

# **ANNUAL REPORT 2016/17**

## **ADULT SOCIAL CARE**

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

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# DRAFT ADULT SOCIAL CARE ANNUAL REPORT 2016 -2017

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## 1. Executive Summary

Adult Social Care has seen an increase in complaints and member enquiries and a slight decrease in general enquiries in 2016/17. Again, as in previous years a number of complaints are related to financial assessment for care and support provided. Continued efforts are being made to ensure that financial charging information is provided at the first point of contact, or as soon as services are being considered.

Although we saw an increase in complaints and a slight drop in enquiries, there has been a 2% decrease in 2016/17 of the total number of service users within Adult Social Care from 7,684 in 2015/16 to 7,519 in 2016/17. Across home care services and residential home placements there has been a decrease of 2% and 1% respectively in 2016/17, however there has been an increase of 26% in nursing home placements from 326 in 2015/16 to 411 in 2016/17. However there was an increase in complaints across both home care (19%), 16 in 2015/16 to 19 in 2016/17 and residential/nursing placements (11%) 9 in 2015/16 to 10 in 2016/17.

It has been highlighted that efforts will need to be made to improve response times within Adult Social Care, however many of those over timescale involved external agencies where information is required to reach decisions around charging disputes. Consideration needs to be given on how to improve response times, and also how the Complaints & Information Team and Adult Social Care can work more effectively with external agencies, to ensure timescales are met.

## 2. Introduction

Under the Local Authority Social Services and NHS Complaints Regulations 2009, made under powers in Sections 113 to 115 of the Health and Social Care (Community Health and Standards) Act 2003, 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, 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.

**Formal - Local resolution** – where the complaint is considered low-medium risk, we aim to respond within 10 working days where possible. Where a complaint is considered medium–high risk, we aim to respond within 10-20 working days. Where a complaint is considered complex and may require an independent investigation, we aim to respond within 25-65 working days. Timescales may vary in agreement with the complainant.

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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.

### 3. Complaints Received

#### 3.1 Ombudsman referrals

The number of Ombudsman enquiries dropped slightly to 8 in 2016/17 compared to 10 in 2015/16. These enquiries recorded as maladministration injustice with no penalty related to charging disputes in 2015.

	Apr 16 - Mar 17	Apr 15 - Mar 16	Apr 14 -Mar 15
Maladministration (no injustice)		3	2
Maladministration Injustice		1	
Maladministration injustice no penalty	4		
No maladministration after investigation		3	
Ombudsman discretion			
-Cases under investigation/ongoing			2
-Investigation not started/discontinued	1		1
No evidence of maladministration/service failure	1		2
Cases completed not premature			
Premature/Informal enquiries	2	3	3
<b>Total</b>	<b>8</b>	<b>10</b>	<b>10</b>

#### 3.2 Total number of complaints

The number of complaints (formal and informal) increased in 2016/17 by 30% from 93 in 2015/16 to 121.

Total Number of complaints		
2016/17	2015/16	2014/15
121	93	92

#### 3.3 Stages

Both informal and formal complaints have increased in 2016/17, formal by 34% from 64 in 2015/16 to 86 and informal by 9% from 29 in 2015/16 to 35, whereas the number of enquires decreased slightly.

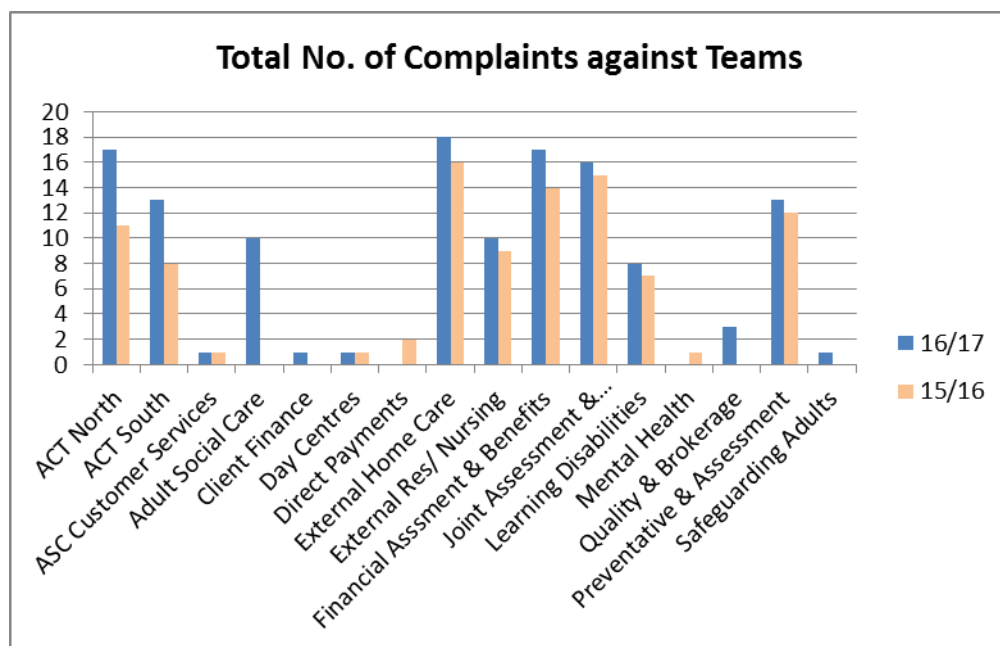
	Enquiry	Formal	Informal	Joint health and adult social care formal complaint
Apr 16 - Mar 17	18	86	35	
Apr 15 – Mar 16	24	64	29	

