

Complaints Annual Report 2017 – 2018

Appendix A – Adult Social Care Complaints

1. Summary

- 1.1 This report provides an overview of complaints made about Adult Social Care (ASC) during 2017 – 2018 as required under The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, the Health and Social Care (Community Health & Standards Act 2003 and the Local Authority Social Services Complaints (England) Regulations 2006 and the Council's Corporate Complaint process for all other complaints.

2. Statutory Complaints Process

- 2.1 The Department of Health defines a complaint as, “an expression of dissatisfaction or disquiet about the actions, decisions or apparent failings of a council's adult social care provision which requires a response”.
- 2.2 Anyone who has received a service, is currently receiving a service or is seeking a service from us can make a complaint. This includes anyone affected by decisions we make about social care, including a service provided by an external provider acting on behalf of the Council. In such a case they can complain directly to the provider or to us. External providers are required to have their own complaints procedures and must comply with them. They are also required to share this information on complaints and outcomes with the Council.
- 2.3 There is only one stage in this statutory process which allows for a provisional and then final decision. All complaints made to the Council are logged and acknowledged. The Council will try to resolve the complaint as soon as possible, and no later than within 20 working days. If delays are anticipated, the complainant is consulted and informed appropriately. All responses, whether or not a timescale has been agreed with the complainant, must be made within six months of receiving the complaint.
- 2.4 All complaints are signed off by the Head of Service and complainants are given the opportunity to have their complaint reviewed by the Operational Director, Adult Social Care. In some cases, some complaints may need to be passed on to the Safeguarding Leads as appropriate, where the complaints process may be suspended in order to allow the safeguarding process to be completed. In cases where the complaint is across several organisations, one organisation will act as the lead and co-ordinate a joint response to the complainant. The final complaint response must set out the Council's standard paragraph advising of their right to approach the Local Government & Social Care Ombudsman (LGO) should the complainant remain dissatisfied.

3. Corporate Complaints Process

- 3.1 The Council's corporate complaints process has two stages
- Stage 1: responded to by the Head of Service
 - Stage 2: review/investigation by the Complaints Service team on behalf of the Chief Executive

4. Headlines

- 4.1 The main headlines from ASC complaints performance are:
- 97 complaints received at the initial stage in 2017/18 (exactly the same as the previous year) - 68 Statutory and 29 Corporate cases
 - Highest volume service areas for first stage complaints – Complex Care 42%, Urgent Care 28%, and Commissioning, Contracting & Market Management 22%
 - 45% of Stage 1 cases were upheld or partly upheld.
 - 95% of Stage 1 complaints were responded on time, year on year improvement

5. ASC Service Users

- 5.1 To be able to put some context to the complaints, ASC received 3,607 contacts from individuals with at least one contact through Brent Customer Service (BCS) or the Duty Team. ASC assessed 2,625 service users for Homecare Services and 1,010 assessed for Residential / Nursing Services. There were 2,166 individuals who received section 5 hospital discharge assessments. This means that **2.7% of ASC service users or someone acting on their behalf raised a complaint** about a service that they had received in 2017-18.

