



## **Adult Social Care**

### **Complaints, Compliments and Comments Annual Report**

**01<sup>st</sup> April 2017 - 31<sup>st</sup> March 2018**

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## **1. Introduction**

- 1.1 The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 require all Councils with social care responsibilities to produce an Annual Report on the operation of the Complaints Procedure.
- 1.2 The Department of Health policy guidance requires that this report should include a summary statistical analysis and review of the effectiveness of the adult social care complaints procedure. It does not include complaint information relating to statutory children's social care, wider council services or any partner NHS agency.
- 1.3 The report is written and is made available for:
  - Staff,
  - Management,
  - The relevant scrutiny committee,
  - Care Quality Commission,
  - Healthwatch Gloucestershire, and;
  - The general public.

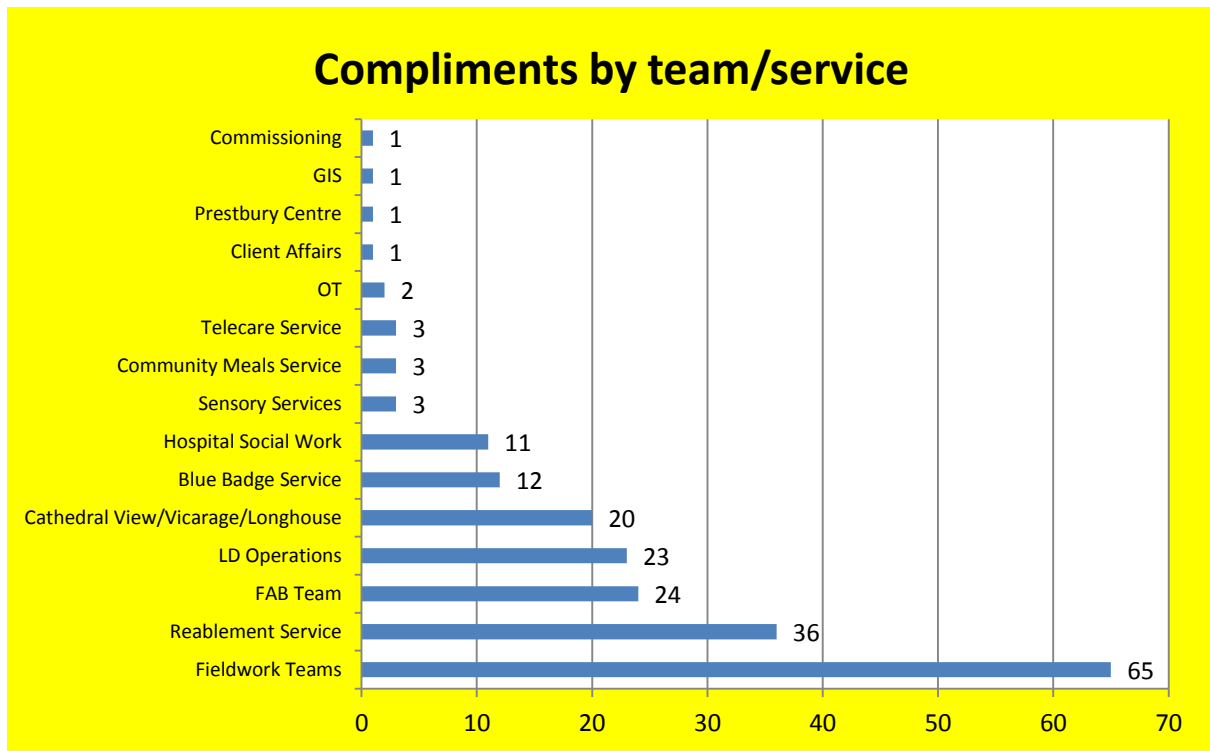
## **2. Summary of Activity**

- 2.1 Key findings;
  - 204 adult social care complaints were received by the Council.
  - All complaints were investigated and resolved internally without the need to commission external investigators.
  - Adult care received 206 compliments covering all service areas.
  - 18 complaints were referred to the Local Government Ombudsman. Details can be seen on page 11.

## **3. Compliments Activity**

- 3.1 This section looks at the positive feedback received. Recording compliments enables the adult care service to recognise the positive comments made about services and staff alike and it provides an opportunity for senior managers to congratulate staff where appropriate to do so.
- 3.2 There were 206 compliments recorded by adult care (table 3.3). This represents a 26% decrease in the number recorded compared to the previous year (278 in 2016/17).

