# **Annual Report**

## **Complaints and Customer Feedback**

Statutory Adult Social Care Annual Report for the period 01 April 2012 to 31 March 2013



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## Introduction

#### i. Background

Local Authorities have been legally required to establish complaints procedures to deal with complaints about their adult social care functions since 1991. The Local Authority Social Services and National Health Service Complaints Regulations came into effect on 1<sup>st</sup> April, 2009 and this report is produced in accordance with the requirements of those Regulations.

#### ii. Purpose

The purpose of the Annual Report is to review the operation of the complaints process over a twelve month period, including statistical data, and to provide the local authority with an instrument to keep informed about complaint themes and how effective its current arrangements are for handling customer complaints. It offers some analysis of what the information from the operation of the process means for the Directorate.

The report also includes information on, and analysis of, other types of customer feedback such as comments and compliments.

#### iii. Period Covered

The report covers the period 1st April 2012 to the 31st March 2013 and is in three sections.

Section One	ection One Summary and Overview highlights the key messages from the report and gives the overall picture and learning across the Adult Social Care Directorate.		
Section Two	Statistical data and further information and <b>analysis</b> in relation to <b>all Adult Social Care Services</b> .		
Section Three	Three <b>Case studies</b> from recent complaints.		

The report makes extensive use throughout of data available from the Customer Feedback Database. The statistical information presented within the report can be verified by reference to this database. All percentages are rounded to the nearest whole number.

The Customer Feedback Database is a module of ISSIS (Integrated Social Services Information System). Designated Complaints Officers and some Senior Managers can obtain reports from this system directly. If you require any additional information please contact the Customer Quality Team on 01772 534 233 or email your request to <u>ASC.Complaints@lancashire.gov.uk</u>.

### Section One: Summary and Overview

#### 1.1 Executive Summary

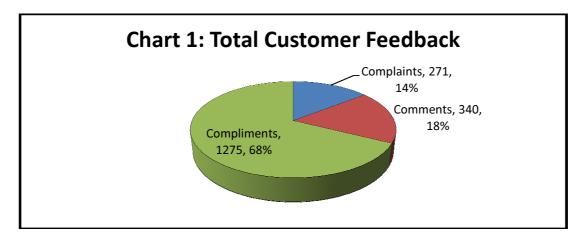
Complaints represented **one percent** of active adult social care cases in 2012/13. This has increased by half a percent when compared to previous years. There has been an increase to feedback overall which has gone up from 1363 instances in 2011/12 to 1886 in 2012/13. This increase represents 38% and is as a result of admin teams in districts adopting a pilot project to capture more feedback. However it should be noted that this work is no longer being undertaken.

There has been a 60% increase in the number of <u>complaints</u> overall which has gone up from 169 in 2011/12 to 271 in 2012/13. About 40% of these complaints were either not upheld or withdrawn. It is believed that this increase is mainly due to a new 'front door' complaints procedure, implemented in April 2012, which has resulted in more robust complaints recording. There are also more alleged perpetrators complaining about safeguarding processes.

There has been a 36% decrease in referrals from the <u>Local Government</u> <u>Ombudsman</u> (LGO) in 2012/2013 when compared to 2011/12 and no findings of maladministration with injustice. This is thought to be as a result of the new process, which has improved complaints support and quality checks on responses, resulting in greater customer satisfaction at the end of the complaint. However it should be noted that the number of complaint referrals from the LGO is returning back to previous levels in 2013/14.

The number of joint complaints have quadrupled from 5 in 2011/12 to 21 in 2012/13. Complaints investigations are increasingly involving many different parts of the council as well as health services, therefore adding complexity.

<u>Chart 1</u> below shows the total number of customer compliments, comments and complaints received in 2012/13. Complaints represent the smallest proportion of customer feedback (14%) and compliments still represent the biggest proportion of customer feedback (68%).



The ratio of complaints to compliments in 2012/13 is one complaint for every five compliments (1:5).