#### 3.4 Teams

Complaints have increased across all teams, with notable increases within the community teams, i.e. Adult Community Team (ACT) North and ACT South. During 2016/17 community teams went through a major relocation programme in which social care teams

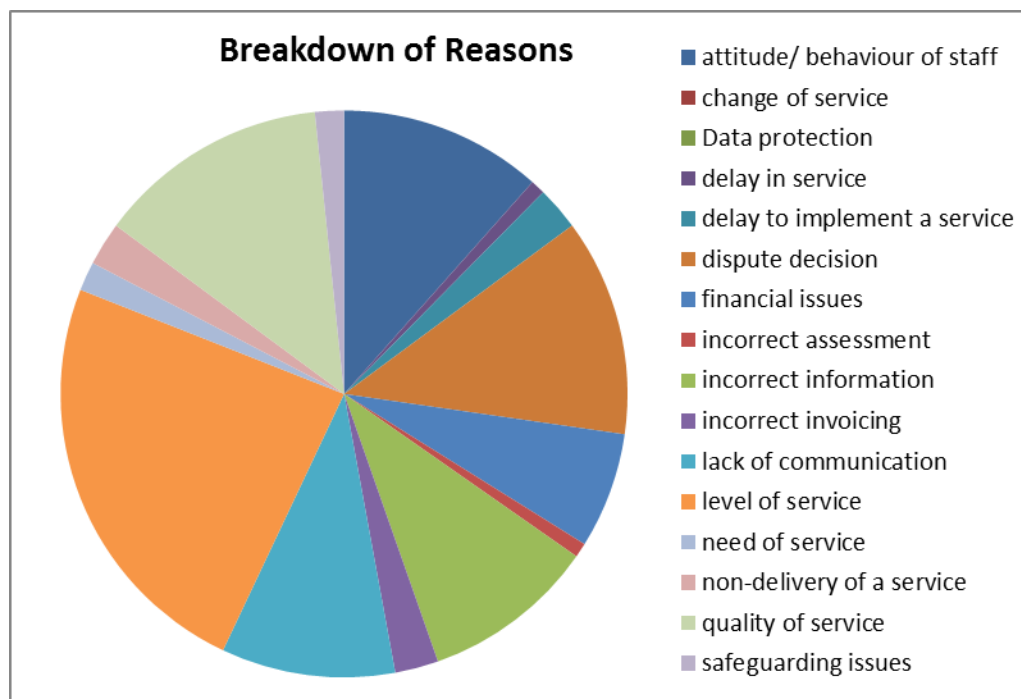
moved into locality areas in partnership with the North East London Foundation Trust (NELFT). Complaints falling within ‘Adult Social Care’ are those that required a decision at Head of Service or Director level, involving charging disputes.

External home care and residential/nursing care complaints have increased slightly in 2016/17 by 19% and 11% respectively. The total number of home care hours commissioned during 2016/17 was 711,679, increased from 654,024 in 2015/16. The total commissioned hours relating to home care complaints was 5,308, accounting for 1% of total care provided. For those within residential/nursing placements the number of complaints (10) accounts for 1% of the total number of people (1,098) who used these provisions.



### 3.5 Reasons

In 2016/17 complaints mainly related to the ‘level of service’, followed by ‘quality of service’ and ‘dispute decision’. The majority of these type complaints (32) involved complaints on charging or funding linked to either the level or quality of service, or disputing the charges. Although level of service is the highest it has dropped from 34 in 2015/16 to 29 in 2016/17.

