



Procedure for handling complaints about the Care Inspectorate

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Part 1 Overview and structure

Foreword

The Care Inspectorate is the independent scrutiny and improvement body for care and social work across Scotland. We regulate, inspect and support improvement of care services for the benefit of the people who use them. We aim to ensure that people receive safe, high-quality, compassionate care which meets their needs and promotes their rights.

The Care Inspectorate was established by the Public Services Reform (Scotland) Act 2010. This means we must have a procedure for receiving and investigating complaints, from members of the public or their representatives, about the care services they use. Our procedure must be available even when the service provider has a complaints procedure in place. That procedure is on our website, www.careinspectorate.com.

People can also make a complaint about us, so we have separate procedures for handling these complaints. This document sets out our procedures for handling complaints about the Care Inspectorate.

The procedure introduces a standardised approach to handling complaints, which complies with the Scottish Public Services Ombudsman's (SPSO) guidance 2020 on a model complaints handling procedure. A copy of the procedure is available to anyone who requests it.

The Care Inspectorate is committed to working to a high standard and wants to perform well. Occasionally things go wrong and when this happens it is important that we act quickly to resolve the situation. Complaints show us where we are not achieving what people expect of us, and where we are failing to meet our own standards. In other words, they give us a chance to improve our service.

Handling complaints close to the point of service delivery means we can deal with them quickly, so they are less likely to escalate to the next stage of the procedure. Complaints that we do not handle swiftly can greatly add to our workload and are more costly to administer.

The complaints handling procedure will help us do our job better, improve relationships with those who wish to complain and enhance public perception of the Care Inspectorate. It will help us keep those who complain at the heart of the process, while enabling us to better understand how to improve our work by learning from complaints. It creates an opportunity for us to reflect on the extent to which we have successfully achieved our purpose, take remedial action where possible and to make improvements to our processes and practices.

Structure of the complaints handling procedure

1. This complaints handling procedure (CHP) explains to staff how to handle complaints. The CHP consists of:

Part 1: Overview and structure.

Part 2: When to use the procedure – guidance on identifying what is and what is not a complaint, handling complex or unusual complaint circumstances, the interaction of complaints and other processes, and what to do if the CHP does not apply.

Part 3: The complaints handling process – guidance on handling a complaint through Stages 1 and 2 and dealing with post-closure contact.

Part 4: Governance of the procedure – staff roles and responsibilities and guidance on recording, reporting, publicising and learning from complaints.

Part 5: [Public information summary](#) – procedure for handling complaints about the Care Inspectorate.

2. When using the CHP, please also refer to the ‘SPSO Statement of Complaints Handling Principles’ and good practice guidance on complaints handling from the [SPSO](#).
3. This CHP is designed to be an internal document for us to adopt. The language used reflects its status as an internal document. So ‘we’ refers to the organisation, not the SPSO.

Overview of the CHP

4. Anyone can make a complaint, either verbally or in writing, including face to-face, by phone, letter or email.
5. We will try to resolve complaints to the satisfaction of the person making the complaint wherever this is possible. Where this is not possible, we will give them a clear response to each of their points of complaint. We will always try to respond as quickly as we can (and on the spot where possible).
6. Our complaints procedure has two stages. We expect the majority of complaints will be handled at Stage 1. If the person making the complaint remains dissatisfied after Stage 1, they can request that we look at it again, at Stage 2. If the complaint is complex enough to require an investigation, we will put the complaint into Stage 2 straight away and skip Stage 1.
7. For detailed guidance on the process, see **Part 3: The complaints handling process**.

Stage 1: Frontline response

For issues that are straightforward and simple, requiring little or no investigation ‘On-the-spot’ apology, explanation, or other action to put the matter right.

Complaint resolved or a response provided in five working days or less (unless there are exceptional circumstances).

Complaints addressed by any member of staff, or alternatively referred to the appropriate point for frontline response.

Response normally face-to-face or by telephone (though sometimes we will need to put the decision in writing).

We will tell the person making the complaint how to escalate their complaint to Stage 2.

Stage 2: Investigation

Where the person making the complaint is not satisfied with the frontline response or refuses to engage at the frontline or where the complaint is complex, serious or 'high- risk'.

Complaint acknowledged within three working days.

We will contact the person making the complaint to clarify the points of complaint and outcome sought (where these are already clear, we will confirm them in the acknowledgement).

Complaint resolved or a definitive response provided within 20 working days following a thorough investigation of the points raised.

Independent external review (SPSO or other)

Where the person making the complaint is not satisfied with the Stage 2 response from the service provider.

The SPSO will assess whether there is evidence of service failure or maladministration not identified by the service provider.

Expected behaviours

8. We expect all staff to behave in a professional manner and treat people with courtesy, respect and dignity. We also ask people bringing a complaint to treat our staff with respect. We ask people making the complaint to engage actively with the complaint handling process by:
 - telling us their key issues of concern and organising any supporting information they want to give us (we understand that some people will require support to do this)
 - working with us to agree the key points of complaint when an investigation is required; and
 - responding to reasonable requests for information.
9. Our Zero-Tolerance Policy is in place for when these standards are not met.
10. We recognise that people may act out of character in times of trouble or distress. Sometimes a health condition or a disability can affect how a person expresses themselves. The circumstances leading to a complaint may also result in the person acting in an unacceptable way.
11. People who have a history of challenging or inappropriate actions, or have difficulty expressing themselves, may still have a legitimate grievance, and we will treat all complaints seriously. However, we also recognise that the actions of some people may result in unreasonable demands on time and resources or unacceptable behaviour towards our staff. We will, therefore, apply our policies and procedure to protect staff from unacceptable actions such as unreasonable

persistence, threats or offensive behaviour from people. Where we decide to restrict access to a person under the terms of our policy, we have a procedure in place to communicate that decision, notify the person making the complaint of their right of appeal, and review any decision to restrict contact with us with respect. We ask people to engage actively with the complaint handling process by:

- telling us their key issues of concern and organising any supporting information they want to give us (we understand that some people will require support to do this)
 - working with us to agree the key points of complaint if needed when an investigation is required
 - responding to reasonable requests for information.
12. If we decide to restrict a person's contact, we will be careful to follow the process set out in our policy and to minimise any restrictions on their access to the complaints process. We will normally continue investigating a complaint even where contact restrictions are in place (for example, limiting communication to letter or to a named staff member). In some cases, it may be possible to continue investigating the complaint without contact from the person making the complaint. Our policy allows us in limited circumstances to restrict access to the complaint process entirely. This would be as a last resort, should be as limited as possible (for a limited time, or about a limited set of subjects) and requires manager approval. Where access to the complaint process is restricted, we must signpost the person to the SPSO (see **Part 3: Signposting to the SPSO**).
13. The SPSO has guidance on promoting positive behaviour and managing unacceptable actions.

