

ANNUAL REPORT 2020-21

ADULT SOCIAL CARE

Complaints, Comments and Compliments

Prepared for: Barbara Nicholls, Director Adult Social Care & Health

**Prepared by: Veronica Webb
Complaints & Information Team Manager**

Contents

Item	Contents	Page No.
1	Executive Summary	3-4
2	Introduction	5
3	Service Context	6
4	Complaints Received	6
4.1	Ombudsman referrals	6-7
4.2	Total Number of Complaints	7
4.3	- Stages	7
4.4	- Teams	7
4.5	- Reason	8-9
4.6	- Outcome & Learning	9-11
4.7	- Response Times	11
4.8	- Monitoring Information	11-13
5	How Complainants Contacted Us	13
6	Expenditure	14
7	Compliments & Resident Satisfaction	14-15
8	Member Enquiries	16
9	Conclusion	16
10	Complaints Action Plan	17-19

1. Executive Summary

Adult Social Care complaints fall within the remit of the 'The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009' which includes a requirement to publish an annual report. This report covers the period April 2020 to March 2021.

During this period, both nationally and locally, the coronavirus (COVID-19) pandemic has had a profound and unprecedented impact on people receiving and providing social care and it continues to impact upon the service in terms of demand of new clients and the complexity of needs of those clients.

During the pandemic an increased number of individuals were admitted to hospital and consequently discharged to Adult Social Care. Nationally, discharge pathways out of hospital were updated and significantly more individuals were discharged during the period. This had significant impacts on the frontline social care teams and on commissioned providers.

Due to the impacts of lockdowns and social distancing measures, care homes were told by government to restrict visitors such as family and friends. Daycare providers ceased their activities for extended period of time to protect vulnerable clients, and whilst these settings have reopened, this has been done in a COVID-secure way. In addition staff and clients of the service have had to change the way they engage with clients and assessments and reviews were conducted virtually where possible.

In addition, and particularly at the beginning of the pandemic Council resources were diverted to meet the crisis and staff supported calls being made to 'NHS Shielding' local residents to ensure that they had access to food, medication and other support during the first lockdown.

Complaints did not increase during this time. This could be due to the fact that many people found themselves unable to see their relatives and friends who are older and/or have disabilities, and also the closure of some front line services such as day centres, learning disabilities respite provision and face to face contact was restricted.

Complaint response times were effected as staff across the service were redirected to support the Councils response to the first wave and lockdown, and priority of remaining resources had to be refocused. Adult social care, along with the council more generally continued throughout 2020/21 to support the COVID-19 response, through the multiple lockdowns and the easing of restrictions into 2021/22.

What has been highlighted is the increase in the number of compliments and the type of compliments received during 2020-21, which supported the continued dedication and positive work being done by Adult Social Care staff during a particularly challenging year

Adult Social Care continues to use 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. Relevant outcomes from the complaints process have been incorporated into the new Plan in order to aid learning and improve staff performance.

Learning from complaints is ongoing for Adult Social Care and with the implementation of complaints on the Adult Social Care social care system, Liquidlogic, this should lead to more evidenced based learning leading to service improvements.

2. Introduction

Local authorities have a statutory requirement for complaints, which are set out in The Care Act Statutory Guidance paragraph 3.55: Complaints and the Local Authority Social Services and National Health Service Complaints Regulations 2009. It is a requirement for the 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:

Local resolution

Informal - Where a complaint relates solely to a regulated service, this will be referred to the relevant agency.

Formal - Complaints will be responded to within 20 working days from the date in which points of complaint are agreed and/or relevant consent or further information received. Complaints involving an external agency will be responded to within 25 working days. Complaints requiring an independent investigation will be completed 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 and are advised of such in responses.

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

3. Service Context

Adult Social Care is responsible for ensuring the most vulnerable adults in our community, and their carers, are provided with support to meet their assessed essential needs. Safeguarding is a priority, with a personal approach adopted with each case. The service ensures residents are provided with practical support to help them live their lives and maintain independence, dignity and control, with individual wellbeing at the heart of every decision.

The service supports and works with individuals across our communities: older adults, adults who have physical disabilities, those with sensory impairment, mental health needs and learning disabilities, as well as carers in the community. In addition, we have direct delivery of services including day opportunities for people with learning disabilities and physical disabilities.

Adult Social Care has responsibility for supporting individuals to remain well and self-sufficient for as long as possible in the community, as well as providing services to those who are vulnerable and have social care needs. For those that do not meet the eligibility criteria, we also have a duty to provide information and advice to all borough residents, and to signpost to services. The service operates a strength bases approach to frontline social care to support clients to make best use of community resources and to carry out assessments based on client assets and strengths. We continue to work with and integrate with partners to help people remain well and active for as long as they are able.

