

# **ANNUAL REPORT 2015/16**

## **ADULT SOCIAL CARE**

### **Complaints, Comments and Compliments**

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# ADULT SOCIAL CARE ANNUAL REPORT 2015 -2016

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## 1. Executive Summary

There has been a very slight increase in the number of complaints received within Adult Social Care, and not as high as may have been expected. However what has been noted is that there is still a continuing trend of increased complaints regarding disputing charges. As a result of this, a working group was set up to look at ensuring that correct and consistent information was provided. This group produced a financial checklist and a financial charging case note. Use of this and the impact will be monitored through 2016/17.

The increase in the complaints around 'level of service' could reflect the increasing demand on resources that Adult Social Care are having to work within. Closer working with providers has been reflected in the number of complaints involving providers that has shown a decline over the last two years and this is encouraging.

There is room for improvement in relation to response times and this is being considered by the Complaints Manager when reviewing the team and to see how best to ensure managers are meeting the timescales.

With the implementation of the Care Act the indication is that more service users are challenging the level of service provided, which is reflective of the increase in this complaint category. The impact on the number of complaints has been minimal in 2015/16, however this may impact in future years. The implementation of part two of the Care Act involving the finance aspects and the Appeals Panel process has been deferred until 2020 and it is not clear what the impact will be.

The number of new clients coming into the service during 2015/16 was 3,707 and this will be monitored in future years against the number of complaints received.

## 2. Introduction

Adult Social Care collects information about contacts where the nature of the communication does not meet the threshold to be a statutory complaint and where informal resolution resolves the enquiry. These are counted as 'Enquiries'.

Under the National Health Service and Community Care Act 1990 and Children Act 2004, it is a requirement for local authority Adult Social Care and Children's Services to have a system of receiving representations by, or on behalf of, users of those services. Havering Adult Social Care welcomes all feedback, whether this is a comment on improving the service, complaint on what has gone wrong with the service or compliment about how well a service or individual has performed.

Havering has adopted the statutory guidelines for complaints management as outlined by the Department of Health and good practice principles of the Local Government Ombudsman and has encompassed this within its new procedures as follows:

Informal	-	Where a complaint involves a regulated service, or is a minor concern which can be dealt with within 5 working days, or where a complainant does not wish to take it through the formal process.
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- Formal        -        **Local resolution** – where the complaint is considered low-medium risk aim to respond within 10 working days where possible. Where a complaint is considered medium – high risk aim to respond within 10-20 working days. Where a complaint is considered complex and may require an independent investigation, aim to respond within 25-65 working days. Timescales may vary in agreement with the complainant.

Although there is no longer a Stage 3 Review Panel in the regulations, it has been agreed within Havering to have an option for complaints to be reviewed by a Hearings Panel.

Complainants who remain dissatisfied will have the right to progress to the Local Government Ombudsman.

The time limit for complaints to be made has remained at 12 months

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## 3. Complaints Received

### 3.1 Ombudsman referrals

Ombudsman enquiries have remained at the same level in 2015/16, with a slight increase in those investigations that found maladministration but no injustice, and one maladministration and injustice. Premature/informal enquiries have remained the same as in 2014/15. Although not shown below, there is also one Ombudsman investigation which is still awaiting a decision.

	Apr 15- Mar 16	Apr 14- Mar 15	Apr 13- Mar 14
Maladministration (no injustice)	3	2	
Maladministration & Injustice	1		
No maladministration after investigation	3		3
Ombudsman discretion			
-Cases under investigation/ongoing		2	1
-Investigation not started/discontinued		1	3
No evidence of maladministration/service failure		2	
Cases completed not premature			
Premature/Informal enquiries	3	3	1
<b>Total</b>	<b>10</b>	<b>10</b>	<b>8</b>

### 3.2 Total number of complaints

The total complaints (formal and informal) have slightly increased in 2015/16 compared to 2014/15, although remain lower than 2013/14.

Total Number of complaints		
2015/16	2014/15	2013/14
93	92	108

### 3.3 Stages

Informal complaints have decreased by 18%, and formal complaints have increased by 17%, with the service noting an increase in the complexity of the issues that have resulted in the complaint. Enquiries have increased slightly by 8%.