### 3.3



3.4 The majority of comments received about staff are related to their professionalism, the information and advice they gave and their pleasant and friendly outlook.

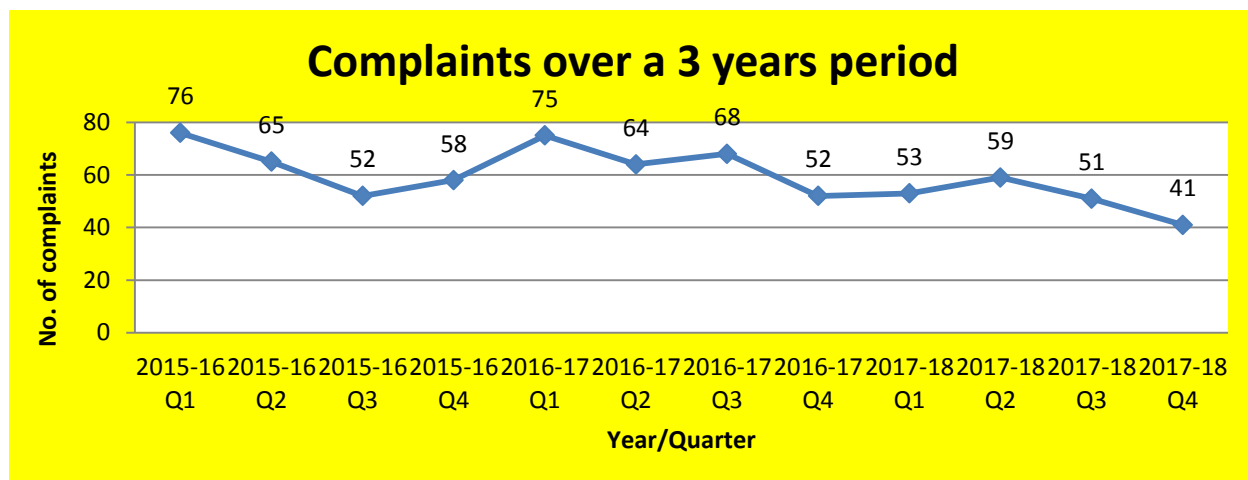
#### 4. Complaints Activity

4.1 In complying with legislative requirements - the arrangements comprise of two stages:  
- Local Resolution which is the responsibility of the Local Authority, and,  
- then recourse to the Local Government Ombudsman. (Point 5)

#### Trends

4.2 204 adult social care complaints were received by the Council of which 27% were upheld. This number represents a 21% decrease on the previous year, when a total of 259 complaints were received, of which 22% were upheld.

### 4.3



### 4.4 Of the 204 recorded:

- 27% were upheld,
- 43% were not upheld,
- 29% were partially upheld,
- 1% were withdrawn after the complaint was made
- 

A further 21 contacts from customers were received by the complaint service but were then passed to other agencies within Gloucestershire as they were not the responsibility of the Council.

4.5 Within the regulations the only prescribed timescale is that of the requirement to acknowledge a complaint within 3 working days of receipt. The percentage of complaints received which were acknowledged within 3 working days was 92%. Some complaints are received elsewhere within the Council other than the Complaints team and this can cause a delay in acknowledging.

4.6 Of the 204 complaints received, 67% were responded to within 20 working days. The reasons for this percentage can be attributed to the complexity of the case and waiting for information from external providers.

4.7 Of the 204 complaints, 3 were sent by Members of Parliament (MP's) acting on behalf of their constituents. When this occurs the complaint response is sent from the Commissioning Director for Adults following an investigation by the relevant team manager and briefing to the Director.

### Analysis of Complaints

4.8 The following section looks at complaints related to Integrated Community Teams (ICT's) and then separately summarises all other complaints within the remit of adult care services.

