

# **ANNUAL REPORT 2013-2014**

## **ADULT SOCIAL CARE**

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

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## 1. Executive Summary

Adult Social Care complaints continue to improve year on year and this is encouraging for the service and that compliments also continue to increase year on year, showing that the service is getting things right.

There are a number of changes that may have an impact on complaints over the next few years, namely the Care Act; the changes that are currently being considered by the Local Government Ombudsman who are consulting on these changes and the proposed introduction of an Appeals Process which is currently being considered for all decisions. The implications of these will need to be considered by the Complaints & Information Team and look at how this will impact on Havering Adult Social Care.

As with all local authorities, there is the added challenge of having to balance the services with the available resources and decreasing budgets, which may also have an impact on complaints. It is important to ensure that information is captured in a meaningful way to assist services in identifying areas that may require improvement as well as those that are providing good practices. It is noted that there will be a change in how information is captured with the transfer over to the new CRM system, but the Complaints & Information Team will need to ensure that the relevant data for reporting is maintained.

In the previous year's report it was highlighted that consideration was needed in relation to Public Health complaints. These will be published separately on their web page.

## 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 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

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## 3. Complaints Received

### 3.1 Ombudsman referrals

There were a total of 8 Ombudsman referrals, a reduction from 2012/13. With three of the Ombudsman referrals there was no fault found with the Council, and three were not investigated. It should be noted that the ongoing investigation is in relation to another local authority, however is recorded also against the Council as we have provided information.

	Apr 13- Mar 14	Apr 12- Mar 13	Apr 11- Mar12
Maladministration			
Local settlement with penalty		2	
No maladministration after investigation	3		1
Ombudsman discretion			
-Cases under investigation/ongoing	1		1
-Investigation not started/discontinued	3	2	2
No evidence of maladministration/service failure		2	
Cases completed not premature			3
Premature/Informal enquiries	1	4	4
<b>Total</b>	<b>8</b>	<b>10</b>	<b>10</b>

### 3.2 Total number of complaints

There has been a slight increase in the number of complaints from 2012/13, however it should be noted that the figure for 2012/13 had wrongly included enquiries, and therefore the figure of 106 is the revised figure excluding enquiries.

Total Number of Complaints			
2013/14	2012/13	2011/12	
108	106	123	

### 3.3 Stages

There was a high increase in enquiries for 2013/14, Although enquiries do not form part of the statutory process, these have been noted as this required a response e.g. assistance re sheltered accommodation, questions re mental health assessments, attendance allowance eligibility. The enquiries received were mainly seeking advice or information. Informal and formal complaints were pretty even in 2013/14 compared to 2012/13.

	Enquiry	Formal	Informal	Joint health and adult social care formal complaint
Apr 13 – Mar 14	32	50	57	1
Apr 12 – Mar 13	9	34	68	4
Apr11-Mar12	5	23	97	3

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## 3.4 Teams

With the forthcoming Care Act there has been a restructure of teams into two areas, 'Service', and 'Commissioning & Quality'. Service includes assessment, learning disabilities, safeguarding, hospital discharge, reablement, client finance and the two day centres, Avelon and Yew Tree, Commissioning & Quality includes commissioning and procurement, contractual management, brokerage/finance assessment and direct payments. There has also been the introduction of a Technical Hub to take forward the service in light of the Care Act.

External home care had the highest number of complaints in 2013/14 with an increase of 29% from 2012/13. The total number of clients receiving home care during 2013/14 totalled 3,060 compared to 3,019 in 2012/13 with total actual hours received of 598,798. It is important to note that these complaints figures are based on those complaints received via the local authority. Of the complaints involving Commissioning the majority of these were in respect of the Financial Assessment & Benefits Team involving the charges for home care and residential/nursing placements. Although these have reduced by 43% from 2012/13, they received the second highest number of complaints. There has been a very slight decrease in complaints in relation to residential/nursing homes.

There was an increase in the number of complaints involving Adult Protection/ Safeguarding Adults, Adult Community Team South, Hospital Discharge Team, Preventative & Assessment and Reablement. It should be noted that the Hospital Discharge Team through the restructure became the Joint Assessment & Discharge Team which is a joint team between Adult Social Care and Health. Complaints relating to Day Centres have also increased from 2012/13, however Yew Tree Lodge Day Centre and Avelon Centre (previously Nason Waters Day Centre) have been included in these figures, as opposed to being recorded separately as in previous years.

