



HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

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ADULT SOCIAL CARE ANNUAL COMPLAINTS AND COMPLIMENTS REPORT APRIL 2017 TO MARCH 2018

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Summary

The report provides information on the number, type and other information on adult social care complaints received during the period April 2017 - March 2018. 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 lessons learnt from complaints.

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 and Social Care Ombudsman (LGSCO).
- 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, and homecare services.

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 to 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, in which the complaint must be investigated and resolved as speedily as possible and in a manner that best meets the needs of the complainant. The legislation stipulates that complaints should be completed six months from the date the complaint was received. If the complainant is unhappy with the outcome of the complaint the next step is a referral to the Local Government and Social Care 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 social worker because she has not received minutes of a meeting and the social worker 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 20 working days. In more complex cases the response may take longer.
- 4.3 If the complainant remains dissatisfied with the outcome of Medway Council's complaints process and an acceptable resolution cannot be offered, the complainant is informed about their right to complain to the Local Government and Social Care Ombudsman (LGSCO) and provided with information on how to complain to the LGSCO. In dealing with any complaint, the LGSCO 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. Interpreting services can be arranged by the social care complaints manager, who can also provide a list of organisations who can provide an advocacy service. 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 Quarterly reports provide information on the number and type of complaints, and learning from complaints as well as recommendations to improve services if this was appropriate. These reports are sent to, and presented to, the Adult Social Care Performance Meetings.

5. Role of the Local Government and Social Care Ombudsman

- 5.1 The role of the Local Government and Social Care Ombudsman (LGSCO) 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 and Social Care Ombudsman's recommendations aim to put complainants back in the position they were in before the maladministration occurred.
- 5.3 The LGSCO 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 LGSCO will ensure that everyone has access to the same independent Ombudsman Service, regardless of how the care service is funded.

6 Complaint Analysis: 1 April 2017 to 31 March 2018

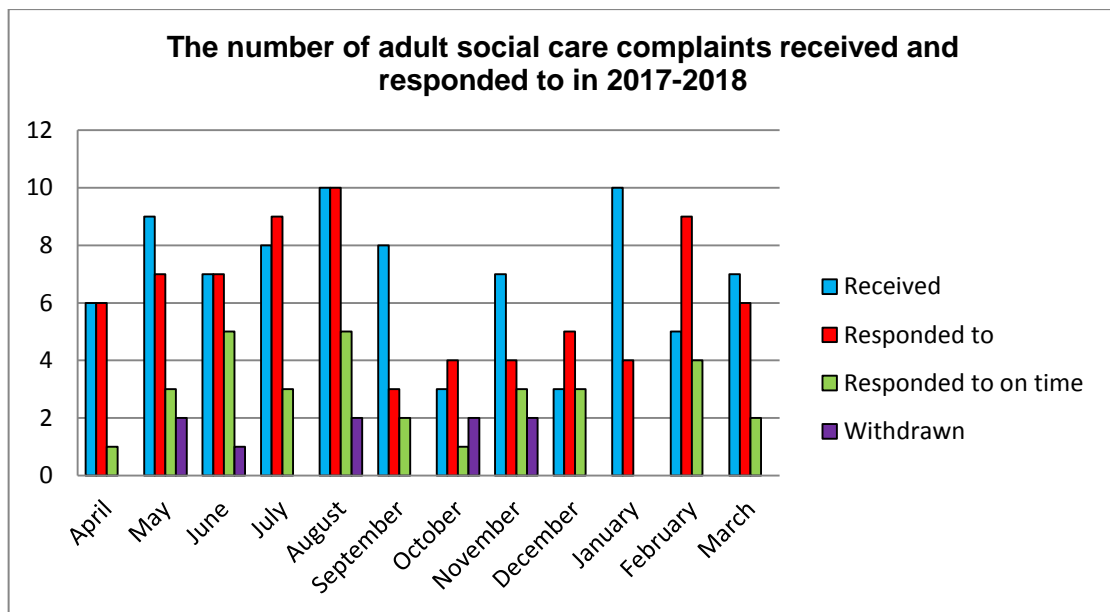
6.1 Complaints handled in 2017-2018

Brought forward from 2016 - 2017	15
New complaints received between 1 April 2017 and 31 March 2018	83
Complaints handled between 1 April 2017 and 31 March 2018	98
Complaints dealt with under safeguarding procedures	2
Complaints withdrawn	9
Complaints responded to between 1 April 2017 and 31 March 2018	74
Open complaints still waiting for a response at year-end	13

