Lancashire County Council

Statutory

Adult Social Care Complaints and Customer Feedback Annual Report

For the period 1 April 2022 to 31 March 2023

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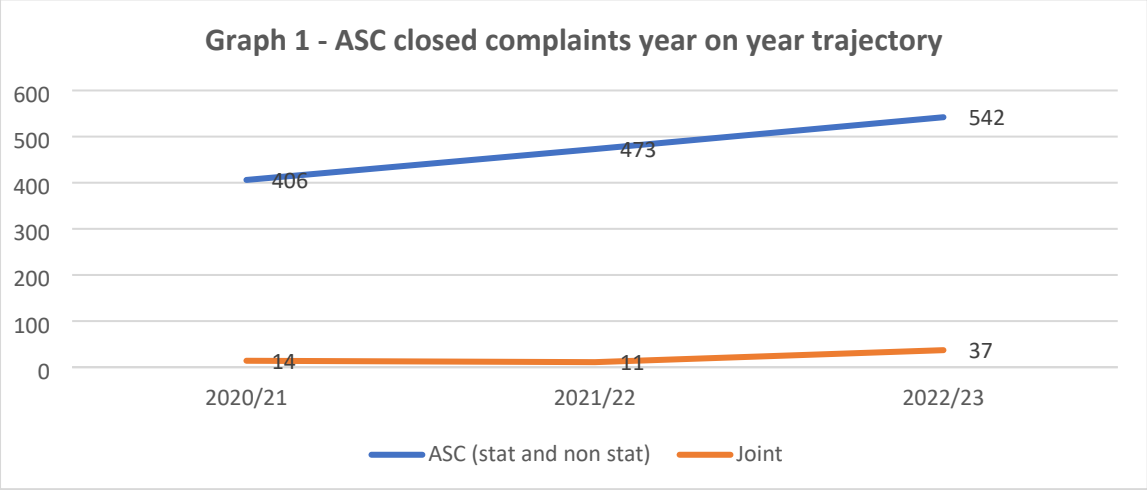
1 Executive Summary

Complaints and feedback are used by the council to better understand the needs of our customers and offer an opportunity to learn and improve. As a direct result of complaints in 2022/23 adult social care services have improved communication with customers and their families, made changes to policy and processes and staff and managers have attended specific training sessions. Many complaints can be avoided by providing regular communication with customers and by being empathetic, clear, factual, and honest in our interactions, as well as doing what we say we will do.

Only 1% of active cases result in a complaint being made and customers are more likely to compliment us than to complain. There are more compliments than complaints and compliments have increased by 5% on 2021/22 figures.

Graph 1 below shows:

- Complaints are continuing an upward trajectory, up by 12% on 2021/22 figures to 542 complaints for the year.
- There were also over triple the number of joint complaints with the NHS than the previous year. Continuing healthcare, support planning and finance were the biggest themes.



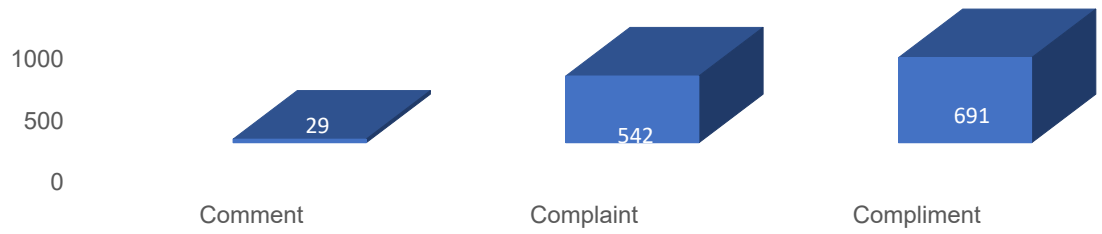
Nationally, more complaints re going to the Ombudsman and this trend is reflected in Lancashire. There also is a changed Ombudsman investigation process, contributing towards an increase in the average uphold rate across all complaints.

2 Background

The complaints procedure for adult social care and this report is produced in accordance with the requirements of the Local Authority Social Services and National Health Service Complaints Regulations (2009).

