

Adult Social Care

Compliments and Complaints

Annual Report 2016 -17



West Berkshire
C O U N C I L

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Executive Summary - Introduction

This report contains a summary of the data produced by the Adult Social Care complaints procedure between 1 April 2016 and 31 March 2017. 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.

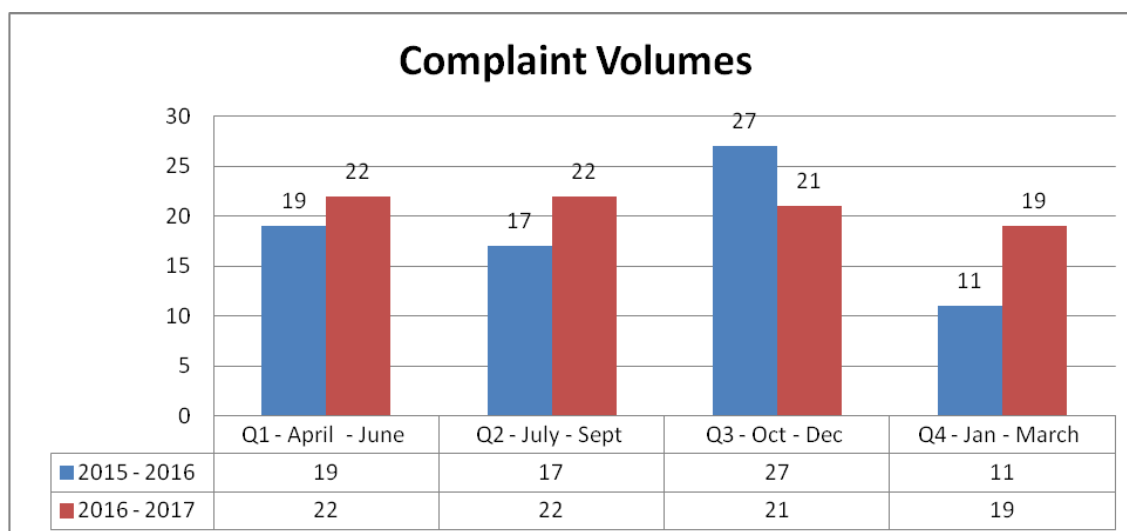
During this period **111** complaints were received, **84** were regarding Adult Social Care, of which two Adult Social Care complaints were investigated via an Independent Investigator and the remaining **25** were concerning provider agencies.

