

# Adult Social Care Complaints, Compliments and Comments Annual Report

1 April 2011 to 31 March 2012

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## Introduction

The purpose of this annual report is to inform service users, carers, the public, Council Members and Adult Social Care staff of the effectiveness of the Adult Social Care Complaints, Compliments and Comments Procedure (the procedure).

On the 1 April 2009 the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 came into force following the consultation 'Making Experiences Count' by the Department of Health. The consultation found that the complaints processes for people receiving both health and social care services were overly complex and inflexible.

As a result the legislation introduced radically altered the way in which complaints are handled introducing a single joint complaints process for both social care and health services, with one stage as opposed to the previous three stage process used in relation to adult social care services. The regulations also introduced a duty for health and social care services to cooperate.

The Council implemented a new procedure on the 1 April 2010 providing a local framework to ensure complaints are handled effectively and in line with the regulations.

The procedure aims to:

- (a) Make it as easy and accessible as possible for service users and their carers to raise complaints;
- (b) Foster an organisational culture in which complaints are accepted, owned and resolved as efficiently as possible;
- (c) Ensure high levels of customer satisfaction with complaints handling;
- (d) Resolve individual issues when they arise and reduce the number of complaints referred to the Ombudsman; and
- (e) Enable the Council to identify topics and trends in relation to adult social care complaints and improve services as a result.

The Assistant Director of Adult Social Care and Housing is the responsible person for ensuring that the Council complies with the arrangements made under the regulations. They will act as the 'Adjudicating Officer', which means they will make any important decisions on complaints and ensure that action is taken if necessary in light of the outcome of a complaint.

The Complaints and Information Governance Manager (Complaints Manager) is the responsible person for managing the procedure for handling and considering complaints in accordance with the agreements made under the regulations.

# Local Government Ombudsman (and Health Services Ombudsman)

Although complainants can refer their complaints to the Local Government Ombudsman (LGO) from the outset, the LGO will not normally investigate until the Council has conducted its own investigation and provided a response. Where it has not been possible for the complaint to be resolved to the satisfaction of the complainant they may refer the matter to the LGO (or Health Services Ombudsman for some joint complaints).

## Information and Accessibility

We are committed to making sure that everyone has equal access to all our services, including the complaints procedure. To help make sure the Council's complaints procedures are easily accessible we have produced two leaflets (one for children and young people and one for adults) covering all Council services to reflect the single point of access for complainants within the Council. The leaflets are available in all Council buildings. They have been written in line with the Plain English Campaign standards. The title is written in the most commonly used community languages and it contains details on how to access the information in other formats, for example, large print, audio and Braille.

Information is available on the Council's website. There is also an electronic form which people can use to make a complaint, pay someone a compliment or pass comment on Council services. People may make a complaint in any format they wish. This can be in writing, by email, via the web, over the phone, in person or by any other reasonable means.

The Complaints Manager can arrange advocates and interpreters (including British Sign Language interpreters) where appropriate.

## Advocacy

The Council had a contract for the provision of advocacy and RPR (Responsible Person Representative) services with Advocacy Together during 2011/12.

Skills for People were the contracted provider for the Independent Mental Capacity Advocate (IMCA) service and also provided advocacy on specific issues and reviews during 2011/12.

Specialist advocacy services for adults who are deaf, deafened, deafblind or visually impaired were provided by North Regional Association for Sensory Support (NRASS) during 2011/12.