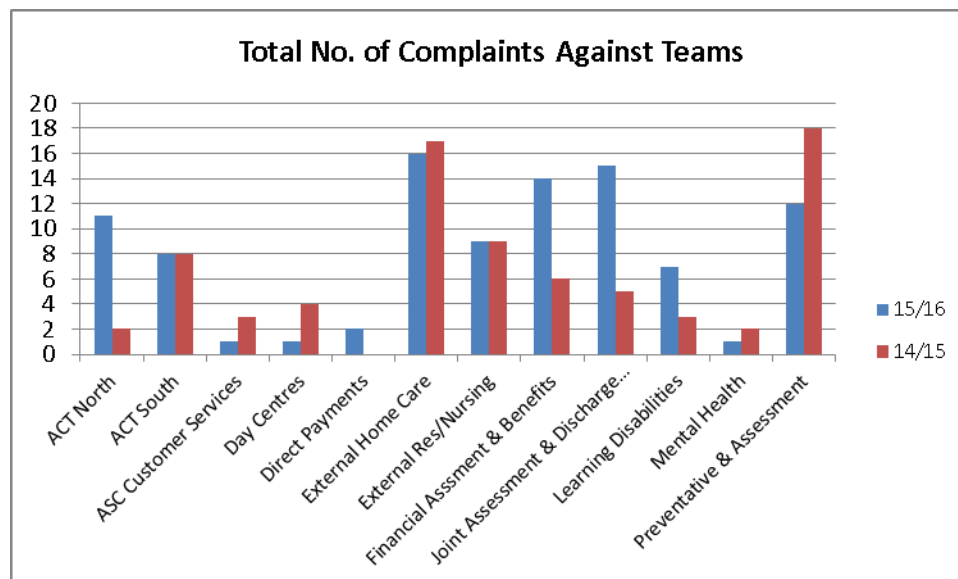
	Enquiry	Formal	Informal	Joint health and adult social care formal complaint
<b>Apr 15 – Mar 16</b>	<b>24</b>	<b>64</b>	<b>29</b>	
<b>Apr 14 - Mar 15</b>	<b>22</b>	<b>54</b>	<b>36</b>	<b>2</b>

### 3.4 Teams

Adult Social Care has undergone a major transformation during 2015/16 (and has continued through 2016/17) as the front line staff have moved into localities to foster closer working with NHS colleagues and work to have a 'single view' of the resident. Over time this will impact on how we compare 'Complaints by Team' from one year to the next, however the table below sets out the comparison of 2014/15 to 2015/16 by team

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External home care complaints have dropped slightly from the previous year by 6%, but this area continues to receive the highest number of complaints. However the total commissioned hours for home care for 2015/16 totalled 654,024, with the total commissioned hours for those that complained (16) totalling 8132 which accounts for 1% of the total care provided.



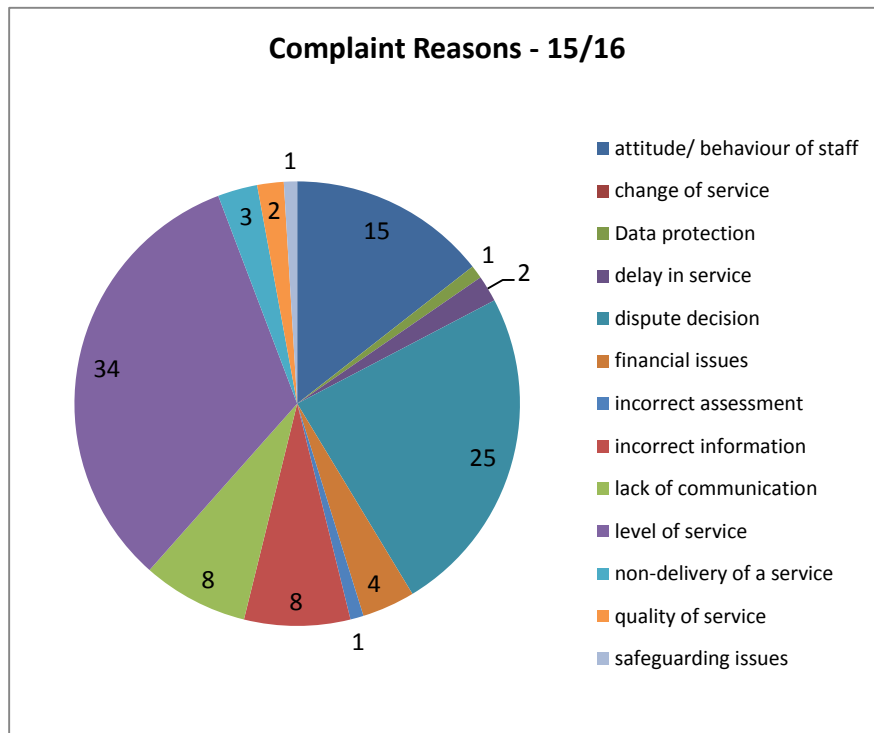
	ACT North	ACT South	ASC Customer Services	Day Centres	Direct Payments	External Home Care	External Res/ Nursing	Financial Assment & Benefits	Joint Assessment & Discharge (JAD)	Learning Disabilities	Mental Health	Preventative & Assessment
15/16	11	8	1	1	2	16	9	14	15	7	1	12
14/15	2	8	3	4	0	17	9	6	5	3	2	18

