

Annual Report

Complaints and Customer Feedback

Statutory Adult Social Care Annual Report for the period 01 April 2013 to 31 March 2014

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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 1st 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 2013 to the 31st March 2014 and is in three sections.

Section 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 analysis in relation to all Adult Social Care Services .
Section Three	Case studies from recent complaints.

The report makes extensive use throughout of data available from the electronic Customer Feedback Database. The statistical information presented within the report can be verified by reference to this system. All percentages are rounded to the nearest whole number. The database is due to be replaced in 2014/15 with a new electronic recording 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 ASC.Complaints@lancashire.gov.uk.

Section One: Summary and Overview

1.1 Executive Summary

Complaints represented **one percent** of active adult social care cases in 2013/14. This has remained the same as in 2012/13. There has been a 38% decrease to feedback overall which has gone down from 1886 instances in 2012/13 to 1178 in 2013/14.

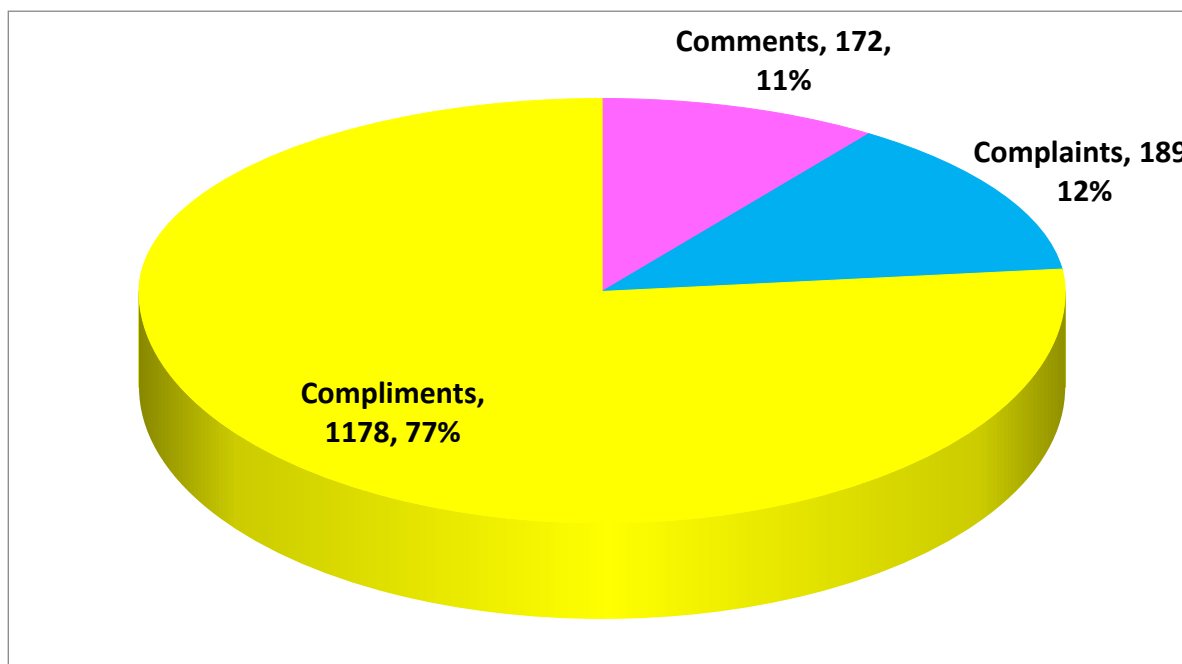
There has been a 30% decrease in the number of [complaints](#) overall which has reduced from 271 in 2012/13 to 189 in 2013/14. Of the complaints which were closed during 2013/14, 34% of these were either not upheld or withdrawn.

There has been a 107% increase in referrals from the [Local Government Ombudsman](#) (LGO) in 2013/14 when compared to 2012/13 due to continued dissatisfaction at the end of the council process. An internal review of closed complaint cases has been commissioned to stem this increase. Despite this increase however, it should be noted that there have been no findings of maladministration with injustice.

The number of [joint complaints](#) has reduced by 29%, from 21 in 2012/13 to 15 in 2013/14. Complaints investigations are increasingly involving many different parts of the council as well as health services, therefore adding complexity.