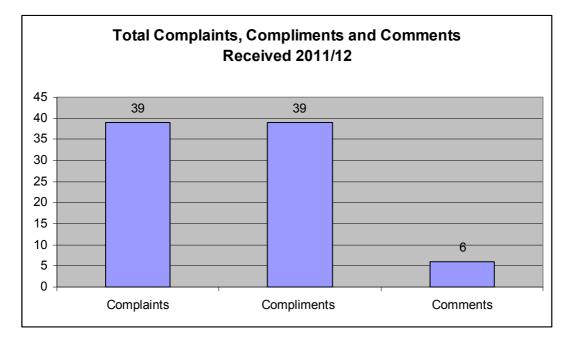
## Summary

- There has been a decrease in overall feedback, from 87 representations in 2010/11 to 84 in 2011/12.
- We received 39 complaints under the procedure during 2011/12 (46.4% of all feedback), an increase from 29 in 2010/11 and 26 in 2009/10.
- We received 39 compliments under the procedure during 2011/12 (46.4% of all feedback), a decrease from 56 in 2010/11.
- We received six comments under the procedure during 2011/12 (7.1% of all feedback), an increase from 2 in 2010/11.
- A further 18 complaints were received during 2011/12 which did not qualify to be dealt with under the procedure. This was an increase from two in 2010/11. In all of these cases the complainant was advised of the reason(s) why their complaint did not qualify to be considered under the procedure and given details of the best way to raise their concerns.
- Two adult social care complaints were progressed to the LGO during 2011/12 following investigation under the Council's procedure. An increase from one in 2010/11. The two complaints progressed to the LGO during this period were not determined in this period.

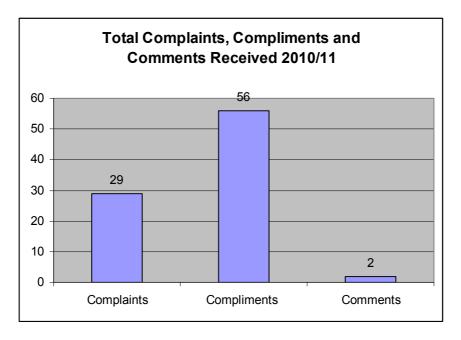
## **Review of the Year**

#### **Breakdown of all Representations**

A total of 84 representations were handled under the procedure during 2011/12. This does not include non-qualifying complaints. Nor does it include those representations responded to directly by social care providers (care homes and domiciliary care providers); these are detailed later in this report.



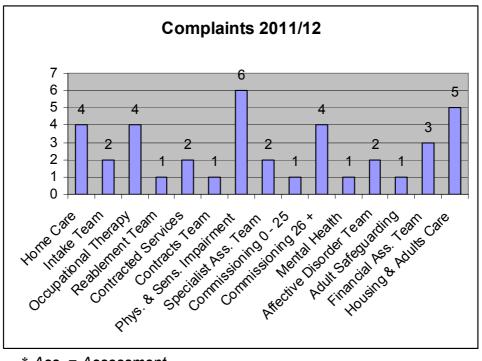
A total of 87 representations were handled under the procedure during 2010/11. Again this did not include non-qualifying complaints or those representations responded to directly by social care providers.



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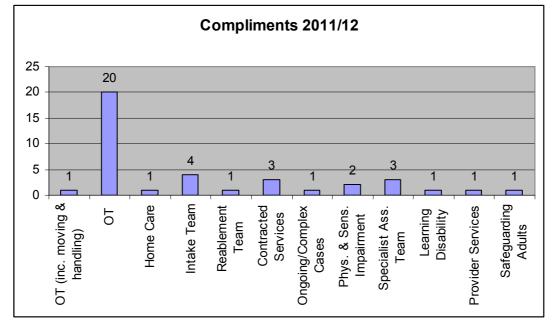
## Breakdown of Complaints by Service Area/Team

39 complaints were received in 2011/12.



\* Ass. = Assessment Breakdown of Compliments by Service Area/Team

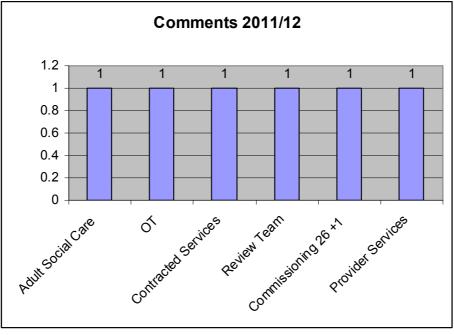
39 compliments received in 2011/12.



