

RIVER GARDEN

Policy/Procedure Ref.	ORG02
Policy/Procedure Name	Complaints, Compliments and Suggestions
Approved On	December 2025
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POLICY STATEMENT

River Gardens (RG) values and encourages feedback both positive and negative about our activities. We believe that open and transparent handling of complaints and being informed about what we do well leads to better outcomes for people.

Complainants have a right to be heard, understood and respected. The ethos of 'getting it right first time' underpins this policy, with an emphasis on responding to complaints quickly. We have a separate Complaints Handling Procedure (Appendix 1), which details how different types and levels of complaint should be handled. (See also Appendix 2 of this policy for guidance on 'redress').

This policy is not intended for use by staff to raise concerns about colleagues or the organisation.

RG operates services registered with the Care Inspectorate and has a workforce registered with the SSSC. As such, the Policy covers RGs responsibilities in relation to complaints in respect of both these regulators.

RG does not accept violence or aggression towards its staff and is aware that occasionally, unreasonable or unacceptable behaviour may be associated with complaints. As such, there is guidance appended to this policy (Appendix 3) that explains the boundaries within which this policy operates.

We also seek to gather positive feedback, as this reinforces our good practice and informs improvement. How we do this is detailed in our Compliments and Suggestions Procedure, which is a separate document.

DEFINITION

A definition of a complaint is *"An expression of dissatisfaction by one or more supported person or member of the public about RGs action or lack of action, or about the standard of service provided by or on behalf of the organisation"*.

LEGISLATION

There is no legislation relating directly to complaints. However, the Health and Social Care Standards require to be met and include the following relevant sections:

The Responsive Care and Support standard states that people using services can expect the following: “If I make a complaint, it is acted on”.

Underpinning this principle in Standard 4 people using our services can expect:

4.20 – I know how, and can be helped, to make a complaint or raise a concern about my care and support.

4.21 – If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me.

AIMS

- To provide a straightforward and accessible means of raising a complaint.
- To ensure efficient, effective, standardised and fair complaints procedures.
- To ensure that complaints will be fairly considered, and appropriate action taken.
- Explain how supported people, carers and others are aware of how they can contact the relevant authorities at any time. These are:

Care Inspectorate –	www.careinspectorate.com 0345 600 9527
Mental Welfare Commission Scotland –	www.mwcscot.org.uk 0800 389 6809
Scottish Social Services Council –	www.sssc.uk.com 0345 60 30 891

PRINCIPLES

When a complaint is received, we will handle it in accordance with the following principles:

- All complaints will be taken seriously.
- The complaint will be investigated* fairly and openly.
- Complainants will receive full and detailed responses to their complaints.
- We will comply with legislation on freedom of information and data protection when responding to complaints.
- We will use complaints constructively to improve our quality of service.

A complaint may not always be clearly described by the complainant as a ‘complaint’; nevertheless, if it is apparent from what they express or their behaviour that they are complaining, then it should be treated as such. I.e., If you perceive it as a complaint, then it probably is and should be treated as one. You can always ask the person if they wish to have their concerns treated as a complaint.

Staff are empowered to resolve complaints and they have the authority to do so. Some may be able to be resolved at frontline level, others may need to be investigated and or escalated, but everyone has a role to play in finding resolution.

IMPLEMENTATION

This policy is implemented by:

- Making it widely known that RG encourages feedback on our services. We do this by publicising our Complaints Procedure (Appendix 1) and our Compliments and Suggestions Procedure on our website and in leaflets available through all our services.
- Ensuring staff are aware of their responsibilities in relation to comments, complaints and suggestions.
- Having clear Procedures for handling complaints and gathering compliments and suggestions.
- Supporting people to access independent advocacy if they require it to help them make a complaint.
- Maintaining a record of complaints, compliments and suggestions and acting on them where possible to improve the quality of our services

DUTY OF CANDOR

Duty of candor may be relevant in the case of a profoundly serious complaint and is referred to here in this context.

The overall purpose of Duty of candor is to ensure organisations are open, honest and supported when there is an unexpected or unintended incident resulting in death or harm, as defined in the Act. The Act requires RG to have and follow a procedure which will include:

- Notifying the person affected (or their family/representative), apologising and offering a meeting to give an account of what happened.
- Reviewing each incident and offer support to those affected (people who deliver and receive support).
- Publishing an annual report detailing when the duty has been applied including the number of incidents, how the organisation has complied with the duty and what learning and improvements have been put in place.

