

North Somerset Council

REPORT TO THE ADULT SERVICES AND HOUSING POLICY AND SCRUTINY PANEL

DATE OF MEETING: 23 NOVEMBER 2017

SUBJECT OF REPORT: NORTH SOMERSET ANNUAL COMPLAINTS REPORT 2016/17

TOWN OR PARISH: ALL

OFFICER/MEMBER PRESENTING: SHEILA SMITH, DIRECTOR OF PEOPLE & COMMUNITIES/STEVE DEVINE

KEY DECISION: NO

RECOMMENDATIONS

It is recommended that Members note the content of the annual report on Adult Social Care (attached), referred to Scrutiny for consideration and any further action.

1. SUMMARY OF REPORT

- 1.1 This Annual Report for 2016/17 covers complaints about Adult Social Services, both services provided and commissioned by the Adult Social Services.

2. POLICY

- 2.1 Department of Health Guidance recommends that an Annual Report on the operation of the Complaints Procedure be presented to the Executive Member for Adult Services. This information, as contained in this report, is regularly referred to the relevant Scrutiny Panel for comment.
- 2.2 The main role of the Complaints Manager is to monitor all complaints and have an overview of complaints in order to make recommendations about policies and procedures. The post holder is also responsible for investigating complaints formally and writing reports which are then sent to the complainant and Assistant Directors who act as the Adjudication Officer.

3. DETAILS

- 3.1 The number of recorded complaints in 2016-17 was 83 compared to 75 in 2015-16. One complaint escalated and was subsequently investigated at Stage 2 of the statutory process.

- 3.2 The number of recorded compliments in 2016-17 was 114 compared to 102 in 2015-16. An analysis of compliments is included in the report.

4. CONSULTATION

- 4.1 Not applicable.

5. FINANCIAL IMPLICATIONS

- 5.1 One stage 2 investigation, cost £2700

6. RISK MANAGEMENT

- 6.1 A failure to present an annual report would be contrary to Department of Health Guidance.

7. EQUALITY IMPLICATIONS

- 7.1 The evaluation and analysis of complaints is an important means of monitoring and improving service standards including service access for groups within local communities.

8. CORPORATE IMPLICATIONS

- 8.1 Legislation and Department of Health guidance requires that an Annual Complaints Report is produced and reported to the organisation.

9. OPTIONS CONSIDERED

- 9.1 None – Department of Health Guidance recommends that an Annual Report on the operation of the Complaints Procedure be presented to the Executive Member for Adult Services

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**North Somerset Council
People and Communities**

**Annual Complaints Report
Adults Social Care**

1st April 2016 - 31st March 2017

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1 Introduction

- 1.1 This report presents information about customer feedback received regarding Adult Social Care Services during 1st April 2016 – 31st March 2017. The report provides an analysis of outcomes and trends from the information received during 2016-2017 as well as the impact on service delivery and learning from complaints.
- 1.2 The report is written in line with and takes guidance from the following statutory context:
- Local Authority Social Services Act 1970
 - Health and Social Care (Community Health and Standards Act) 2003
 - The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009
 - Department of Health, Listening, Responding, Improving: A guide to better customer care

2. Statistics

Stage 1 Complaints

- 2.1 There was a total number of 83 complaints received and resolved at stage one of the Complaints Procedure. This is an increase of 8 from the previous year, and therefore represents a small increase. In this year there have been improvements in the way complaints are captured, recorded and monitored and it is felt this is the reason for the increase in complaint activity.

Complaints by Service

Service	Numbers 2016-17
Adult care	42
Learning disabilities	17
Independent Providers	5
Contracts and Commissioning	2
Finance and benefits	4
Day care	1
Mental Health	6
Safeguarding	2
START	1
Mediquip	1
NSC NSCP	2

