

Complaints: Q3 October to December 2023

Summary of complaint activity

During Q3 October to December 2023, Ark received a total of eighteen complaints which has increased from thirteen in the previous quarter.

Twelve complaints were responded to with a frontline response at Stage 1 with eighteen points identified. 'Frontline complaints' are relatively straightforward complaints which can usually be responded to within five working days.

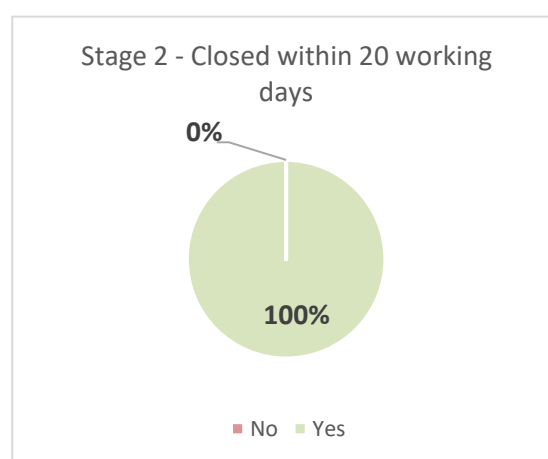
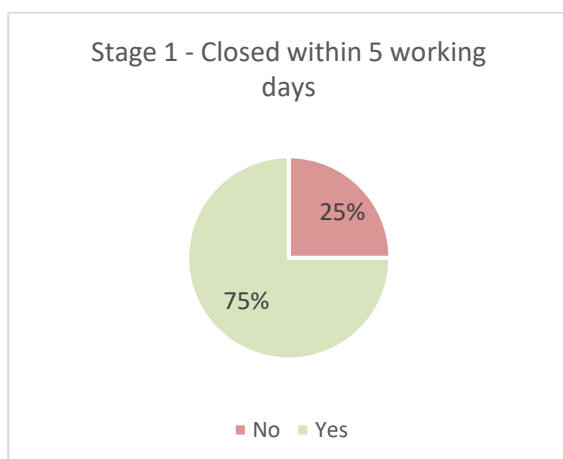
75% of Stage 1 complaints were closed within 5 working days. three complaints were closed out with target with extensions agreed with the customers.

Stage 2 is where a customer is dissatisfied with the frontline response or refuses to engage at the frontline stage, insisting they wish their complaint to be investigated.

Four complaints were investigated directly at Stage 2 with eighteen points identified. 100% of these complaints were closed within our target of 20 working days.

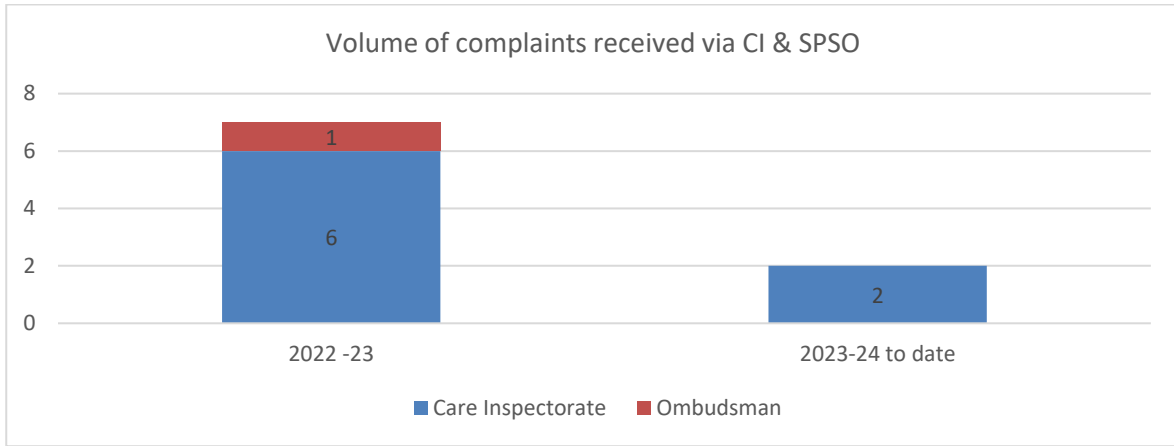
Two complaints were escalated to Stage 2 due to the customers being dissatisfied with the frontline response. Both were closed within our target of 20 working days.

The pie charts below demonstrate the percentage of complaints closed within target in Q3.