[Chart 1](#) below shows the total number of customer compliments, comments and complaints received in 2013/14. Following the trend of previous years, customer feedback continues to be mainly positive with over three quarters of all feedback being a compliment. The ratio of complaints to compliments in 2013/14 is one complaint for every six compliments (1:6) compared to 1:5 for 2012/13.

Chart 1

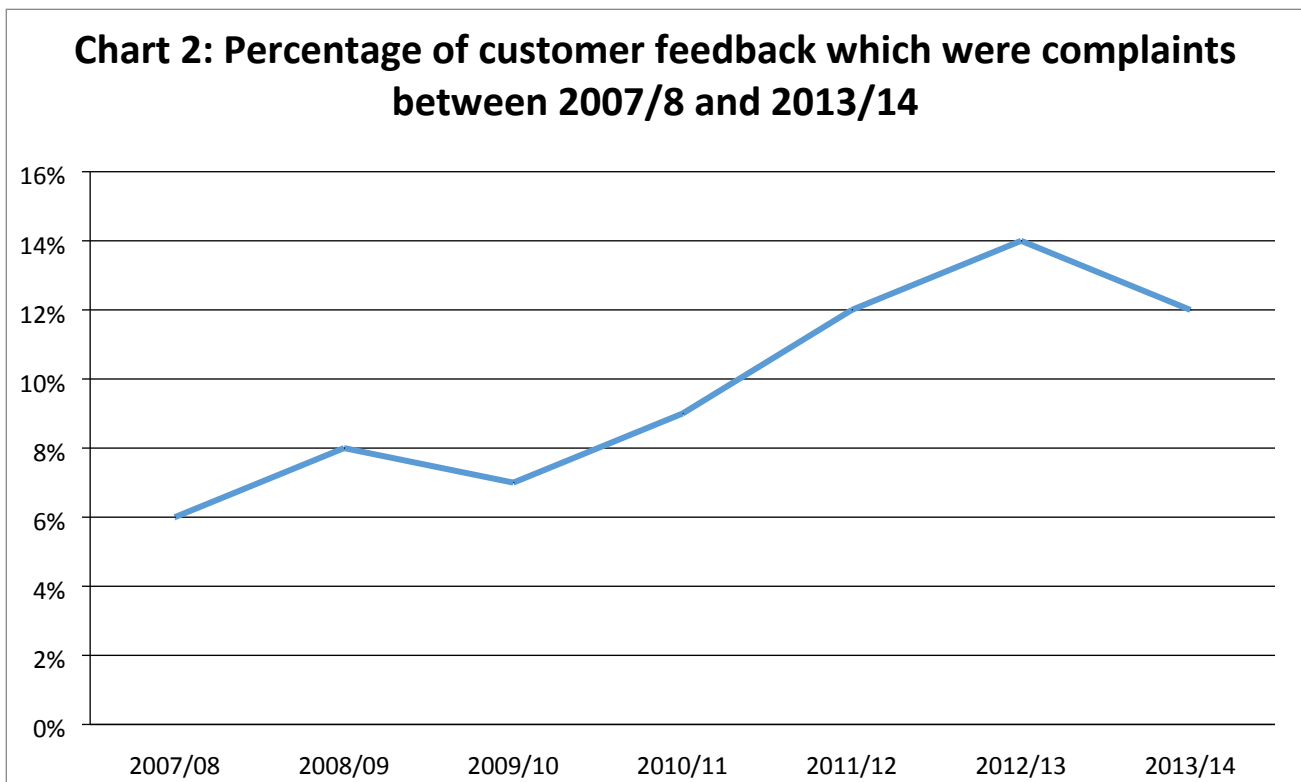


1.2 Complaint trends

Complaints have remained at one percent of active cases. However, the number of complaints received has reduced by 30%, from 271 in 2012/13 to 189 in 2013/14. This is mainly as a result of improved pre-complaint work. The Strategic Customer Quality Team is facilitating more bespoke strategies as alternatives to the formal complaint route, so resolution is achieved more efficiently and at a local level. The advocacy services are also busier than ever before in brokering resolutions before complaints are being made.

The number of complaints as a percentage of total customer feedback has been increasing over the past four years, however this year it appears to have levelled off.

