

Complaints Activity mid-year report - 2018/19

Report to: Board

Date: 28 March 2019

Report by: John McGurk, Information Analyst
Ingrid Gilray, Intelligence & Analysis Manager

Report No: B-11-2019

Agenda Item: 17

PURPOSE OF REPORT

To provide members with a summary of key findings and trends about complaints that the Care Inspectorate has handled over the first half of 2018/19.

RECOMMENDATIONS

That the Board:

1. Notes the contents of this report.

Consultation Log

Who	Comment	Response	Changes Made as a Result/Action
Senior Management	Executive Director of Strategy & Improvement Service Manager, Adult services & Complaints		Minor modification Modifications to reflect the new procedure.
Legal Services			
Corporate and Customer Services Directorate			
Committee Consultation (where appropriate)			
Partnership Forum Consultation (where appropriate)			
Equality Impact Assessment			
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 policy will have no negative impact on people with a protected characteristic and a full Equality Impact Assessment is not required.	Name: Ingrid Gilray Position: Intelligence and Analysis Manager		
Authorised by Director	Name: Edith MacIntosh	Date: 6 March 2019	

1.0 BACKGROUND

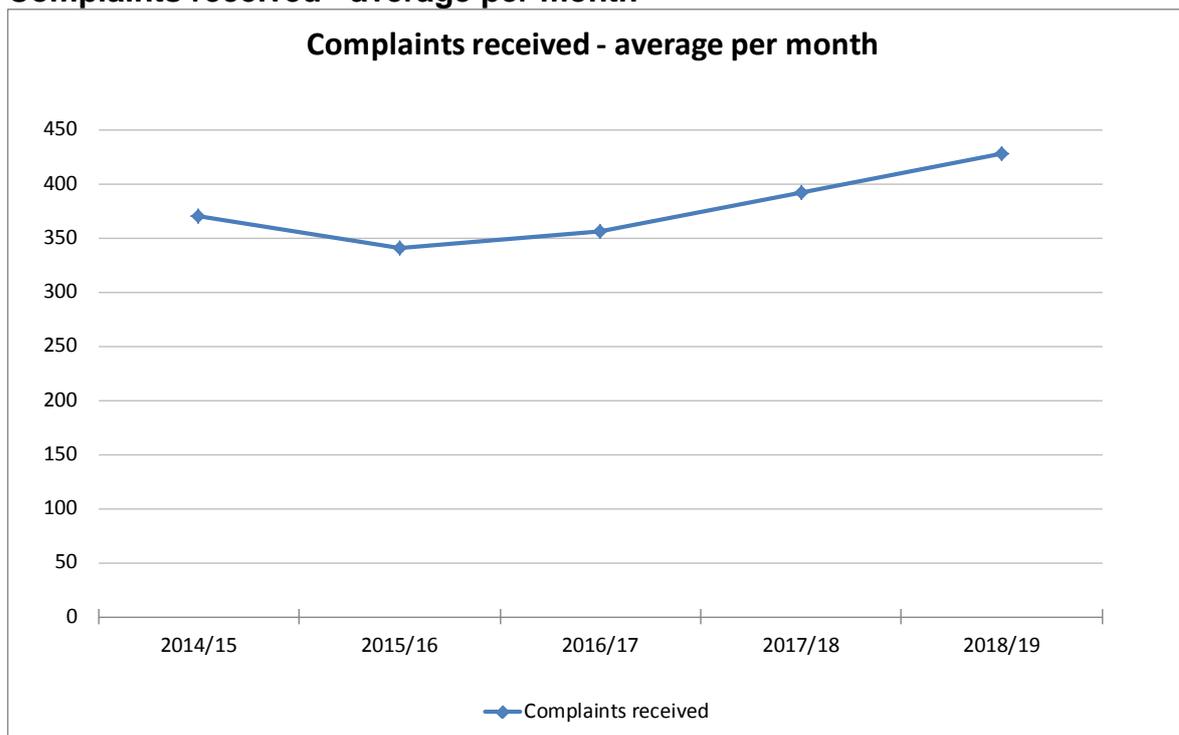
This report provides a mid-year summary of complaints activity. A more detailed annual report on complaints, showing themes and trends over time, will be produced in the first half of 2019/20.

