



Report on Complaints Activity – Quarter 4 2017/18

Report to: Board
Date: 20 June 2018
Report by: John McGurk, Information Analyst
Ingrid Gilray, Intelligence & Analysis Manager
Report No: B-49-2018
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 in Quarter 4 of 2017/18.

RECOMMENDATIONS

That the Board:

1. Notes the contents of this report.

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Consultation Log

Who	Comment	Response	Changes Made as a Result/Action
Senior Management	Executive Director of Strategy & Improvement		Minor modification
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: Rami Okasha	Date: 5 June 2018	

1.0 BACKGROUND

This report provides a brief exception-focussed account of recent complaints activity each quarter. A more detailed annual report on complaints is also produced, showing themes and trends over time. For this quarter, the report is being provided to the Board in place of the Policy and Strategy Committee which did not formally convene in this quarter.

This quarterly report will help progress against the following objectives in the Corporate Plan 2014-18:

Strategic Objective No1: To provide assurance and build confidence through robust regulation and inspection of the quality of care.

Priority 1.3: Refine and continuously improve our complaints process through customer feedback to ensure it is easily accessible, robust and rigorous in its application and that we publicly report on and learn from complaints findings.

Priority 1.8 Develop new, user friendly ways of publicly reporting our inspection and regulatory findings; statistical information about care; and our improvement work and range of tools, to enable people who use services and their carers, health and social care professionals and the public to make informed decisions on the quality of care.

Strategic objective 5: To support and inform local and national policy development by providing high quality, evidence based advice and information on care.

2.0 COMPLAINTS ABOUT CARE SERVICES

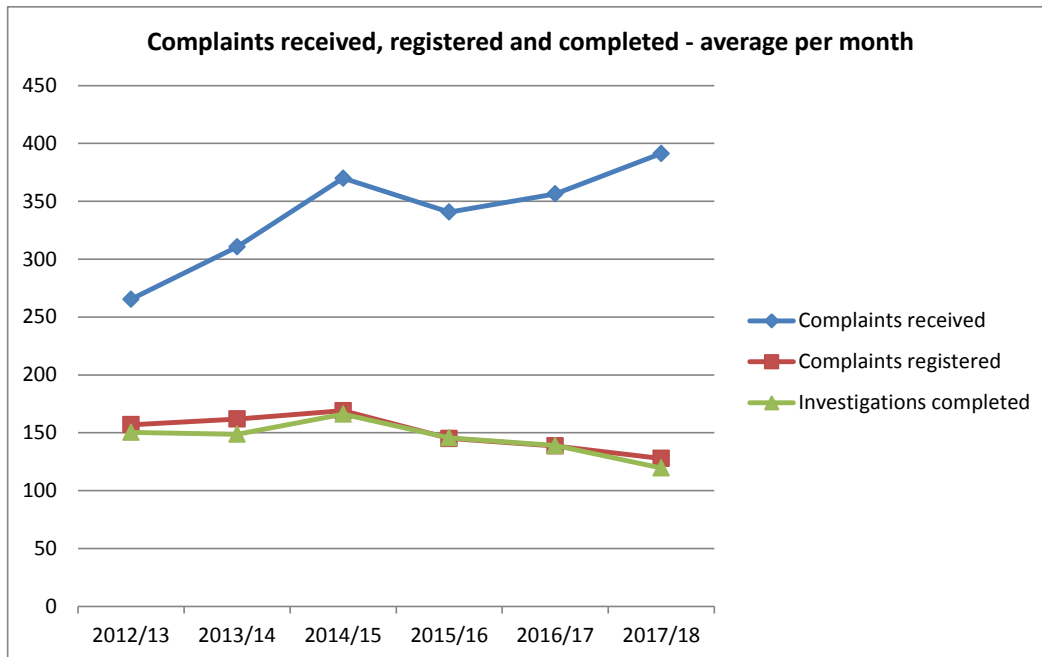
Complaints received

Since 2012/13, the volume of complaints received had been increasing over time, rising to a rate of 370 per month in 2014/15 before dropping in 2015/16 to an average 341 complaints per month. 2016/17 saw an increase again to 356 received per month. This has increased further in 2017/18 to an average of 391 complaints received per month – the highest level we have recorded.

The chart below illustrates the trends in the numbers of complaints received, registered and completed each year.