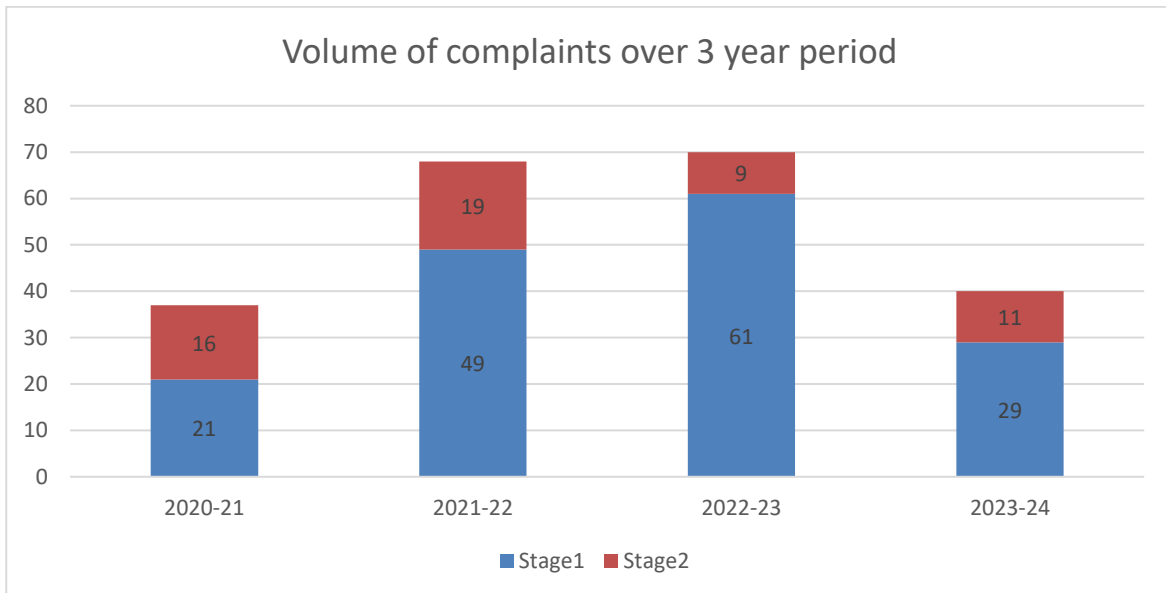


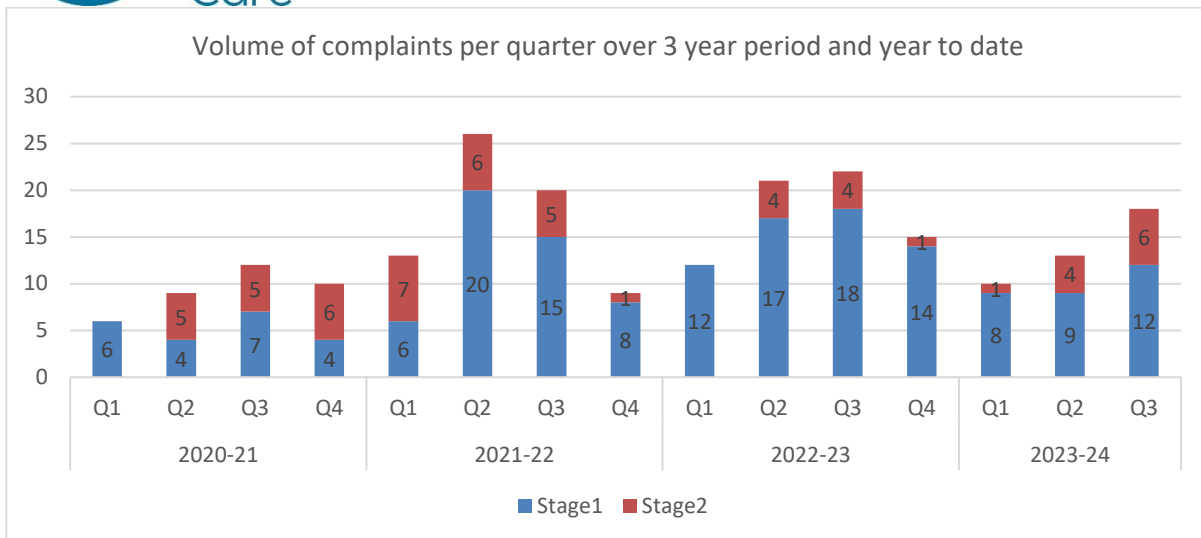
During Q3 there were no complaints reported to the Care Inspectorate or escalated to the Scottish Public Services Ombudsman (SPSO).