\*OT = Occupational Therapy \*Phys. = Physical \*Sens. = Sensory \*Ass. = Assessment

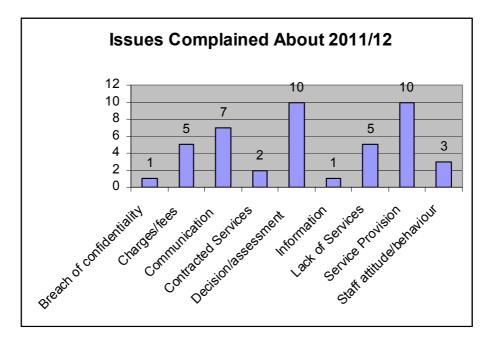
## Breakdown of Comments by Service Area/Team

Six comments received in 2011/12.



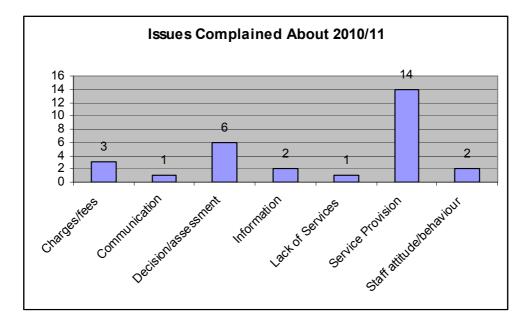
\*OT = Occupational Therapy

Breakdown of Complaints by Issue



In the 39 complaints received 44 issues were raised. Of the 39 complaints received 10 (22.7%) concerned the individual's dissatisfaction with a decision or their assessment; 10

(22.7%) concerned the individual's dissatisfaction with the service provided and 7 (15.9%) concerned communication problems.



When compared to those issues complained about in 2010/11, while there has been a reduction in the number of complaints about service provision, this remains a common theme of complaints. There has been an increase in complaints about the outcome of people's assessments and decisions about their eligibility for services making this now the joint top issue complained about. The Council anticipate an increase complaints about these issues should the proposed changes to the eligibility criteria be implemented. There has also been an increase in complaints about the lack of available services, the contribution people have to make towards the cost of their care and the manner in which their financial assessments are handled. The other area in which there has been a notable increase in the number of complaints received was poor communication with service users and their carers.

## **Complaint Outcomes**

32 complaint investigations were concluded during 2011/12. The outcome of these complaints are detailed in the chart below.

Service	Inconclusive	Not	Partially	Upheld	Withdrawn	Total
Area/Team		Upheld	Upheld			
Learning	0	0	1	0	0	1
Disability						
Home Care	0	0	1	2	1	4
Intake Team	0	1	0	0	0	1
Occupational	0	0	2	0	1	3
Therapy						
Reablement	0	0	1	0	0	1
Team						
Contracted	0	0	1	1	0	2
Services						
Physical &	0	1	2	3	0	6
Sensory						
Impairment						
Specialist	0	0	0	0	1	1
Assessment						
Team						
Commissioning	0	1	0	0	0	1
Team 0 – 25						
Commissioning	0	0	0	1	2	3
Team 26 +						
Mental Health	1	0	0	0	0	1
Affective	0	1	0	0	0	1
Disorder Team						
Adult	0	0	0	0	1	1
Safeguarding						
Financial	0	1	2	0	0	3
Assessment						
Team						
Housing &	0	0	1	2	0	3
Adult Care						
Total	1	5	11	9	6	32

## Local Government Ombudsman Complaints Received 2011/12

Two complaints were referred to the LGO during 2011/12. One case concerned a financial assessment and the other related to the manner in which a safeguarding investigation was conducted.

#### Local Government Ombudsman Complaint Outcomes 2011/12

One complaint was determined by the LGO during this period. This complaint concerned an alleged mistake on behalf of the Council in relation to an application for Disability Living Allowance (DLA). The LGO determined the complaint as 'Out of Jurisdiction' as a result of the time that had elapsed prior to the complaint being made. While this was the case the LGO did make the point that, 'Even if this restriction did not apply on the evidence available there seems to be no tangible injustice in this case. On this basis, the Ombudsman would not exercise discretion with this complaint'.