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Complaints received, registered and completed – average per month



We received a total of 4,696 complaints in 2017/18. The majority of complaints received continue to be about care homes (47%) and care homes for older people in particular (41% of all complaints received). A further 20% are about combined housing support and care at home services and 16% are about daycare of children services. The service types that had the largest increase in complaints received were combined care at home and housing support services (+14.3 complaints received per month compared to last year), daycare of children (+9.3 per month compared to last year) and care homes for older people (+9.0 per month compared to last year).

In the 2016/17 report we noted an increase in the volume of complaints received about combined housing support and care at home services in the year, with a view to monitor the trend going forward. In 2017/18, the number of such complaints is high again with a total of 927 complaints received about combined services (roughly 77 complaints received per month). This is higher than the 789 complaints received at the same point in 2016/17 (66 per month on average).

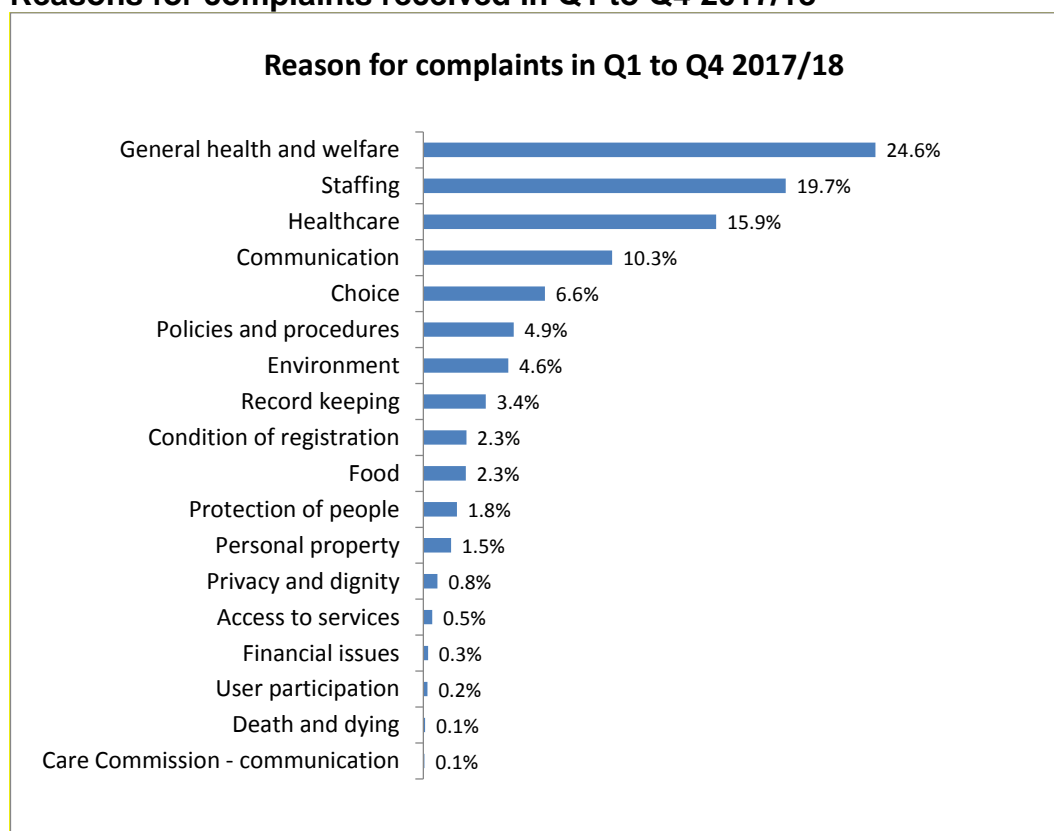
In terms of grading, combined services have actually slightly improved compared to the same point last year. 44% of combined services are graded 'Very Good' or 'Excellent' in all themes assessed. This is a slight improvement on the 42% of services achieving this at 31 March 2016. Only 12% of combined services have any themes graded at 'Adequate' or lower, again an improvement compared to the 15% at the same point last year. Therefore the increase in volume of complaints received about combined housing support and care at home services is not indicative of an overall decline in quality at this time. We will continue to monitor this trend in future reports.