The below chart demonstrates the volume of complaints reported to the Care Inspectorate and the volume of complaints escalated to the Ombudsman within the current and previous reporting year.

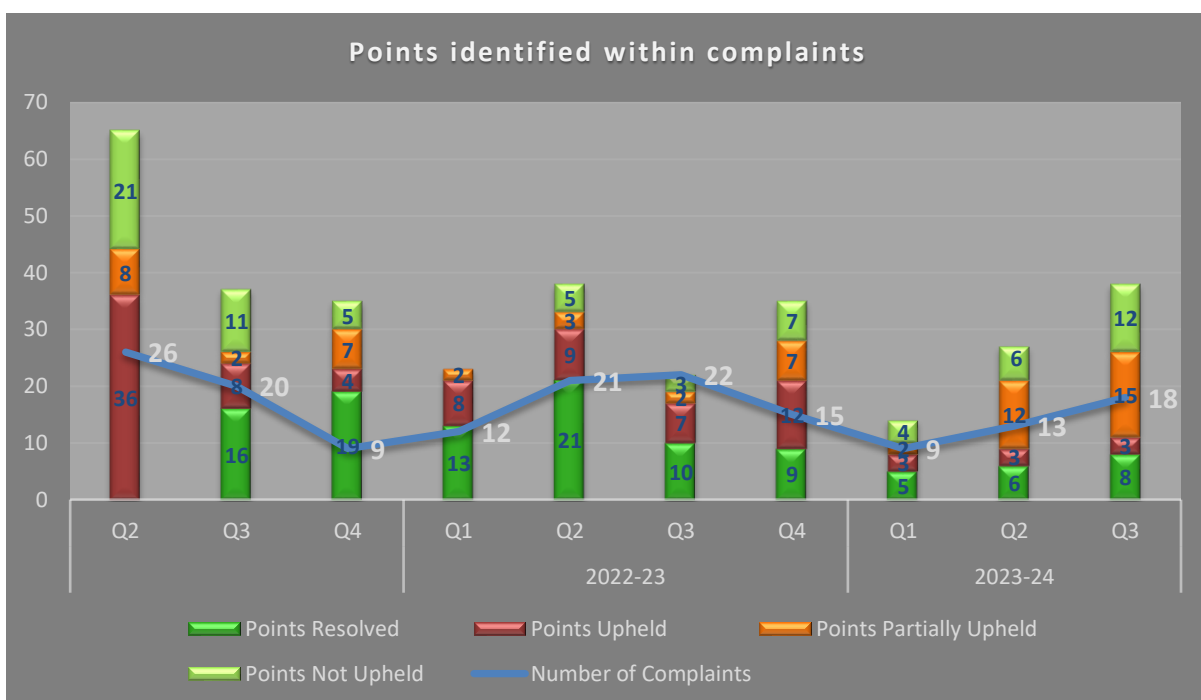


The bar charts below demonstrate the volume of complaints received over a 3 year period and year to date. The increase in complaints during Q2 and Q3 is consistent over the years. The overall volume of complaints 2023-24 year to date is 27% less than the same period last year.





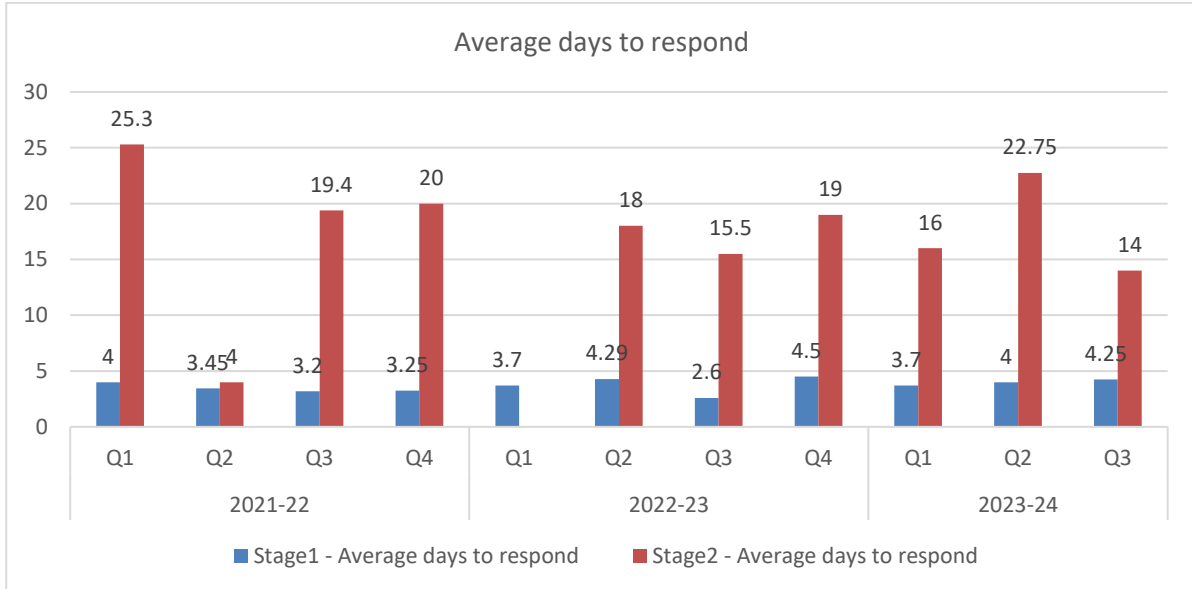
The below chart details the number of points identified within complaints over a 2 year period and identifies the volume of points Upheld, Partially Upheld, Resolved and Not Upheld.



