

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

23 JUNE 2015

ADULT SOCIAL CARE ANNUAL COMPLAINTS AND COMPLIMENTS REPORT APRIL 2014 to MARCH 2015

Report from: Director of Children and Adults Services

Author: Social Care Complaints Manager

Summary

The report provides information on the number, type and other information on adult social care complaints received during the period April 2014 - March 2015. 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 the Council has made as a result of this feedback.

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 Local Government Ombudsman (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. Complaints Process

- 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 a 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 the errors made will not be replicated either to them, or to anyone else, and that the Council will take action to ensure this.

4. Managing Complaints

- 4.1 Complaints that are made verbally and are solved within 24 hours are not recorded as a formal complaint. An example is if a service user contacts her care manager because she has not received minutes of a meeting and the care manager sends the minutes the next day, this is not a formal complaint.
- 4.2 A complaint can be made verbally to any staff member, by telephone, by e-mail or in writing. The complaint must be sent to the Social Care Complaints Manager (SCCM) who will assess the complaint and the seriousness of the

issues raised to establish the risk and actions needed to reduce that risk. Complaints are acknowledged within three working days. The social care complaints manager will determine the most appropriate course of action for resolving the complaint which, in line with good practice, will be that staff at the point of delivery should discuss and address the complaint with the complainant as quickly as possible and respond in writing or by e-mail within 10 working days. In more complex cases the response may be made within 20 working days.

- 4.3 If the complainant remains dissatisfied with the outcome of the Medway complaints process and an acceptable resolution cannot be offered, the complainant is informed about their right to complain to the Local Government Ombudsman (LGO). The link to the Local Government Ombudsman website is included in the response to their complaint. In addition 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.
- 4.4 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. These services will then help service users to make a complaint, to understand the process or speak for them if they wish and support them throughout the complaints process.
- 4.5 In managing complaints we are guided by the following principles of good complaint handling:
- Getting it right first time
 - Providing clear information about how to complain
 - Providing support to the complainant
 - Being customer focused
 - Listening to customers
 - Being open and accountable
 - Acting fairly and proportionately
 - Recording complaints,
 - Responding in a timely way,
 - Putting things right if a mistake was made.
 - Learning from complaints and seeking continuous improvement
- 4.6 A qualified social worker was appointed, in April 2013, as the Social Care Complaints Manager (SCCM) in the Customer Relations Team. She undertakes the initial risk assessment of adult social care complaints. Complaints assessed as low or moderate risk are sent to the relevant service for a response. The SCCM investigated fourteen complaints assessed as medium to high risk and reviewed eighteen complaints where the complainants were not satisfied with their initial response. Ten complainants were then happy with the outcome of their complaint; the other eight complainants went to the LGO.

4.7 Quarterly reports were presented to the Children and Adults Management Team providing information on the number and type of complaints, and learning from complaints as well recommendations to improve services if this was appropriate.

5. Role of the Local Government Ombudsman

5.1 The role of the Local Government Ombudsman (LGO) is to provide redress in cases of service failure, which has caused injustice to the public and seeks to resolve cases informally where it can, determining the reasonableness of decisions of bodies being complained about.

5.2 The Local Government Ombudsman's recommendations aim to put complainants back in the position they were in before the maladministration occurred.

5.3 The LGO will consider complaints from people whose social care is funded or partly 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. Number of complaints handled in 2014-15

6.1 Complaints handled in 2014-2015

Brought forward from 2013-2014	13
New complaints received between 1 April 2014 and 31 March 2015	98
Complaints handled between 1 April 2013 and 31 March 2014	111
Complaints dealt with under safeguarding procedures	2
Complaints withdrawn	6
Complaints responded to between 1 April 2014 and 31 March 2015	83
Open complaints still waiting for a response at year-end	20