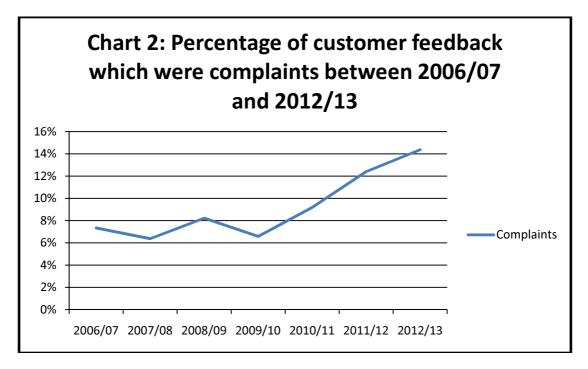
#### 1.2 Complaint trends

Complaints have gone up to one percent of active cases. The two main factors contributing to this are:

- The number of people supported in 2012/13 has decreased by 20.1% from the previous year, from approximately 36,000<sup>1</sup> cases in 2011/12 to approximately 29,000<sup>2</sup> in 2012/13. (This drop in the number of people in receipt of ongoing reviewable services is due to changes in the Department of Health's guidance on how all Councils should record their figures. The guidance changed in 2012/13 which reduced the total number of cases reported for adult social care.)
- The number of complaints received has increased by 60%, from 169 in 2011/13 to 271 in 2012/13. This is mainly because of improved recording of complaints.

There were 271 complaints in 2012/13, which is an increase of 60% from the 169 complaints that were received in 2011/12. Of the 271 complaints the Authority received in 2012/13, 240 (89%) had been resolved by 01 June 2013.

The number of complaints as a percentage of total customer feedback has been increasing over the past four years. <u>Chart 2</u> below shows the proportion of customer feedback that was received by Lancashire County Council and investigated under the statutory complaints process between 2006/07 and 2012/13.

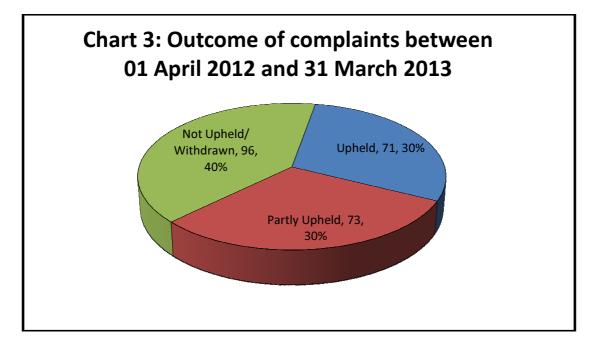


<sup>1</sup> Actual Number: 36,104

<sup>2</sup> Actual Number: 28,842

It can be seen that complaints, as a proportion of customer feedback, has been increasing from 2010/11 and is now just over 14%. The number of customer comments, as a proportion of customer feedback, has also increased by 12% between 2010/11 to 2012/13. This is in part due to a 20% decrease in the number of compliments, as a proportion of customer feedback, during this same period.

<u>Chart 3</u> below shows that in 2012/13, 40% (96) of resolved complaints were either not upheld by the investigating manager or withdrawn by the complainant. A further 30% (71) of complaints resolved were upheld by the investigating manager and 30% (73) of complaints were partly upheld by the investigating manager. This proportion is similar to last year when 26% were upheld.



Similar to previous years, most complaints were about the assessment, care planning and review services within the adult social care directorate. This trend has been consistent over the years and is expected because this is where most 'activity' takes place. Just under one third (32%) (77) of the total number of complaints received and resolved in 2012/13 were about these three functions and 60% (46) of these complaints were either upheld or partly upheld.

Social work practice was the second most complained about service type and received 21% (58) of the total number of complaints. Of the 58 complaints received about social work practice, 47% were either upheld or partly upheld. <u>Charts</u> 5 and 6 on <u>page 10</u> show the number of complaints received about the different service types.