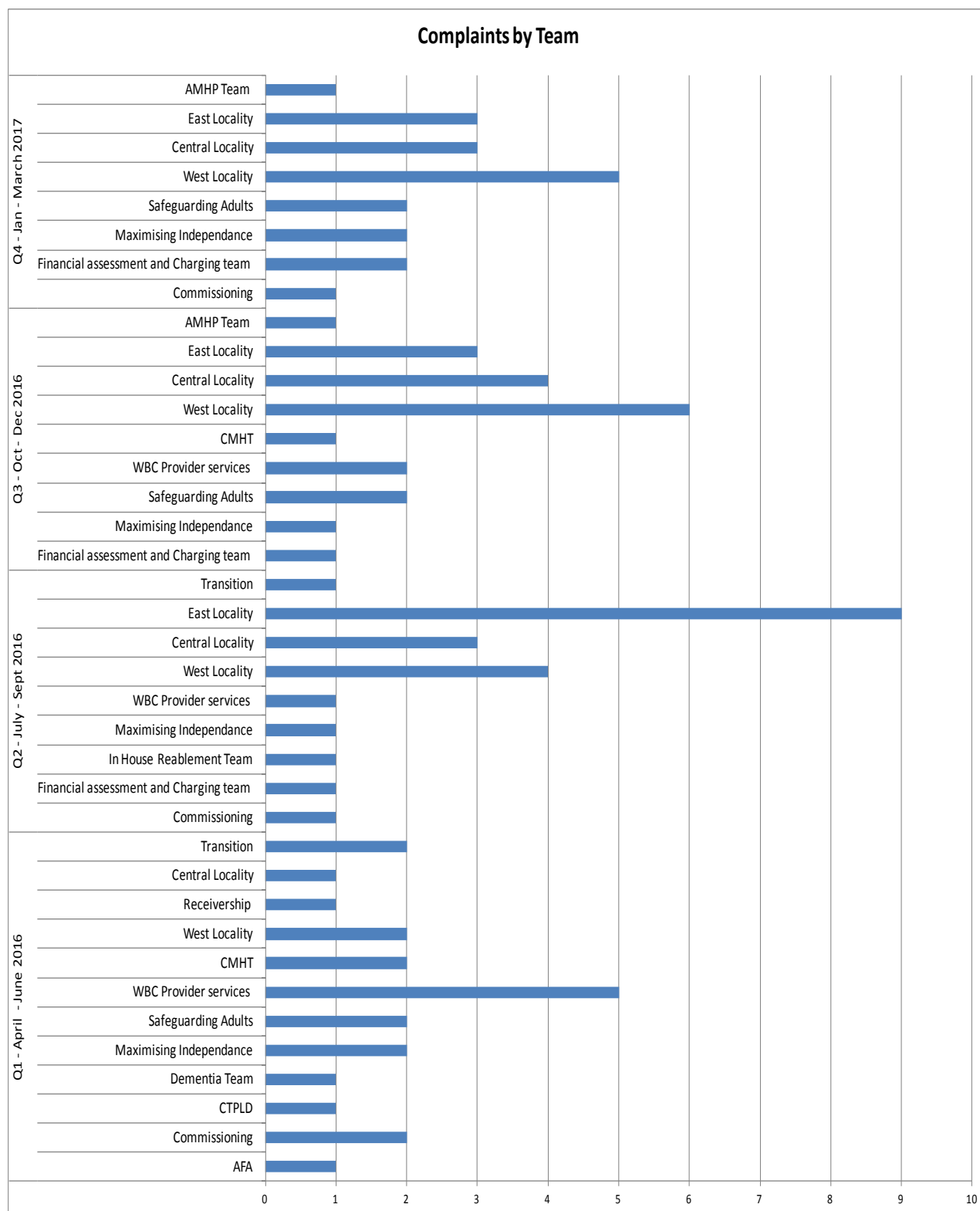
A total of **108** complaints were successfully investigated and resolved within Adult Social Care. With **3** complaints progressing to the Local Government Ombudsman (LGO) for further consideration and adjudication.

All **3** complaints considered by the LGO were partially upheld, within the LGO's findings there were elements of good practice, but also findings of where we could have done things better. .e.g. clearer communications, staff training on legal matters, TOR for Panel decisions.

The Complaints Manager together with the Senior Management Team have worked on improvement plans following the outcome of these LGO investigations, resulting in learning being rolled out across the Directorate. Please see separate section on Lessons Learned further on in this report.

The chart below shows the number of complaints received and investigated during this reporting year, it is broke down into reporting quarters. The second chart also provides a breakdown into service areas.





Overall Adult Social Care workwd with 2,034 of people. Compare the number of clients we serve with the number of complaints received this equates to 4% of clients or their families have complained about the service.

The Volume, Nature, and Outcome of Complaints

Not all complaints are singular, most cover multiple issues, which have been captured in the chart on page 6 below. Due to the number of areas complaints cover we have merged them into 4 x categories as below

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

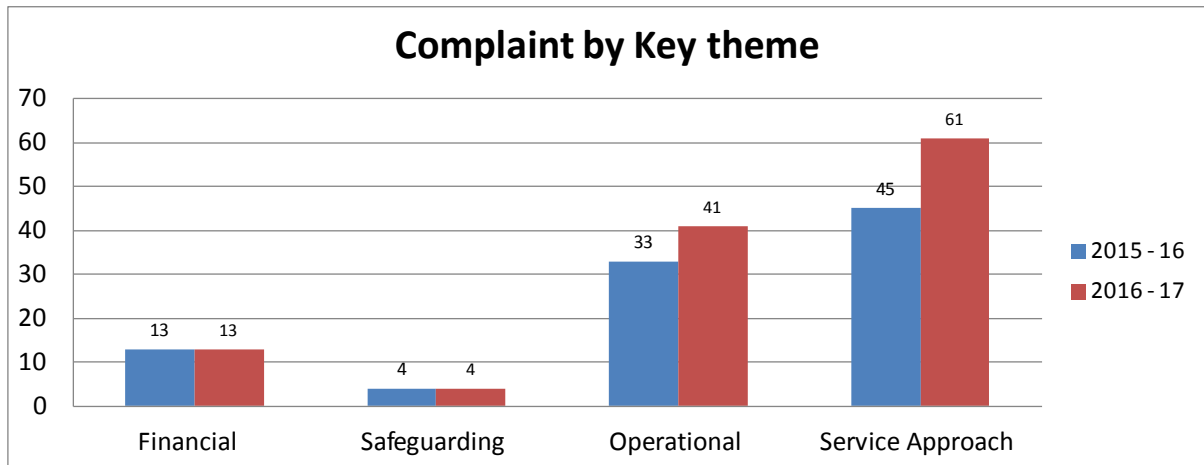
Safeguarding - Relates to the safeguarding of vulnerable adults and Deprivation of Liberty Process