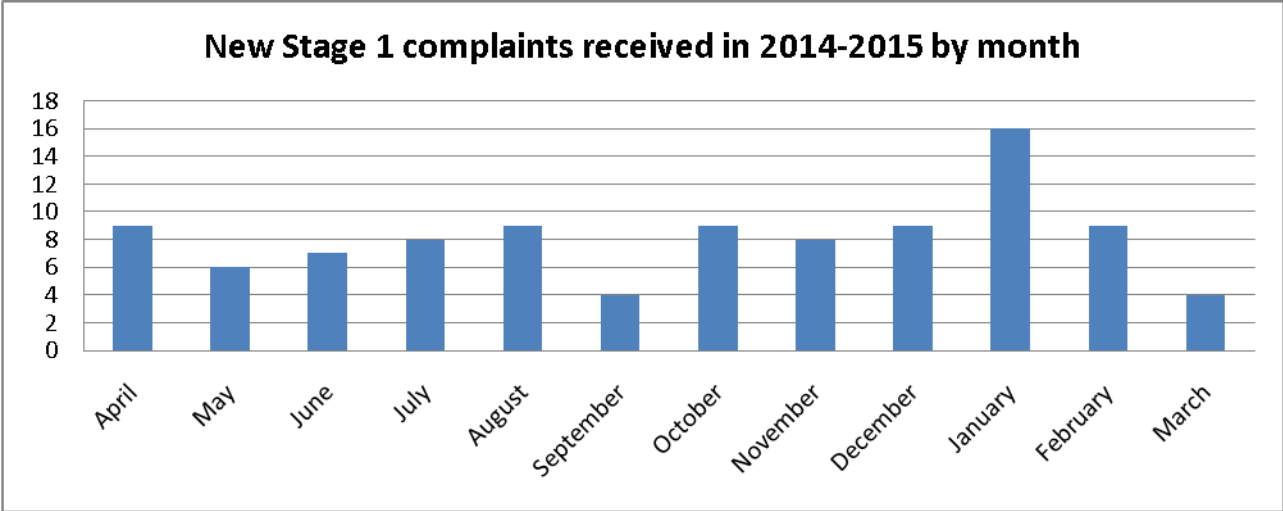
6.2 In 2014- 2015, adult social care received 98 new complaints compared with 91 in 2013/2014. This represents an increase of 7%.

6.3 Twenty complaints were carried over to this current financial year (2015-2016), compared with 13 brought forward into 2014-15

6.4 Three complainants complained more than once; one complainant made three complaints. In 2013-14 six complainants made more than one complaint.

6.5 Eleven complainants (11%) were not satisfied with the initial response to their complaint, compared with 16 (19%) in 2013-2014.

6.6 New Stage 1 complaints received in 2014–2015, by month



6.7 Quarterly breakdown of Stage 1 complaints 2014-15

	Q.1	Q.2	Q.3	Q.4	TOTAL
Total new complaints handled	22	21	26	29	98
Total cases closed	20	17	14	32	83
Total cases closed within 10 days	5	4	2	9	20
% cases closed within 10 days	25%	24%	14%	28%	24%
% cases acknowledged within 3 days	85%	60%	50%	79%	69%
Total cases waiting for a response as at 31.3.15					20

6.8 Stage 1 complaints by team compared to previous years.

Service	2014-2015	2013-2014	2012-2013	2011-2012
Physical Disability plus 25	8	12	18	9
Physical Disability, under 25	0			
Occupational Therapy	2	2	2	1
Learning disability, under 25	10			
Learning Disability, over 25	4	19	13	18
Mental Health	5	5	4	0
Older People	25	14	57	32
Hospital	9	2		
Commissioning & Partnership	19	6	6	
Client Financial Services	3			
<i>Services outside of Adult Services :</i>				
Customer Contact	17	9	14	6
Exchequer Services	19	33		1
Total	121*	102 *	114	67

* This number is greater than the ninety-eight complaints received between 1 April 2014 and 31 March 2015 as some complaints involved more than one team.

The number of complaints about the frontline teams (all Adult Social Care but not including Commissioning and Partnerships, and Client Financial Services) has increased from 54 in 2013-2014 to 63 in 2014-2015.

6.9 How complaints are received

Service users and their families can make their complaints through a variety of methods, with e-mail and hard copy post being the dominant channels that are used:

Channel	Number	
All contacts involving E-mail	48	
		E-mail - 39
		E-mail & letter - 6
		E-mail & phone - 2
		E-mail & fax - 1
Post	26	
Web site self-service e-form	11	
Telephone	10	
Face to face at Gun Wharf to the SCCM	3	
Total	98	

6.10 Complainants' ethnicity

The information on ethnicity was taken from Framework-i

- 44% of complainants were White British
- 1% were White Irish
- 1% White other background
- 1% Asian/British Indian
- 1% Other Ethnic Group
- 52% of complainants had no information regarding ethnicity recorded on Framework-i.

