

Adult Social Care

Compliments and Complaints

Annual Report
2015 -16



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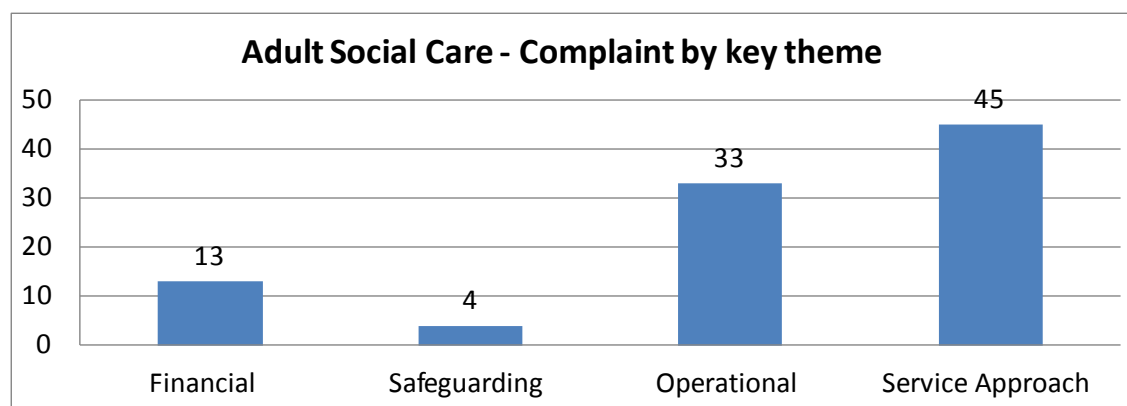
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1. Executive Summary

This report contains a summary of the data produced by the Adult Social Care complaints procedure between 1 April 2015 and 31 March 2016. It highlights how the service has performed in relation to statutory timescales as well as in respect of learning and service improvements identified through the analysis of the complaints process in previous years.

During this period 94 complaints were received, 74 were regarding Adult Social Care and 20 were concerning provider agencies. A total of 93 complaints were successfully investigated and resolved with 1 complaint progressing to the Local Government Ombudsman for consideration. This complaint is still being considered by the Ombudsman and therefore the outcome is as yet unknown.

The complaints received encompass multiple issues, the key themes of which have been categorised under 4 primary headings



Note - The number of reasons is greater than the actual number of complaints as a complaint can have more than one reason.

Financial - Relates to charges, financial assessments, invoicing & personal budgets

Safeguarding - Relates to safeguarding and DoLs

Operational- relates to confidentiality, respite, transition, professional decision, MP complaints, eligibility, assessment, OT assessment waiting for assessment, care planning, inadequate equipment, placement choice and service provision including new care package and delayed discharges

Service approach - Relates to lack of support, staff attitude, lack of communication, poor communication with client, lack of dignity and respect, lack of recording, delayed / cancelled hospital appointment, poor overall quality of care, poor handovers and lack of stimulation

Please note – Does not include ‘other’ reasons. The number of reasons is greater than the actual number of complaints as a complaint can have more than one reason.

The above key themes list has been used throughout the year to track the nature of the complaints and is now monitored quarterly, with the most pressing concerns identified and included in a quarterly report which is presented to the Adult Social Care management team. This enables any necessary changes to processes to be discussed and implemented during the year.

Of the 74 ASC complaints 19 were raised directly by the client, the remaining 55 were made by either family or advocates on behalf of the client. 100% of complaints were acknowledged within the statutory 3 working days timescale. As well as all complaints being responded to within the agreed timescale with the complainant

In 2015/16 the Service received 236 compliments from service providers, families and partner agencies. A small selection of these are shown later in the report.

2. Complaints Process

The framework for managing complaints is set out within the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

The fundamental principles that underpin the Adults Social Care complaints procedure are:-