*N.B. this complaint was reported in the 2010/11 annual report. It has been included again here due to a change in our reporting process.* 

# **Organisational Learning**

All resolution and organisational learning actions identified as a result of complaints are assigned to a responsible manager and progress against those actions is monitored by the Complaints Manager. In addition to those actions taken to resolve individual complaints, several service improvements were made following complaint investigations during 2011/12. Some examples of these are detailed below.

1) Following a complaint about one of the Council's Extra Care Schemes for Older People we put arrangements in place to ensure appropriate staffing levels were available 24/7. This action was rolled out across all of the Council's Extra Care Schemes for older people. In addition the Extra Care Schemes Medication Policy was reviewed, additional training was provided to all staff around medication and improvements were made to recording practices in Care Plans. The Council's Development and Commissioning Services for People Contracts Team now monitors the medication arrangements in place to ensure safe practice. A more robust induction was also introduced for new staff (including agency staff).

2) Following a complaint about various problems experienced with a wet room installed by the Council we undertook the necessary work to ensure the wet room was in proper working order.

3) Following one complaint the importance of fully explaining the charging policy before people sign for any service that they are to receive was reiterated with all care managers.

4) Following a complaint about a delay in advising family members about the care package arranged for their relative following their discharge from a care home, an improved method of data entry was agreed to enable information to be sent out to service users and their families in a more timely fashion.

5) Following a complaint about a social care provider, considered under the Council's procedure, the domiciliary care provider was required to implement a procedure to monitor visits to ensure care staff do not visit too early, too late or miss calls. The provider was required to introduce a formal process to assess whether care workers are competent to administer medication and ensure that those staff responsible for handling medication are properly trained. They were also required to ensure that staff have the right knowledge, experience, training, qualifications and skills to support people in the community. They allocated a small team of staff to the individual in order to allow them to build a relationship with the person. The providers care planning and risk assessment documentation for all

service users was reviewed to ensure that the information contained within it was consistent and that care plans reflect the actual needs of the service user.

This complaint also highlighted issues around the practice of Council staff. It was recommended when arranging a package of care, care managers should clearly document the level of support required by a service user with their medication to enable the provider to allocate the case to a worker who can offer the appropriate level of support. It was also recommended that care managers ensure changes to care packages are communicated to providers, via an updated care plan, in a timely manner.

6) Following a number of complaints regarding the administration of medication an item was taken to the Safeguarding Adults Board in order to address the issue.

## Performance against the Procedure

The target for acknowledging receipt of complaints under the procedure is 3 working days.

82.9% of complaints received by the Council were acknowledged within the 3 working day timescale. Of those that were not acknowledged within timescale 4.9% were acknowledged within 4 working days, 2.4% were acknowledged within 5 working days and 9.8% were acknowledged in over 5 working days.

There are no longer any statutory timescales for complaint responses, except that complainants should receive a response within six months. Within the procedure there are three different types of investigation with varying timescales to ensure investigations are completed in a timely manner and within the maximum time allowed.

The average length of time a complaint investigation took was 31 days. The longest investigation took 117 working days with the second longest taking 88 working days. The complaint which took 117 working days was due to the complainant changing their mind as to whether or not they wanted to pursue the matter; eventually the complainant withdrew the complaint. The complaint which took 88 working days was particularly complex involving consent, capacity and safeguarding issues. The Council responded to all complaints within the maximum time allowed under the regulations.

# **Equal Opportunities Monitoring**

Despite reviewing our processes around sending equal opportunities and satisfaction surveys, response rates remained low. Of the 32 surveys sent only six were returned during 2011/12. The results of those surveys returned are as follows:

- **Ethnic Group** 6 (100%) White British.
- Gender 2 (33.3%) Female, 1 (16.7%) Male, 2 (33.3%) Prefer not to say, 1 (16.7%) Not answered.
- **Disability** 3 (50 %) No disability, 1 (16.7%) Deaf/hearing impairment, 2 (33.3%) Not answered.
- Age 3 (50%) 45-64 years, 2 (33.3%) Prefer not to say, 1 (16.7%) Not answered.

