



## INDIVIDUALS OVERVIEW AND SCRUTINY COMMITTEE

### 18 November 2014

**Subject Heading:**

Adult Social Care – Complaints,  
Comments & Compliments Annual Report

**CMT Lead:**

Joy Hollister  
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**Report Author and contact details:**

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**Policy context:**

Quality and high customer satisfaction

### SUMMARY

The 'Annual Report 2013-14 Adult Social Care Complaints, Comments & Compliments' attached as Appendix 1 is for consideration and outlines the complaints, enquiries, compliments and Members correspondence received during the period April 2013 – March 2014.

### RECOMMENDATIONS

1. That Members note the contents of the report and the continued work in resolving and learning from complaints and the future challenges faced by the service.
2. That Members note the actions identified to improve services and the continued monitoring to ensure actions are implemented to evidence service improvements.
3. That Members note the positive feedback to services by way of compliments received.

<b>REPORT DETAIL</b>
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4. Appendix 1 shows that complaints have increased slightly in 2013/14 with formal complaints increasing by 32% (34-50) and informal complaints decreasing by 19%(68-57). Local Government Ombudsman (LGO) enquiries have also decreased in 2013/14 by 25%. It should also be noted that from the LGO enquires in 2013/14 the majority of these were either not investigated or no maladministration/fault found with the Council.
5. The forthcoming Care Act has resulted in changes in the structure of Adult Social Care, with two areas, 'Service' and 'Commissioning and Quality' and a Technical Hub to take forward the service in preparation of the Care Act.
6. The number of complaints involving external home care increased by 29% (17-24) and had the highest number of complaints in 2013/14, with Commissioning having the second highest, although this had decreased by 43% (20-14) from 2012/13. There were also increases in complaints in Hospital Discharge Team, Preventative & Assessment, Adult Community Team South and Reablement. The Hospital Discharge Team became a joint team with BHRT Discharge Team to form the Joint Assessment Team (JAD) from the 1 June 2014. The increase in day centre complaints is due to Avelon Centre (previously Nason Waters) and Yew Tree being included in these figures.
7. During 2013/14 'dispute decision' and 'quality of service' were the highest reasons of complaint. Again 'dispute decision' was linked to charges where complainants were disputing the level or quality of care provided in relation to external home care or external residential/nursing homes. Also linked to 'dispute decision' was 'non-delivery of service' or 'level of service' around provision of services where adaptations/equipment requested were not identified as a care need. Although 'quality of service' was linked to charges, it was also linked to quality of care and discharge arrangements.
8. 'Explanation given' and 'apology given' were the main outcomes of complaints during 2013/14, as in 2012/13. Where it was 'apology given' these were around timing of home care visits or quality of care provided; delays in information being provided; incorrect information being given; or miscommunication. Where it was evidenced that the quality of care was not of the standard expected, agreement was sought for fees to be waived. Although not available for 2013/14 report, in future years' outcome of complaints will also record whether upheld or not upheld.
9. Response times of both informal and formal complaints within 10 working working days have improved by 11% and 59% respectively and 11-20 working days by 34% and 43% respectively. Continued efforts are being made to ensure that response times are improved.
10. The recording of monitoring information has improved significantly for 2013/14 which has shown that 'not recorded' has reduced across 'age', 'disability' and 'ethnicity'. Those complaints involving people aged 85+ has

reduced in 2013/14, but increased slightly for those aged 75-84 and 65-74. Complaints involving people with 'sensory disability' increased in 2013/14 as well as those involving 'white British'.

11. The preferred method of contact was by letter, with email second then telephone and lastly complaint leaflet, with increases across all of these in 2013/14. There has been a decrease of those contacting us 'in person' or via the 'online' facility.
12. Expenditure has decreased in 2013/14 from 2012/13, with one complaint involving independent investigators. However this complaint did not progress through the process, but expenditure was still incurred.
13. Compliments again have increased in 2013/14 by 36% and staff and teams are encouraged to send compliments to the Complaints, Information & Communication Team so that they are recorded. Compliments included staff's 'polite' and 'understanding' manner; the support provided to help someone cope with the dramatic changes of their elderly relative; and patience and regular updates from staff. Compliments for external agencies also show that there are good practices and care recognised by relatives.
14. The response to Members enquiries has improved with 75% in 2013/14 being responded to within the 10 day timescale, compared to 65% in 2012/13.
15. Although there has been a slight increase in complaints for 2013/14 by 2%, (106-108) Adult Social Care continues to move in the right direction by learning from complaints. With the introduction of the Care Act, it may impact on complaints over the next few years, until services are embedded with the changes required. However it is important that complaints and compliments continue to play a part in highlighting gaps and good practice in service provision and informing service improvement and decision-making.

### **IMPLICATIONS AND RISKS**

**Financial implications and risks:**

There are no specific financial implications to this reports, which is for information only. Costs incurred through complaints will be contained within Adult Social Care allocated budgets.

**Legal implications and risks:**

There are no apparent direct legal implications arising from noting of this report

**Human Resources implications and risks:**

Adult Social Care continues to support a personalised approach to customer needs in the Havering community. Training and development opportunities for staff will focus on the skills that are essential for effectively undertaking this responsibility. It is of vital importance that existing, and potential, customers receive the highest quality of service delivery possible. The needs of Adult Social Care staff in relation to implementation of the Care Act, with greater integrated working with health services, are also being captured through the development of a new Workforce Development Strategy and Plan.

The Council uses monitoring data from the complaints process as an indicator of how well Adult Social Care is delivering its services to the community. To ensure that there is significant continuity, and consistency in advice, along with other areas of delivery, frontline and support staff across the service teams need to be part of a stabilised workforce that is able to meet service and quality standards. This requirement will be aided by building in relevant outcomes from the complaints process into the new Plan, supported by input from Workforce Development staff and oneSource HR & OD advisors.

**Equalities implications and risks:**

We are regularly monitoring the equalities profile of our customers and it is encouraging that disclosure is improving year on year.

The most recent monitoring information has evidenced that the number of ethnic minorities accessing the complaints process is reflective of the population within Havering and therefore accessing information about our Complaints, Comments and Compliments Policy and Procedure or the facilities available to make a complaint/compliment is available to these groups. Our monitoring data also shows that there has been a significant increase in complaints made by service users with sensory disability. On further investigation there does not seem to be any correlation to access to information or appropriate communication.

We will continue to ensure that our communication is clear, accessible and written in Plain English, and that translation and interpreting services or reasonable adjustments are provided upon request or where appropriate. We will need to ensure accurate and comprehensive monitoring data is maintained to cross-tabulate complaints data against protected characteristics. This will provide us with more detailed information on gaps/issues in service provision and barriers facing people with different protected characteristics, and will enable us to take targeted actions and make informed decisions on service improvement and future service provision.

**BACKGROUND PAPERS**

*None*