Annual complaints performance report 2025-26:

Complaints about the Care Inspectorate

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Introduction

About the Care Inspectorate

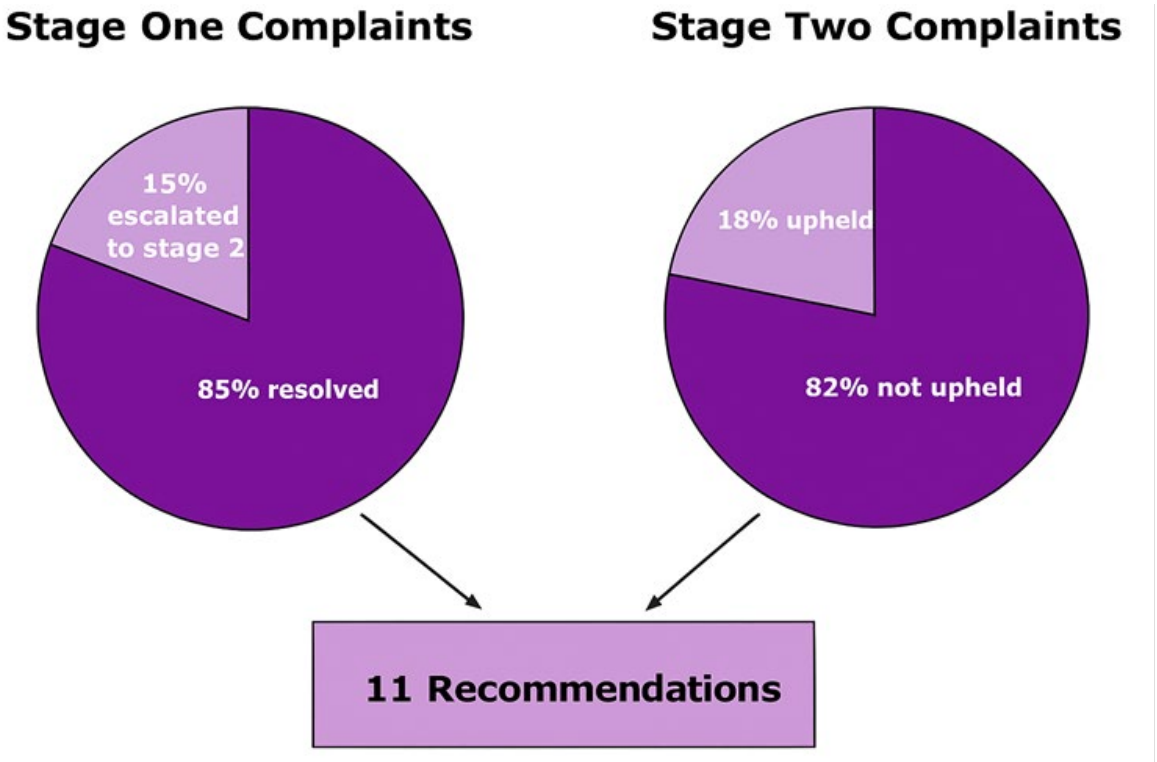
The Care Inspectorate regulates and inspects all registered social care services in Scotland. From childminders and early learning and childcare, to care homes for adults and older people, it's our job to make sure that people experience high-quality care.

We register, inspect and grade individual social care services, and deal with complaints about social care services. We also carry out joint inspections across adult, children's and justice services with other regulators. Our focus is on how well social care and social work services care for everyone.

We support services to improve so that everyone can get good quality care that meets their needs. When we see that care is not good enough, we can take action to address this.

Complaints about the Care Inspectorate

Key findings/outcomes



The key findings provide a general overview of complaint handling outcomes. Full details and a detailed breakdown of the data are set out later in the report.

Complaints about the Care Inspectorate

The Care Inspectorate's complaints policy and procedures reflect our commitment to valuing complaints as a source of information to improve how we work. Our approach is based on the Scottish Public Services Ombudsman's (SPSO) Model Complaints Handling Procedure (MCHP).

