



## **Adult Social Care**

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

**01<sup>st</sup> April 2018 - 31<sup>st</sup> March 2019**

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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.

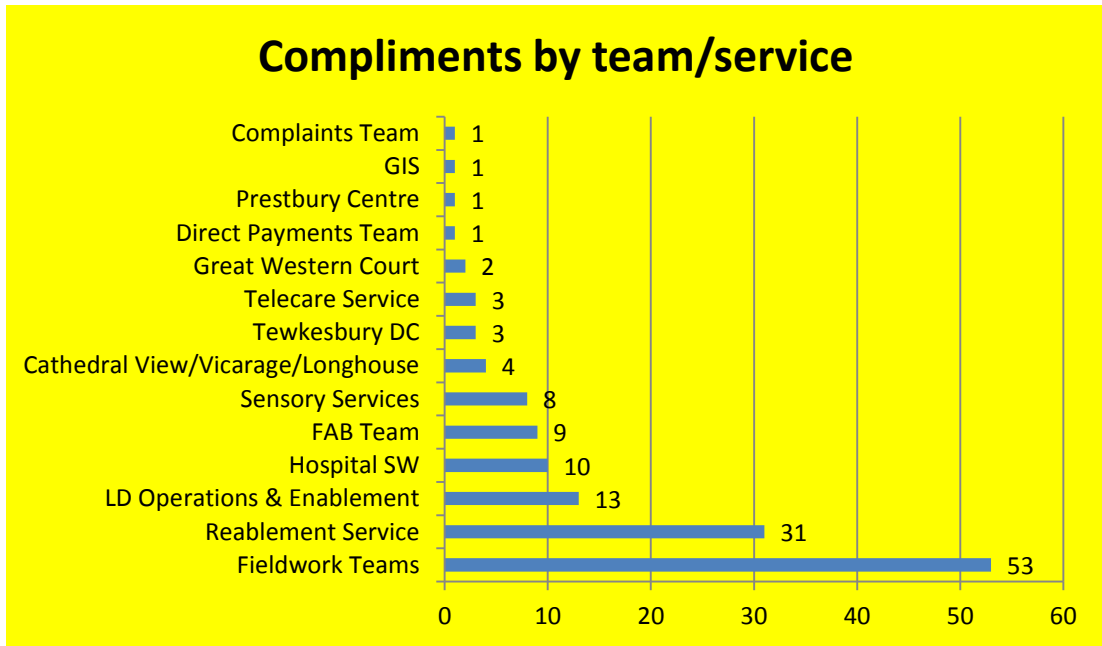
## **2. Summary of Activity**

- 2.1 Key findings;
  - 139 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 140 compliments covering all service areas.
  - 10 complaints were referred to the Local Government and Social Care Ombudsman's Office (LG&SCO). 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 140 compliments recorded by adult care (table 3.3).

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**

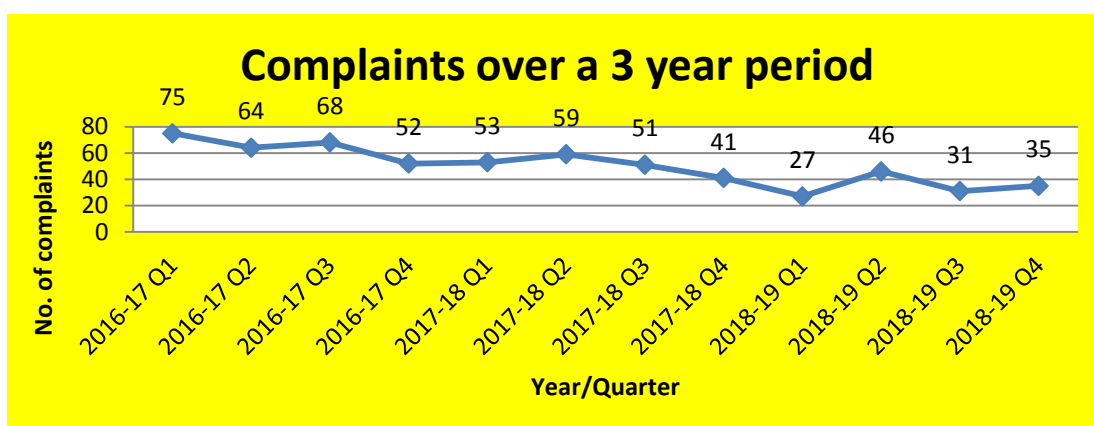
4.1 In complying with legislative requirements - the arrangements comprise of two stages:

- Local Resolution which is the responsibility of the Local Authority, and,
- recourse to the LG&SCO. (Point 5)

**Trends**

4.2 139 adult social care complaints were received by the council of which 15% were upheld. This number represents a 31% decrease on the previous year, when a total of 204 complaints were received, of which 27% were upheld. This reduction in numbers can be attributed to a decrease in complaints received about commissioned domiciliary care and community meals.