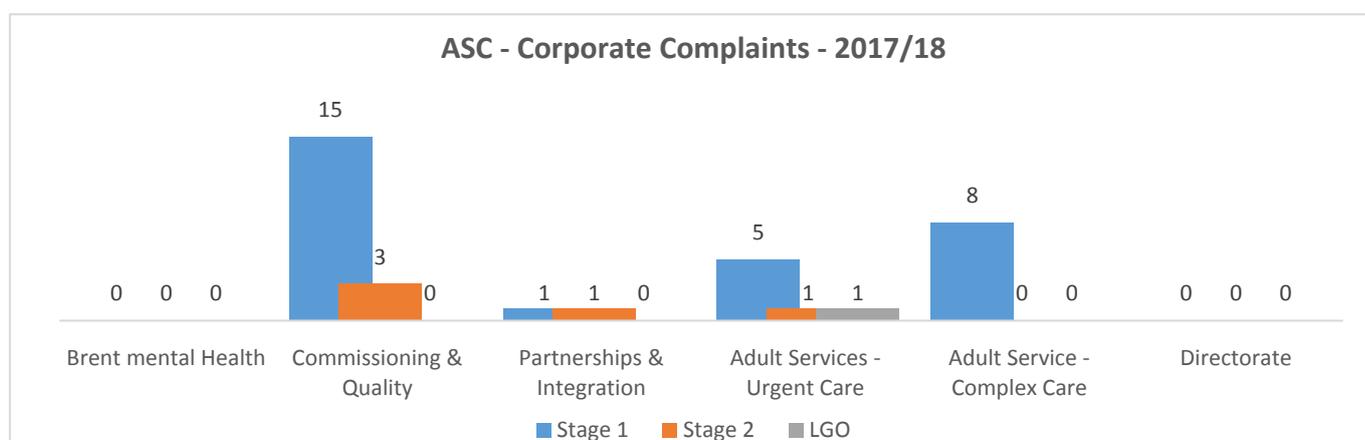
6. Complaints Received

- 6.1 **ASC received 68 Statutory Complaints and 29 Corporate Complaints, a total of 97 complaints.** There has been a decrease in statutory complaints of 18%; these are complaints that centre around the Care Act and more than likely to relate to a service users care needs assessment or provision of social care needs. However, this has been offset by a 100% increase in corporate complaints. On reviewing these complaints there are no particular patterns or themes, the complaints ranged from invoicing, supported living, phones and homecare companies. The total number of complaints remained exactly the same as 2016/17. Alterations in the staffing structure of ASC may have impacted on complaints being assigned to the correct teams. On reflection the complaint levels remain well below the levels of complaints when the new ASC complaint procedure was introduced in 2010.
- **Complex Care:** received 42% of the complaints made to ASC which is 2% down compared to last year. This team handles the more complex support cases and annual reviews and have to manage the realistic expectations of families and service users. The complaints received by the team mainly consist of disagreements with the care package the service user has been assessed to receive. These complaints also often relate to disagreements in the type of accommodation that is most suitable for the service user. For example: can the

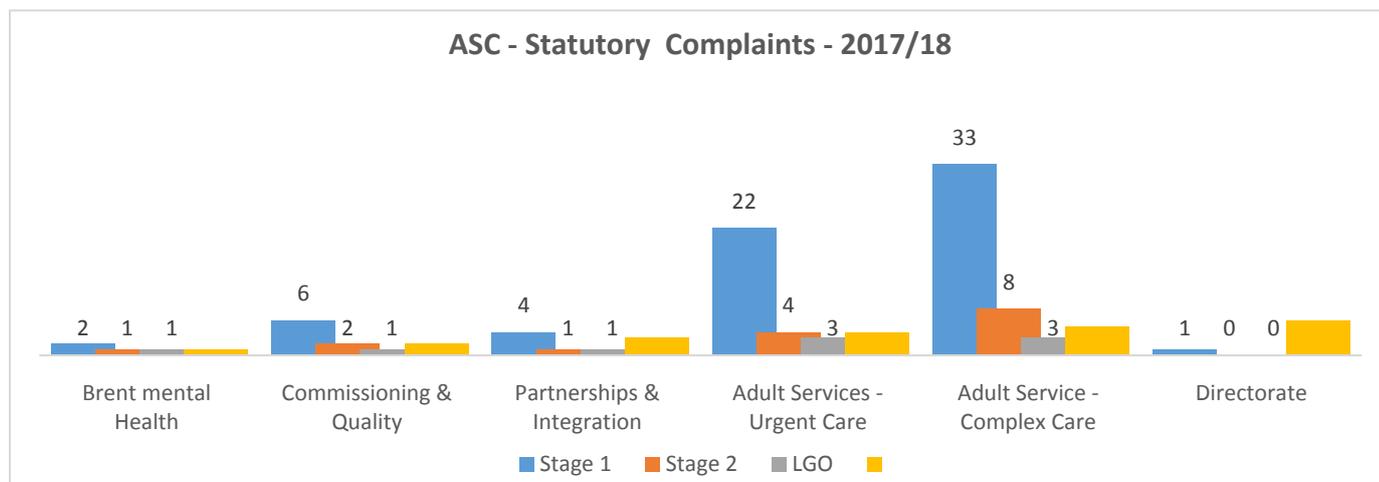
service user reside at home with homecare support; do they need to be placed in a residential care home or live in extra sheltered accommodation? The service user may have an expectation that the Council will provide 24 hour homecare. The Council also has to consider value for money, as well as the needs of the service user when providing services. These are complex and sensitive matters and can lead to disputes.