CARE INSPECTORATE COMPLAINTS PROCEDURE

All staff should be made aware that anyone can make a complaint to the Care Inspectorate about care and support services (where that service is regulated by the Care Inspectorate). The Care Inspectorate encourages people to complain directly to the organisation they receive a service from. However, some people are not comfortable doing this and, to support them, the Care Inspectorate will take complaints about care services directly.
<https://www.careinspectorate.com/index.php/complaints>

Staff with any concerns are expected to raise them with RGs management or using the Whistleblowing Policy. An overview of the Care Inspectorate Complaints Procedure is provided in Appendix 4 of this policy. (See also the RG Safeguarding Policy OP 12 on when and how to raise concerns about abuse with the Care Inspectorate).

SSSC COMPLAINTS PROCEDURE

The Scottish Social Services Council (SSSC) is the regulator for the social service workforce in Scotland. The SSSC protects the public by registering social service workers, setting standards for their practice, conduct, training and education and by supporting their professional development. Where people fall below the standards of practice and conduct the SSSC can investigate and act.

The Fitness to Practise Department investigates concerns and complaints. Staff can find further guidance on how they or a member of the public can make a complaint to the SSSC via its website [SSSC - Raising a concern guidance for colleagues or members of the public](#)

All RG employees are expected to read this guidance before contacting the SSSC with any concerns.

RESPONSIBILITIES AND ACCOUNTABILITY

Overall responsibility and accountability for the management of complaints lies with the Chief Executive and senior management.

The Admin Team is responsible for recording the complaint and informing the appropriate Line Manager. The Admin Team should be made aware of all complaints raised about RG and be made aware of the outcome from the investigating Line Manager. If the complaint alleges or implies illegal activity or could constitute an organisational risk (financial, reputational, etc) then the Admin team will inform the CEO.

A complaint may be made to any member of staff in the organisation. All staff must therefore be aware of the complaints handling procedure and how to handle and record complaints at the frontline stage. They should also be aware of who to refer a complaint to in case they are not able to handle the matter. We encourage all staff to try to resolve complaints early, as close to the point of service delivery as possible, to prevent escalation. Any member of staff receiving a complaint must inform a line manager.

RG staff have a responsibility to:

- Abide by the intentions and boundaries set by this policy and understand the related policies.
- Have a full understanding of the complaints handling procedure and their role in handling complaints.
- Have full understanding of RGs policy about which complaints are suitable for frontline resolution and which are referred for investigation.

Confidentiality and Data Protection - The Complaints Officer will do their utmost to protect a complainant's identity if they do not want their name to be disclosed. It must be appreciated, however, that the investigation process may reveal the source of the reported concern and a statement by the individual may be required as part of the evidence.

Once an individual has informed The Complaints Officer of their concern, RG will make an initial assessment of what action should be taken. This might involve an internal investigation or a referral to external authorities, such as the Care Inspectorate or the Scottish Social Services Council (SSSC).

If an individual believes that he/she is being victimised by or suffering any detriment from someone from within RG as a result of reporting a concern or assisting in any investigation, he/she must inform The Complaints Officer immediately and appropriate action will be taken to protect them.

Publishing Complaints Performance Information - Complaint outcomes will be retained at the Head Office, including those dealt with by the Care Inspectorate. Complaint outcomes are used to demonstrate improvement and share best practice in service delivery. This helps ensure transparency in complaints handling and helps to demonstrate that RG values complaints.

Learning from Complaints - RG will embrace a culture of learning from complaints, and will refrain from adopting a purely punitive approach when dealing with human error leading to a complaint - *"Because human error is normal and, by definition, is unintended, well-intentioned people who make errors or are involved in systems that have failed around them need to be supported, not punished, so they will report their mistakes and the system defects they observe, such that all can learn from them*."*

*Quote: A promise to learn – a commitment to act, The National Advisory Group on the Safety of Patients in England

TRAINING

All staff will be made aware of this policy through their Employee Handbook and Induction process, as well as team meetings and supervision.

Training in investigation and interview skills, and in a range of skills suited to gathering and evaluating evidence will be provided to investigative staff, as necessary.