	Apr 13 – Mar 14	Apr 12 – Mar 13
Adult Protection Team (Safeguarding Adults)	3	
Access & Assessment	5	5
Adult Community Team North	5	9
Adult Community Team South	9	3
Adult Social Care Customer Services (Front Door)	2	5
Appointee and Receivership		0
Commissioning	14	20
Day centres	4	1
Direct Payments	2	1
External Homecare	24	17
External Nurs/Res	11	12
Hospital Discharge Team (Joint Assessment & Discharge Team [JAD])	10	6
LD Team	5	6
Mental Health		2
MH CMHT Romford )	Havering Older Adult Mental Health Team (joint team with NELFT)	
MH MHAIT Team )		
MH Mental Health Provider Team)		
Meal on Wheels		-

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Non Social Services	-	1
PD Yew Tree Lodge DC	-	1
Preventative & Assessment	6	4
Preventative Team	6	13
Reablement	9	8
Royal Jubilee Court		-
Supported Living		1
Joint Health & Adult Social Care	1	

### 3.5 Reasons

The majority of complaints in relation to 'dispute decision' were around charges linked to the level of care provided for home care/residential care and the allocation of personal budgets. Also linked to 'dispute decision' was 'non-delivery of service' and 'level of service' which have both increased from the previous year and were around provision of services, particularly in relation to adaptations/equipment where it was determined that there was no social care need to justify the adaptation/equipment requested.

Quality of service still remains high and has slightly increased in 2013/14 by 5%. Quality of service across service areas shows the majority was in relation to external home care 32%, external nursing/residential 14% and hospital discharge team 12%. It should be noted that although some of the issues raised involved charges related to quality of service, there were also issues in relation to care provided and discharge arrangements.

Those complaints regarding 'behaviour of staff' included where a relative/friend did not agree with the social worker's decision, social worker's involvement regarding hospital discharge and carers being insensitive or disrespectful.

	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
<b>Apr 13 – Mar 14</b>	<b>4</b>	<b>13</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>4</b>	<b>25</b>
<b>Apr 12 – Mar 13</b>	<b>-</b>	<b>16</b>	<b>3</b>	<b>--</b>	<b>2</b>	<b>-</b>	<b>1</b>	<b>22</b>
	Eligibility	External to Social Services	Financial Issues	Incorrect Information	Incorrect Invoicing	Incorrect assessment	Lack of Communication	Level of Service
<b>Apr 13 – Mar 14</b>	<b>-</b>	<b>1</b>	<b>14</b>	<b>2</b>	<b>-</b>	<b>2</b>	<b>10</b>	<b>17</b>
<b>Apr 12 – Mar 13</b>	<b>-</b>	<b>-</b>	<b>15</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>14</b>	<b>9</b>
	Need of Service	Non Delivery of a Service	Quality of Service	Safeguarding Issues	Welfare Concerns			
<b>Apr 13 – Mar 14</b>	<b>7</b>	<b>10</b>	<b>57</b>	<b>-</b>	<b>2</b>			
<b>Apr 12 – Mar 13</b>	<b>4</b>	<b>1</b>	<b>54</b>	<b>2</b>	<b>4</b>			

### 3.5 Outcome

During 2013/14 the main outcome was 'explanation given' again linked with 'apology given'. Where 'apology given' related to provision of care or late visits from external agencies and it was evidenced that the quality of care was not of the standard expected, this also resulted in some cases of fees being waived. External agencies have also as a result of this ensured staff received additional training and reviewed rota systems to

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improve service. Some also related to delays or lack of information provided; misunderstandings/miscommunication. Staff within Adult Social Care will also need to ensure that they communicate information clearly and consistently.

	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
<b>Apr 13 – Mar 14</b>	<b>36</b>	<b>3</b>	<b>1</b>	<b>3</b>	<b>2</b>	<b>-</b>	<b>-</b>
<b>Apr 12 – Mar 13</b>	<b>34</b>	<b>3</b>	<b>2</b>	<b>5</b>		<b>1</b>	
	Compensation Offered	Complaint Withdrawn	Explanation given	Financial Assistance awarded	Fees Waivered	Hours increased	Information given
<b>Apr 13 – Mar 14</b>	<b>-</b>	<b>1</b>	<b>66</b>	<b>-</b>	<b>4</b>	<b>-</b>	<b>1</b>
<b>Apr 12 – Mar 13</b>	<b>1</b>	<b>1</b>	<b>57</b>	<b>1</b>	<b>1</b>		<b>2</b>
	Meeting offered	No further action required	Progressed to Formal	Re-Imbursement	Services Reinstated	Training Identified	Other
<b>Apr 13 – Mar 14</b>	<b>3</b>	<b>1</b>	<b>-</b>	<b>2</b>	<b>-</b>	<b>2</b>	<b>3</b>
<b>Apr 12 – Mar 13</b>	<b>2</b>	<b>2</b>		<b>2</b>		<b>3</b>	