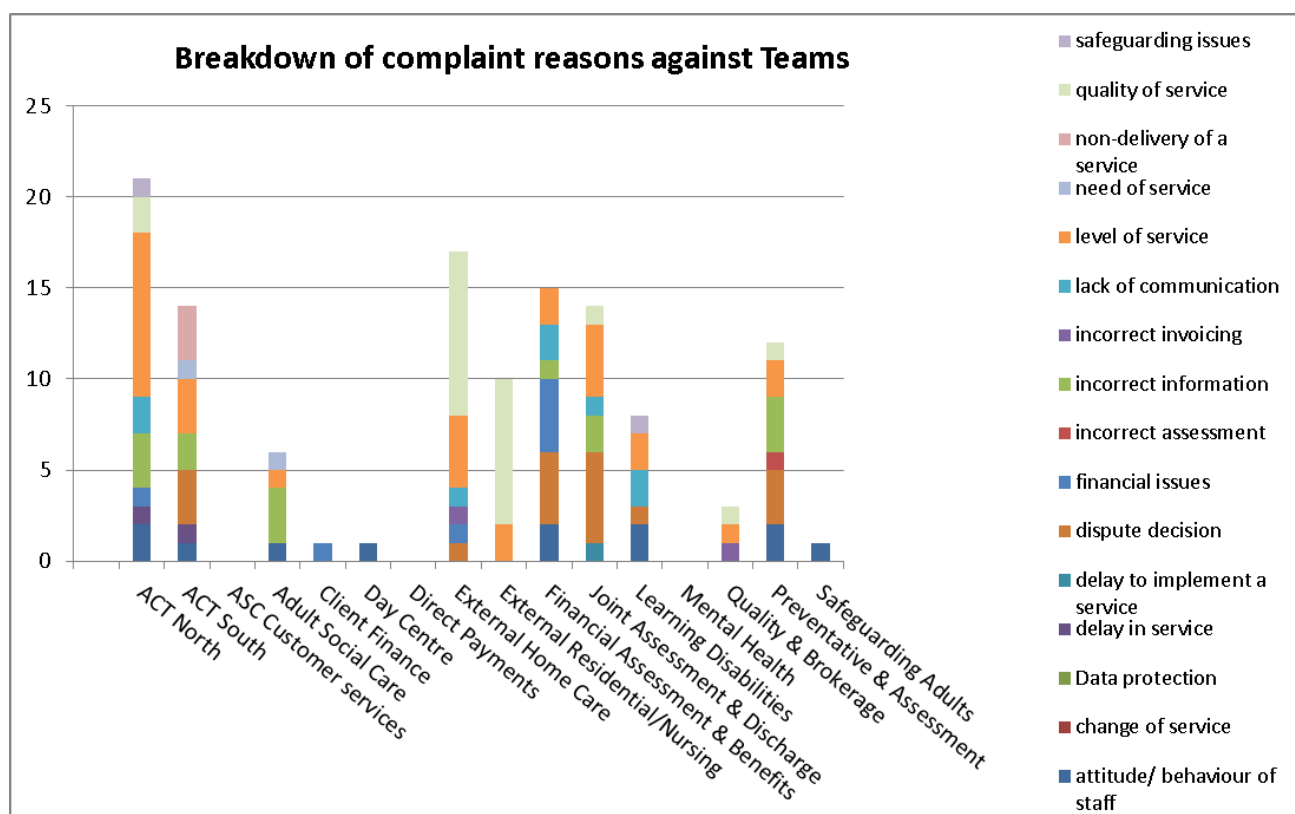


In 2016/17 'incorrect information' and 'lack of communication' has increased at the same level from 2015/16 from 8 in 2015/16 to 12 in 2016/17 and the Service will need to take note to ensure that staff are providing accurate information and are communicating with service users and their families at first point of contact. As indicated above, Adult Social Care went through locality changes during 2016/17, which may have attributed to this increase.

It is noted that 'quality of service' has increased in the year covered by this report, after this had dropped to 2 in 2015/16. It has now risen to 17 in 2016/17, and mainly covers home care and residential/nursing homes, as shown in the breakdown below:

	attitude/ behaviour of staff	change of service	Data protection	delay in service	delay to implement a service	dispute decision	financial issues	incorrect assessment	incorrect information	incorrect invoicing	lack of communication	level of service	need of service	non-delivery of a service	quality of service	safeguarding issues
16/17	14	0	0	1	3	15	8	1	12	3	12	29	2	3	17	2
15/16	15	0	1	2	0	25	4	1	8	0	8	34	0	3	2	1

From the breakdown below against teams, 'level of service' and 'dispute decision', was across most teams. It also highlights that 'quality of service' within external home care and residential/nursing homes were main reasons for complaints in these areas. Although as highlighted above, 'quality of care' is linked in the main to a dispute in relation to charges and would not always have been raised prior to an invoice being raised.



