

ANNUAL REPORT 2012-2013

ADULT SOCIAL CARE

Complaints, Comments and Compliments

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1. Executive Summary

There have been a number of changes across the local authority with the increasing pressures on budgets and making savings, which is envisaged to continue for the next few years.

This does not mean that standards might fall or that how we deal with complaints should be diminished in any way. Central to the understanding of how well or poor a service is being delivered is the perception of the Service User themselves, and it is this vital outcome measure that drives both the shape and the performance of the service being delivered.

How we address complaints informs us beyond the individual activity itself, but also how the service as a whole performs and within that its culture and values. Where there are common themes, these may have implications both for the providers and commissioners of services which need to be understood and acted upon.

With the recent changes in the health authority, it is important that the necessary links/relationships are made in order to ensure that future complaints continue to be dealt with in a coordinated and cooperative way. It is even more important that where complaints cover both Adult Social Care and Health that identifies areas for improvement that this is fed back through the appropriate channels to ensure change.

Public Health has now come under the responsibility of the local authority and with the recent changes in complaints regulations for Public Health this now reflects the Adult Social Care and Health complaints regulations. Consideration will need to be given on how complaints relating to Public Health will be dealt with.

2. Introduction

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.
- 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

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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

The two cases resulting in local settlement included one case from last year. Two cases were not investigated, due to one being outside of the timescale, the other no fault in the decision. There were two cases where no evidence of administrative fault following investigation. One of these cases the investigation was discontinued as it was recognised that the local authority had taken appropriate actions to improve services.

The informal enquiries are counted as contacts by the Local Government Ombudsman, and therefore may refer to cases that were subsequently reported on.

	Apr 12- Mar 13	Apr 11- Mar12	Apr10- Mar11	Apr09 - Mar10
Maladministration				
Local settlement with penalty	2			3
No maladministration after investigation		1		1
Ombudsman discretion			1	1
-Cases under investigation/ongoing		1		
-Investigation not started/discontinued	2	2		
No evidence of maladministration/service failure	2			
Cases completed not premature		3	1	
Premature/Informal enquiries	4	4		
Total	10	10	2	4

3.2 Total number of complaints

The total number of complaints received for Adult Social Care during April 2012 – March 2013 were 115 which includes complaints which cover more than one area.

Total Number of Complaints			
2012/13	2011/12	2010/11	2009/10
115	123	141	192

3.3 Stages

Informal complaints have decreased quite significantly from last year from 97 in 2011/12 to 68 in 2012/13, while formal complaints have increased from 23 in 2011/12 to 34 in 2012/13. There were 9 enquiries and 4 joint health and adult social care formal complaints this year.

	Enquiry	Formal	Informal	Joint health and adult social care formal complaint
Apr 12 – Mar 13	9	34	68	4
Apr11-Mar12	5	23	97	3

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3.4 Teams

There has been an overall decrease in complaints across the board. It is particularly encouraging to see that complaints against external provider agencies have continued to decrease from year to year. The total number of clients receiving homecare during April 2012 to March 2013 was 3019 service users, with the total commissioned hours being 846,029. There has been an increase in the number of service users and a decrease in the number of commissioned hours from last year i.e. 2% increase and 6% decrease. This may be attributed to the increase in clients going through reablement resulting in less intensive care packages. Complaints involving those on either ISF or Direct Payment totalled 23 for this year. This is an increase in last year of 2, and this could be reflecting the increase in service users moving to direct payments or ISF.

There has been an increase in the number of complaints for Adult Community North, Commissioning, Preventative & Assessment and Preventative Team. A number of complaints involving Commissioning resulted from debt recovery action taken against historic debts. Changes have been made to debt recovery processes to avoid this problem.

	Apr 12 – Mar 13	Apr11 - Mar12
Adult Protection Team (Safeguarding Adults)		
Access & Assessment	5	5
Adult Community Team North	9	4
Adult Community Team South	3	7
Adult Social Care Customer Services (Front Door)	5	8
Appointee and Receivership	0	0
Commissioning	20	16
Day centres	1	0
Direct Payments	1	1
External Homecare	17	27
External Nurs/Res	12	20
Hospital Discharge Team	6	9
LD Team	6	12
Mental Health	2	
MH CMHT Romford	-	2
MH MHAIT Team	-	2
MH Mental Health Provider Team	-	0
Meal on Wheels	-	0
Non Social Services	1	3
PD Yew Tree Lodge DC	1	-
Preventative & Assessment	4	2
Preventative Team	13	7
Reablement	8	16
Royal Jubilee Court	-	6
Supported Living	1	

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3.5 Reasons

There is a significant increase in the number of complaints regarding quality of service. This is reflected in a number of complaints received that are linked where a decision is disputed in relation to finances. Quality of service has increased across all services, however external homecare, external nursing/residential homes and commissioning have the highest increases. However, when comparing this as percentages, against last year external homecare reduced by 11.6%, external nursing/residential homes by 1.5% and commissioning increased by 11.1%.