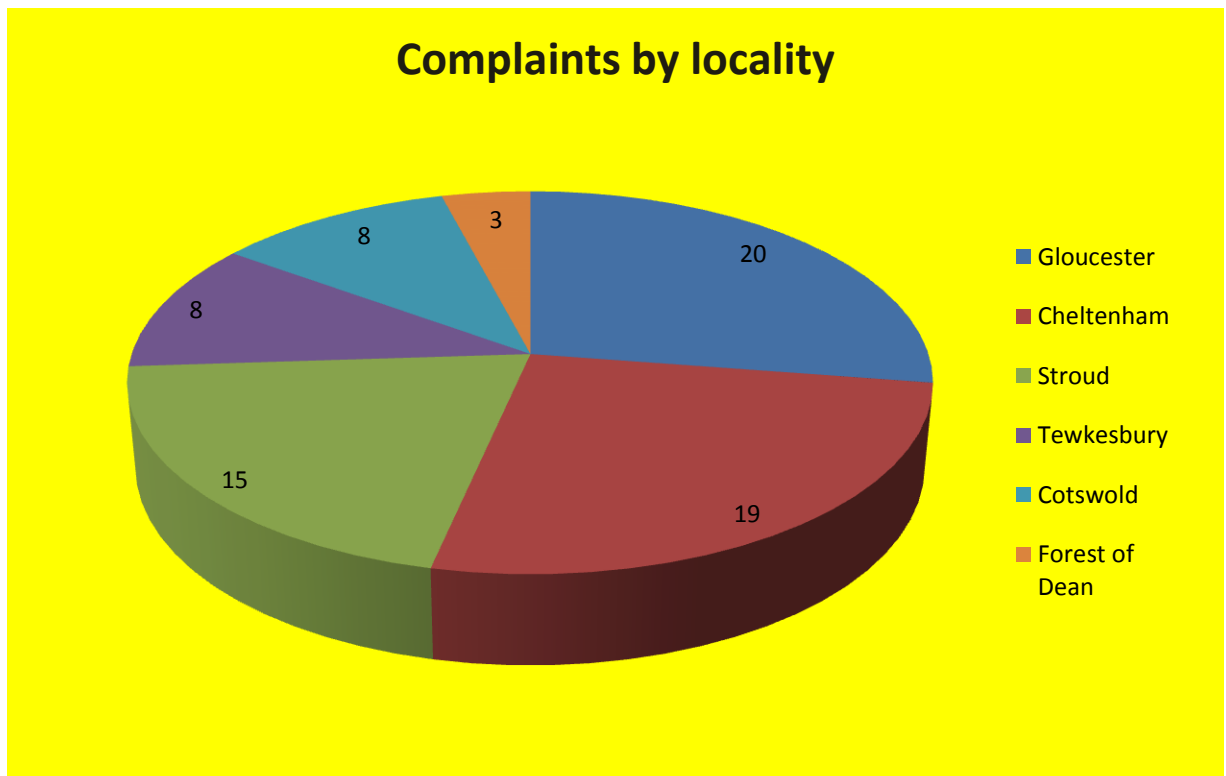
### Integrated Community Team Complaints

4.9 This section provides a summary of the complaints received by each of the 6 Locality Integrated Community Teams in the county.

4.10 There were a total of 73 complaints recorded for the year (92 in the previous year). It should be noted that the total number of formal complaints that are dealt with in the ICT's is very low in comparison to the number of contacts received and the number of active cases each locality holds. The number of active cases on average throughout last year for all localities was 9,216 (cases that are being funded or are open to ICT for further input). When compared to the total number of complaints received of 73, this identifies that only 0.79% of customers involved with Adult Care have felt the need to formally complain about the service.