2.0 COMPLAINTS ABOUT CARE SERVICES

Complaints received

We received a total of 2,570 complaints by 30 September 2018, a slight increase on the 2,377 figure at the same point last year. Over the past five years, in spite of a dip in 2015/16, the average number of complaints received per month has been increasing and this has continued into the first half of 2018/19: between 1 April and 30 September we received an average of 428 complaints per month.

Complaints received - average per month



The majority of complaints received continue to be about care homes (50%) and care homes for older people in particular (43% of all complaints received). A further 18% are about combined housing support and care at home services and 14% are about daycare of children services. The proportion of complaints received across service types is very similar to those received over the same period in 2017-18.

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Complaints received – combined housing support services and care at home services

In previous reports we noted an increase in the volume of complaints received about combined housing support and care at home services, and have monitored this over the past two years. This trend has slowed in the first half of 2018/19 with 76 complaints per month on average compared to 75 per month over the same period last year.

Almost half (42%) of the complaints we received about combined services in the first half of 2018/19 came from a friend, relative or visitor of a person experiencing care. Employee or ex-employees accounted for 26% and complaints from people experiencing care accounted for 19%. While this overall pattern remains the same compared to the same periods in 2017/18 and 2016/17, proportions have changed slightly.

Complaints about staffing is the largest category of complaint received this year (to 30 September). Compared to last year, there has been an increase in the proportion of complaints received about staffing issues from 18% to 23%, and a decrease in complaints about general health and welfare (previously the most common category of complaint) from 28% to 19%. Staffing, particularly staff training and qualifications, also accounts for the greatest proportion of upheld complaints against combined services this year to 30 September, and has increased from 14% in 2017/18 to 21% for the first half of this year.

However, this increase in proportion of complaints about staffing issues has not been reflected in the overall grades received by combined services for the 'Quality of Staffing' which have remained fairly consistent during inspections. At 30 September 2018, 60% of combined services were graded as 'Very Good' or 'Excellent' with only 7% being graded 'Adequate' or lower compared to 59% 'Very Good' or 'Excellent' and 8% 'Adequate' or lower at 30 September 2017.

The grading of combined services across all quality themes has actually remained consistent compared to the same point last year. 44% of combined services are graded 'Very Good' or 'Excellent' in all themes assessed; the same proportion achieved this at the same point last year. Only 13% of combined services have any themes graded at 'Adequate' or lower, again, the same as recorded at this point last year. Therefore the increase in volume of complaints received about combined housing support and care at home services doesn't appear to be indicative of an overall decline in quality at this time.