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

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 **84** ASC complaints **66** were raised directly by the client, the remaining **18** were made by either family or advocates on behalf of the client. 100% of complaints were acknowledged within the statutory 3 working days timescale.



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.

Analysis – 2016/17

This reporting year has seen a **11%** increase in the number of complaints received. During 2016 – 17, **111** complaints were received. Of these **84** were about Adult Social Care and **25** were about external service providers (where care is commissioned via the Local Authority).

These figures compare to a total of **94** complaints received and dealt with in the previous reporting year 2015/16, which was broken down into **74** Adult Social care Complaints, and **20** provider complaints.

Major changes to the way we work within Adult Social Care (ASC) came into place during part of this reporting year – where specialist teams have been embedded into 3 x Locality Teams, giving each team a greater overall general knowledge of the complexities ASC care provision brings. In time the changes implemented will equip each team with a much broader knowledge and expertise across all areas of Adult Social Care which in turn will benefit those we serve.

With any transformation within an organisation it is inevitable that change brings uncertainty and anxiety. As a result of these changes it was anticipated that the number of complaints would rise.

Learning from complaints has helped and continues to assist in the shaping of the service as we move forward in an ever changing environment, where the population of elderly and those with increased complex needs continues rise, for example:

- Through the complaints process it had been identified that there were inconsistencies in the standard of investigations carried out by staff. A bespoke training programme has been developed to assist staff when conducting internal investigations in order to bring them in line with Complaints and S.42 investigations.
- It had been identified that there was a delay in Occupational Therapists (OT's) having capacity to carry out Disabled Facility Grant assessments (DFG's). Under the New Way of Working - OT's have now been employed in the Housing/Grants Team so they can work closer with the team rather than waiting for an Adult Social Care (ASC) OT to be allocated and complete work.
- New process maps for DFG's have been written and are given to customers so that they understand the process.

Of the **84** complaints in 2016/17, **81** were successfully resolved by the Adult Social Care Team. Three complaints progressed to the Local Government Ombudsman for adjudication.

All **3** complaints considered by the LGO were partially upheld, within the LGO's findings there were elements of good practice, but also findings of where we could have done things better. Please see separate heading Lessons Learned further on in this report.

The Complaints Manager together with the Senior Management Team have worked on improvements plans following the outcome of these LGO investigations, resulting in learning being rolled out across the Directorate