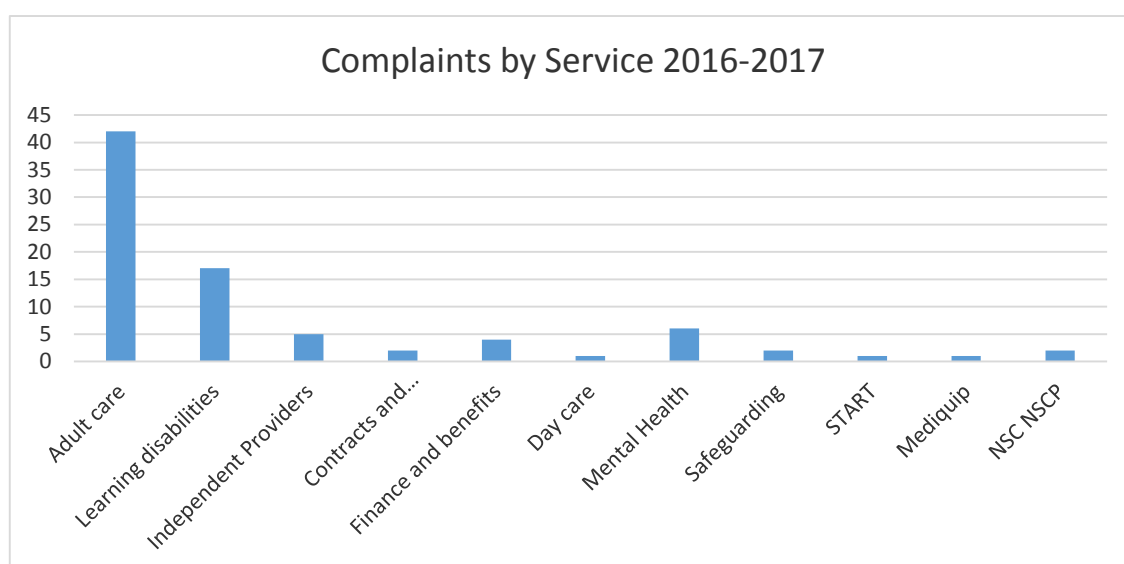
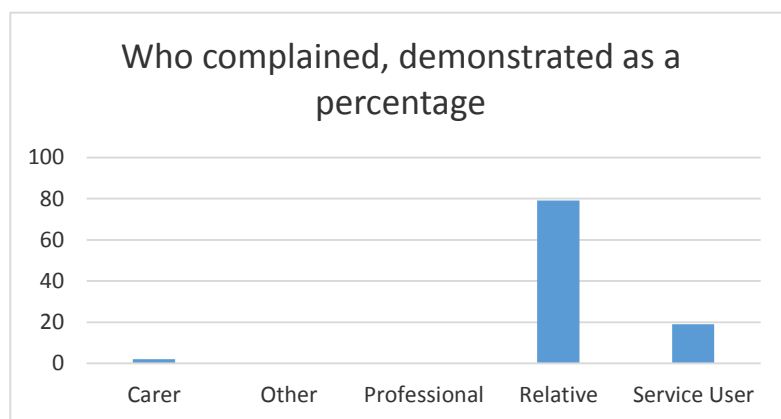


Fig 1 – Complaints by Service



Adults	
Who complained	%age
Carer	2
Other	0
Professional	0
Relative	79
Service User	19

