



**Adult Social Care
Complaints, Compliments
and Comments
Annual Report
2016/17**

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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 (the regulations) 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 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 is the responsible person for ensuring that the Council complies with the arrangements made under the regulations. They act as the 'Adjudicating Officer', which means they make decisions on complaints and decide what action should be taken 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

During 2016/17 the Council provided RPRs (Relevant Persons Representatives), IMCAs (Independent Mental Capacity Advocates), IMHAs (Independent Mental Health Act Advocates) and Care Act Advocates.

The Council also provided Specialist Advocacy / Welfare Rights services for adults with a sensory impairment.

Summary

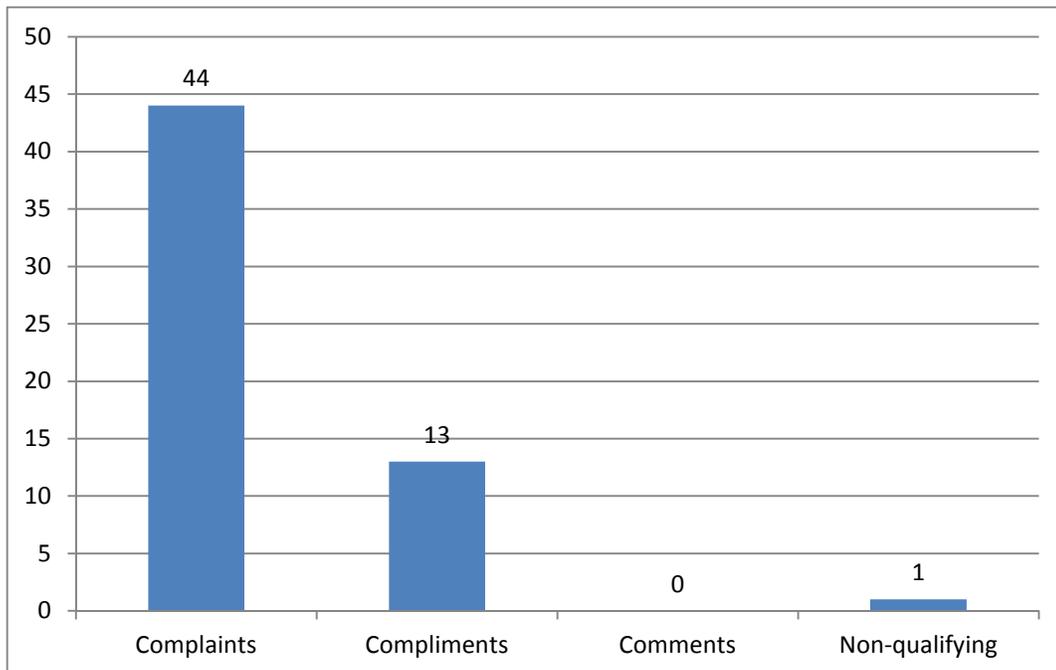
- There has been a decrease in overall feedback, from 89 representations in 2015/16 to 57 in 2016/17.
- We investigated 44 complaints under the procedure during 2016/17, a decrease from 49 in 2015/16.
- We received 13 compliments under the procedure during 2016/17, a decrease from 33 in 2015/16.
- We received no comments under the procedure during 2016/17, as was the case in 2015/16.
- A further complaint was received during 2016/17 about issues which could not be investigated under the procedure.
- 5 adult social care complaints were progressed to the LGO during 2016/17, compared to 12 in 2015/16.
- The LGO reached a decision on 7 complaints during 2016/17, compared to 10 in 2015/16.

Review of the Year

Breakdown of all Representations

A total of 57 representations were handled under the procedure during 2016/17. This does not include those representations responded to directly by social care providers i.e. care homes and home (domiciliary) care providers, as these fall outside the regulations.