4.3



4.4 Of the 139 recorded:

- 15% were upheld
- 47% were not upheld
- 37% were partially upheld
- 1% was withdrawn after the complaint was made

A further 20 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 86%. 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 139 complaints received, 63% were responded to within 20 working days which is the target for responses in line with policy. The reasons for this percentage can be attributed to the complexity of the case and waiting for information from external providers.

### Analysis of Complaints

4.7 The following section looks at complaints related to Adult Social Care (ASC) Teams and then separately summarises all other complaints within the remit of adult care services.

### Adult Social Care Team Complaints

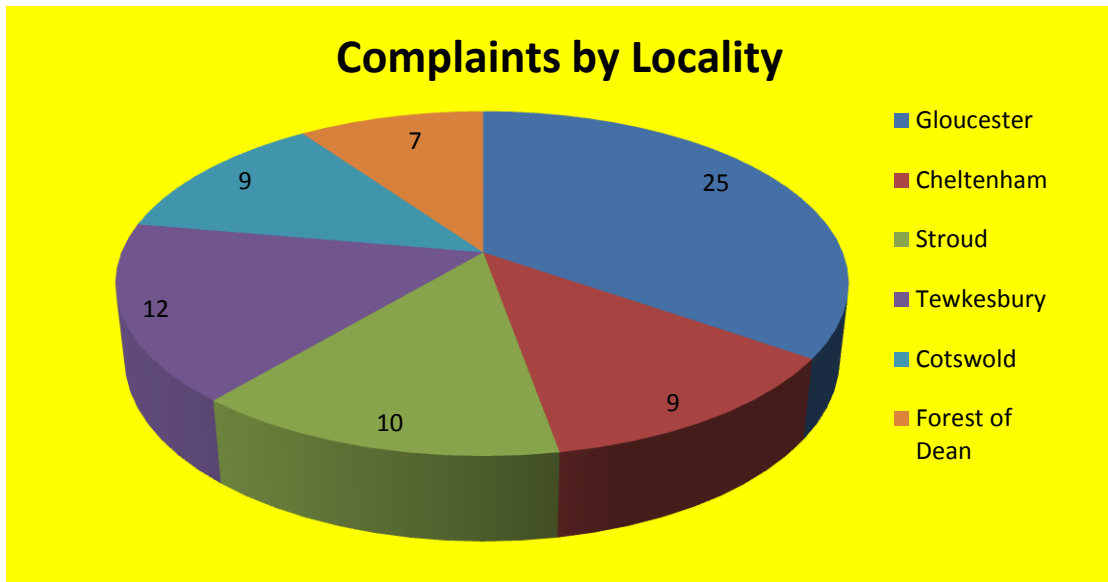
4.8 This section provides a summary of the complaints received by each of the 6 Locality Teams in the county.

4.9 There were a total of 72 complaints recorded for the year (73 in the previous year). It should be noted that the total number of formal complaints that are dealt with in the ASC teams 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 7,663 (cases that are being funded or are

open to ASC for further input). When compared to the total number of complaints received of 72, this identifies that only 0.93% of customers involved with Adult Social Care have felt the need to formally complain about the service.