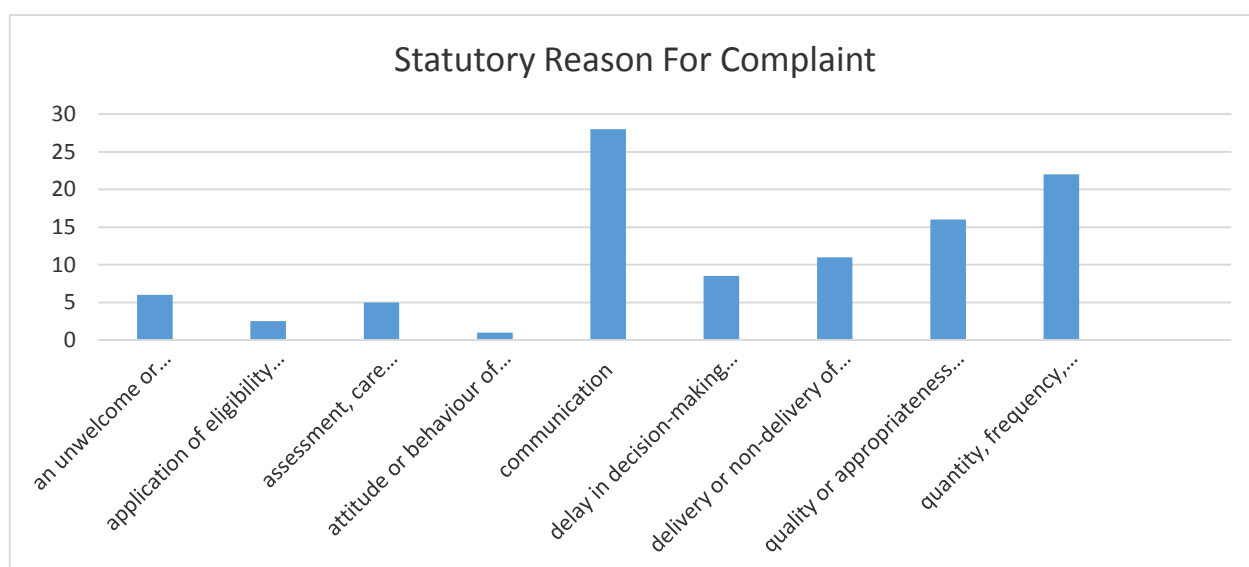
Stage 2 Complaints

- 2.2 One complaint escalated to Stage Two of the complaints procedure. This complaint belongs to the Access and Hospital Support Team. The issues centred on communication and funding. It was fully recognised that Enablement / Re-ablement and the Free Nursing Care Contribution and Continuing Health Care financial arrangements are complicated. It is essential workers are supported to understand them so they can be communicated clearly, especially at a difficult time for families.

Local Government Ombudsman

- 2.3 Three Adult Care complaints were considered by the Local Government Ombudsman (LGO). One complaint was considered to be out of jurisdiction and therefore not considered. Another complaint was investigated the outcome was maladministration and injustice. The final complaint investigated the outcome was not upheld and found no fault with the council.

Statutory reason for complaint categories (if you have them)	Adults %age
an unwelcome or disputed decision	6
application of eligibility and assessment criteria	2.5
assessment, care management and review	5
attitude or behaviour of staff	1
communication	28
delay in decision-making or provision of a service	8.5
delivery or non-delivery of service	11
quality or appropriateness of a service	16
quantity, frequency, change or cost of a service	22



Some complaints cover more than one subject area
Fig 2 – Complaints by Subject

Joint Complaints

- 2.4 Joint protocols on dealing with complaints that cross-over agencies and services are in place. These have been reviewed this year and found to provide and achieve more robust procedures and joint working outcomes. Joint protocols are made with Avon and Wiltshire Mental Health Partnership NHS Trust (AWP), North Somerset Community Partnership (NSCP), NHS South West Clinical Commissioning Group and Weston General Hospital.

Six complaints were dealt with jointly, six with AWP and two with NSCP.

Timescales

- 2.5 The average response times for complaints is 8.2 days. 75% of all complaints were responded to within the ten-day timescale we work towards, a 7% decrease on last year however still acceptable. The main reason for delay has been at the request of the manager responding for additional time to complete the response adequately. Requests such as this are agreed with the complainant. On some occasions there has been delay when the complainant has not been notified. This is an area we continue to work towards improving.

Complaints during the period 2013 - 2017

	2013/2014		2014/2015		2015/2016		2016/2017	
	Stage 1	Stage 2	Stage 1	Stage 2	Stage 1	Stage 2	Stage 1	Stage 2
Number of Complaints	66	2	73	2	75	1	83	1