- Commissioning Contracting and Market Management:** this team manage the residential nursing home contracts, homecare providers and supported living. There is a perception that the Council receives a lot of complaints about its home care providers however this is not borne out in the statistics. There were 21 cases received (22%). The Council does a lot of work with our providers at the first point of contact to resolve any problems. The majority of concerns received are reported directly to the home care provider and resolved by them. Concerns are also raised directly with the Commissioning team who will resolve such matters directly with the provider. The service user is made aware of the complaints process if they wish to use that route as a possible resolution to their concerns. In the coming year the Complaint Service team will work with the Commissioning team to quantify the work being completed to resolve such complaints. A number of complaints were also received around supported living accommodation and the move on to further accommodation
- Urgent Care:** this includes the Reablement team, Safeguarding team and Hospital Discharge team and accounted for 28% of complaints for ASC, which is down on 2016/17. The complaints centred on the Safeguarding team and Hospital Discharge team. Issues for the Safeguarding team related to the difficulties in managing the expectations of families who are often in dispute with each other over the financial / welfare of the service user. With regard to Hospital Discharge this generally centres on the assessed needs of the service user and the expectations of their families after the service user has been discharged from hospital.

6.2 The chart below shows the number of ASC corporate complaints received in 2017/18. Of the 29 corporate complaints, 5 were escalated to the final stage.