MONITORING AND REVIEW

This policy and its accompanying procedure will be reviewed on a three-yearly basis.

APPENDIX 1

COMPLAINTS HANDLING PROCEDURE

Complaints:

A complaint is defined as “any expression of dissatisfaction with the services provided by, or on behalf of River Garden” hereinafter referred to as RG.

Your Rights:

You have a right to complain if you are:

- A user of River Garden's Services
- Complaining on behalf of a client
- Entitled to receive a service from us but not getting the service.

Making a Complaint

If you are unhappy with any part of our service, this is what you should do:

Firstly raise the matter with your key worker or another member of staff if your key worker is not available. The member of staff will try to sort the matter out or help you to take the complaint further. No matter how you complain, it will be dealt with in the same way. You do not have to complain in writing to ensure a proper reply. Some clients may prefer to make a written complaint so they can keep a copy. The complaint will be recorded if this is felt to be necessary. Both you and the Service Lead will receive a copy of this.

If someone complains on your behalf, River Garden may ask for a written note from you telling us that a person is acting on your behalf.

Complainants may choose an informal (verbal) response or a formal (written) response. It will be assumed that a formal response is required unless the complainant indicates otherwise.

There are several ways in which River Garden can respond to a complaint and in which it may be resolved:

- 1) you may be asked to clarify the focus of your complaint e.g. the main concerns you want us to look at and what you would like us to do in response to your complaint
- 2) discussing the complaint with the individual(s) concerned. An informal approach can very often be a better and quicker way to resolve any problem and does not mean that the complaint is taken less seriously. If the complaint cannot be resolved informally then you can resubmit your complaint, if you so wish, for a more formal response.
- 3) If you prefer, or if River Garden are unable to resolve the matter informally, you can request a formal response to your complaint. We will:

- Send you a written acknowledgement of your Complaint (within 5 working days)
- Appoint an authorised member of staff to fully investigate the Complaint
- Send you a full written response to any issues raised (within 28 days unless an extension of the time is agreed by you)
- Let you know how to take matters further if you are unhappy with the formal response/outcome.

Please Note:

If you have a complaint regarding a member of staff, you should raise the complaint directly with the Service Manager. If your complaint is about the Service Manager or any member of our wider leadership team raise it with their line manager, and if the complaint is concerning our leadership team raise it with the Chief Executive. If the complaint is concerning the Chief Executive it should be raised with the Chair of the Board of Directors.

No member of staff should be involved in investigating a complaint relating to his or her own behaviour.

River Garden understands that raising a complaint can be difficult for any of the people we support and the Service lead or other appropriate member of our staff, can arrange, if you wish, additional support for you throughout this process.

Confidentiality:

We may be required to collect information about people to allow us to provide appropriate services to those who need them. When using information about you we will respect your confidentiality and your rights under the Data Protection Act.

Equality:

River Garden are committed to ensuring that we will not accept discrimination or harassment on any grounds by either our staff or individuals using our services, or individuals providing services to the organisation, and that services are monitored to ensure standards are being met and maintained.

Making a complaint will not lead to discrimination against you. If you feel that any member of staff is acting unfairly towards you because you have complained, or are not dealing properly with your complaint, then you should report this to either the Operations Manager or the Director of Services and Development.

River Garden will involve you, as far as is possible, in any formal investigation of your complaint and give you a clear timescale for responding to your complaint. For any extensions to that timescale we will seek your consent.

If you do not accept the outcome so far, you may start the Appeals Procedure.

Appeal Stage 1

Raise your appeal verbally or in writing with the relevant person as outlined above. This must be done within 5 working days of receipt of the outcome of your complaint.

The Director of Services and Development or other appropriate person, depending on the line management structure and involvement in the original investigation, will look at the investigation process, and any previous correspondence and/or recordings, in connection with the complaint. You will receive a letter within 14 days telling you the outcome of the appeal.

Appeal Stage 2

If you do not accept this outcome, you may appeal to the River Garden's Chief Executive or other appropriate person, who will conduct a detailed investigation and may wish to interview you and the staff involved in the earlier stages. You will receive a decision from the Chief Executive in writing, within 14 days.

Appeal Stage 3

If you still do not accept the outcome, the final appeal stage you may take your complaint to is Appeal Stage 3. The complaint must now be raised with the Board of Directors through the Chief Executive. This will need to happen within 28 days of receiving the Chief Executive's decision.