### 3.6 Response times

For 2013/14 the response times have included complaints responded to by external agencies separately. There has been a slight increase in informal complaints responded to within 10 working days and a significant improvement for formal complaints responded to within 10 working days by 58%. Complaints responded to by external providers have been excluded. However it should be noted that of the formal complaints that went over the 20+ working days, 16% of these involved external agencies. Although the table below shows a high percentage of complaints responded to by external agencies within 10 working days, 34% of those were referred to safeguarding, or were dealt with by the local authority either by social work intervention or meetings with the agency.

	Within 10 days		11-20 days		Over 20 days	
	Apr13-Mar14 %	Apr12-Mar13 %	Apr13-Mar14 %	Apr12-Mar13 %	Apr13-Mar14 %	Apr12-Mar13 %
<b>Informal</b>	<b>57</b>	<b>51</b>	<b>29</b>	<b>19</b>	<b>14</b>	<b>30</b>
<b>Formal</b>	<b>54</b>	<b>22</b>	<b>21</b>	<b>12</b>	<b>25</b>	<b>66</b>
<b>External agencies</b>	<b>53</b>	<b>-</b>	<b>25</b>	<b>-</b>	<b>19</b>	<b>-</b>

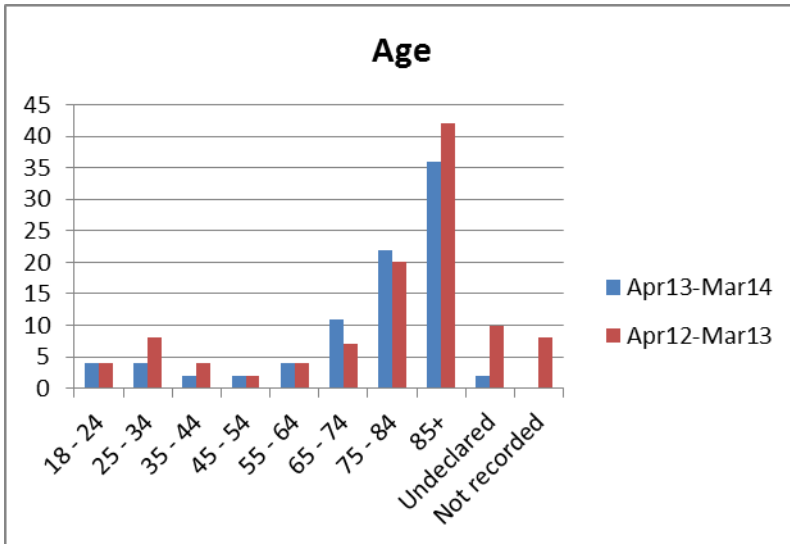
### 3.6 Monitoring information

#### 3.6.1 Age

There has been a shift in complaints involving those aged 85+ which has shown a decrease in 2013/14. Increases are shown however in those aged between 75-84 and 65-74. Within Havering the total population is 6,509 aged 85+; 15,802 aged 75-84 and 22,504 aged 65-74. Havering had the highest percentage of 85+ and 65+ to other London boroughs of their total population. It is encouraging to note that for 2013/14 'not recorded' has improved from previous years, with all ages being recorded. Where references are made to 'undeclared'/'not declared'/'not provided', these are the same thing, however are categories the system reports on.