**Breakdown**

4.11

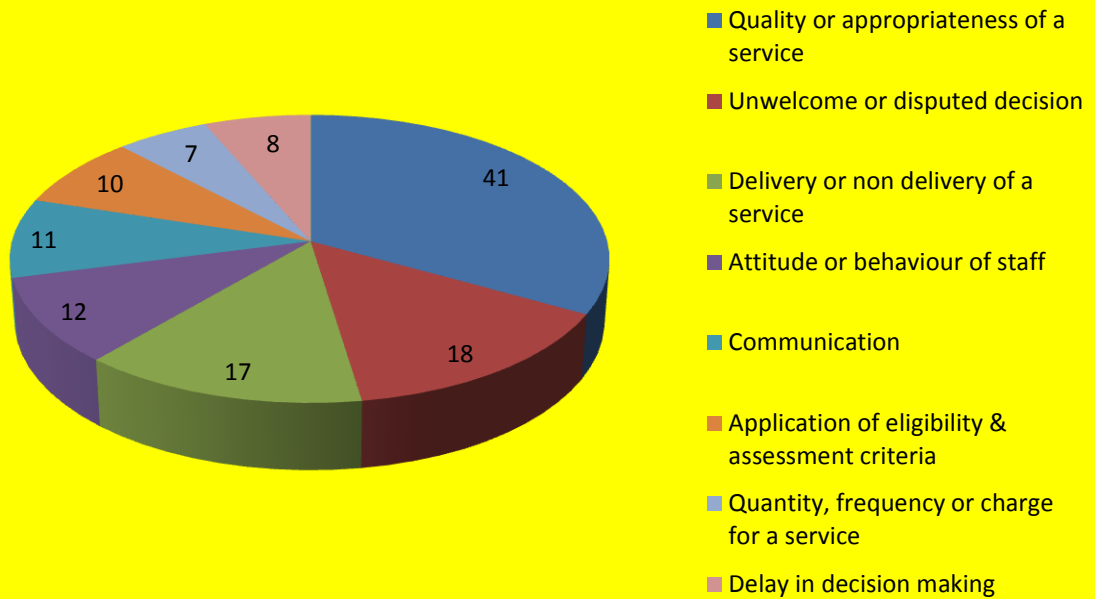


4.12 This is a very similar distribution to the previous year with the distribution in line with the relative size of locality, with Gloucester and Cheltenham consistently receiving the most complaints because of the number of cases they support.

**Reasons for complaint**

4.13 Many of the individual complaints that are received include more than one area of concern and the graph below outlines the main reasons for the 73 complaints received in the year across the 6 localities.

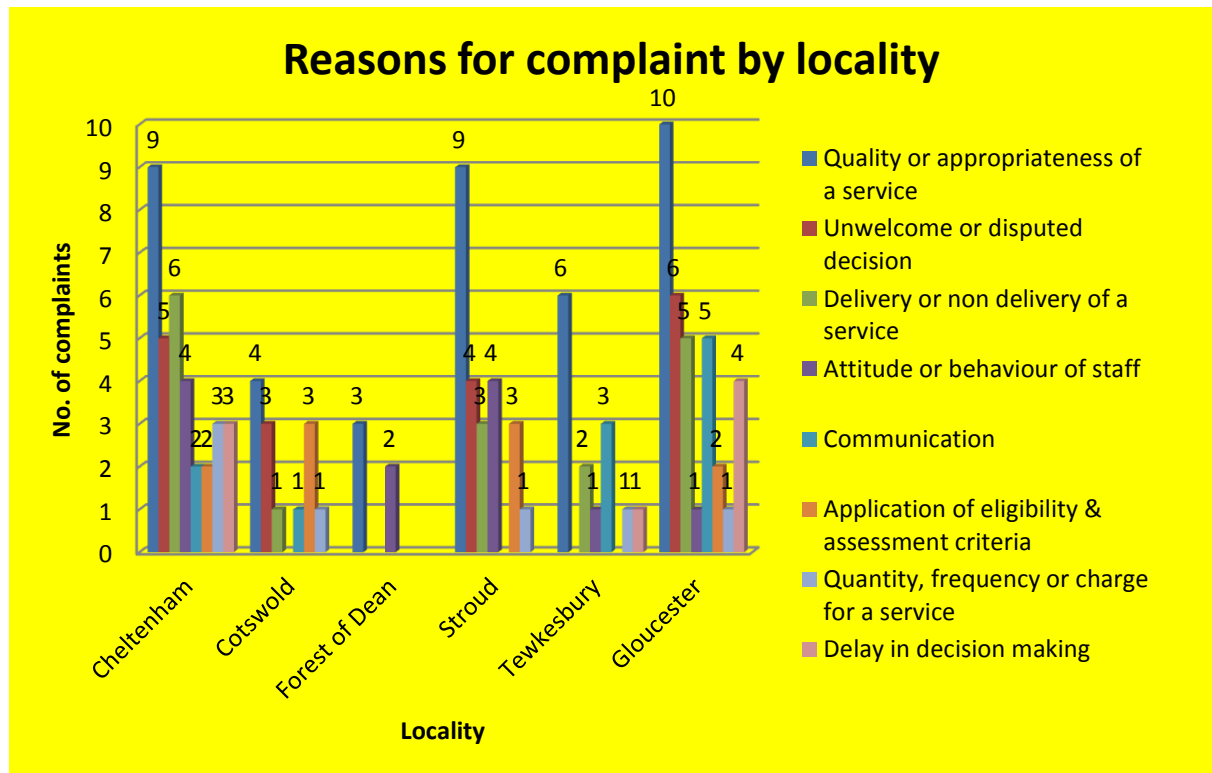
## Locality complaint reasons



The main areas of concern raised relate to the quality of service from the locality teams and disputed decisions (mainly the outcome of an assessment). These account for 47.5% of the reasons a complaint was made in the last year about the locality teams.