Graph 2 shows a breakdown of Adult Social Care (ASC) by feedback type. A total of 542 complaints were closed in 2022/23 which is a 12% increase from the previous financial year (484). The direction of travel is upwards. It should be noted that people are more likely to compliment adult social care rather than to complain. Compliments increased by 5% from 659 in 2021/22 to 691 in 2022/23. Comments stayed around the same 29 in 2022/23 (26 in 2021/22).

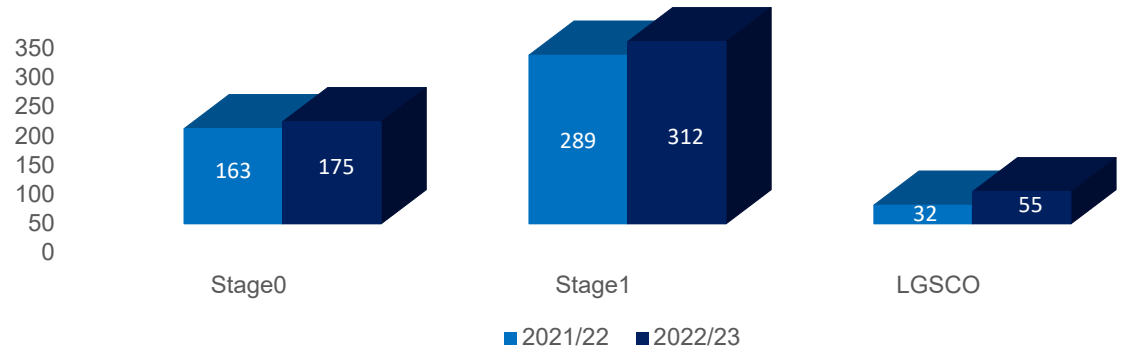
Graph 2 - Feedback Type



2.1 Breakdown of complaints by stage

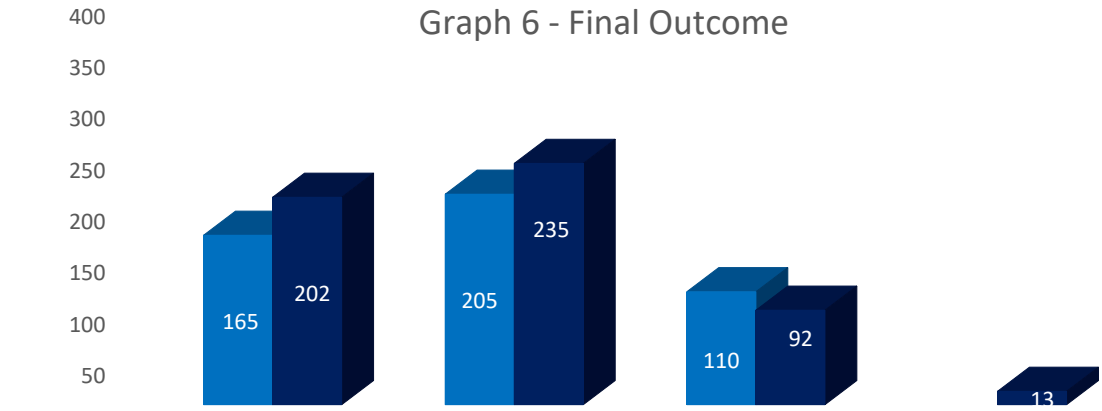
The breakdown of ASC complaints is shown in Graph 5. Stage 0 is the early resolution of complaints, so a significant proportion of complaints (32%) continue to be resolved at the first point of contact with council officers. Most complaints (58%) are resolved locally after further escalation, and a further 10% are resolved by a Local Government and Social Care Ombudsman (LGSCO) investigation.

Graph 5 - Complaint Stage



2.2 Breakdown of complaints by outcome

The outcomes of 542 closed complaints that commenced in this financial year are shown in Graph 6. Of all closed complaints, 235 were either withdrawn or resolved early, 202 had at least one aspect upheld and only 92 were not upheld. These are similar proportions to the figures for 2021/22.



	Upheld/Partly Upheld	Withdrawn/Early Resolution/Signposted	Not Upheld	Blank
2021/22	165	205	110	
2022/23	202	235	92	13

A total of 312 internal complaint investigations were undertaken. The breakdown of these was 59% upheld/partly upheld (184), 12% withdrawn/early resolution/signposted/blank (38) and 29% not upheld (90). So, the direction of travel is upwards, and most complaints are found to justified, with very few complaints having no aspect upheld.

