



## **HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE**

**25 JUNE 2013**

### **ADULT SOCIAL CARE ANNUAL COMPLAINTS AND COMPLIMENTS REPORT April 2012 to March 2013**

Report from: Director of Children and Adults Services

Author: Social Care Complaints Manager

#### **Summary**

The report provides information on the number, the type and other information on adult social care complaints received during the period April 2012 - March 2013. It also highlights some examples of the many positive things people have said about the provision of adult social care in Medway over the same period, and the service improvements we have made as a result. It also describes the improvements we have made to how we handle complaints and our plans for further improvement during the next year.

#### **1. Budget and Policy Framework**

- 1.1 The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, requires local authorities to have in place procedures for dealing with complaints relating to Adult Social Care.
- 1.2 There is a further statutory requirement to produce and publish an annual report specifying the number of complaints received, the number of complaints which the Council decided were well-founded, and the number of complaints that the Council has been informed have been referred to the LGO.
- 1.3 In accordance with the council's constitution, paragraph 22.2 (c)(iii) of the Overview and Scrutiny rules, this committee is responsible for the review and scrutiny of all the functions and duties of the council under relevant legislation

in force from time to time and relating to residential and day care, domiciliary care, respite care and social work for older people, adults with physical disabilities, adults with mental health problems and learning disabilities, homecare services, and hospital social work.

## **2. Background**

- 2.1 The aim of adult social care is to make sure that local people get the best possible care during the times in their lives when they need help. There may be occasions when things go wrong or when people are unhappy with the service they receive. When this happens people should, and have a right to complain. The Council's complaints arrangements focus on dealing with problems quickly and effectively, putting things right and learning from complaints received, to further improve services. This report explains how the Council is doing in this respect, providing information on the number, type and other information on adult social care complaints.
- 2.2 It is also important to reflect on the compliments and thanks received, frequently remarking on the professionalism and commitment of staff, which can provide an equally valuable insight into the provision of adult social care services. This report therefore also highlights some examples of the positive things people have said about the provision of adult social care services.
- 2.3 The Council uses complaints and compliments as important learning opportunities. We use the information from complaints to make changes and improvements to our services

## **3. Managing Complaints**

- 3.1 The Local Authority Social Services and NHS Complaints Regulations 2009 introduced a single, more customer focused, approach to complaint handling across health and social care. This consists of a single local resolution stage, intended to help resolve cases quickly, in a manner that best meets the needs of the complainant and then, if the complainant is unhappy with the outcome, referral to either the Local Government Ombudsman or the Health Service Ombudsman.
- 3.2 Medway Council's complaint arrangements focus on achieving the best possible outcomes for those making the complaint. The aim is to give the service user answers or an explanation to help them to understand what happened and, where appropriate, an apology and a commitment to change the way things are done. The objective is to provide reassurance that when a complaint is upheld that errors made, will not be replicated either to them, or to anyone else, and that the Council will take action to ensure this.

## **4. Local Resolution**

- 4.1 Where a complaint is made directly to a service, that service will endeavour to resolve the issue to the complainant's satisfaction. If the complaint cannot be resolved it is then referred to the Social Care Complaints Manager

(SCCM). Complaints received in this way, or directly by the SCCM, are acknowledged within 3 working days, the most appropriate course of action for resolving the complaint is determined and the complainant given an indicative timescale for a response, usually 10 working days, or in more complex cases, 20 working days.

- 4.2 During the course of making a complaint a service user may require assistance from an advocate or an interpreter. Advocacy and interpreting services can be arranged by the SCCM. Both the advocacy and interpreting service will then help service users to make a complaint, to understand the process or speak for them if they wish and support them throughout.

## **5. Local Government Ombudsman**

- 5.1 If the complainant remains dissatisfied with the outcome of this process and an acceptable resolution cannot be offered, the complainant is then at liberty to contact the Local Government Ombudsman (LGO). Leaflets about the LGO, providing information on how to complain, are available for complainants from the SCCM. In dealing with any complaint, the LGO will consider how the Council has dealt with the complaint including the reasonableness and appropriateness of the Council's decisions.
- 5.2 The LGO will consider complaints from people who are funded by the Council and from people who 'self-fund' from their own resources. The LGO will ensure that everyone has access to the same independent Ombudsman service, regardless of how the care service is funded.