7. **Timeliness of Responses**

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 and how many issues are raised. Some complaints can involve several teams and services, for example, customer services, client financial services, and older people services.

7.2 Time taken to respond to complaints in 2014-2015.

	Within 10 days	11-20	21-25	26-64	65+	Total
Number of responses	20	19	12	23	9	83
% of complaints answered	24	23	14	28	11	100%

- Overall performance on timeliness declined in 2014-15 compared to the previous year. This was due in part to the higher numbers of complex

complaints received during this period which involved several teams and other agencies.

- In 2013-4, 30 complaints (35%) were answered within ten days, unfortunately this performance dropped to 24% in 2014-15.
- In 2013-2014, 65 complaints (76%) were answered within 25 days, compared to. 51 complaints (61%) in 2014-15.

8. Complaint Types and Outcomes

8.1 Types of issues raised and outcomes for complaints responded to between 1 April 2014 and 31 March 2015

Complaint type	Not Upheld	Partially Upheld	Upheld	TOTAL
Behaviour or attitude of staff	5	1	3	9
Lack of support	2	1	2	5
Lack of Service	1		1	2
Standard of service provided	1	1	2	4
Financial	15	1	10	26
Delays in providing a service		1	2	3
Delays in making a decision	1	1	2	4
Disagreeing with a decision	9		1	10
Lack of communication	3		9	12
Lack of information	3	2	1	6
Standard of residential care	5			5
Standard of home care	2	1	3	6
Standard of respite care			1	1
Quality of assessments				1
Inaccuracies in reports			1	1
Total	47	9	38	95*

The total number of issues complained about is greater than the total number of 83 responses sent out in 2014/2015 as one complaint can be about several issues.

8.2 Ten service users sent in complaints between 1 April 2014 and 31 March 2015 about the following issues:

- One complained that he had mental health problems, a learning disability and autism. He felt that he was “pushed” from team to team and that the older person’s team had failed to provide him with a service. The complaint was not upheld as he had been assessed by the intake team and had been appropriately referred to the mental health team.
- One person complained about the consultation process in respect of Napier Unit and the Enhanced Care Unit. This complaint was not upheld.
- A service user complained about the lack of help when he had to move out of his accommodation so the landlord could repair the property to a safe standard. The complaint was not upheld as Medway Housing had found him alternative accommodation and the workers from the mental health team had assisted him to move his possessions.
- A complaint about not returning telephone calls was not upheld as the complainant had received regular telephone calls; during one call he had become verbally abusive and the call was ended by the staff member.
- A lady complained about the decision to reduce her care package as her needs had changed. The complaint was not upheld and she went to the Local Ombudsman. The Local Ombudsman found that Medway Council had appropriately reassessed her needs and that they were not at fault.
- A complainant said that he should not have had to pay for Balfour Centre. As he had never been invoiced for any charges and did not owe Medway Council any money the complaint was not upheld.
- Two people with mental health issues complained about the lack of services for people with mental health problems. These complaints were forwarded to the Kent and Medway Partnership Trust to respond to.
- A service user complained about a breach of confidentiality. This complaint was upheld and dealt with as a staff misconduct issue.
- One person disputed the amount she had to pay for her care. The complaint was upheld and she was sent a cheque for £1,865.

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

9.1 The Local Government Ombudsman received eight complaints about adult social care between 1 April 2014 and 31 March 2015. Four complaints have been investigated and concluded; the other four are still being investigated. In addition one complaint was carried over from 2013-14 and a decision was made in April 2015.

9.2 The outcomes of the five concluded investigations are set out below. Three of the five complaints were upheld by the Ombudsman.

- i. A complaint was received that Medway Council had unreasonably delayed in providing a wet room for the complainant’s partner. The outcome of the Ombudsman investigation was that Medway Council did not cause an injustice through a fault in the way in which it processed the application for a Disabled Facilities Grant to provide a wet room.