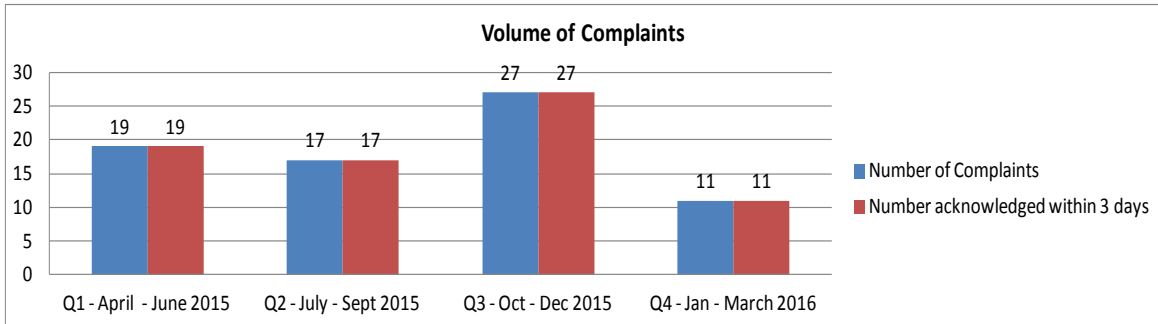
- Listening
- Responding
- Improving

If, having exhausted all reasonable avenues within the Council's complaints procedure, the complainant still remains dissatisfied; they may ask the Local Government Ombudsman (LGO) to consider their complaint.

A summary of the Adult Social Care Complaints Process is at Appendix A.

3. Analysis

During 2015 -16, 94 complaints were received. Of these 74 were about Adult Social Care and 20 were about external service providers, where care is commissioned via the Local Authority.



Of the 74 complaints in 2015/16, 73 were successfully resolved by the Adult Social Care Team. One complaint progressed to the Local Government Ombudsman – at the time of writing this report that decision is still outstanding

The number of provider Complaints has fallen slightly from 23 in 2014/15, to 20 this reporting year. This is partly due to more robust early intervention and proactive visits carried out by the Care Quality team, who work with, and support providers, to improve their services and improve the quality of care being delivered.

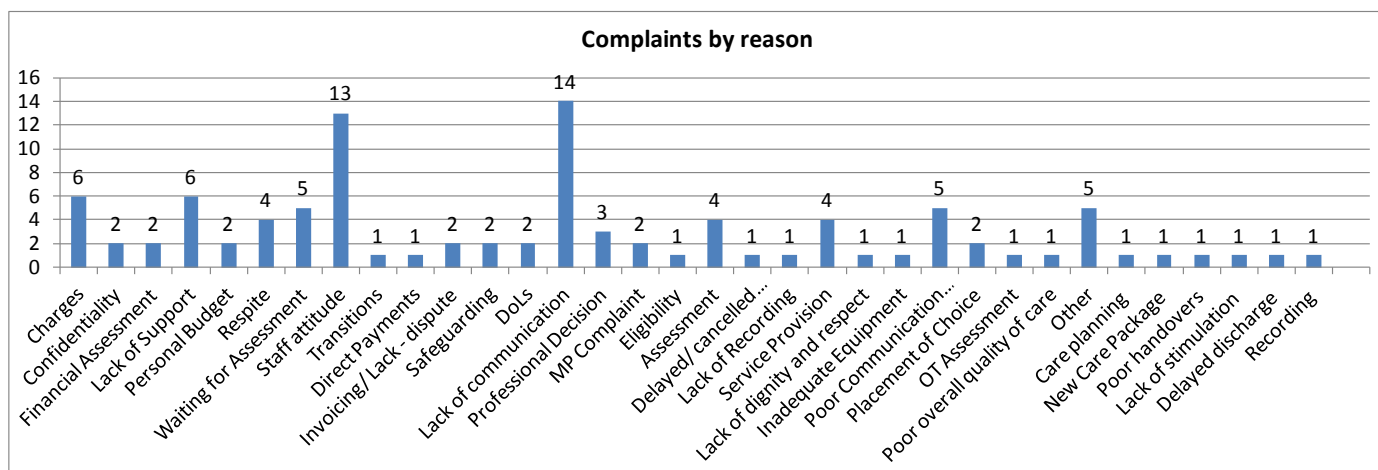
4. Timescale for Responses to Complaints

100% of complaints were acknowledged within 3 days and 98% of complaints were responded to within the agreed timescales, with a revised timescale agreed for the remaining 2%.

5. Themes

In addition to producing an annual report, the Complaints Manager also prepares quarterly reports which are produced and presented to Adult Social Care Management Team. These reports highlight the volume of complaints and reasons these complaints are arising with a view to enabling services to address and take appropriate action where necessary. These quarterly reports pick out themes and the annual analysis of those themes are reported below.

Complaints referred to in the executive summary are generic categories which have been used to cluster complaint types. The complaints received will typically encompass multiple issues, the key themes of which have been categorised in the graph below.



Staff attitude and lack of communication are the predominant feature of the complaints received during this reporting year. Analysis of the content of individual complaints within these categories has indicated that staff sometimes have to deliver difficult and unwelcome messages to their clients and families, particularly where funding and choice of placements are concerned. Due to the nature of these conversations those messages are not always welcome or favourably received. On some occasions these difficult conversations have generated a complaint.