2.3 Timescales

19 complaints exceeded the statutory timescales of 6 months (4%). This is an improvement from the previous year which was 9%.

2.4 What do people complain about?

For 2021/22, the most frequent subject of complaint was Support Planning (113) which received 25% of the total number of complaints. This increased in 2022/23 to 141, which continues to be about a quarter of all complaints. The second largest category was about the assessment process, with19% of complaints (102). The third largest category was finance with 58 (11%) of all complaints, which is a similar proportion to 2021/22.

2.5 Case Studies

Three examples of case studies are outlined in Appendix 1.

- A pattern of complaints made by grieving relatives in relation to invoicing.
- A complaint about lack of funds for a personal budget.
- A complaint about gender appropriate care for an older person.

2.6 Internal Learning

Although managers address complaints received with their staff, the learning is not always widely known and there is a risk that other mistakes with similar themes, continue to occur. To remedy this and give feedback from customers the priority that it deserves, a Shared Learning Panel considers the themes and root causes of complaints and cascades learning across the council. Although it did not meet for several months in 2022/23, it now meets monthly, and learning is distributed to the Quality Assurance and Practice Improvement Team and assured through the Quality and Safety Group through our Adult Social Services Assurance Board.

Improvements were made to:

- communication with customers,
- social care and support planning processes,
- direct payments and personal budgets,
- equipment in adaptations financial process, and
- discharge planning / reablement processes.

The specific learning themes and trends for internal complaints are outlined in Appendix 2 (a).

The main theme running through most complaints is communication. Although individual staff and managers have addressed failures in specific situations, improvements remain to be embedded into general customer care practice. As a result, in 2023/24, we will be taking a proactive approach to reshaping our services by launching a 'Customer Focus' strategy to ensure all staff appreciate the vital role we all play in customer care and the escalation of complaints.

We need to continue to embed the strategic lessons of complaints into everyday practice. This means acting promptly when things go wrong and owning the recommendations in reports produced by the Local Government and Social Care Ombudsman to deliver improvements in how we work to ensure that the same mistakes are not repeated.

2.7 Joint Complaints

A Joint Complaints Protocol has been recently updated with the NHS. Joint Complaints investigations increasingly involve many different parts of the council as well as contracted service providers therefore adding much more complexity, which the complaints team coordinates.

There was a significant increase in closed joint complaints during 2022/23 to 36 compared with 11 in 2021/22. These complaints generally take longer to resolve as they involve ASC and the NHS, typically Hospital Trusts and/or Integrated Care Boards (ICB's). A further 7 joint complaints were still open at the close of 2022/23. Of the closed complaints, 4 were upheld 15 were not upheld and 22 were partly upheld. Continuing Healthcare, support planning and finance were the biggest themes.