### Breakdown

4.10

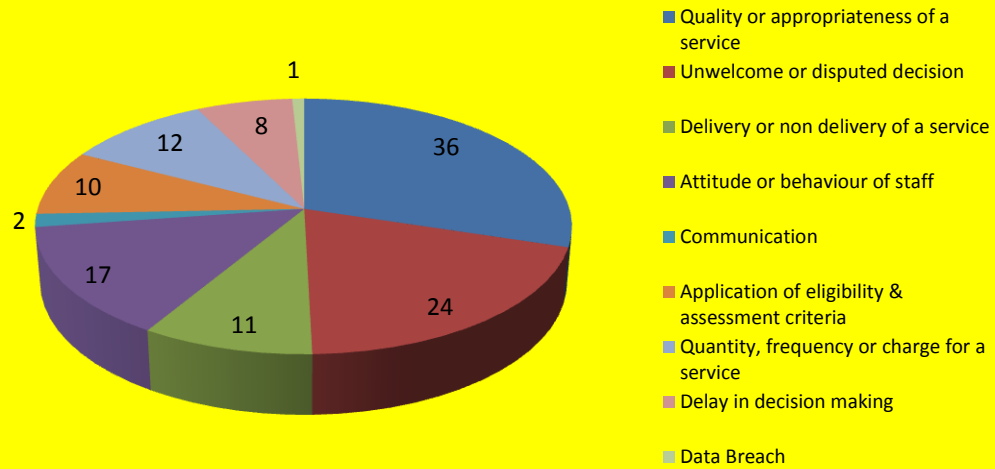


4.11 This is an expected distribution in line with the relative size of locality, with Gloucester, Stroud and Cheltenham consistently receiving the most complaints because of the number of cases they support. The one anomaly this year is the Tewkesbury Locality where there have been many staff changes resulting in a higher number of concerns being raised particularly around the continuity of staff assessing an individual.

### Reasons for complaint

4.12 Many of the individual complaints that are received include more than one area of concern and the chart overleaf outlines the main reasons for the 72 complaints received in the year across the 6 localities.

## Locality complaint reasons

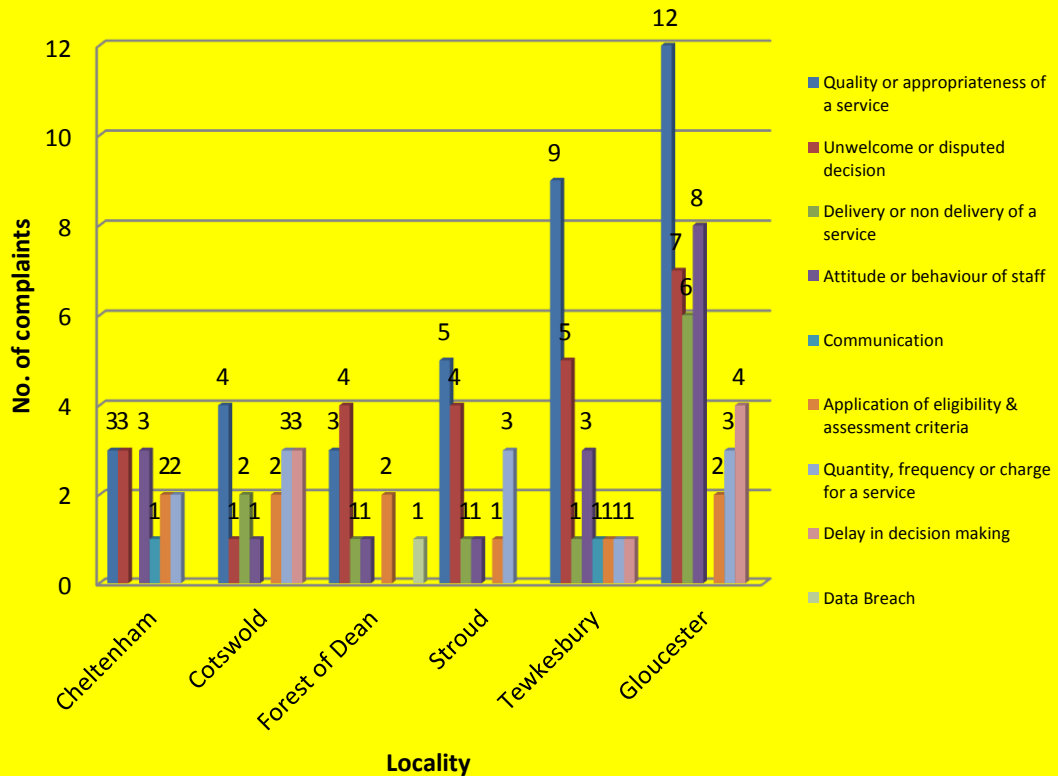


The main areas of concern raised relate to the quality of service from the locality teams (delay in allocating a worker, continuity of staff) and disputed decisions (mainly the outcome of an assessment and someone's capacity).