6.2 Breakdown of Stage 1 complaints, received between 01/01/18 and 31/03/18

	April	May	June	Q.1	July	Aug	Sep	Q.2	Oct	Nov	Dec	Q.3	Jan	Feb	Mar	Q4	Total
Complaints carried over	15				14				14				10				
Total complaints received	6	9	7	22	8	10	8	26	3	7	3	13	10	5	7	22	83
Total complaints responded to	6	7	7	20	9	10	3	22	4	4	5	13	4	9	6	19	74
Total number of complaints withdrawn	0	2	1	3	0	2	0	2	2	2	0	4	0	0	0	0	9
Number of complaints dealt with as safeguarding	0	0	0	0	0	2	0	2	0	0	0	0	0	0	0	0	2
Total number of complaints responded to in 20 days.	1	3	5	9	3	5	2	10	1	3	3	7	0	4	2	6	32
% of complaints dealt with within 20 days*	17%	43%	75%	45%	33%	50%	67%	45%	25%	75%	60%	54%	0%	44%	33%	32%	43%
%complaints acknowledged within 3 days	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Total number of complaints not responded to at end of each quarter				14				14				10				13	

6.3 Stage 1 complaints received and responded to in 20 days between 1 April 2017 and 31 March 2018



6.4 Comparison of number of complaints received, by year

2017-2018	2016-2017	2015-2016	2014-2015
83	82	95	98

6.5 Number of complaints carried over into next financial year

2017-2018	2016-2017	2015-2016	2014-2015
13	15	14	20

6.6 Three people made more than one complaint in 2017-2018, compared with:

- seven complainants in 2016-2017
- seven complainants in 2015-2016
- three complainants in 2014-2015.

6.7 11 (14.6%) of complainants were not satisfied with the initial response to their complaint as compared with:

- 7 (9.5%) complainants in 2016-2017
- 11(11%) complainants in 2015-2016
- 11(11%) complainants in 2014-2015

6.8 The outcomes for the complaints who were dissatisfied with their initial response to their complaint were as follows:

- Two complainants referred their complaint to the Local Government Ombudsman.
- Four complaints were resolved following a meeting with the complainant.
- Three complaints were reviewed and further responses sent out, which resolved their complaints.
- One complainant was offered a reassessment of their son's needs which resulted in a referral to the NHS for Continuing Health Care.
- One complaint remains unresolved and the invoices are still being disputed.

6.9 Stage 1 complaints by team.

Team	Number of complaints
Disability +25	11
Disability – 25	8
Mental Health	3
Older People	11
Occupational Therapy	3
Intake Team	3
Integrated Discharge Team	2
Exchequer services	3
Financial Assessments	14
Client Financial Affairs	1
Client Financial Services	8
Shared Lives	0
Commissioning and partnership	11
Early Help	
Locality 1	4
Locality 2	0
Locality 3	1
Long Term Support	
Locality1	6
Locality2	7
Locality3	7
Total	103*

***This is more than the 83 complaints received as several complaints involved more than one team**

6.10 Comparison of numbers of complaints about the frontline teams in Adult Social Care (not including Partnership Commissioning Team and Client Financial Services)

2017-2018	2016-2017	2015-2016	2014-2015
66	63	69	63

6.11 How complaints were received in 2017/18

Service users, their relative and relatives assessed the complaints procedure in several different ways:

Method of contact	Volume
Contact by email	51
• Email	42
• Email and letter	5
• Email and Lagan e-form	4
Letter	14
Telephone	8
Face to face at Gun Wharf to the Social Care Complaints Manager	8
Referred by the Local Ombudsman	2
Referred by Member of Parliament	1
Total	83

6.12 Complainant's ethnicity

The information on ethnicity was taken from Framework-i, the electronic information system.