During 2012/13 the main themes and areas of concern were about:

• Continuity among workers

- Safeguarding processes (which are often a subject of contention with alleged perpetrators)
- The behaviour of some staff
- Hospital discharge processes
  - The changes to learning disability services with:
    - remodelling supported living;
    - day service closures; and
    - the introduction of a new learning disability resource allocation system

#### **1.3 Learning from Complaints**

Learning from complaints is now shared with each complainant as part of the complaint response. Staff now learn more readily from complaints through the proactive use of Learning Circles<sup>3</sup> in Personal Social Care<sup>4</sup> to ensure that mistakes are not repeated in the future across the Council area. This is further embedded by the use of anonymised examples of learning from complaints in an internal publication for social care staff, called 'Practice Matters'.

The main issues and learning points which have emerged from complaints for this year include:

- In relation to complaints about too many contacts with adult social care staff and continuity around active workers; teams are transferring caseloads more effectively from one worker to another by the use of checklists which are being developed.
- Information governance and data protection processes have been reworked. An information pack, which also links into an e-learning module is in the process of being developed.
- In relation to complaints about safeguarding processes, improvements have been made to:
  - the electronic safeguarding adults module, to ensure that the relevant people have been included and communicated with as part of the process;
  - feedback has been obtained from providers about safeguarding action plans and implementing improvements in the quality of care provision;
  - guiding people through the process, informing them what stage they are at and when the investigation has been finalised;
  - changes have been made to the terminology used on templates when communicating with individuals;
  - o the process is now concluded within shorter timescales; and

<sup>&</sup>lt;sup>3</sup> Learning Circle: learning circles provide an opportunity for adult social care staff to share experiences, discuss case studies and/ or complaints, with the aim to improve services provided.

<sup>&</sup>lt;sup>4</sup> Personal Social Care: this is a function within the Adult and Community Services Directorate which encompasses the services Access, Intake and Assessment (AIA), Active Intervention and Safeguarding (AIA) and Support, Planning and Review (SPR)

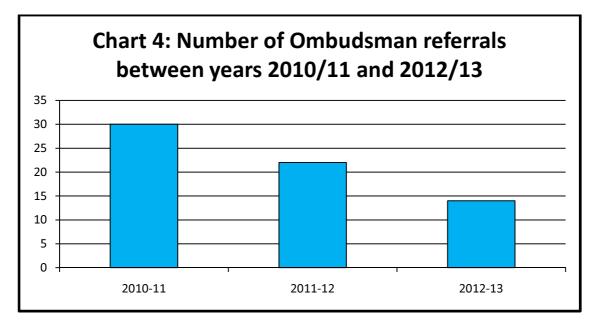
 a new safeguarding process allows people to escalate action more quickly by sending details of their safeguarding alert to senior managers and addresses accountability within the overall safeguarding investigation which was sometimes lost due to too many staff being involved.

#### 1.4 Contact from the Local Government Ombudsman (LGO)

Complainants can contact the LGO at any point during the Council's consideration of their complaint but the Ombudsman will not normally pursue their concerns until they have been through the directorate's own procedures. The Ombudsman can report publicly on cases of maladministration or injustice to complainants. This has not happened in Lancashire for many years.

As already stated in 1.1, there was a 36% decrease in referrals from the Local Government Ombudsman in 2012/2013 when compared to the previous year, which is thought to be as a direct result of new quality checks on complaint responses.

<u>Chart 4</u> below shows the decrease in the number of ombudsman referrals between the years 2010/11 and 2012/13.



There was a reduction of eight referrals from the LGO between 2010/11 and 2011/12 and a reduction of eight referrals between 2011/12 and 2012/13. It is expected that this trend will not continue into 2013/14 and the number of referrals will plateau at around 2011-12 levels.

