

# **Adult Social Care and Public Health Complaints**

**1 April 2014 – 31 March 2015**

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# Executive summary

## Adult Social Care Complaints

The number of complaints relating to Adult Social Care has continued to increase year on year and we received a total of 121 in the year 2014-15. The table below shows the previous figures for comparison.

	2011-2012	2012-2013	2013-2014	2014-2015
<b>Total</b>	<b>45</b>	<b>62</b>	<b>109</b>	<b>121</b>

The main areas of concern for complainants were:

- Attitude of staff
- Availability of Service
- Finance and Funding
- Quality of Service

Of the 121 complaints received, 45% were upheld either in full or in part.

Six complaints were referred to the Local Government Ombudsman within this timeframe and the outcomes were as follows:

- 4 found no fault with the Council and no further action was recommended.
- 2 found fault with the Council for not sharing a copy of an assessment with the service user and the recommended actions were for the Council to offer a formal written apology to one service user and for the other the LGO recommended that we waive the outstanding debt we were seeking to recover.

## Learning from Complaints

There have been several areas of learning and areas for improvement which have been identified through the complaints received and these can be summarised as follows:

- Communication
- Safeguarding
- Clear Recording / Documentation
- Partnership Working
- Timeliness of Complaint Responses

## Current Legislation

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Complaints are handled according to The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and accompanying guidance (Listening, Responding, Improving). This legislation operates across Health and Adult Social Care and places significant emphasis on a personalised approach to complaints and 'learning from complaints'.

The Public Health function transferred to the Local Authority with effect from 1 April 2013 and therefore any complaints concerning this department are managed by the Customer Response Team on a day to day basis and the Director for Public Health will be the nominated responsible person for these complaints.

The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 can be viewed at

[http://www.legislation.gov.uk/uksi/2009/309/pdfs/uksi\\_20090309\\_en.pdf](http://www.legislation.gov.uk/uksi/2009/309/pdfs/uksi_20090309_en.pdf)

The Listening, Responding, Improving guidance is available at

[http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/dh\\_095408](http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/dh_095408)

# Overview of Complaints Procedure

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Whenever a query or concern is raised, staff should take every opportunity to find an early resolution to the problem. There may be simple steps that can be taken to resolve the issue quickly and efficiently. Being proactive could prevent the matter being escalated to a complaint and ensures that an efficient service is provided to the individual.

If a staff member receives a complaint via telephone, he/ she should offer to either take the complainant's contact details for the complaints officer to call back or provide the details shown below. If a complaints correspondence is received, this should be referred to the complaints officer immediately. The complaints officer is responsible for writing an acknowledgement letter within three working days and sending the complainant a copy of the procedure.

The complaints officer will allocate the complaint to an investigating officer (who may be an external investigator or a Council staff member). The investigating officer will be expected to:

- Clearly identify the issues in the complaint
- Review all relevant documentation
- Speak to relevant staff and obtain statements as appropriate
- Draw conclusions based on the above information and determine whether the complaint will be upheld or not
- Make recommendations based on the findings
- Refer all the above information in a timely manner to the complaints officer who will draft the final response to the complainant which will be signed by the Director of Older People.
- Seek opportunities for early resolution