The Service is further supported through brokerage of care, management of direct payments and client income and managing client finance arrangements, as well as quality and contract monitoring of provider services.

4. Complaints Received

4.1 Ombudsman referrals

In 2020-21 there were a total of 6 Ombudsman investigations regarding Adult Social Care decisions. There were 3 decisions for maladministration – Injustice with penalty, 1 not upheld, no maladministration/service failure, 1 closed after initial enquiries, no further action and 1 closed after initial enquiries, out of jurisdiction.

The 3 decisions returned for maladministration were regarding commissioned home care provision, a Freedom Pass application and support of a service user with complex needs with threat of homelessness.

	Apr20 – Mar21	Apr19 – Mar20	Apr18 – Mar19
Maladministration (no injustice)		1	
Maladministration Injustice with penalty	3	3	2
Maladministration injustice no penalty			1
No maladministration after investigation			
Ombudsman discretion			
-Cases under investigation/ongoing			
-Investigation not started/discontinued			
Not upheld no maladministration/service failure	1	2	
Closed after initial enquiries: no further action	1	1	4
Closed after initial enquiries: out of jurisdiction	1		1
Premature/Informal enquiries		3	1
Total	6	10	9

4.2 Total number of complaints

In 2020-21 there were 69 statutory complaints, a 7% drop from 2019-20 (74). The steady decrease in complaints over the last few years has continued, however during 2020-2021 the restrictions in relation to the pandemic may have had a bearing on this decrease. We anticipate that as commissioned providers reopen post lockdown and as care homes open more widely to family members we may see an increase in complaints in 21/22 and we are preparing for this.

Total Number of Statutory Complaints		
2020--21	2019-20	2018-19
69	74	91

4.3 Stages

There was a slight decrease in formal and informal complaints during 2020-21 from 2019-20, although during the last quarter started to show an increase of 48% i.e. January to March 2021 (25), compared to the previous quarter i.e. October to December (13). Enquiries increase slightly by 4% during 2020-21. The last quarter increase may have been impacted by the governments published roadmap out of lockdown - the four steps - which saw greater take up of services and access to care homes etc.

	Enquiry	Formal	Informal	Joint health and adult social care formal complaint
Apr 20 – Mar 21	54	47	22	
Apr 19 – Mar 20	52	50	24	

4.4 Service Areas

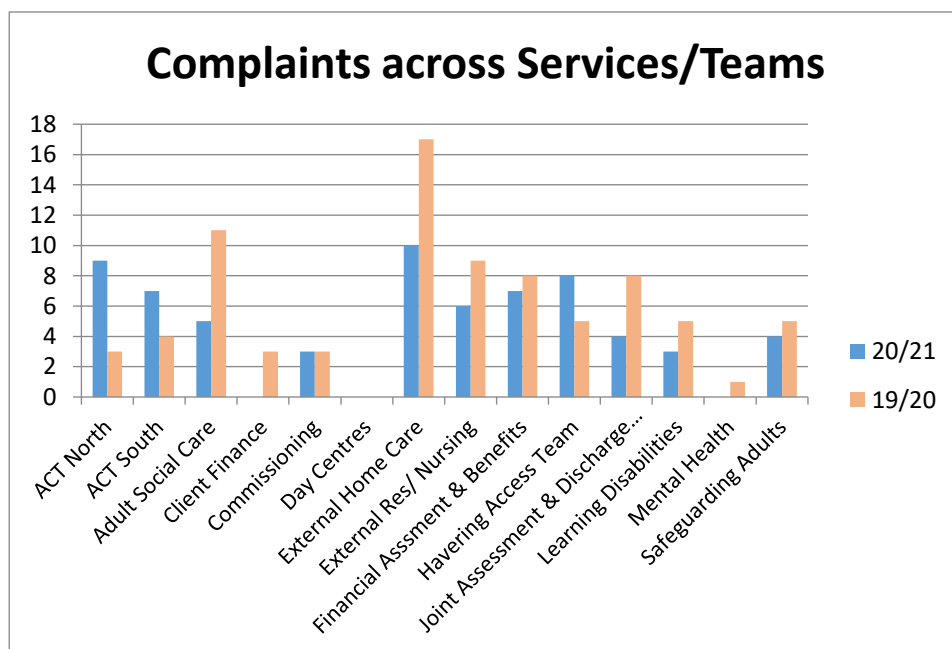
Frontline teams (Adult Community Teams and the Havering Access Team) showed an increase in the number of complaints during 2020-21, regarding lack of communication or

disputing information given and also equipment and adaptations linked to occupational therapy assessments