## **6. Complaints Analysis**

- 6.1 Number of complaints received
- 6.2 7 complaints were brought forward from 2011 - 2012 and a further 110 complaints were received, during the period 1 April 2012 - 31 March 2013, (compared to 68 last year), 10 complaints were carried forward to 2013-2014 and 9 complaints were withdrawn, these were withdrawn for a variety of reasons, including resolution before the complaint process had started, a complainant asking for more time to compile the complaint detail and not resubmitting.

Of the 110 complaints received, 30 were from the service users themselves, 73 were from family members and the remaining 7 were from either a service user's advocate, care provider or a person holding Power of Attorney.

## **7. Timeliness of Response**

- 7.1 The Council aims to reply to all complaints within 10 working days, although this may vary depending on the complexity of the case, e.g., the safeguarding of vulnerable adults (SVA) often presents particular complications that means it is not possible to consider a complaint until the safeguarding issue is

resolved. 3 of the complaints received during 2012 - 2013 involved SVA investigations.

- 7.2 The following table sets out the time taken to answer the complaints resolved during 2012 - 2013. Figures in brackets represent resolutions for 2011 - 2012.

Reply sent	Within 10 days	11 to 25 days	26 to 65 days	More than 65 days	C/ Fwd to 2013-2014
<b>Stage one</b>	<b>60 (40)</b>	<b>33 (15)</b>	<b>5 (9)</b>	<b>0 (3)</b>	<b>10 (7)</b>

## 8. Complaint Types and Outcomes

- 8.1 Table A below presents the types of complaint received and the outcome following consideration. The totals shown in the table differ from the number of people complaining because complainants often present more than one complaint issue at a time. 20 of the complaints resolved were upheld and a further 28 were partially upheld.

**Table A**

Complaint type	Upheld	Partially Upheld	Not Upheld
<b>Behaviour or attitude of staff</b>	<b>4</b>	<b>9</b>	<b>10</b>
<b>Lack of support</b>	<b>4</b>	<b>8</b>	<b>19</b>
<b>Finance (eg Client assessments)</b>	<b>9</b>	<b>4</b>	<b>15</b>
<b>Delays in providing a service</b>	<b>2</b>	<b>4</b>	
<b>Work practices or procedures</b>	<b>1</b>	<b>3</b>	<b>2</b>
<b>Delays when making decisions</b>		<b>1</b>	
<b>Disagreeing with a decision</b>	<b>3</b>	<b>8</b>	<b>15</b>
<b>Lack of communication</b>	<b>5</b>	<b>9</b>	<b>12</b>
<b>Lack of information</b>	<b>1</b>	<b>1</b>	
<b>Standard of service</b>	<b>5</b>	<b>10</b>	<b>15</b>
<b>Day Centre Facilities</b>			<b>2</b>
<b>Totals:</b>	<b>34</b>	<b>57</b>	<b>90</b>

Table B presents the complaints received by each service, the totals shown in the table differ from the number of complaints received, because in some instances more than one service area is involved in the complaint:

**Table B**

<b>Service</b>	<b>2012-2013</b>	<b>2011-2012</b>
<b>Older People</b>	<b>57</b>	<b>32</b>
<b>Occupational Therapy</b>	<b>2</b>	<b>1</b>
<b>Physical Disability</b>	<b>18</b>	<b>9</b>
<b>Learning Disability</b>	<b>13</b>	<b>18</b>
<b>Mental Health</b>	<b>4</b>	<b>0</b>
<b>Customer Contact</b>	<b>14</b>	<b>1</b>
<b>Social Care Commissioning</b>	<b>6</b>	<b>6</b>

## **9. Decisions made by the Local Government Ombudsman (LGO)**

- 9.1 The LGO raised 7 cases regarding Medway during 2012 - 2013.
- 9.2 Two cases were considered to be “premature” by the LGO because the complainant had not followed the council’s complaint procedures in the first instance. In one case the LGO found in the complainant’s favour and directed the Council to review its decision and instructed the council to make future decisions based on the merit of the case, the council have taken the LGO’s recommendations on board for future reference. One case was discontinued and in two cases the LGO found no fault with the council’s consideration of the complaints. The remaining complaint could not be pursued by the LGO at that time as there was an ongoing Safeguarding investigation.

## **10. Improved Complaints Management**

- 10.1. Last year the Council introduced initiatives to make the complaints system easier for clients to access and to use, this has shown to be successful by the increase in complaints received during the year 2012 – 2013 and from complaint feedback. The complaints team are also redesigning the complaint, comment and compliment leaflet and producing an “easy read” version, to further assist our service users should they wish to contact the council. We are also looking to improve our website to provide better ease of use.
- 10.2. Our complaints management administrative processes and procedures continue to be reviewed. In Summer 2013 we will be going live with a new complaints management process.