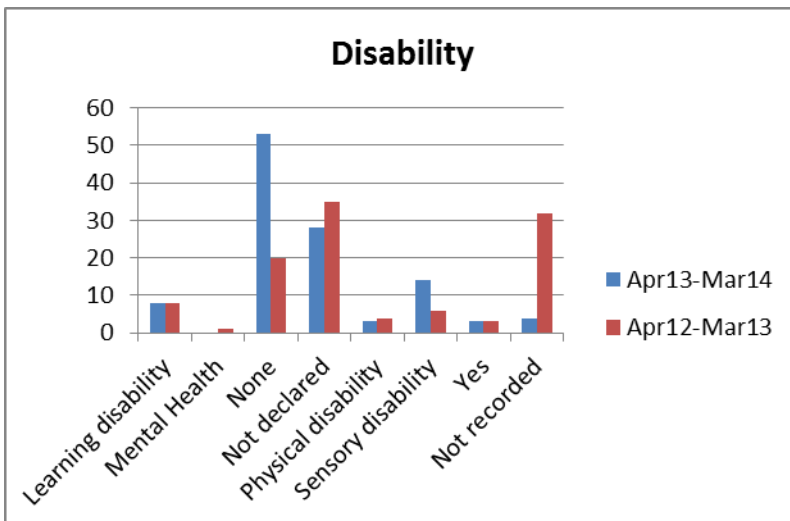


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## 3.6.2 Disability

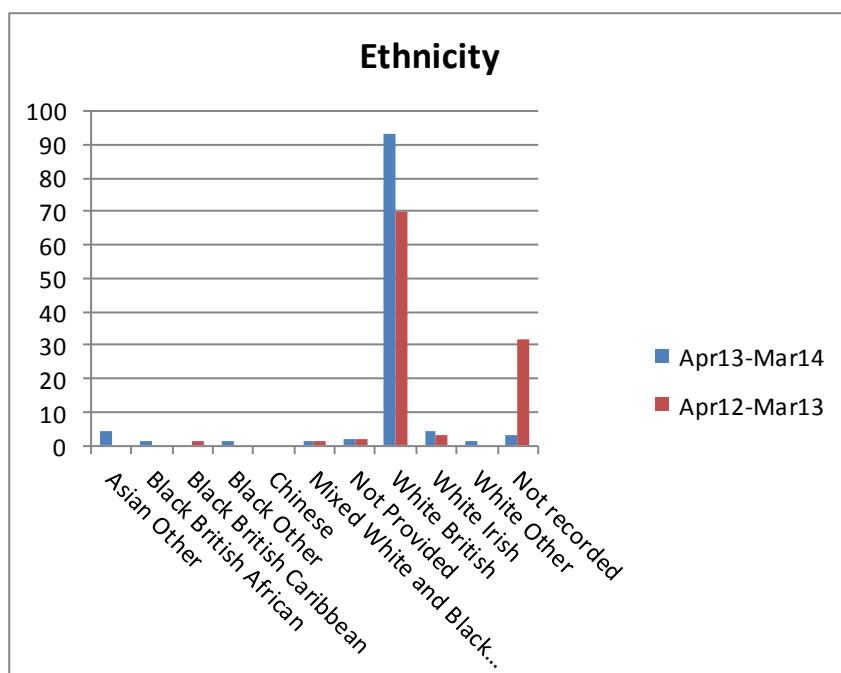
There has been an increase in complaints for those that have a sensory disability, however on investigation this does not correlate to inappropriate communication/information. It should be noted that those 'not recorded' are those complaints that were not related to an individual but a service i.e. residential/nursing home or identified as non-Havering resident. It is encouraging to note that for 2013/14 the percentage of people who preferred not to disclose this information has decreased from previous years.



## 3.7.3 Ethnicity

Complaints involving 'White British' is highest which is reflective of the make-up of the borough with 86% being 'White British'. There has been representations across 'Ethnic Minorities' in 2013/14 namely 'Asian Other', 'Black British African' and 'Black Other', equating to 11%. This would be reflective of the 12% make-up of the borough. Recording has also improved significantly.

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## 4. How we were contacted

There has been increases in contacts made in writing and via telephone in 2013/14 with compliant leaflet/card increasing by 29%; email by 21%; letter by 25% and telephone by 29%. It is important to note that with the move in direction towards online communication, and the lack of take-up for Adult Social Care complaints that alternative methods of communication is still available,

	Complaint Card or Leaflet	E-Mail	In Person	Letter	Online	Survey	Telephone
<b>Apr13 – Mar14</b>	<b>17</b>	<b>43</b>	<b>-</b>	<b>52</b>	<b>-</b>	<b>-</b>	<b>28</b>
<b>Apr12 – Mar13</b>	<b>12</b>	<b>34</b>	<b>2</b>	<b>39</b>	<b>3</b>	<b>-</b>	<b>20</b>

## 5. Expenditure

During 2013/14 expenditure had reduced, as there was only one complaint that was progressed to independent investigation. However this complaint did not progress to a conclusion and expenditure was incurred by the two investigators.