We have also seen an increase in the number of complaints from residents known to the Community Team North, Financial Assessment & Benefits Team, and Joint Assessment and Discharge Team. The reasons for complaints within each team is set out in the next section.

### 3.5 Reasons

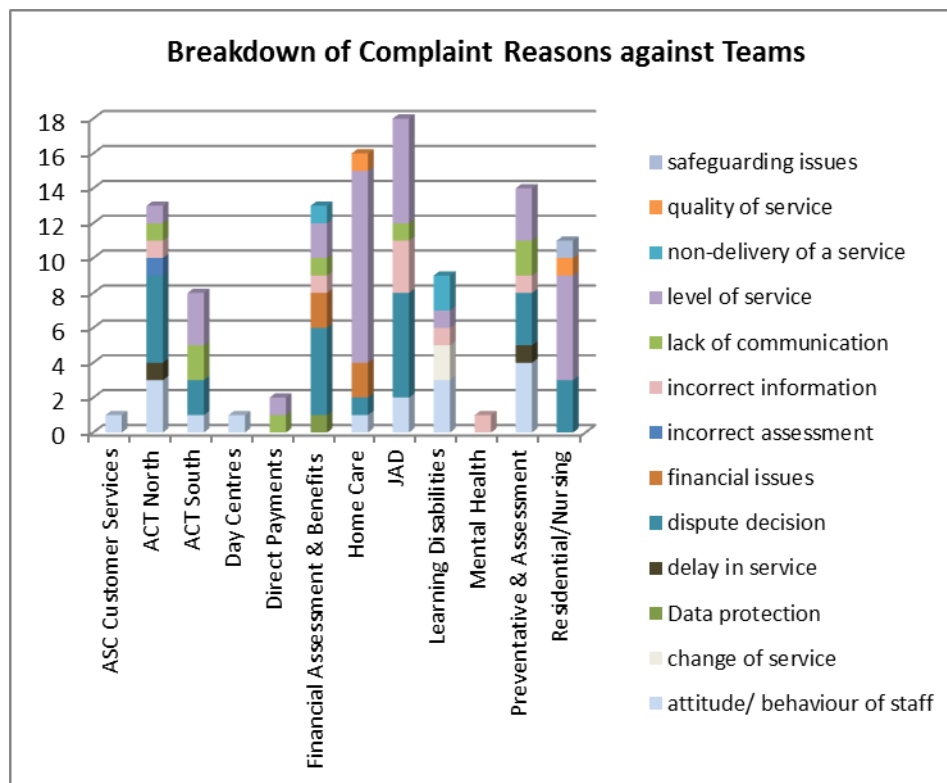
The breakdown of complaint reasons are shown below which shows that 'level of service' and 'dispute decision' are the main reasons for complaint. 'Attitude/behaviour of staff' is also quite high, although when investigated the underlying reason behind the complaint, is that complainants are not happy with the actions/decisions of the adult social care worker, rather than their attitude/behaviour. We do note however some adult social care staff were identified as not providing enough support/information/advice.