We monitor and report on our performance in handling complaints about the Care Inspectorate in line with the requirements of the SPSO. The consistent application and reporting of performance against SPSO Key Performance Indicators (KPIs) enables us to assess how effectively we are meeting the standards set out in the Model Complaints Handling Procedure (MCHP). We also use this information to compare, contrast, and benchmark our performance with other organisations, supporting shared learning and continuous improvement.

This report relates specifically to complaints about the work of the Care Inspectorate. Complaints about care services themselves are managed and reported separately. Our reporting model aligns with the requirements of the SPSO's MCHP and its associated KPIs. Under this framework, we, and other public bodies, are required to report against the following indicators:

Table 1

	SPSO Key Performance Indicators
SPSO KPI 1:	The total number of complaints received and managed at each stage of the complaints process.
SPSO KPI 2:	The number and percentage of complaints at each stage that were closed in full within the set timescales of 5 working days for stage1 and 20 working days for stage 2.
SPSO KPI 3:	The average time in working days for a full response to complaints at each stage.
SPSO KPI 4:	The outcome of complaints at each stage.

This year's complaints annual performance report presents information about the way we have managed complaints about the Care Inspectorate between 1 April 2025 and 31 March 2026.

Part 1: Key Performance Indicators – quantitative data

KPI 1 – Total number of complaints received

Total number of complaints received	Value
Number of complaints that were received	142
Number of complaints that were managed at stage 1	47
Number of complaints that were managed at stage 2	74
Complaints escalated from stage 1 to stage 2	7
Number of complaints that were revoked	14

Commentary

The Care Inspectorate has seen an increase in complaints about our work over the past 12 months, the majority of which relate to the Assurance and Improvement work. Other national regulators, including the Care Quality Commission in England, the Welsh Care Inspectorate, and the SPSO, have also reported similar increases, suggesting that our figures reflect a broader sector-wide trend.

Recording practices have also changed over the past year. We have reviewed how dissatisfaction is recorded to ensure we take a more consistent approach when concerns are raised within correspondence, particularly where the complaint is not the primary reason for contact. This change in approach has contributed to an increase in the number of complaints recorded, including those that were later revoked.

KPI 2 - Complaint handing timescales

Number and percentage of complaints at each stage that were closed in full within the set timescales of 5 and 20 working days	Value	Value (%)
Number and percentage of stage 1 complaints closed in full within 5 working days.	34	72%
Number and percentage of stage 2 complaints closed in full within 20 working days.	59	80%
Number and percentage of complaints closed in full after escalation within 20 working days.	6	86%

Commentary

All complaints received were acknowledged within three working days. There were 47 Stage 1 complaints, 34 were resolved within the five working days.

There were 74 Stage 2 complaints, of which 59 were completed within the 20 working days.

Reasons for delays were a combination of staff availability, including annual leave, and complainant availability at different stages of the complaints process.

The data on complaint handling is positive, and the overall process is effective. While KPIs are important in guiding system improvements, delays do not indicate a failing.

It is essential that we maintain a person-centred approach when managing complaints, particularly where interactions involve sensitive and complex issues.

KPI 3 - Time in working days for a full response

Average time in working days for a full response to complaints at each stage	Average
Average time in working days for a full response to complaints at stage 1	6 days
Average time in working days for a full response to complaints at stage 2	19 days
Average time in working days for a full response to complaints escalating from stage 1 to stage 2	15 days

Commentary

The average time taken to conclude complaints was positive and broadly in line with SPSO timescales.