The final appeal will be heard by the Chair of the Board and two other members of the Board of Directors. You and any representative you may wish to bring along will be invited to attend the final appeal stage.

The Appeal Panel may also wish to speak to members of staff involved in the earlier decisions, if they feel this is necessary. Previous recordings and/or correspondence may also be looked at.

The outcome of the Appeal will be conveyed to you in writing within 28 days of your raising the complaint with them. This stage is the final stage of the River Gardens Procedure.

PLEASE NOTE: If your Service is registered with the Care Inspectorate, you have the right, at any time, to take your complaint to the relevant Social Work Care Manager and/or the Care Inspectorate. Included within this document are contact details and a form you can use to make a complaint to the Care Inspectorate.

Once you have gone through our complaints procedure, and you are still not happy, you can ask the Scottish Public Services Ombudsman if they can look at it. You can access their details on line at <http://www.spso.org.uk/complaining-spso>. When returning your form, please send copies of the relevant paperwork, in particular the final response you received from ourselves. Tell them what went wrong, and what you would like to happen to put things right.

If you would like a copy of this procedure in an alternative format, such as audio, Braille or large print, please contact us:

Telephone: 01292 521164

Email : hello@rivergarden.scot

APPEAL RECORD FORM:

STAGE 1: APPEAL TO DIRECTOR OF SERVICES AND DEVELOPMENT

Date appeal letter received from Complainant:

.....

Date investigation commenced:

.....

Date investigation completed:

.....

(7 days from date of receipt of Appeal)

Appeal carried out by: Name:

.....

Job Title:

.....

Outcome and action taken

(Please attach a copy of the letter sent to Complainant).

STAGE 2: APPEAL TO CHIEF EXECUTIVE

Date Stage 2 appeal letter received from Complainant:

.....

Date investigation commenced:

.....

Date investigation completed:

.....

(14 days from date of receipt of Appeal)

Appeal carried out by: Name:

.....

Job Title:

.....

Outcome and action taken

(Please attach a copy of the minutes of the Appeal Committee and a copy of the letter to Complainant).

STAGE 3: APPEAL TO THE BOARD OF DIRECTORS

Date Stage 3 Appeal received

.....

Date of Committee Appeal Hearing:

.....

Appeal

heard

by:

.....

Date Complainant informed of outcome:

.....

(28 days from date of appeal letter).

Outcome and action taken:

(Please attach a copy of the minutes of the
Appeal Committee and a copy of the letter
Sent to the Complainant.

COMPLAINANT:

DATE:

COMPLAINT MADE TO:

NAME:

JOB TITLE:

DETAILS OF THE COMPLAINT:

(Or letter attached, if in writing).

I agree that the above information is an accurate record of the complaint:

Signed(Complainant)

Date:

.....

Signed(Operations Manager/Other)

Date:.....

NAME OF PERSON DEALING WITH COMPLAINT:

ACTION TO BE TAKEN:

OUTCOME:

SIMON COMMUNITY SCOTLAND

USEFUL INFORMATION

SIMON COMMUNITY SCOTLAND

CHAIR OF THE BOARD
CHIEF EXECUTIVE -
DIRECTOR of SERVICES

Karyn McClusky
Lorraine McGrath
Hugh Hill

Karyn@rivergarden.scot
Lorraine@rivergarden.scot
Hugh@rivergarden.scot

THE CARE INSPECTORATE

(Complaints)

0345 600 9527

COMPASS HOUSE
www.careinspectorate.com
11 RIVERSIDE DRIVE
DUNDEE
DD1 4NY

**THE CARE INSPECTORATE
COMPASS HOUSE
11 RIVERSIDE DRIVE
DUNDEE
DD1 4NY**

CARE INSPECTORATE COMPLAINTS FORM

NAME:

DATE:

River Garden

PERSON/SERVICE COMPLAINT IS ABOUT:

DETAILS OF THE COMPLAINT:

I agree that the above information is an accurate record of the complaint:

Signed

Date:

TO BE PASSED TO HR MANAGER:

Service/Service

Date of Complaint:

Name of Complainant:

Nature of Complaint:

Name of person(s) involved in investigation of complaint:

Date investigation commenced:

Date investigation completed:

Outcome:

Appeals Process invoked: YES NO (Please circle)

Stage(s) **Date of Appeals Meeting(s)** **Persons involved:** **Outcome**

Date of completion:

Details passed to Care Inspectorate, if required: YES NO (please circle)

By Whom: **Date:**

APPENDIX 2

REDRESS GUIDANCE

Redress is setting right what is wrong. Wherever possible and practicable, someone detrimentally affected when something has gone wrong should be returned to the position that they would have been in had the failure not occurred. It is essential from the outset that complainants are given realistic expectations about what a complaint can achieve.