As mentioned Adult Social Care staff contributed to Council efforts to support users in the first wave and lockdown of the pandemic which included NHS shielding calls, outreach visits, with priority being given to safeguarding urgent/crisis intervention, carer breakdown, emergency respite arrangements at the cost of scheduled work. Adult Social Care also saw an increase in domestic violence cases during this period, which also reflected the national picture. This caused significant pressure on staffing resources. Staff also moved to virtual methods of conducting routine assessments and reviews (via video or telephone calls), attending in person for emergency situations only, and this may have also impacted upon the complaints received during this period

Areas such as external home care, residential/nursing homes, and learning disabilities saw a decrease in complaints during 2020-21. As families were unable to have access to relatives it is unclear whether any impact may be shown in 2021-22, once restrictions are lifted and families begin to return to normal visiting patterns. Access to services by clients case managed by the Community Learning Disabilities Team was also significantly impacted by the pandemic with users not accessing services such as day opportunities due to lockdowns, shielding and social distancing measures.

Although the highest number of complaints received were in relation to homecare, when comparing the number of homecare clients involved in complaints ie. 23 to the total number of homecare clients in 2020-21 i.e. 1,821 this equates to 1.26%. When looking at the number of homecare hours received for those involved in complaints i.e. 7,877hrs to total number of homecare i.e. 725,925 hrs in 2020-21, this equates to 1.09%.



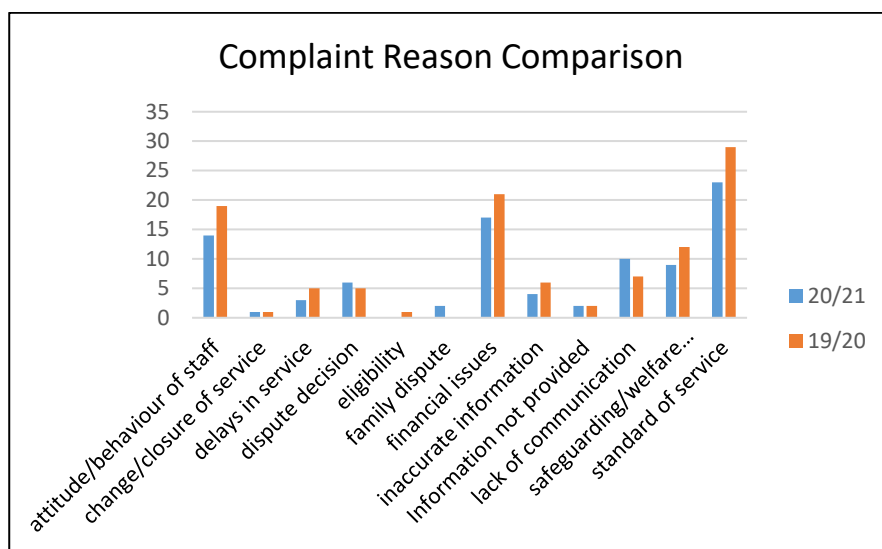
4.5 Reasons

'Standard of service' was the highest reason for complaint during 2020-21, as in 2019-20, however this has decreased by 21%. Where standard of service was given as the primary reason for complaint, the majority were in relation to care provided via home care or residential/nursing home, followed by discharge arrangements and provision of equipment.

'Financial issues' was the second highest during 2020-21, and remains mainly around disputes on charges and invoices. 'Attitude/behaviour of staff' was the third highest with the majority of these referring to being unhappy with home carers and care provision arranged through social workers.

However with the three highest reasons, i.e. 'standard of service', 'financial issues', 'attitude/behaviour of staff', these have all decreased in 2020-21 compared to 2019-20.

It is noted that 'lack of communication' has risen slightly in 2020-21 compared to 2019-20, which related to communication regarding care provision, finance and discharge arrangements. There was a very small increase for 'dispute decision' compared to 2019-20.