Maintaining confidentiality and data protection

14. Confidentiality is important in complaints handling. This includes maintaining the confidentiality of the person making the complaint and confidentiality in relation to information about staff members, contractors or any third parties involved in the complaint.
15. This should not prevent us from being open and transparent, as far as possible, in how we handle complaints. This includes sharing as much information with the complainant (and, where appropriate, any affected staff members) as we can. When sharing information, we should be clear about why the information is being shared and our expectations on how the recipient will use the information. We consider a complainant to be an individual not an organisation. If a person raises a complaint about an organisation, we will communicate directly with them unless they indicated they are representing the organisation and are happy for us to communicate with other individuals in the organisation. If the person making the complaint indicates they wish their identity to remain confidential we will respect that and will not disclose the fact that they have raised a complaint to any person outwith the Care Inspectorate. We would also strive to ensure that their details are not disclosed to anyone in the Care Inspectorate who should not have such access. It must be noted that in order address a complaint at Stage 1 or Stage 2 we would have to let key individuals know who is making the complaint and what the concerns are."

16. We must always bear in mind legal requirements, for example data protection legislation, as well as internal policies on confidentiality and the use of personal information.
17. Examples of situations where a response to a complaint may be limited by confidentiality, include:
 - where a complaint has been raised against a staff member and has been upheld – we will advise the person making the complaint that their complaint is upheld, but would not share specific details affecting staff members, particularly where disciplinary action is taken
 - where someone has raised a concern about a child or an adult’s safety and is unhappy about how that has been dealt with – we would look into this to check whether the safety concern had been properly dealt with, but we would not share any details of our findings in relation to the safety concern.

Part 2: When to use this procedure

What is a complaint?

1. The Care Inspectorate’s definition of a complaint is: ‘an expression of dissatisfaction by one or more members of the public about the Care Inspectorate’s action or lack of action, or about the standard of service provided by or on behalf the Care Inspectorate.’
2. For clarity, where an employee also receives a service from *the Care Inspectorate* as a member of the public, they may complain about that service.
3. A complaint may relate to the following, but is not restricted to this list:
 - failure or refusal to provide a service
 - inadequate quality or standard of service, or an unreasonable delay in providing a service
 - dissatisfaction with one of our policies or its impact on the individual
 - failure to properly apply law, procedure or guidance when delivering services
 - failure to follow the appropriate administrative process
 - conduct, treatment by or attitude of a member of staff or contractor (**except** where there are arrangements in place for the contractor to handle the complaint themselves: see **Complaints about contracted services**); or
 - disagreement with a decision, (**except** where there is a statutory procedure for challenging that decision, or an established appeals process followed throughout the sector).

4. **Appendix 1** provides a range of examples of complaints we may receive, and how these may be handled.
5. A complaint **is not**:
 - a routine first-time request for a service (see **Complaints and service requests**)
 - a request for compensation only (see **Complaints and compensation claims**)
 - issues that are in court or have already been heard by a court or a tribunal (see **Complaints and legal action**)
 - disagreement with a decision where there is a statutory procedure for challenging that decision (such as for freedom of information and subject access requests), or an established appeals process followed throughout the sector
 - a request for information under the Data Protection or Freedom of Information (Scotland) Acts
 - a grievance by a staff member or a grievance relating to employment or staff recruitment
 - a concern raised internally by a member of staff (which was not about a service they received, such as a whistleblowing concern)
 - a concern about a child or an adult's safety
 - an attempt to reopen a previously concluded complaint or to have a complaint reconsidered where we have already given our final decision
 - abuse or unsubstantiated allegations about our organisation or staff where such actions would be covered by our Zero Tolerance Policy.
 - a concern about the actions or service of a different organisation, where we have no involvement in the issue (**except** where the other organisation is delivering services on our behalf: see **Complaints about contracted services**).
6. **Appendix 2** gives more examples of 'what is not a complaint' and how to direct people appropriately.
7. We will not treat these issues as complaints and will instead direct people to use the appropriate procedures. Some situations can involve a combination of issues, where some are complaints and others are not, and each situation should be assessed on a case-by-case basis.
8. If a matter is not a complaint, or not suitable to be handled under the CHP, we will explain this to the person making the complaint and tell them what (if any) action we will take, and why. See **What if the CHP does not apply**.

Who can make a complaint?

9. Anyone who receives, requests, or is affected by our services can make a complaint.
10. We also accept complaints from the representative of a person who is dissatisfied with our service. See **Complaints by (or about) a third party**.

Supporting the person making the complaint

11. All members of the community have the right to equal access to our complaints procedure. It is important to recognise the barriers that some people may face complaining. These may be physical, sensory, communication or language barriers, but can also include their anxieties and concerns. People may need support to overcome these barriers.
12. We have legal duties to make our complaints service accessible under equalities and mental health legislation.
 - The Equality Act (Scotland) 2010 gives people with a protected characteristic the right to reasonable adjustments to access our services (such as large print or BSL translations of information).
 - The Mental Health (Care and Treatment) (Scotland) Act 2003 gives anyone with a 'mental disorder' (including mental health issues, learning difficulties, dementia and autism) a right to access independent advocacy. This must be delivered by independent organisations that only provide advocacy. They help people to know and understand their rights, make informed decisions and have a voice.

Examples of how we will meet our legal duties are:

- proactively checking whether members of the public who contact us require additional support to access our services
 - providing interpretation and/or translation services for British Sign Language users
 - helping people access independent advocacy.
13. In addition to our legal duties, we will seek to ensure that we support vulnerable groups in accessing our complaints procedure. Actions that we may take include:
 - helping vulnerable people identify when they might wish to make a complaint, for example through contact during inspection
 - helping people access independent support or advocacy to help them understand their rights and communicate their complaints (for example, through the Scottish Independent Advocacy Alliance or Citizen's Advice Scotland)
 - providing a neutral point of contact for complaints.

14. These lists are not exhaustive, and we must always take into account our commitment and responsibilities to equality and accessibility.

How complaints may be made

15. Complaints may be made verbally or in writing, including face-to-face, by phone, letter or email.
16. Where a complaint is made **verbally**, we will make a record of the key points of complaint raised. Where it is clear that a complex complaint will be immediately considered at Stage 2 (investigation), it may be helpful to complete a complaint form with the input of the person making the complaint to ensure full details of the complaint are documented. However, there is no requirement for the person to complete a complaint form, and it is important that the completion of a complaint form does not present a barrier to people complaining.
17. Complaint issues may also be raised on **digital platforms** (including **social media**).
18. Where a complaint issue is raised through one of the Care Inspectorate's social media accounts, we will explain that we do not take complaints on social media, but we will tell the person how they can complain.
19. We may also become aware that an issue has been raised through social media not controlled or managed by us (for example a YouTube video or post on a private Facebook group). In such cases we **may** respond, where we consider it appropriate, by telling the person how they can complain.
20. We must always be mindful of our data protection obligations when responding to issues online or in a public forum. See [Part 1: Maintaining confidentiality and data protection](#).

Time limit for making complaints

21. The person wishing to make a complaint must raise their complaint within six months of when they first knew of the problem, unless there are special circumstances for considering complaints beyond this time (for example, where a person was not able to complain due to serious illness or recent bereavement).
22. Where a person has received a Stage 1 response, and wishes to escalate to Stage 2, unless there are special circumstances, they must request this either:
 - within six months of when they first knew of the problem
 - within two months of receiving their Stage 1 response (if this is later).
23. We will apply these time limits with discretion, taking into account the seriousness of the issue, the availability of relevant records and staff involved, how long ago the events occurred, and the likelihood that an investigation will lead to a practical benefit for the person making the complaint or useful learning for the organisation.
24. We will also take account of the time limit within which a member of the public can ask the SPSO to consider complaints (normally one year). The SPSO have

discretion to waive this time limit in special circumstances (and may consider doing so in cases where we have waived our own time limit).