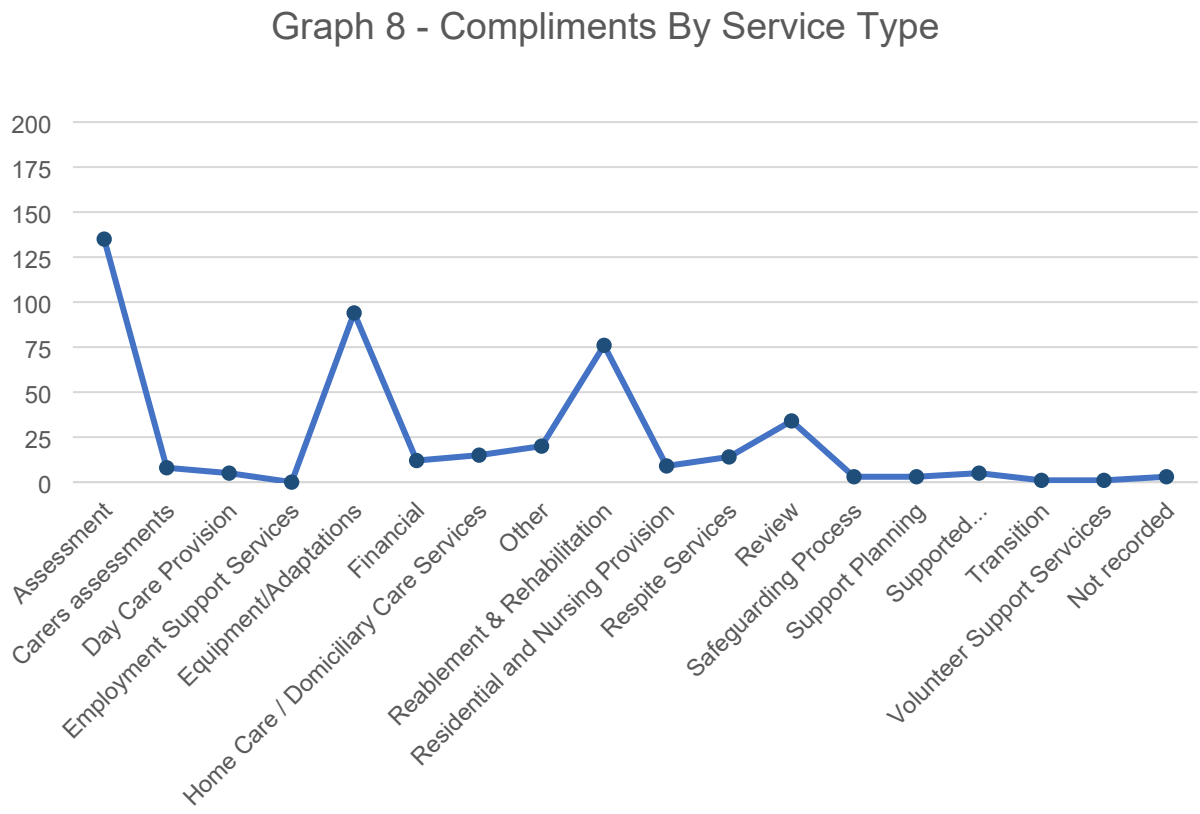
Learning from joint complaints is detailed in Appendix 2(b). We should consider improving public information to reduce complaints about these themes.

3 Compliments

Compliments are mainly captured via 'Your Views Count' leaflets. Graph 8 shows the number of compliments received by service type for 2022/23. In total 438 compliments were made in this way in 2022/23. Unfortunately, the further compliments captured via other methods cannot be broken down into the same categories to allow an overall breakdown of the total compliments. This is because many compliments are sent to the council in an unstructured way in via emails, cards, and letters by service users / and their families and submitted by LCC managers.

The total number of all compliments has increased by 32 (5%) from 659 in 2021/22 to 691 in 2022/23. There has been a significant increase in compliments received for Rehabilitation & Reablement from less than 1% in 2021/22 to 17% in 2022/23, probably because of the 'Your Views Count' form being circulated again. The most frequent reason for a compliment for 2022/23 was assessment (31%).

Please see Appendix 3 for examples of compliments made.