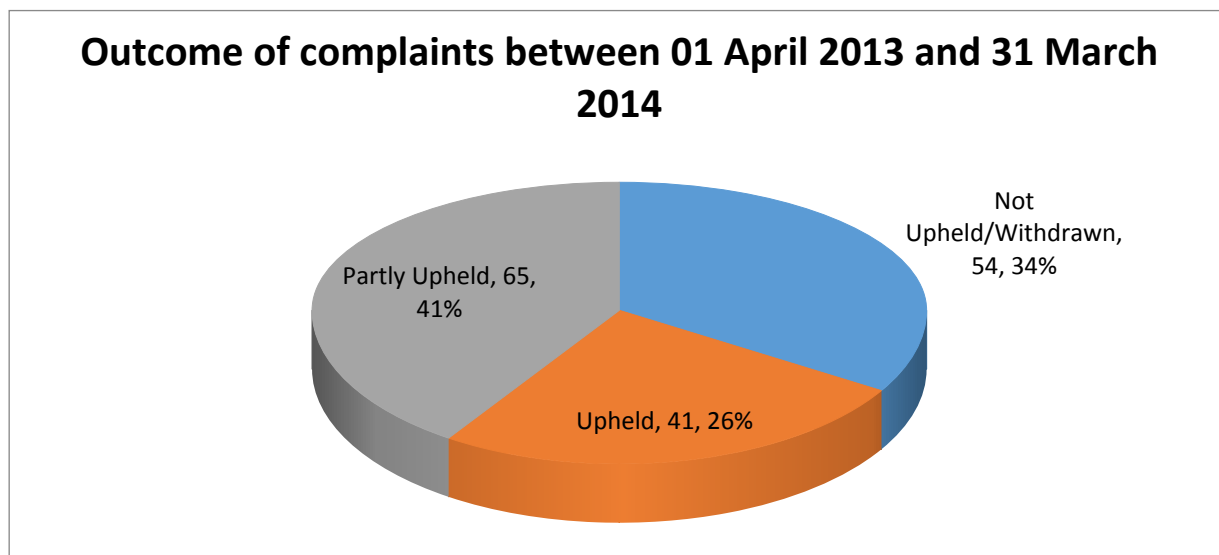
[Chart 2](#) below shows the proportion of customer feedback, which was complaints, received by Lancashire County Council and investigated under the statutory complaints process between 2007/08 and 2013/14.



The number of customer comments, as a proportion of customer feedback, has decreased significantly by 49% between 2012/13 to 2013/14, possibly due to not always being recorded.

1.3 Outcomes of complaints

[Chart 3](#) below shows that in 2013/14, 34% (54) of resolved complaints were either not upheld by the investigating manager or withdrawn by the complainant. A further 26% (41) of complaints resolved were upheld by the investigating manager and 30% (73) of complaints were partly upheld by the investigating manager. This proportion of complaints being upheld 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 adult social care 'activity' takes place. Around one third (33%) (63) of the total number of complaints received in 2013/14 were about these three functions and 63% (34) of these complaints were either upheld or partly upheld.

Social work practice was the second most complained about service type and received 25% (47) of the total number of complaints. Of the 47 complaints received about social work practice, 60% were either upheld or partly upheld. [Charts 5 and 6](#) on [page 10](#) show the number of complaints received about the different service types.

During 2013/14 the main themes and areas of concern were about:

- A lack of co-ordination between social care services working together with internal teams, health or other commissioned services;
- Staff giving misleading or not sufficient information in relation to financial decisions or the charging policy;
- Decision making in relation to the Mental Capacity Act or Best Interest decisions;
- Decision making about cases related to safeguarding.
- Carers being overlooked by social care processes

1.4 Learning from Complaints

Process change

- A review of social care funding panel arrangements is being undertaken so that appeals will be dealt with more consistently across the county.
- The automated finance system is being reviewed to improve responses when changes are made to peoples' support plans.
- Hospital discharge and transfer arrangements home are being improved through better communication with health services and the County Council financial implications leaflet will be provided by staff during these occasions, on a more consistent basis.
- A review of the Approved Mental Health Professional (AMHP) county service has been undertaken and improvements have been made to the backup AMHP rota.
- An audit is being undertaken to establish that Mental Capacity Act considerations and Best Interest decisions are embedded into case work.
- The requirement to follow up cases when workers are off sick has been highlighted to be developed as part of a management system.
- Individual, group supervision and complaints training is focussing more closely on organisational learning from complaints.
- Operational finance guidelines are being updated to more clearly define specific thresholds and precise timeframes for key actions to be taken by finance officers.

