

## Report to Scrutiny Panel

<b>Name of Scrutiny Panel</b>	Adults, Health and Social Care Scrutiny Board	
<b>Meeting Date</b>		
<b>Subject</b>	Adult Services and Wellbeing Complaints and Compliments	
<b>Wards Affected</b>	All	
<b>Report of</b>	Director for Adult Services and Wellbeing	
<b>Type of Item (please tick✓)</b>	<b>Review existing policy</b>	
	<b>Development of new policy</b>	
	<b>Performance management (inc. financial)</b>	✓
	<b>Briefing (inc. potential areas for scrutiny)</b>	
	<b>Statutory consultation</b>	
	<b>Council request</b>	
	<b>Cabinet request</b>	
	<b>Member request for scrutiny (CCFA)</b>	

<b>Why is it coming here?</b>
The purpose of this report is to provide Members with information regarding complaints and compliments received by Adult Services and Wellbeing Directorate. The reporting period covered by the report is from the 1st April 2019 to 31st March 2020.

<b>What are the key points?</b>
<p>During this reporting period The Adult Services and Wellbeing Directorate received a total of 101 representations including 56 compliments.</p> <p>The following report provides an outline and analysis of the nature and type of complaints and compliments received.</p> <p>The Directorate respond to all complaints by following the statutory procedures and seek to learn and improve services as a result of complaints received.</p>

<b>Possible courses of action</b>
Members are asked to consider and comment on this report.

<b>Contact Officer</b>
Richard Noble, Complaints and Compliments Officer

<b>Should this report be exempt?</b>
No

## Background

The NHS and Community Care Act 1990 require Local Authorities to set procedures for dealing with Adult Social Care Services representations from service users or people advocating on their behalf. The Act requires systems to be in place to provide feedback on complaints to the management of services provided.

These representations will be used to identify trends or patterns within the service and, where appropriate, will be used to inform service improvements or developments going forward.

In Calderdale, Members receive Annual reports monitoring complaints and compliments received.

## Main Issues for Scrutiny

### 1. Overview – AHSC

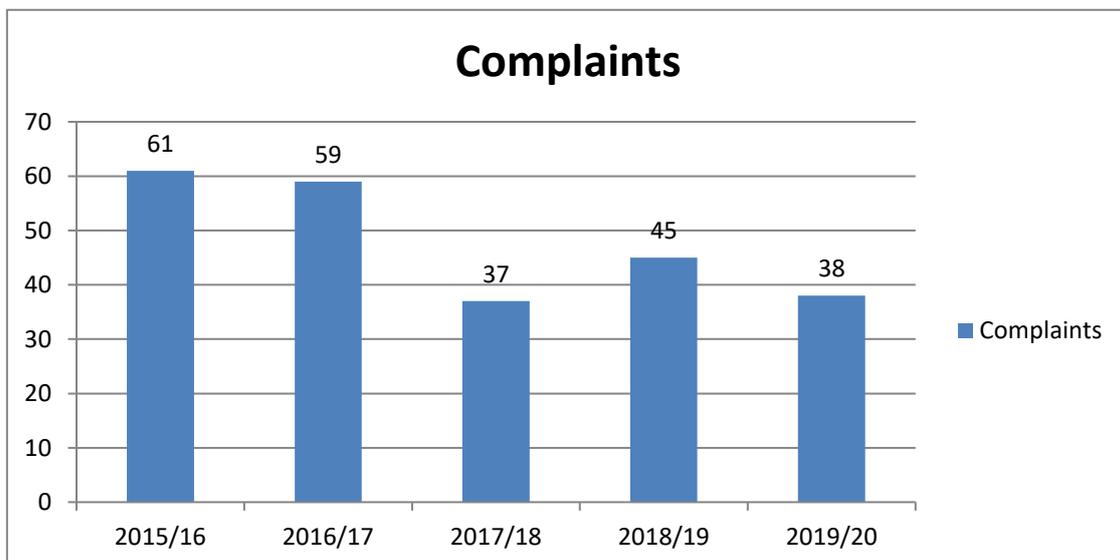
During this period, a total of 101 representations were received. These were categorised in the following way:

- 38 Complaints (feedback requiring investigation and response)
- 7 Local Government Ombudsman complaints
- 56 Compliments

The Complaints and Compliments Officer attends performance board meetings and works closely with the service to ensure complaints are dealt with in a timely and professional manner and are customer focussed. There is an emphasis on continuous improvement and changes have been agreed and implemented with the service.