### 3.6 Outcome & Learning

The main outcome for most complainants was for an explanation and/or information to be provided. As in previous years many of these related to charges and further explanation could have been required, or more information provided to prevent the complaint from occurring. The financial charging case note/checklist and information on paying for home care or residential care should help reduce these type of complaints over time.

	Change in process/worker	Complaint Withdrawn/referred to different procedure	Explanation and Apology	Explanation/Information provided	Financial assistance awarded	No action/further action required	Reassessment/Review	Reimbursement	Services re-instated	Training identified
16/17		2	6	31	60	4	3		2	
15/16			5	24	53	1	4	4		1

#### 3.6.1 Learning from Complaints

Complaints continue to play an important source of feedback for the service, highlighting areas for improvement; whether it is the way processes are undertaken, how and what information is communicated to those using the service and their families, and just as importantly, through compliments identifying and highlighting good practice.

As identified over the past few years, lack of or incorrect financial information has been a major reason for complaints, resulting in service users/families disputing charges.

The introduction of the financial charging case note in May 2016 has helped and is increasingly being used by staff across teams. This is monitored on a monthly basis to determine how teams and individual staff are providing the necessary financial information at the earliest stage possible. Information reports are presented to the Operational Management Team and senior managers continue to reiterate to staff the importance of



recording what financial information and advice has been given and when. By the end of March 2017, 58.5% of financial case notes were completed appropriately by staff as opposed to 10% in June 2016.

It has been well publicised that care provision within both the home care sector and residential/nursing home sector experiences difficulties with recruitment of carers and the sustainability of their workforce, with the increased demands and the pressures on budgets being contributing factors. Adult Social Care, through working with their provider agencies, agreed an uplift to both home care and residential/nursing homes to help alleviate some of those pressures, and to help sustain good quality care.

Continued involvement of complaints within the Quality & Safeguarding Team and support provided to external agencies on dealing and responding to complaints is anticipated to contribute to the reduction in the type of complaints regarding quality of service, which rose in 2016/17 compared to 2015/16 from 1 in 2015/16 to 9 for home care and 1 in 2015/16 to 8 in 2016/17 for residential/nursing homes.

### 3.6.2 Learning from the Ombudsman

Complaints investigated by the Ombudsman in 2016/17 were related to charges, and highlighted (in conjunction with previous complaints) around the disparities of information on financial charges. This is being addressed through the measures put in place around financial information, with regard to improved provision of information and advice and recording this as a case note, which is still being embedded in the service.

### 3.7 Response times

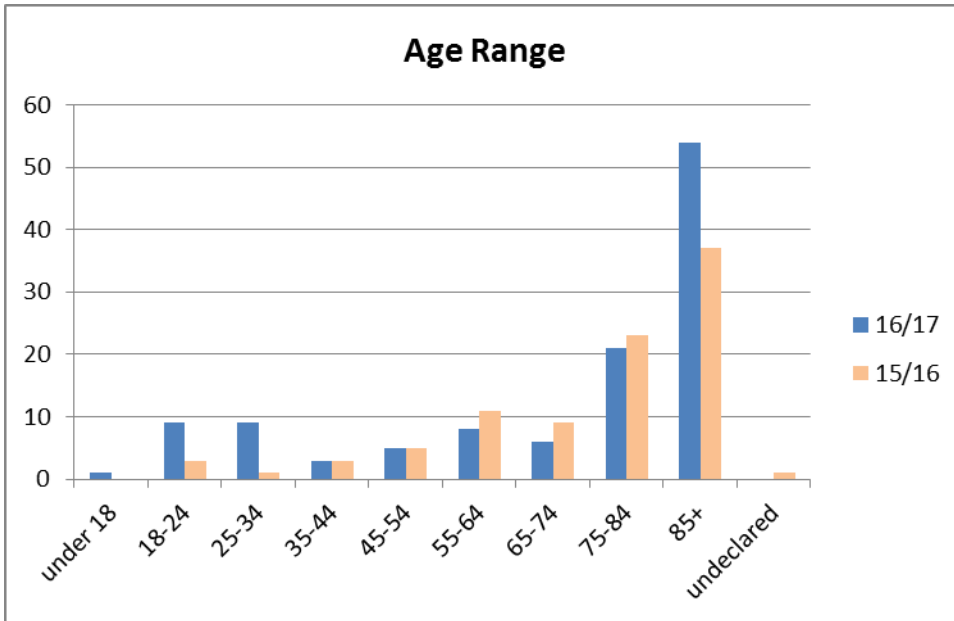
Response times for complaints in 2016/17 have not improved as had been anticipated when compared to 2015/16. However a number of complaints have involved external agencies, which has impacted on response times. For those responded to involving external agencies, there were two within 10 working days; 23 within 11-20 working days and 35 of those responded to over 20 working days.