Total Complaints, Compliments and Comments Received 2016/17



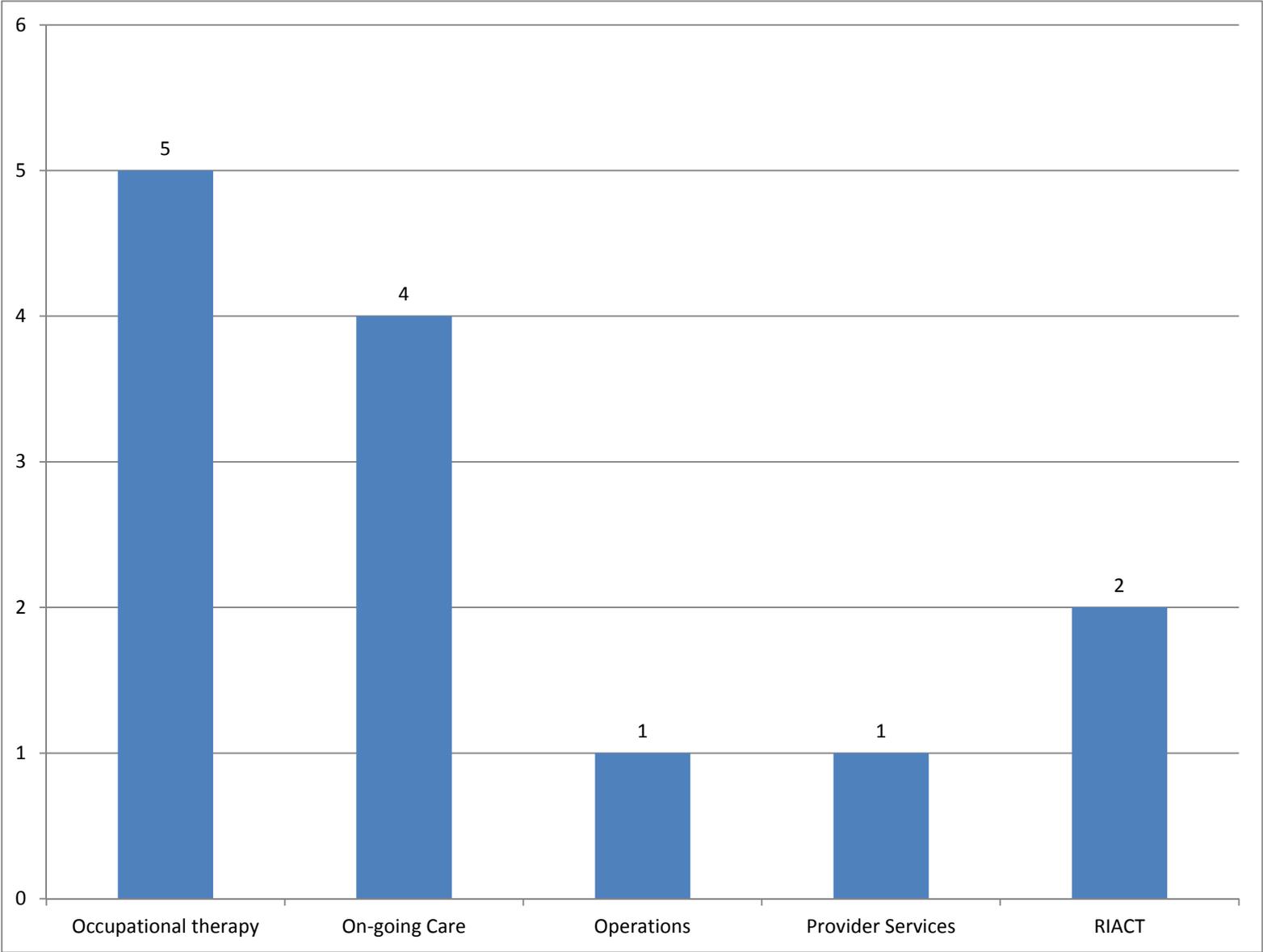
There was a decrease in the number of complaints we investigated, compared to 49 in 2015/16.

There was a decrease in the number of compliments we received, compared to 33 in 2015/16.