KP4 – Outcomes at each stage

Outcome of complaints at Stage 1	Value	Value (%)
What percentage of complaints closed at stage 1 were upheld	0	0%
What percentage of complaints closed at stage 1 were partially upheld	0	0%
What percentage of complaints closed at stage 1 were not upheld	0	0%
What percentage of complaints closed at stage 1 were resolved	40	85%
Escalated to Stage 2	7	15%
Total	**47**	**100%**

Outcome of complaints at stage 2	Value	Value (%)
What percentage of complaints closed at stage 2 were upheld	13	18%
What percentage of complaints closed at stage 2 were partially upheld	0	0%
What percentage of complaints closed at stage 2 were not upheld	61	82%
What percentage of complaints closed at stage 2 were resolved	0	0%
Total	**74**	**100%**

Outcome of complaints after escalation from stage 1 to stage 2	Value	Value (%)
What percentage of complaints closed after escalation were upheld	0	0%
What percentage of complaints closed after escalation were partially upheld	0	0%
What percentage of complaints closed after escalation were not upheld	7	100%
What percentage of complaints closed after escalation were resolved	0	0%
Total	**7**	**100%**

Commentary

A range of factors contribute to dissatisfaction with our work and influence fluctuations in where complaints are directed. These include media focus on a provider, the complexity and volume of decision-making, funding pressures, and increasing demands on both the public and service providers. These influences are reflected in the distribution of complaints, the majority of which relate to the Assurance and Improvement Directorate.

Forty of the 47 Stage 1 complaints (85%) were resolved at this stage, demonstrating that most expressions of dissatisfaction were addressed promptly at source and to the satisfaction of those raising concerns. The remaining seven complaints (15%) progressed to Stage 2.

Of the 74 Stage 2 complaint investigations, 61 were not upheld and 13 were upheld. The investigation process is clearly set out in outcome letters, including the evidence considered and the rationale for the decisions reached.

Part 2: Learning from complaints

Complaint themes

Complaint themes	- Scrutiny decisions - Scrutiny outcomes - Communication - Clarity or rationale for decisions - Delays in progressing work - Application or interpretation of external guidance

A range of factors contribute to dissatisfaction with our work and influence fluctuations in where complaints are directed. These include media scrutiny, the complexity and volume of decision-making, funding pressures, and increasing demands on both the public and service providers. These influences are reflected in the distribution of complaints, the majority of which continue to relate to the Assurance and Improvement Directorate.

The quality of communication is a key feature in many complaints. This includes dissatisfaction with how decisions are communicated, concerns about a lack of

communication, and the extent to which the Care Inspectorate provides a clear and sensitive rationale for its decisions. This has placed a stronger emphasis on trauma-informed and person-centred approaches across all interactions.

The Care Inspectorate is committed to high-quality communication and continuous improvement in this area, as it aligns with our core values and the standards set by our organisation.

Learning

Findings from complaint investigations inform key learning themes at both individual and organisational levels. The Care Inspectorate is committed to identifying learning and supporting staff and organisational development in all complaints, whether upheld or not.

Learning themes	- Consistency in recording a rationale for decisions - Consistency in communicating decisions - Knowledge gaps - Consistency in trauma-informed communication - Guidance updates to support consistent practice

Communication remains the most significant area for learning for the organisation. Where learning is identified at an individual level, it is typically addressed through additional training or reflective practice taken forward within supervision.

At an organisational level, updating internal practice guidance supports greater consistency and helps reinforce clear expectations for practice.

We have also seen an increase in complaints submitted using AI-generated content. This can present resource challenges, as submissions may be lengthy and make it more difficult to clearly identify the specific areas of dissatisfaction. This is an emerging issue being experienced across a range of regulators. In response, we have provided information on our website to potential complainants on the use of AI in complaint submissions.

Recommendations

During 2025/26, investigations into complaints about the Care Inspectorate resulted in 11 improvement recommendations. These related to staff support and development, including additional training, reflective supervision, and enhanced quality assurance. We also recommended that internal and external guidance be reviewed in light of our findings.

This approach to learning and improvement underpins our work and is central to the culture of the Complaints function.

Going forward

A focus on learning and continuous improvement underpins the work of the Complaints function. As a regulator, we have a responsibility to report on care quality

and support improvement in Scotland. This often requires us to engage in challenging situations and communicate difficult messages. This can lead to expressions of dissatisfaction about our work.

We also have a duty to deliver our work to a high standard, demonstrating professionalism and upholding our core values. We recognise that we will not always get it right. In such instances, we will acknowledge this, apologise, and take steps to put matters right.