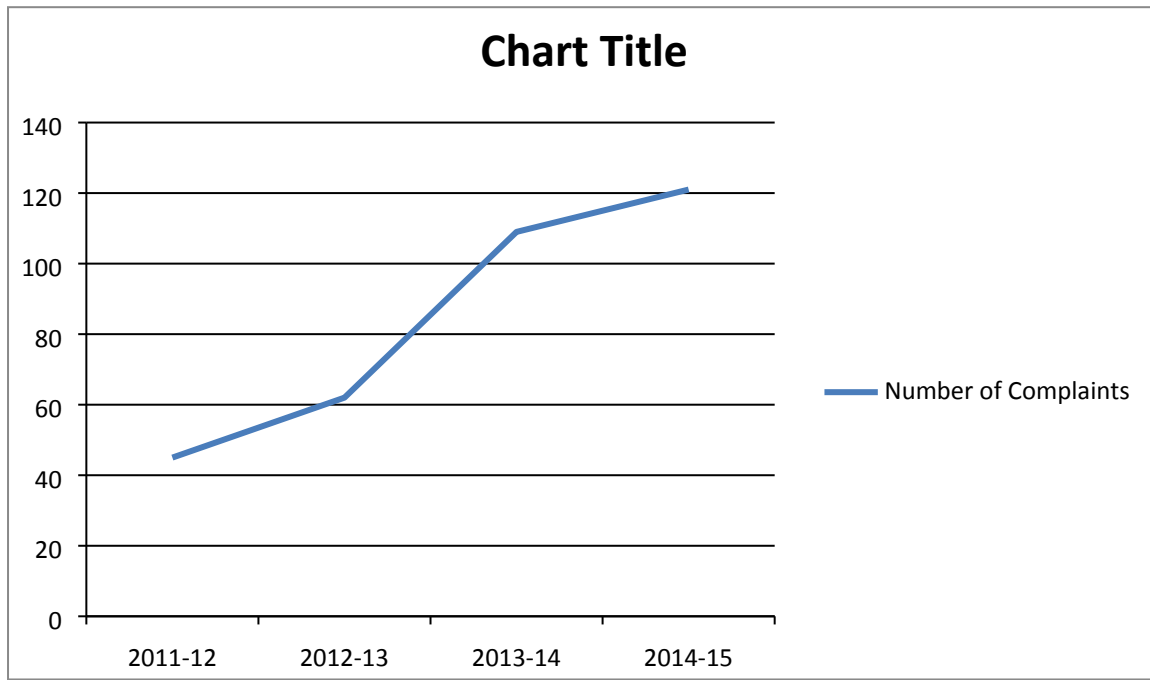
The timescales for completing a complaint investigating and responding to the complainant are negotiable. However, we usually aim to provide the full response within twenty-five working days. Therefore, to ensure that the response is finalised in good time, investigating officers should complete the investigation within fifteen working days. The complaints officer will assist with any enquiries from the investigating officer during this time. All complaint responses are quality assured by the appropriate Head of Service before being sent to the Director of Older People to sign.

If recommendations are made by the investigating officer, once the complaints response is finalised, an action plan will be written and tasks delegated to appropriate staff to complete.

The Adult Social Care Procedure Manual is in the process of being finalised so that all staff are familiar with the complaint process and can appropriately refer a complainant to the correct department so that the matter can be dealt with.

# Adult Social Care Complaints

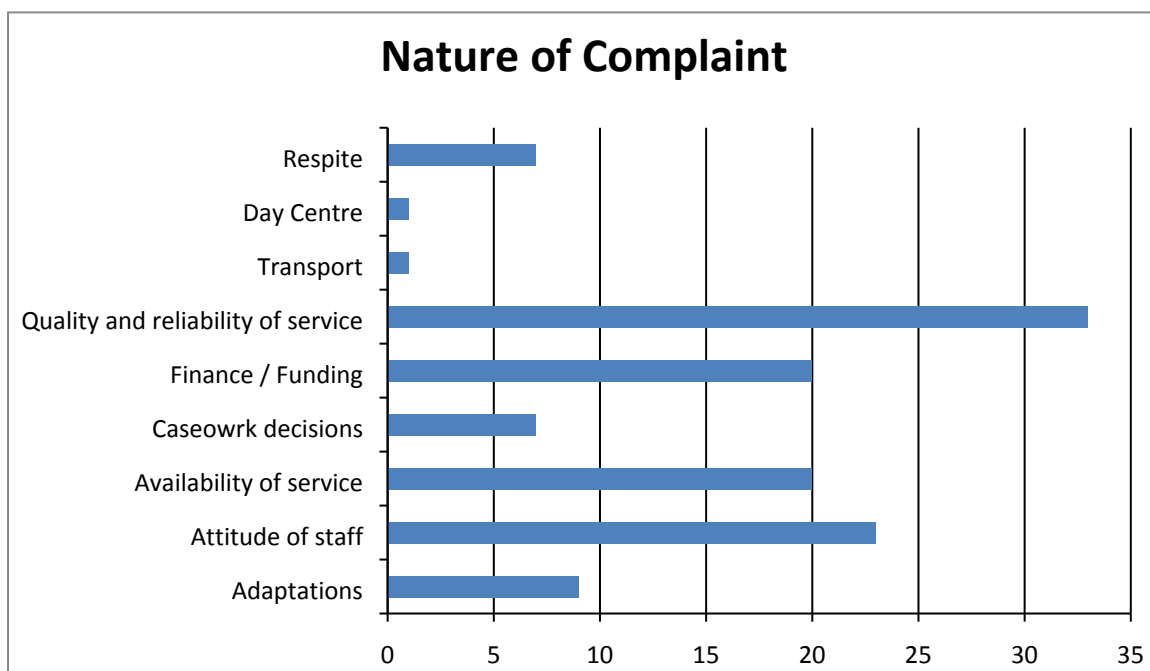
In the year 2014-15, the number of complaints relating to Adult Social Care has continued to increase as demonstrated below.