**Table 1** below shows the number of resolved LGO complaint referrals over the last two completed financial years.

Table 1

Outcome/Position Reached	2011/12	2012/13

Outcome/Position Reached	2011/12	2012/13
Referred to the ACS <sup>5</sup> Complaints Procedure <sup>6</sup>	7	6
Not pursued/outside jurisdiction	5	0
Not investigated further following ACS comments	2	6
To discontinue investigation	3	0
Investigated – No maladministration found	4	0
Investigated – Maladministration found	0	0
Still proceeding	1	0
Local Settlement	0	2
Withdrawn	0	0
Total	22	14

In most cases the LGO asks Lancashire County Council to first consider the complaint under its own arrangements for handling social care complaints and in 2012/13 this was the case for 43% (6) of the referrals received from the Ombudsman.

In 2012/13 the LGO found no instances of maladministration with injustice caused by Lancashire County Council therefore no complaints were publically reported upon.

#### 1.5 Joint Complaints

In 2012/13 the number of joint complaints quadrupled from 5 complaints, in 2011/12 to 21 complaints. Many of these complaints were about hospital discharge processes. A project on this issue was commissioned and is due to publish recommendations in the near future.

The average response time for joint complaints was 43 working days. This is a higher average response time when compared to the average response time of 38 working days for the 219<sup>7</sup> complaints Lancashire County Council solely responded to in 2012/13. This reflects the complexity of managing a joint complaints process and producing a single response. Despite this, the average time taken to deal with a joint complaint has almost halved, dropping from 87 working days in 2011/12 to 43 in 2012/13.

<sup>&</sup>lt;sup>5</sup> ACS: Adult and Community Services Directorate

<sup>&</sup>lt;sup>6</sup> These referrals are categorised by the Local Government Ombudsman (LGO) as premature complaints and are investigated under Lancashire County Council's normal complaints process

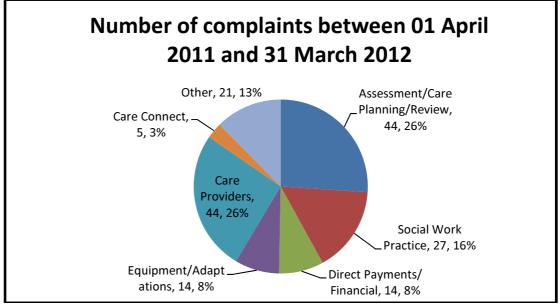
<sup>&</sup>lt;sup>7</sup> This is the total number of complaints Lancashire County Council had the sole responsibility of investigating and formally responded to the complaint before 01 June 2013 (240 resolved complaints in 2012/13 minus 21 resolved joint complaints in 2012/13 is equal to 219 complaints)

### Section Two: Complaints and Compliments - Statistical Data and Analysis

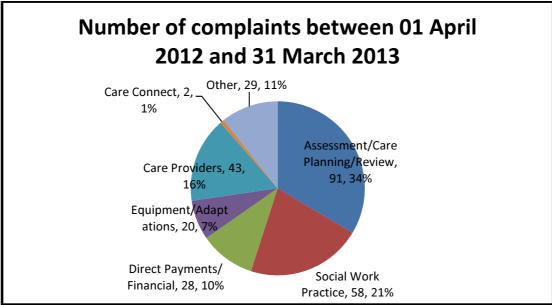
#### 2.1 Services which were the subject of complaints in 2012/13

<u>Chart 5</u> and <u>Chart 6</u> below gives a breakdown of complaints by service type. For 2011/12, the most frequent subject of complaint was assessment, care planning and review with 26% (44) of all complaints. This trend has continued into 2012/13, with most complaints again being about assessment, care planning and review processes. In 2012/13 the number of complaints about this service type was 34% (91) of the total number of complaints that LCC adult social care received.