Timescale for Responses to Complaints

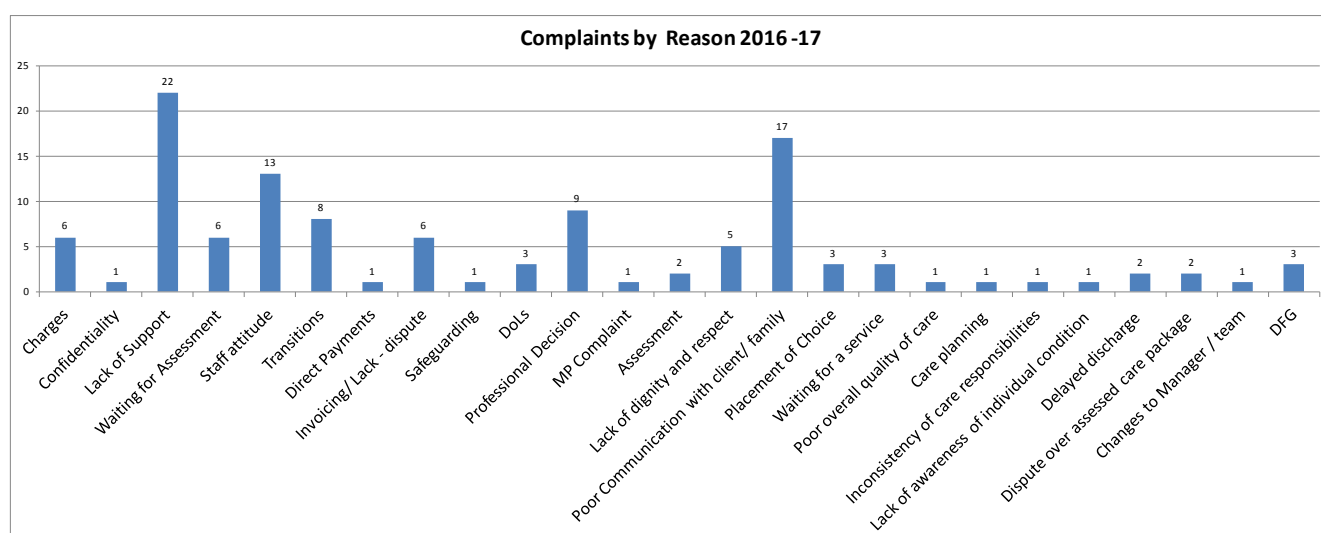
100 % of complaints were acknowledged within 3 days and 94% of complaints were responded to within the original agreed timescales.

Where complaints have proven to be more complex than initially thought, it has been necessary to agree an extended timescale with the complainant. Where a revised timescale has been agreed all complaints were responded to within this revised timescale.

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.

The data is further broken down into the primary reason for each complaint in the chart below:



Lack of support and poor 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, and can be perceived as lack of support.

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.

Lessons Learned – what could we do differently

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
Family were in disagreement with the Council about their mother's capacity to decide where she wanted to live	. The Mental Capacity Act Code of Practice says that, if there is a disagreement about capacity: (4.65) <i>"It might be possible to get a second opinion from an independent professional or another expert in assessing capacity. (...). But if a disagreement cannot be resolved, the person</i>	Training session for all staff to highlight. It is now best practice that where there is disagreement over capacity the family have the right to refer the case to the Court of Protection <i>The Court of Protection can rule on whether a person has capacity to make the decision</i>

	<i>who is challenging the assessment may be able to apply to the Court of Protection.</i>	
Care manager visited LD client , at the day centre she was attending. Care Manager did not advise the clients' Mother in advance. This caused the client to become distressed and anxious, as her mother had not prepared / reassured her that a meeting would be taking place..	Our learning is always how better we can work with families to engage with service users and their carers. it would have been better for our member of staff to have mentioned that she was visiting and intended to speak with our client during that visit as that would have eased her anxiety	Reminder sent to staff via e-mail and learning shared in Team Meetings regarding the importance of keeping open communications with Services Users and their Families.
Family upset after their loved one passed away in a care home. Their loved one was under a DoLS order – which means that the Coroner needs to issue the death certificate. This did not happen and caused a delay in family being able to make timely funeral arrangements. The family were unaware that the care home needed to liaise with the Coroner when their loved one passed away.	Currently all Managing Authorities, caring for a person with a DoLS in place, are advised of their obligation to notify the Coroner when a death occurs in situ. Current guidelines from DOH did not cover this aspect of a DoLS application, therefore family were unaware of the Coroner's involvement	New leaflets and updated information included in DoLS letters sent from ASC to families to make them aware that the Coroner must be notified when a loved one, in a care home, who does not have capacity passes away, as only the Coroner can issue the death certificate in these circumstances.
A recent complaint identified that insufficient information was provided to a Care Provider about the level of support required in relation to an individual's health and	A briefing note was produced by the Complaints Manager in conjunction with Care Quality Officer to raise awareness amongst staff about where relevant information for providers	Learning from complaints guidance sheet ratified by Senior Management Team and disseminated to care teams. Situation monitored by Care Quality Officers