Particular circumstances

Complaints by or about a third party

25. Sometimes a person may be unable or reluctant to make a complaint on their own. We will accept complaints from third parties, which may include relatives, friends, advocates and advisers. Where a complaint is made on behalf of another person, we must ensure that this person has authorised that individual to act on their behalf. It is good practice to ensure the person understands their personal information will be shared as part of the complaints handling process (particularly where this includes sensitive personal information). This can include complaints brought by parents on behalf of their child if the child is considered to have capacity to make decisions for themselves.
26. The provision of a signed mandate from the person on whose behalf the complaint is being made will normally be sufficient for us to investigate a complaint. If we consider it is appropriate, we can take verbal consent direct from the individual on whose behalf the complaint is being made to deal with a third party and would normally follow up in writing to confirm this.
27. In certain circumstances, a person may raise a complaint involving another person's personal data, without receiving consent. The complaint should still be investigated where possible, but the investigation and response may be limited by considerations of confidentiality. The person who submitted the complaint should be made aware of these limitations and the effect this will have on the scope of the response.
28. See also [Part 1: Maintaining confidentiality and data protection](#).

Serious, high-risk, or high-profile complaints

29. We will take particular care to identify complaints that might be considered serious, high-risk, or high-profile, as these may require particular action or raise critical issues that need senior management's direct input. Serious high-risk or high-profile complaints should normally be handled immediately at Stage 2 (see [Part 3: Stage 2: Investigation](#)).
30. We define potential high-risk or high-profile complaints as those that may:
 - involve a death or terminal illness
 - involve serious service failure, for example major delays in providing, or repeated failures to provide, a service
 - generate significant and ongoing press interest
 - pose a serious risk to an organisation's operations
 - present issues of a highly sensitive nature, for example concerning:
 - a particularly vulnerable person, or child protection.

Anonymous complaints

31. We value all complaints, including anonymous complaints, and will take action to consider them further wherever this is appropriate. Generally, we will consider anonymous complaints if there is enough information in the complaint to enable us to make further enquiries. Any decision not to pursue an anonymous complaint must be authorised by an appropriate manager.
32. If we pursue an anonymous complaint further, we will record it as an anonymous complaint together with any learning from the complaint and action taken.
33. If an anonymous complainant makes serious allegations, these should be dealt with in a timely manner under relevant procedures. This may not be the complaints procedure and could instead be relevant child protection, adult protection or disciplinary procedures.

What if the person raising the issue does not want to complain?

34. If a person has expressed dissatisfaction in line with our definition of a complaint but does not want to complain, we will explain that complaints offer us the opportunity to improve services where things have gone wrong. We will encourage them to submit their complaint and allow us to handle it through the CHP. This will ensure that the person is updated on the action taken and gets a response to their complaint.
35. If the person insists they do not wish to complain, we are not required to progress the complaint under this procedure. However, we should record the complaint as an anonymous complaint (including minimal information about the complaint, without any identifying information) to enable us to track trends and themes in complaints. Where the complaint is serious, or there is evidence of a problem with our services, we should also look into the matter to remedy this (and record any outcome).
36. Please refer to the example in **Appendix 1** for further guidance.

Complaints involving more than one area or organisation

37. If a complaint relates to the actions of two or more areas within our organisation, we will tell the person making the complaint who will take the lead in dealing with the complaint and explain that they will get only one response covering all issues raised.
38. If a person complains to us about the service of another organisation or public service provider, but we have no involvement in the issue, they should be advised to contact the appropriate organisation directly.
39. If a complaint relates to our service and the service of another organisation or public service provider, and we have a direct interest in the issue, we will handle the complaint about the Care Inspectorate through the CHP. If we need to contact an outside body about the complaint, we will be mindful of data protection. See [Part 1: Maintaining confidentiality and data protection](#).

40. Such complaints may include:

- Complaints about inspections undertaken with other agencies

Complaints about contracted services

41. Where we use a contractor to deliver a service on our behalf, we recognise that we remain responsible and accountable for ensuring that the services provided meet the Care Inspectorate's standard (including in relation to complaints). We will either do so by:

- ensuring the contractor complies with this procedure
- ensuring the contractor has their own procedure in place, which fully meets the standards in this procedure. At the end of the investigation stage of any such complaints the contractor must ensure that the person raising the complaint is signposted to the SPSO.

42. We will confirm that service users are clearly informed of the process and understand how to complain. We will also ensure that there is appropriate provision for information sharing and governance oversight where required.

43. The Care Inspectorate has discretion to investigate complaints about organisations contracted to deliver services on its behalf even where the procedure has normally been delegated.

Complaints about senior staff

44. Complaints about senior staff can be difficult to handle, as there may be a conflict of interest for the staff investigating the complaint. When serious complaints are raised against senior staff, it is particularly important that the investigation is conducted by an individual who is independent of the situation. We must ensure we have strong governance arrangements in place that set out clear procedures for handling such complaints.

Complaints and other processes

45. Complaints can sometimes be confused (or overlap) with other processes, such as disciplinary or whistleblowing processes. Specific examples and guidance on how to handle these are below.

Complaints and service requests

46. If a person asks the Care Inspectorate to do something (for example, provide a service or deal with a problem), and this is the first time the person has contacted us, this would normally be a routine service request and not a complaint.

47. Service requests can lead to complaints, if the request is not handled promptly or the individual is then dissatisfied with how we provide the service.

Complaints and disciplinary or whistleblowing processes

48. If the issues raised in a complaint overlap with issues raised under a disciplinary or whistleblowing process, we still need to respond to the complaint.
49. Our response must be careful not to share confidential information (such as anything about the whistleblowing or disciplinary procedures, or outcomes for individual staff members). It should focus on whether we as the Care Inspectorate failed to meet our standards, and what we have done to improve things, in general terms.
50. Staff investigating such complaints will need to take extra care to ensure that:
- we comply with all requirements of the CHP in relation to the complaint (as well as meeting the requirements of the other processes)
 - all complaint issues are addressed (sometimes issues can get missed if they are not also relevant to the overlapping process); and
 - we keep records of the investigation that can be made available to the SPSO if required. This can be problematic when the other process is confidential, because SPSO will normally require documentation of any correspondence and interviews to show how conclusions were reached. We will need to bear this in mind when planning any elements of the investigation that might overlap (for example, if staff are interviewed for the purposes of both the complaint and a disciplinary procedure, they should not be assured that any evidence given will be confidential, as it may be made available to the SPSO).
51. The SPSO's report [Making complaints work for everyone](#) has more information on supporting staff who are the subject of complaints.

Complaints and compensation claims

52. Where a person is seeking financial compensation only, this is not a complaint. However, in some cases the person may want to complain about the matter leading to their financial claim, and they may seek additional outcomes, such as an apology or an explanation. Where appropriate, we may consider that matter as a complaint, but deal with the financial claim separately. It may be appropriate to extend the timeframes for responding to the complaint, to consider the financial claim first.