- 49 (59%) of complainants are White British
- 2 (2.4%) of complainants are White/other background
- 2 (2.4%) of complainants are Other Ethnic Group
- 1 (1.2%) of complainants are Black/Caribbean
- 1 (1.2%) of complainants are Asian/White
- 28 (33.8%) of complainants gave no information regarding ethnicity recorded on Framework-i.

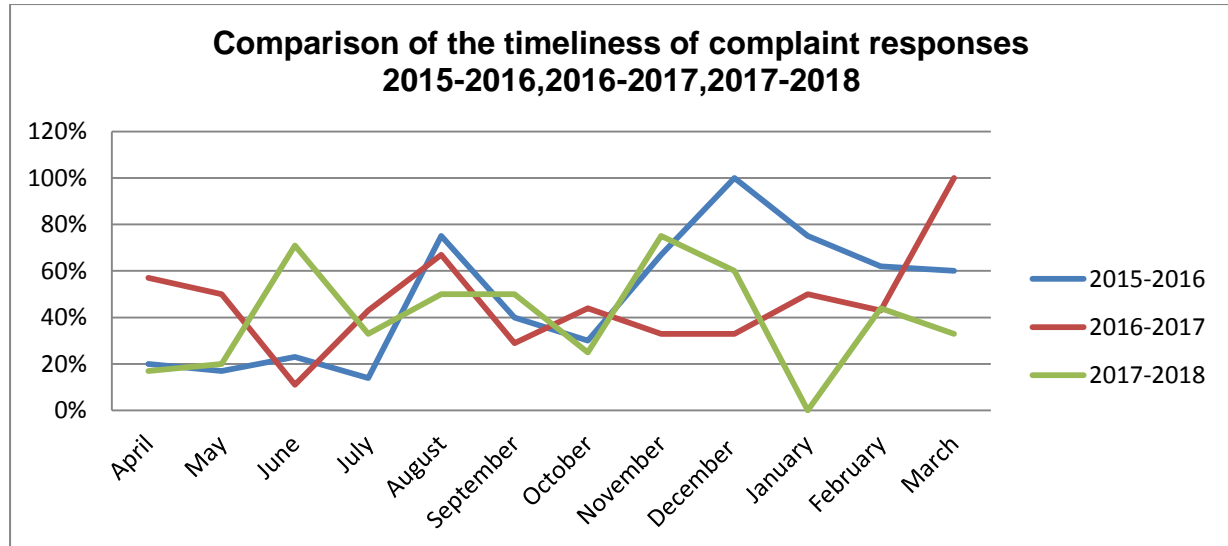
7. Timeliness of Responses

7.1 Health and Adult Social Care Overview and Scrutiny Committee made a recommendation in June 2015 that the timescale for adult social care complaints to be responded to should be changed from 10 to 20 working days. Cabinet accepted this recommendation, commencing on 1 August 2015. Medway Council now aims to reply to social care complaints within 20 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, client financial services, locality teams, commissioning, service providers and health services.

7.2 Time taken to respond to complaints between 01/04/17 to 31/03/18.

	Within 20 days	21-25	26-64	65+	Total
Number of responses	32	12	22	8	74
% of complaints answered	43%	16%	30%	11%	100%

7.3 32 (43%) of the responses sent out were within 20 working days, compared with 33 (45 %) in 2016-17, 50% in 2015-2016 and 46% in 2014-2015.