### Issues raised (within each locality)

4.14



## Specific Themes Highlighted by Complaints

4.15 From the analysis of the data the main themes from locality complaints are:

- Delay in communication and poor communication resulting in misunderstandings, including communication with the NHS
- Staff not responding to telephone messages or e-mails
- Delay in allocating a worker following the initial referral being received, in some cases meaning that someone's capital dropped below the threshold
- Inaccurate assessments, people's views not taken into account
- Family feeling they are not included in decisions and that their views were not taken into account
- A large number of complaints were raised about the apparent reduction in support hours and individual budget compared to those previously allocated to the service user following a care assessment, review and support plan.

4.16 In an attempt to improve and learn from the themes of both individual and collective complaints, the complaints teams periodically produce specific reports for all 6 localities, the Hospital Social Work team, Learning Disability team and Support Planning team and a general report for the Head of Adult Care on complaints. This is then presented to the individual teams and enables locality managers to review the above themes both locally and across the county to help influence and implement improvements.

## Other Adult Care Service Complaints

4.17 For the Countywide Learning Disability fieldwork team there were 21 complaints made relating to the fieldwork service (11 in 2016/17). Issues raised include,

- The accuracy and outcome of the assessment and subsequent individual budget generated. (not upheld)
- That a social worker was unprofessional (partly upheld)
- Communication regarding the assessment and support plan process. (not upheld)
- That a social worker's attitude and behaviour was poor when in a meeting with the service user and other professionals. (partly upheld)
- The social work team did not support someone to move into a more suitable accommodation (upheld)
- The team inappropriately influenced a recruitment process with an external provider (not upheld)
- The assessment process took too long and a social worker was not allocated in a timely manner (upheld)

4.18 The Finance and Benefits (FAB) team received 11 complaints in the year, the themes were mainly about the accuracy of their assessments (partly upheld and not upheld x 5), start of charging period was incorrectly assessed (not upheld), that a FAB officer was rude and dismissive in their approach (not upheld) and that an assessment did not fully take into account someone's outstanding care costs (partly upheld with the assessment recalculated).



- 4.19 The Support Planning and Direct Payments team received 10 complaints. The main themes of the complaints were about the proposed changes to packages of support and an overall reduction in the service (mainly not upheld). There was also a complaint relating to the support planning process with key individuals not asked to contribute to the assessment, (not upheld).
- 4.20 The Telecare team had 10 complaints about the service. The length of time a call was answered, (upheld). Faulty equipment which did not register when someone fell (upheld). An inappropriate response from a call handler to an issue which delayed a person receiving medical attention, (upheld and learning actioned for the team). Lack of action from the monitoring centre when faulty equipment was reported on numerous occasions (upheld and learning actioned for the team). 2 complaints about an inappropriate response from the monitoring centre when a falls detector was activated (upheld and learning actioned for the team and the second complaint was not upheld). Attitude of Telecare Engineer when installing equipment, (not upheld).
- 4.21 The 0-25 team received 7 complaints about their service. 3 of these related directly to the length of time it took to complete the assessment and support plan process, (all upheld). A further 2 complaints were about the withdraw of respite services without any alternative being made available, (partly upheld). The remaining complaints were about poor communication and inaccurate and false statements contained within the assessment paperwork, these were partly upheld.
- 4.22 The Adult Safeguarding and DOLs team responded to 1 complaint. This was partly upheld regarding a family not being informed prior to an assessment.
- 4.23 The Hospital Social Work team dealt with 3 complaints. These were all about communication, with families suggesting they were not informed that services put in place following discharge would be chargeable and that in general the team did were not keeping families informed of decisions. Parts of these complaints were upheld and the learning shared across all social care teams in the Council.
- 4.24 The Client Affairs team responded to 3 complaints where concerns raised were mainly people being upset at having their finances managed by the team. There was also a complaint about a statement made by the team which were thought inaccurate. None of the complaints were upheld.
- 4.25 There were a total of 62 complaints made about externally commissioned services for adults, 10 for residential and nursing placements (6 fully or partly upheld), 2 for residential respite care (both partly upheld) and 36 for domiciliary care services (28 fully or partly upheld). As in previous years the complaints service work closely with the Commissioning team to try to resolve these issues and to work with the providers to ensure that any actions taken by the agency or home are monitored to minimise repeated complaints and to improve that service.
- 4.26 13 complaints were received for the community meals service. The difficulties reported were late deliveries, missed meals, wrong meals and back office support. This is a marked improvement on the previous years performance that saw 56 complaints recorded against the service.

