



**Adult Social Care  
Complaints, Compliments  
and Comments  
Annual Report  
2017/18**

# Contents

Introduction	3
Local Government and Social Care Ombudsman (Health Services Ombudsman)	4
Information and Accessibility	4
Advocacy	4
Summary	5
Review of the Year	6
- Breakdown of all Representations	6
- Total Complaints, Compliments and Comments Received 2017/18	6
- Breakdown of Compliments by Service Area/Team	7
- Breakdown of Complaints by Service Area/Team	8
- Breakdown of Complaints by Issue	10
- Complaint Outcomes	11
- Local Government Ombudsman Complaints Received 2017/18	11
- Local Government Ombudsman Complaint Outcomes 2017/18	11
Organisational Learning	12
Further Recommendations	13
Performance against the Procedure	13
Performance Indicator for 2017/18	13

## Introduction

The purpose of this annual report is to inform service users, carers, the public, Council Members and 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 Adult Services 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 and Social Care Ombudsman (Health Services Ombudsman)**

Although complainants can refer their complaints to the Local Government and Social Care Ombudsman (LGSCO) from the outset, the LGSCO 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 LGSCO (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 2017/18 the Council commissioned an advocacy service which provided RPRs (Relevant Persons Representatives), IMCAs (Independent Mental Capacity Advocates), IMHAs (Independent Mental Health Act Advocates) and Care Act Advocates. This was provided by Darlington association on Disability (DAD)

The Council also commissioned Specialist Advocacy / Welfare Rights services for adults with a sensory impairment, and NHS Complaints Advocacy on behalf of the NHS.

## Summary

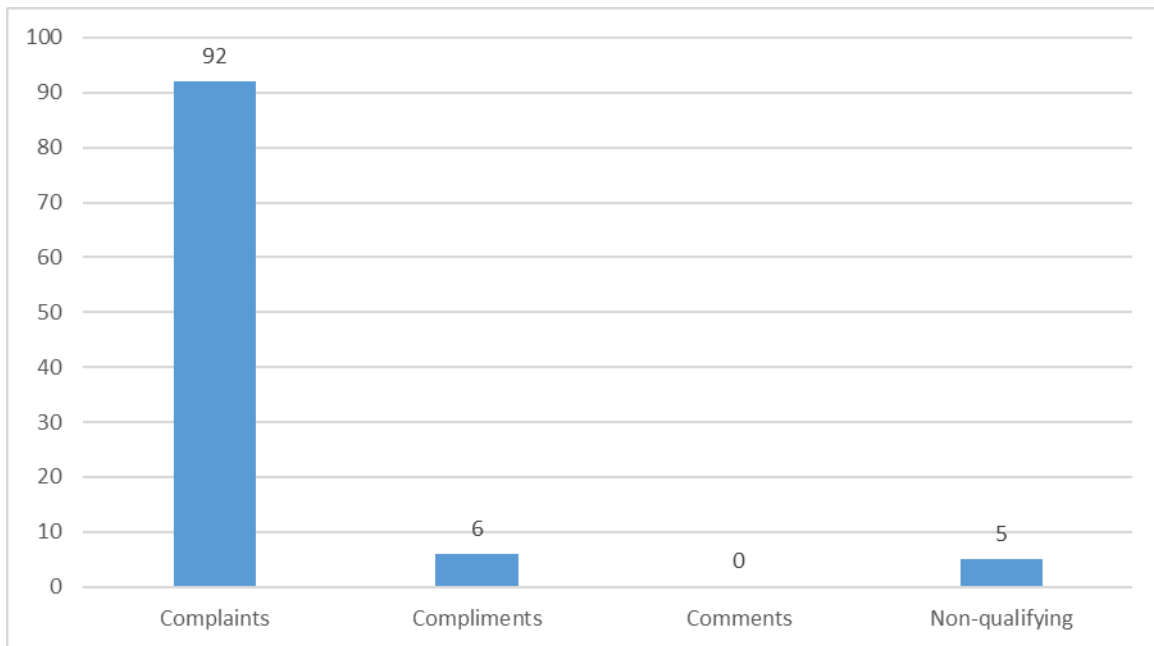
- There has been an increase in overall feedback, from 57 representations in 2016/17 to 104 in 2017/18.
- We investigated 92 complaints under the procedure during 2017/18, an increase from 44 in 2016/17.
- We received 6 compliments under the procedure during 2017/18, a decrease from 13 in 2016/17.
- We received 0 comments under the procedure during 2017/18, as was the case in 2016/17.
- A further 5 complaints were received during 2017/18 about issues which did not qualify for investigation under the procedure.
- 7 adult social care complaints were progressed to the LGSCO during 2017/18, compared to 5 in 2016/17.
- The LGSCO reached a decision on 7 complaints during 2017/18, the same number as in 2016/17.