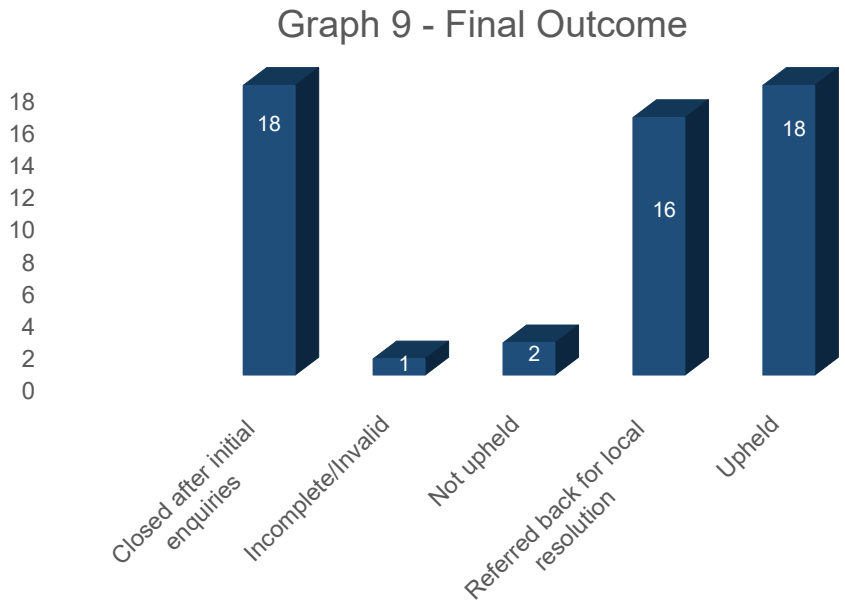


4. Ombudsman Complaints

The Local Government and Social Care Ombudsman provides the final stage for complaints about local authorities and some other organisations providing local public services. Their service is provided free of charge. Complainants approach the Ombudsman when all other options for pursuing their complaint are closed by the council, after it is considered that a proportionate response has already been provided. The Ombudsman will only consider complaints that have already been through the council's complaints procedures, although sometimes an early referral will be made to the Ombudsman when complainants continue to be dissatisfied and the council considers that it has not done anything wrong, or it has done all it can to resolve the matter.

In 2022/23, the Ombudsman received a total of 55 separate enquiries in relation to ASC complaints in Lancashire (in 2021/22 it was 43).

Graph 9 overleaf, shows of the 55 Ombudsman ASC decisions received in 2021/22, 4% were not upheld, 63% were not investigated and 33% were upheld.



It should be noted that the Ombudsman will also uphold complaints that the council has already upheld. Of the 18 complaints that were either upheld or partly upheld, 6 were not upheld (or investigated) by ASC originally.

The final decisions resulted in a total of £22,469.50 being paid out by the council.
There have not been any ASC public reports in 2022/23.

Some examples of continuous improvement and learning are outlined in Appendix 2(c).

Appendix 1: Case studies

a. A pattern of several complaints being raised by relatives about incorrect invoicing was recognised by the complaints manager. These relatives had chosen to use the "tell us once" service when registering the death of their loved one, but despite this, were receiving incorrect invoices. The problem was investigated by the complaints team who linked in with the finance team, the blue badge team and registrar's service. It was identified that adult social care was not automatically notified by the national tell us once service (only the blue badge team). This problem was rectified, and new processes and responsibilities have been established to ensure that this information is now shared appropriately, internally and will not happen again.

b. A complaint was made by a daughter on behalf of her mother regarding Direct Payment respite funds not being loaded on to her prepayment card when they should have been, resulting in her mother having to use own funds to pay for her Personal Assistant.

   Funds were repaid quickly on receipt of the complaint, but we wanted to ensure that this did not happen again. The issue was caused due to a significant delay between the prepayment card being ordered and the account being updated with the card details. The reason for the delay was that the finance team had recently introduced some more stringent controls on the amendment of our supplier/payee bank accounts, with the goal of reducing the number of successful fraudulent requests which the council have been subject to in the past, costing the public purse large sums of money. This has had a knock-on impact creating a backlog of requests within the team. The finance team have now identified solutions to the process to prevent this situation from happening again in the future.

c. A son complained that his mother was receiving male carers to administer personal care, and this was not appropriate.

   Following the complaint being investigated with the care provider, reablement and service user and family, apologies were given for their experience. The provider now makes service users aware that both female and male Reablement Assistants can be expected as part of the service. This allows individuals to make informed decisions. Council managers have also stressed to the provider the importance of making every effort to provide the service user with a carer of their preferred gender.

Appendix 2(a): Internal learning details and themes

Area	Local Learning for Adult Social Care
Social Care and support planning	In a complaint about a failure to explain the financial implications of residential care, incorrect invoices and poor communication, managers have worked with community teams to make sure that the social workers follow the correct procedures regarding commissioning additional services in residential care and communicate clearly with people who use our services. Staff will ensure that this is provided in a timely manner and that service users and their families are kept up to date. This will ensure that the costs of residential care and additional services are explained from the outset. In several complaints about social care assessments, managers have worked with social workers to ensure that all options available to the service user are discussed at the time the assessment is undertaken. This will help service users to make an informed choice of how and when they would like to receive care. The manager of the Acute and Community Operational reminded staff about the importance of maintaining good communication with people who use our services and ensure that their support plan details how care needs will be met. In other complaints specific to social work practice, managers took the following action with the individual workers concerned: • Reminded the social worker to ensure that once care is commissioned, the required actions must be completed on the LAS system accurately and in a timely manner to avoid delays and large backdated invoices to the service user. • Reminded the social worker to ensure that the relevant 'financial implications' document is always provided. • Reminded the social worker to explain the implications of the third party top up for care homes to the service user before the care is commissioned.