4.6 Outcomes & Learning

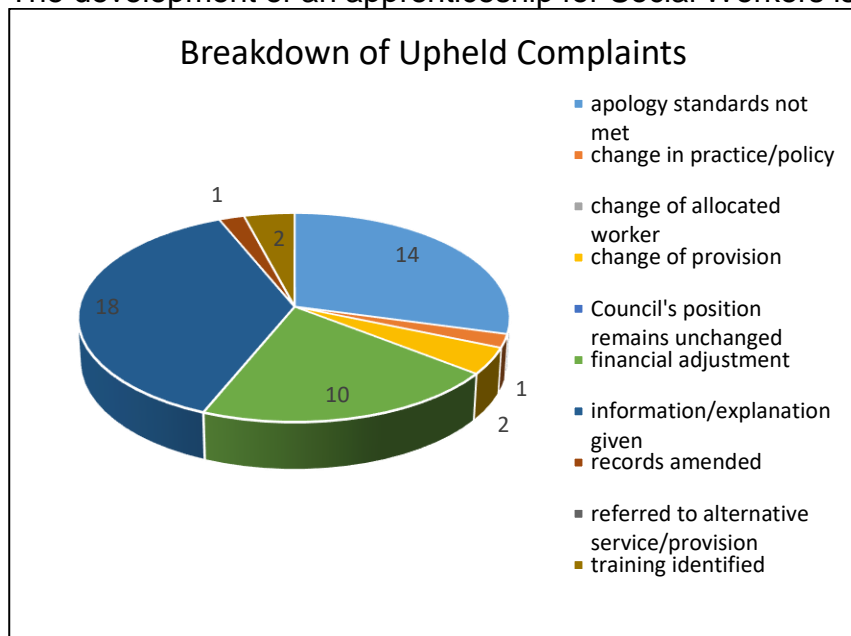
Of the 66 complaints which recorded an outcome (3 ongoing), 35% of complaints were partially upheld or upheld, 38% not upheld and 27% withdrawn. Complaints partially upheld increased slightly in 2020-21 compared to 2019-20, although there were a lower number of complaints in 2020-21.

	Upheld	Partially Upheld	Not Upheld	Complaint Withdrawn	Referred to Alternative Service – outcome unknown	Total for year
20/21	9	14	25	18		66
19/20	9	11	34	20		74

For complaints that were partially upheld or upheld, 39% resulted in an apology being given with information or an explanation required, with 35% in addition requiring a financial adjustment. The remaining 26% in addition to either an apology being given or information/explanation provided resulted in either a review of practice or provision, records amended, or training identified.

An increase in the number of Occupational Therapy requests for equipment, to help support people at home, also had its challenges, with a shortage of Occupational Therapists (OT) not only locally, but also nationally. In order to meet this challenge in future and the difficulties of recruiting, Adult Social Care developed a four year apprenticeship programme for Occupational Therapists, utilising existing resources to help ease the pressure in future years.

The development of an apprenticeship for Social Workers is also being explored.



4.6.1 Learning from Complaints

During 2020-21, COVID-19 ushered in unprecedented times with the priority and focus for Adult Social Care being on vulnerable residents within Havering and ensuring appropriate support was provided. With the complaint outcomes it highlighted that there was still a need for workers to ensure that service users and family members received appropriate, relevant and accurate information. This resulted in social workers being reminded across the teams as part of team meetings, 1:1 supervision about the importance of recording decisions and when information is provided and to whom. This is also reinforced with case file audits that are conducted twice a year looking at random cases across services.

Many of the financial adjustments were in relation to homecare or respite charges, and home care agencies and residential/nursing homes also need to take on board the importance of their own record keeping. This is being progressed through communications from the Joint Commissioning Unit.

4.6.2 Learning from the Ombudsman

The Local Government Ombudsman ceased to deal with complaints for a period of time during 2020-21 (between late March and the end of June 2020) linked to the pandemic.

It is important to note that where Adult Social Care commission a service, the local authority will be deemed responsible for those services and the actions of the organisation. Commissioning, as part of their monitoring and quality visits inspect records and complaints of providers and will make recommendations for improvements required.

Quality visits were restricted significantly during the pandemic. Through the roadmap out of lockdown, these have now been reinstated and are progressing. This is also reinforced through the Quality and Safeguarding Board meetings that take place, which covers safeguarding concerns, quality concerns, and complaints. Complaints representation at these meetings has been challenging due to staffing issues and this was addressed with the stabilising of the team during 2020-21.