### Issues raised (within each locality)

4.13

## Reasons for complaint by locality



### **Specific Themes Highlighted by Complaints**

- 4.14 From the analysis of the data the main themes from locality complaints are:
- Individuals/family not being informed that a service could be chargeable
  - Staff changing at short notice and family not being informed
  - 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
  - Family feeling they are not included in decisions and that their views were not taken into account.
  - Differences of opinion between family and professionals on an individual's capacity to make decisions on their care
  - 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. This type of complaint was usually underpinned by the complainant's belief that the assessor was not able to do their role

### **Other Adult Care Service Complaints**

- 4.15 For the Countywide Learning Disability fieldwork team there were 10 complaints made relating to the fieldwork service (21 in 2017/18). Issues raised include,
- The accuracy and outcome of an assessment x 4. (not upheld x 3, partly upheld x 1)
  - The proposed reduction in service should have been staggered and not effectively forced on an individual (not upheld)
  - The social worker team ignored family members' concerns about the appropriateness of a supported living placement. (partly upheld)
  - That an individual was refused council run respite service. (not upheld)
  - A family did not believe the social work team did enough to support someone to move into a more suitable accommodation (upheld)
  - Lack of communication from the social work team. (partly upheld)
  - The assessment process took too long and a social worker was not allocated in a timely manner (not upheld)
- 4.16 The Finance and Benefits (FAB) team received 9 complaints in the year. The themes were about the accuracy and outcome of the assessments (partly upheld x 2 and not upheld x 5), start of charging period was incorrectly assessed as person moved (upheld), and that a FAB officer was rude (not upheld).



- 4.17 The Telecare team had 5 complaints about the service. The length of time it took from referral to a visit and the outcome of the visit (upheld and learning actioned for the team). The engineer did not demonstrate the equipment and was rude and off hand at the visit. (partly upheld). Community Lifeline equipment was removed without the knowledge of family or their agreement (not upheld). A Duty Assessor was rude in response to a concern (not upheld). The monitoring centre did not act on the agreed protocol when a fall alarm was activated (upheld and learning actioned for the team).
- 4.18 The Blue Badge team received 3 complaints about their service. A member of staff was rude on the telephone, did not understand some exemptions of use and used inappropriate language (upheld and learning actioned for the team). A blue badge was posted without the correct postage and the automated telephone answer message abruptly cut the caller off (upheld and action taken to reimburse the postal cost). That incorrect information is provided on the automated message and is not clear (not upheld).
- 4.19 The Adult Safeguarding team responded to 1 complaint. Concerns raised that a safeguarding investigation was inadequate and communication from the safeguarding team was poor. (partly upheld).
- 4.20 The Hospital Social Work team dealt with 5 complaints. That a Social Worker was unprofessional and did not know their role (not upheld x 2). That a Social Worker discharged a person without completing a financial mental capacity assessment and arranged more service than was necessary (partly upheld). There was a lack of communication, with the suggestion that a family were not informed that a service put in place following discharge would be chargeable (not upheld). That a Social Worker arranged an unsafe discharge without considering the limitations of the wider family to support the individual (not upheld).
- 4.21 The Client Affairs team responded to 3 complaints. A person was upset at having their finances managed by the team. There was also a complaint about the language used by the team and a family believing they were promised a financial refund which subsequently did not happen. None of the complaints were upheld.
- 4.22 There were a total of 28 complaints made about externally commissioned services for adults, 8 for permanent residential placements (6 fully or partly upheld), 4 for residential respite care (3 partly upheld) and 12 for domiciliary care services (8 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.
- 4.23 Included within the 28 complaints was 1 about a provider the council commissions to provide drug and alcohol support (partly upheld) and 1 for the community meals service (not upheld).

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

- 4.24 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 reflective discussions and further training and supervision.
- 4.25 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.
- 4.26 The following represent the actions taken, or changes to practice implemented that were identified through the complaints procedure in 2018/19.

#### **Locality Teams**

- All social care staff in the locality teams were reminded of the importance of accurate record keeping
- Staff were issued guidance on completing temporary support plans and checking the financial section for accuracy
- The printed version of the temporary support plans were changed so that personal budgets have been removed and replaced with a financial statement about charging and the financial assessment process
- All staff were reminded to fully explain to customers that services could be chargeable and to follow this up by letter

#### **Telecare**

- All engineers were reminded to ensure that all equipment is demonstrated and an explanation provided as to how it works
- Procedures have been changed within the Telecare Booking team's "new referral" process

#### **Blue Badge**

- The procedure covering Motability exemptions was reviewed and updated
- The team were reminded that all post is sent with appropriate postage
- The team's Interactive Voice Response message was reviewed and amended

#### **Adult Care Finance**

- The team were reminded of the need to review accounts and system notes before sending out final demand statements.