	Within 10 days		11-20 days		Over 20 days	
	Apr16- Mar17 %	Apr15- Mar16 %	Apr16- Mar17 %	Apr15- Mar16 %	Apr16- Mar17 %	Apr15- Mar16 %
Informal	24	27	9	17	67	57
Formal	5	34	34	28	62	38
External agencies	3	24	38	4	58	72

### 3.8 Monitoring information

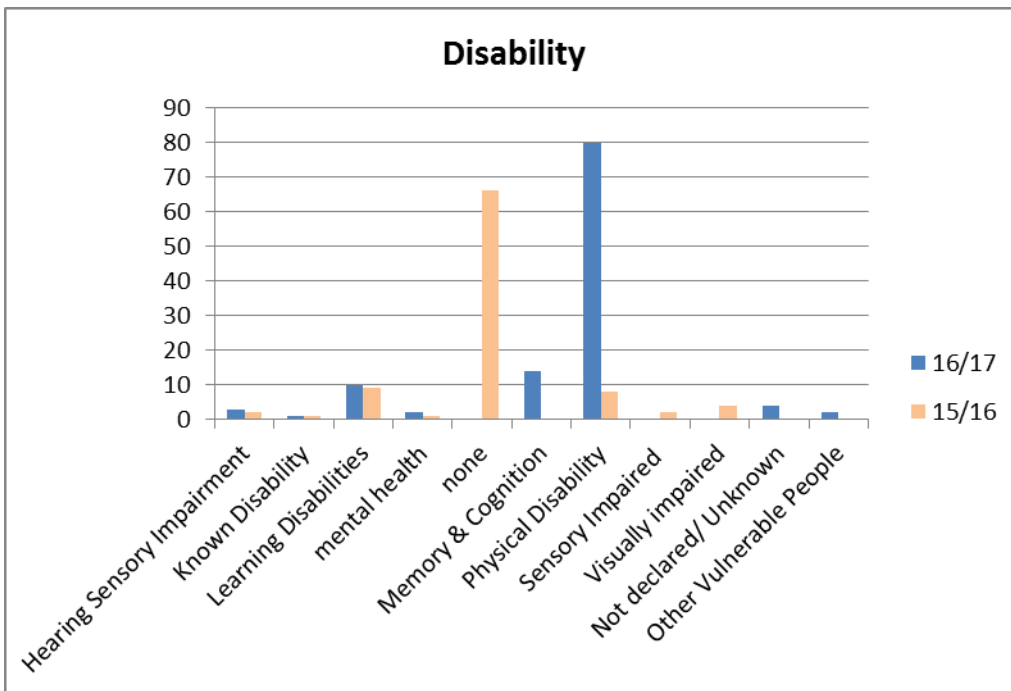
#### 3.8.1 Age

There has been an increase in complaints involving those aged 85+ which has increased from 37 in 2015/16 to 54 in 2016/17 (46%) which could be reflective of the increase shown in nursing home placements. Also there were significant increases in 2016/17 for those aged 18-24, from 3 in 2015/16 to 9 in 2016/17, and for those aged 35-44 from 1 in 2015/16 to 9 in 2016/17. Population statistics for mid-2016 showed an increase in those aged 85+ within Havering of 6%.