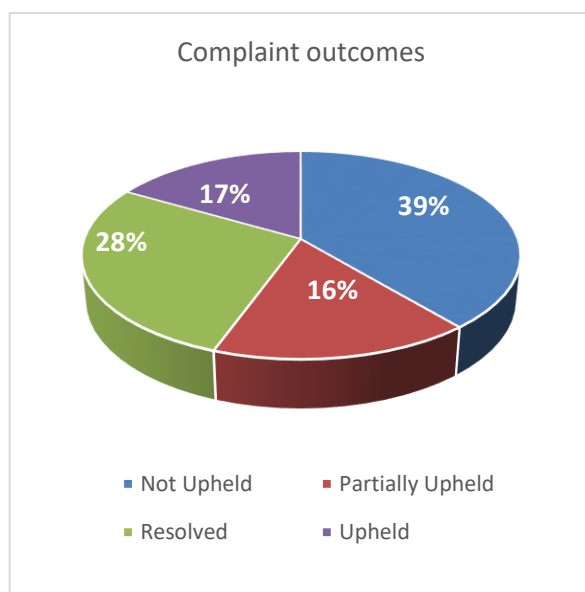
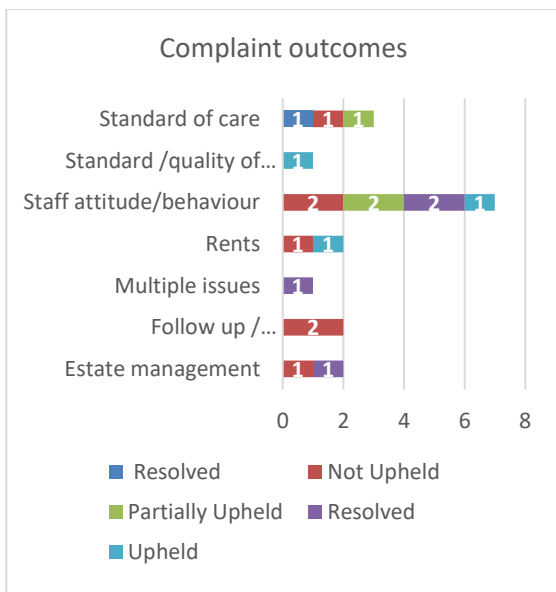
The bar chart below demonstrates the average response time for Stage 1 and Stage 2 complaints each quarter over the last two reporting years and this year to date.

Stage 1 average response times have been fairly consistent with a marginal increase in Q3 2023-24 with an average of 4.25 days to respond. This has increased from 4 days in the previous quarter.