As stated above, dispute decisions has increased by 37.9% and although has been linked with finances, there has been an increase in those disputing decisions in relation to residential/nursing placements.

It should be noted that the number of complaints relating to behaviour of staff has decreased from last year by 39%.

	Access to Information	Behaviour of Staff	Change of Service	Closure of Service	Data protection	Delay in Decision Making	Delay to implement a Service	Dispute decision
Apr 12 – Mar 13	-	16	3	--	2	-	1	22
Apr11-Mar12	1	25	3	1	3	2	3	13
	Eligibility	External to Social Services	Financial Issues	Incorrect Information	Incorrect Invoicing	Incorrect assessment	Lack of Communication	Level of Service
Apr 12 – Mar 13	-	-	15	-	-	-	14	9
Apr11-Mar12	5	3	14	1	12	3	17	9
	Need of Service	Non Delivery of a Service	Quality of Service	Safeguarding Issues	Welfare Concerns			
Apr 12 – Mar 13	4	1	54	2	4			
Apr11-Mar12	9	3	32	6	1			

3.6 Outcome

The highest outcome was explanation given which reflects the next highest apology which tended to be linked. Again this year, staff need to be clear about information being given and that users of the service and their family or carers' expectations are managed.

	Apology given	Assessment to be carried out	Assistance to find alternative services	Change in Practices	Change in Procedures	Change of Provider	Change of Social Worker	
Apr 12 – Mar 13	34	3	2	5		1		
Apr11-Mar12	14	6	3	9	0	1	0	
	Compensation Offered	Complaint Withdrawn	Explanation given	Financial Assistance awarded	Fees Waivered	Hours increased	Information given	
Apr 12 – Mar 13	1	1	57	1	1		2	
Apr11-Mar12	2	1	47	0		0	1	

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					1		
	Meeting offered	No further action required	Progressed to Formal	Re-Imbursement	Services Reinstated	Training Identified	Other
Apr 12 – Mar 13	2	2		2		3	
Apr11-Mar12		2	0	0	0	1	1

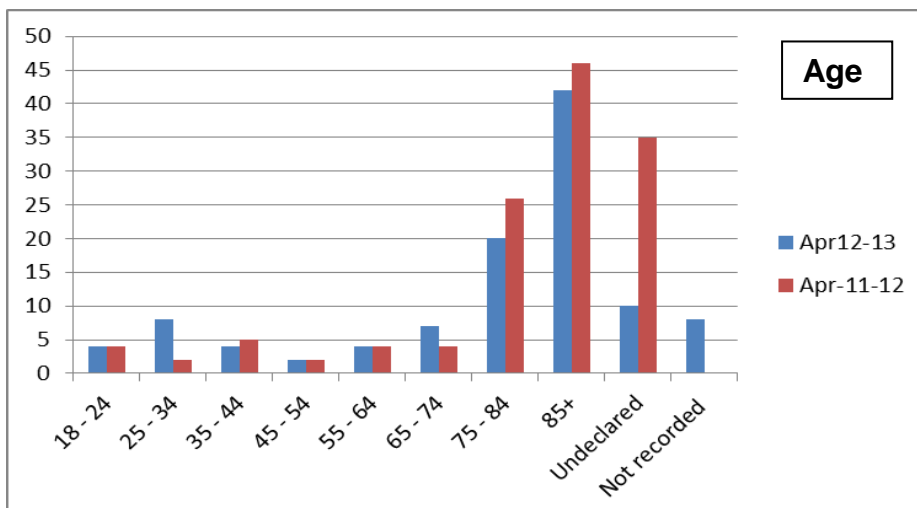
3.7 Response times

There has been an improvement in the number of complaints that have been responded to within 10 days both formally and informally. There has also been an improvement overall for responses to informal complaints. However, although the number of formal complaints that have been responded to within 10 working days has improved, there has been a slight increase in the number of formal complaints being responded to over 20 days.