# Performance Targets for 2011/12

A number of local performance indicators (targets) were set for 2011/2012.

LI2020 Percentage of those making an Adult Social Care complaint satisfied with the handling of these complaints: Target for 2011/12 - 67.5%

#### Actual 75% - Target achieved ✓

LI2021 Number of maladministration decisions by the Local Government Ombudsman Adult Social Care complaints: Target for 2011/12 - 0

## Actual 0 - Target achieved ✓

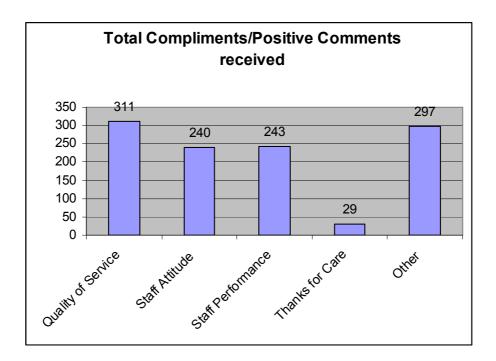
# **Social Care Provider Complaints (Contracted Services)**

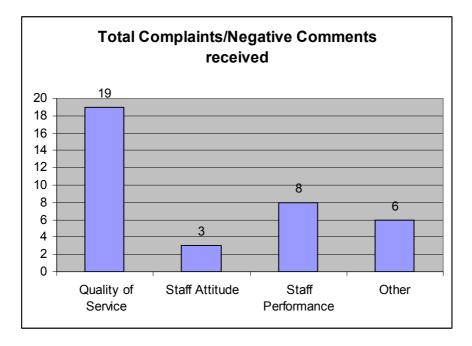
When the Council receives a complaint about a social care provider we must ask the complainant whether they consent to us passing the complaint to the social care provider for them to investigate. While people can choose to use the Council's procedure we do pass a number of these complaints to social care providers for their consideration. Social care providers also receive a number of compliments and complaints directly which they consider under their own procedures.

The providers audit complaints and can evidence during monitoring visits what action they have taken as a result of the complaints received. Many homes keep copies of thank you cards and letters they receive. A break down of the compliments and complaints considered by care homes and domiciliary care providers under their procedures is set out below.

#### **Care Homes**

The Council currently contract with 22 residential care homes for older people with a total capacity of 1101 beds. As of the end of March 2012 the homes were not operating to full capacity with the occupancy level being 957 beds. Of the 22 contracted homes only 14 (63.6%) returned the information requested. The return rate will be addressed by the Development and Commissioning Services for People Contracts Team to ensure we can monitor how care homes use information from complaints and compliments to improve the services they provide.



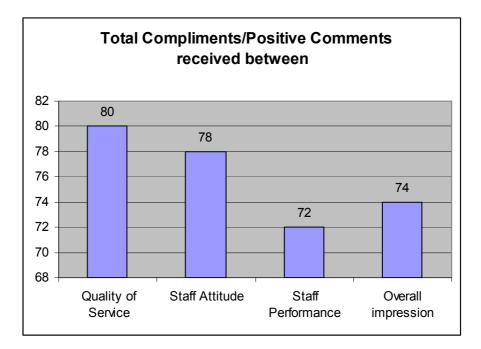


The following service improvements have been made as a result of the complaints handled directly by care homes:

- Competency issues regarding administering medication addressed;
- Consistency issues regarding medication times addressed;
- Two nurses were employed in one care home;
- Nursing staff in one care home were given clearly identifiable uniforms;
- A housekeeping/front of house supervisor was appointed in one home; and
- A review was undertaken regarding the quality of food in a home.

#### **Domiciliary Care Providers**

The Council currently contract with 11 domiciliary care providers who provide on average a total of 4,500 care hours per week to people living in their own homes. Of those only three (27.3%) returned the information requested. The return rate will be addressed by the Development and Commissioning Services for People Contracts Team to ensure we can monitor how domiciliary care providers use information from complaints and compliments to improve the services they provide.





Changes to the rota were made as a result of a complaint handled directly by a domiciliary care provider.