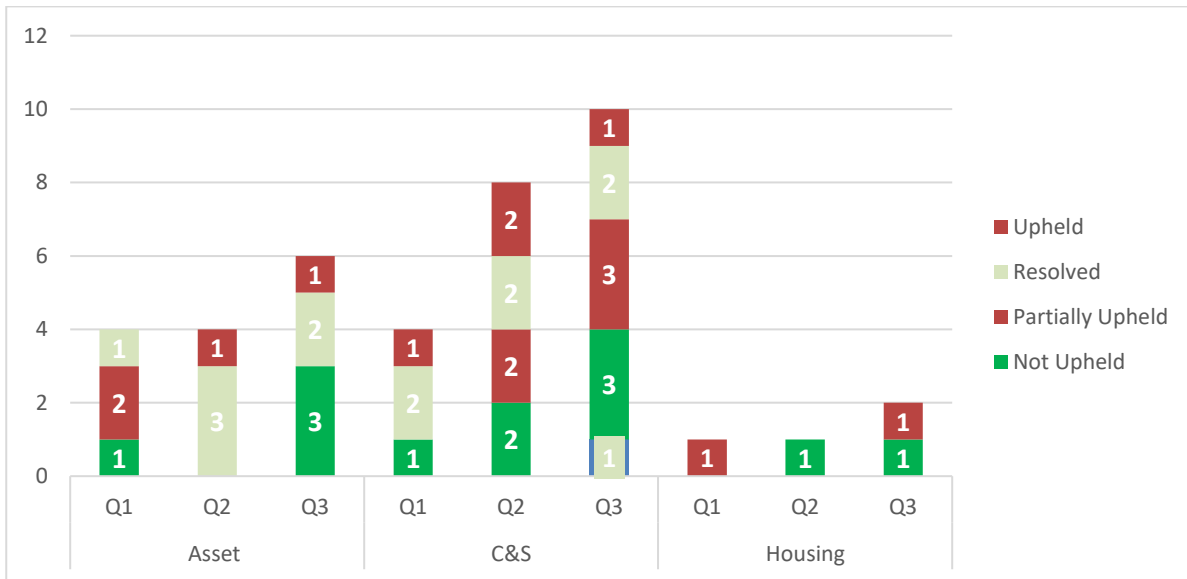
Stage 2 average response times vary with an average response time in Q3 2023-24 of 14 working days which is well within the target of 20 working days. This reduces our year to date average response time to 17.5 working days.



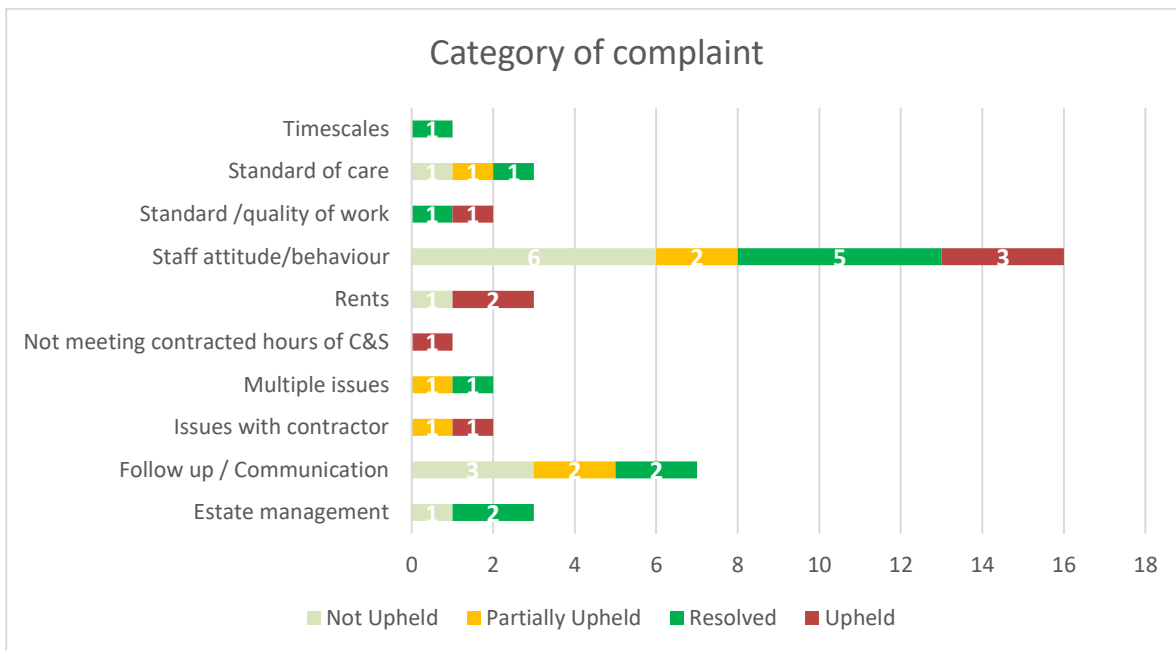
The charts below demonstrate the outcome of complaints within Q3. A complaint is resolved when both (the organisation) and the customer agree what action (if any) will be taken to provide full and final resolution for the customer, without making a decision about whether the complaint is upheld or not upheld.