	• Reminded the team to practice good communication with all service users and their families to improve patient journeys leaving hospital. • Reminded the social worker to complete care assessments in a timely manner. • Reminded social care staff to document conversations held with service users or their representatives are documented on case file records. • Reminded social care staff to ensure that they read case notes properly and take responsibility for acting on information received. • Reminded social workers inform service users and their families regarding the financial implications of care if they are no longer eligible for NHS funded care. • Reminded team managers to make sure that a timely initial response is completed and that a social worker is allocated in a timely manner to progress a case. • Reminded team managers when social workers are absent, to reallocate cases to ensure continuity and communication with the service user and their families. In several complaints by relatives stating that they did not know about the cost of care, managers have worked with staff to ensure that they are clear in their advice and guidance regarding financial issues and funding. Staff will ensure that this is provided in a timely manner and that service users and their families are kept up to date.
Complaints about communication	In several complaints about poor communication staff were reminded to use language that all people understand and ensure that information is provided in a timely manner and that people are kept up to date. All social care staff have been reminded about the importance of returning phone calls and answering emails in a timely manner.

	In a complaint about poor communication, the finance team manager reminded staff to check the preferred communication method with our customers before contacting them.
Customer Access Team	In a complaint about a carer's assessment and care needs assessment, managers from the customer access team agreed to support the advisors to identify when it is appropriate to send a notification to the Occupational Therapist Service. Staff were also reminded to provide the customer access service email address to enable complainants to email information so that it can be added to a service user's case notes.
Personal Budgets	For a complaint about service user's not receiving any information about how direct payments work, leading to a large outstanding balance, team managers have reminded staff to ensure that changes in circumstances are recorded correctly and updated in a timely manner. The personal budget team are actively looking at solutions to prevent delays between the pre-payment card being ordered and the account being updated with the card details to ensure the funds reach the account in a timely manner.
Equipment and adaptions	Following a complaint about the waiting list for an occupational therapy assessment, managers have worked with staff to ensure that they explain to the service user, or their family members, that we do not receive details of their referral until a recommendation following an assessment is made. This will help manage service user's expectations.
Financial	In a complaint about the county council taking over the finances for a service user, managers have reminded staff to fully explain the systems and processes that guide our practice and affect those people who use our services. In a complaint about customer consent, the managers of the care finance assessment team have advised staff about the importance of obtaining the service user's consent before completing a financial assessment with a family member. In a complaint about an invoice being issued with a large debt after a long period of time, the receivables team have recognised that issues raised should have been reconciled in a timely manner. Staff will be reminded to apply identified

	credits to an invoice at the time the query is raised. This will enable customers to receive a correct invoice and pay the amount outstanding on time. Managers have attempted to improve communication between services within the county council, such as Adult Social Care, Care Data Team and Financial Departments/ Receivables Team to clarify when invoices should be raised and the actions to be completed, so that future issues are resolved in a timely manner. In several complaints about poor communication and incorrect invoices, managers have worked with finance staff to ensure: • the receivables team suspends or ceases the package of care to avoid incorrectly invoicing the service user when we are notified of a hospital admission. • the finance team confirms the service start date with social care staff when backdated services are commissioned to avoid overcharging the service user.
Information Governance Issues	Team managers to manage and monitor their mailboxes to ensure correspondence is not missed.
Reablement Service	In a complaint about goals not being met for a service user, the manager advised staff to provide evidence of whether a goal is met or not. Managers were reminded that there should only be a small (and relevant) number of staff involved in the assessment and discharge planning process. In a complaint about discharge planning, the team manager reminded staff to provide clear documentation that any proposed service to be commissioned has been discussed and explained to the service user. This helps to ensure that the goals have been set by the service user themselves.