Complaints and legal action

53. Where a person says that legal action is being actively pursued, this is not a complaint.
54. Where a person indicates that they are thinking about legal action, but have not yet commenced this, they should be informed that if they take such action, they should notify the complaints handler and that the complaints process, in relation to the matters that will be considered through the legal process, will be closed. Any outstanding complaints must still be addressed through the CHP.
55. If an issue has been, or is being, considered by a court, we must not consider the same issue under the CHP.

What to do if the CHP does not apply

56. If the issue does not meet the definition of a complaint or if it is not appropriate to handle it under this procedure (for example, due to time limits), we will explain to the person why we have made this decision. We will also tell them what action (if any) we will take (for example, if another procedure applies), and advise them of their right to contact the SPSO if they disagree with our decision not to respond to the issue as a complaint.
57. Where a person continues to contact us about the same issue, we will explain that we have already given them our final response on the matter and signpost them to the SPSO. We may also consider whether we need to take action under our zero-tolerance policy.

Appendix 1 – Complaints

Examples of complaints which may be suitable for resolution at Stage 1

Complaint

Complaint about a failure to address issues satisfactorily raised in an Error Response Form or Post Investigation Review Form.

Possible actions

Consider the proposed factual error and make changes to the final report or outcome letter.

Complaint

Dissatisfaction with the way a member of the Care Inspectorate engaged with a person or people.

Possible actions

Offer apology and agree to address this directly with the staff member internally.

Complaint

A concern that the Care Inspectorate did not meet a deadline or failed to respond to communication.

Possible actions

Offer and an apology and take the action which had been agreed or expected promptly.

Complaint

A person expresses dissatisfaction in line with the definition of a complaint but says she does not want to complain – just wants to tell us about the matter.

Possible actions

Tell them that we value complaints because they help to improve services. Encourage them to submit the complaint.

In terms of improving service delivery and learning from mistakes, it is important that feedback, such as this, is recorded, evaluated and acted upon. Therefore, if the person still insists that they do not want to complain, record the matter as an anonymous complaint. This will avoid breaching the complaints handling procedure. Reassure them that they will not be contacted again about the matter.

Appendix 2 – What is not a complaint?

A concern may not necessarily be a complaint. For example, a person might make a routine first-time request for a service. This is not a complaint, but the issue may escalate into a complaint if it is not handled effectively and the person has to keep on asking for service.

A person may also be concerned about a decision made by the organisation. These decisions may have their own specific review or appeal procedures, and, where appropriate, they must be directed to the relevant procedure.

Example 1:

A disagreement about the grades awarded to a care service as a result of regulatory activity as there are processes to challenge these based on the reliability of cited evidence.

Example 2:

The outcome of a complaint investigation about a care service as there are established protocols within those procedures for such challenge.

Example 3:

Concerns about the conduct of Care Inspectorate employees which do not have a direct causal impact on the work of the Care Inspectorate. Such matters may be considered through disciplinary procedures which would not result in feedback being given to a complainant about the findings.

Example 4:

Issues which identify criminality or unlawful acts in which case a complainant may be advised to raise these with Police Scotland or to seek personal legal advice.

Example 5:

The refusal to grant registration or a variation to an existing registration of a care service unless there was evidence of a failure to correctly follow stated procedures.

Example 6:

A disagreement about the effectiveness or otherwise of established Care Inspectorate procedures. Such views however will be welcomed and taken into account in our ongoing evaluation of our effectiveness and quality monitoring.

Part 3: The complaints handling process

The complaints handling process

1. Our Complaints Handling Procedure (CHP) aims to provide a quick, simple and streamlined process for responding to complaints early and locally by capable, well-trained staff. Where possible, we will **resolve** the complaint to the person's satisfaction. Where this is not possible, we will give them a clear and reasoned response to their complaint.

Complaint received

A person may complain either verbally or in writing, including face-to-face, by phone, letter or email.

Stage 1: Frontline response

For issues that are straightforward and simple, requiring little or no investigation. 'On-the-spot' apology, explanation, or other action to put the matter right.

Complaint resolved or a response provided in **five working days** or less (unless there are exceptional circumstances)

Complaints addressed by any member of staff, or alternatively referred to the appropriate point for frontline response.

Response normally face-to-face or by telephone (though sometimes we will need to put the decision in writing).

We will tell the person how to escalate their complaint to Stage 2.

Stage 2: Investigation

Where the person is not satisfied with the frontline response, or refuses to engage at the frontline, or where the complaint is complex, serious or 'high-risk'.

Complaint acknowledged within **three working days**.

We will contact the complainant to clarify the points of complaint and outcome sought (where these are already clear, we will confirm them in the acknowledgement)

Complaint resolved or a definitive response provided within **20 working days** following a thorough investigation of the points raised

Independent external review (SPSO or other)

Where the person is not satisfied with the Stage 2 response from the service provider, the SPSO will assess whether there is evidence of service failure or maladministration not identified by the service provider.

Resolution

The complainant and the Care Inspectorate agree what action will be taken to resolve the complaint.

Where a complaint is resolved, it is not usually necessary to continue investigating, although an organisation may choose to do so, for example to identify learning.

We must signpost the complainant to Stage 2 (for Stage 1 complaints) or to the SPSO as usual.

Reporting, recording and learning

Action is taken to improve services on the basis of complaint findings, where appropriate.

We record details of all complaints, the outcome and any action taken, and use this data to analyse themes and trends.

Senior management have an active interest in complaints and use complaints data and analysis to improve services.

Learning is shared throughout the organisation.

Resolving the complaint

2. A complaint is resolved when both the Care Inspectorate and the person making the complaint agree what action (if any) will be taken to provide full and final resolution for them, without making a decision about whether the complaint is upheld or not upheld.
3. We will try to resolve complaints wherever possible, although we accept this will not be possible in all cases.
4. A complaint may be resolved at any point in the complaint handling process, including during the investigation stage. It is particularly important to try to resolve complaints where there is an ongoing relationship with the person making the complaint or where the complaint relates to an ongoing issue that may give rise to future complaints if the matter is not fully resolved.
5. It may be helpful to use alternative complaint resolution approaches when trying to resolve a complaint. See Alternative complaint resolution approaches.
6. Where a complaint is resolved, we do not normally need to continue looking into it or provide a response on all points of complaint. There must be a clear record of how the complaint was resolved, what action was agreed, and the agreement of the person making the complaint to this as a final outcome. In some cases, it may still be appropriate to continue looking into the issue, for example where there is evidence of a wider problem or potential for useful learning. We will use our professional judgment in deciding whether it is appropriate to continue looking into a complaint that is resolved.
7. In all cases, we must record the complaint outcome (resolved) and any action taken, and signpost the person to Stage 2 (for Stage 1 complaints) or to the SPSO as usual (see Signposting to the SPSO).
8. If the person making the complaint and the Care Inspectorate are not able to agree a resolution, we must follow this CHP to provide a clear and reasoned response to each of the issues raised.

What to do when you receive a complaint

9. Members of staff receiving a complaint should consider four key questions. This will help them to either respond to the complaint quickly (at Stage 1) or determine whether the complaint is more suitable for Stage 2:

What exactly is the person's complaint (or complaints)?