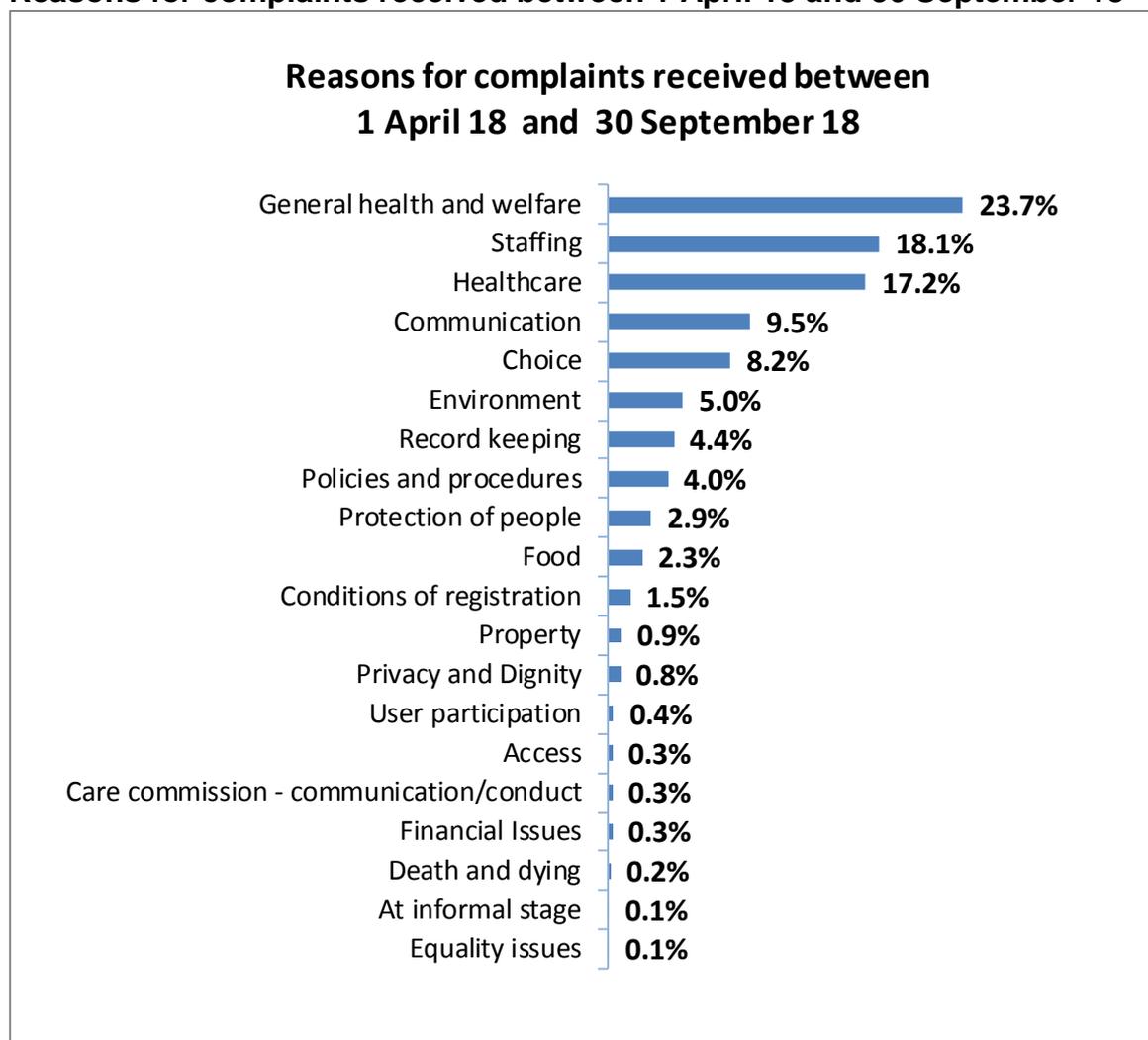
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Reasons for complaints – all service types

Complaints about general health and welfare was the most common type of complaint we received in the first half of 2018/19 accounting for just under a quarter of complaints. Staffing issues were also prevalent (18%), specifically related to staff levels and staff training/qualifications. Another common theme were complaints about healthcare (17%), mostly relating to medication issues (5%). 9% of complaints related to communication issues, particularly between staff and people experiencing care, their relatives and carers (6%).

The chart on the following page shows the distribution of the reasons for complaints received in the first half of this year.

Reasons for complaints received between 1 April 18 and 30 September 18



When looked at by service type, in almost every type of service excluding care homes, housing support and support services the most common reason for complaint in Q2 of 2018/19 remained general health and welfare.

Amongst care home services, the most common reason related to Healthcare Issues (27% of all complaints received about care homes). This was particularly true of care home services for adults such as those for mental health problems (31% of all complaints about this service type related to healthcare issues); and Care Homes for Older People (27%).

Amongst housing support services the most common reason for complaint was staffing (23%) particularly around training and qualifications, followed closely by general health and welfare (20%). For support services, the most common reason was also staffing (20%), mostly around training and qualifications, while general health and welfare accounted for 19%.