Redress should be proportional to the degree and nature of the failure and hardship, or injustice suffered. Redress for the complainant may include some or all of the following:

- An apology.
- An explanation.
- Practical action to mitigate any detriment.
- Where possible, reimbursement of actual loss and/or costs incurred.
- Other appropriate action suggested by the complainant or the organisation.

Redress should:

- Be fair and reasonable.
- Consider the wishes and needs of the complainant.
- Be procedurally sound.
- Be provided in a timely manner.

Redress should provide, as far as possible, a comprehensive resolution of the issue, remembering that people other than the complainant may also have suffered because of the failure.

Redress may be limited by:

- The time elapsed since the problem occurred.
- The degree to which the complainant had a contributory responsibility for the failure and the detriment suffered.
- The capability of the organisation to comply.

Redress and Recommendations for Change

The Complaints Officer will decide if any complaint requires change or redress.

This means that complaints upheld are used to drive improvement and ensure, as far as possible, the same thing does not happen to someone else. This may include:

- Changes to policy and procedures.
- Staff guidance and training.
- Clear feedback to demonstrate that changes have been made.

The Complaints Officer will inform the relevant Manager of any service or department if any changes are required and decide upon reasonable timescales for achieving any changes.

Redress and Financial Compensation

Any calculation for financial payment should consider the degree to which the complainant has contributed to the failure or loss suffered. The calculation and reasons for each element should be clearly recorded.

Payments for Actual Loss or Costs should be calculated based on demonstrable loss or costs.

Any financial calculation will be decided by the Chief Executive.

APPENDIX 3

UNACCEPTABLE ACTIONS

Violence and Aggression

RG understands that many complainants are angry about the issues they have raised in their complaint. If that anger escalates into aggression towards our staff, we consider that to be unacceptable. Any violence or abuse towards staff will not be accepted. Violence is not restricted to acts of aggression that may result in physical harm. It also includes behaviour or language (whether verbal or written) that may cause staff to feel afraid, threatened or abused, and may include threats, personal verbal abuse, derogatory remarks and rudeness. We also consider inflammatory statements and unsubstantiated allegations to be abusive behaviour.

The threat or use of physical violence, verbal abuse or harassment towards our staff is likely to result in a termination of all direct contact with the complainant. Incidents may also be reported to the police. This will always be the case if physical violence is used or threatened. RG will not accept any correspondence (letter or electronic) that is abusive to staff or contains allegations that lack substantive evidence. RG will tell the complainant that we consider their language offensive, unnecessary and unhelpful and ask them to stop using such language. We will state that we will not respond to their correspondence if the action or behaviour continues.

Staff will end telephone calls if they consider the caller aggressive, abusive or offensive. Staff have the right to make this decision, to tell the caller that their behaviour is unacceptable and end the call if the behaviour persists.

In extreme situations, we tell the complainant in writing that their name is on a 'no personal contact' list. This means that we will limit contact with them to either written communication or through a third party.

Unreasonable Demands

A demand becomes unacceptable when it starts to (or when complying with the demand would) impact on the work of the service or department.

Examples could include:

- Repeatedly demanding responses within an unreasonable timescale.
- Insisting on seeing or speaking to a particular member of staff when that is not possible.
- Repeatedly changing the substance of a complaint or raising unrelated concerns.

RG must act when unreasonable behaviour impairs the functioning of our offices. We aim to do this in a way that allows a complaint to progress through our process. We will try to ensure that any action we take is the minimum required to solve the problem, considering relevant personal circumstances including the seriousness of the complaint and the needs of the individual.

We may decide to:

- Limit contact to telephone calls from the complainant at set times on set days.
- Restrict contact to a nominated member of staff who will deal with future calls or correspondence from the complainant.
- See the complainant by appointment only.
- Restrict contact from the complainant to writing only.
- Return any documents to the complainant or, in extreme cases, advise the complainant that further irrelevant documents will be destroyed.
- Take any other action that we consider appropriate.