## Review of the Year

### Breakdown of all Representations

A total of 104 representations were handled under the procedure during 2017/18. 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 2017/18



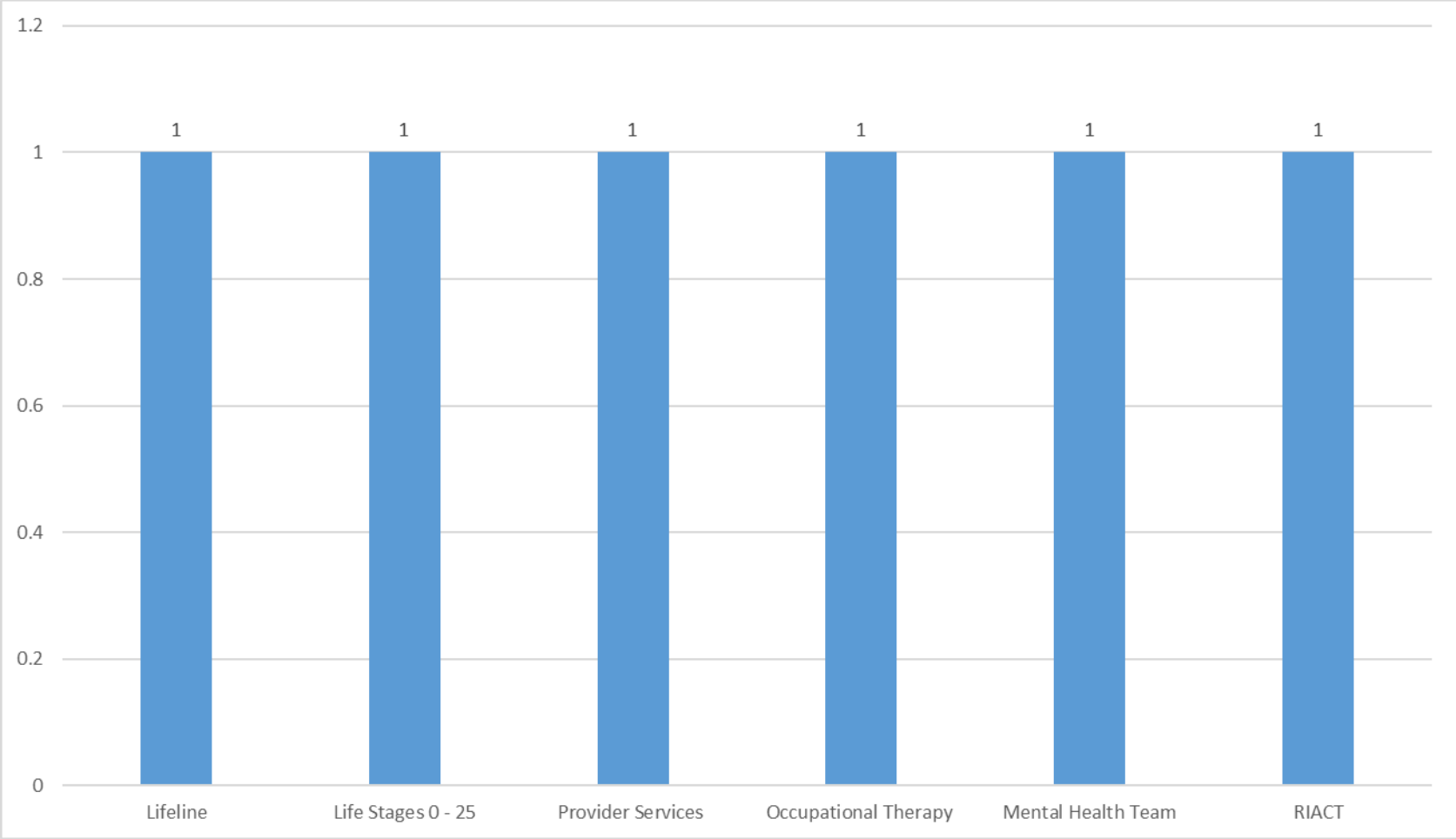
There was an increase in the number of complaints we investigated, compared to 44 in 2016/17.