Learning and development

- Lead officer and liaison arrangements have been improved for multidisciplinary team meetings.
- The policy and procedures for young people in transition from children to adult services have been shared with all staff likely to be involved, through briefing sessions.
- Briefings have been undertaken with all managers in adult social care on their responsibilities with respect to the Best Interest process and the Mental Capacity Act.
- Integrated mental health training and learning circles have taken place to highlight practice learning from decision making related to the Mental Capacity Act.
- Carer assessment training now highlights the needs of carers with multiple responsibilities
- Advanced complaints training is being provided to enable managers to support the demands of more complex complaints.
- Adult social care managers and advanced practitioners are supporting individual and team learning & development, specifically around the following areas:
 - mental capacity;
 - direct payments;
 - carer services;
 - communication;
 - recording with care;
 - provision of clear financial charging information to individuals and relatives.

Safeguarding

- The safeguarding management team are working on developing a countywide monitoring system to track progress in safeguarding cases, so that issues can be responded to early on.

Reablement

- A commissioned reablement provider has introduced a new procedure to inform service users about time tolerances for visits.
- Reablement managers have reminded their staff to involve other family members in reviews and to ensure that charging information is clearly communicated in good time.

- A review of complaint handling and training needs within reablement services has resulted in improved complaint handling between commissioners and providers of services.

Equipment & Adaptations

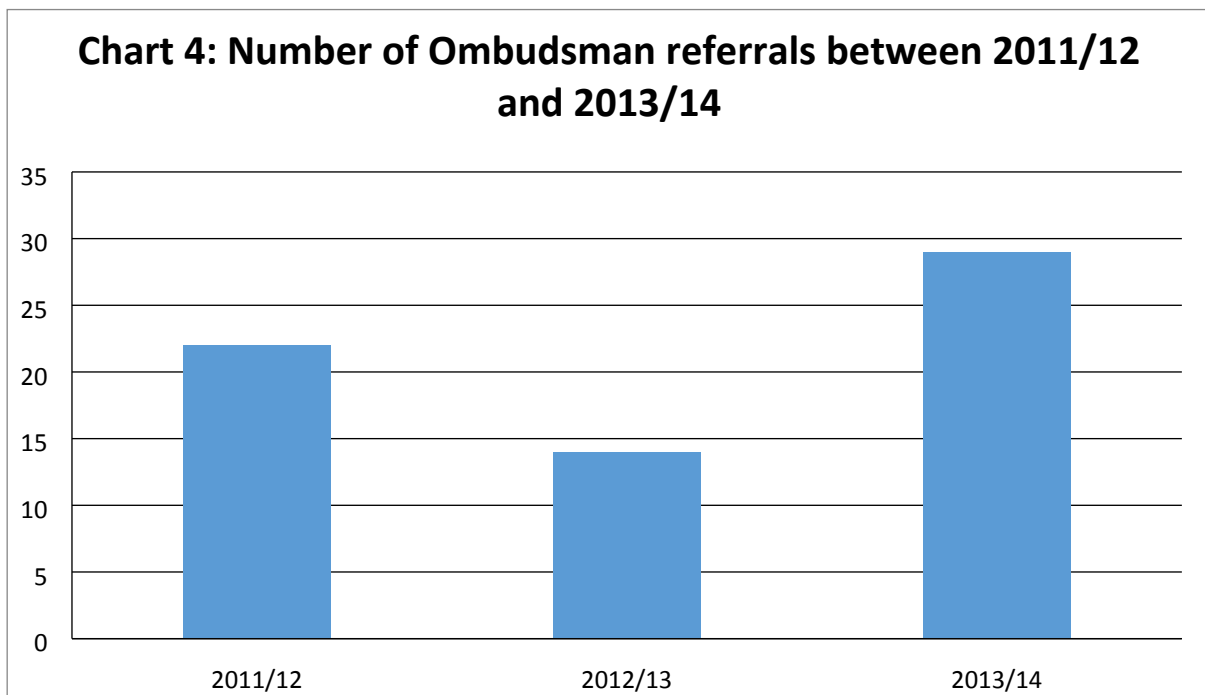
- A letter is now sent to people to inform them that their name has been placed on a waiting list, and to offer advice and information about what they might do in the meantime.