This is the first full year of recording complaints under our new Adult Social Care business model so the figures will not be directly comparable to previous years. This year's statistics can be found in the table below.

The number of complaints has therefore increased from the previous year which we would have expected in view of the financial challenges faced by the Council. There has been a significant restructure of Adult Social Care functions which was implemented with effect from 1 April 2014 and this could also be a contributing factor to this increase as staff settled into the new structure.

The following table and breakdown show the nature and balance of the content of the complaints received.



The following statistics show the outcomes from the complaints we have received. The outcomes show that 27% of complaints were upheld, 18% were partly upheld, 45% were not upheld and 9% of complaints were resolved via another means. Where the outcome is recorded as other remedy, this will include complaints which may have been progressed as a Safeguarding enquiry rather than a complaint due to the nature of the concerns. This will also include complaints which may have been withdrawn.

Nature of Complaint	Total Number of Complaints 2014-15	Number of complaints upheld	Number of complaints partly upheld	Number of complaints not upheld	Other remedy
<b>Adaptations</b>	9	0	0	9	0
<b>Attitude of staff</b>	23	5	5	12	1
<b>Availability of service</b>	20	6	8	6	0
<b>Casework Decision</b>	7	1	1	4	1
<b>Finance / Funding</b>	20	8	3	8	1
<b>Quality and reliability of service</b>	33	8	4	15	6
<b>Transport</b>	1	1	0	0	0
<b>Day Centre</b>	1	1	0	0	0
<b>Respite</b>	7	3	1	1	2
<b>Total</b>	<b>121</b>	<b>33</b>	<b>22</b>	<b>55</b>	<b>11</b>

**Quality and reliability of service**

Complaints concerning the quality and reliability of the service account for just over 27% of the total complaints received. The majority of these complaints are considered to be low level complaints, however the actions of Sefton Council had had a significant impact on the service user or their family to warrant a complaint being made. These complaints focused on issues such as

- Telephone calls not returned in a timely manner
- Actions not being taken within agreed timescales, the most common being that a staff member will contact the caller within an agreed timescale and this did not happen
- Reports / assessments containing incorrect or inaccurate information
- Insufficient or inaccurate information provided to service users / their families and carers
- Lack of clarity about available services
- Quality of processes undertaken – concern about whether these were robust enough

These complaints represented a significant proportion of the total complaints received, and of these complaints 36% were upheld either in full or in part. Later in the report, we have detailed the learning from the Adult Social Care complaints and the actions that have been taken to improve the services we provide. We hope that these pieces of work will help to reduce the number of complaints that are upheld due to low level issues.

**Finance / Funding**

Finance and funding complaints account for 17% of the overall number of complaints and 55% of these were upheld in full or in part. Some of these complaints were caused due to administrative errors such as invoices sent to incorrect addresses, delay in requesting documentation and invoices not being clear. Some complaints were caused due to third party “top-ups” as relatives disputed whether these should apply.

**Availability of Service**

These complaints accounted for 17% of the total number of complaints and 70% of these complaints were either upheld in full or partially upheld. Some of these complaints were due to delays in allocating a social worker to a case. Some of these complaints related to the fact that a service could not be put in place as the service user did not meet the eligibility criteria.