	Compensation	Independent investigators
Apr 2013 - March 2014	-	£1,474.97
Apr 2012 – March 2013	£1,700	£9,219.70

## 6. Compliments

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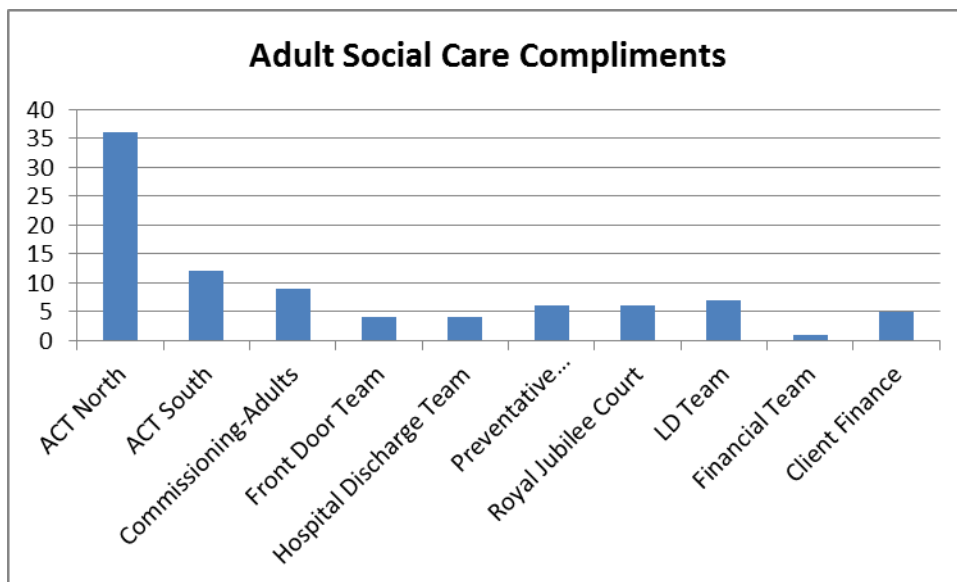
There were a total of 102 compliments received for 2013/14 which is an increase 36% from 2012/13. Adult Community Team North (ACT North), had the highest number of compliments received which were from feedback forms following a visit/assessment. This may need to be explored and expanded to all teams.

A few examples of the compliments received are as follows:

A social worker was complimented on being 'polite and understanding' – Adult Community Team North

A daughter compliments the team for the help they had given to her mother following the dramatic changes in her mother's needs and states 'without the team and the staff.... would not have coped'. – Adult Community Team South

The Finance Assessment & Benefits Team are thanked for their 'patience ... and regular update of information'.



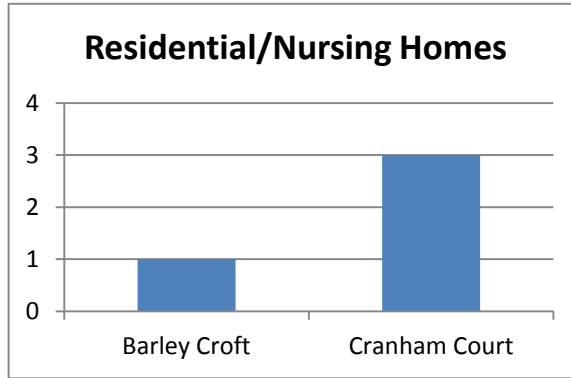
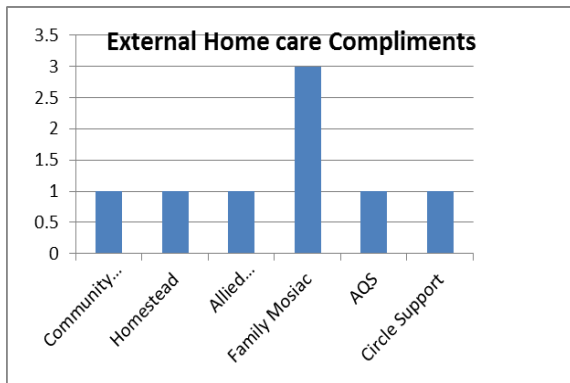
Compliments received from external agencies have been shown below. There has been an increase in the number of home care agencies receiving compliments in 2013/14

A few examples of the compliments received are as follows:

A son and daughter thank AQS home care agency for the support they provided to their father over four years until he died. 'Dad's carers were always professional, but he regarded them as friends to be welcomed when they visited.'