1.5 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 relation to adult social care services in Lancashire for many years.

As already stated in 1.1, there was a 107% increase in referrals from the LGO in 2013/2014 when compared to the previous year, due to continued dissatisfaction at the end of the council process. A review of LGO complaint cases has been commissioned to stem this increase.

Chart 4 below shows the pattern of the number of ombudsman referrals between the years 2011/12 and 2013/14.



It can be seen that the 2013/14 increase, may demonstrate a return to previous rates of dissatisfaction at the end of the council complaint process.

Of the 29 LGO complaints, the outcomes were as follows:

- 9 no maladministration found
- 6 not progressed by the LGO
- 5 referred into our complaints procedure
- 5 upheld and local settlements agreed totalling £2920.
- 4 ongoing

1.6 Joint Complaints

In 2013/14 the number of joint complaints was 15, compared with 21 in 2012/13, a decrease of 29%.

The average response time for joint complaints was 83 working days, compared with 43 working days for 2012/13. However, 34% of complaints responded to solely by Lancashire County Council were resolved within 20 working days, and 61% within 20 days to 6 months. This reflects the complexity of managing a joint complaints process and producing a single response.

Section Two: Complaints and Compliments

- Statistical Data and Analysis

2.1 Services which were the subject of complaints in 2013/14

[Chart 5](#) and [Chart 6](#) below show a comparison over the last two years of complaints by service type. Previously established trends have continued, with most complaints again being about assessment, care planning and review processes. Of particular note is the welcome reduction of 6% in care provider complaints. This reflects some additional work that has been undertaken with this sector.

Chart 5

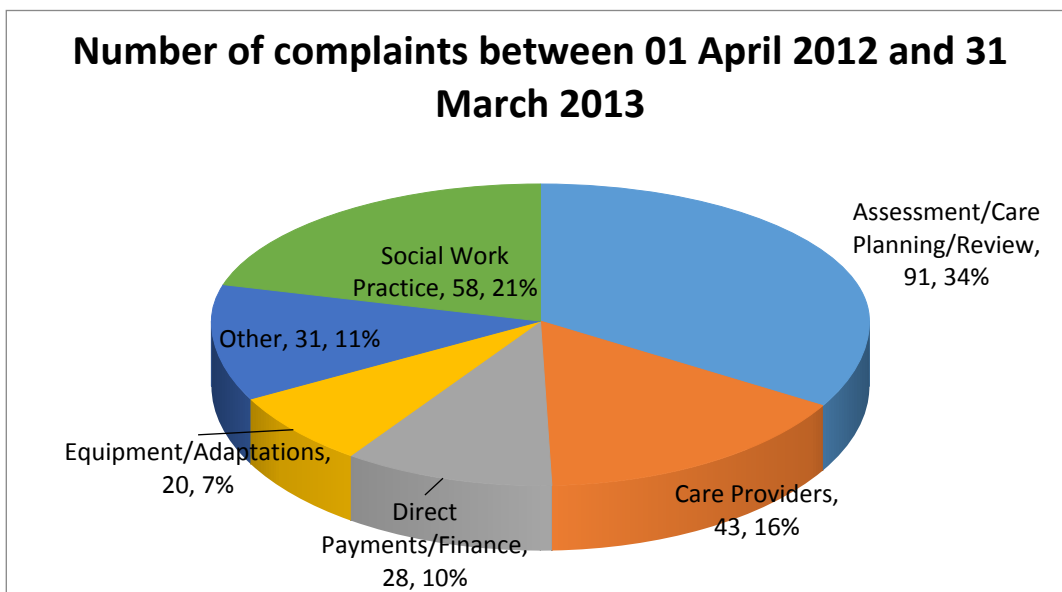
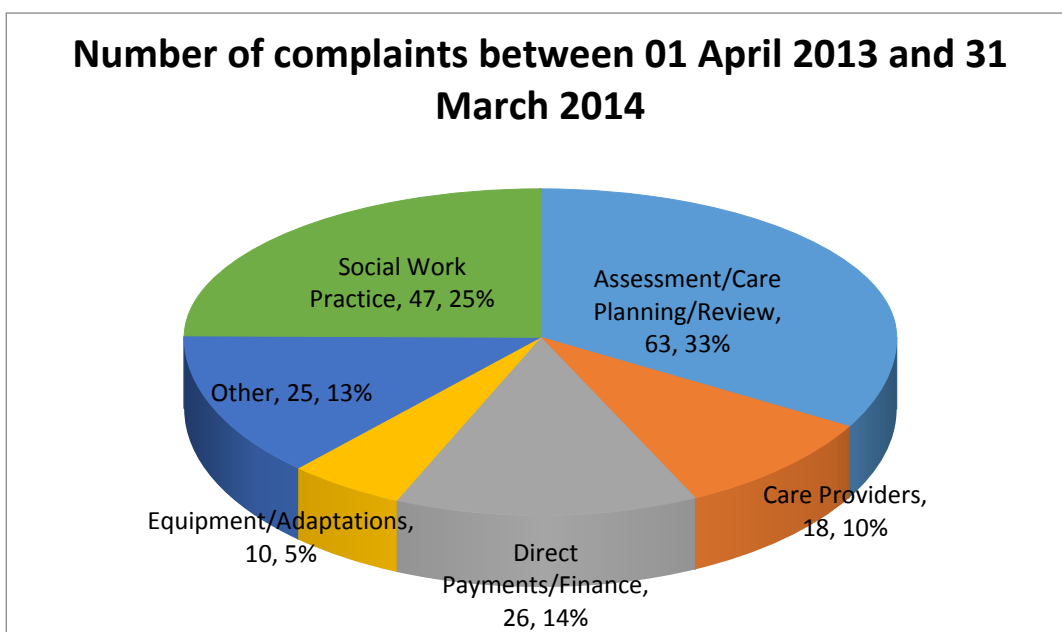