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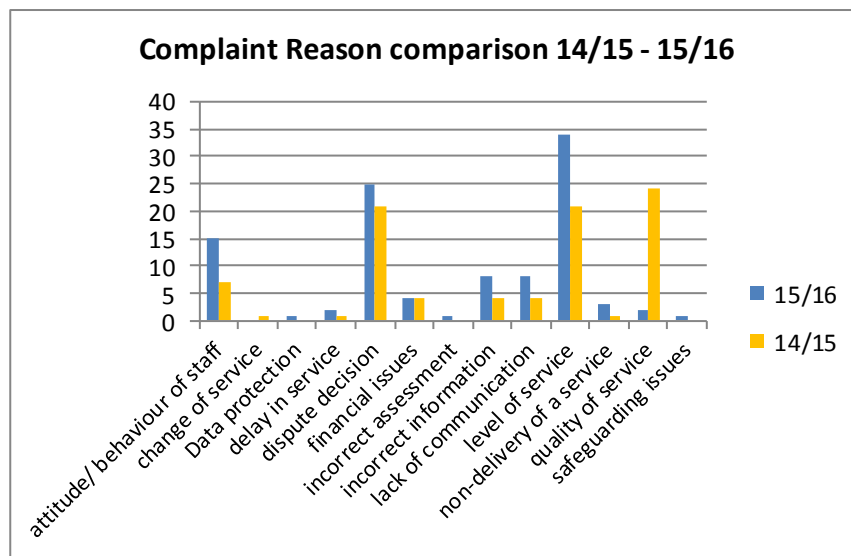
The breakdown below shows the complaint reasons against the teams during 2015/16. There can be multiple complaint reasons for one complaint.

‘Level of service’ and ‘dispute decision’ are the main complaints against teams. An underlying theme identified through the complaint investigation process is that complainants describe receiving a dissatisfactory level of service, linked to a dispute about a decision reached by Adult Social Care. Many of these decisions have been about charges for either homecare or residential care.



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Below shows the complaint reasons comparison between 2015/16 and the previous year. There have been increases from 2014/15 across 'level of service' (21%); attitude/behaviour of staff (53%); lack of communication and incorrect information (50%) and 'dispute decision' (16%). This could be reflective of the structure and location changes implemented between December 2015 and September 2016 and the resulting way that resources within Adult Social Care has been arranged. The Service plans a review of the configuration of teams and resources by the end of 2016/17, in particular because of the changes across health and social care that are coming because of our partnership working across Barking & Dagenham, Havering and Redbridge on the Accountable Care System/Organisation. Impact assessments of any future changes will need to be undertaken.



	attitude/ behaviour of staff	change of service	Data protection	delay in service	dispute decision	financial issues	incorrect assessment	incorrect information	lack of communication	level of service	non- delivery of a service	quality of service	safeguarding issues
15/16	15		1	2	25	4	1	8	8	34	3	2	1
14/15	7	1	0	1	21	4	0	4	4	21	1	24	0

### 3.6 Outcome and Learning

Due to the changeover of the complaints handling system the categories for outcome are not comparative to previous categories (in previous years) and therefore the breakdown has been shown as below. This will be addressed to ensure that the relevant information is captured.

Complaint Withdrawn/ referred to different procedure	Explanation and Apology	Explanation/ Information provided	Financial assistance awarded	No action/ further action required	Reassessment/ Review	Change in process	Services re- instated	Training identified
5	24	53	1	4	4	3	1	1



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## **3.6.1 Learning from complaints**

Complaints provide senior managers with useful information in respect of the way that services are delivered and how customers perceive services. In order to learn from complaints and actually deliver improvements in service delivery and business processes, the service is required to monitor the operation and effectiveness of the complaints procedure and to identify how information is being used to improve service delivery.

Complaints information captured from this monitoring is used in a number of ways including:

- The dissemination of this information to line managers
- Its use as a measure of performance and means of quality control; and
- Information derived from complaints about services subject to Statutory Regulation, or where services purchased under contract are concerned, to the person responsible for monitoring the contract.

Complaints monitoring is a standard quarterly item for the Directorate Management Meeting

The information collected during the monitoring of process and individual complaints provide invaluable feedback on performance management and operational matters such as how policies are interpreted by staff and service users. It also highlights how effective communication is within the authority and to the public, where staff training is required and whether resources are targeted correctly. This is fed back into the system in order to facilitate and drive improved policy and practice

As in previous years, the main two outcomes of complaints has been to provide an explanation and apology for action taken by the service. The general theme identified as per previous years is around providing the right information and advice early in the contact with the resident and/or their family. Meetings with residents/families who have complained continue to be a key way of resolving issues, and have assisted both the complainant understand processes and the decisions made and the Service in understanding from the complainant's perspective.