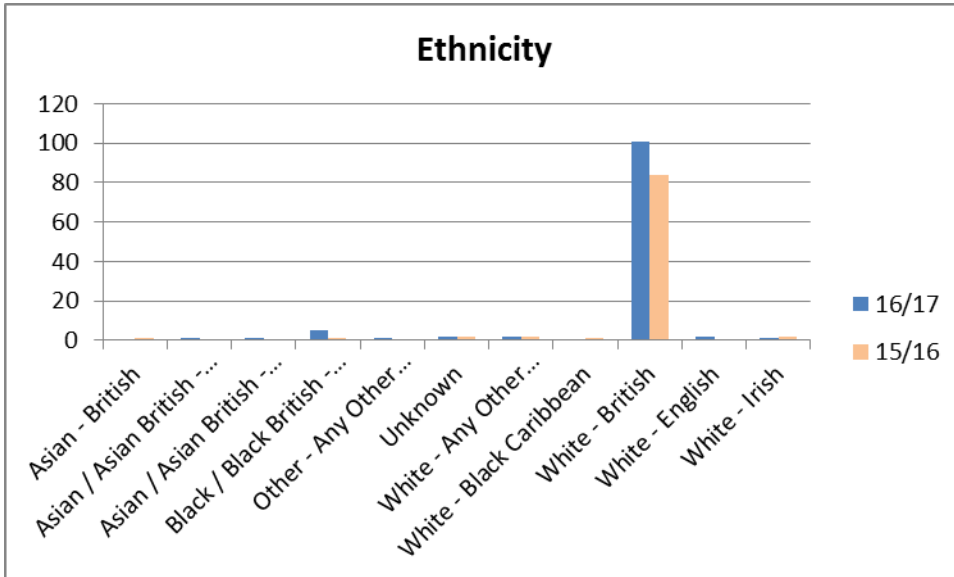
### 3.8.2 Disability

There is little difference in terms of numbers of those complaints involving people with a learning disability. Complaints involving those with a physical disability in 2016/17 have shown a significant increase from 2015/16 from 8 to 80. The figure for 2016/17 includes those who have physical support –personal care; access and mobility and physical disability. Collection of this data for 2016/17 obtained from the Performance Team includes additional categories, i.e. ‘memory and cognition’ and ‘other vulnerable people’ and future reports will reflect the same categories.



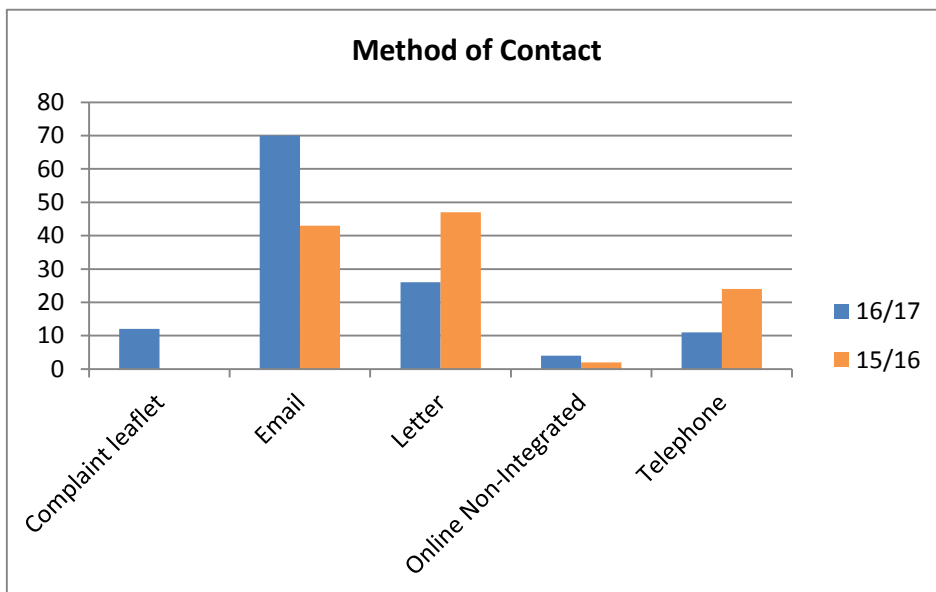
### 3.8.3 Ethnicity

Complaints involving those that are 'White British' represent the highest and have increased by 20% from 84 in 2015/16 to 101 in 2016/17. This is representative of the population within Havering, where there is a majority of 'White British'. Those of 'Black/Black British African' has increased from one in 2015/16 to five in 2016/17, There is also representation from those with an 'Asian – Indian' and 'Asian – Pakistan' in 2016/17, where there were none in 2015/16. It is encouraging that various ethnic minorities are accessing the complaints process.



#### 4 How we were contacted

In 2016/17 emails were the preferred method of contact which was a shift from letter being the preferred method in 2015/16. Complaints being received by letter and telephone in 2016/17 have almost halved, with a slight increase in those using complaint leaflets and online forms.