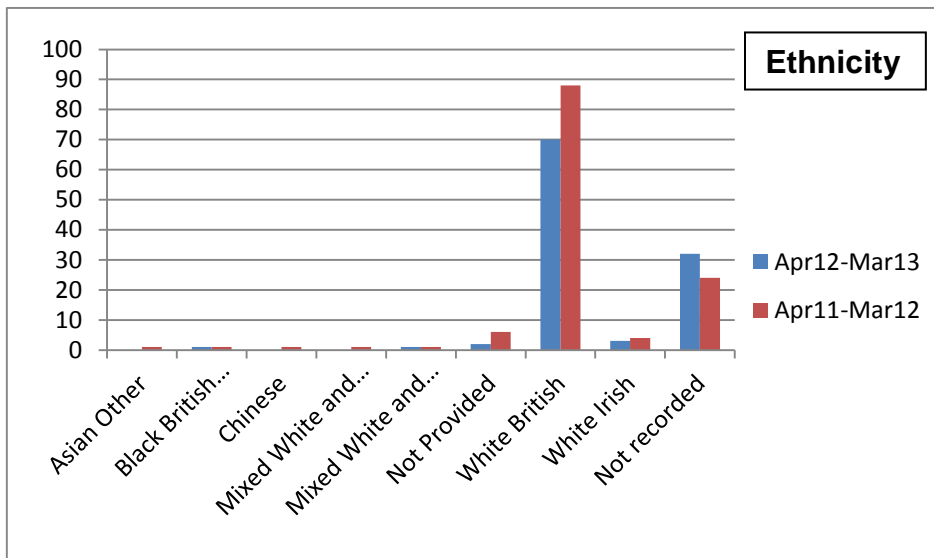
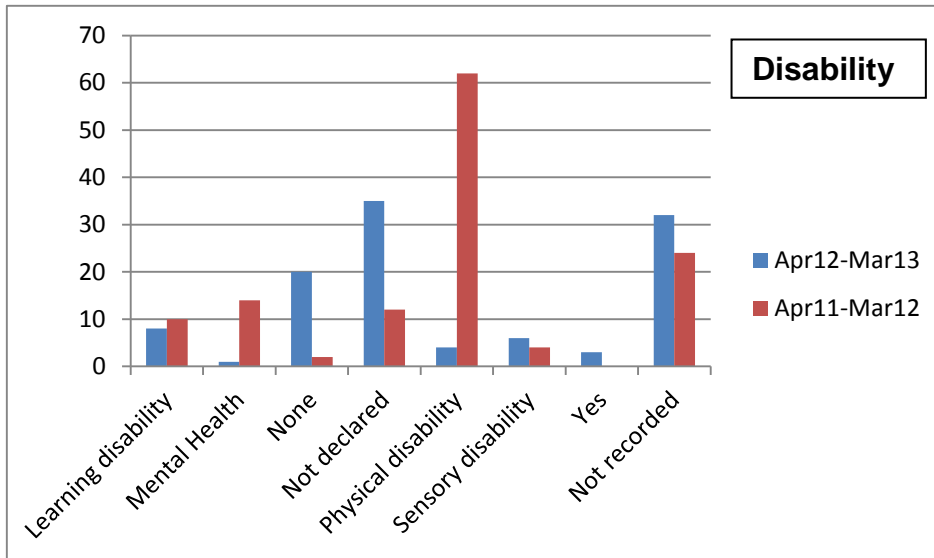
	Within 10 days		10-20 days		Over 20 days	
	Apr12-Mar13	Apr11-Mar12	Apr12-Mar13	Apr11-Mar12	Apr12-Mar13	Apr11-Mar12
Informal	51%	44%	19%	16%	30%	40%
Formal	22%	18%	12%	19%	66%	63%

3.8 Monitoring information

There have been slight decreases in complaints received involving those aged between 75-84 and 85+. However there have been increases in complaints involving those aged between 25-34 and 65-74. A significant drop in complaints involving those with a physical disability from last year and a small drop in complaints involving those from a White British background. It should be noted however that there has been a decrease in the number of service users disclosing their equalities profile and this will need to be addressed.



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4. How complainants contacted us

Emails and letters are the preferred method of contact and are fairly even. There has been a drop in those contacting us by telephone and a slight rise in those preferring to use either online forms, complaint leaflets or wishing to make their complaint in person.