Chart 6



Social work practice was the second most complained about service type and received 25% (47) of the total number of complaints, a 3% percentage rise over the previous year.

2.2 Services which were the subject of compliments in 2013/14

[Chart 7](#) and [Chart 8](#) show a comparison of compliments over the past 2 years. In line with previous trends, around half of all compliments are because of equipment and adaptations received. This service type accounts for 50% (506) of all compliments received in 2013/14 and 51% (487) between 2012 /13. There has however been a significant reduction of compliments in relation to social work practice. In 2012/13 this service type received 15% (148) of total compliments but in 2013/14 there were only 41 compliments (3%). It is thought that the recording of these compliments are currently being captured in the assessment/ care planning and review category as this category has increased significantly from a 20% (231) share of total compliments in 2013/14 compared with just a 4% share (53) in 2012/13.

Chart 7

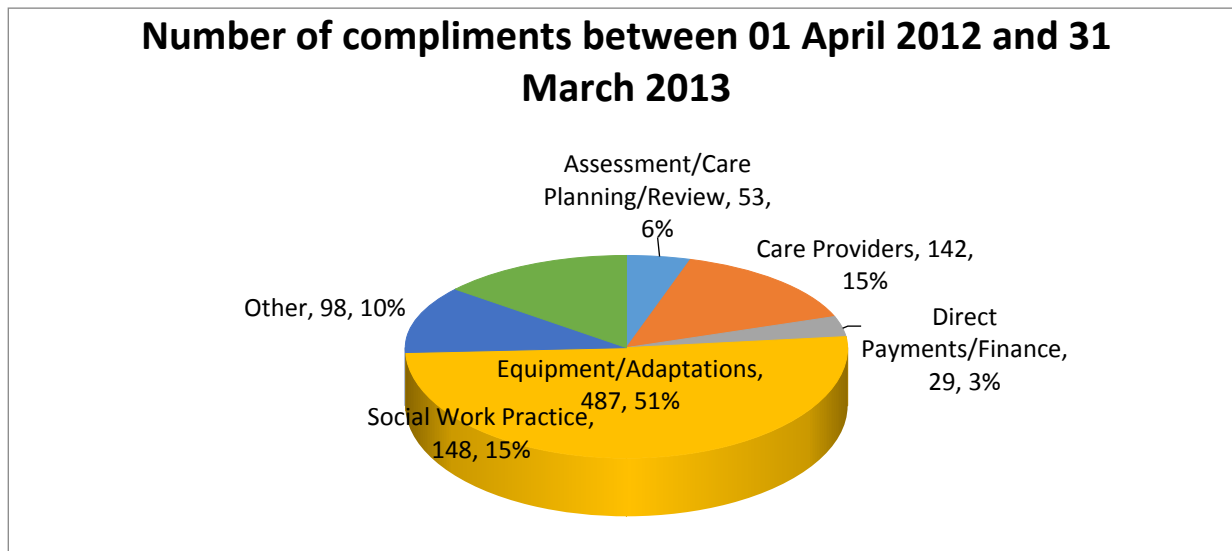
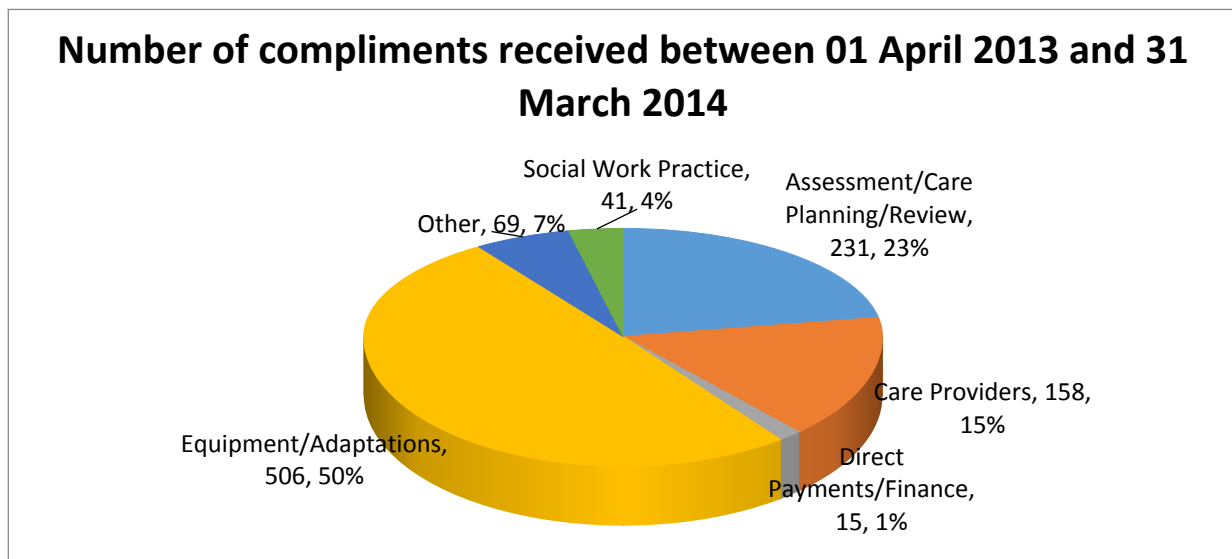


Chart 8



Contracted care providers were another common reason for a compliment. This category received

a 13% (158) share of total compliments. This is not too dissimilar from 2012/13 figures, when 15% (142) of all compliments were about contracted care providers.

2.3 Complaints – by service user group

[Chart 3](#) has already shown the proportion of closed complaints which were upheld 26%, partly upheld 41% and withdrawn or not upheld 34%.

[Table 2](#) 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.

Table 2

Service User Group	Number of complaints 2012/13	Number of complaints 2013/14	Percentage difference
Learning Disabilities	47	25	47% decrease
Mental Health	13	5	62% decrease
Older People	171	113	34% decrease
Physical Disabilities	37	43	16% increase
Sensory Impaired	3	3	0%
Total	271	189	

It can be seen that the only service user group showing a rise in complaints is physical disabilities. No trends can be identified however. The learning disabilities and mental health service user categories have seen the greatest percentage decrease of complaints of all service user groups when compared to 2012/13.

The majority of complaints from the learning disabilities category were about assessment, care planning and review and social work practice, with a total of 16 complaints. Of the 24 complaints received about financial issues, 21 came from the older people category.

Complaints from the mental health category were received mainly in relation to social work practice.

2.4 Outcomes and Remedies

Complaints can be remedied in many different ways. [Table 3](#) 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.