**Attitude of staff**

Complaints relating to staff attitude accounted for 19% of the overall complaints and of these 43% were upheld either in full or in part. Of the complaints which had an element to be upheld, actions have been taken including that staff members implicated have formal supervision with their line managers to discuss this issue.

**Timeliness of Complaint Responses**

The timescales for completing a complaint investigating and responding to the complainant are negotiable. However, we usually aim to provide the full response within twenty-five working days. The Health and Social Care Complaints Officer will keep the complainant updated throughout the lifecycle of the complaint and confirm if there will be a delay in providing a substantive response and confirm an expected completion date.

Of the 121 Adult Social Care Complaints, 54 complaint responses were issued within the agreed timescale which is 45%. A more detailed breakdown is provided below:

	<b>Number of Complaints Received</b>	<b>Complaints responded to within timescale</b>	<b>Percentage of complaints responded to within timescale</b>
<b>Quarter 1</b>	18	2	11
<b>Quarter 2</b>	37	14	38
<b>Quarter 3</b>	39	22	56
<b>Quarter 4</b>	27	16	59
<b>TOTAL</b>	<b>121</b>	<b>54</b>	<b>45</b>

Although we acknowledge that some complaints can be complex with a significant amount of documentation to consider, we are acutely aware of the need to improve our response times to complaints. The Health and Social Care Complaints Officer now meets regularly with team managers and service managers to ensure that thorough and robust investigations are completed and concluded in good time.



## Local Government Ombudsman

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Six complainants have referred their respective complaints to the Local Government Ombudsman (LGO). The Local Government Ombudsman is an independent, impartial and free service which can investigate complaints about local authorities and certain other bodies including all types of adult social care providers. If the LGO finds that the organisation has done something wrong which has caused significant injustice, the LGO will aim to get the organisation concerned to put it right.

### Complaint 1

Mr X stated that the Council was at fault for deciding that Mr X's relative is not eligible for a stair lift. Its officers made a technical decision based on their assessment of Mrs X.

The LGO concluded that there was no fault by the Council in how it reached its decision. The LGO also noted that Council had explained to Mr X what he needed to do to get Mrs X reassessed.

### Complaint 2

Mr B complained to Sefton Council that he had been excluded from discussions and planning for his relatives' needs and care. The Council refused to investigate his complaint about his relative's care; and furthermore, the Council refused to disclose any information about his relative to him.

The LGO concluded that this matter would not progress to an investigation as there was no fault by the Council. The LGO stated that she would also be unable to investigate a complaint on behalf of the service user as the complainant did not have the consent of the service user.

### Complaint 3

Mrs C complains the Council failed to consider her granddaughter's, Ms B's, diagnosis of autism when it assessed her needs. Mrs C says the supported living placement where Ms B lives does not offer the specialist support she needs and this impacts on her quality of life. She also says the Council failed to complete formal mental capacity assessments.

The LGO did not uphold Mrs C's complaint and found no fault with the Council.

### Complaint 4

Mr H complains that the Council failed to properly carry out an OT assessment, has refused him a wheelchair ramp and has also refused to sort out his wet room. He says because the adaptations have not been carried out to his home, the hospital cancelled a planned operation on his knee.

The LGO found fault with the Council as we had not provided a copy of the OT assessment to Mr H thus preventing him from having the opportunity to comment on our formal record of his assessment. We wrote to Mr H to apologise for this.

### Complaint 5

Mrs R complains that the Council failed to investigate safeguarding concerns regarding her late relative. Mrs R states that she was denied access to her relative.

The LGO found no fault with the way in which the Council had undertaken the investigation. The LGO has noted the learning that the Council had identified following the investigation of this complaint which included reviewing its processes to ensure safeguarding reports are shared in a timely way, roles and relationships were established as part of safeguarding investigations and decisions were always clearly documented.

Complaint 6

Mrs X complains the Council has failed to comply with the remedy recommended by the Ombudsman in her previous complaint. There was a delay in the Council assessing Mrs X as Shared Lives Carer for her nephew who lives with her. The Council agreed to pay Ms X £7421.60 due to difference in the amount she received from Direct Payments and amount she should have received as Shared Lives Carer. The Council is now trying to recover £432.25 from her following an audit of Direct Payments.