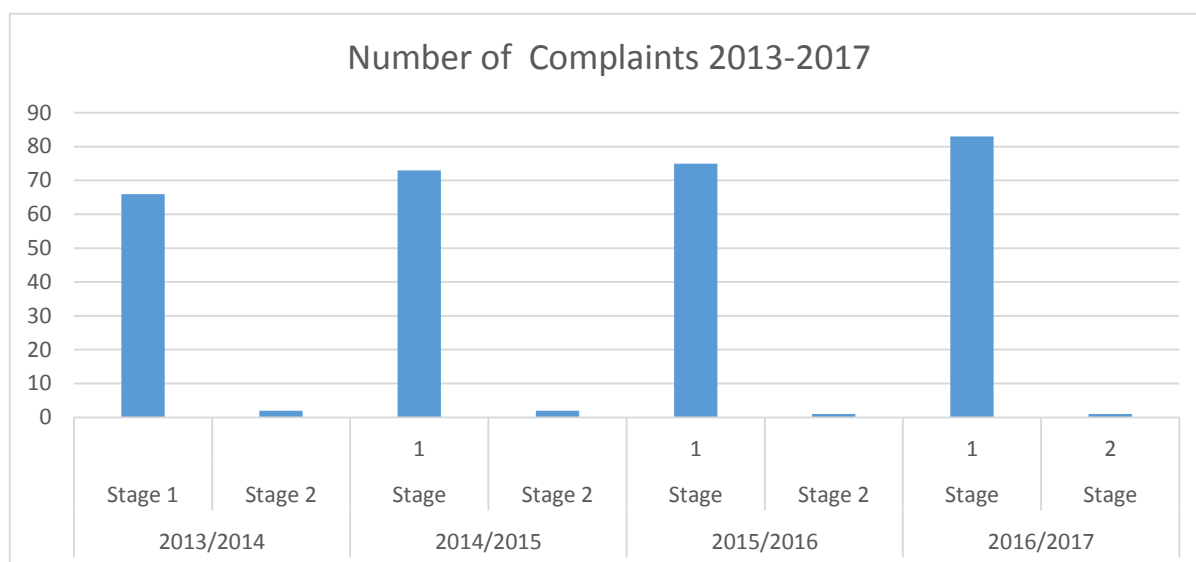
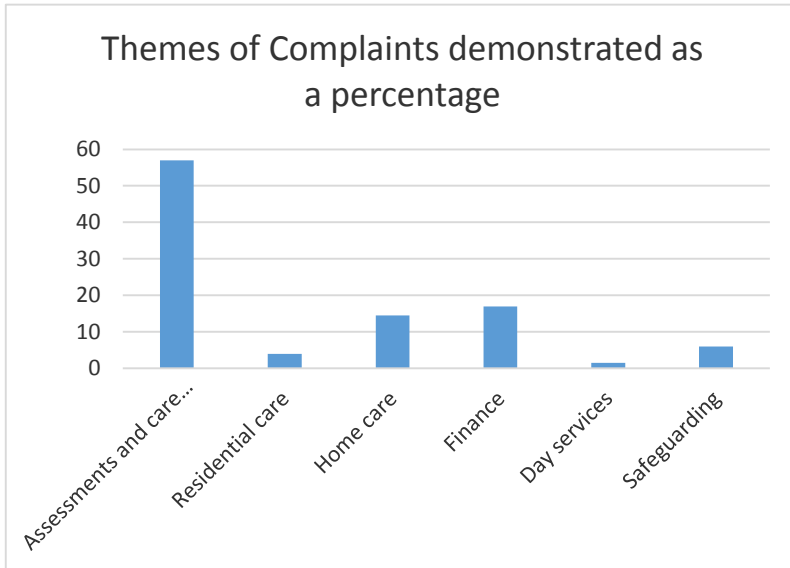


Fig 3 – Complaints 2013 – 2017

Themes of complaints

2.6 The nature of complaints is captured below:



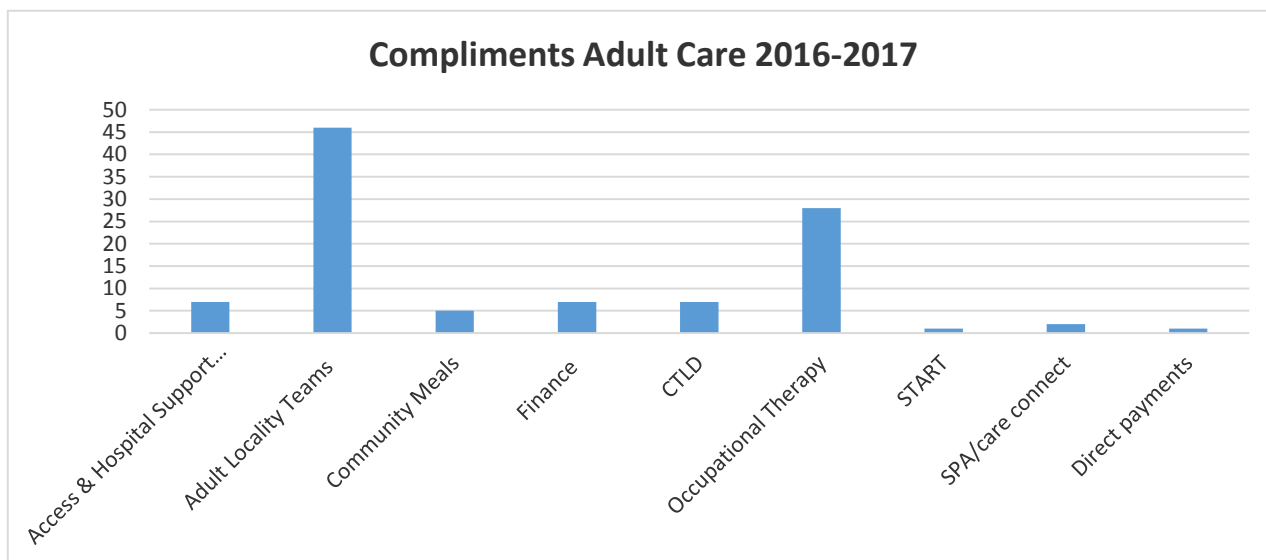
Adults	
Themes	%age
Assessments and care planning	57
Residential care	4
Home care	14.5
Finance	17
Day services	1.5
Safeguarding	6