Getting it right at the beginning of a contact from a resident/family member will be a key priority for Adult Social Care in 2016/17. A redesign of the 'front door' is being planned to ensure the right skill mix of staff are available to deal with initial enquiries from residents, and the final planned changes will be implemented in early 2017.

Regardless of any planned changes, staff are reminded to ensure they are providing clear and concise information (and that this is recorded appropriately), through supervision, team meetings and at Directors Briefings .

## **3.6.2 Learning from the Ombudsman**

The council has a positive and open relationship with the Local Government Ombudsman and regular contact is made to seek advice and review operational approaches and outcomes.

The primary reasons for people contacting the Ombudsman, were in relation to a lack of provision of information about financial assessment (assessment of the individual's client contribution for contributing to the cost of their care), and about issues with third party providers (residential and nursing homes) where adult social care had is funding the care.

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Of the three LGO complaints upheld, the LGO concluded maladministration on the part of the Council

Complaints about lack of information about financial assessment had been a trend noted in 2014/15. In learning from these Ombudsman investigations (and other similarly themed complaints), from Summer 2015 the Senior Complaints Officer led a Task & Finish group to review the procedures used by operational staff in providing and recording information to residents and their families about charging. A number of changes have been introduced in 2016/17 to ensure that residents understand their financial responsibilities when in receipt of a service.

## 3.7 Response times

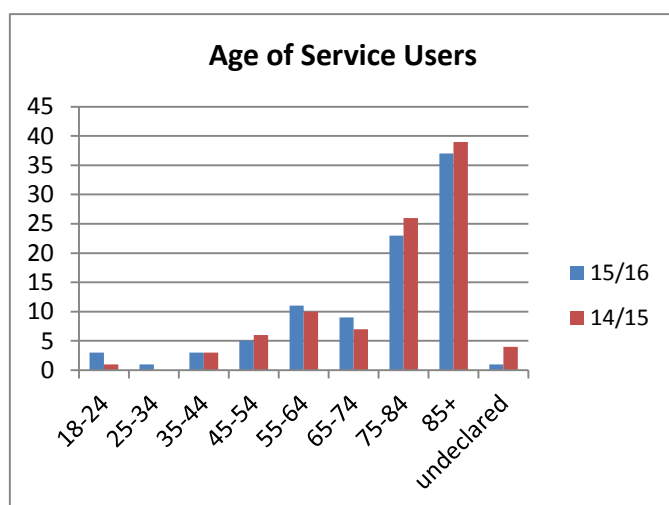
Complaints responded to within 20 days has improved in 2015/16, but work still needs to be done to improve response times. However it should be noted that complaints have become more complex and many of the complaints involving level of service linked to disputing charges are those that have taken longer to respond to. The low response rate for informal complaints involved external agencies.

	Within 10 days		11-20 days		Over 20 days	
	Apr15– Mar16 %	Apr 14 –Mar15 %	Apr15– Mar16 %	Apr14– Mar 15 %	Apr15– Mar16 %	Apr14– Mar15 %
<b>Informal</b>	27	50	17	25	56	25
<b>Formal</b>	34	33	28	20	38	47
<b>External agencies</b>	24	62	4	21	72	17