In relation to those complaints which identify lack of communication as a feature, it is noted that language barriers can cause difficulties. Care staff who originate from overseas may have a very good grasp of the English language but may struggle with understanding colloquialisms used and accents their client group may have. Similarly clients with hearing impairments sometimes struggle to process the accents of those staff come to support them. These difficulties have, on occasions precipitated complaints. Providers work hard with their staff teams to develop their language skills and address cultural differences that might exist. The Care Quality team proactively support agencies to address issues of this nature and develop a flexible workforce. As part of the learning and looking forward a recruitment project, coordinated by the Care Quality team and made up of representatives from the Local Authority and Providers, was started in the 2016/17 reporting year. This project aims to support the development locally of a committed and skilled workforce and strengthen the quality of staff recruited into the care industry. It is hoped a by product of that approach will reduce the number of complaints in which lack of communication is a feature.

6. Lessons Learned

Lessons learned are an important feature of the complaint process. A recognition that when things go wrong it is important to analyse the complaint and consider systems, procedures and actions taken, to ensure, where possible, such a complaint is less likely in the future.

The table below sets out some examples of complaints, the learning and management actions to be rolled out across the service to ensure learning is captured.

Complaint	Learning	Management Action
<p>DoLS Assessment Process Son complained that the DoLS assessor did not consult with family before carrying out assessment Carried out assessment at 6pm when his 96 year old mother was asleep and had to be woken</p>	<p>It's important that an accurate assessment is carried out when the client is at their best i.e. not bedtime. Family can supply important information</p>	<p>Ensure that assessors have all relevant information i.e. next of kin details Also sleeping patterns are respected</p>
<p>Charging for Care When discharged from hospital, care manager had told daughter that her Mother would get 6 weeks free care. The family then received invoices for care from the date of discharge.</p>	<p>The family have lost confidence in care manager and would like a change of care manager. Family had not budgeted for 6 weeks of care, resulting in stress due to debt.</p>	<p>Cost of care waived. Change of care manager Reminder to all staff at staff meeting the importance of advising clients and their families about charging. Staff instructed of the need to record on system they have advised families about charging</p>
<p>Service user was admitted to a residential home under Emergency Safeguarding procedures. SU's carer felt that she was ignored when she first entered the home. Carer talked about taking a body map later. SU and carer were not familiar with this terminology.</p>	<p>Manager to write new process for admissions - detailing actions and areas of responsibility. Look at use of language and terminology.</p>	<p>Will continue to monitor to confirm guidelines suitable. To look at training around communication and how we improve practice. New admission policy has been rolled out to all 4 WB homes</p>

<p>Provider home gave notice to service user with aggressive behaviour – not because they could no longer meet his needs, but due to a gap in the contract which allowed them to terminate, causing stress to both the service user and his family.</p>	<p>To look at updating the contract to ensure that any termination is due to home no longer being able to meet service users needs.</p>	<p>New contracts being rolled out to providers to ensure new contracts are robust / close gaps.</p>
<p>Daughter not informed that her mother’s case worker was leaving. Family left feeling anxious about who would pick up their mother’s case and had no point of contact.</p>	<p>Care manager knew the date that she was leaving and, was expected to advise all of her clients of this date and what would be happening with their case</p>	<p>Checks will be conducted via supervision in future to ensure that out of general courtesy families are informed of change of social worker or teams and are given contact details of new point of contact.</p>
<p>Service user was booked to go into respite – unfortunately two days before this there was an outbreak of diarrhoea and vomiting in the respite home. As his wife had booked a holiday, an alternative respite bed was sought at short notice, however the home was not secure and the service user was found wandering</p>	<p>Due to unavailability of the original respite home and shorttimescales there were limited options available. Up to date information regarding clients condition was not made sufficiently clear in the care plan and a lack of clarity in the process lead to the inappropriate respite placement</p>	<p>Procedures for ongoing requests for respite placements have been reviewed and a clear process has been developed between Adult Social Care and the Care Placement Team to clarify roles and responsibilities, as well as lines of communication, to ensure that this does not happen again.</p>

7. Compliments

Whilst it is important to reflect on the themes of complaints and areas for ongoing improvement, we also need to recognise where the service has worked well. During 2015/16 the Service received 236 compliments from service providers, families and partner agencies; this outnumbers the amount of complaints, supporting a view that generally services are delivering a good standard of care.

The service recognises that by reviewing and analysing compliments it is possible to learn lessons in the same way we can learn from complaints. To summarise compliments come in for all Adult Social Care Teams, including back office/support teams within the Communities Directorate. The data collected does not break them down into individual teams.