10. It is important to be clear about exactly what the person is complaining about. We may need to ask them for more information and probe further to get a full understanding.
11. We will need to decide whether the issue can be defined as a complaint and whether there are circumstances that may limit our ability to respond to the complaint (such as the time limit for making complaints, confidentiality, anonymity or the need for consent). We should also consider whether the complaint is serious, high-risk or high-profile.
12. If the matter is not suitable for handling as a complaint, we will explain this to the person making the complaint (and signpost them to SPSO). There is detailed guidance on this step in Part 2: When to use this procedure.
13. In most cases, this step will be straightforward. If it is not, the complaint may need to be handled immediately at Stage 2 (see Stage 2: Investigation).

What does the person want to achieve by complaining?

14. At the outset, we will clarify the outcome the person wants. Of course, the person may not be clear about this, and we may need to probe further to find out what they expect, and whether they can be satisfied.

Can I achieve this, or explain why not?

15. If a staff member handling a complaint can achieve the expected outcome, for example by providing an on-the-spot apology or explain why they cannot achieve it, they should do so.
16. The person making the complaint may expect more than we can provide. If so, we will tell them as soon as possible.
17. Complaints which can be resolved or responded to quickly should be managed at Stage 1 (see Stage 1: Frontline response).

If I cannot respond, who can help?

18. If the complaint is simple and straightforward, but the staff member receiving the complaint cannot deal with it because, for example, they are unfamiliar with the issues or area of service involved, they should pass the complaint to someone who can respond quickly.
19. If it is not a simple and straightforward complaint that can realistically be closed within five working days (or ten, if an extension is appropriate), it should be handled immediately at Stage 2. If the person refuses to engage at Stage 1, insisting that they want their complaint investigated, it should be handled immediately at Stage 2. See Stage 2: Investigation.

Stage 1: Frontline response

20. Frontline response aims to respond quickly (within five working days) to straightforward complaints that require little or no investigation.
21. Any member of staff may deal with complaints at this stage (including the staff member complained about, for example with an explanation or apology). The main principle is to respond to complaints at the earliest opportunity and as close to the point of service delivery as possible.
22. We may respond to the complaint by providing an on-the-spot apology where appropriate, or explaining why the issue occurred and, where possible, what will be done to stop this happening again. We may also explain that, as an organisation that values complaints, we may use the information given when we review service standards in the future. If we consider an apology is appropriate, we may wish to follow the SPSO guidance on apology.
23. Part 2, Appendix 1 gives examples of the types of complaint we may consider at this stage, with suggestions on how to handle them.
24. Complaints which are not suitable for frontline response should be identified early and handled immediately at Stage 2: investigation.

Notifying staff members involved

25. If the complaint is about the actions of another staff member, the complaint should be shared with them, where possible, before responding (although this should not prevent us responding to the complaint quickly, for example where it is clear that an apology is warranted).

Timelines

26. Frontline response must be completed within five working days, although in practice we would often expect to respond to the complaint much sooner. 'Day one' is always the date of receipt of the complaint (or the next working day if the complaint is received on a weekend or public holiday).

Extension to the timeline

27. In exceptional circumstances, a short extension of time may be necessary due to unforeseen circumstances (such as the availability of a key staff member). Extensions must be agreed with an appropriate manager. We will tell the person making the complaint about the reasons for the extension, and when they can expect a response. The maximum extension that can be granted is five working days (that is, no more than ten working days in total from the date of receipt).
28. If a complaint will take more than five working days to look into, it should be handled at Stage 2 immediately. The only exception to this is where the complaint is simple and could normally be handled within five working days, but it is not possible to begin immediately (for example, due to the absence of a key staff member). In such cases, the complaint may still be handled at Stage 1 if it is clear that it can be handled within the extended timeframe of up to ten working days.

29. If a complaint has not been closed within ten working days, it should be escalated to Stage 2 for a final response.
30. Appendix 1 provides further information on timelines.

Closing the complaint at the frontline response stage

31. If we convey the decision face-to-face or on the telephone, we are not required to write to the person making the complaint as well (although we may choose to). We must:
- tell them the outcome of the complaint (whether it is resolved, upheld, partially upheld or not upheld)
 - explain the reasons for our decision (or the agreed action taken to resolve the complaint (see Resolving the complaint))
 - explain that they can escalate the complaint to Stage 2 if they remain dissatisfied and how to do so (we should not signpost to the SPSO until the person making the complaint has completed Stage 2).
32. We will keep a full and accurate record of the decision given to the person making the complaint. If we are not able to contact them by phone, or speak to them in person, we will provide a written response to the complaint where an email or postal address is provided, covering the points above.
33. If the complaint is about the actions of a particular staff member/s, we will share with them any part of the complaint response which relates to them, (unless there are compelling reasons not to).
34. The complaint should then be closed, and the complaints system updated accordingly.
35. At the earliest opportunity after the closure of the complaint, the staff member handling the complaint should consider whether any learning has been identified. See Part 4: Learning from complaints.

Stage 2: Investigation

36. Not all complaints are suitable for frontline response and not all complaints will be satisfactorily addressed at that stage. Stage 2 is appropriate where:
- the person making the complaint is dissatisfied with the frontline response or refuses to engage at the frontline stage, insisting they wish their complaint to be investigated. Unless exceptional circumstances apply, they must escalate the complaint within six months of when they first knew of the problem or within two months of the Stage 1 response, whichever is later (see Part 2: Time limits for making a complaint)
 - the complaint is not simple and straightforward (for example where the making the complaint has raised a number of issues, or where information from several sources is needed before we can establish what happened and/or what should have happened); or

- the complaint relates to serious, high-risk or high-profile issues (see Part 2: Serious, high-risk or high-profile complaints).
37. An investigation aims to explore the complaint in more depth and establish all the relevant facts. The aim is to resolve the complaint where possible, or to give the person making the complaint a full, objective and proportionate response that represents our final position. Wherever possible, complaints should be investigated by someone not involved in the complaint (for example, a line manager or a manager from a different area).
 38. Details of the complaint must be recorded on the complaints system. Where appropriate, this will be done as a continuation of frontline response. If the investigation stage follows a frontline response, the officer responsible for the investigation should have access to all case notes and associated information.
 39. The beginning of Stage 2 is a good time to consider whether complaint resolution approaches other than investigation may be helpful (see Alternative complaint resolution approaches).

Acknowledging the complaint

40. Complaints must be acknowledged within three working days of receipt at Stage 2.
41. We must issue the acknowledgement in a format which is accessible to the person making the complaint, taking into account their preferred method of contact.
42. Where the points of complaint and expected outcomes are clear from the complaint, we must set these out in the acknowledgement and ask the person making the complaint to get in touch with us immediately if they disagree. See Agreeing the points of complaint and outcome sought.
43. Where the points of complaint and expected outcomes are not clear, we must tell the person making the complaint we will contact them to discuss this.

Agreeing the points of complaint and outcome sought

44. It is important to be clear from the start of Stage 2 about the points of complaint to be investigated and what outcome the person making the complaint is seeking. We may also need to manage their expectations about the scope of our investigation.
45. Where the points of complaint and outcome sought are clear, we can confirm our understanding of these with the person making the complaint when acknowledging the complaint (see Acknowledging the complaint).
46. Where the points of complaint and outcome sought are not clear, we must contact the making the complaint to confirm these. We will normally need to speak to the person (by phone or face-to-face) to do this effectively. In some cases, it may be possible to clarify complaints in writing. The key point is that we need to be sure we and the person making the complaint have a shared understanding of the complaint. When contacting them we will be respectful of

their stated preferred method of contact. We should keep a clear record of any discussion with them.