3. Compliments

3.1 There were 114 compliments received. An increase of 12 from the previous year.

Access & Hospital Support Team	7
Adult Locality Teams	46
Community Meals	5
Finance	7
CTLD	7
Occupational Therapy	28
START	1
SPA/care connect	2
Direct payments	1

Fig 4 - Compliments by Team



- 3.2 Compliments can reflect just one person, a service or a team of people. All compliments are passed to the Service Manager and Assistant Director. They are also included in staff newsletters. Examples of compliments received this year include:

I can't tell you how much I appreciate your keeping me in touch like this when you have SO much else to do! Thank you so much. And I am delighted to hear about the two referrals. I had no idea that a Fall Team existed, so I've just looked them up and they sound perfect

I would like to thank Lynne Morrod for all her help and understanding in assisting myself and my wife in arranging our move and I would like to say Lynn was like an angel with everything she done for us. I don't think a thank you would suffice so I would like to get some recognition

Just wanted to say thanks for meeting me today. I actually feel very positive about the future for xxx with you driving things as I found you very driven and proactive whilst maintaining the all-important empathy.

Dear Charlotte Just a few words of thanks, to you especially, for your caring and sensitive approach to managing our situation with mum. She has settled well and we are confident that she is in good hands there and is in very pleasant surroundings.

4. **Advocacy**

- 4.1 One request was made for an advocate who wished to access support to voice a complaint. 1 in 4 are contracted as the Advocacy Service. It is worth noting that the majority of complaints come from the service user's family, in doing so they are advocating on behalf of the service user. 80% of complaints are from family members.

We have a number of advocacy services available to us and each one is commissioned dependant on the complainant and their needs. Overall the advocacy uptake in North Somerset is working well. Deprivation of liberty 48. Care Act 108. Independent Mental Capacity Act 106. Paid Rep 161. Independent Mental Health Advocate 70. NHS Complaints 64

5. Trends, Learning and Service Improvements

- 5.1 The Complaints Manager has now been in post for over 1 year. The stability of the position have enabled the processes to be well-served with the average response times for complaints being 8.2 days. 75% of all complaints are responded to within the ten day timescale we work towards.
- 5.2 Communication is an area needing constant improvement in all teams in adult social care. Service Managers acknowledge this and continue to develop strategies for improvements. 28% of all complaints included communication as part of the complaint and it has become apparent that some complaints centre on issues relating to communication. Although a broad theme, this can be broken down into key areas. Dissatisfaction may arise from the accuracy of the care plan and the social workers judgement. Concern may arise with the attitude of members of staff. Particular issues arise when communicating or not communication actions with family members. The Complaints Manager recognises the voluminous workload facing practitioners. In terms of good practice, however, where possible staff should prioritise the importance of maintaining appointments and returning calls. Tensions inevitably arise when the service user and family have differing views with regards to care needs, this highlights the need for keeping service users central to the process.
- 5.3 Issues have arisen relating to enablement and re-ablement, and also a lack of clarity around the 12 week property disregard. Whilst concerns in these areas are somewhat inevitable, the Complaints Manager has requested that appropriate information sheets are given to service users or their representatives. In addition, clear notes must be written on AIS [Adult integrated systems] indicating the content of all conversations. Several complaints in this area have resulted in a change of process. Care managers will now leave a blank financial referral with service users or representatives, and they will have a copy of what the service user has signed. The care manager will also send a copy the signed form back to the relevant person.
- 5.4 Concerns have been raised regarding the written information we pass onto service users and their representatives. This needs amending to include further details on financial implications for enablement placements. This is being taken forward to the relevant department.
- 5.5 The Complaints Manager recognises that complaints can cross two service. In these circumstances, a joint response is required. The advice is to send the responses to the Complaints Manager to send out on behalf of the service.
- 5.6 Adult Care Locality Teams have generated the most number of complaints in this year with 42 complaints relating to their services. It is reasonable to expect this due to the nature of the services provided which include Care Assessments and Occupational Therapy assessments. Complaints have been received due to disagreements with the level of need that has been assessed by the social worker, or waiting times for assessments. There is a process in place for complaints such as this to be scrutinised by the Team Manager to form a response to the complainant from all the information gathered. This is a method that continues to work well.
- 5.7 The Learning Disability Team have experienced an increase in complaints for the year 2016-17. With a relatively new team manager in post, however, the method of reporting has changed and it is felt that the new reporting represents a more

accurate view.