medication. This put the individual at risk of receiving inappropriate care.	is extracted and highlight where critical health / medication requirements should be recorded.	
All cases for funding need to be approved and signed off by panel. Complaint regarding Panel's decision making process was challenged.	It was identified that Panel did not have a TOR. The purpose of Resource Panel is to make appropriate decisions about requests to commission long-term packages of care or to fund one-off expenditure on care and support.	Senior Management Team wrote and embedded a robust TOR for panel.
Family felt that when their disabled child reached 18 and transferred from Children's Services into Adult Social Care they did not have a central point of contact to discuss ongoing concerns / support .	When specialist teams were integrated into Locality Teams under the New Way of Working transformation programme, it was acknowledged that a specific role of transition Manager would be needed.	<p>New Transition Manager appointed under New Way of Working – making joined up meetings with children's services to support the young person and their family through the process and aid their understanding .</p> <p>A What to expect leaflet has been produced to assist with information for families.</p>

Key Themes

One of the key themes to come from last year's report 2015/16 was around the wording of the Charging Policy, produced by the Welfare Benefits Team, in particular the section about the 12 week disregard process.

As a result of the learning from these complaints the Policy was re-written, updated leaflets produced for clients and their families. This reporting year has seen a reduction in the number of complaints in this area

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 2016/17 the Service received **91** compliments, including a message of thanks from Buckingham Palace, after residents at Willows Edge Care Home made and sent Her Majesty a 90th Birthday Card. Other compliments are from service providers, families and partner agencies; all of which help to support the 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 **91** compliments we received about the service our staff provide from families and partner agencies: -

<p>Your staff provided a speedy, efficient, friendly, reassuring service to a bewildered patients just out of hospital after a brain operation. Thank you, what more could one want from your service.</p>
<p><i>"The Queen wishes to thank you all for the splendid card you have made and sent to Her Majesty on the occasion of her ninetieth birthday. The Queen sends her best wishes to everyone at Willows Edge Care Home and I am to thank you, very much, for your thought for her majesty at this time."</i></p>
<p>"I am writing to let you know that you have a tremendous employee in Mr xxxxx . He is always hard working, witty, chatty and helpful.</p>
<p>"We would like to express our sincere thanks and gratitude to you and all the staff at your care home. We could not have wished for any more support and caring during all the months my mother was with you. We knew she was in safe hands."</p>
<p>"I wanted to formally write to you to inform you and thank you for the work undertaken by your social worker regarding the assessment. He attended two reviews and his contribution was professional and insightful.</p>
<p>Please accept this email as a show of our appreciation, patience and concern for the welfare of xxx. Your professional approach and communication between us has been outstanding, regularly telephone calls to x and myself to keep us in the loop so to speak. Tasks have been carried out and you have been a spoke person for us all, without this care empathy and support I would not like to think where we WOULD of been, probably myself in hospital due to stress. you have been a rock and very professional person with a sense of humour as well. Thank you very much.</p>

I am writing on behalf of my father to express his thanks to the wonderful team who looked after him on the pathway home scheme after his time in hospital. His care was excellent; the support he received with his daily living gave him the confidence to feel that he can continue to live at home at the age of 92, after undergoing surgery which has left him completely dependent on others for tending to all his personal care. Please pass on his thanks and gratitude to all involved.

Provider Complaints

The Local Authority commission care from external providers across West Berkshire. In this reporting year the Complaints Manager dealt with **25** Provider complaints, compared to **20** in the previous reporting year. A rise of 12%.