#### Chart 5



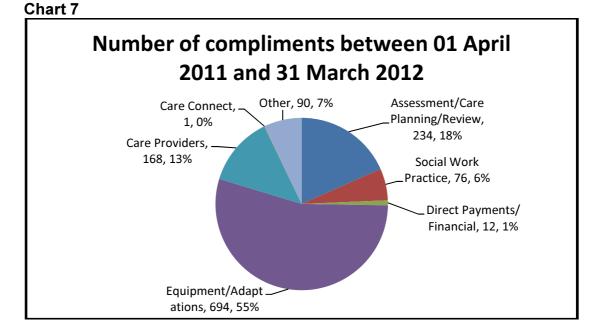




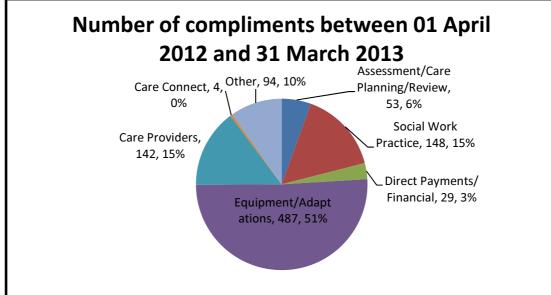
Social work practice was the second most complained about service type and received 21% (58) of the total number of complaints. This is a slightly larger percentage than the previous year which had 16% (27) of the total number of complaints. Some of the increase in complaints reflects a larger volume of alleged perpetrators complaining about safeguarding processes.

There has been a welcome reduction in percentage of complaints about contracted care providers. In 2012/13 complaints in relation to care providers amounted to 16% (43) of total complaints received. In 2011/12 this figure was 26% (44) of total complaints, making a 10% reduction.

#### 2.2 Services which were the subject of compliments in 2012/13







<u>Chart 7</u> and <u>Chart 8</u> show that over half of all compliments are because of equipment and adaptations received. This service type accounts for 55% (694) of all compliments received from service users, their carers and their families between 01 April 2012 and 31 March 2013 and 51% (487) between 01 April 2011 and 31 March 2012.

There has been a welcome doubling of compliments in relation to social work practice. In 2012/13 this service type received 15% (148) of total compliments. In 2011/12 this was much less at 6% (76) of total compliments received.

Contracted care providers were another common reason for a compliment. This category received a 15% (142) share of total compliments. This is not too dissimilar from 2011/12 figures, when 13% (168) of all compliments were about contracted care providers.

Compliments about assessment, care planning and review have however decreased from an 18% (234) share of total compliments received; to 6% (53) in 2012/13.

#### 2.3 Complaints – Outcomes and Remedies

<u>Chart 3</u> has already shown the proportion of closed complaints which were upheld 30%, partly upheld 30% and withdrawn or not upheld: 40%.

<u>Table 2</u> below shows the complaint outcome in service user groups. Older people are most likely to make complaint, accounting for more than half of all complaints, because the volume of this work is much greater.

Service User Group	Number of complaints 2011/12	Number of complaints 2012/13	Percentage increase
Learning Disabilities	18	47	161%
Mental Health	5	13	160%
Older People	109	171	57%
Physical Disabilities	34	37	9%
Sensory Impaired	3	3	0%
Total	169	271	60%

Tabl	e 2
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The learning disabilities and mental health service user categories have seen the greatest percentage increase of complaints of all service user groups when compared to 2011/12.

The majority of complaints from the learning disabilities category were about assessment, care planning and review and social work practice, where both service types received ten complaints each. This is in line with other service user groups; however all of the seven complaints received about day care services came from the learning disabilities category. Of the nine complaints received about the supported accommodation and outreach service type, eight were from the learning disabilities service user group. There have been changes in supported living arrangements which reflect the numbers of these complaints.

Complaints from the mental health category were also in relation to assessment, care planning and review, which received nine complaints. However, in the mental health service user category only two complaints were received in relation to social work practice.

Complaints can be remedied in many different ways. <u>Table 3</u> below shows the number of remedies used to resolve complaints, along with the percentage of complaints this remedy has been used for. There is usually more than one remedy or action resulting from a complaint therefore the number of remedies and actions exceeds the total number of complaints received.