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In terms of reasons for complaints, overall the most common type of complaint we received in 2017/18 related to issues with General Health and Welfare which accounted for a quarter of complaints. Staffing Issues were also prevalent (20%), specifically related to staff levels (8%), and staff training/qualifications (4%). Another common theme were complaints about Healthcare (16%), mostly relating to medication issues (5%). 10% of complaints related to communication issues, particularly between staff and service users/relatives/carers (7%).

The chart below shows the distribution of the reasons for complaints received in Q1 to Q4.

Reasons for complaints received in Q1 to Q4 2017/18



When looked at by service type, in almost every type of service excluding Day Care of Children services and Care Home services, the most common reason for complaint in 2017/18 remained General Health and Welfare.

Amongst Day Care of Children services the most common reason for complaint related to staffing issues (29%) – mostly in reference to staff levels. In Care Home services, the most common reason related to Healthcare Issues (25% of all complaints received against Care Homes). This was particularly true of Care Home services for Adults such as those for Physical and Sensory Impairment (41% of all complaints about this service type related to healthcare issues); Respite and Short Break (38%) and Care Homes for Older People (26%).

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We aim to acknowledge all complaints about care services within three working days. We achieved this in 98% of complaints received in 2017/18 the same as the 98% we achieved in 2016/17 (MI 06).

In November this year, we began a new process for handling complaints about care services. This process was designed to be open, transparent, risk-based and focused on people's experience. We have developed a risk assessment process that allows us to assess the risk identified by a complaint, taking into account what else we know about the service. This enables us to decide how we will proceed and what action we need to take to achieve the best outcome for people experiencing care. Our risk assessment process helps us to determine the appropriate action to resolve a complaint, and there are four routes we can take:

- use the information given by the complainant as intelligence about the service, to help inform future scrutiny activity
- frontline resolution, where we contact services and ask them to engage directly with complainants to resolve the complaint
- 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
- investigation by the Care Inspectorate; depending on our assessment of risk, we may decide that we need to formally register and investigate the complaint.

Since November, we have logged 229 concerns as intelligence and 92 cases were passed to care services to investigate. A further 116 cases identified child or adult protection concerns and were passed to the appropriate authorities to investigate.

Of the total 4,696 complaints received in 2017/18, 826 of them were resolved by frontline resolution (18% of all complaints received) without the need for a formal investigation (a large increase compared to the 9% [392 complaint cases] in 2016/17).

Many complaints do not go on to be formally registered for a number of reasons, and the percentage of cases withdrawn over time has varied. The most common reasons for complaints not being formally registered in 2017/18 are; concerns not being within our remit to investigate, issues raised in the complaint being investigated through the inspection process, and complainants not wishing to proceed with the complaint. Of the 4696 complaints in 2017/18, 1,937 were withdrawn without being formally registered (excluding those resolved through frontline resolution) meaning the rate of complaints that were withdrawn decreased slightly this year compared to the previous year (41% compared to 47% in 2016/17).

At the time of writing, 539 of the complaints received in 2017/18 remain in progress at the informal stage, 244 are under investigation and 1150 complaints have had investigations completed.

