/15.

The completion rate of complaints investigated last year was the lowest since 2011/12. However, in the second half of 2015/16, there were some unusually variable rates of complaints completed per month. Quarter 3 saw a rate of 166 complaints completed per month, which equalled the record high volume completed in 2014/15. In Quarter 4, the rate of 131 complaints completed per month matched the record low rate of completed cases in 2011/12.

The completion rate for investigations within 40 days of registering the complaint was 68%, which was below the target of 80%. This, too, was lower than the overall rate of 80% in 2014/15, although the 2014/15 figure will be artificially high as the measure was only introduced that year.

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The majority of complaints received were in relation to care homes (48%), in particular care homes for older people (43% of all complaints received). However, only 1% of the complaints received about care homes came from people who use services.

A further 20% of complaints were about support services, the majority of which related to care at home (19%) and 16% were about daycare of children services. This has been a consistent pattern over time.

With regard to the nature of complaints, the top five reasons overall were:

- General health and welfare
- Staff levels
- Communication between staff and people who use services, relatives and carers
- Staff other
- Staff training and qualifications

These reasons have consistently been amongst the top reasons for complaint for several years. So, in terms of reasons for complaint, there is a persistent trend as opposed to an emerging one.

### **3.1.2 Complaints About the Care Inspectorate**

In 2015/16, a total of 80 complaints about the Care Inspectorate were received. Although these types of complaints have remained relatively low over time, and the small numbers involved make it difficult to accurately identify trends, the level received per month over 2015/16 is slightly higher than expected at 6.7 complaints per month, compared to a previous average of around 5.5 per month.

Of those 80 complaints received, 19 were withdrawn. A further 27 were closed following successful frontline resolution, accounting for 34% of all complaints received about the Care Inspectorate this year. All complaints received about the Care Inspectorate were acknowledged within 3 working days.

There were 23 new complaints about the Care Inspectorate that were formally registered during 2015/16. This averages 1.9 per month, which is lower than the previous high of 2.6 per month in 2014/15. The very small numbers involved mean that this trend may not be informative.

There were 29 complaints investigations completed in 2015/16. There was a marked improvement in performance for completion of complaints investigations about the Care Inspectorate within 20 days. In 2015/16, the completion rate was 58%, an increase of 12% on the previous year. During the year, 8 complaints against the Care Inspectorate were upheld.

The Committee was informed of discussions with the SPSO around a case which

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may have implications for the timescales for investigating complaints.

### **3.1.3 Learning from Complaints About the Care Inspectorate**

Although difficult to identify trends there has been useful feedback and learning for individual staff members through complaints, even where they have not been upheld. There has also been useful feedback from stakeholders which has informed the work of the methodologies development team. In one case this led to direct improvements in the way we report on inspections.

Issues such as the accuracy of information published on the website have been raised, remedied and consequently awareness of difficulties highlighted to the relevant department. Improvements were also made in communication across complaints and inspection teams with increased intelligence sharing between these functions.

Views and stakeholder feedback gleaned from complaints about the Care Inspectorate have also informed the current review of complaints about the registered services. Learning from all of the complaints activity is also leading to improvements in the way we handle complaints about the Care Inspectorate impacting on internal and external stakeholders.

## **3.2 Other Work**

### **Progress and Development of Complaints Procedures in relation to the Integration of the Health and Social Care Agenda**

The Committee has been kept informed of the progress and development of the integrated health and social care complaints procedures. Both the Care Inspectorate and Scottish Public Services Ombudsman (SPSO) sought a commitment from the Scottish Government to ensure that complaint processes are simple, consistent, accessible and user-focussed. The Committee has noted the oral evidence that the Care Inspectorate provided to the Local Government and Regeneration Committee on 10 June 2015 and the proposed changes to legislation in respect of the SPSO powers in relation to the interface between the SPSO and the Care Inspectorate.

#### **New Complaints Process**

The Committee has received regular information and presentations on how the Care Inspectorate should respond to complaints about services. The development of a new complaints procedure has taken into account the closer alignment of inspection and complaints and the possible opportunity for Inspection Volunteers to be part of the process. The Committee has made recommendations that a new complaints process should include full engagement with young people with experience of care.

The Committee has also agreed that the complaints work of the Care Inspectorate

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needs to be seen in its broadest context, including concerns, feedback and other improvement measures.

### **Complaints Improvement Plan**

The Committee continues to monitor the Complaints Improvement Plan which is reviewed and responded to by the Executive Team.

The main outstanding areas within the Plan have been in relation to a process for investigating complaints about the Care Inspectorate and those for care services. The Committee has noted the good progress that has been made through the Partnership Forum in determining practical ways to support staff subject to/involved in a complaint allegation. Arrangements are expected to be operational during 2016/17. The Committee has also been kept informed of the gathering of feedback and its use for intelligence purposes in planning inspections and how this will be built into the review of scrutiny and improvement.