Mrs X says she recently discovered her family were entitled to weekend respite before her nephew turned 18. She says the Council never offered this to her or her family.

The Council's most recent decision regarding Mrs X's nephew's entitlement to respite was made in 2010. The LGO concluded that this is too long ago to investigate now. If Mrs X believes her nephew's circumstances have changed so that he may now be entitled to respite she should contact the Council to request this.

The LGO concluded that the Council failed to advise the LGO that it was pursuing Mrs X for unspent Direct Payments for her nephew when we investigated her previous complaint. Mrs X has been put to considerable time and trouble pursuing this and her previous complaint so the Council should waive the outstanding debt it is seeking to recover.

# Public Health Complaints

Nature of Complaint	Number of Complaints 2013-14	Number of Complaints 2014-15	Number of Complaints Upheld 2014-15
<b>National Child Measurement Programme</b>	1	16	2
<b>Adaptations</b>	0	1	1
<b>Availability of Service</b>	0	1	0
<b>TOTAL</b>	<b>1</b>	<b>18</b>	<b>3</b>

## National Child Measurement Programme (NCMP)

The seventeen complaints concerning the National Child Measurement Programme (NCMP) were all received from parents who had received the letter confirming the outcome of their child’s measurements. Common concerns were:

- Terminology used in the letter was too strong
- Effect on child’s self-esteem if saw the letter
- Potential bullying if child’s result becomes common knowledge
- The programme makes no allowance for the child’s diet and any exercise he / she may undertake

Public Health England has developed template letters for local authorities to inform parents of their individual child’s weight, height and BMI centile classification (underweight, healthy weight, overweight, very overweight). Therefore some of the terminology cannot be changed. However, in light of the complaints received, we will review the language used in the NCMP letters to try to reassure parents that the result is a guide only and, because the result does not consider factors such as diet and exercise, there is a margin for error.

We upheld two of these complaints. One complainant contacted the Council as the NCMP letter had been sent to an incorrect address. A full apology was offered to the complainant for this error. The Council received another complaint from a complainant who allegedly observed measurements taken incorrectly by the staff in charge of the programme. The outcome of this complaint investigation was that, unfortunately, the measuring equipment was not working correctly on the day in question and children affected had been re-measured and their parents informed.

We recorded the outcome for fourteen of the complaints as “other remedy” as the complaints provided feedback on the programme and associate letters itself. Therefore this feedback will be shared with the regional and national feedback for future programmes.

## Adaptations

We received a complaint concerning an alleged delay in the Council arranging for anti-scald valves to be fitted at property. The Director of Public Health offered an apology to the complainant for the delay. The Director of Public Health explained that, although the particular contract between the Council and contractor had expired at the time of the complaint, the contractor had been contacted to arrange for the installation to take place. This complaint was therefore upheld in full.

### **Availability of Service**

A complainant contacted Sefton Council as he was concerned that his personal data had been lost by the Council and a service was not being made available to him. Furthermore, the complainant alleged that the Council did not put a reduction plan in place for him.

The outcome of the complaint investigation was that the complainant's personal data had not been lost. The Council explained that a full explanation had been given to the complainant to explain why it would not be appropriate at that time for the complainant to follow a detoxification plan. We therefore did not uphold this complaint.

### **Timeliness of Complaint Responses**

The timescales for completing a complaint investigating and responding to the complainant are negotiable. However, we usually aim to provide the full response within twenty-five working days.

Of the 18 Public Health Complaints, 9 complaint responses were issued within the agreed timescale equating to 50%.

# Compliments

It is always pleasing when positive feedback is received, therefore any compliments received by staff are referred to the Customer Response Team to be recorded and acknowledged if possible. Compliments will be shared with the Director of Older People and relevant staff. The table below shows the teams which have received compliments and a sample of compliments has also been provided.