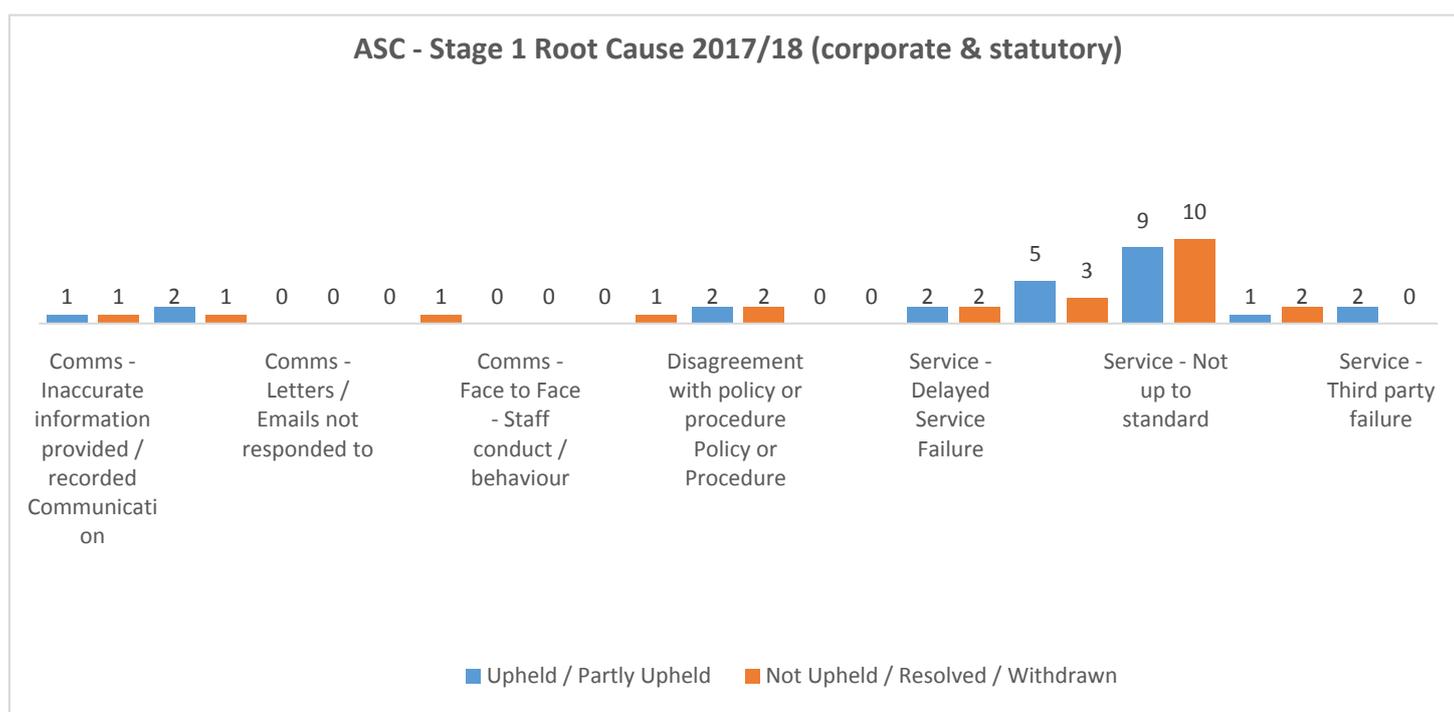


6.3 The chart below shows the number of ASC statutory complaints received in 2017/18. Of the 68 statutory complaints received, 16 were escalated and were reviewed at the final stage which is comparable with last year



6.4 In total there is a 22% escalation rate as compared to 19% in 2016/17. This figure is slightly higher than expected, but does show that our service users are confident in using the complaints process. Outcomes from these cases are discussed later in the report. ASC does actively try to resolve problems or concerns, however this can only be in relation to our policies and procedures. The Complaint Service team continue to work with the Operational Director and her team in ensuring complaints are proactively responded to. The Complaint Service team held regular training sessions for ASC managers and staff throughout the year and also regularly attended management meetings to present complaint data and hotspots.

7. Nature / Reasons for Complaints



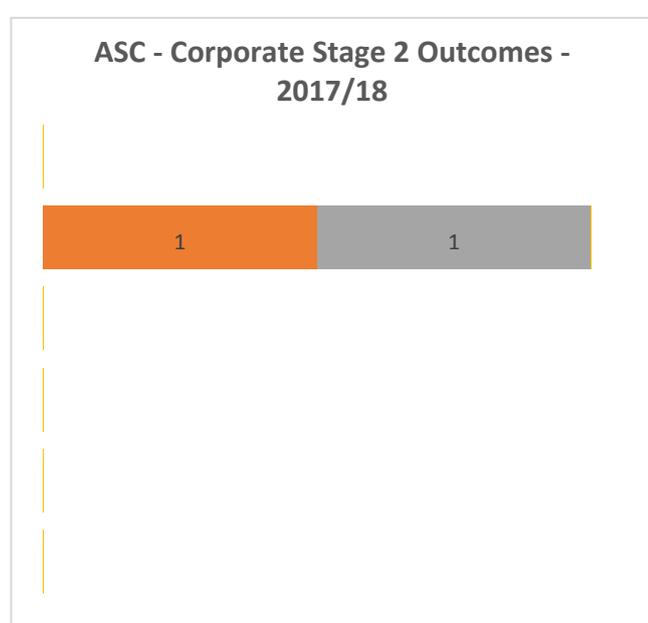
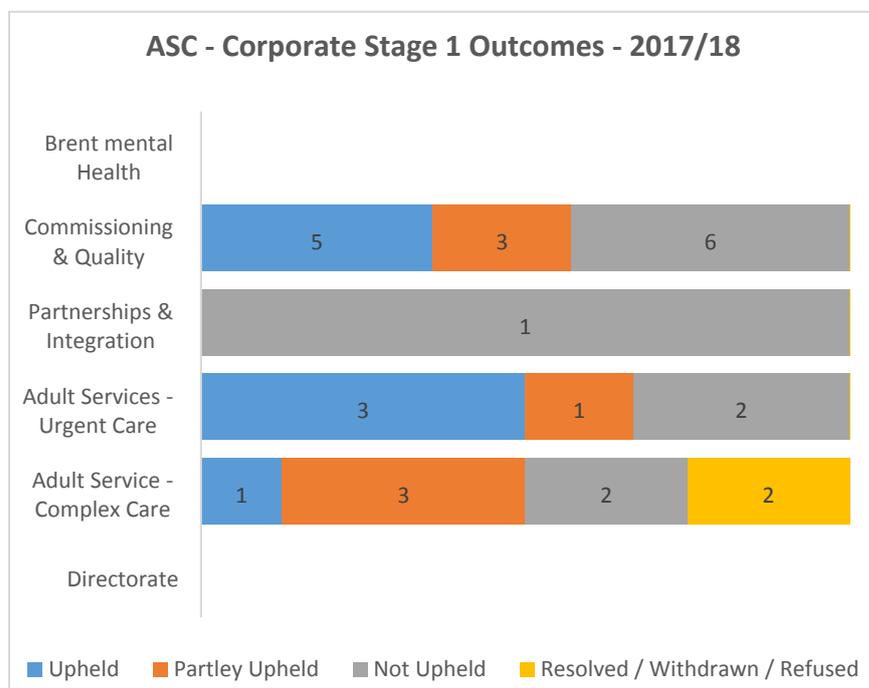
7.1 Complaints about service failure accounted for three quarters of the complaints received (36 out of 47 cases). Of these 36 cases, 40% complained that the service received was not up to standard and in just under half of these some fault was found. The cases that were upheld were across all the teams in ASC and the reasons for cases being upheld ranged from: identifying that a client was on section 117 mental health funding; delay in arranging a Direct Payment; increasing a care package; and not contacting the family when an assessor visited the user. The overriding theme is that communication with the service user and family is key. A number of complaints have highlighted that failure to communicate early, increases the service user's frustration and leads to complaints about the underlying problems. Examples of this are delays in assessments, direct payment applications being processed and choice of care home for a client discharged from hospital.