Complaint Remedy/Action	Number of complaints remedy used for	Percentage of complaints remedy used for
Explanation Of Authority's Actions/Policy Given	176	75%
Apology Made	144	61%
Situation Rectified	25	11%
Assessment/Reassessment Offered	24	10%
Procedures/Practice To Be Reviewed/Amended	23	10%
Compensation/Ex Gratia Payment Made	2	1%
Complainant not received written response	5	2%
Complaint resolved without written response being sent	6	3%
Face to face meeting with the complainant resolved the complaint	2	1%
Ineligible For Service Requested	2	1%
Other	14	6%
Practical Help/Advice Given	19	8%
Service/Funding Offered/Restored	11	5%
Situation To Be Reviewed/Monitored	14	6%

Table 3

In 2012/13, the five most common actions or remedies for Adult Care Services in descending order were:

- Procedures/practice to be reviewed/amended assessment/ reassessment offered
- Situation rectified
- Apology made
- Explanation of Authority's actions/policy given

The above remedies are the most commonly used and have consistently been in the top five most common remedies for a number of years.

#### 2.4 Complaint Quality Survey

A pilot survey of customers who had used LCC's adult social care complaints process was undertaken between March and April 2013. Up to 40 people were contacted by letter and telephone to discuss:

- Their overall level of satisfaction at how their complaint was handled
- The quality of the complaints process
- What customers valued when dealing with their complaint.

A total of 25 (63%) people responded to the survey.

Approximately half of the responses indicated that customers were not satisfied with the overall management of their complaint. This appears to be linked to whether their complaint was upheld or not.

As a result of this survey it has been affirmed that customer satisfaction, in the complaints process, is affected by how the process is managed and includes:

- The importance of complainants having contact with the manager dealing with their complaint.
- Managing the complaint within a reasonable timeframe, although it is recognised that if complainants are kept informed of progress this is acceptable
- Better information on how to make a complaint
- Not all complaints can be resolved to the customer's expectations, but if realistic outcomes are agreed at the outset, the complainant may feel that the end result is more agreeable and to their satisfaction.
- The survey indicated that there were areas for improving and learning both in how operational services manage the complaints process and how the Strategic Customer Quality Team collates customer feedback.

Following this survey the following recommendations were made:

- The Strategic Customer Quality Team should consider ongoing collation of this type of feedback which will be fed back into operational management on a more regular basis
- Consideration should be given to the use of direct telephone contact for this purpose as customers valued this in the pilot
- Further work should be undertaken to ascertain how easy it is to make a complaint which should inform Strategic Customer Quality Team service development
- Feedback from this pilot should be utilised to inform complaints training with managers

The Strategic Customer Quality team will also investigate the viability of measuring satisfaction following a complaint outcome. It is believed that closer monitoring of the complaints process would reduce referrals to the LGO and increase customer satisfaction.

### **Section Three: Case Studies**

#### 3.1. Case A

Mr A was a single man, with no living family, who had been diagnosed with a condition of alcohol related vascular dementia. Ms B, the complainant was a friend and previous work colleague who stated she had a long standing, practical, trusted arrangement with Mr A to assist him in managing his affairs. Ms B raised concerns in 2010 about Mr A's welfare and during the course of our involvement in supporting Mr A, issues of concern arose about the management of Mr A's finances. These concerns became the subject of a safeguarding investigation with Ms B considered as not acting in Mr A's best interests. Ms B raised three complaints in short succession as she was dissatisfied with the actions of the authority.

Summary of the complaint:

- Events and the actions of the complainant misrepresented within a safeguarding investigation.
- Defamatory correspondence from Lancashire County Council legal department arising from the misrepresentation.
- Refusal to retract untrue allegations made against the complainant in correspondence.

Overall this complaint was partially upheld.

What the council did well;-

- Lancashire County Council had a duty to act under proper formal and legal channels once it established that Mr A was a vulnerable person, lacking capacity and possibly subject to financial abuse by Ms B. His health and safety remained central to the investigation.
- A lack of transparency on the complainants part caused doubt about their intentions which was reinforced when they acted contrary to the advice of operational staff, these issues with the complainant where followed up within the safeguarding investigation.
- The challenge to the Lasting Power of Attorney application was appropriate however the way it was done was not appropriate.