This year saw a reduction of 7 complaints compared with the number that were received during 2018/19.

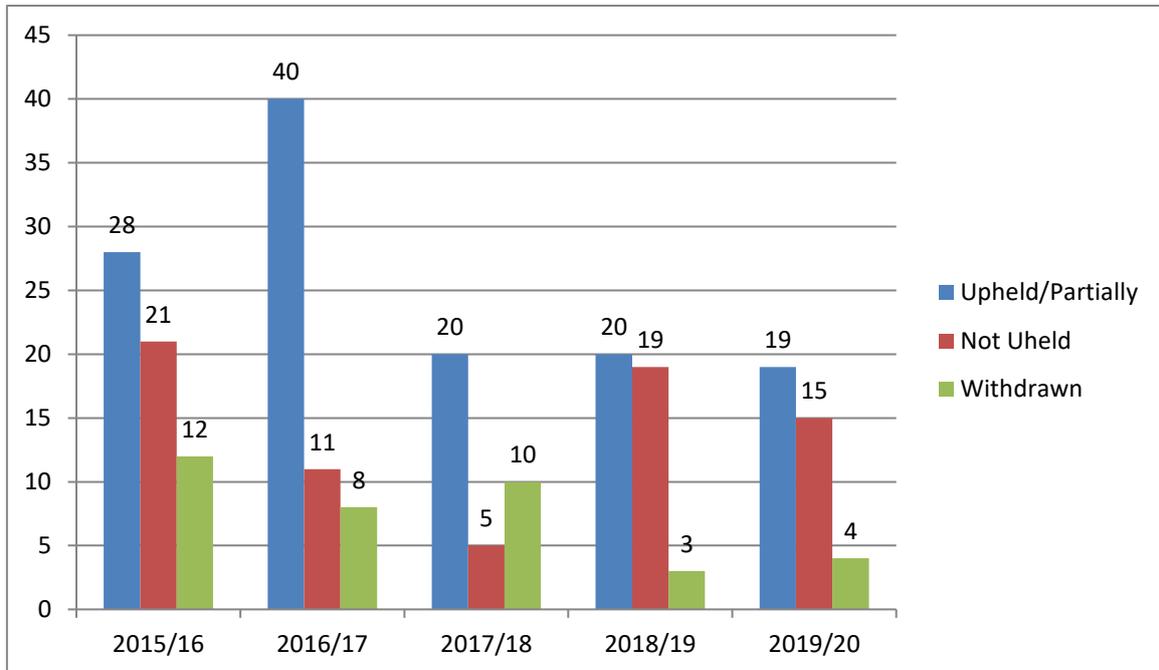
Comparisons of complaints received over the last 5 years.



## 2. Complaints Outcomes

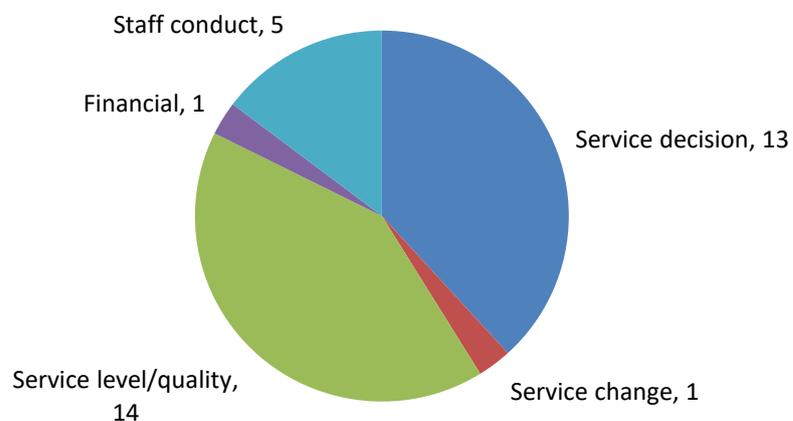
Of the 38 complaints that were received:

- 9 were upheld
- 10 were partially upheld
- 15 were not upheld
- 4 were withdrawn by the complainant



## 3. Type of Complaint

The chart below shows the types of complaints that were investigated, not including the 4 which were withdrawn.



Complaints for service level / quality were the highest received this year at 14, however this is a significant reduction on the 22 received in 2018/19.

Most of the complaints in this area are aimed at the level and standard of care received by the service users.

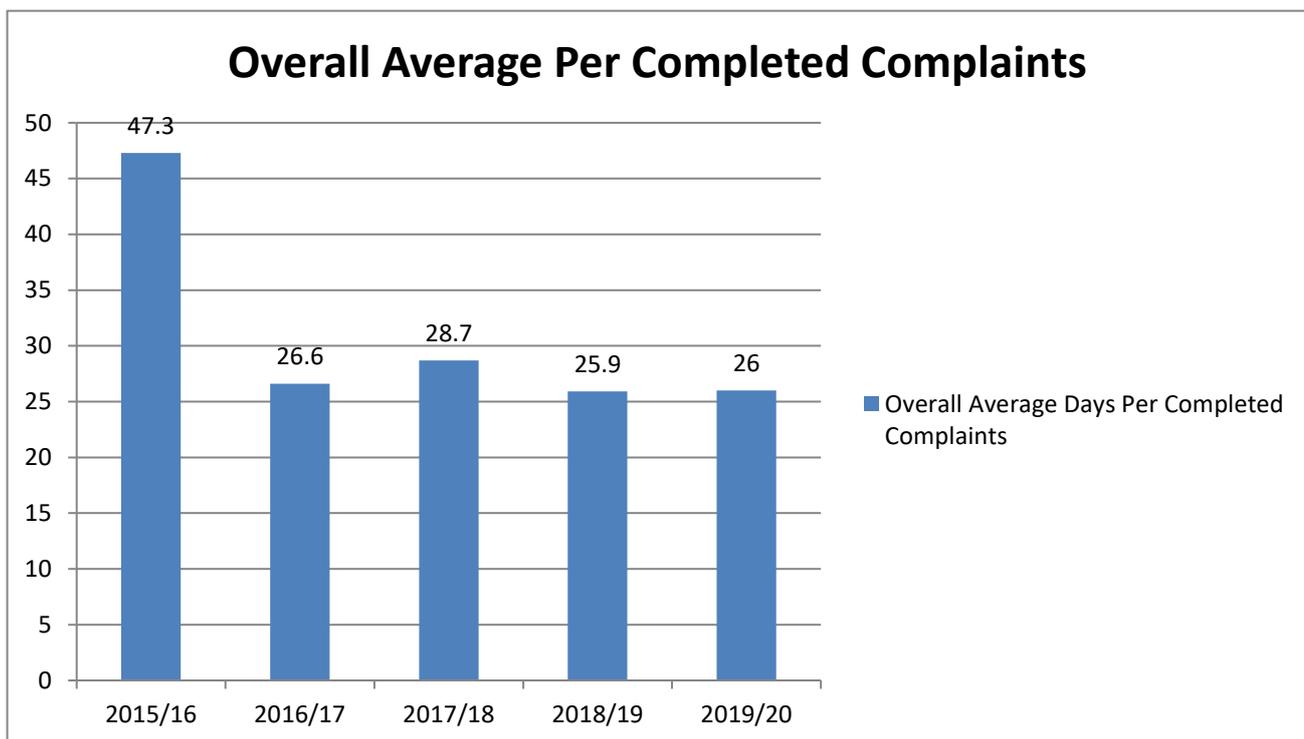
These were followed by 13 complaints regarding decisions made by the service. This matched the figure received during 2018/19.