	Complaint Card or Leaflet	E-Mail	In Person	Letter	Online	Survey	Telephone
Apr12 – Mar13	12	34	2	39	3	-	20
Apr11 - Mar12	10	29	-	53	1	-	37

5. Expenditure

There were a total number of 7 complaints which required an independent investigation during April 2012 – March 2013. Two complaints investigated by the Local Government Ombudsman resulted in compensatory payments. One was from an ongoing investigation

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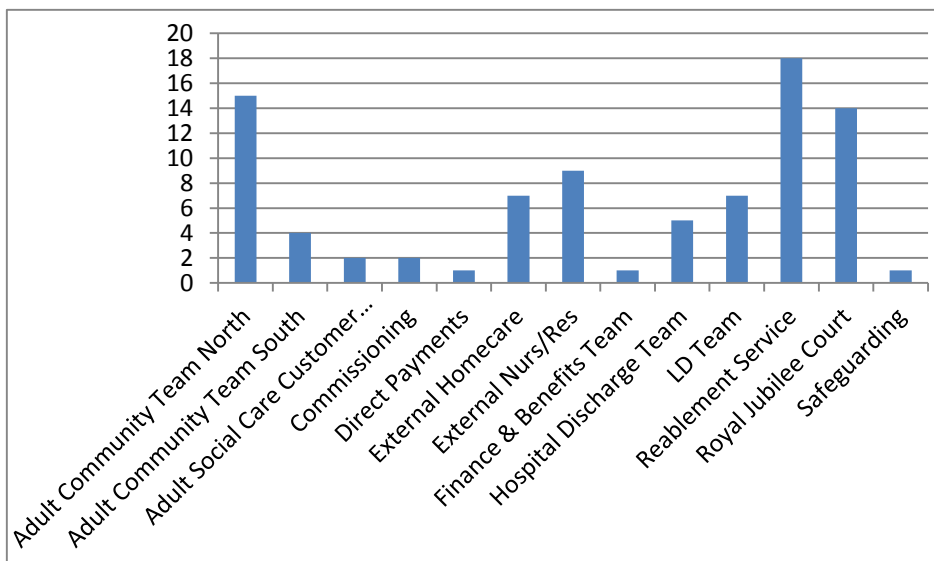
from the previous year, the other was a compensatory payment offset against an outstanding debt.

	Compensation	Independent investigators
April 2012 – March 2013	£1,700	£9,219.70

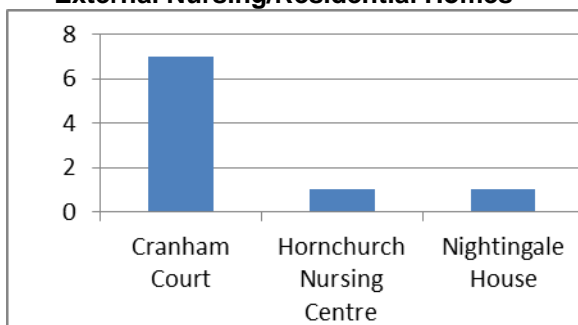
6. Compliments

There were a total of 65 compliments for the period April 2012 – March 2013, an increase from last year (56). The main reasons given for compliments were for the good service provided and the help and support given. External home care and external nursing/residential homes compliments have been broken down to the relevant agency/residential/nursing home for those recorded.

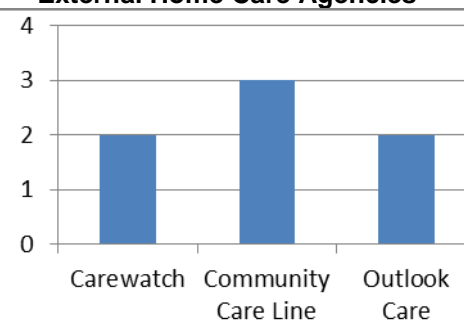
Compliments that have highlighted particularly outstanding work either by a team or an individual are reported in the Complaints, Information & Communication's newsletter or within the Corporate newsletter 'Inside Havering'.



External Nursing/Residential Homes



External Home Care Agencies



A few examples of some of the compliments received are given below:

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A social worker is thanked by a daughter 'from the bottom of my heart for the kind professional way you handled my mum' – Adult Community Team

A niece writes in to thank a worker on providing advice regarding her aunt for her 'time, effort and patience in talking to me over the phone'.

A manager of an out-of-borough home writes in to praise our 'Charging for Care Services leaflet' stating 'it is by far the most clear and informative leaflet we have had from any London Borough or any County Council , it's a shame they don't all follow in your footsteps when providing information.'

A mother writes in to thank the Learning Disability Team for helping her through a difficult time 'you have been there to answer my call and share my worries allaying my anxieties'.