Table 3

Complaint Remedy/Action	Number of complaints remedy used for	Percentage of complaints remedy used for
Explanation Of Authority's Actions/Policy Given	133	83%
Apology Made	112	70%
Procedures/Practice To Be Reviewed/Amended	15	9%
Assessment/Reassessment Offered	14	9%
Situation Rectified	14	9%
Complaint resolved without written response being sent	8	5%
Practical Help/Advice Given	8	5%
Other	7	4%
Service/Funding Offered/Restored	7	4%
Complainant not received written response	4	3%
Situation To Be Reviewed/Monitored	3	2%
Compensation/Ex Gratia Payment Made	2	1%

Similar to previous years, in 2013/14, the five most common actions or remedies for Adult Care Services in descending order of use were:

- Explanation of Authority's Actions/Policy Given
- Apology made
- Procedures/Practice To Be Reviewed/Amended
- Assessment/Reassessment Offered
- Situation Rectified

Section Three: Case Studies

3.1 Case Study A

Mr & Mrs A were dissatisfied with the communication, decisions and actions concerning the social care provided to their aunt, Mrs B. During discharge planning from residential rehabilitation service Mr & Mrs A complained about the plans for Mrs B to return home on the basis that Mrs B lacked the capacity to make an informed decision regarding this; and that the best interest procedures had not been followed. They also complained that communication from all staff had been poor.

As an outcome to their complaint Mr & Mrs A wanted to see improvements in Best Interest training for staff; improved communication processes between staff and agencies and to have a meeting with senior management to discuss their experience in person.

In cases such as this, the Local Authority is the lynch pin in the communication regarding Best Interest processes. Within the framework of the Mental Capacity Act 'the decision maker' has responsibility for managing the process and differing opinions. A sound understanding and application of the Act is therefore a necessity for practitioners. In this case, practice fell short of a satisfactory standard with regards to adequate assessments; recording; decision making and communication with family.

The complaint was upheld and the Local Authority carried out the recommendations of the investigation report to put the matter right. Learning for the organisation included;

- Training for the staff around mental capacity and best interest process.
- Briefings have been undertaken with all adult social care managers on their responsibilities with respect to the Best Interest process and their requirement within the Mental Capacity Act to raise awareness and ensure that future learning is addressed through continued professional development.
- An audit of training completed by social care staff, to quality check that Best Interests and Mental Capacity Act requirements are embedded into practice or identified as an ongoing specific learning need for staff
- A review by the Strategic Customer Quality Team to ensure that complaint issues are shared with operational staff in appropriate cases, so they can have knowledge of the wider issues of concern at an earlier point.

Mrs B moved into a residential care home for a trial period with a view to staying there on a permanent basis.

3.2 Case Study B

Mr D & Mrs E made a complaint on behalf of their mum, Mrs F. In their view, two of their siblings showed a lack of care for their mum's health and welfare and as a result of shortcomings in the safeguarding process these inadequacies were not picked up and therefore not appropriately considered in their mum's discharge and care arrangements. Subsequently their mum received a poor level of care on her return to the community. They were dissatisfied with the communication and conduct of the social worker and also with the best interest process which was undertaken.

An independent investigation was carried out and concluded that the dispute between the family members had been a difficult factor for staff in working with Mrs F.

- There was evidence in the complaint that alleged abuse was seen in a one-dimensional way- i.e. simply theft
- Clarity is needed for families in circumstances when people are requested to seek appropriate residential care, when best interest decisions have not been undertaken

- Consideration needs to be given as to the use of advocates where there are disputes as to best interests
- Changes of contact arrangements need to be communicated with relatives formally

The complaint was predominantly upheld and the Local Authority carried out a number of actions to put the matter right.

- A management development session was held to share feedback of practice issues relating to disputes of best interest, highlighting the role of advocacy.
- Learning Circles were arranged to develop professional competence when working with the Mental Capacity Act (MCA), based on sound social knowledge, research & experience including models of assessment. The case was anonymised in a case study and used by staff to explore and reflect upon practice issues.
- Mandatory MCA training was updated and rolled out.

Mr D & Mrs E were provided with a written apology and were updated on the action and learning by the Council as a result of their complaint. Mrs F continued to live in the community with improved support until her death.