## 3.8 Monitoring information

### 3.8.1 Age

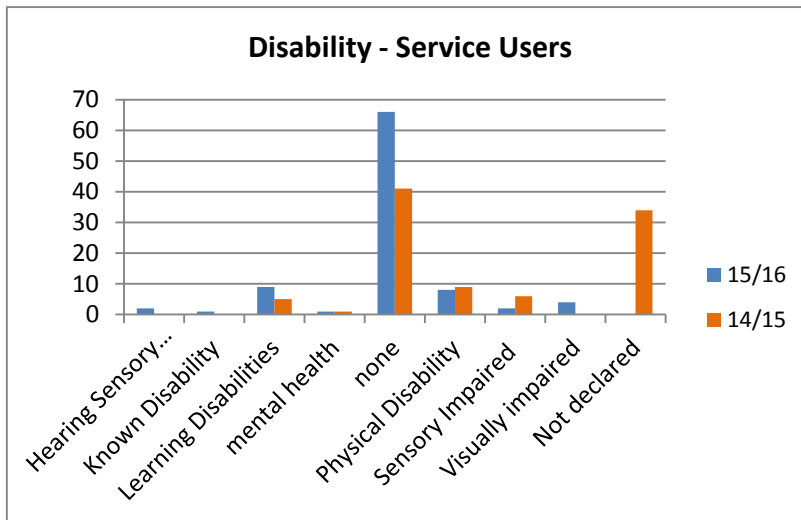
The age ranges are similar from 2014/15 with increases of those between the ages of 18-24; 55-64 and 65-74. The total population for age groups 55-64 and 65-74 within Havering has increased by 1%, whereas age group 18-24 has dropped by 1%. It should be noted that of the 3,707 new clients coming into the service 475 (13%) were between the ages of 18-64 and 3,232 (87%) were aged 65+.



### 3.8.2 Disability

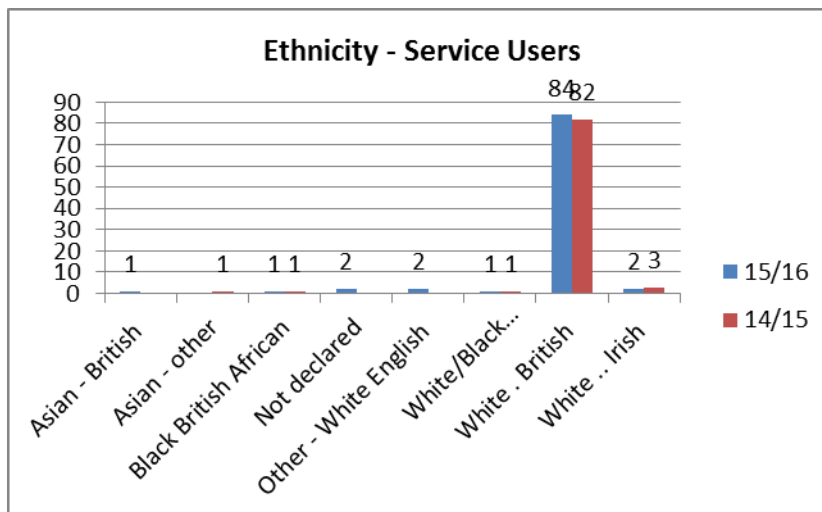
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There has been an increase in those that did not have a disability and those with a learning disability. It will be necessary to ensure that this information is recorded and captured within the CRM reporting system for future reports.



### 3.8.3 Ethnicity

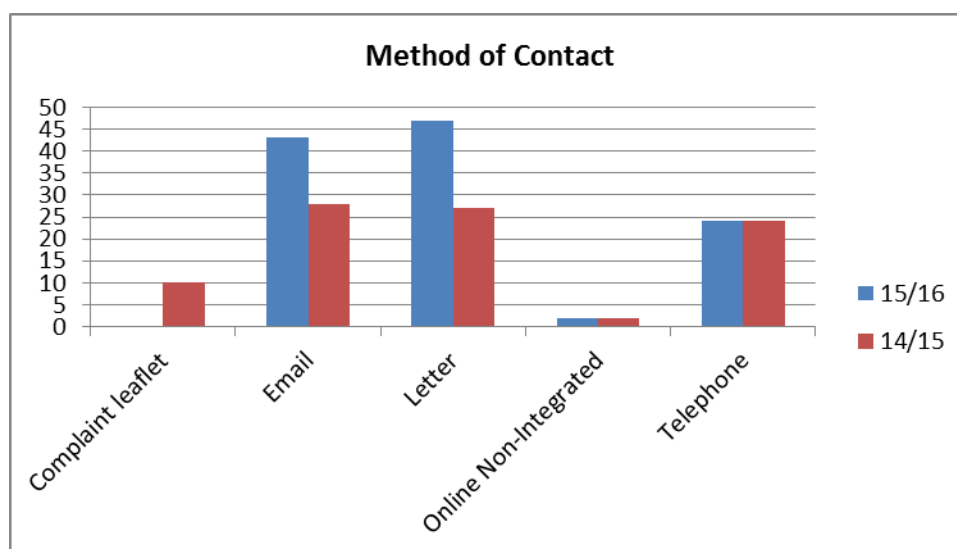
There is little movement across all ethnic minorities in 2015/16 compared to 2014/15, with just a slight increase in 'White British'.