7.4 Number of responses within 20 working days in each quarter

2017-18	Responses issued within 20 working days
Q1	9 (45 %)
Q2	10 (45 %)
Q3	7 (54 %)
Q4	6 (32 %)

8. Complaint Types and Outcomes

8.1 Types of issues raised and outcomes for complaints responded to between 1 April 2017 and 31 March 2018

Complaint type	Not Upheld	Partially Upheld	Upheld	TOTAL
Behaviour or attitude of staff	3	0	2	5
Lack of support	3	1	6	10
Disagreeing with an assessment	4	0	0	4
Inaccuracies in assessments	0	0	1	1
Not providing a service	1	0	3	4
Disagreeing with a decision re service provided	4	0	4	8
Delays in providing a service	1	0	4	5
Delays in assessing needs	0	0	6	6
Service provided	1	0	3	4
Lack of service provision	0	0	2	2
Lack of/ poor communication	4	1	10	15
Lack of information	1	0	1	2
Discharge from hospital	1	0	0	1
Standard of residential care	0	0	1	1
Standard of home care	3	0	3	6
Standard of respite care	1	0	1	2
Standard day care	2	0	1	3
Changes in social worker	0	0	1	1
Financial	6	1	19	26
Disagreeing with a financial assessment/decision	4	0	2	6
Total	39	3	70	112*

*The total number of issues complained about is greater than the number of 74 responses sent out in 2017/2018, as one complaint can be about several issues.

8.2 Analysis of issues complained about.

- The number of complaints increased from 82 in 2016-2017 to 83 in 2017-2018, however 70 (62%) of issues complained about were upheld compared with 51(49%) in 2016-2017.

- The number of complaints about lack of information decreased from 7 upheld complaints in 2016-2017 to 1 upheld complaint in 2017-2018. This is a significant improvement.
- The number of complaints about discharge from hospital significantly decreased from 8 in 2016-2017 to 1 in 2017-2018.
- There was an increase in the overall number of complaints about services provided from 6 in 2016-2017 to 12 in 2017-2018.
- The number of financial complaints that were upheld increased from 19 in 2016-2017 to 26 in 2017-2018.
- The number of complaints about the behaviour and attitude of staff decreased from 7 in 2016-2017 to 5 this year. The number of upheld complaints increased from one last year to two this year. One of the upheld complaints was about a staff member employed by a service provider.
- The number of complaints about lack of communication increased to 15 in 2017-2018, compared with 13 in 2016-2017. In 2017-2018 10 complaints about a lack of communication were upheld and one partially upheld, compared with 10 upheld and two partially upheld in 2016-2017.

9. Decisions made by the Local Government and Social Care Ombudsman (LGSCO)

- 9.1 The Local Government and Social Care Ombudsman received three complaints about adult social care in 2017 - 2018, as compared with six complaints in 2016 - 2017 and 11 complaints in 2015 - 2016. The Local Government and Social Care Ombudsman accepted one of the complaints, which are still being investigated. The Local Ombudsman referred the other two complaints back to Medway Council to complete the Council's complaints procedures.
- 9.2 One complaint was referred to the LGSCO in February 2017 and is still being investigated.

10. Learning from Complaints

- 10.1 Quarterly reports on adult social care complaints are discussed at performance and quality assurance meetings to ensure that lessons are learnt from complaints and performance is monitored in terms of timeliness of responses to complaints.
- 10.2 Nineteen complaints about financial issues were upheld:
- Twelve complaints about incorrect invoices were upheld, for example being charged for services not received, such as for missed calls, while in hospital, while receiving continuing health care or after a person died. These mistakes occurred when the service provider or relatives did not

inform the social worker about a variance to the care package. Mistakes were also made when the information was not input correctly onto Framework-i. The mistakes in the invoices were corrected and the complainants received an apology.

- One complainant was incorrectly charged for a six week enablement period, the invoice was adjusted and an apology given. This mistake occurred because there was a delay in referring the complainant for a financial assessment, which took place eight weeks after the service user was discharged from hospital.
- Two complainants stated that they were not aware they had to pay for the first six weeks following discharge from hospital. Clear information should be given as to when the service provision is deemed to be enablement and when service users have to pay for the service.
- Three complaints were about delays in making referrals to the financial assessment team.
- Two complaints were about delays in sending out invoices. One complainant was shocked to discover that his package cost considerably more than he thought it was costing him. If he had received the invoice earlier he would have reduced the number of calls per week. The complainant received an apology and his invoice was reduced by an appropriate amount.
- One complainant was not told her finances needed to be considered as well as her partner having his own financial assessment. She was happy to go ahead with an assessment of her finances once she received a full explanation. The learning is that clear information should be available regarding financial assessments for couples.
- A shared lives carer complained that she had not been paid for a week of respite care. She also complained about the length of time it took to resolve her complaint.