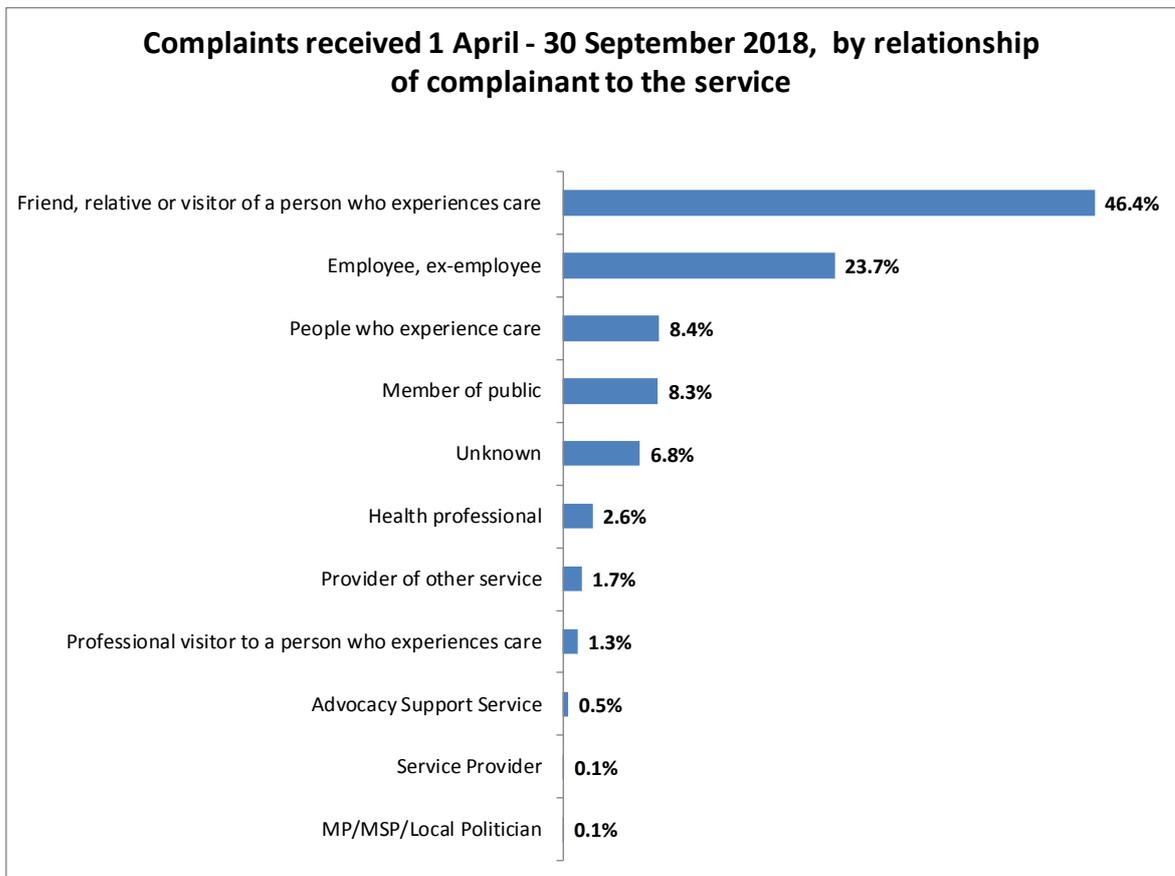
Who makes complaints

Most (46%) of the complaints we received came from friends, relatives or visitors of people who experience care, with a further 23% from employees or former employees; only 8% of complaints made came from people who experience care themselves.

In services for children and young people, we see a far higher rate of complaints that come from members of the public compared to adult services (20% of complaints made about services for children and young people compared to 5% in adults services), however in adults services the rate of complaints received from employees or ex-employees is far higher than in children's services (26% compared to 14%).

The chart overleaf shows the distribution of complainants across all complaints received in the first half of 2018/19.

Complaints received 1 April-30 September 2018, by relationship of complainant to service



The table below shows the number and proportion of complaints received from people experiencing care for each service type. It shows that people experiencing care make a larger proportion of complaints in services such as housing support and daycare of children. In spite of receiving the largest volume of complaints, only 1.4% of all complaints received about care homes were from people experiencing care. It is also interesting to note that, although we only received 30 complaints in total about schoolcare accommodation and secure accommodation, none were recorded as being from the children and young people living in these services.

Complaints received in the first half of 2018/19 from people experiencing care as a proportion of total number of complaints received for each service type

Care Service Type	Complaints received from people experiencing care	All complaints received	% of all complaints received
Housing Support Service	28	99	28.3%
Combined Housing Support and C@H	88	458	19.2%
Day Care of Children	56	370	15.1%
Support Service	21	216	9.7%
Child Minding	6	101	5.9%
Care Home Service	18	1284	1.4%
Adoption Service	0	1	0.0%
Adult Placement Service	0	1	0.0%
Fostering Service	0	3	0.0%
Nurse Agency	0	7	0.0%
School Care Accommodation Service	0	25	0.0%
Secure Accommodation Service	0	5	0.0%
All Service Types	217	2570	8.4%

How we respond to complaints

We aim to acknowledge all complaints about care services within three working days. We achieved this in 98% of complaints received in the first half of 2018/19, higher than the 95% we achieved over the same period last year.