47. In all cases, we must have a clear shared understanding of:

- What are the points of complaint to be investigated?

While the complaint may appear to be clear, agreeing the points of complaint at the outset ensures there is a shared understanding and avoids the complaint changing or confusion arising at a later stage. The points of complaint should be specific enough to direct the investigation, but broad enough to include any multiple and specific points of concern about the same issue.

We will make every effort to agree the points of complaint with the person making the complaint (alternative complaint resolution approaches may be helpful at this stage). In very rare cases, it may not be possible to agree the points of complaint (for example, if the person making the complaint insists on an unreasonably large number of complaints being separately investigated, or on framing their complaint in an abusive way). We will manage any such cases in accordance with Zero Tolerance policy bearing in mind that we should continue to investigate the complaint (as we understand it) wherever possible.

- Is there anything we cannot consider under the CHP?

We must explain if there are any points that are not suitable for handling under the CHP (see Part 2: What to do if the CHP does not apply).

- What outcome does the person making the complaint want to achieve by complaining?

Asking what outcome the person is seeking helps direct the investigation and enables us to focus on resolving the complaint where possible.

- Are the person's expectations realistic and achievable?

It may be that the person making the complaint expects more than we can provide or has unrealistic expectations about the scope of the investigation. If so, we should make this clear to them as soon as possible.

Notifying staff members involved

48. If the complaint is about the actions of a particular staff member/s, we will notify the staff member/s involved (including where the staff member is not named but can be identified from the complaint). We will:

- share the complaint information with the staff member/s (unless there are compelling reasons not to)
- advise them how the complaint will be handled, how they will be kept updated and how we will share the complaint response with them.
- discuss their willingness to engage with alternative complaint resolution approaches (where applicable); and

- signpost the staff member/s to a contact person who can provide support and information on what to expect from the complaint process (this must not be the person investigating or signing off the complaint response).

49. If it is likely that internal disciplinary processes may be involved, the requirements of that process should also be met.

50. See also [Part 2: Complaints and disciplinary or whistleblowing processes](#).

Investigating the complaint

51. It is important to plan the investigation before beginning. The staff member investigating the complaint should consider what information they have and what they need about:

- what happened? (this could include, for example, records of phone calls or meetings, work requests, recollections of staff members or internal emails)
- what should have happened? (this should include any relevant policies or procedures that apply); and
- is there a difference between what happened and what should have happened, and is the Care Inspectorate responsible?

52. In some cases, information may not be readily available. We will balance the need for the information against the resources required to obtain it, taking into account the seriousness of the issue (for example, it may be appropriate to contact a former employee, if possible, where they hold key information about a serious complaint).

53. If we need to share information within or outwith the organisation, we will be mindful of our obligations under data protection legislation. See [Part 1: Maintaining confidentiality and data protection](#).

54. The SPSO has resources for conducting investigations, including:

- [Investigation plan template](#)
- [Decision-making tool for complaint investigators](#)

Alternative complaint resolution approaches

55. Some complex complaints, or complaints where people making complaints and other interested parties have become entrenched in their position, may require a different approach to resolving the matter. Where we think it is appropriate, we may use alternative complaint resolution approaches such as complaint resolution discussions, mediation or conciliation to try to resolve the matter and to reduce the risk of the complaint escalating further. If mediation is attempted, a suitably trained and qualified mediator should be used. Alternative complaint resolution approaches may help both parties to understand what has caused the complaint, and so are more likely to lead to mutually satisfactory solutions.

56. Alternative complaint resolution approaches may be used to resolve the complaint entirely, or to support one part of the process, such as understanding the complaint, or exploring the person's desired outcome.

57. The SPSO has guidance on alternative complaint resolution approaches.
58. If the Care Inspectorate and the person making the complaint (and any staff members involved) agree to using alternative complaint resolution approaches, it is likely that an extension to the timeline will need to be agreed. This should not discourage the use of these approaches.

Meeting with the person making the complaint during the investigation

59. To effectively investigate the complaint, it may be necessary to arrange a meeting with the person making the complaint. Where a meeting takes place, we will always be mindful of the requirement to investigate complaints (including holding any meetings) within 20 working days wherever possible. Where there are difficulties arranging a meeting, this may provide grounds for extending the timeframe.
60. As a matter of good practice, a written record of the meeting should be completed and provided to the person making the complaint. Alternatively, and by agreement with the person making the complaint, we may provide a record of the meeting in another format. We will notify the person making the complaint of the timescale within which we expect to provide the record of the meeting.

Timelines

61. The following deadlines are appropriate to cases at the investigation stage (counting day one as the day of receipt, or the next working day if the complaint was received on a weekend or public holiday).
- Complaints must be acknowledged within three working days.
 - A full response to the complaint should be provided as soon as possible but not later than 20 working days from the time the complaint was received for investigation.

Extension to the timeline

62. Not all investigations will be able to meet this deadline. For example, some complaints are so complex that they require careful consideration and detailed investigation beyond the 20-working-day timeline. It is important to be realistic and clear with the person making the complaint about timeframes, and to advise them early if we think it will not be possible to meet the 20-day timeframe, and why. We should bear in mind that extended delays may have a detrimental effect on the making the complaint.
63. Any extension must be approved by an appropriate manager. We will keep the making the complaint and any member/s of staff complained about updated on the reason for the delay and give them a revised timescale for completion. We will contact the person making the complaint and any member/s of staff complained about at least once every 20 working days to update them on the progress of the investigation.
64. The reasons for an extension might include the following:

- essential accounts or statements, crucial to establishing the circumstances of the case, are needed from staff, person making the complaint or others, but the individual is not available because of long-term sickness or leave
- we cannot obtain further essential information within normal timescales; or
- the person making the complaint has agreed to alternative complaint resolution approaches as a potential route for resolution.

These are only a few examples, and we will judge the matter in relation to each complaint. However, an extension would be the exception.

65. Appendix 1 provides further information on timelines.

Closing the complaint at the investigation stage

66. The response to the complaint should be in writing (or by the preferred method of contact expressed by the person making the complaint) and must be signed off by a manager or officer who is empowered to provide the final response on behalf of the Care Inspectorate.
67. We will tell the person making the complaint the outcome of the complaint (whether it is resolved, upheld, partially upheld or not upheld). The quality of the complaint response is very important and in terms of good practice should:
- be clear and easy to understand, written in a way that is person-centred and non-confrontational
 - avoid technical terms, but where these must be used, an explanation of the term should be provided
 - address all the issues raised and demonstrate that each element has been fully and fairly investigated
 - include an apology where things have gone wrong (this is different to an expression of empathy: see the [SPSO's guidance on apology](#))
 - highlight any area of disagreement and explain why no further action can be taken
 - indicate that a named member of staff is available to clarify any aspect of the letter
 - indicate that if they are not satisfied with the outcome of the local process, they may seek a review by the SPSO (see Signposting to the SPSO).
68. Where a complaint has been resolved, the response does not need to provide a decision on all points of complaint but should instead confirm the resolution agreed. See Resolving the complaint.
69. If the complaint is about the actions of a particular staff member/s, we will share with them any part of the complaint response which relates to them, (unless there are compelling reasons not to).