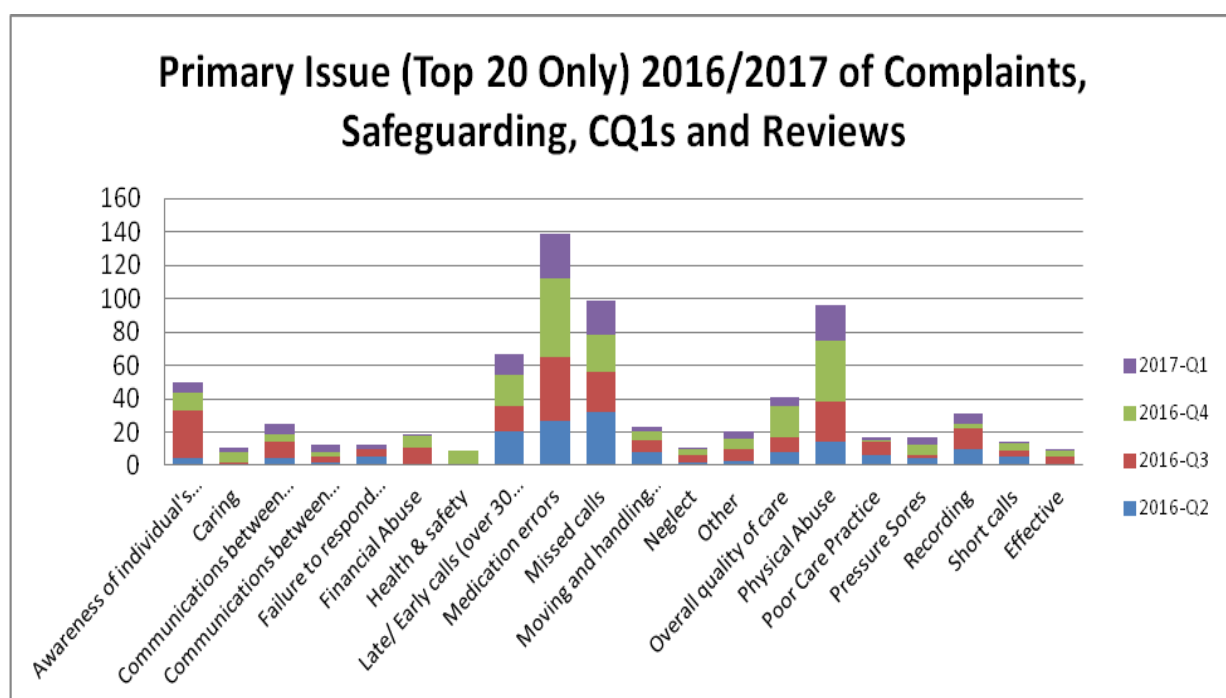
Within Adult Social care we have a Care Quality Team, who's remit it is to work and support our external providers, ensuring that they are delivering good quality care to our clients. The Care Quality Team, work closely with both the Safeguarding Team and the Complaints Manager to deal with Provider complaints as issues can cover all 3 areas.

Where care is commissioned by the Local Authority ultimately it is the responsibility of the Local Authority to become involved in complaints if they are not resolved by the provider in the first instance.

In 2016/2017 the Care Quality Team visited providers of adult social care in West Berkshire and also commissioned by WBC. Visits were proactive and reactive. Some providers required more intervention and support than others.

We recognise the importance of forming a strong working relationship with our providers so that we can work with them in times of crisis to support them and ensure the care being delivered is of a high standard.