### Commissioned Permanent and Respite Care

- A provider changed their process when a resident requires an urgent hospital admission to ensure an up to date care plan is sent to hospital with the Ambulance crew
- For respite care a provider has changed its admission and discharge procedure to assign a specific person to each new resident for continuity purposes
- A provider has reviewed its end of life and medication policies and has retrained all of their staff

### Commissioned Domiciliary Care Agencies

- 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 and clients were provided a dedicated number to raise concerns
- An agency has reminded all carers about the need to accurately record the time they start and finish each visit when manually entering into someone's file.

### Commissioned Supported Living

- A provider has updated its supervision policy and procedures

## 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 10 complaints referred to the LG&SCO regarding Adult Care Services. Below is a summary of the LG&SCO's findings.

#### Summary of Referrals and Decisions

5.3 Cheltenham Locality – Following a previous Ombudsman decision, the council did not provide an explanation of how an individual's needs could be met at home. The LG&SCO were **satisfied that the council provided a clear explanation even though the complainant continued to disagree.**

Cheltenham Locality – That the Council failed to properly reassess an individual leaving them without care. The LG&SCO decided **that the complaint was premature as it had not been through the council's procedures.**

Cheltenham Locality, Commissioning team and a Domiciliary Care Provider – That the council failed to properly monitor the quality of domiciliary care and failed to address allegations about a family member of the individual receiving care. The LG&SCO decided **that the council failed to properly monitor the care provided and failed to adequately address the issues surrounding the family member. This caused injustice in terms of the quality of care.** By way of remedy the council agreed to the recommendations of the LG&SCO and provided an apology and agreed to pay the complainant £250 for their time and trouble in pursuing the matter.

Gloucester Locality – That the council failed to assist in a matter of overpayment to a residential home.. The LG&SCO decided **that the complaint was premature as it had not been through the council's procedures.**

Forest of Dean Locality and a Commissioned Residential Care Provider – That the council failed to inform the complainant that the service a family member received was chargeable and that the care received contributed to the family member's death. The LG&SCO determined **that it would not investigate the complaint as it could not make a finding of this kind.**

Countywide Learning Disability Team – That the council delayed in reassessing an individual and the final assessment meant the support could no longer meet their needs. The LG&SCO **upheld the complaint as the delay caused injustice to the individual.** By way of remedy the council agreed to apologise to the individual.

Finance and Benefits Team – That the council wrongly assessed the individual as being self funding and charged costs longer than it should have done. The LG&SCO did **not uphold the complaint and found no fault with the council.**

Finance and Benefits Team – That the council delayed in issuing a financial assessment form and invoice for domiciliary care and provided unclear communication about the charge. The LG&SCO decided **that there was fault by the council which caused an injustice.** By way of remedy the council agreed to the recommendations of the LG&SCO and also provided an apology and agreed to pay the complainant £250 for the delay in completing the financial assessment.

Commissioned Domiciliary Care Provider – That a commissioned provider failed to provide a good standard quality of care. The LG&SCO decided **that the complaint was premature as it had not been through the council's procedures.**

The Council's Health and Wellbeing Board – That the Commissioning Board failed to provide an individual with information about waiting lists for care services. The LG&SCO decided **that it would not investigate the complaint as it was unlikely to find fault by the council.**

## 6.0 Comments and Member of Parliament Letters

- 6.1 In addition to managing the statutory complaints procedure and administering the compliments process the Complaints team also deal with a number of other letters and contacts which are classed as comments. 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 1-2 working days of receipt.

6.2 In the reporting period there were 191 comments dealt with by the team. Of these 15 were made via MP's offices around the county.

## **7. Summary**

7.1 The Complaints team received in total 330 contacts (191 comments and 139 complaints) relating to customer's dissatisfaction with the council's Adult Social Care Service, all with varying degrees of complexity. Given that only 10 cases were referred to the LG&SCO, of which, in only 3 cases the LG&SCO found fault, these figures suggest that the Adult Care Service is in a strong position when dealing with customer complaints and comments.

Colin Davies  
Complaints Manager

Gary Liddington  
Complaints and Compliments Coordinator  
August 2019