A wife writes in following the concerns about choosing a home for her husband. 'We chose Barleycroft, 100% in every way; clean throughout; good food with attention if needed; staff – kind/attentive/caring...'

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## 6. Members Enquiries

The total number of members' enquiries received for Adult Social Care during April 2013 – March 2014 was 76, a 30% increase from 2012/13. Of these 57 (75%) were responded to within the 10 day timescale. This is an increase from 2012/13 where 65% of members' enquiries were responded to within the 10 day timescale. The Complaints & Information Team will continue to try and improve on this.

## 7. Conclusion

Although there has been a slight increase in complaints during 2013/14 however Adult Social Care continue to move in a positive direction, learning from complaints to ensure improvement within the service. However, with the forthcoming changes with the implementation of the Care Act services will need to ensure that these changes are communicated before being introduced to try and have as smooth a transition as possible.

There are implications with the Care Act that may naturally lead to more complaints in the coming years, as services get this embedded. The Complaints & Information Team will need to have an understanding of the services and look at how complaints can be minimised with the changes.

It is encouraging to note that compliments have continued to increase year on year which balances with the number of complaints received. Staff are encouraged by compliments and this is particularly important at a time when there is change that their efforts are recognised.

## 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"> <li>Improvements for discharge arrangements</li> <li>Closer working needed between social care and health.</li> </ul>	<ul style="list-style-type: none"> <li>Social workers to be more proactive at early stage</li> <li>District nurses to work alongside social workers to identify support for those who will require it on discharge.</li> </ul>	<ul style="list-style-type: none"> <li>Joint Assessment &amp; Discharge Team</li> </ul>	Ongoing	From the 1 June 2014 a joint team was established with the Adult Social Care social work team and the 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"> <li>Documents to be sent securely</li> <li>Information to be sent to appropriate contact</li> </ul>	<ul style="list-style-type: none"> <li>All documents to be sent externally to be PDF</li> <li>All confidential documents to be sent via Egress.</li> </ul>	<ul style="list-style-type: none"> <li>All service areas</li> </ul>	Ongoing	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"> <li>Assessments to be undertaken</li> </ul>	<ul style="list-style-type: none"> <li>Preventative Team</li> </ul>	Ongoing	Revised letters advising of the new process is in place, awaiting formal revised process to be put on website.
Gaps in care provided over holiday period	Care should not be transferred or end over holiday period <ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li>Team managers/senior practitioners to be advised of service users' last day of service.</li> </ul>	<ul style="list-style-type: none"> <li>All service areas</li> </ul>	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"> <li>Recording on case notes need</li> </ul>	<ul style="list-style-type: none"> <li>Training of staff/volunteers in day centres re safeguarding</li> </ul>	<ul style="list-style-type: none"> <li>All Service areas</li> </ul>		<ul style="list-style-type: none"> <li>Training provided to Avelon Centre staff on dealing with</li> </ul>

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safeguarding incident and delay in complaints process	<p>to be improved</p> <ul style="list-style-type: none"> <li>• Clear process to be established where complaints involve safeguarding</li> </ul>	<p>procedures.</p> <ul style="list-style-type: none"> <li>• Training for staff on effective writing for recording, assessments, etc.</li> <li>• Protocol to be produced for dealing with complaints involving safeguarding</li> <li>• Case file audits to look at recording of information</li> </ul>	<ul style="list-style-type: none"> <li>• All Service areas</li> <li>• Complaints/ Safeguarding</li> <li>• All Service areas Senior Managers</li> </ul>		<p>complaints by Complaints &amp; Information Team.</p> <ul style="list-style-type: none"> <li>• Adult Safeguarding currently piloting Integrated MASH (Multi-agency Safeguarding Hub) – pilot to finish December 2014</li> </ul>
Inadequate advice and guidance for self-funders.	Hands on advice/assistance at initial stage.	<ul style="list-style-type: none"> <li>• Staff to be reminded through supervision/team meetings in providing adequate support for families/carers</li> </ul>	<ul style="list-style-type: none"> <li>• Adult Social Care Customer Services</li> </ul>		<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>