## 4 How we were contacted

Note although complaints were received via complaints leaflets the CRM system does not have this as an option and therefore has been recorded as 'letter' and are included within this figure.

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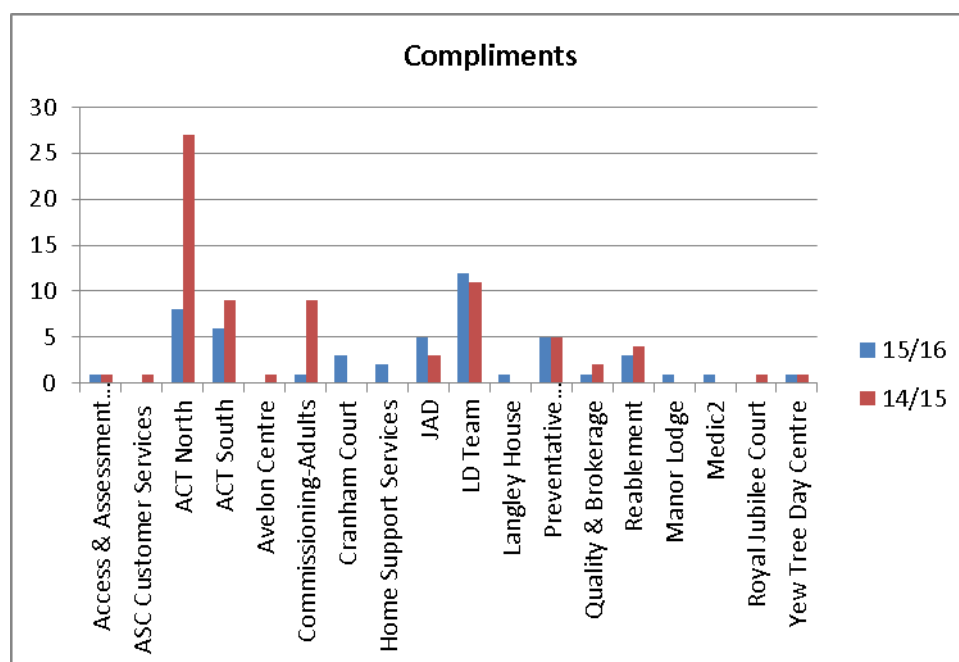
## 5 Expenditure

Expenditure was incurred during 2015/16 and is shown in compensation column. This refers to a refund and time and trouble payment.

	Compensation	Independent investigators
Apr 2015- Mar 2016	<b>12,300</b>	
Apr 2014- Mar 2015	-	-

## 6. Compliments

Compliments have decreased by 32% in 2015/16 (51) compared to 2014/15 (75), which is across most services. There has been increases in compliments for Learning Disabilities, Joint Assessment & Discharge Team(JAD). It is encouraging to see some of our providers, in particular the new providers being complimented.



Below are some examples of the compliments received across the different areas.

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Everything done in a professional manner and more assistance given than expected – **ACT North**

Thank you for all your time, patience and all your help in respect of my Aunt' – **ACT South**

A mother placed on End of Life care – 'she was kept safe, warm and clean and was treated kindly and with respect. Even when she was at her most difficult, the patience of the nursing/support staff was outstanding.' – **Cranham Nursing Home**

'your carers were invariably courteous, helpful and tolerant and their good spirits, cheerfulness and good humour helped to get us through some very difficult and trying times' – **Community Care Line**

'felt like you were listening to him and supporting him to make discharge easier on his aunt and this, he feels has led to a well-controlled discharge.' – **JAD**

'Thank you for all your support and care over the last 15 years. Thank you for listening to all our problems and seeing us through some very tough times.' – **Learning Disabilities**

'expressed that the carers have so far been lovely and that she feels well supported and enjoys their company.' – **Medic2**

Following a relative who died intestate a family member writes in - 'I very much wanted the opportunity to give you feedback regarding the amazing way she has helped my family... You are extremely fortunate to have her managing this work, she really is a rare person in the busy world we live in' – **Client Finance**