There was a decrease in the number of compliments we received, compared to 13 in 2016/17.

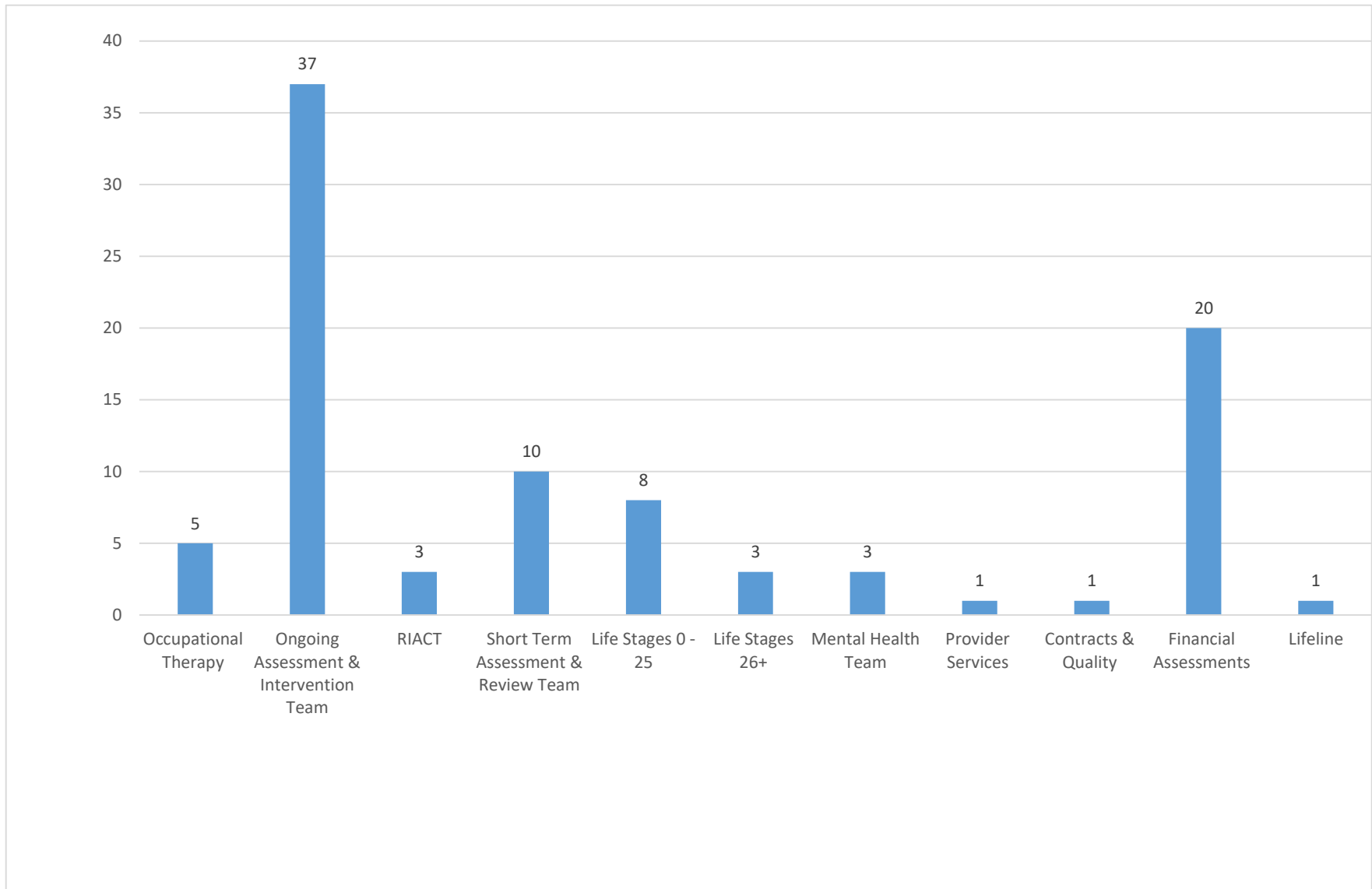
We received zero comments in 2016/17.