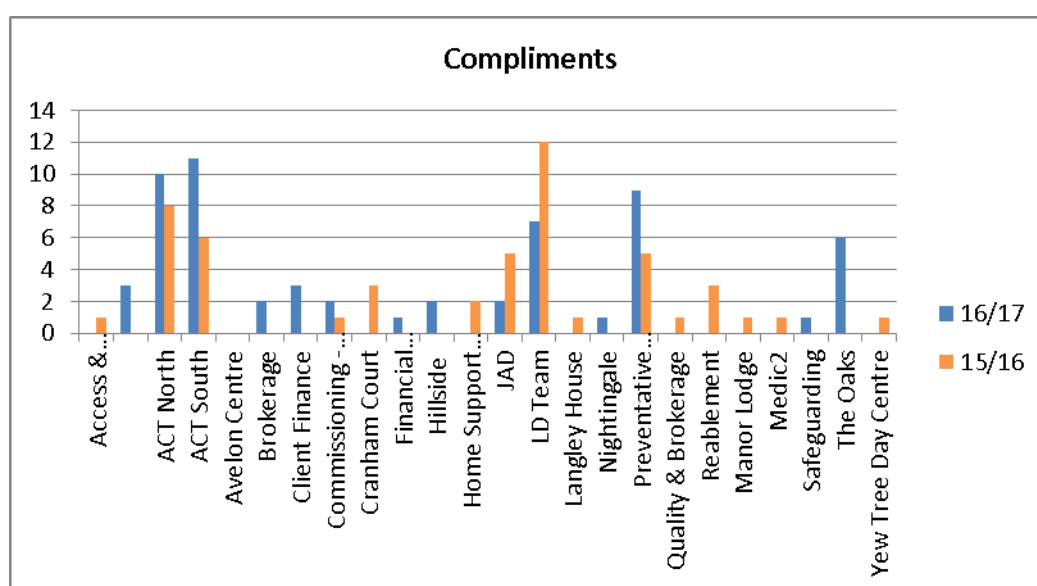
#### 5 Expenditure

Expenditure was incurred during 2016/17 and is shown in the compensation column for a time and trouble payment.

	Compensation £	Independent investigators £
Apr 2016- Mar 2017	250	0
Apr 2015- Mar 2016	12,300	0

## 6. Compliments

The total number of compliments received in 2016/17 was 62, an increase of 22% from 51 in 2015/16, with the majority of those being for help and support, professionalism and quality of service. There have been increases in the number of compliments received across many teams and in particular ACT North, ACT South and Preventative Teams, with some teams such as Brokerage, Commissioning and Client Finance receiving compliments in 2016/17.



Examples of compliments received are as follows:

A service user writes about a home visit from a social worker in which he states 'her visit and input had a reassuring effect and I would like to pass on my thanks for a job well done.; - **ACT North**

A granddaughter writes 'huge thanks for all your hard work and efforts to make nan's life a bit more comfortable...' – **ACT South**

A daughter writes 'thank you so much for what you did for us in arranging such good care for our dear dad this year.' – **Preventative & Assessment**

A family member expresses her thanks for their relative who the local authority is responsible for looking after their finances - 'I'm so grateful that he has your help, the daily carers and more. It is a weight off our minds in that respect. The worry never fully goes away....' – **Client Finance**

A sister writes to a residential/nursing home 'Thank you so much for your caring ways regarding my sister; I do not feel any concern for her peace with you all.; - **The Oaks**

A provider writes about a social worker who has given 'so much support to help all the new service users settle into a facility. I understand social workers role to ensure our service users are safe and happy. I really do feel ... this time has gone beyond her duty, has always put time aside to assist me with matters in which I am unsure, ...manner always remains calm and professional even increased frustrating situations; ... cares about her role and her duty and is genuinely always looking out our service users best interest, which I'm sure our service users know and understand as they all truly respect and love .... I felt .... hard work and efforts should be noted as she has helped us improve our service giving us constructive input when necessary, which has helped us to improve the quality of our service for our service users.' – **Learning Disability**

A son writes – 'Thank you for your time yesterday and for your help with how my mum's care would be financed. You certainly resolved some of my misconceptions!' – **Financial Assessment & Benefit Team**

A daughter writes - thanking for the help to get her dad in a care home – 'you have been so helpful and friendly, but always very professional, always there to answer my numerous questions when no one else was, I don't know where we would have been without you. – **Brokerage**

Alzheimer's Society writes – thank you for your time and care in receiving Councillor A this week. I know he really enjoyed both aspects of the visit and no doubt he will refer to the brilliant work you are doing in the future on the Prime Minister's Challenge Group on Dementia steering group. Thank you very much for your time and effort. It is much appreciated. – **Commissioning (Dementia Liaison Officer)**

## **7 Members Enquiries**

The number of member enquiries has increased in 2016/17 to 91 compared to 56 in 2015/16, with 71% (64) responded to within timescale. The Complaints & Information Team is working closely with the Head of Service who has taken responsibility for ensuring responses are done in a timely manner and from March 2017 this had already shown signs of improving with 100% being responded to, although this may fluctuate throughout the year.