### **Details of SPSO Activity**

The Committee has received regular information to enable it to take an overview of cases that have been examined and are currently being examined by the SPSO. Following examination of a case, the SPSO may uphold the complaint and make a recommendation or recommendations, may uphold the complaint and make no recommendation(s), not uphold the complaint, or decide to take no action at all. During 2015/16, one complaint was upheld and recommendations made to the Care Inspectorate to provide a written apology to the complainant and to pay a compensation fee.

### **Complaints About the Care Inspectorate Tracker**

The Committee has continued to receive regular reports to provide it with the necessary information to enable it to take an overview of complaints about the Care Inspectorate. These regular reports on the status of complaints about the Care Inspectorate help the Committee to gain a better insight into such complaints and how it deals with them, so that it can improve its own processes and in turn effect positive change in services, for the benefit of people who use care services and their carers.

## **3.3 Risk Management**

At each of its meetings, the Complaints Committee records any identified risks which are then brought to the attention of the appropriate Committee/Board. Risks that have been identified for 2014/15 included:

- ICT issues in relation to digital recording, although alternative approaches have been identified
- Some information of interest to the Committee was not collected on the PMS

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system.

- Vacancies within the National Complaints Team which were unfilled, although new recruitment processes are now in place.
- The membership level of the Committee
- Changes within Health and Social Care, in particular regarding the handling of complaints in light of health and social care integration
- The possibility that the investigatory role of the Children’s Commissioner may overlap or duplicate the Care Inspectorate’s complaints procedure
- Training of Inspection Volunteers

All Committee members attend the Annual Review of the Strategic Risk Register.

**4.0 PROGRAMME OF COMMITTEE MEETINGS: 2015/16**

<b>Meeting Date</b>	<b>Business</b>
28 May 2015	<ul style="list-style-type: none"> <li>• Progress and Development of Complaints Procedures in relation to the Integration of Health and Social Care Agenda</li> <li>• Statistical Report on Complaints - Quarter 4 2014/15</li> <li>• Details of SPSO Activity</li> <li>• Complaints Against the Care Inspectorate Tracker</li> <li>• Schedule of Committee Business</li> </ul>
15 September 2015	<ul style="list-style-type: none"> <li>• Statistical Report on Complaints - Quarter 1 2015/16</li> <li>• Details of SPSO Activity</li> <li>• Complaints Improvement Plan</li> <li>• Schedule of Committee Business</li> </ul>
1 December 2015	<ul style="list-style-type: none"> <li>• Scottish Government Consultation on draft Order to Revise the Procedures for Complaints about Social Work</li> <li>• Statistical Report on Complaints – Quarter 2 2015/16</li> <li>• Details of SPSO Activity</li> <li>• Complaints Improvement Plan</li> <li>• New Complaints Process</li> <li>• Involvement of Inspection Volunteers</li> </ul>
1 March 2016	<ul style="list-style-type: none"> <li>• Statistical Report on Complaints – Quarter 3 2015/16</li> <li>• Details of SPSO Activity</li> <li>• Complaints Improvement Plan</li> <li>• Complaints about the Care Inspectorate Tracker</li> <li>• Schedule of Committee Business</li> </ul>

#### 4.1 Membership

Anne Haddow, Convener  
Cecil Meiklejohn  
Anne Houston  
Mike Cairns  
Gavin Dayer

#### 5.0 COMPLAINTS COMMITTEE EFFECTIVENESS

The Committee's annual effectiveness session took place in January 2016, when members reviewed the way it was working. The Committee was clear about what is expected of it and that its work was contributing to the strategic role of the Board, but felt that the future remit of the Committee should be reviewed, particularly in relation

to the relationship with the Policy Committee. It was noted that the Committee's role around complaints was not replicated in other areas of the Care Inspectorate's work and a wider approach to overseeing quality, rather than just complaints, may be more helpful. The following additional points were highlighted to the Board:

- That the complaints work of the Care Inspectorate needed to be seen in its broadest context, including concerns, feedback and other improvement interventions.
- The Committee recognised the importance of the Care Inspectorate continuing to receive feedback from people who use services, carers and providers and using the information to generate new ideas and initiatives.
- Members felt it was important that the committee was clear about its governance, rather than operational, role.
- Members agreed that good channels of communication had been established between the other Committees and regular meetings between the Chair and Conveners helped in reviewing issues.

#### 6.0 RESOURCE IMPLICATIONS

The Committee wishes to see continued progress around the ICT used to support the Care Inspectorate complaint functions. Staff and resource levels need to be continually reviewed against other areas of business.

#### 7.0 BENEFITS FOR PEOPLE WHO USE SERVICES AND THEIR CARERS

The Care Inspectorate's complaints process plays a significant role in addressing poor quality care and allowing people with concerns and complaints to have them addressed. It is important that there are appropriate governance arrangements in place around this. Clear communication between the Complaint Committee and the Board is essential to the performance of this role and this annual report to the Board is an important part of this communication process.

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