There was an increase in the number of non-qualifying complaints received, from one in 2016/17.

### 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 2017/18.*



Occupational Therapy received five complaints, an increase from zero in 2016/17. Three of these related to people's dissatisfaction with the outcome of their assessment following the implementation of the Adult Social Care Transformation Program. A central theme of the Transformation Program is the adoption of strength based approaches that prevent, reduce and delay the need for formal support. This approach promotes the independence and quality of life of adults living in our communities, while ensuring that resources are deployed in a way that supports the delivery of the Council's Medium Term Financial Plan (MTFP).

There was a significant increase in complaints for the Ongoing Assessment & Intervention Team, from 15 in 2016/17. Almost half of all the complaints received related to people's dissatisfaction with the outcome of their assessment following the implementation of the Adult Social Care Transformation Program. Other common themes were staff attitude/behavior and problems with communication.

Responsive Integrated Assessment Care Team (RIACT) received three complaints compared to four in 2016/17. There was no common theme in the complaints received.

There were a further 10 complaints for the Short Term Assessment & Review Team. Again the most common cause of complaint was people's dissatisfaction with the outcome of their assessment following the implementation of the Adult Social Care Transformation Program.

There was an increase in complaints for the Life Stages 0 – 25 Team, compared to four in 2016/17. Three of these complaints also concerned people's dissatisfaction with the outcome of their assessment following the implementation of the Adult Social Care Transformation Program.

Life Stages 26+ received the same number of complaints in 2016/17. There was no common theme in the complaints received.

The Mental Health Team received three complaints, compared to one in 2016/17. There was no common theme in the complaints received.

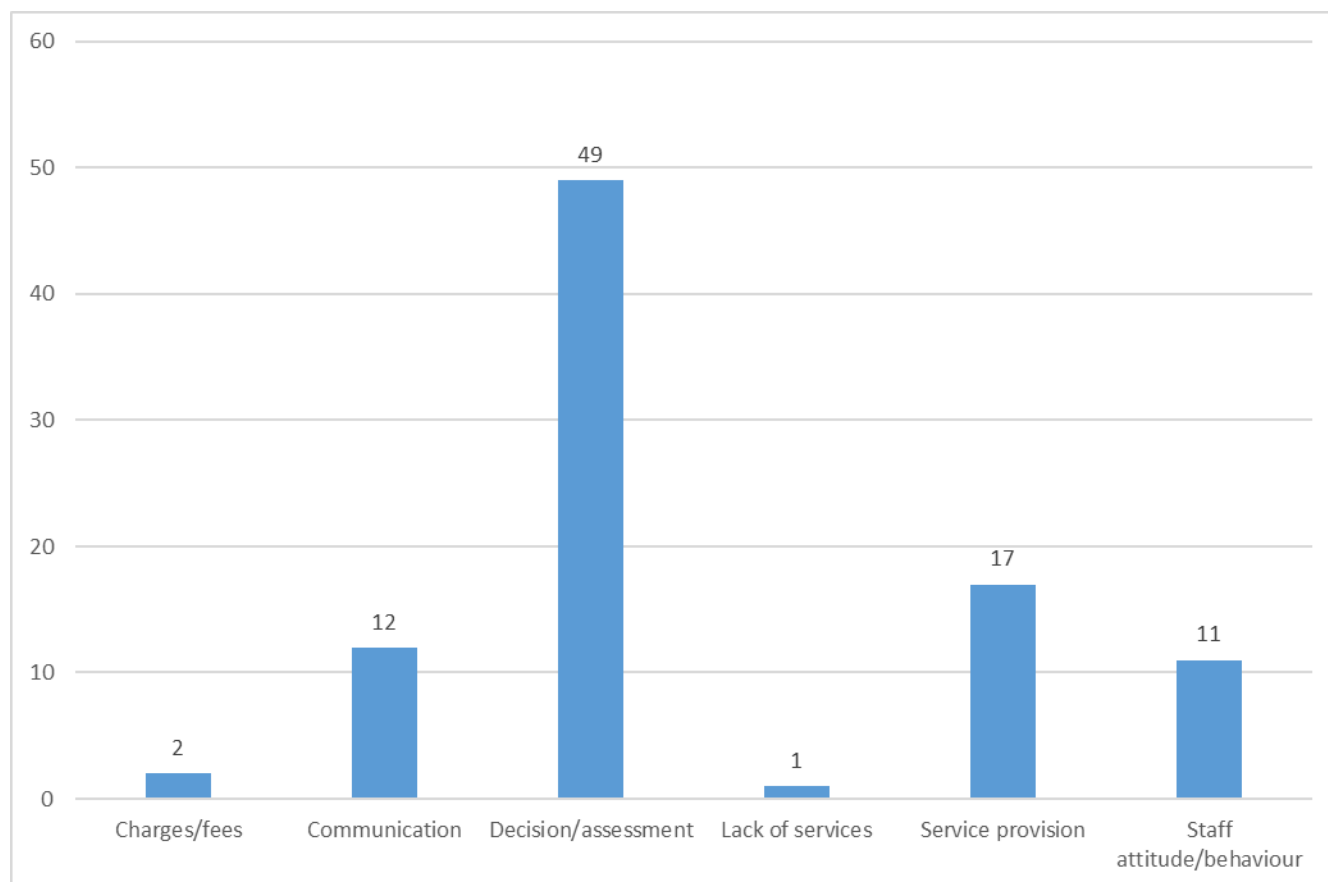
There was one complaint for Provider Services, compared to zero in 2016/16.