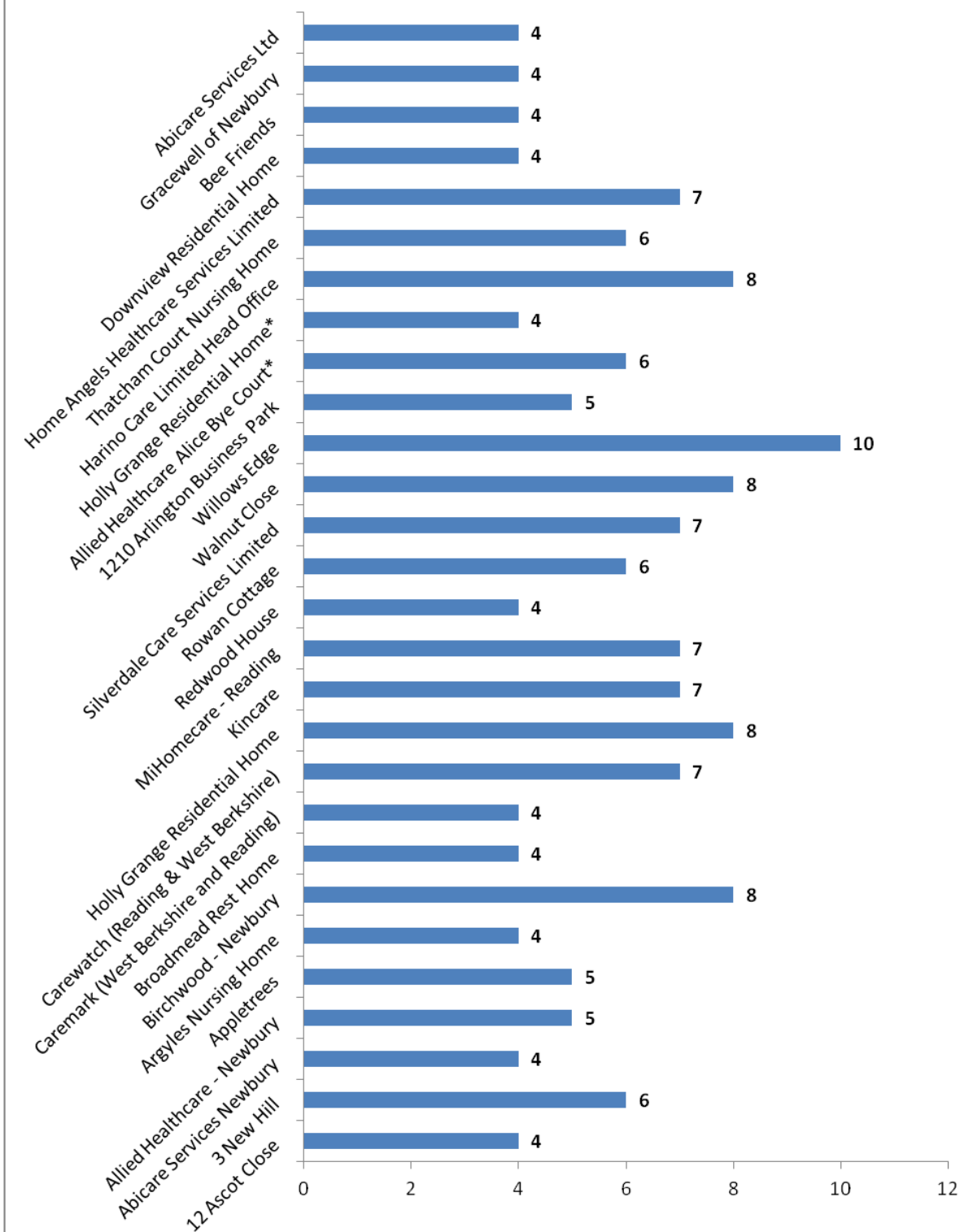
Below is a graph setting out, in 4 quarters, the primary (**top 20**) issues of complaints, safeguarding and Care Quality issues in this reporting year. Together with a graph showing the top 20 visits to providers.



The graph below shows the 20 providers that were visited the most by the Care Quality Team. These visits will have involved action plans for improvement being agreed and monitored, and support provided to promote better delivery of services for our residents.

Action plans were issued and progress monitored for improvement by the Care Quality Team. All have improved with the exception of one domiciliary care provider who we are working with intensively and has a restriction in place to allow them time to improve their current practise before taking on new work. Improvements include a reduced level of concerns being reported, improved CQC ratings and removal of commissioning restrictions.

Visits by Provider (Top 20 Only) 2016/17



Conclusion

Major changes to the way we work within ASC came into place in May of last year. As a result it was anticipated that the number of complaints would rise. In this reporting year there has been a **11%** increase in the overall number of complaints made.

The New Way of Working was rolled out during this reporting year where specialist teams have been embedded into the newly formed 3 x Locality Teams. It is inevitable that change brings uncertainty and anxiety, however the increase in complaints compared to the previous year (in the reporting year 2015/16 we dealt with **94** complaints in total, compared to **111** this reporting year) demonstrates that with strong leadership and robust care management the disruption to the service and those it serves was minimal and well managed.

The overall management of the complaints process is considered to be robust with **100%** of ASC complaints acknowledged within 3 days.

During 2067/17 - a total of **2,034** people received long term care from ASC this equates to just **4%** of our clients or their families have complained about the service received.

79 of the **84** ASC complaints were responded to within the agreed timeframes = **94%**, meeting the required regulations. Within ASC we have a strong leadership team who are committed to embracing the learning opportunities complaints bring, this is captured via regular feedback from the Complaints Manager and quarterly meetings with senior managers, Any learning is then cascaded down through to staff via training, team meetings or individual staff development in their supervision.

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.

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.