7.2 Other examples of the types of issues that lead to complaints are listed below:-

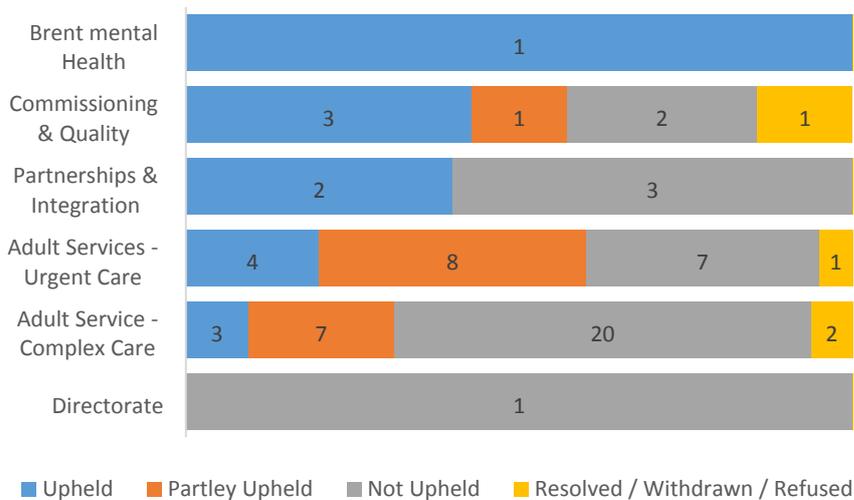
- **Delay/failure to provide a service** – concerns raised about delays with care needs assessments.
- **Poor communication** - a number of complaints were received regarding telephone calls not being answered and failure to respond to messages.
- **Incorrect action taken** – when advising a client of their financial assessment the team had backdated the assessment to an incorrect date.

8. Complaint Outcomes

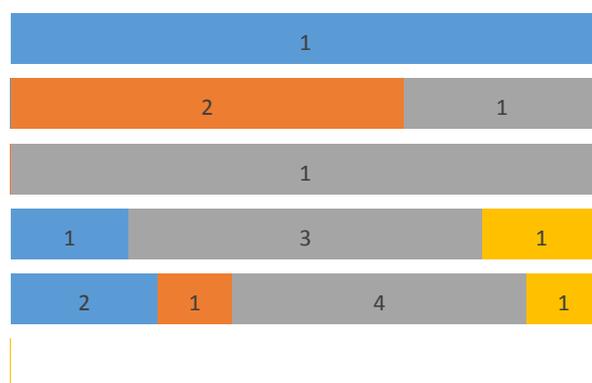
8.1 The chart below shows the outcome of complaints at Stage 1 and final review stage:



ASC - Statutory Complaint Stage 1 Outcomes - 2017/18



ASC - Statutory Complaint Stage 2 Outcomes - 2017/18



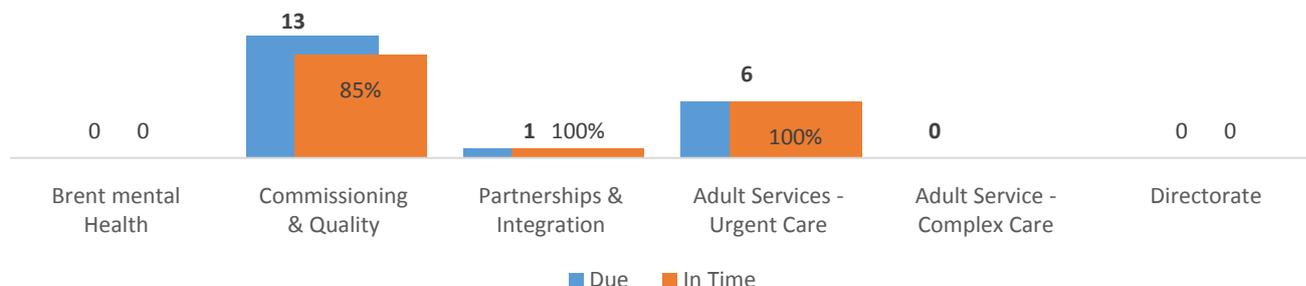
8.2 Complaints received for both Corporate and Statutory at the first/provisional stage shows that some fault (upheld or partly held) by the Council was found in 45% of cases. This compares to 48% in 2016/17.

8.3 At the final review stage some fault has been found in 42% of cases, which is down from 55% in the previous year 2016/17. This shows that although the escalation rate from the initial stage has risen, the Complaint Service team is finding fewer faults. Generally service users use the complaint process to protect their services.

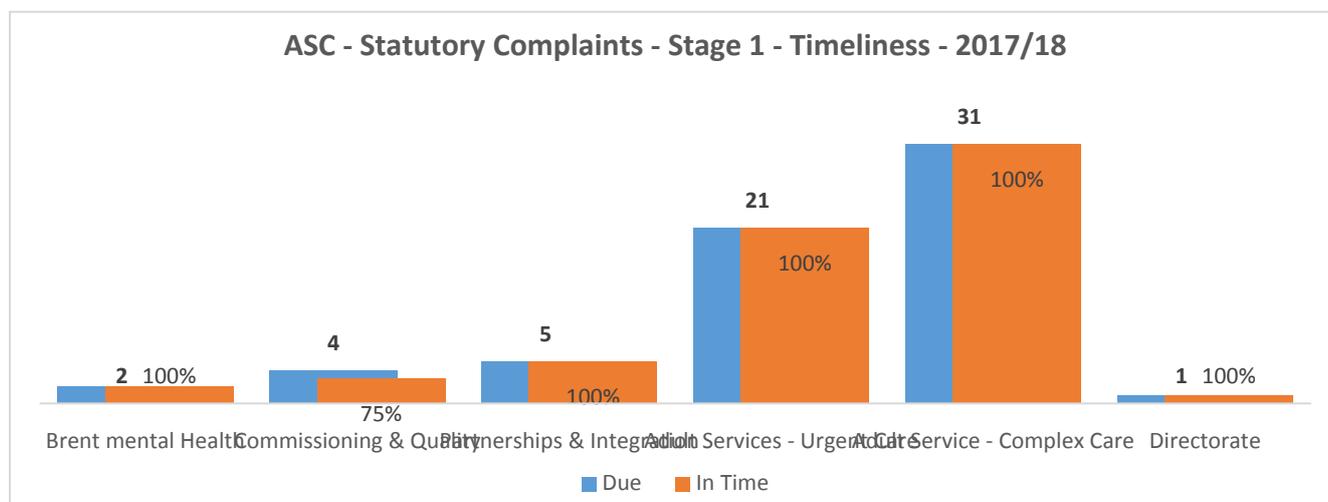
8.4 The Complaints Service team is working with managers in ASC to ensure the quality of the complaint investigation and the explanations provided to the complainant addresses all the issues raised. The very nature of these cases is complex and service users and their families will sometimes proceed through the complaint process and escalate to the final stage.