Key aims under the management process are:

- Getting it right first time - effectively and efficiently, thereby reducing the number of complaints.

- Champion effective complaint development and management across the organisation, utilising complaints as creating a culture of learning and improvement and disseminating best practice
- To be the point of professional advice for directors and senior managers across the organisation on the handling of complex or difficult complaints
- To support the Single View of Customer interactions by undertaking complaint and Freedom Of Information case management via the Customer Management Relationship software system.

## **11. Learning from Complaints**

11.1 Complaints received for the year 2012 - 2013, were fairly evenly distributed across the “complaint type”, which meant that we learnt from them in a variety of different ways, a few examples of that learning are listed below.

- Complainant A complained on behalf of their daughter, who uses a computer to communicate. An upgrade was requested and agreed however this information was not relayed to the relevant person and a delay occurred in purchasing the equipment. Changes to the ordering process means that omissions such as this should not occur again.
- Complainant B complained that invoices sent to his mother were incorrect, it was recognised that there was a systems error, the finance team are working proactively to ensure that incorrect invoices are pulled from the system before despatch. The process is currently being reviewed and a working group has been formed to resolve the issues before a new system is installed in September 2013.

## **12. Compliments**

12.1 The Council frequently receives compliments from people who are pleased with the Council’s services. The majority of these compliments are personally given to the relevant teams and staff. However service users have also registered 25 compliments or positive comments during the year 2012 - 2013 a selection of which are set out below. The Council will continue to collect compliments to ensure that a balanced view of the Council’s performance is provided, so that it may learn from what is going well, as well as the areas which can be improved.

- “Staff were very helpful, they explained everything so I understood, you made a big difference”. Feedback to Deaf Services.
- “You are a credit to the organization”. Rochester Integrated Older People’s Team.
- “You are so easy to talk to and helpful” Feedback to Rapid Response Team.

- “Just wanted to say a big thank you for your extra help and support, it has really been appreciated”. Strood Integrated Older People’s Team.
- “We would like to express our gratitude and admiration for the very efficient, prompt and helpful service we have received”. Occupational Therapy Team.

### **13. Risk management**

13.1 Risk management is an integral part of good governance. The Council has a responsibility to identify and manage threats and risks to achieve its strategic objectives and enhance the value of services it provides to the community.

<b>Risk</b>	Not handling complaints properly, and importantly not learning from complaints could put an adult at risk.
<b>Description</b>	Good complaint handling, including the identification of improvement opportunities from complaints received, helps ensure that services are provided in a complete and timely way, minimising the possibility of a vulnerable adult being put at risk.
<b>Action to avoid or mitigate risk</b>	Improved management and control of complaint procedures, learning from complaint analysis, helps to identify and minimise potential risk or impact of risk to adults.

### **14. Equalities Data**

- 14.1 The Council is committed to achieving equality of opportunity, access and outcomes for all, through the delivery and commissioning of high-quality services that are accessible and fair, and mainstreaming equality and diversity across all service delivery activities. All new services commissioned are subject to a diversity impact assessment that compels service providers to think carefully about its target audience and demonstrate how it intends to serve their needs. This gives the Council a better measure of the impact the services are having on the community.
- 14.2 We know that our service users come from many different ethnic groups and backgrounds. What we have recognised is that a number of our equality questionnaires are not completed so this is a priority for this year. We will therefore actively look at ways of improving equality and diversity monitoring to ensure we are providing services fairly to service users who come from different ethnic groups and religious backgrounds, and to understand which groups may need more help to be able to tell us their views and concerns.

**15. Financial and Legal Issues**

- 15.1 The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, requires local authorities to have in place procedures for dealing with complaints relating to Adult Social Care. There is a further statutory requirement to produce and publish an annual report specifying the number of complaints received, the number of complaints which the Council decided were wellfounded, and the number of complaints that the Council has been informed have been referred to the LGO. The Council must also summarise the subject matter of complaints received, any matters of general importance arising out of those complaints, or the way in which the complaints were handled and any matters where action has been or is to be taken to improve services as a consequence of those complaints.
- 15.2 There are no financial issues arising directly from this report. However, good practice is always more cost effective than poor performance.

**16 Recommendations**

- 16.1 This report is presented for Members' information and comment.

**17 Background reports:**

None

**Contact:**

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