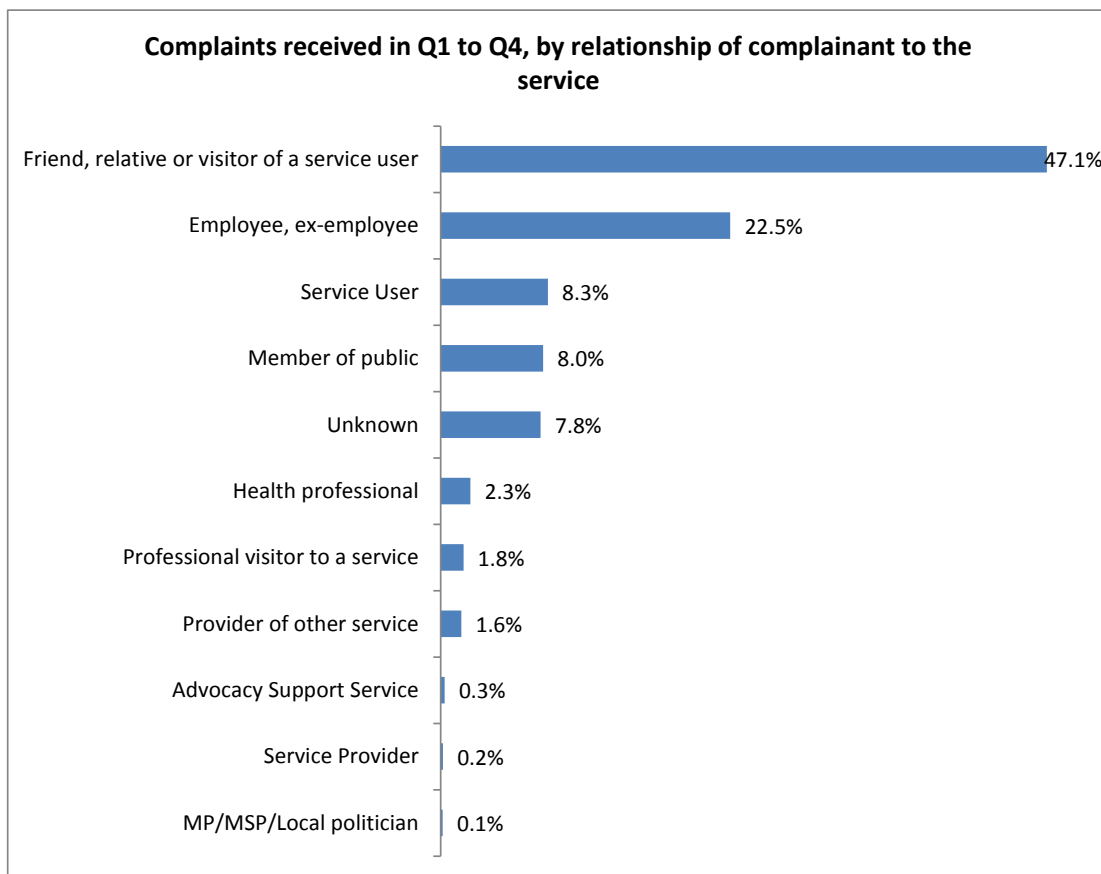
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Most (47%) of the complaints we received came from friends, relatives or visitors of people who experience care, with a further 23% from employees or former employees; only 8% of complaints made came from people who experience care themselves.

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 4% 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 15%).

The chart below shows the distribution of complainants across all complaints received in Q1 to Q4.

Complaints received in Q1 to Q4 2017/18, by relationship of complainant to service



Complaints registered

In comparison to complaints received, the volume of complaints formally registered on average per month has reduced over time, since the peak number in 2014/15. With our new risk based approach to handling complaints, and the upward trend in

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the volume of complaints resolved by frontline resolution, this downward trend in complaints formally registered is likely to continue in the future.

In 2017/18 we registered a total of 1,533 complaints, or around 128 complaints per month, lower than the 141 complaints registered per month in 2016/17, the 146 registered per month in 2015/16 and the peak of 169 complaints per month in 2014/15.

Complaints completed

Since 2014/15, we have seen a decline in the number of complaints completed on average per month year on year, and this has continued into 2017/18. In 2017/18 we completed investigations into 1,435 complaints, an average of 120 per month. This is slightly lower than the 139 completed per month in 2016/17, the 146 completed per month in 2015/16 and the peak of 166 completed per month in 2014/15.

We completed 72% of investigations within 40 days of registering the complaint (KPI 5), below our target of 80%, and lower than the 76% completed within this timescale in 2016/17. Among the reasons for missing these deadlines were; staff leave or absence, complexity of investigation requiring additional time, delay in response from the complained against, availability of witnesses and awaiting information from external agencies.

3.0 COMPLAINTS ABOUT THE CARE INSPECTORATE

Complaints received

In 2017/18 we received a total of 117 complaints about the Care Inspectorate. Complaints about the Care Inspectorate have remained relatively low over time, and the small numbers involved make it difficult to accurately identify trends. The volume received in 2017/18 works out at 9.8 complaints per month on average, higher than last year's rate of 7.9 complaints received per month.

Of the 117 complaints received this year, 36 were closed following successful frontline resolution, accounting for 31% of all complaints received about the Care Inspectorate in 2017/18 (higher than the 27% in 2016/17).

Complaints completed

We completed 50 complaint investigations in 2017/18. We aim to complete all complaints investigations about the Care Inspectorate within 20 days, and we have achieved this in 74% of cases in 2017/18 (KPI-5). This is an improvement compared to the 64% achieved in 2016/17.

We upheld the complaint in 10 cases – 20% of the total number of investigations completed (compared to 32% of 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.

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