The learning from these complaints is that all services should be recorded on Framework-i as well as any variations to services provided. Clear information about financial assessments should be given.

10.3 Complaints about services included:

- A mother complained about the delay in allocating a social worker for her disabled son. This delayed the provision of services.
- A mother complained about the delay in allocating a social worker to agree the number of hours for Direct Payments. This complaint was upheld and she was given an apology.

- A mother complained that she was not provided with services to assist her to manage her disabled son, who was injuring her. He is now in a residential placement.
- A wife complained that a carer did not know how to put a sling on her husband's arm. She could not speak or understand English. The service provider changed carers.
- A complainant said he wanted different services; he wanted someone to go to the bank with him and to the GP. He needed help to change a light bulb. It was agreed that his needs would be re-assessed.
- A mother complained on behalf of her daughter who was living in supported accommodation. Her daughter did not know what rent she was being charged. After she moved in she was told that another service user would move into the spare bedroom. Council Tax was not sorted out and no benefits were claimed on her behalf. The service provider said it was up to the social worker to assist with benefits. The response to the complaint was that housing benefit could not be claimed as the daughter had not signed the tenancy agreement. This should have been explained to her. She also should have been told that she would have to contribute to council tax and that she would have to share the accommodation.
- Home care was delayed because the care provider did not receive the referral form. Lessons have been learnt and care providers now acknowledge referrals.
- Two service users complained that it took three weeks for the social worker to cancel their home care service.
- Mrs Z, who cared for her disabled cousin, complained that respite care was not arranged for her cousin which resulted in her losing the money she had paid for her holiday. A suitable placement was found but the social worker failed to secure the funding and the provider had to offer the place to another person. The response to the complaint offered no apology and stated that another week of respite had been offered. Mrs A was not happy with the response. A meeting was organised with the team manager and the social care complaints manager. Following this meeting Mrs Z felt listened to and an action from the meeting was to allocate the case to another worker who would look at the long term needs of her cousin. This illustrates that listening to complainants goes a long way to resolving their complaint. It is also important to understand the importance of a holiday for a carer and try to arrange respite care to accommodate a carer's holiday.
- A daughter complained that there was a delay in providing additional services to her father such as two extra calls and an extra week of respite care. She was told the package would have to be agreed at a panel and that she would have an answer in a month's time. This did not happen and so she e-mailed and phoned but no one could help her as nothing was recorded on

Framework-i. The allocated worker was off sick and the duty workers should have dealt with the issues. The panel agreed the package.

- A service user complained that the service provider did not send a driver to take her to her acupuncture appointment and she had to pay for a taxi. The service provider apologised and refunded her costs for a taxi.
- A wife complained that there were no appropriate home care service providers who could meet her husband's need. She did not want her husband to go into residential care.
- A wife complained that Medway Council did not establish that her husband lived in Kent County Council area until after they had assessed his needs and provided a care package. Once the mistake was discovered the case was transferred to Kent. She complained that service in Kent was not as good as the service in Medway and wanted Medway to continue providing services.
- A daughter complained about a delay in responding to her request for help for her mother. She also complained about a lack of communication. She received an apology for the delay in assessing her mother's long term needs.
- An advocate sent three letters, which were not responded to, requesting supported accommodation for a service user. There was a delay in providing a service and the advocate's letter of complaint should have been sent to the customer relations team to be logged as a complaint and monitored.
- A service user complained about his care package, that the carers did not understand his needs and that they did not come at the agreed time so that he could go swimming. He also complained that he had not had an updated assessment of his long term needs as promised in the response to his first complaint. Actions promised as a resolution to a complaint need to be monitored to ensure that they happen. His needs were re-assessed.
- A service user felt neglected as no one had visited her for nearly two years and there had been a delay in responding to her request for help. There had been a delay in reviewing her care plan; she received an apology and a long term assessment of her needs was undertaken in December 2017.
- A mother complained that a respite service would not administer medication for her daughter if she had an epileptic fit. This was investigated by the Commissioning and Partnership Team and the situation was resolved. Unfortunately the mother felt so let down that she has decided not to use the provision again.
- A daughter complained about the delay in providing her mother with an appropriate care package due to a lack of availability of an appropriate service provider. As a result her mother had to go into respite care while the search continued for a provider who could meet her needs in the community. She

also complained about having to pay for residential care. The cost was reduced to the amount she would have paid for a home care package.