Appendix 2(b) Examples of Learning from Joint Complaints with the NHS

Mrs F complained about failings in her father Mr P's mental health care and support which she felt led to his death by suicide. In response, we wrote to Mrs F to apologise and explain what action we had taken to address the failings identified in relation to not involving the Crisis Team in June 2018. We also provided additional training for staff.
Mrs D complained that we did not keep accurate records about what was discussed with Miss S before she agreed to go to a Care Home. We also did not arrange funding with the local Integrated Care Board (ICB) to cover the interim period Miss S spent in the care home whilst she waited for a rehabilitation bed. We were also unclear with Mrs D in the local complaints process around the Continuing Healthcare screening process. These faults meant Miss S paid for a Care Home place which caused her distress and impacted on her recovery. In response we apologised and paid £1073.84 for the amount she paid for the Care Home placement as well the distress caused for paying for the placement which she should not have had to pay for. The Director of Adult Social Care issued a briefing note reminding complaints handling staff of the importance of being open and honest in our complaint resolutions.
Mr X complained about the care and treatment provided to his mother, Mrs Z by social care and hospital trust staff. As a result, Mrs Z experienced unnecessary discomfort which impacted on her dignity and Mr X was caused stress and worry. We were at fault for how we handled Mrs Z's discharge from hospital and how staff communicated with her during her physiotherapy assessments. There was also fault with our record keeping and Mrs Z's continence care. To remedy the complaint, we apologised to Mr X and Mrs Z and paid a total of £450 and took action to prevent similar problems occurring in the future.

Appendix 2(c): Learning from complaints with the Ombudsman.

Mr X complained about how we communicated an increase in care costs and overcharged for his late mother's care (Mrs Y). Mr X also complained Mrs Y received care from one carer instead of two in the weeks before she passed away. In response we apologised and paid £300 for distress and reviewed our processes to ensure care and support plans are updated when changes are made. We also reminded relevant staff of the need to update representatives when changes to care and support plans are agreed; and we ensured the care provider accurately records all care visits.
Ms Z complained that we failed to meet her eligible care needs, we did not properly assess her financial situation and we gave her inconsistent information about her care costs. In response, we reviewed Ms Z's care needs assessment and support plan and her disability related expenses to consider whether additional items should be included in light of her identified eligible care needs and we backdated her expenses to April 2021.
In response to a finding of fault about the actions of a care provider who mis-medicated Mr H's father on three occasions, we apologised, paid £500 for avoidable distress and improved monitoring of medication errors at the care home. We also reminded relevant officers of the need to ensure that care and support plans accurately record how we intend to meet a person's eligible needs. If support is offered but declined, we also clearly record this now on the person's records.
Miss J complained we cut her care and support without reasoning and did not suitably review her needs. We apologised and paid a total of £1,100 in missed support and distress to Miss J and her relatives and we reviewed additional support to make up for the support she missed out on before her budget was increased.
Mrs G complained that a commissioned Care Provider delayed advising the family of the late Mrs H's fall and that they unreasonably refused to allow her to return from hospital and did not deal with her complaint properly. In response we have ensured the Care Provider reviews its complaints handling practice to ensure it addresses all points of complaint in future and signposts to the Ombudsman.
Mrs H complained that a care provider failed to meet assessed needs and terminated her care plan which left her without care and support. The Ombudsman found we failed to adhere to Mrs H's care and support plan which meant she did not receive the package of support she needed. We provided Mrs H with a written apology and paid £400 to acknowledge that we did not meet her assessed eligible needs over a period and the distress and uncertainty this reasonably caused.