- ii. A complainant escalated a complaint to the Local Ombudsman. It centred upon the Council's failure to respond to his complaint about imposing a retrospective charge for domiciliary care in 2011-2012. In 2012 the complainant received a bill for backdated costs of £1,500 for his mother's care. He tried to challenge the bill on several occasions. Due to the lack of response from Medway Council he complained to the Ombudsman. Shortly after he complained to the LGO, the Council credited his account with the disputed amount in full. The complainant was satisfied with the Council's actions and the Local Ombudsman ended his involvement in the complaint. However the complaint was upheld as the complaint was not resolved until the Ombudsman was approached.
- iii. A complainant complained to the Local Ombudsman that Medway Council gave her incorrect information about the liability of her father-in-law for care home fees. She also complained that the Council delayed looking into her concerns about the care home charges and told her to seek legal advice. The Local Ombudsman found that there was a delay in responding to her complaint. The Council should have provided an update of its actions during July to September 2014. The final decision was that the Council's actions were not the cause of any injustice to her or her father-in-law, but that the complaint was upheld due to the delays – maladministration.
- iv. Mr X complained to the Local Ombudsman that the Council's care provider failed to look after his mother-in-law properly, resulting in her becoming unwell and having to go into hospital. She died in hospital. It is clear that his mother-in-law had been unwell on several days, as this was significant enough for the carer to make a record of it. A significant change in her condition was noted in late August. This change in her circumstances should have been reported to the care provider's office, even if she did not want the carer to take any other action. The failure to do so was the fault. The Local Ombudsman concluded that the care provider was at fault and that Medway Council was accountable for the faults identified. Medway Council wrote to the complainant and apologised for the failings identified in his investigation and paid £250 for his time and trouble in pursuing the complaint. Medway Council agreed to meet with the care provider to ensure that the situation does not occur again.
- v. A lady complained to the Local Ombudsman that the Council failed to assess her needs properly and had withdrawn the service she had been receiving. She also complained that the Council had failed to respond properly to her correspondence about this. The Local Ombudsman found that the Council had visited her twice and watched her carry out a range of tasks. Based on what she had said, information from the carers and its observations, the Council decided that she no longer needed help with personal care. The Local Ombudsman found no fault with the way the Council made this decision. Although the Council had not retained all its correspondence with her, there was no fault in the way it assessed her needs.

10. Learning from Complaints

- 10.1 There were twenty-six complaints in 2014-2015 that related to financial matters, a reduction from the thirty-three complaints received in 2013-24. The complaints were about the accuracy of the information on invoices, such as a cheque being sent to a deceased service user; being charged for a service while the service user was in hospital, and reduced charges not being reflected in invoices. There has been an improvement in sending out invoices on time and in the accuracy of the invoices following the change from the Care Director IT system to the Framework-I system. There were, for example, only two complaints about late invoices this year. Most of the financial complaints in 2014-15 were disputes about the amount the complainant had to pay as a contribution to their care. There were also complaints about delays in sorting out payments when a property was sold and when a self-funding service user could no longer pay for their care and ran out of money. Several complainants said that they were not given clear information about their contributions. While the situation regarding complaints about financial matters improved greatly in 2014-2015, there is continuing work to be done to ensure service users are clear about how the contribution to their care will be calculated, and that remains a high priority for the service.
- 10.2 Financial matters can be very complex as the following example illustrates. A son complained that his mother had been assessed as having to pay for her own care as she had savings of more than £23,500. In fact her money was in a trust that she could not access. The officer investigating the complaint concluded that when the case transferred from the hospital team to the older persons team the social worker should have been more robust in checking what information had been provided to family members, rather than relying on case notes made by a previous worker. In particular the social worker should have checked the care homes the family were identifying to check they were suitable for the lady's needs and whether the family had access to her funds, given that she was known to have dementia and it was therefore likely that she would be unable to manage her finances independently. This complaint was discussed in a team meeting to ensure that everybody in the team understood the issues and there is no reoccurrence in the future.
- 10.3 There were few other complaint trends in 2014-15, and the following examples give Members a flavour of the issues handled over the year. Communication and information are underlying issues in many of the complaints. A daughter complained that the care manager was not aware of her mother's health needs and as a result she had had to pay for her care when she had met the criteria for continuing care. This complaint was upheld and continuing care agreed to pay all of the arrears.
- 10.4 There was a complaint about the process of discharge from hospital to residential care. The Head of Service recognised that the discharge from hospital did not go as smoothly as it should have done, mainly due to high level of staff absence caused by leave and sickness. The Head of Service has worked with the team to ensure that the problems do not occur again.