Team	Number of Compliments
Contracts and Commissioning	4
Customer Access Team	1
ELAS	1
Lobby	3
North Hub	4
OT and Sensory	22
South Hub	5
Welfare Rights	2
<b>TOTAL</b>	<b>42</b>

*“From the first day, the staff treated my [relative] with respect and dignity. The staff .....are exceptional people. The next time that you are looking for somewhere to promote as excellent practice, make sure you point your inspectors there. It’s not just my [relative] that was treated this way — it’s the culture. They do it because they care so deeply about those that they look after.”*

*“You were like a breath of fresh air”*

*“We found it a very refreshing change for the courtesy and understanding shown by your staff”*

*“I was extremely concerned by the crisis ..... but you have eased my immediate worries and the only one who was able to resolve anything. If there is anyone I can thank / provide my recommendation to for your help please let me know. I greatly appreciate it.”*

*“the team have been a credit to you. Always available and happy to help with the various forms..... Often such services receive negative feedback in the press but thus far I have nothing but praise for them.”*  
*“I would also like to take this opportunity to thank Sefton Council for its continued support of my [relative]. We are truly grateful for [service user]’s amazing care package.... Once again thank you for your support and understanding and the positive outcome of a very worrying period in time.”*

*“I know you have put a lot of work and time to get to a brilliant conclusion.....So once again, a massive thank you to your team at Sefton Council.”*

*“[Staff member] performed her duties with the upmost professionalism and sensitivity.”*

## Learning from Complaints

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Complaints provide a valuable indication of areas where services may need to be reviewed or improved. Some complaints highlight an error or concern that is specific to one individual or family. In other cases, complaints can highlight issues that may impact many families across the service. These issues can be identified through detailed case reviews prompted by complaints, or identification of patterns and trends from a number of complaints.

Quarterly Reports are presented to leadership that identify any trends and consider how learning points can be used to inform service planning. Regular meetings between the complaints manager and members of the leadership team monitor performance in relation to complaints and ensure that action points are completed.

As a result of what the Department has learned from the complaints it has received, the following service improvements have been implemented:

### ***Communication***

Although we have not received complaints which focus solely on communication, the complaints received this year highlight that communication with Sefton Council has been difficult at times for people who need to speak to the teams. This feedback has been received from service users, carers and some professionals.

After reviewing this feedback, we accept that communication is an aspect of our service that must be improved. As a result we have included this as a standard item for team meetings. This will continue to be monitored via feedback from complaints and the information shared with service managers. A work flow programme is being developed and communication is an issue which will be included with this.

### ***Safeguarding***

A dedicated safeguarding team was established following the restructure of the adult social care teams and has been in place since April 2014.

We acknowledge that safeguarding can be a contentious area of work and as such it can generate complaints due to the nature of the work undertaken. The work undertaken by the team is very sensitive and can cause tensions between the Council and those involved in a safeguarding enquiry which in turn may result in an increase in complaints.

Of the ten complaints received, two were upheld in full and three were partly upheld (one complaint was outstanding at the time of this report). The rationale due to these complaints being upheld in part or in full included delays in issuing the safeguarding report to the appropriate individuals and the quality of the work produced.

Recording and adequate documentation have been issues identified in a number of complaint investigations and therefore is an identified area for improvement. The Training Department of Sefton Council are developing a bespoke training package with the support of an external provider to provide training for good practice when chairing meetings and good practice for recording information. This training will focus initially on safeguarding enquiries, however, we may consider offering this training to other teams within Adult Social Care.

### ***Clear recording and documentation***

This has been an issue identified in a number of complaint investigations and therefore is an identified area for improvement. At present, the team managers complete sampling of assessments completed in line with the Care Act 2014. These sampling exercises highlight any issues of accuracy with regard to recording and documentation.

Furthermore, an advanced practitioner has been tasked with completing quality assurance of cases and has completed a case sampling of recording on LiquidLogic Adults System (LAS) to establish whether the recording within the case is of an acceptable standard.

All workshops for Adult Social Care staff reiterate the necessity, particularly in light of the perception of challenge due to the Care Act 2014, to ensure that information is accurate and up to date.

### ***Partnership Working***

Adult Social Care Managers meet regularly with health colleagues to discuss the procedures in place to deal with all pressures within hospital settings and to ensure a seamless process for service users on discharge. Therefore there is more dialogue between organisations and more links to ensure that planned services are in place to meet a service user's assessed need. There are more joint posts which are jointly managed so that there is continuity of care to ensure that the service user's identified eligible needs are met in a timely manner without disadvantaging the service user.