Examples of other complaints received:

- Care placements and fees.
- Conduct of Social Workers towards the service users and family members.
- Issues surrounding the discharge from hospital.

#### 4. Response Times

The table below details the overall average response times for completed complaints across the service and provides comparisons over the last 5 years.



Below is a comparison of response times by each service area, of 2018/9 and 2019/20. Out of the 34 investigated complaints, the average response times were as follows:

Service Area	Complaints Closed	Average Response Time in days	Complaints Closed	Average Response Time	Trend
	20 18/19		20 19/20		
Assessment/Care Management	7	31.2	6	35.3	↑
Day Services	1	15	1	21	↑
Gateway to Care	2	17	1	21	↑
Home Care	2	52.5	3	23.6	↓
Hospital Social Worker	4	37.5	5	21.6	↓
Learning/physical disabilities	8	22.8	2	14.5	↓
Localities teams	0	0	0	0	-
Mental Health Services	2	12.5	3	28.3	↑
Older people	10	15.4	6	15.2	↓
Residential homes	1	67	3	48	↓
Safeguarding	1	75	0	0	-
Support and planning	1	14	4	25.75	↑

There are no statutory timescales for responding to individual complaints however, a 15 working day timescale is used as a general guide to measure performance.

A total of 9 complaints took in excess of 30 days to be resolved. Often complaints are extremely complex and require input from several areas; this could be internal colleagues, external providers and the service user's family members. Where this happens, the time taken for a full investigation can become inflated.

In order to improve performance and response times, the Complaints Team have liaised closely with the Service Improvement Officer within Adults Social Care and implemented an improved data management system, which records the progress of both Council and Ombudsman complaint investigations. In addition to this, a group of investigators have been identified from across the service. They will lead on complaints and will record their individual progress along the way so that Senior Management, the Complaints Team and other investigators, can monitor progress. This new way of working has only just been implemented but we are confident it will have a positive impact on response times in the coming months.

## 5. Learning from complaints

The Complaints and Compliments Team promote an open and accountable approach to complaints with extra focus being given to learnings identified from complaints and how that insight can be used to make improvements to processes and systems.

Some examples of where this action has been taken are:

- A complaint relating to discharge from hospital, the care package that was put in place and no information relating to the cost implications was provided.

*The service will ensure that the wider team are made aware of the lack of communication that has resulted in financial implications being placed on the family. There will also be a review of the case closing process and additional training and practice development sessions provided to staff.*

- A complaint relating to the Council not being proactive in managing the utility bills, which were generating debts, along with a tenancy agreement with Together Housing that needed ending, following a hospital admission.