9. Timeliness of Responses

ASC - Corporate Complaints - Stage 1 - Timeliness - 2017/18



9.1 The chart below shows Stage 1 complaint response times across the various ASC service areas in 2017/18:



9.2 ASC responded to 95% of all complaints within timescales as compared to 92% in 2016/17, this was an improvement of 3% points on the preceding year and over the last 3 years performance has improved by 38% points. Although this is still below the council's target of 100% it shows year on year improvement and there is a continued focus within the department to achieve the council's target of 100%.

10. Compensation

10.1 ASC paid £13,945 in compensation for the year, which comprised of three cases. However, of this payment, £12,500 was a refund of care charges that the family had paid. The actual compensation accounted for £1,445, which is a reduction on previous years. No compensation payments were made at Stage 1. Two cases were paid compensation at the final review stage. The LGO also awarded compensation in one case. As part of the training carried out by the Complaints Service Team an emphasis has been placed on remedies which includes considering when compensation should be awarded. The Council follows the guidelines that are published by the Local Government Ombudsman.

11. Local Government Ombudsman Decisions in 2017/18

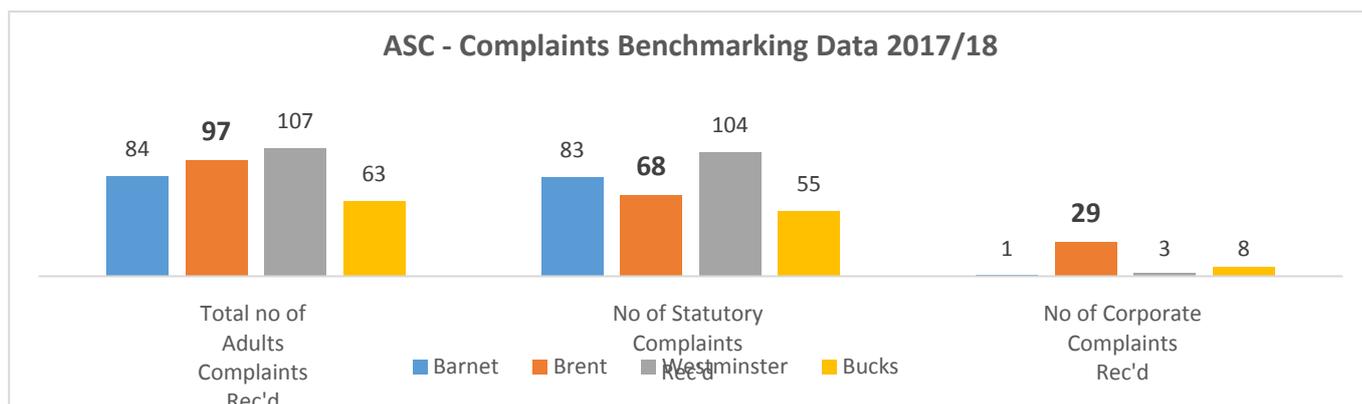
11.1 The Local Government Ombudsman reviewed 27 cases for ASC, which is down from 35 cases the previous year. Of the decisions made, 12 cases were referred back to the Council as they had not completed our complaints process. A further 7 cases were closed after initial enquiries with no further action to be taken. Of the remaining 8 cases, no fault was found in one case and fault was found in 7 cases. Of the seven cases in which mal-administration was found two of these concern blue badges which the LGO classify as ASC however these are reported under the Resources department in the council. The remaining cases are detailed as follows:

- **Case 1:** the Council & NHS Trust had failed to provide appropriate services – the client has been difficult to engage with and the trust has completed an assessment on behalf of ASC. However the LGO decided the appropriate services were not provided and we agreed to an apology and a new care assessment.
- **Case 2:** this concerned a safeguarding investigation where a relative had been removed abroad. The Council's investigation had identified some faults in the safeguarding investigation and this was acknowledged with the complainant. The complainant was happy with the Council's investigation, but was not happy that we did not consider her distress. The LGO decided that the Council had not considered her distress and ASC agreed to apologise to the complainant.
- **Case 3:** the Council accepted fault that there had been a delay in assessing a client following their income reducing below the threshold. The complainant had a private Homecare provider and continued to pay until their savings were depleted. ASC agreed to refund all payments to the homecare provider £12,500 and we agreed to apologise and pay compensation of £1,212.
- **Case 4:** this concerned section 117 responsibility under the Mental Health Act. Our client transferred to Kent in 2006 and we transferred the case to Kent Council. However in 2015 they transferred to Bedfordshire, and there were problems obtaining services. Legislation states that the authority that assessed that the client met the criteria for section 117 funding remains the responsible authority until the person is assessed as no longer meeting the criteria. Although we had no contact with the complainant for 10 years the LGO decided we were responsible. The LGO recommended that we pay compensation which we successfully managed to argue against. However the case was still classed as maladministration against Brent.
- **Case 5:** following a hospital discharge, a care package was put in place without appropriate advice that the service user would have to make a contribution to the cost. The council had already cancelled the care package and agreed to apologise and waive the charges.

11.2 The learning points from these complaints were: in the event of long term staff sickness, cases need to be identified and reallocated; and improved liaison with NHS and clients when discharge from hospital occurs.

12. Benchmarking

12.1 Brent Council belongs to the North West London Social Care Complaint managers group. The Council has benchmarked the volume of complaints received against five of our Central and West London neighbours in 2017/18. With regards to statutory complaints we have come second in the table behind Buckinghamshire; an improvement on the previous year. With regards to all complaints we have come third behind Barnet and Buckinghamshire.



13. Customer Feedback and Engagement

13.1 The majority of customer contact with the Complaints Service team is reactive in that the team responds to direct contact from customers and their representatives when they report a problem with a service. Through the initial contact the team has managed with ASC managers to resolve a number of complaints at the point of contact e.g. Delayed OT assessments / care assessments finding early resolutions to invoicing / billing queries that could have turned into more formal complaints. The team have also made contact with the Brent Carers Association and will be meeting with them shortly. The Complaints Service team has recently attended meetings with Brent Health Watch and various provider and community organisations to introduce themselves and provide advice on the ASC complaint processes.

14. Compliments

14.1 Customers and their representatives are encouraged to tell the Council if they are satisfied with their care or to highlight good service. People can send feedback to the Complaints Service team or ASC directly. In 2017/18, ASC and the Complaints Service team received 25 compliments about ASC. The Complaint Service team still does not capture all the compliments received by the Council and some of these compliments have not been logged on iCasework (complaint database). We are working with ASC to improve the logging of compliments on the system. Three examples of compliments are as follows:

- **From a wife:** *“I just wanted to send you my heartfelt gratitude for finding my husband a more suitable placement so quickly. I understand how stressful this must have been and I cannot thank you enough. I am certain my husband will settle in the new home. We highly appreciate your tremendous effort and will never forget your support of us”.*
- **From the family of a service user -** *the father was in hospital and the family felt the Occupational Therapist (OT) provided an outstanding quality of service and a level of professionalism that was absolutely superb. The family thought the OT was always there for them and would be the one to initiate calls and would always call back if required. They took pride in their work.*

- **From a service user:** *“I would like to say a few words about my social worker. She has helped me so much for the past few years that I don’t know how I could ever thank her. She is an Angel. She is caring, considerate person, a good listener, and would always answer my calls. I consider myself lucky to have had her and the support she has given me”.*

15. Learning from Complaints

15.1 Learning from complaints provides opportunities for services to be improved and shaped by customer experience. ASC managers are encouraged not only to respond to complaints fully but to identify learning points that can help improve services. Here are some examples of how customer feedback has changed and improved service delivery:

Customer Feedback - ‘You Said’	Service Area Changes - ‘We Did’
You told us that when decisions were made about care support you did not want to use the complaint process.	<ul style="list-style-type: none"> • We have introduced an appeals process for any decisions made about a service users care support.
You have told us that you had requested an Occupational Therapy (OT) assessment but there is a long delay.	<ul style="list-style-type: none"> • ASC presently has a waiting time of 14 weeks for an OT assessment. ASC have reviewed their services and recruited an additional OT for the Duty Team, and are presently working on the backlog. Generally OT’s are in demand and can be extremely difficult to recruit. A Principal OT has been appointed within the service and presently working with OT’s generally across the Council to improve services.

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 Corporate Complaints Team