- 4.27 Included within the 62 complaints was 1 complaint about a provider the Council commissions to provide drug and alcohol support. The complaint centred on the responsiveness of the staff to a problem, this was partly upheld and an apology given.

### **Changes to Practice as a Result of Complaints (All Service Areas)**

- 4.28 Many of the actions resulting from complaints involve improving things for individuals. However, some complaints highlight shortfalls in a whole service. On a number of occasions there is individual learning for staff and a small number result in disciplinary action.
- 4.29 When it has been identified that we have failed one of our customers and when this has resulted in a financial impact to them, good practice dictates that we apply the principle of restitution. In the last financial year for a small number of complaints we have either reimbursed customers for fees that should not have been applied, waived outstanding debt because of the quality of the service provided, or have compensated customers when standards of service have not been acceptable.
- 4.30 The following represent the actions taken, or changes to practice implemented that were identified through the complaints procedure in 2017/18.

### **Locality Teams**

- All social care staff in the locality teams were reminded of the importance of accurate record keeping
- The 3<sup>rd</sup> Party Top Up process and policy was reviewed and guidance issued to all fieldwork staff
- Locality teams were reminded of the importance of acknowledging the receipt of messages with customers
- Locality teams were reminded to update customers and have a process in place in the event of a worker being unexpectedly away from work for a long period of time
- All staff were reminded to fully explain to customers that services could be chargeable and to follow this up by letter
- The discharge process from Vale hospital was jointly reviewed with the NHS

### **Telecare**

- The procedure at the Telecare monitoring centre has been changed to ensure that test calls after the installation of new equipment are fully recorded accurately
- All call handlers in the monitoring centre have been reminded to use the protocols when faced with someone who may need emergency care

### **Safeguarding and DOLs**

- The process for setting up DOLs assessment has been reviewed to ensure all relevant parties, including family are aware

## Commissioned Care Homes

- A provider's staff were retrained by Gloucestershire Care Service's staff in moving and handling
- A provider's staff were retrained by Gloucestershire Care Service's staff in dementia, mental health and managing challenging behaviour
- A provider erected a new fence between their property and that of its neighbour
- A provider has reviewed its fluid and nutrition recording policy and charts and has retrained all of their staff

## Commissioned Domiciliary Care Agencies

- A provider retrained its entire staff in "effective communication"
- A provider ensured its telephone system was correctly set up and that all of the administrative staff were trained in how to operate the system fully to ensure calls are not missed
- An agency ensured all of their carers undertook refresher training on best practice reporting and recording and moving and handling training
- An agency has reminded all carers about the need to accurately record what care, fluids and food someone has received at each visit
- Via staff briefings an agency reissued their procedures for when a carer experiences difficulties in making an appointment and the importance of making people aware

## 5. Local Government and Social Care Ombudsman

- 5.1 If a complainant is dissatisfied with the response to their complaint, the complaint can be referred to the Local Government and Social Care Ombudsman (LG&SCO). The LG&SCO will usually only accept referrals that have previously been considered through the Local Authority's complaint procedure. However under the regulatory reforms, the LG&SCO now has the discretion to investigate if it is considered that there is no benefit in the Local Authority firstly considering the case.
- 5.2 In this reporting period there have been 18 complaints referred to the LGO regarding Adult Care Services. Below is a summary of the LGO's findings.

### Summary of Referrals and Decisions

- 5.3 Cheltenham Locality – The Council did not explain the reason why someone's needs could be met at home. The LGO decided **that the Council should apologise for not explaining the reason and write providing a clear explanation.** These actions were completed by the Council to remedy the situation.