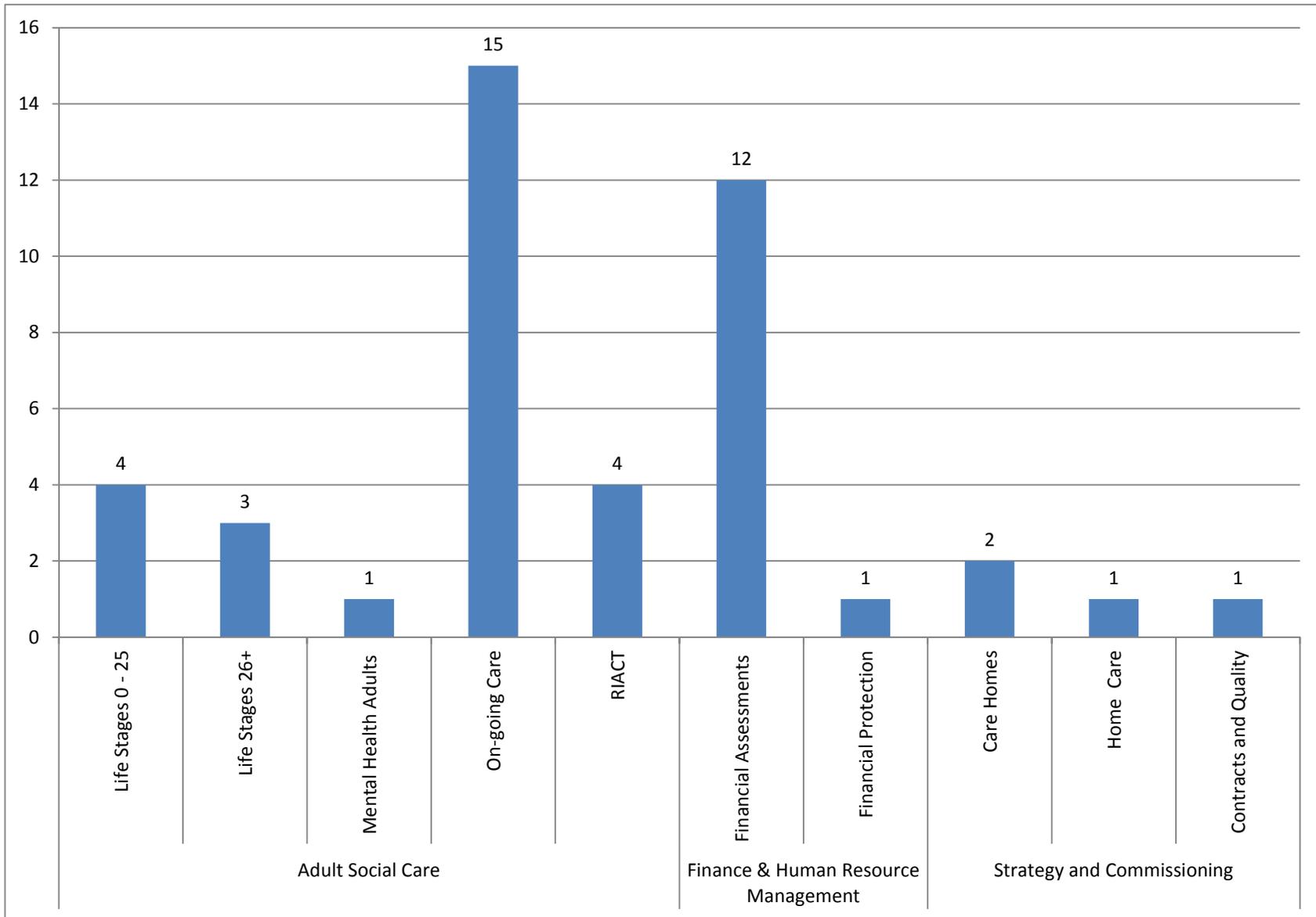
We received no comments in 2015/16.

There was a decrease in the number of non-qualifying complaints received, from six in 2015/16.