Contracts and Quality received the same number of complaints as in 2016/17.

There was an increase in complaints about Financial Assessments, compared to 12 in 2016/17. The most common theme was dissatisfaction with the outcome of a financial assessment.

Lifeline received one complaint, compared to zero in 2016/17.

## Breakdown of Complaints Received by Issue



The most common cause of complaint remained dissatisfaction with a decision/assessment. In total the Council received 49 complaints about this issue compared to 13 in 2016/17. 33 of the complaints received related to people's dissatisfaction with the outcome of their care needs assessment, the remaining 16 related to people's dissatisfaction with the outcome or handling of their financial assessment.

The second most common cause of complaint was Service provision. There was an increase in complaints about service provision from 10 in 2016/17, however, there were no common themes in the complaints received.

The third most common cause of complaint was communication. There was an increase in complaints about communication from 10 in 2016/17. Common themes were lack of communication and misinformation.

The fourth most common cause of complaint was staff attitude/behavior. There was a significant increase in complaints about staff attitude/behavior from 1 in 2016/17. Although the complainant stated they were unhappy with the attitude of the social worker, in approximately half of these complaints the underlying issue appears to have been people's dissatisfaction with the outcome of a decision/assessment.

## Complaint Outcomes

70 complaint investigations were concluded during 2017/18. The outcomes of these complaints are detailed in the chart below.

<b>Service Area/Team</b>	<b>Upheld</b>	<b>Partly Upheld</b>	<b>Not Upheld</b>	<b>Inconclusive</b>	<b>Withdrawn</b>	<b>Total</b>
Financial Assessments	1	4	11	1	0	<b>17</b>
Life Stages 0 – 25	3	1	0	0	1	<b>5</b>
Life Stages 26+	0	2	1	0	0	<b>3</b>
Occupational Therapy	3	0	0	0	1	<b>4</b>
Ongoing Assessment & Intervention Team	4	10	5	1	6	<b>26</b>
Ongoing Care	1	2	0	0	0	<b>3</b>
Responsive Integrated Assessment Care Team (RIACT)	0	0	1	0	1	<b>2</b>
Short Term Assessment & Review Team	0	1	3	0	2	<b>6</b>
Mental Health Adults	0	0	1	0	0	<b>1</b>
Mental Health Team	1	0	1	0	0	<b>2</b>
Contracts & Quality	0	0	0	0	1	<b>1</b>
<b>Total</b>	<b>13</b>	<b>20</b>	<b>23</b>	<b>2</b>	<b>12</b>	<b>70</b>

### Local Government Ombudsman Complaints Received 2017/18

Seven adult social care complaints were progressed to the LGSCO during 2017/18, an increase from five in 2016/17. Five of the complaints referred to the LGSCO related to Financial Assessments.