Cheltenham Locality – That the Council failed to explain the charges for a service user's care. The LGO decided **not to investigate the complaint because the Council had already reached an agreement with the family so there was no unremedied injustice to investigate.**

Cheltenham Locality – That the Council took away a person’s independence in managing their finances. The LGO decided **that the complaint was premature as it had not been through the Council’s procedure.**

Cheltenham Locality – That the Council misled a service user that it would financially support a residential care placement. The LGO determined **there was no evidence of fault by the Council and did not uphold the complaint.**

Gloucester Locality – That the Council failed to correctly assess a person’s needs. The Council decided to undertake a further review of the concerns. The LGO **accepted this and classed the complaint as premature as the complaint had not exhausted the Council’s procedures.**

Forest of Dean Locality – That the Council failed to carry out a proper assessment of need. The LGO determined **there was no evidence of fault by the Council and did not uphold the complaint.**

Countywide Learning Disability Team – That the Council failed to properly assess the suitability of a service user’s accommodation and possible alternative options for the previous three years. The LGO **upheld the complaint with maladministration causing injustice to the service user.** By way of remedy the Council agreed to the recommendations of the LGO and also provided an apology and agreed to pay the complainant £250 for their time and trouble.

Blue Badge Team – That the Council wrongly considered an application for a Blue Badge. The LGO decided **it would not investigate the complaint because there was insufficient evidence of fault by the Council.**

Blue Badge Team – That the Council wrongly considered an application for a Blue Badge and did not consider all relevant factors. The LGO found **no fault that led to injustice.**

Finance and Benefits Team – That the Council failed to properly consider a decision relating to inheritance. The LGO decided **that it would not investigate the complaint as it would be unlikely to find fault with the Council’s actions.**

Finance and Benefits Team – That the Council refused to backdate the service user’s care charges after their capital dropped some months before. The LGO decided **that it would not investigate the complaint as it would be unlikely to find fault with the Council’s actions.**

Finance and Benefits Team / Stroud Locality – That the Council failed to deal properly with a service user’s care home fees. The Council should not have allowed the care home to charge a top-up when it did not have a deferred payment agreement in place. The LGO decided **that there was fault and the Council should apologise for its failings, waive the outstanding charges and consider what actions it needs to take to ensure practice on charging comply with the Care and Support Statutory Guidance.** The Council complied with the LGO’s recommendation and in response reviewed its Top Up process and developed new staff guidance.

Reablement Service – That the quality of the reablement service was poor, including the record keeping and that the Council had failed to transfer the care provision to a commissioned care provider. The LGO upheld the complaint and found **evidence of maladministration which lead to injustice** and asked the Council to provide an apology and compensate the complainant £200 for their time and trouble.

Contracted Domiciliary Care Provider – That the provider terminated the home care service without following procedures in dealing with potential problems and that the carer provided incorrect information to the NHS 111 service. **The LGO found no fault in the way the care agency terminated its contract but found fault with the information the carer provided, this however did not lead to any injustice.**

Commissioned Residential Care Provider – That a residential home failed to provide a good standard quality of care. The LGO decided **that the complaint was premature as it had not been through the Council's procedures.**

Commissioned Residential Care Provider – That a residential home failed to safely care for a service user and that the Council failed to take the proper measures to ensure their safety. The LGO decided **that there was fault on the part of the Council which caused an injustice to the service user.** The Council apologised to the family for the distress caused.

Commissioned Residential Care Provider – That a residential home failed to provide a good standard quality of care. The LGO decided **that the complaint was premature as it had not been through the Council's procedures.**

Joint Investigation against the Council, 2gether NHS Foundation Trust and Gloucestershire Clinical Commissioning Group – That fault by all three authorities in assessment, record keeping and care provision leading to eligible needs not being met. At the time of writing this report the LGO had not made a determination on the complaint.

## **6.0 Comments and Member of Parliament Letters**

- 6.1 In addition to managing the statutory complaints procedure and administrating the compliments process the Complaints team also deal with a number of other letters and contacts which are classed as representations. These contacts are usually concerns or requests for information that can be dealt with without recourse to the formal complaints procedure. In most cases these are dealt with within 1 working day of receipt.
- 6.2 In the reporting period there were 169 representations dealt with by the team. Of these 12 were made via MP's offices around the County.

## **7. Summary**

- 7.1 The Complaints team received in total 373 contacts (169 representations and 204 complaints) relating to customer's dissatisfaction with the Council's Adult Care Service, all with varying degrees of complexity. This does not include compliments and those issues that were signposted to other organisations. Given that only 18 cases were referred to the LGO, of which, in only 4 cases the LGO found fault, these figures suggest that the Adult Care service are in a strong position when dealing with customer complaints and representations and that the Complaints team add value to the process in supporting both customers and staff in reaching satisfactory resolutions.

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September 2018