

Adult Social Care Complaints, Compliments and Comments Annual Report 2018/19

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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 2018/19 the Council commissioned an advocacy service which provides RPRs (Relevant Persons Representatives), IMCAs (Independent Mental Capacity Advocates), IMHAs (Independent Mental Health Act Advocates), Court of Protection Advocacy, and Care Act Advocates. This is 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 a decrease in overall feedback from 104 representations in 2017/18 to 99 in 2018/19.
- We investigated 64 complaints under the procedure during 2018/19, a decrease from 92 in 2017/18.
- We received 33 compliments under the procedure during 2018/19, an increase from six in 2017/18.
- We received two comments under the procedure during 2018/19, an increase from zero in 2017/18.
- The Council did not receive any complaints which did not qualify for investigation under the procedure during 2018/19, a decrease from five in 2017/18.
- 13 adult social care complaints were progressed to the LGSCO during 2018/19, an increase from seven in 2017/18.
- The LGSCO reached a decision on 14 complaints during 2018/19, an increase from seven in 2017/18.

Review of the Year

Breakdown of all Representations

A total of 99 representations were handled under the procedure during 2018/19. 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.





There was a decrease in the number of complaints we investigated, compared to 93 in 2017/18.

There was an increase in the number of compliments we received, compared to six in 2017/18.

There was an increase in the number of comments we received, compared to zero in 2017/18.

There was a decrease in the number of non-qualifying complaints received, compared to five 2017/18.



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 2018/19.

Commissioning & Contracts received one complaints, the same number as in 2017/18. This related to a care agency.

Financial Assessments saw a reduction in complaints from 20 in 2017/18. The most common theme was dissatisfaction with the outcome of a financial assessment.

There was a decrease in complaints for the Life Stages 0 - 25 Team, compared to eight in 2017/18.

There was an increase in complaints for Life Stages 26+, compared to three in 2017/18. There was no common theme in the complaints received.

There was an increase in complaints for MCA/DOLS (Mental Capacity Act/Deprivation of Liberty Safeguards), from zero in 2017/18. There was no common theme in the complaints received.

The Mental Health Team received five complaints, an increase from three in 2017/18. There was no common theme in the complaints received.

There was a significant decrease in complaints for the Ongoing Assessment & Intervention Team, from 37 in 2017/18. The most common complaint remained people's dissatisfaction with the outcome of their assessment. Another common complaint was the time taken to undertake assessments.

Occupational Therapy received six complaints, an increase from five in 2017/18. The most common themes were people's dissatisfaction with the outcome of their assessment and the time taken to undertake assessments.

There was one complaint for Provider Services, the same number as in 2017/18.

STAR (Short Term Assessment & Review Team) received the same number of complaints as they did in 2017/18. There was no common theme in the complaints received.



Breakdown of Complaints Received by Issue

The most common cause of complaint remained dissatisfaction with a decision/assessment. In total the Council received 17 complaints about this issue, a significant reduction from 49 in 2017/18.

The joint second common causes of complaint were charges/fees and service provision. The Council received 13 complaints about charges/fees, an increase from 2 in 2017/18. There was a decrease in complaints about service provision from 17 in 2017/18.

The fourth most common cause of complaint was staff attitude/behavior. There was a decrease in complaints about staff attitude/behavior from 11 in 2017/18.

The fifth most common cause of complaint was communication. There was a significant decrease in complaints about communication from 12 in 2017/18.

Complaint Outcomes

77 complaint investigations were concluded during 2018/19. The outcomes of these complaints are detailed in the chart below.

Service Area/Team	Upheld	Partly Upheld	Not Upheld	Inconclusive	Withdrawn	Total
Financial Assessments	5	3	10	2	1	21
Lifeline	0	1	0	0	0	1
Life Stages 0 – 25	0	0	1	0	2	3
Life Stages 26+	1	1	0	0	1	3
Occupational Therapy	0	1	0	0	3	4
Ongoing Assessment & Intervention Team (OAIT)	5	6	5	1	5	22
Responsive Integrated Assessment Care Team (RIACT)	0	1	0	0	0	1
Short Term Assessment & Review Team	1	6	1	0	3	11
Mental Capacity Act/Deprivations of Liberty Safeguards (MCA/DOLS)	1	3	0	0	0	4
Mental Health	1	0	2	0	2	5
Contracts & Quality	0	1	0	0	0	1
Provider Services	0	0	0	0	1	1
Total	14	23	18	4	18	77

Local Government Ombudsman Complaints Received 2018/19

13 adult social care complaints were progressed to the LGSCO during 2017/18, an increase from seven in 2017/18. There were no common themes in the complaints referred to the LGSCO.