The complaints handling process introduced in November 2017 was designed to be open and to develop a risk assessment process that allows us to determine the appropriate action to resolve a complaint. It allows us more flexibility in how we respond and try to resolve simple matters more quickly and allow us to focus more attention on more serious issues, There are four routes available, these being:

- use the information given by the complainant as intelligence about the service, to help inform future scrutiny activity

In the first half of 2018/19 we logged 462 concerns as intelligence and 215 cases were passed to care services to investigate. A further 304 cases identified child or adult protection concerns and were passed to the appropriate authorities to investigate.

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- frontline resolution, where we contact services and ask them to engage directly with complainants to resolve the complaint.

Of the 2570 complaints received in the first half of 2018/19, 444 were resolved by front line resolution, an average of 74 per month. This is the highest it has been and has been a growing trend in the last few years increasing from an average of 32 per month in 2016/17.

- investigation by the care service, where we contact the service and ask them to investigate the concerns and send us written confirmation of the action taken and resolution

Our current systems include these complaints in the figures above for front line resolution. Our new systems will allow us to report on this separately in future.

- investigation by the Care Inspectorate; depending on our assessment of risk, we may decide that we need to formally register and investigate the complaint.

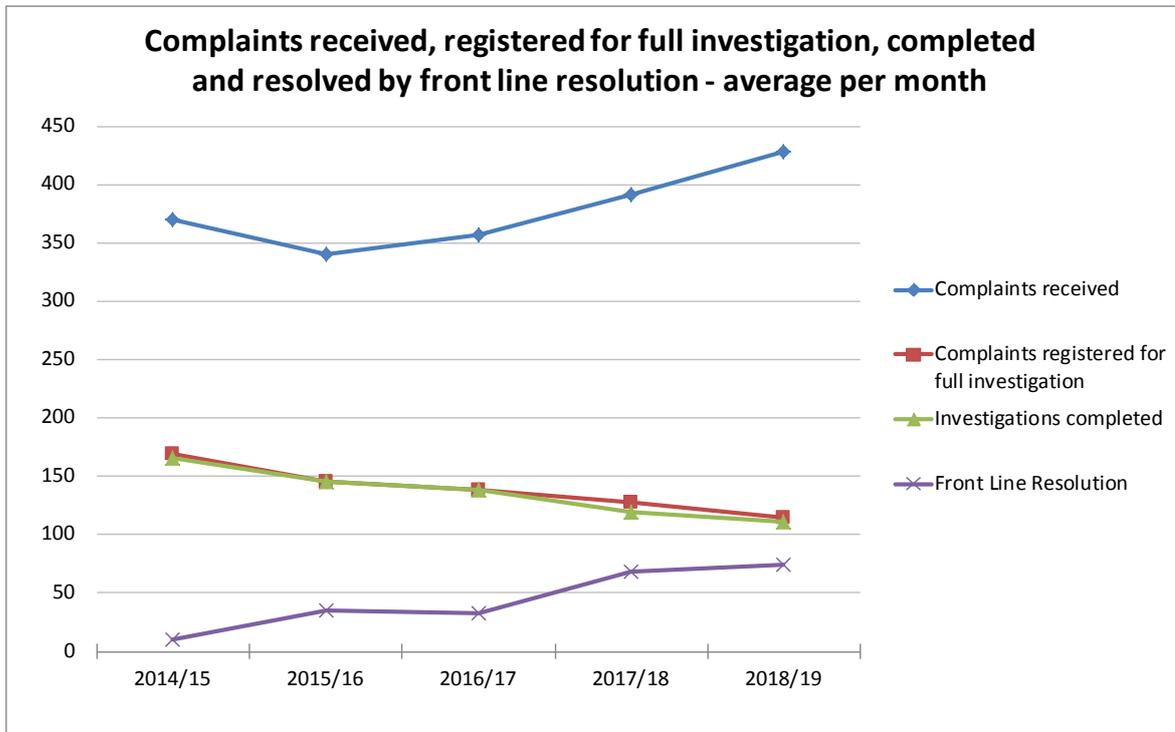
In 2017/18, prior to November 2017, we registered an average 137 complaints per month for full investigation. This was slightly fewer than the 141 complaints registered for full investigation per month in 2016/17. Following the introduction of our new procedure, this rate fell to 115 complaints per month for the remainder of 2017/18 due to the new risk based approach to handling complaints. This rate has remained the same in the first half of 2018/19 where we registered a total of 690 complaints for full investigation, or around 115 complaints per month. With an expected upward trend in the volume of complaints resolved by front line resolution, this downward trend in complaints registered for full investigation is expected to continue and will be monitored.