Mr B complained on behalf of Mr M that the Council had wrongly charged Mr M for home care he did not want and should not be charged for. Mr B says this has caused Mr M a great deal of stress and upset and that he now has unjustified debt. In response, we agreed to waive Mr M's financial contribution since December 2020.
Mr X complained that we failed to deal properly with Mrs Y's move to xxxx Care Home, where she received inadequate care. We apologised for the way we dealt with Mrs Y's move to the Care Home. We also accepted the care she received there put her at risk of harm and we apologised for the distress caused to her family when she died of COVID-19. We also made a symbolic payment of £1,500 to Mrs Y's family for the avoidable distress and justifiable anger caused to them. The CQC was also informed of this decision.
Ms X complained that she was not offered a face-to face assessment, to ensure she received the support she needed. In response, we apologised and paid £250 financial redress and took action to ensure financial assessment officers are aware of their duties under the Equality Act 2010.
Mrs S complained we unfairly charged top up fees during her parents stay in a care home. We provided an apology, reimbursed the top up fees paid and acted to prevent a recurrence.
Mr Y's parents complained about a failure to secure respite care and a supported living placement for their adult son which caused avoidable frustration and avoidable stress and pressure on the family. We made symbolic payments of £500 each to reflect the loss of opportunity to have a break from the caring role and for Mr Y, to reflect the loss of a chance to experience respite breaks and the opportunities these would have afforded him (independence, socialising with peers, meeting new people. We completed carer's assessments and carer's support plans for Mr and Mrs X and we provided Mr and Mrs X with monthly updates about progress towards securing a supported living placement for Mr Y.
Mrs A complained that we failed to notify her and Mrs Y that the funding for Mrs Y's care home place had ended and we failed to complete a Continuing Healthcare assessment. We were found to be at fault for not returning Mrs X's call about a Continuing Healthcare assessment and for delaying in dealing with her complaint. We apologised to Mrs A for the avoidable time and trouble caused by the delay in dealing with her complaint.

Appendix 3: Compliment examples

Rehabilitation and reablement team

"I'm writing to express my thanks under admiration for the service I've received on behalf of myself and my 92 year old mother…

I'm sure LCC like most organisations get their fair share of complaints but I feel that it is necessary to share compliments too. xxxx is a shining example of how to get the job done, whilst still showing the human kindness that is so important in these situations. Please pass on my comments to xxxx and the team. "

Care Settings Intervention Team

"*A member of your staff paid me a visit regarding my problems, and I wish to make a profound and sincere thank you to the young lady called xxx. Well, what can I say ? she was very GOOD at her job. She went out of her way to make me feel good and that something was going to be done, and by God it was done. It is not very often I put pen to paper to compliment someone but when I do I mean it from the bottom of my heart.*

This young lady knew what she was doing "" makes a change "" and whatever she said was done. Wow, in my humble opinion the women should be recommended to be trained and encouraged to go all the way to the top in her profession. I once owned my own business and know how hard it is to get GOOD staff.

This is why I thought I should put pen to paper and make my remarks known. I was sorry to see her move on to other duties and I wish her all the very best for the future. She is worth her weight in gold, as we say. God Bless her and keep her."

Community Older People & Physical Disability Team

"My dad who is 91 years old and lived and worked in Lancashire all his life has dementia. My mum had dementia (much worse than dad has) and eventually ended up in hospital and was diagnosed that she was not fit to go home and had to go into residential care. Mum had never been apart from dad and dad visited her every day for 4 hours a day. Mum died of covid in October 2020, not long before their 70 years of marriage.

Dad has recently deteriorated so much so quickly….

I was dreading the assessment, I felt disloyal to dad and was worried that I would say too much or not enough, and I knew it would be difficult with dad being there.

I need not have worried so much, xxx was amazing! She was very friendly, professional, so very experienced and made dad feel comfortable straight away. It was obvious immediately that she knew how to be and how to structure questions, taking into account that dad has dementia. Dad liked her and he doesn't like anyone coming into the house. xxxx was fantastic! A credit to Lancashire County Council and to the department that she works for.

I would like to give her my heartfelt thanks and I know that whoever xxxx has to visit and assess they are lucky to have her.

I know that you will pass on our thanks, and I hope that xxx will receive some recognition for her work, personality and professionalism."

County Reablement and Occupational Therapy Team

"My Aunt passed away this morning. …

Thanks for everything you've done for her. It's greatly appreciated, and it will be for a few billion years yet.

Next April, around the time of your birthday, go outside at night. If you look up at the constellation Serpens, visible from Rossendale and Blackburn, at around 11pm, (it's at an elevation of 22° in the southeast), somewhere in there is a little point of light that's yours. M's Star will burn brightly for a long, long time.

Thank you for all your help and support. At some point, we'll need to discuss returning the hoist, and also removing the chairlift.

First things first, though: go and show off your new star to everyone! Images attached of where and what it is."