- 10.5 A patient in hospital was sent in a taxi to have a look at a residential home. The care manager was not there when he arrived and this caused him distress. The hospital ward staff were supposed to tell the care manager when he was on his way and he should have had an escort to take him to the home but unfortunately this did not happen. This complaint was upheld and an apology given.
- 10.6 There were two complaints from relatives about service providers of domiciliary care who had not notified them of changes to scheduled visits by carers over Christmas and over a weekend. The learning is that there needs to be very good communication between service providers and service users, their relatives and the social worker about any changes to a care plan.
- 10.7 A complainant said that an occupational therapist (OT) visited her about a toilet/shower chair and she heard nothing further for several months. The OT had been on sick leave, an apology was given, a new OT allocated and chair installed.
- 10.8 A son requested respite care for his mother as he was going on holiday and his brother had recently had brain surgery and could not assist. He wanted to know why his request had been refused. As a result of his complaint the decision was reviewed and respite was agreed, as this was an exceptional situation.

11. Compliments

- 11.1 Compliments provide valuable information about the quality of our services and identify where they are working well. Eleven compliments were sent to the social care complaints manager for logging (it is likely that more were received locally by front line service areas). Quotes from compliments are listed below:
- “I would like to nominate a social worker for an award for the outstanding way she dealt with a very difficult situation. My husband was resident for seven years in Nelson Court linked service centre, but after privatisation they decided he must transfer to a nursing home. This was very traumatic both for him and for me, and finding a suitable home (he is ethnic minority with vascular dementia and physical disabilities) proved to be extremely difficult. The social worker was innovative, and receptive to ideas, and she worked very hard to research suitable vacancies out of area, finally finding a home which was ideally suited to my husband’s needs. During all this time she kept in constant communication and gave me considerable moral support - giving 100% dedication to achieving a satisfactory outcome”
 - A compliment about a Community Occupational Therapist who had visited and was, “very understanding, very likable and was an all round “GOOD AMBASSADOR” for Medway Council and deserves to be told or recognised for not only doing her job but excelling in the way she does it.”
 - A compliment about the manager and the staff of the physical disability team thanking them for “all the support and help at a very difficult time. I

was able to voice my concerns, it was a big help to have someone to talk to. The worker also introduced me to some support groups which I still attend. I have joined Carers First in Medway who have been my lifeline these past few months. The workers' role is a much needed service to help carers, most of whom have very little knowledge of what help is available."

- A lady telephoned to thank everyone in the mental health team who had been involved in her care. She particularly wanted to thank the outreach workers. She said that the difference the whole team made to her and her husband was indescribable, and that above all the team gave them hope, when they had given up on themselves.
- A couple wrote in to thank everyone who had been involved in installing a wet room and a chair lift. They had made their lives so much easier. They thanked the builders, In-Touch and the Occupational Therapist.
- A councillor e-mailed in with a compliment about a substance misuse worker. She had worked really hard with a resident who had acute problems. She went over and above her duty to help this resident.
- A wife wrote a letter to register her grateful thanks to the Intake and Occupational Therapy teams for the amazing help and advice given to her regarding caring for her husband at home. "Without their help in organising carers and the installation of mobility aids I would not have coped, they have given us back our life. Thank you so much".
- A sister e-mailed the following, "No one has helped me the way you have. My brother isn't too good at the moment; he is on his last round of chemo before he goes into isolation for about three months. Hopefully his transplant will have a good outcome for him, as long as he can stay infection free, we are keeping our fingers crossed. Again I cannot thank you enough"
- A complainant wrote in to thank the complaints officer for sorting out her complaint; she said it was a great relief to have the complaint resolved.

12. Risk management

- 12.1 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.

Risk	Not handling complaints properly and importantly not learning from complaints could put an adult at risk.
Description	Good complaint handing, 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.
Action to avoid or mitigate risk	Improved management and control of complaint procedures, learning from complaint analysis, helps to identify and minimise potential risk or impact of risk to adults.

13. Equalities Data

- 13.1 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.
- 13.2 Service users come from many different ethnic backgrounds and many have disabilities. We will refer vulnerable adults to an advocacy service if they need assistance in making a complaint. We have made sure that a complainant who was visually impaired received letters in large print. If a complainant is not able to send in a written complaint we will see the complainant at a venue that is convenient and assessable for them. We will organise a translator if required. We will continue to look at ways to make the complaints process more accessible to adults with disabilities by ensuring that information to about how to complain is published in easy read.

14. Financial and Legal Issues

- 14.1 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 well founded, 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.

14.2 There are no financial issues arising directly from this report. However, good practice is always more cost effective than poor performance.

15. Recommendations

15.1 This report is presented for Members' information and comment.

16. Background reports:

16.1 None

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