### Local Government Ombudsman Complaint Outcomes 2017/18

Nine adult social care complaints were determined by the LGSCO during 2017/18, compared to seven in 2016/17.

Full details of those complaints determined by the LGSCO are included in the Cabinet reports of 5 December 2017 and 10 July 2018 entitled [Review of Outcome of Complaints Made to Ombudsman](#).

## **Organisational Learning**

### ***Responsive Integrated Assessment Care Team (RIACT)***

Following a complaint for RIACT it was agreed the team should improve case recording to ensure it provides a factual account of conversations or events that have taken place. It was also agreed that a Care and Support Needs assessment should be offered regardless of an individual's financial circumstances and that a review of the written information available for individuals and family members who access the RIACT service should be undertaken.

### ***Ongoing Assessment & Intervention Team***

Following a complaint for Ongoing Assessment & Intervention Team it was agreed the Team Manager would ensure that when a worker is on long term sick leave and reviews are due to be completed, these are allocated to other workers to complete, or prioritised by the original worker if their return to work would not affect timescales of reviews.

As a result of another complaint for Ongoing Assessment & Intervention Team it was recommended an Operational Procedure be developed to supplement the Fairer Charging Policy. It was also recommended the Council should consider reviewing its procedures pertaining to the recording of disagreements in relation to a proposed plan and the steps which must be taken to ensure the plan is signed off in the event of a disagreement, in light of the Care Act guidance.

Following a further complaint for Ongoing Assessment & Intervention Team it was agreed the Visual Impairment Service would review its procedures to ensure best practice when communicating with individuals and that the service would review all information and advice that is provided to individuals with a Visual Impairment.

### ***Ongoing Care***

Following a complaint for Ongoing Care it was agreed the Council would devise a robust process to monitor short break stays, to avoid extended periods of stay. It was also agreed the Contracts & Commissioning would review provision of care in rural areas as part of re-tendering of homecare services.

### ***Financial Assessments***

Following a complaint for Financial Assessments it was agreed best endeavours would be made to ensure previous LGSCO recommendations made in respect of Darlington Borough Council's charging policies were considered as part of any charging consultation processes.

As a result of a further complaint for Financial Assessments it was agreed the team would produce and use an information leaflet providing information on the financial assessment and that where 'light touch' financial assessments are being used the assessor would consider all disability related expenditure.

## ***Life Stages 0 – 25***

Following a complaint for Life Stages 0 – 25 it was recommended the Council would revisit the advice it gives officers who manage finances on behalf of care users and ensure it accurately explains the role of a corporate appointee and considers potential implications for Direct Payments if taking on that role (or that of a Court appointed Deputy).

## ***Occupational Therapy***

Following a complaint for Occupational Therapy it was recommended the Council reviews its policy for reclaiming unused Direct Payments.

Following a further complaint for Occupational Therapy it was agreed the Council would consider whether to send a letter to individuals whose referral would require support from an Occupational Therapist giving information about estimated waiting list times, the rationale used for determining priority and the reasons why times are estimates/approximations only. It was also agreed the Council would consider reviewing its practice to support individuals who ask for an update on their position on the Occupational Therapy waiting list. In discussion with the Occupational Therapy Manager it was noted this may include asking staff to record information about whether or not the individual has experienced a change in circumstance and seeking advice as appropriate; forwarding requests to the Occupational Therapy Manager who could undertake further screening of risks/changes in circumstances; explaining the rationale for decision making regarding prioritisation and providing an updated approximation of waiting list times.

## **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.

63.7% of complaints received during 2017/18 were acknowledged within the 3 working day timescale, a decrease from 77.3% in 2016/17.

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.

Five complaints exceeded the maximum six month time limit, compared to two in 2016/17. The average length of time a complaint investigation took was 69 days, compared to 77 in 2016/17.

### **Performance Indicator for 2017/18**

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 two maladministration decisions during 2017/18, compared to five during 2016/17.

Full details of those complaints determined by the LGSCO are included in the Cabinet reports of 5 December 2017 and 9 October 2018 entitled [Review of Outcome of Complaints Made to Ombudsman](#).