70. We will record the decision, and details of how it was communicated to the making the complaint on the complaints system.
71. The SPSO has guidance on responding to a complaint:
- [Template decision letter](#)
 - [Apology guidance](#)
72. At the earliest opportunity after the closure of the complaint, the staff member handling the complaint should consider whether any learning has been identified. See [Part 4: Learning from complaints](#).

Signposting to the SPSO

73. Once the investigation stage has been completed, the person making the complaint has the right to approach the SPSO if they remain dissatisfied. We must make clear to the person making the complaint:
- their right to ask the SPSO to consider the complaint
 - the time limit for doing so
 - how to contact the SPSO.
74. The SPSO considers complaints from people who remain dissatisfied at the conclusion of our complaints procedure. The SPSO looks at issues such as service failure and maladministration (administrative fault), and the way we have handled the complaint. There are some subject areas that are outwith the SPSO's jurisdiction, but it is the SPSO's role to determine whether an individual complaint is one that they can consider (and to what extent). All investigation responses must signpost to the SPSO.
75. The SPSO recommends that we use the wording below to inform people making complaints of their right to ask the SPSO to consider the complaint. This information should only be included on our final response to the complaint.

Information about the SPSO

The Scottish Public Services Ombudsman (SPSO) is the final stage for complaints about public services in Scotland. This includes complaints about the Care Inspectorate. The SPSO is an independent organisation that investigates complaints. It is not an advocacy or support service (but there are other organisations who can help you with advocacy or support).

If you remain dissatisfied when you have had a final response from the Care Inspectorate, you can ask the SPSO to look at your complaint. You can ask the SPSO to look at your complaint if:

- you have gone all the way through the Care Inspectorate Complaints Handling Procedure
- it is less than 12 months after you became aware of the matter you want to complain about

- the matter has not been (and is not being) considered in court.

The SPSO will ask you to complete a complaint form and provide a copy of this letter (our final response to your complaint). You can do this online at www.spsso.org.uk/complain or call them on Freephone 0800 377 7330.

You may wish to get independent support or advocacy to help you progress your complaint. Organisations who may be able to assist you are:

- Citizens Advice Bureau
- Scottish Independent Advocacy Alliance

The SPSO's contact details are:

SPSO

Bridgeside House

99 McDonald Road

Edinburgh

EH7 4NS

(If you would like to visit in person, you must make an appointment first). Their freepost address is:

FREEPOST SPSO

Freephone: 0800 377 7330

Online contact: www.spsso.org.uk/contact-us

Website: www.spsso.org.uk

Post-closure contact

76. If a person contacts us for clarification when they have received our final response, we may have further discussion with them to clarify our response and answer their questions. However, if the person is dissatisfied with our response or does not accept our findings, we will explain that we have already given them our final response on the matter and signpost them to the SPSO.

Appendix 1 – Timelines

General

1. References to timelines throughout the CHP relate to working days. We do not count non-working days, for example weekends, public holidays and days of industrial action where our service has been interrupted.

Timelines at frontline response (Stage 1)

2. We will aim to achieve frontline response within five working days. The date of receipt is day one, and the response should be provided (or the complaint escalated) on day five, at the latest.
3. If we have extended the timeline at the frontline response stage in line with the CHP, the response should be provided (or the complaint escalated) on day ten, at the latest.

Transferring cases from frontline response to investigation

4. If the person wants to escalate the complaint to the investigation stage, the case must be passed for investigation without delay. In practice this will mean on the same day that the person making the complaint is told this will happen.

Timelines at investigation (Stage 2)

5. For complaints at the investigation stage, day one is:
 - the day the case is transferred from the frontline stage to the investigation stage
 - the day the person asks for an investigation or expresses dissatisfaction after a decision at the frontline response stage; or
 - the date we receive the complaint, if it is handled immediately at Stage 2.
6. We must acknowledge the complaint within three working days of receipt at Stage 2 i.e. by day three.
7. We should respond in full to the complaint by day 20, at the latest. We have 20 working days to investigate the complaint, regardless of any time taken to consider it at the frontline response stage.
8. Exceptionally, we may need longer than the 20-working-day limit for a full response. If so, we will explain the reasons to the person making the complaint and update them (and any staff involved) at least once every 20 working days.

Frequently asked questions

What happens if an extension is granted at Stage 1, but then the complaint is escalated?

9. The extension at Stage 1 does not affect the timeframes at Stage 2. The Stage 2 timeframes apply from the day the complaint was escalated (we have 20 working days from this date, unless an extension is granted).

What happens if we cannot meet an extended timeframe?

10. If we cannot meet the extended timeframe at Stage 1, the complaint should be escalated to Stage 2. The maximum timeframe allowed for a Stage 1 response is ten working days.
11. If we cannot meet the extended timeframe at Stage 2, a further extension may be approved by an appropriate manager if there are clear reasons for this. This should only occur in exceptional circumstances (the original extension should allow sufficient time to realistically investigate and respond to the complaint). Where a further extension is agreed, we should explain the situation to the person making the complaint and give them a revised timeframe for completion. We must update the person making the complaint and any staff involved in the investigation at least once every 20 working days.

What happens when the person making the complaint asks for Stage 2 consideration a long time after receiving a frontline response?

Unless exceptional circumstances exist, people should bring a Stage 2 complaint within six months of learning about the problem, or within two months of receiving the Stage 1 response (whichever is latest). See [Part 2: Time limits for making a complaint](#).

Appendix 2 – The complaint handling process (flowchart for staff)

A person may complain verbally or in writing, including face-to-face, by phone, letter or email. Your first consideration is whether the complaint should be dealt with at Stage 1 (frontline response) or Stage 2 (investigation).

Stage 1: Frontline response

Always try to respond quickly, wherever we can.

Record the complaint and notify any staff complained about.

Respond to the complaint within **five working days** unless there are exceptional circumstances.

Is the complainant satisfied?

You must always tell the making the complaint how to escalate to Stage 2.

(Yes) Record outcome and learning, and close complaint.

Follow up on agreed actions flowing from the complaint.

Share any learning points.

(No) to Stage 2

Stage 2: Investigation

Investigate where:

- the person is dissatisfied with the frontline response or refuses to engage with attempts to handle the complaint at Stage 1.
- it is clear that the complaint requires investigation from the outset.

Record the complaint and notify any staff complained about.

Acknowledge the complaint within three working days.

Contact the complainant to agree:

- points of complaint
- outcome sought
- manage expectations (where required).

(These can be confirmed in the acknowledgement where the complaint is straightforward.)

Respond to the complaint as soon as possible, but within **20 working days** unless there is a clear reason for extending the timescale.

Communicate the decision, normally in writing.

Signpost the making the complaint to SPSO and advise of time limits.

Record outcome and learning, and close complaint.

Follow up on agreed actions flowing from the complaint.

Share any learning points.