Some of the complaints have been upheld due to a delay in determining funding responsibility as in certain cases, Sefton Council felt that a service user would trigger for health funding. These delays have typically been due to delays in decision making between Council staff and health colleagues as to whether the service user should be CHC funded, joint funded or funded solely by the Council.

There is currently a piece of work underway to strengthen the process for identifying the relevant financial responsibility to prevent anxiety for the service user and his or her family. It was identified that there needed to be an improvement in the timeliness of agreeing funding which would be achieved via clearer guidance and agreements between organisations. The protocol which is being developed has been done so in conjunction with the Clinical Commissioning Group (CCG) and, once finalised, will be cascaded to all staff. The protocol will improve timeliness by clarifying the process for all staff who are responsible for its implementation. The protocol will strengthen the responses from the decision making panel and ensure that all decisions are communicated promptly and precisely to professionals involved with each case. There will be an escalation process for staff to refer to senior management if there are any avoidable delays in the process.

### ***Timeliness of complaint responses***

Earlier in the report, we confirmed that only 45% of complaint responses were issued within the timescale originally agreed with the complainant. Therefore, the Health and Social Care Complaints Officer now meets regularly with team managers and service managers to progress complaints investigations in a timely manner. We are also considering the most appropriate training to provide to operational staff regarding complaints' investigations. We hope that these measures will improve the timeliness of responses and the quality of responses thus resulting in more complaints being resolved at a local level and less complaints being referred to the Local Government Ombudsman.

## Conclusions and Recommendations

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The number of complaints relating to Adult Social Care has increased year on year and we anticipate that this trend will continue. As the demand placed on the Council increases, we must continue to manage the expectations of our service users and their families as best as possible and to continue to monitor valuable feedback from them which we receive via the Complaints Procedure.

After consideration of the above content, we have made the following recommendations:

- We will aim to respond to at least 70% of complaints within the agreed timescale in the next financial year
- The Health and Social Care Complaints Officer will attend Business Planning Meetings to ensure continued engagement and awareness of the Complaints Procedure with Adult Social Care Staff
- To continue to focus on learning from complaints and compliments
- To provide training to Adult Social Care staff, particularly those staff members involved in the investigation of complaints.



## Appendix 1

Team	Total Number of Complaints 2014-15	Number of complaints upheld	Number of complaints partly upheld	Number of complaints not upheld	Other remedy
Area Finance	4	1	2	1	0
Community Equipment Stores	3	0	1	1	1
Commissioning and Contracts	19	6	2	6	5
Community Mental Health Team (North)	3	0	0	3	0
Community Mental Health Team (South)	4	2	0	2	0
Lobby	12	2	4	6	0
North Hub	20	6	2	10	2
OT / Sensory	13	0	0	13	0
Safeguarding	10	2	3	5	0
South Hub	27	11	7	6	3
SS Customer Access Team	1	1	0	0	0
Welfare Rights	5	2	1	2	0
<b>Total</b>	<b>121</b>	<b>33</b>	<b>22</b>	<b>55</b>	<b>11</b>

## Appendix 2

The table below shows the client categories for complaints received between 1 April 2014 and 31 March 2015.

Service User Category	Total Number of Complaints 2014-15	Number of complaints upheld	Number of complaints partly upheld	Number of complaints not upheld	Other remedy
Carer	0	0	0	0	0
Dementia	13	4	1	6	2
Frailty / Temporary Illness	6	4	1	1	0
Learning Disability	23	9	6	7	1
Mental Health	14	5	2	6	1
No Category Recorded	25 <sup>^</sup>	2	4	17	1
Other Vulnerable Person	1	0	0	1	0
Older People	18	4	4	6	4
Physical Disability	20	5	4	9	2
Sensory Disability – Deafblind	0	0	0	0	0
Sensory Disability – Dual Sensory Impairment	0	0	0	0	0
Sensory Disability – Hearing Impairment	0	0	0	0	0
Sensory Disability – Visual Impairment	0	0	0	0	0
Substance Misuse	1	0	0	1	0
<b>Total</b>	<b>121<sup>^</sup></b>	<b>33</b>	<b>22</b>	<b>54</b>	<b>11</b>