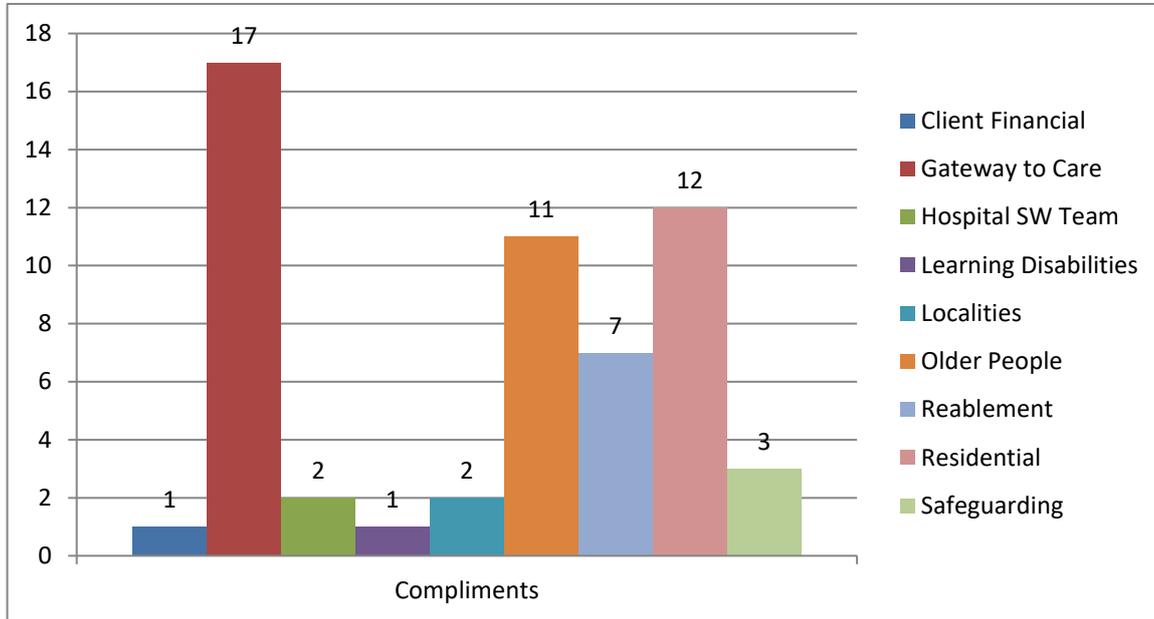
*The Appointeeships Team will update an information sheet, they had produced previously. This will be circulated to social work teams, informing them of the role of the team and the roles and responsibilities of individual social workers. This will be followed up by visits to relevant teams and Team Managers of the Hospital and Gateway to Care Teams. These visits will raise the learning and actions that should have been taken in this case, and in future, with the relevant workers. Then the learning and processes to be followed will be communicated to all members of their teams at future team meetings.*

- A complaint relating to the approach and conduct of a Social Worker, following a fall at home, which lead to a hospital admission.

*Various training courses have been identified to develop competencies around professional boundaries, mindfulness and attitudes and behaviours. Mental Capacity Act Assessment training will also be arranged. Following a review of all the case notes held by the Hospital Social Work Team and the Hospital Electronic Patient Record System, it was clear that requests had not been accurately recorded by ward staff or communicated over. This has highlighted a requirement to stress the importance of accurate communication between both teams and will be documented in future training sessions.*

## 6. Compliments

Adult Services and Wellbeing received 56 compliments during the reporting period. All compliments are logged on the Complaints and Compliments system and sent to Service Managers to share with their teams.



### Some Examples of Compliments Received:

- “I wish to thank Gateway to Care for all their help and assistance over the past 5 years which was provided for my husband.”
- “Having spent many weeks here, the standard of care and attention to detail is first class. All the staff are caring, friendly and approachable. You have a first class team here. The horror stories of care homes don’t apply here and you deserve a gold medal”
- “Thank you for all the help you are doing for me, you are such a lovely girl. As you know I was so upset but you were someone I could turn too. Thank you.”
- “To all the wonderful dedicated and caring staff where nothing was too much trouble... Thank you”
- “Thank you for the excellent care given by everyone in your team. We are very impressed by the Reablement Team.”
- “Please accept my thanks and can you also pass them on to your Occupational Therapist colleague. The timely advice provided this morning has given me a clearer understanding of what is going on.”

## 7. Ongoing Training & Development

The Complaints and Compliments Team provide training and support for all colleagues who are required to investigate complaints. The aim is to provide training that specifically relates to their individual area and working practices and identifies how to define a complaint, how to complete a robust investigation and how to respond fairly and proportionately. Training last year was delivered to over 100 colleagues and is continuously reviewed and improved with input from colleagues from services.

Training is usually delivered in a training room environment; however, the team are currently looking at delivering it using remote tools.

FOR FURTHER INFORMATION ON THIS REPORT CONTACT:

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