RG will always tell the complainant what action we are taking and why.

Unreasonable Levels of Contact

Sometimes the volume and duration of contact made by an individual disrupts the complaints handling procedure. RG considers the level of contact has become unacceptable when the amount of time spent talking to a complainant on the telephone, or responding to, reviewing and filing emails or written correspondence impacts on our ability to deal with that complaint, or with other people's complaints.

Unreasonable Use of the Complaints Process

Individuals with complaints about RG have the right to pursue their concerns through a range of means. They also have the right to complain more than once about a service or department with which they have a continuing relationship, if subsequent incidents occur. However, this contact becomes unreasonable when the effect of the repeated complaints is to harass, or to prevent RG from pursuing a legitimate aim or implementing a legitimate decision. RG considers access to a complaints system to be important and reserves the right to deem actions as unreasonable in exceptional circumstances.

Recording Unacceptable Actions

RG records all incidents of unacceptable actions by complainants. Where it is decided to restrict complainant contact, an entry noting this is made in the relevant file and on appropriate computer records. A decision to restrict complainant contact as described above may be reconsidered if the complainant demonstrates a more acceptable approach. The Chief Executive should review or appoint a Senior Leader to review the status of all complainants with restricted contact arrangements.

APPENDIX 4

CARE INSPECTORATE COMPLAINTS PROCEDURE

The Care Inspectorate assesses each complaint they receive to provide a proportionate response as follows:

Red	The investigation is started immediately. Care Inspectorate will provide reports to both complainant and provider.
Amber	Provider will be contacted to resolve/investigate the issue and provide the outcome to the Care Inspectorate.
Green	Information will be used as intelligence, shared with other relevant agencies and followed up at the next inspection.

Red and **Amber** - Those complaints that present the highest risk to people supported by RG (or any care service provider) are investigated at the earliest opportunity. The subsequent investigation may include an unannounced visit to the service by the Care Inspectorate. However, there may be times when it is appropriate for the Care Inspectorate to inform the service of the visit; in this case, there would be no more than three days' notice to the visit. The service will not be informed in advance of the nature of the complaint or the complainant details.

Green - Those complaints assessed as intelligence will be passed back to the provider for investigation or to be resolved through Frontline Resolution. The Care Inspectorate recognises that complaints are best resolved as close to the point of service delivery as possible. The Care Inspectorate states, "Our intention is to only refer complaints back to a provider if they have a suitable complaints procedure and have evidenced their ability to address such matters effectively."

The risk assessment of a complaint will consider the information provided, the inspection history of the service, the next inspection date, and an assessment of the likelihood of the issues being more widespread within the service. The risk assessment of a complaint will consider the information provided, the inspection history of the service, the next inspection date, and an assessment of the likelihood of the issues being more widespread within the service.

Outcomes of Care Inspectorate Complaints

There are two possible outcomes of complaints investigations:

Upheld: This is used where the facts giving rise to an allegation have been established in the investigation. In this situation, any action will be based on the professional judgement of Care Inspectorate staff. Both the complainant and the care service will be informed in a report of any requirements or recommendations made of the care service. The Care Inspectorate will require that the service provider submits an action plan to demonstrate how they will improve outcomes for people who use care services. The Care Inspectorate may also re-grade a service following a complaint.

Not upheld: This occurs where the facts giving rise to an allegation have not been established in the investigation.

Care Inspectorate Investigation Time Frame

In most cases, the Care Inspectorate will inform the complainant of the elements it will investigate within 10 working days of contact, and will aim to provide a full response as soon as possible, but no later than 40 working days.

However, not all investigations will be able to meet this deadline. Some complaints are so complex that they require careful consideration and detailed investigation beyond the 40-day limit. If there are clear and justifiable reasons for extending the timescale, the inspector will inform the complainant of the reason for the delay and give them a revised date for completion.

On Completion of an Investigation

The Inspector will provide verbal feedback on the outcome of the investigation to the complainant and the organisation complained against and will send a report to both. Each can request a review of the decisions in the report and ask for a Post Investigation Review (PIR).

However, once the report has been finalised after a PIR, this becomes the Care Inspectorate's final position, and no appeal or further review can be made.