- A service user complained that her breakfast calls were late, which resulted in insufficient time between breakfast and lunch. The delays in the breakfast calls were not acceptable and will be monitored through quality assurance visits to the service provider. She also complained about missed calls and that the carer asked for missed calls not to be logged. This is also unacceptable and has been addressed with the service provider. She also complained about the lack of communication from the service provider, and about the carer's attitude. The Commissioning and Partnership Team will continue to work with the service provider to address the issues raised in the complaint.
- A niece complained on behalf of her 84 year old uncle. She complained about the care given to her uncle, especially in relation to his catheter. The carer's did not log when it had been emptied or washed. There was no record that he had been given his eye drops. Visit times were changed; they came at 10.50 am for lunch. The carer called the niece to say her uncle was immobile. As her uncle had been mobile four hours earlier she became concerned about his health. The niece tried to explain to the carer that he must be ill and suggested that she called 999. The carer said it was not her job to call 999 and she had dashed around her other five jobs so she could get back to the office to call the next of kin. The niece phoned 111 and Medoc, who called an ambulance. When her uncle got to hospital he was very ill. He had been left for an hour while she did her other calls.

The response to the complaint was:

- The visits should be 30 minutes either side of the time specified in the contract. The earlier calls for breakfast and lunch were not acceptable.
 - Information in respect of her uncle's catheter and eye drops was not included within the original referral, made by telephone, to the Rapid Response Team. The Rapid Response Team has set up a new process where referrals are e-mailed.
 - When emergency medical attention is needed the carer should call an ambulance. The service provider will ensure that all staff have a copy of the policy about when a carer should call an ambulance.
 - Medway Council will be seeking assurances from the service provider that they have addressed the concerns raised and the learning from the complaint is used to improve the services they deliver.
- A daughter complained, on behalf of her 93 year old father, about a service provider's lack of communication and delay in finalising home care calls over the Christmas period. She also complained that a carer had sworn about her at the end of a phone call. This was totally unacceptable and the worker was asked not to visit her father again. An apology was given in respect of these issues and reassurance that the issues would be discussed with the provider and monitored.

- A daughter and son complained about the plan for their father when he was discharged from hospital to a respite provider. His placement was deemed to be respite care; they argued that it should have been rehabilitation. They were concerned that he would not be able to live independently. His house was not suitable for adaptation and the family were told he would have to move home. There should have been better communication with the family about all the options open to their father and Extra Cared Placements should have been explored. The service provider assessed his needs and the resources panel agreed that he needed an Extra Care Placement. The family received an apology and the fees for his six week stay at the respite provider were waived.
- A service user complained about the way he was treated when he went to see an extra care scheme. He did not feel welcome, he felt he would have to eat in the restaurant as he was not told he could self-cater, the door was left open when he was questioned about his finances. He received an apology and reassurance that in future finances would be discussed in a private room with the door closed and that the staff member would be spoken to about her general attitude.
- A father complained about the delay in providing a replacement shower chair and a shower bed for his son. The equipment was ordered and delivered and an apology given for the delay.
- A carer complained that she had not had a review of her carer's assessment. She received an apology as the case was closed because her father was not receiving any services. An appointment was made for a new carer's assessment.

10.4 Complaints about lack of information/communication

There were several complaints about a lack of communication, emails not being answered and phone calls not being returned.

10.5 Behaviour of a social worker

- A service user complained that during a home visit the social worker did not listen to her, talked at the same time as she did, kept looking at his watch, talked about his own health needs and the pressure he was under at work and how emotional the work was. She received an apology and a more experienced social worker was allocated.