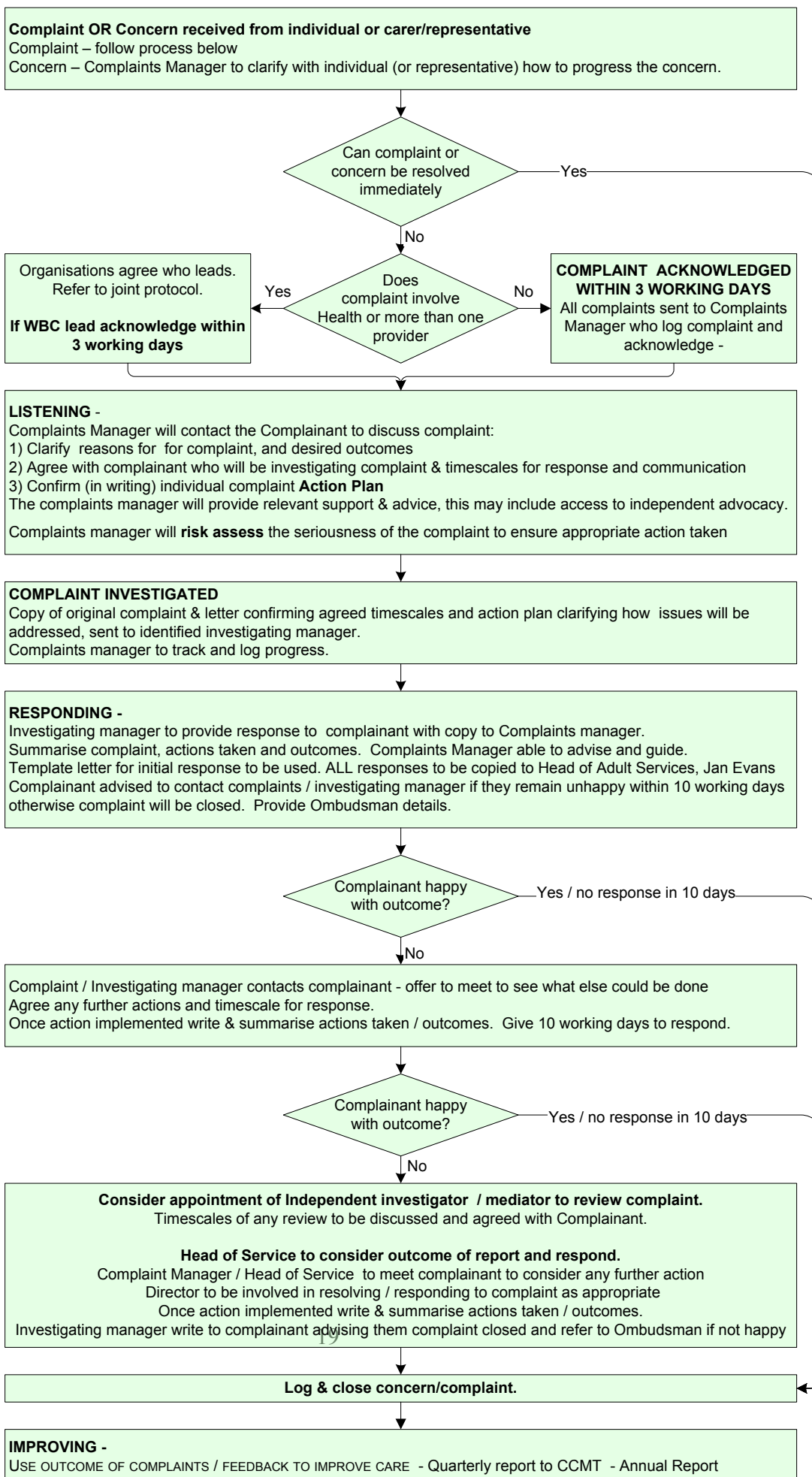
The resolution of any complaint is seen as a continuous process responding to individual needs, ***please refer to the flowchart overleaf***

Listening, Responding, Improving – WBC Adult Social Care complaints process

LISTENING

RESPONDING

IMPROVING



Safeguarding Adults

If any Safeguarding issues are identified then the Safeguarding process is activated & the complaints process frozen until the Safeguarding issues are resolved.

Complaints Manager to notify complainant in writing.