Breakdown of Compliments Received by Team



Breakdown of Complaints Received by Service Area/Team



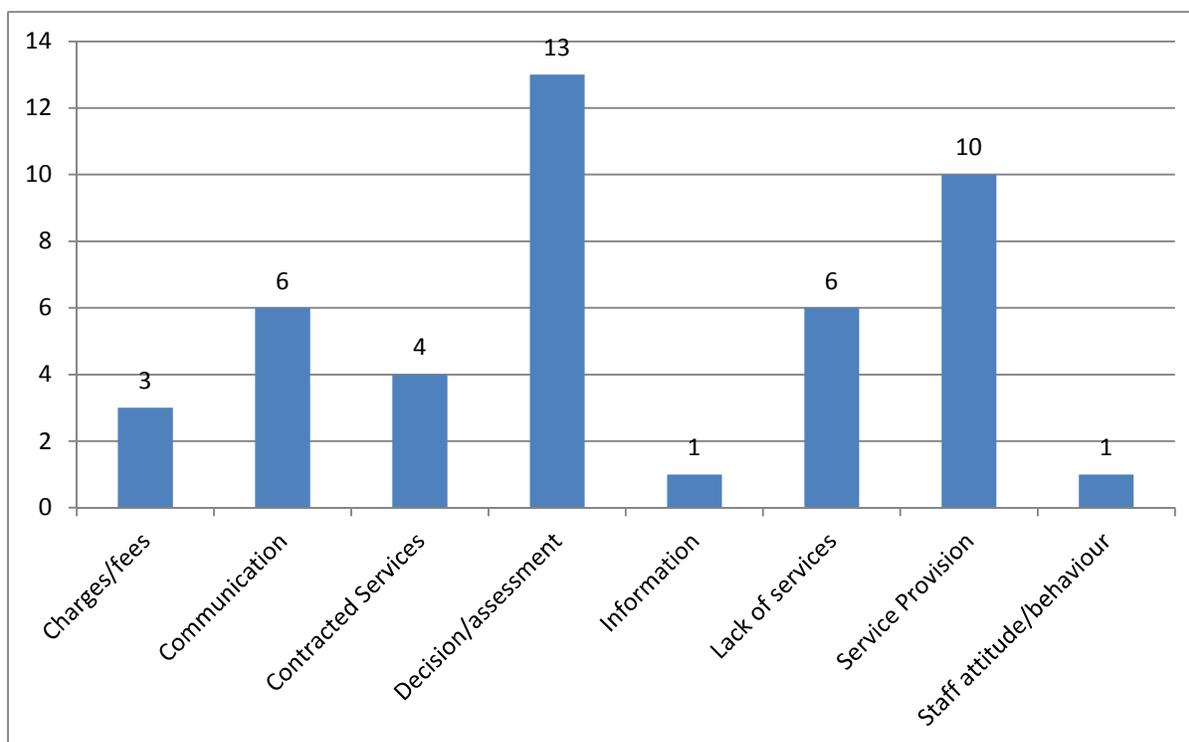
N.B. Those teams that are not listed did not receive any complaints during 2016/17.

There was a decrease in complaints about financial assessments, compared to 18 in 2015/16. In 10 of the complaints received the complainant was dissatisfied with the decision/assessment or the charges/fees.

There was a decrease in complaints for the Life Stages 0 – 25 Team, compared to nine in 2015/16. There were no common themes in the complaints received for the Life Stages 0 – 25 Team.

There was a significant increase in complaints for Ongoing Care, from 6 in 2015/16. Seven of the complaint received related to the quality of service provision or the lack of services. A further three related to peoples dissatisfaction with a decision/assessment.

Breakdown of Complaints Received by Issue



The most common complaint was dissatisfaction with a decision/assessment. In total the Council received 13 complaints about this issue compared to 9 in 2015/16. Six of the complaints received related to people's dissatisfaction with the outcome of their care needs assessment, the remaining seven relate to people's dissatisfaction with the outcome or handling of their financial assessment.

There was a decrease in complaints about service provision from 18 in 2015/16. Complaints about service provision included complaints about a lack of support, the quality of the service provided and delays in providing the service.

The third most common causes of complaint were communication and lack of services. There was an increase in complaints about communication from 5 in 2015/16. There were no common themes or particular team to which the complaints related. There was a decrease in complaints about lack of services from 7 in 2015/16. While there were no common themes, three of the complaints about lack of services were for the On-going Care team.

Complaint Outcomes

42 complaint investigations were concluded during 2016/17. The outcomes of these complaints are detailed in the chart below.