10.6 The learning from complaints is discussed at the Adult Social Care Performance and Quality Assurance meetings. Three workshops for Practice Managers covered the principles of good complaint handling and learning from complaints.

11. Compliments

11.1 Compliments provide valuable information about the quality of our services and identify where services are working well. Compliments are 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.

- A service user e-mailed the Leader of Medway Council about the occupational therapist and an integrated practitioner in which he wrote:
“These two wonderful ladies have been instrumental in getting me the help I need to aid my recovery and are on hand should I need any help or advice. I know Council staff are there to help but sometimes people go beyond what is expected of them, they have helped me enormously and I will be forever grateful for the help, support and assistance they have afforded me and I hope the Council will recognise the excellent staff working for people locally”.
- A relative sent a thank you card to an occupational therapist saying *“Thank you so much for getting P into Choice. You can’t imagine how great that is.”*
- A service user sent an e-mail stating *“Following a domiciliary visit from the occupational therapist, adaptations were made to my bathroom which has made it far less likely that I will suffer another fall. A gel cushion, on loan will also help to prevent pressure sores from developing. I would like to express my gratitude to your department and to LC in particular for her expertise, kindness and courtesy. She is a credit to Medway Council”.*
- Another compliment from a service user. *“Thank you for the fast and brilliant service of putting in my grab rails. It has made such a difference to my life”.*
- A daughter e-mailed *“I very rarely find myself in a situation where I am so impressed with a person within their working environment that I feel the need to write to their seniors to let them know what a wonderful job a member of their team is doing. L needs to be recognised for the great amount of effort she has put into resolving my parent’s issues and helping them find a final happy ever after home. I do believe that over the last 18 months or so my parents’ case has been somewhat challenging, however, throughout that time L has remained supportive, empathetic, efficient and professional. She has visited, called and messaged whenever she said she would, and her knowledge of the social service system to achieve the best results and support has been invaluable.*

In a time of large cuts to services and resources being very limited we have been so incredibly lucky to have such a wonderful person support us and deal with our situations, helping make some very difficult times much easier to cope with. L truly has been an incredibly great help, and you should be very proud and are very privileged to have such a fabulous team member. I would like to pass on my thanks to L on behalf of my entire family”.

- A card was sent to the manager of self-directed services thanking him

for his help.

- A daughter e-mailed to say how happy her mother is in her new bungalow, she stated that *“my mother thinks a lot of you (the social worker) and you are a huge part of her journey and to be fair I don't think many would have fought so passionately for her, which all the family really appreciate. So thank you so much for being you”*.
- The client financial team received a card stating “many thanks for the professional and kind way you have dealt with me concerning our friend's financial affairs. I wish you and your department many years of giving help and advice to your clients”
- A mother e-mailed Aut Even *“I just wanted to thank everyone for giving P such a lovely last visit and the opportunity to share a belated birthday with you all. She came straight in and insisted on putting on her new pjs. They fitted perfectly. It was a really sad drive home knowing I wouldn't be picking her up from you again. P and I will both miss you all very much”*.
- A son sent a letter thanking the worker from deaf services and the interpreter for attending a meeting at short notice. He stated that *“the meeting regarding J's disability was very well conducted and very informative. I would like to thank you both for the very friendly and professional way in which the meeting was conducted.”*
- A service user called customer contact to say how grateful she was for teams that provided food to housebound people in the bad weather over the last couple of days. She is very thankful for the help she received and the essential food and goods she needed. She wanted this positive news to be shared.
- A mother thanked the social worker for her the assistance in moving her daughter into her own accommodation. The mother said her daughter thinks a lot of the social worker, who was a huge part of her daughter's journey. The mother didn't think many would have fought so passionately for her daughter which the family really appreciate. She wrote *“thank you so much for being you”*.
- A complainant thanked the social care complaints manager for her help and support.

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 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.
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, and 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 Implications

- 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 LGSCO. 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 It is recommended that the Committee notes and comments on the report.

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Appendices

None.

Background Papers

None.