Local Government Ombudsman Complaint Outcomes 2018/19

14 adult social care complaints were determined by the LGSCO during 2018/19, compared to seven in 2017/18.

Full details of those complaints determined by the LGSCO are included in the Cabinet reports of 11 December 2018 and 10 September 2019 entitled <u>Review of Outcome of Complaints</u> <u>Made to Ombudsman</u>.

Organisational Learning

Financial Assessments

Following a complaint for Financial Assessments it was agreed a reminder to be sent to staff to discuss the financial assessment process with individuals who are requiring adult social care services and that Adult Social Care procedures need to be followed to request a financial assessment in a timely manner.

Following another complaint for Financial Assessments the Council carried out a new public consultation on its proposed charging policies and presented a new report to Cabinet which included an accurate summary of the relevant law and statutory guidance. The report explained that Councillor's have discretion about treatment of income from benefits for people who receive care and support in a non-residential setting (apart from prescribed benefits which the law says must be disregarded).

Following a further complaint for Financial Assessments the Council revisited its guidance and policy on intermediate care and amended the guidance to explain what constitutes a short-break and what is intermediate care and in what circumstances the Council will pay for care.

Following a further complaint Financial Assessments agreed to review the process for sending out letters to request direct payment returns.

Mental Capacity Act/Deprivations of Liberty Safeguards (MCA/DOLS)

Following a complaint for Safeguarding Adults it was agreed the Council would ensure all adult social care staff have up to date training in relation to Safeguarding Adults and the Mental Capacity Act. It was also agreed that the Mental Capacity Act training would be updated to include the issue of control and coercion and how this can impact on an individual's capacity to make decisions and that all adult social care staff who had not been on the training since this was introduced would be made aware of the impact of control and coercion through guidance and discussions at team meetings. The Council also decided to issue guidance on witnessing Deed of Revocation of Power of Attorney.

Following a further complaint for Safeguarding Adults it was agreed feedback would be provided to all parties involved where appropriate following any enquiry.

Ongoing Assessment & Intervention Team (OAIT)

Following a complaint for OAIT it was agreed that individuals would be contacted once transferred to an alternative team to inform them of the timescale for when an assessment can be expected.

Following another complaint for OAIT it was agreed assessments and support plans would address communication needs and finances adequately when there is any indication the person may need support in this area. It was also agreed that the Council would ensure all staff are aware to check whether the situation fits within the description of abuse set out in its own framework and ensure the principles of safeguarding are considered when a safeguarding concern is received. Furthermore, the Council agreed to ensure decisions about safeguarding are properly recorded and detailed and review its safeguarding training to ensure these matters are made clear.

Following a further complaint for OAIT it was agreed that wherever possible assessments should be made in person and that all complex cases must have face to face assessments.

As a result of another complaint for OAIT it was agreed

Short Term Assessment & Review Team (STAR)

Following a complaint for STAR it was agreed the policy would be amended to make it clear that if a person moves from their own home into extra care or supported living their property will be taken into account for financial assessments. It was also agreed that Social Workers would make it clear to families and service users at the outset of their involvement what potential discharge arrangements would be.

Further recommendations

Adult Services should ensure complaints are responded to in a timely manner and that where an extension is required this is communicated to the complainant and properly recorded.

Performance against the Procedure

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

69.4% of complaints received during 2018/19 were acknowledged within the 3 working day timescale, an increase from 63.7% in 2017/18.

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.

12 complaints exceeded the maximum six month time limit, compared to five in 2017/18. The average length of time a complaint investigation took was 105 days, compared to 69 in 2017/18.

Performance Indicator for 2018/19

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 nine maladministration decisions during 2018/19, compared to two during 2017/18.

Full details of those complaints determined by the LGSCO are included in the Cabinet reports of 11 December 2018 and 19 September 2019 entitled <u>Review of Outcome of Complaints</u> <u>Made to Ombudsman</u>.