Below is a small selection of the 236 compliments we received about the service our staff provide from families and partner agencies: -

“Thank you so much for what you are doing. She said that you are a lovely, lovely man and she feels that you really care about x. She feels very lucky and blessed to have you supporting her.”

“I would like to compliment xxxx for her professionalism, kindness and understanding while supporting our family with their needs and care package. - she is always smiling and ever so positive. She listens to people, she always takes in to account what they are telling her and tried to find the right solution”

“You provided a sense of safety for us with the combination of your knowledge and experience. You’re always calm, with a positive approach to things. You are probably one of the most efficient social workers I’ve ever known – you get on and do things!”

“Just to say a big thank you for all the kindness and happy times mum has had at The Home. When Mum first arrived she was very nervous and not sure what it would be like, over the months mum started to feel “this is all ok”, enjoying activities, making friends and settled in. Thank you very much. We will all miss you, having chats when we came in and a cup of tea made for me to enjoy with mum, it all meant so much.”

“Just wanted to thank you SO SO much for everything you have done to get Mum out of hospital and for all your efforts in organizing the relevant care packages to ensure she is so well looked after. You have no idea how grateful I am to you for all your help and support and for going beyond the call of duty to make things run so smoothly. Getting home for Christmas was the best ever Christmas present for Mum, I'm sure if she had stayed there much longer, things would not be quite as good as they are now. Thank you so much, I cannot begin to tell you how much we appreciate everything you have done. I know you are really busy and to think that you made all that effort for one family is just, well, overwhelming.”

“My family and I would like to express our sincere thanks to you all for the wonderfully professional care, the kindness and thoughtfulness and your helpful advice at all times during your visits to my mother. Your concern for her needs, and ours, was shown right to the end and made a very difficult time very reassuring.”

8. Conclusion

In this reporting year there has been a small decrease in the number of complaints made. During this reporting year we have dealt with 94 complaints, with 1 complaint currently being progressed to the Local Government Ombudsman. This compared to 2014/15 when we received and dealt with 97 complaints with two progressing on to the Local Government Ombudsman.

The overall management of the complaints process is considered to be robust with 100% acknowledged within 3 days and 98% responded to within agreed timeframes, meeting the required regulations. Complaints are taken seriously and resolution is sought at the earliest opportunity with the intent that less stress is caused for the complainants and their families. However, the service is not complacent and recognises that good communication and standards of service delivery are areas of ongoing improvement.

Complaints are monitored and reported on quarterly to ensure good understanding and communication is in place across Adult Social Care with actions taken appropriately and in a timely manner.

Compliments currently exceed complaints and are used to establish areas of best practice in order to share across the system.

Appendix A – Adult Social Care Procedure

From 1st April 2009, a single approach to handling complaints across Health and Adult Social Care was introduced. The new regulations:

- 1- enable organisations to develop more flexible and responsive complaints process, providing a more personalised response
- 2- Introduce single local resolution stage, replacing the tiered stages
- 3- Introduce a new single system for independent review (Health Service Ombudsman or Local Government Ombudsman)

The statutory complaints procedure is structured around three main principles: 'LISTENING', 'RESPONDING', 'IMPROVING'

These principles help the Authority to take a more active approach to deal with complaints more effectively and use the information received to learn and improve services for all its service users.

LISTENING

A proactive approach will be taken to LISTEN to people about their complaint, to:-

- make sure that we really understand the issues
- find out what they want to happen as a result
- obtain the right information to assess the seriousness of a complaint

In doing this, people will feel more valued, they will have more confidence in our organisation, and we will be able to manage their expectations, so that the outcome is more likely to be to the satisfaction of everyone involved.

It is a statutory requirement for all complaints to be acknowledged within **3 working days**.

A clear statement of the complaint and **Action Plan** of how it is proposed to investigate the complaint will be sent to complainant.

The Complaints Manager will negotiate timescales for responses on an individual basis.

RESPONDING

The Complaints manager will risk assess the seriousness of each complaint, to assist in ensuring the right action is taken.

The Investigating Manager will respond to the complainant within the agreed timescales.

If a complaint is established as very serious or of high complexity or has not been resolved by a local investigation an independent investigator/ mediator will be appointed.

If after completion of the independent investigation the complainant is still not happy they have the right to ask the Local Government Ombudsman to consider their complaint.

IMPROVING

Complaints provide a vital source of insight about peoples experiences.

We will use this feedback to assist in making improvements to the service we work in and improve staff learning and professional development.

The resolution of any complaint is seen as a continuous process responding to individual needs, ***please refer to the flowchart overleaf***