The departmental breakdown of complaints year to date is as follows:



The below chart sets out the complaints by category Year to date. Staff attitude/behaviour is the most common complaint received.



The table below sets out how we are performing against the indicators set out by the SPSO, along with a comparison of our performance in the previous reporting year for responding at Stage 1 and 2 of the complaints handling procedure.

Scottish Public Services Ombudsman (SPSO) Indicators	Target/Guidance	2023/24					2022-23
		Q1	Q2	Q3	Q4	Year to Date Total	Year End Total
Indicator One -The total number of complaints received							
Stage 1 (this includes escalated complaints, as they were first received at Stage 1)	The total number of complaints received	8	9	12		29	61
Stage 2 (Investigated directly at Stage 2)	The total number of complaints received	0	4	4		8	8
Escalated to Stage 2	The total number of complaints escalated	1	0	2		3	1
Indicator Two: the number and percentage of complaints closed in full within the set timescales							
Stage 1 - the number of complaints closed in full within five working days	Number	7	5	9		21	50
	Percentage	87.50%	56%	75%		70.00%	82.00%
Stage 2 -the number of complaints closed in full at stage 2 within 20 working days	Number	1	2	6		9	7
	Percentage	100%	50%	100%		82%	78%
Indicator Three: the average time in working days for a full response to complaints at each stage							
Stage 1 - average time in working days to respond to complaints	5 Working Days	3.62	4.1	4.25		3.99	3.77
Stage 2 - average time in working days to respond to complaints (including escalated complaints)	20 Working Days	16	22.75	14		17.5	17
Indicator Four: the outcome of complaints at each stage							
Stage 1	Upheld	2	3	1		6	21
	Partially Upheld	1	1	2		4	7
	Not Upheld	2	1	6		9	4
	Resolved	3	4	3		10	29
Stage 2 (Investigated directly at Stage 2)	Upheld	0	0	1		1	4
	Partially Upheld	1	1	1		3	2
	Not Upheld	0	2	1		3	1
	Resolved	0	1	1		2	2

Learning from complaints

Ark is committed to improving service delivery by applying learning from complaints. The below table sets out the actions that have been agreed in response to complaints received within this quarter. These actions will be monitored and signed off by the relevant department leads.

Complaint category	Action
Staff attitude/behaviour	<ul style="list-style-type: none"> ➤ Support Worker EDOC should be reviewed with CSM to ensure this is up to date and sign off. ➤ Meeting with CSM and supported person to be planned as per supported persons wishes. ➤ Support Worker and CSM to complete some reflective work on professional boundaries and standards of practise. ➤ Support Worker to ensure they are following SSSC codes of practise and is working in line with Arks values. This will be evidenced through supervision. ➤ Support Worker to ensure they are following their EDOC. ➤ One-to one supervision with Support Worker as above and a follow up session in one month. ➤ In future member of staff will no longer provide support to the supported person.
Multiple Issues	<ul style="list-style-type: none"> ➤ Stock Condition Survey to be carried out on any properties not listed on the AIMS
Standard of care	<ul style="list-style-type: none"> ➤ Communication with guardians needs to be clear and promoted within the support team. ➤ All staff to read guardianship order/agreement/guardianship order/agreement. To be discussed at team meeting. ➤ Wider team reflection in relation to accurately recording information as and when it is happens, communication & reviewing reporting of incidents P&P HS04a and the importance of completing these in a timely manner.
Estate Management	<ul style="list-style-type: none"> ➤ Tenant to be advised that gardens are tenant responsibility, rear and front.

	<ul style="list-style-type: none"> ➤ Work order to be raised to replace fence slat to be replaced to main road. ➤ Refer to AIMS for fence painting. All tenants to be advised when this is taking place. ➤ Fairness and respect to all tenants regardless of whether they are supported or not. Inspections to be completed on all complaints to verify the issue.
Rents	<ul style="list-style-type: none"> ➤ DD training for all staff members ➤ When a DD needs to change, the CSA will send a “task” in Rubixx to the HSO, advising them of what the requested change is. The HSO will check what impact this may have and, if applicable, will update Rubixx with the repayment arrangement, e-mail/post a copy of the ALLPAY DD letter, along with a rent statement and a covering letter confirming if the DD amount includes an additional amount towards the arrears and how long it will take for the arrears to be cleared. ➤ Refresher training on HM04a procedure and using the Arrears Functionality on Rubixx