Since 2014/15, we have seen a decline in the number of complaint investigations completed on average per month year on year, and this has continued into 2018/19. In the first half of 2018/19 we completed investigations into 667 complaints, an average of 111 per month. Again it is important to note that, with the introduction of our new procedure; we could expect further decreases in full complaint investigations because we resolve more complaints quickly through front line resolution that are less complex. Increasingly, the complaints that proceed to a full investigation are high risk complex complaints. These can involve a number of agencies which takes longer to resolve, often because it takes time for other agencies to provide the information needed.

The chart below illustrates the trends in the numbers of complaints received, registered for full investigation and completed each year. It shows the complaints received increasing, the complaints taken to full investigation reducing along with the corresponding increase in those resolved by front line resolution.

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Complaints received, registered for full investigation, completed and resolved by front line resolution – average per month



We completed 55% of investigations within 40 days of registering the complaint (KPI 5a), below our target of 80%, lower than the 77% completed within this timescale in Q2 of 2017/18 and the 77% in Q2 2016/17. Among the reasons for missing these deadlines were: staff leave or absence, the complexity of investigation requiring additional time, the complainant being anonymous and unable to provide information, delay in response from the service involved, awaiting information from complainant or external agency, and availability of witnesses or specialists.

The complaints teams have also been carrying a number of vacancies over the year with staff leaving and retiring and this has meant that they have had fewer staff to undertake complaints which has an impact on their capacity to investigate complaints within 40 days.

At the board's request we also measured our performance in meeting the 40 day completion target by including complaints resolved by front line resolution (KPI5b). This helps to show the overall complainant's experience, as complaints resolved by front line resolution can be dealt with very quickly. With front line resolution included, the proportion of investigations completed within 40 days increased to 73% by 30 September 2018/19.

Withdrawn complaints

Many of the complaints we receive about care services are withdrawn. It is important to note what we mean by withdrawn, is that they are not taken to or complete full investigation. With the introduction of our new complaints process which allows us to risk assess each complaint before deciding on appropriate action, they may now be directed down one of the other resolution paths mentioned earlier in the report, namely intelligence, provider resolution or frontline resolution. Common reasons for complaints not being taken to full investigation include: the complaint being investigated through the inspection process; concerns not being within our remit to investigate; not being able to investigate as information cannot be obtained due to anonymous complainant; and the complainant not wishing to proceed with the complaint. The advent of these new alternative paths has meant there has been an increase in the number of withdrawn cases. Of the 2570 complaints received in the first half of 2018/19, 1213 were withdrawn without being taken to full investigation (excluding those resolved through frontline resolution) meaning the rate of complaints that were withdrawn increased this year compared to the previous year (47% compared to 40% over the same period 2017/18).

3.0 COMPLAINTS ABOUT THE CARE INSPECTORATE

Complaints received

In the first half of 2018/19 we received a total of 53 complaints about the Care Inspectorate. This works out at 8.8 complaints per month on average, lower than last year's rate of 10.7 complaints received per month. However complaints about the Care Inspectorate have remained relatively low over time, and the small numbers involved make it difficult to identify if this is likely to be a persistent trend.

Of the 53 complaints received in the first half of 2018/19, 11 were closed following successful frontline resolution, accounting for 21% of all complaints received (lower than the 36% seen in Q2 2017/18).

Complaints completed

We completed 31 complaint investigations in the first half of 2018/19. We aim to complete all complaints investigations about the Care Inspectorate within 20 days, and we have achieved this in 81% of cases in the first half of 2018/19 (82% over the same period in 2017/18).

We upheld the complaint in 8 cases – 26% of the total number of investigations completed (compared to 23% upheld of the investigations completed at the same point last year).

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4.0 RESOURCE IMPLICATIONS

No additional resources implications arise from this report and much of the development work in relation to complaints about care services will support the Care Inspectorate being more effective and efficient in its work.

5.0 BENEFITS FOR PEOPLE WHO EXPERIENCE CARE

Robust and responsive complaints investigations allow people to experience better quality of care by finding solutions to problems, securing improvement, and identifying improvement which supports better outcomes generally, not just for the complainant.

6.0 CONCLUSION

The Board is invited to note the contents of this report.