What the council didn't do well;-

- Where a safeguarding investigation is instigated, complaint responses should not be allowed to drift over what can be a long process.
- The letter sent from the council legal department on advice from operational staff contained inaccuracies. There was a serious failure in communication between the legal department and operational staff.
- It was wrong to have labelled Ms B as an alleged perpetrator.

Actions and learning for the organisation:

- Letter of apology provided by the Designated Complaint Officer with an offer for the complainant to attend a minuted meeting.
- Letter of retraction provided by the legal department.
- Corrections made to electronic records.
- Guidance on the protocol when instructing the legal team was issued to relevant staff. Question and answer sessions were arranged between the legal team and staff in Personal Social Care services.
- There was a review in the practice for providing management advice.
- Practice learning circles were organised to develop skills in decision making.

Safeguarding documentation was changed.

• Additional advice for staff was developed, in relation to preparing for independent complaint investigations and sharing the investigation report.

An alternative social care worker was allocated and continues to work with Mr A, including Ms B in decisions about his care. Ms B has been nominated deputy for finance by the court.

#### 3.2. Case B

Mrs B had been in receipt of domiciliary support from a home care agency for a number of years, receiving 6 calls per day, she had some memory and orientation problems which affected all aspects of her day to day life. Mrs C her daughter, raised a complaint due to two missed visits at lunchtime and mid afternoon, furthermore the teatime call did not take into sufficient account that Mrs B had been without care for around 8 hours. The impact on Mrs B was that she was extremely vulnerable and although safe in this case, Mrs C was very distressed. A number of concerns were raised as a result of this incident.

Summary of the complaint:

- Failures in the home care agency's communication
- Failure of the home care agency in not having robust monitoring systems in place
- Lack of adequate staff training by the home care agency

This complaint was solely about the care provider and the complainant was not satisfied with the care provider's handling of their complaint. Lancashire County Council's Commissioning team took the lead in the investigation and was supported by One Connect Limited's<sup>8</sup> Lancashire Procurement Centre of Excellence<sup>9</sup>, who carried out the investigation with the care provider, and the Strategic Customer Quality Team. A reassessment was immediately arranged for Mrs B by personal social care services due to concerns raised by the provider, to ensure her ongoing safety and welfare.

<sup>&</sup>lt;sup>8</sup> One Connect Limited is a strategic partnership between Lancashire County Council and BT. For more information please visit <u>http://www.oneconnectlimited.co.uk/about-us.aspx</u> <sup>9</sup> The Lancashire Procurement Centre of Excellence is responsible for procuring adult

social care services, such as domiciliary care, and for monitoring contract compliance,

Findings from the complaint investigation:

The complaint was largely upheld, concluding that;-

- The care provider breached their own policy and procedures.
- The failure of the care provider to communicate leading up to the missed visits occurring and subsequently was unacceptable.
- The staff training in place was sufficient however a live one page profile and communication plan would have aided staff understand and meet Mrs B's needs.

Actions and learning for the organisations:

A minuted meeting was held to respond to issues raised, an apology was issued by Lancashire County Council and by the care provider and a number of actions where agreed.

The home care agency would;

- Review their operational policy and procedures for; communicating staff rota's and checking staff are available to work; missed calls in terms of immediate response and contacting family members.
- Introduce a one page profile system.
- Ensure that support staff are appropriately trained and competent, providing a training log as evidence.

And Lancashire County Council would;

- Monitor and review the care provider's progress within planned contract monitoring.
- Identify support and training opportunities for the provider in developing a more personalised approach.
- Explore with Lancashire providers how technology can be used to alert missed care calls to vulnerable people.
- Raise the learning from this complaint within a multi-agency safeguarding forum meeting.
- Review complaint handling arrangements following changes to our organisation, whereby services traditionally provided within Lancashire County Council are now contracted out as this influences who 'owns' the complaint who takes the 'lead', and provides a final complaint response.

A social worker was allocated and completed a reassessment, Mrs C concluded she was very satisfied with the outcome of the review and the conduct of the social worker. Mrs B and Mrs C are both happy for the care provider to continue to provide Mrs B with care.