## **8 Conclusion**

Complaints are used by senior management to highlight areas of concern and identify improvements in processes, information or communication required. This has continued to be a very useful management information resource. Also compliments highlight good practice within teams and are positive feedback for staff.

During 2016/17 Adult Social Care did go through changes within social work teams, with the move to localities, and this has impacted on the number of complaints relating to level of service for those teams that were affected. Steps need to be taken to ensure that staff are able to provide the level of service that is expected at times of disruption as far as possible.

There has been quite a significant increase in the number of complaints received in 2016/17 and efforts by the Complaints & Information Team to work with the service areas should improve, following a restructure of the team to help meet the increased demands.

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## 9 Complaints Action Plan

Issues Identified	Lessons Learnt	Action to be taken	Department	Timescale	Review
Information about financial assessment process and potential client contribution reportedly not properly conveyed	<ul style="list-style-type: none"> <li>Improved recording of information given on financial assessment and charges</li> </ul>	<ul style="list-style-type: none"> <li>Financial assessment case note implemented in 2016/17.</li> <li>Forms introduced to be signed by service user/financial representative (JAD only)</li> <li>Compliance with completion monitored by:               <ul style="list-style-type: none"> <li>Monthly performance reporting</li> <li>1-1 supervision</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>All</li> </ul>	Ongoing	Case note to continue to be used to record information on advice and guidance given, including date. Ensure form signed by service user. Senior management to meet with individuals where case note recording identified as an ongoing concern.
Incorrect or lack of information about adult social care more generally leading to complaints about level of service / incorrect information	<ul style="list-style-type: none"> <li>Relocation of staff teams to NELFT sites</li> </ul>	<ul style="list-style-type: none"> <li>Locality model under review</li> <li>New arrangements at adult social care 'front door' being planned, with strengthened information and advice provision planned at first point of contact.</li> </ul>	<ul style="list-style-type: none"> <li>Head of Integrated Care</li> <li>Head of Joint Commissioning Unit</li> </ul>	March 2019  April 2018	Redesigned locality model to include other Council departments and external agencies on virtual or co-located basis.
Percentage of complaints responded to within timescales has declined	<ul style="list-style-type: none"> <li>Response times require improvement</li> </ul>	<ul style="list-style-type: none"> <li>Complaints involving other NHS agencies – adult social care element to be responded to within 20 days. Noted that NHS timescales for response are longer than 20 days.</li> <li>Commissioning to support Complaints Team in getting information from external social care providers back within timescale</li> </ul>	<ul style="list-style-type: none"> <li>All</li> <li>Head of Integrated Care</li> <li>Head of Joint Commissioning Unit</li> </ul>	Ongoing	Quarterly presentation to senior management team on complaints performance.  Head of Integrated Care reviews all members enquiries weekly to ensure response within timescale..
Quality and level of service received		<ul style="list-style-type: none"> <li>Proactive work with providers via Quality and Safeguarding Team</li> </ul>	<ul style="list-style-type: none"> <li>Head of Joint Commissioning</li> </ul>	Ongoing	Engagement with care home providers:

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Issues Identified	Lessons Learnt	Action to be taken	Department	Timescale	Review
from commissioned providers continue to be affected by recruitment and retention		work and provider forums to identify issues and support resolution, including supporting sustainability of market. <ul style="list-style-type: none"> <li>• Overview &amp; Scrutiny Individuals sub-committee Topic Group established to examine recruitment and retention issues affecting home care workers</li> </ul>	Unit. <ul style="list-style-type: none"> <li>• O&amp;S Individuals Subcommittee</li> </ul>	November 2017 to March 2018	“Working with Care Homes to Understand Costs”  Topic Group recommendations to be considered when available.
Home care charges need to be ratified	<ul style="list-style-type: none"> <li>• Confidence that invoices reflect actual delivery</li> </ul>	<ul style="list-style-type: none"> <li>• Brokerage to ensure that invoices provide evidence of actual service delivery</li> </ul>	<ul style="list-style-type: none"> <li>• Brokerage Team</li> </ul>	Ongoing	New Active Homecare Framework established January 2017. Improved use of CM2000 by providers on the framework