Service Area/Team	Upheld	Partly Upheld	Not Upheld	Withdrawn	Total
Care Homes	0	2	0	0	2
Contracts and Quality	0	1	0	0	1
Financial Assessments	2	4	2	1	9
Financial Protection	0	1	0	0	1
Home Care	0	1	0	0	1
Life Stages Service 0 - 25	1	3	3	0	7
Life Stages Service 26+	2	0	0	1	3
Mental Health Services for Older People	0	0	1	0	1
On-going Care	3	4	4	1	12
RIACT	1	2	2	0	5
Total	9	18	12	3	42

Local Government Ombudsman Complaints Received 2016/17

Five adult social care complaints were progressed to the LGO during 2016/17, this was a significant decrease from 12 in 2015/16. Three of the complaints referred to the LGO related to Financial Assessments.

Local Government Ombudsman Complaint Outcomes 2016/17

Seven adult social care complaints were determined by the LGO during 2016/17, compared to 10 in 2015/16.

Full details of those complaints determined by the LGO are included in the Cabinet reports of 6 December 2016 and 6 June 2017 entitled [Review of Outcome of Complaints Made to Ombudsman](#).

Organisational Learning

Financial Assessments

We agreed that social care staff would ensure they clearly indicate any communication needs of individuals requiring a financial assessment when completing the referral to the financial assessments team.

We agree to review the information leaflet in relation to Financial Assessments and payment of contributions. The review would see the new leaflet include information in respect of financial assessments, how often these should be carried out, when a person may need to be reassessed due to a change in circumstances, and information detailing how contributions are collected. It would be beneficial also to detail that the invoices will be every four weeks which will total thirteen in any twelve month period.

We agreed the wording within the declaration which is signed by the individual as part of the financial assessment be changed so that the individual is required to inform the Financial Assessment Team of financial changes.

We agreed to consider email invoicing when developing the new invoice system.

RIACT

We agreed to brief staff on the importance of informing individuals that they may be charged for services and this would be determined by a financial assessment; that this should be recorded and if a charge is deemed appropriate, confirmed in writing to the client.

Contracted Services

In conjunction with a care home we agreed a number of improvements to care provision, recording keeping, communication and the provision of information to families.

In conjunction with another care home we agreed a number of improvements including amending their Falls Assessment Process and updating their Legalities and Best Practice in Record Keeping Training.

In conjunction with a home care provider it was agreed that all carers delivering care and support to people with Dementia would be specifically trained in this area and all reasonable endeavours would be made to introduce carers to service users in advance of care calls. A number of other improvements were also made including improvements to record keeping, a review of the provider's complaints procedure and the introduction of a communication strategy.

Life Stages 0 – 25 Team

We agreed a number of changes which have improved communication between service user's families and staff at Holicote.

We agreed to reiterate with practitioners the importance of giving as much notice as possible to individuals and their families when changes are required to planned meetings.

Ongoing Care

We agreed that Extra Care eligibility should be raised in all social work business meetings and for Team Managers to ensure all new staff are aware of the extra care process.

Further recommendations

There are no further recommendations.

Performance against the Procedure

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

77.3% of complaints received during 2016/17 were acknowledged within the 3 working day timescale, a decrease from 93.3% in 2015/16.

There are no longer any statutory timescales for complaint responses, except that complainants should receive a response within six months. The procedure sets out a timescale for dealing with complaints solely about the Council's services i.e. 30 working days, although there are circumstances in which the investigator may agree an extension with the complainant. It also states that for joint health and social care complaints the complaints managers from the different organisations will work together to decide a reasonable timescale and agree this with the complainant. This is to ensure investigations are completed in a timely manner and within the maximum time allowed.

Two complaints exceeded the maximum six month time limit, compared to none in 2015/16. The average length of time a complaint investigation took was 77 days compared to 42 in 2015/16.

Performance Indicator for 2016/17

In relation to adult social care complaints the Council's key performance indicator is the number of maladministration decisions received from the Local Government Ombudsman. The Council received five maladministration decisions during 2016/17, compared to seven during 2015/16.

Full details of those complaints determined by the LGO are included in the Cabinet reports of 6 December 2016 and 6 June 2017 entitled [Review of Outcome of Complaints Made to Ombudsman](#).