7. Members Enquiries

The total number of members' enquiries received for Adult Social Care during April 2012 – March 2013 was 60. Of these 39 (65%) were responded to within the 10 day timescale. This is a decrease from last year where 80% of members' enquiries were responded to within the 10 day timescale.

8. Conclusion

Complaints have continued to play an important role in identifying areas that need improving within the service. Quality of service still remains the highest area of concern and this may be reflective of changes within the service. It is refreshing to note that across the external providers that the number of complaints relating to quality of service has reduced from last year. The continuation of the Quality & Suspension meetings has made a significant impact in driving forward quality within our external providers.

This year has shown an increasing number of complaints in which decisions have been disputed, mainly around charges, or where residential/nursing placements has not been the outcome wanted by family/carers.

There has been a steady decrease in the number of complaints over the years, and as staff become more confident in dealing with complaints and resolving issues at an early stage this will hopefully continue to decrease. However there should not be complacency and steps should be taken to explore whether people are sufficiently informed about how to make a complaint.

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9. Complaints Action Plan

Issues Identified	Lessons Learnt	Action to be taken	Department	Timescale	Review
Communication regarding discharge arrangements is poor	<ul style="list-style-type: none"> Improvements for discharge arrangements Closer working needed between social care and health. 	<ul style="list-style-type: none"> Social workers to be more proactive at early stage District nurses to work alongside social workers to identify support for those who will require it on discharge. 	<ul style="list-style-type: none"> Hospital Discharge Team 	Ongoing	The SW Team from Havering works very closely with BHRUT Discharge Team. There are very clear protocols in place to deal with inappropriate discharges or delays in transfer of care. SW and Community Therapists work alongside each other in the safe and timely discharge of patients.
Information not being sent appropriately	<ul style="list-style-type: none"> Documents to be sent securely Information to be sent to appropriate contact 	<ul style="list-style-type: none"> All documents to be sent externally to be PDF All confidential documents to be sent via Egress. 	<ul style="list-style-type: none"> All service areas 	Immediate	Staff have been advised, although need to review to ensure embedded for all staff within Adult Social Care Continue to highlight with staff, via team meetings, supervision and informal discussion.
Disabled Freedom Pass procedure not clear	Disabled freedom passes to include assessment where applicant does not fall within benefits criteria.	<ul style="list-style-type: none"> Assessments to be undertaken 	<ul style="list-style-type: none"> Preventative Team 	Ongoing	Assessments are being taken for all of those who do not have the mobility element in their DLA.
Gaps in care provided over holiday period	Care should not be transferred or end over holiday period <ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Team managers/senior practitioners to be advised of service users' last day of service. 	<ul style="list-style-type: none"> All service areas 	Ongoing	Staff continue to be aware of issues regarding holiday periods and weekends. We try to avoid discharges or change to service over these periods. On-going theme.
Inappropriate handling of	<ul style="list-style-type: none"> Recording on case notes need 	<ul style="list-style-type: none"> Training of staff/volunteers in day centres re safeguarding 	<ul style="list-style-type: none"> All Service areas 		Nason Waters, now Avelon Road Centre, was refurbished and amalgamated with

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safeguarding incident and delay in complaints process	<p>to be improved</p> <ul style="list-style-type: none"> • Clear process to be established where complaints involve safeguarding 	<p>procedures.</p> <ul style="list-style-type: none"> • Training for staff on effective writing for recording, assessments, etc. • Protocol to be produced for dealing with complaints involving safeguarding • Case file audits to look at recording of information 	<ul style="list-style-type: none"> • All Service areas • Complaints/ Safeguarding • All Service areas Senior Managers 	<p>Western Road during 2012. During this change period all staff received Safeguarding of Vulnerable Adults Awareness Training in March 2012. There is an ongoing programme in place to ensure all staff have regular up to date Safeguarding training, this is monitored through supervision and PDR process</p> <p>Majority of teams attended the effective report writing etc. Issues are picked up within supervision and staff are given regular feedback regarding assessment reports.</p> <p>Review of Safeguarding being undertaken with complaints input to be included.</p>
Inadequate advice and guidance for self-funders.	Hands on advice/assistance at initial stage.	<ul style="list-style-type: none"> • Staff to be reminded through supervision/team meetings in providing adequate support for families/carers 	<ul style="list-style-type: none"> • Adult Social Care Customer Services 	<p>This has been highlighted within team meetings and informal discussions. The team is clear regarding its responsibilities to provide appropriate information and guidance to people whether they are self funders or not. Information packs are given to people routinely. On-going theme which will continue to be discussed.</p>
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