- 5.8 A current trend prevalent in the Local Authority is the availability of care in the community. This is part of a broader trend crossing other local authorities regarding care shortages in domiciliary care. Service users with assessed eligible needs are left waiting for packages of care. The council are seeking to redress this by using certain providers for certain areas. Enabling carers to work a defined close geographical location will inevitably cut down on travelling time. The council has seen the wait for care in two areas reduce considerably and will continue to work with the providers in the other areas which are the more hard to cover generally.
- 5.9 A trend in complaints relating to quality of care was noticed in relation to some home care providers. These complaints were handled by the Contracts and Commissioning Team who manage compliance and contracts with home care providers. Predominantly the complaints related to consistency of care and failed calls. The Contracts and Commissioning Team followed their procedures for dealing with compliance in the form of contract compliance meetings, default notices, monitoring forms and formal meetings. Complaints to the department have increased. The council is still working through and continuing to monitor the issues.
- 5.10 Complaints Manager has developed an agreement with the Contract and Commissioning Team to communicate with them when a complaint is made about Service Providers such as residential care homes. A decision is made jointly about how the complaint will be dealt with, depending on the complainants circumstances such as if they self-fund their care. Irrespective of this, the compliance officers are given the information about the complaint which can contribute to future compliance visits or discussions with the provider.
- 5.11 Clear boundaries are in place to distinguish between a complaint and an issue to be managed by the Adults Safeguarding Team. The Safeguarding Team have received complaints from families unhappy with communication channels and decisions made. The Adults Safeguarding Manager responds to complaints swiftly to ensure minimal distress is caused to families. These are dealt with under safeguarding procedures, and reported via the reporting mechanisms of the Safeguarding Board.
- 5.12 Joint protocols for complaints have been developed to create robust relationships with Avon and Wiltshire Partnership, North Somerset Community Partnership, Clinical Commissioning Group, and Weston General Hospital when managing complaints that cross over agencies. It aims to identify a lead agency to provide one response, which incorporates information from each service area as necessary.
- 5.13 The Complaints Manager has simplified the process of responding to complaints. The Stage 1 response process will remain the same. If the complainant remains dissatisfied they can request a further review and this will be done by the service lead. This replaces the traditional stage 2 which, in terms of the Local Government Ombudsman's requirements is not necessary.

6 Benchmarking with our neighbours

There is no straight forward way to compare as There are no nationally agreed performance indicators for social care complaints and it would be a challenge therefore to say that we are comparing like with like. The outcome of complaints are categorised into 3 groups upheld, partially upheld and not upheld. Interestingly the LGO stats are broadly comparable to North Somerset's in the fact that they find fault in 52% of cases that they investigate. (46% of our complaints found fault)

7 Summary

- 7.1 We are pleased to report an increase in complaints in this year from 75 in 2015-16 to 83 in 2016-17, the system of capturing and monitoring complaints continues to work well. It is felt these systems have started to present a more accurate picture of complaint activity.
- 7.2 The Complaints Manager will continue to maintain links and communication with teams by various methods, for example, by attending team meetings and a visible presence within the People and Communities Directorate both at the Town Hall and at Castlewood. In addition, the Complaints Manager will attend Adult Care management meetings, to give a brief review of complaints received and issues raised.
- 7.3 A significant amount of complaints are made by the family of the service user. It is key to highlight the need and bridge the gap with communicating directly with service users regarding complaints and developing ways to increase direct feedback. The Complaints Manager has altered the stage complaints acknowledgements letter, to include a link for the complaints process and what can happens next if dissatisfied.
- 7.4 It is envisaged the joint protocols with other agencies will see improvements in the performance relating to complaints. The ongoing integration with health will lead to new pathways in terms of responding to complaints. It is hoped that this joint approach will help to achieve transparency throughout the process, having one key person to coordinate the complaint and provide one response to all the issues raised.