'Thanks to each and everyone of you, have made it possible for me to have the time and the great support to get my confidence back to return home.' – **Royal Jubilee Court/Reablement**

'The manager of the day centre has improved it in every way... it is my second home and everyone is my extended family.' – **Yew Tree Day Centre**

## 7 Members Enquiries

Members' enquiries have dropped by 34% from 2014/15 (85) to 56 in 2015/16. Enquiries responded to within timescale dropped to 73% for 2015/16, compared to 80% in 2014/15. The service acknowledges this is not an acceptable position and has taken remedial action in 2016/17, including weekly meetings with the Head of Service to review all outstanding members enquiries (and other complaints) to ensure responses are timely.

## 8 Conclusion

Complaints have continued to provide a good source of information to help form and shape the service by identifying those areas where there needs improvement and looking at options to resolve issues from reoccurring.

In 2015/16 actions have been taken to improve information being provided to service users and their families especially around charging, which has caused confusion and has led in some cases to waiver of fees. It is with this in mind that the actions identified are being

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implemented and that these are also being monitored to look at what the impact will be on these type complaints. This will be reported in the 2016/17 annual report.

The close working between Complaints, Quality and Brokerage has also shown that complaints involving provider agencies have been steadily decreasing and this is a positive step. This should be continued.

Response times still need improvement and this will be addressed through the review of the processes within the Complaints Team.

All learning will continue to be fed back into the service to enhance and develop our service delivery.

## 9. Complaints Action Plan

### 9.1 Addressing issues identified through complaints

Issues Identified	Lessons Learnt	Action to be taken	Department	Timescale	Review
Better clarity about services, eligibility and so on at the start of contact with residents and family	<ul style="list-style-type: none"> <li>Providing the right information at the start of an intervention reducing the likelihood of distress and misunderstanding</li> </ul>	<ul style="list-style-type: none"> <li>Review operation of Front Door and other initial points of contact such as the hospital</li> </ul>	<ul style="list-style-type: none"> <li>Front Door and JAD</li> <li>Service Manager Integrated Services</li> </ul>	31/3/2017 and ongoing	Planning underway (October 2016)
Clear information on charges where self-funders become part funded by local authority	<ul style="list-style-type: none"> <li>Improved recording of information given on charges</li> </ul>	<ul style="list-style-type: none"> <li>Social workers/staff to be reminded of recording practices through 1:1 supervisions/PDRs.</li> </ul>	<ul style="list-style-type: none"> <li>All</li> </ul>	Ongoing	<p>Working group concluded, and new process implemented early 2016. Impact in terms of number of complaints received to be monitored in 2016/17</p> <p>Financial Assessment &amp; Benefits Team and Complaints Team attends team meetings on a regular cycle.</p>
Clarity of information regarding respite/reablement/rehabilitation	<ul style="list-style-type: none"> <li>Clear understanding by staff of differences in charging arrangements for services</li> </ul>	<ul style="list-style-type: none"> <li>Staff to be reminded of the differences and what is chargeable and what is not.</li> </ul>	<ul style="list-style-type: none"> <li>All</li> </ul>	Ongoing	<p>Working group concluded, and new process implemented early 2016. Impact in terms of number of complaints received to be monitored in 2016/17</p> <p>Financial Assessment &amp; Benefits Team and Complaints Team attends team meetings on a regular cycle.</p>

### 9.2 Complaints Process

Issues Identified	Action to be taken	Department	Timescale	Review
Management information about complaints and timeliness of response to members enquiries	<ul style="list-style-type: none"> <li>Review of Complaints/Service interface to ensure improved ownership of complaints</li> </ul>	<ul style="list-style-type: none"> <li>Head of Business Management</li> <li>Head of Integrated Services,</li> </ul>	31/10/2016 and ongoing	Review underway (started July 2016)

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and complaints		Head of Adult Commissioning		
Review ASC Quality Assurance Framework to ensure more robust approach to learning from Complaints	<ul style="list-style-type: none"> <li>Review of QA process</li> </ul>	<ul style="list-style-type: none"> <li>PSW</li> <li>All</li> </ul>	31/03/2017	Inaugural Adults Week Practice Week planned for late November 2016