Part 4: Governance

Roles and responsibilities

77. All staff will be aware of:

- the Complaints Handling Procedure (CHP)
- how to handle and record complaints at the frontline response stage
- who they can refer a complaint to, in case they are not able to handle the matter
- the need to try and resolve complaints early and as close to the point of service delivery as possible; and
- their clear authority to attempt to resolve any complaints they may be called upon to deal with.

78. Training on this procedure will be part of the induction process for all new staff. Refresher training will be provided for current staff on a regular basis.

79. Senior management will ensure that:

- the Care Inspectorate's final position on a complaint investigation is signed off by an appropriate manager or officer in order to provide assurance that this is the definitive response of the Care Inspectorate and that the complainant's concerns have been taken seriously
- it maintains overall responsibility and accountability for the management and governance of complaints handling (including complaints about contracted services)
- it has an active role in, and understanding of, the CHP (although not necessarily involved in the decision-making process of complaint handling)
- mechanisms are in place to ensure a consistent approach to the way complaints handling information is managed, monitored, reviewed and reported at all levels in the Care Inspectorate
- complaints information is used to improve services, and this is evident from regular publications.

80. **Chief Executive:** The chief executive provides leadership and direction in ways that guide and enable us to perform effectively across all services. This includes ensuring that there is an effective CHP, with a robust investigation process that demonstrates how we learn from the complaints we receive. The chief executive may take a personal interest in all or some complaints or may delegate responsibility for the CHP to senior staff. Regular management reports assure the chief executive/permanent secretary/head of organisation of the quality of complaints performance.

81. The chief executive is also responsible for ensuring that there are governance and accountability arrangements in place in relation to complaints about contractors. This includes:

- ensuring performance monitoring for complaints is a feature of the service/management agreements between the Care Inspectorate and contractors
 - setting clear objectives in relation to this complaints procedure and putting appropriate monitoring systems in place to provide Care Inspectorate with an overview of how the contractor is meeting its objectives.
82. **Directors:** On behalf of the chief executive, directors may be responsible for:
- managing complaints and the way we learn from them
 - overseeing the implementation of actions required as a result of a complaint
 - investigating complaints; and
 - deputising for the chief executive on occasion.
83. They may also be responsible for preparing and signing off decisions for people making complaints, so they should be satisfied that the investigation is complete, and their response addresses all aspects of the complaint. However, directors may decide to delegate some elements of complaints handling (such as investigations and the drafting of response letters) to other senior staff. Where this happens, directors should retain ownership and accountability for the management and reporting of complaints.
84. **Heads of service:** Heads of service may be involved in the operational investigation and management of complaints handling. As senior officers they may be responsible for preparing and signing decision letters to for people making complaints, so they should be satisfied that the investigation is complete, and their response addresses all aspects of the complaint.
85. **Complaints investigator:** The complaints investigator is responsible and accountable for the management of the investigation. They may work in a service delivery team or as part of a centralised customer service team and will be involved in the investigation and in coordinating all aspects of the response to the people making complaints. This may include preparing a comprehensive written report, including details of any procedural changes in service delivery and identifying wider opportunities for learning across the organisation.
86. **The human resources/training officer:** The HR or training officer is responsible for ensuring all new staff receive training on the CHP as part of the induction process, and that refresher training is provided for current staff on a regular basis.
87. **The organisation's SPSO liaison officer:** Our SPSO liaison officer's role may include providing complaints information in an orderly, structured way within requested timescales, providing comments on factual accuracy on our behalf in response to SPSO reports, and confirming and verifying that recommendations have been implemented.

Recording, reporting, learning from and publicising complaints

88. Complaints provide valuable user feedback. One of the aims of the CHP is to identify opportunities to improve services across the Care Inspectorate. By recording and analysing complaints data, we can identify and address the causes of complaints and, where appropriate, identify training opportunities and introduce service improvements.
89. We also have arrangements in place to ensure complaints about contractors are recorded, reported on and publicised in line with this CHP. Recording complaints
90. It is important to record suitable data to enable us to fully investigate and respond to the complaint, as well as using our complaint information to track themes and trends. As a minimum, we should record:
- the name and contact details of the person making the complaint
 - the date the complaint was received
 - the nature of the complaint
 - the service the complaint refers to
 - staff member responsible for handling the complaint
 - action taken and outcome at frontline response stage
 - date the complaint was closed at the frontline response stage
 - date the investigation stage was initiated (if applicable)
 - action taken and outcome at investigation stage (if applicable)
 - date the complaint was closed at the investigation stage (if applicable)
 - the underlying cause of the complaint and any remedial action taken.
91. The outcome of the SPSO's investigation (where applicable).
92. If the person making the complaint does not want to provide any of this information, we will reassure them that it will be managed appropriately, and record what we can.
93. Individual complaint files will be stored in line with our document retention policy.

Learning from complaints

94. We must have clear systems in place to act on issues identified in complaints. As a minimum, we must:
- seek to identify the root cause of complaints
 - take action to reduce the risk of recurrence; and
 - systematically review complaints performance reports to improve service delivery.

95. Learning may be identified from individual complaints (regardless of whether the complaint is upheld or not) and from analysis of complaints data.
- Where we have identified the need for service improvement in response to an individual complaint, we will take appropriate action.
 - The action needed to improve services must be authorised by an appropriate manager.
 - An officer (or team) should be designated the 'owner' of the issue, with responsibility for ensuring the action is taken.
 - A target date must be set for the action to be taken.
 - The designated individual must follow up to ensure that the action is taken within the agreed timescale.
 - Where appropriate, performance in the service area should be monitored to ensure that the issue has been resolved.
 - Any learning points should be shared with relevant staff.
96. SPSO has guidance on [Learning from complaints](#).
97. Senior management will review the information reported on complaints regularly to ensure that any trends or wider issues which may not be obvious from individual complaints are quickly identified and addressed. Where we identify the need for service improvement, we will take appropriate action (as set out above). Where appropriate, performance in the service area should be monitored to ensure that the issue has been resolved.

Reporting of complaints

98. We have a process for the internal reporting of complaints information, including analysis of complaints trends. Regularly reporting the analysis of complaints information helps to inform management of where services need to improve.
99. We will report at least **quarterly** to senior management on:
- performance statistics, in line with the complaints performance indicators published by SPSO
 - analysis of the trends and outcomes of complaints (this should include highlighting where there are areas where few or no complaints are received, which may indicate either good practice or that there are barriers to complaining in that area).

Publicising complaints information

100. We publish on a **quarterly** basis information on complaints outcomes and actions taken to improve services.
101. This demonstrates the improvements resulting from complaints and shows that complaints can help to improve our services. It also helps ensure transparency

in our complaints handling service and will help to show people that we value their complaints.

102. We will publish an **annual** complaints performance report on our website in line with SPSO requirements and provide this to the SPSO on request. This summarises and builds on the quarterly reports we have produced about our services. It includes:

- performance statistics, in line with the complaints performance indicators published by the SPSO
- complaint trends and the actions that have been or will be taken to improve services as a result.

103. These reports must be easily accessible to members of the public and available in alternative formats as requested.

Part 5: [Public information summary](#)

Headquarters

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

web: www.careinspectorate.com

email: enquiries@careinspectorate.gov.scot

telephone: 0345 600 9527



@careinspect