As a result of an Ombudsman's decision received in 2020-21, there were areas which required improvement in relation to identifying and being clear about the criteria for disabled freedom passes, and where they are refused to ensure the decision is clearly communicated, explaining the reasons for refusal against the relevant criteria. Work began in December 2019 to look at the learning arising from this particular complaint with emphasis on ensuring that internal processes are fit for purpose and ensure that decisions are consistent and clearly explained. The complaint highlighted that there was a need to tighten up our guidance and be more specific about what we meant by eligibility, ordinary residence and inclusion on the learning disability team register. It transpired that eligibility meant different things to different departments and this had led to confusion and a poor experience for the complainant as terminology used was misleading. A flow chart was subsequently developed that sought to clarify the specific responsibilities of both Business Support Officer's administering Disabled Freedom Pass applications and the role of professionals within the Community Learning Disability team (CLDT) in terms of decision making. This work was paused due to the pandemic and is due to be restarted and the process finalised in the next few months.

Although there is already partnership working between Adult Social Care and Housing, it was highlighted that a clearer process was needed when dealing with individuals who are threatened with homelessness where it impacts on an individual with complex needs. Robust procedures should be put in place for sharing of information between Adult Social Care and Housing for those with complex needs. Training was provided by Housing to all Adult Social Care front line staff regarding housing process and as part of this Housing are to liaise with Adult Social Care on complex placements and ways to work with them. A dedicated email was re-launched for referrals in July 2021.

In 2019/20, an Ombudsman case in relation to live-in care from – this resulted in review of models for live in care throughout 2020/21, cases are assessed on need and funding is provided in line with the care need, rather than an arbitrary monetary maximum – although this remains an indicative guide where live-in care is required.

4.7 Response times

Response times declined during 2020-21, with 47% being responded to within 20 working days and 53% being responded to over 20 working days, compared to 2019-20 with 64% responded to within 20 working days. It was reflective of the difficult year, with a number of workers being transferred to other COVID-19 related activities for lengthy periods of time throughout the year providing pandemic support.

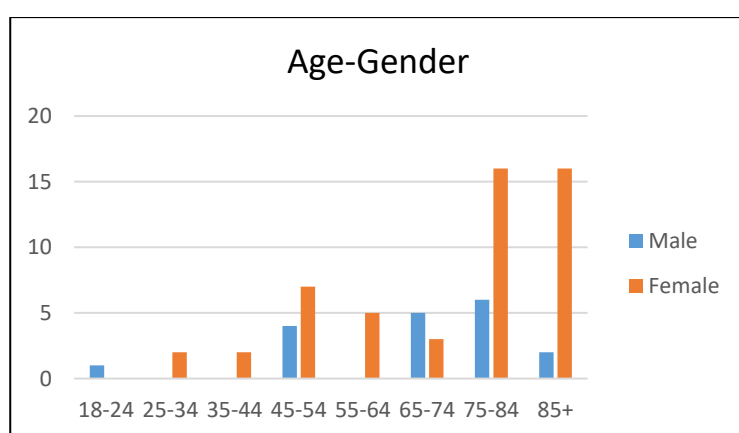
	Within 10 days	%	11-20 days	%	20+ days	%	25+ days	%	Total
Informal/ Formal	20	30	11	17	35	53%			66
Adult Social Care	20	30	11	17	9	14	9	14	49
External Providers							17	26	17

4.8 Monitoring information

4.8.1 Age

During 2020-21 those aged 45-54 more than doubled compared to 2019-20; 65-74 increased by 100% and 75-84 showed an increase of 16%. It is noted that during 2020-21 there were a much higher number of females to males across all the age ranges barring 18-24 and 65-74.

	18-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	undeclared
20/21	1	2	2	11	5	8	22	18	
19/20	5	5	3	4	6	4	19	25	6



4.8.2 Disability

There has been decreases across nearly all disability categories, with increases in those who require support for 'Memory and Cognition' of 36% in 2020-21 compared to 2019-20, and those requiring 'Isolation' and 'Visual impairment' support during 2020-21.

	Access & Mobility	Hearing impairment	Learning Disability	Personal care support	Memory and Cognition	Social Support/ Isolation	Social Support - Carer	Visual impairment	Not recorded
20/21	7	1	4	29	19	2	1	2	4
19/20	11	1	8	31	14		1		5

4.8.2 Ethnicity

As reflected in the population of Havering, 'White British' is the highest ethnicity, although this has dropped by 17% compared to 2019-20. There has been a slight increase in those of 'Asian/Asian British – Any other Asian background', 'Asian/Asian British – Pakistani' and 'Mixed White & Asian'

	Asian / Asian British - Any other Asian background	Asian / Asian British - Indian	Asian/Asian British - Pakistani	Black British/Any other black background	Mixed - Other / Multiple Ethnic Background	Mixed - White & Asian	Mixed - White & Black Caribbean	White Any other White background	White - British	Not declared
20/21	3	1	1			1		2	52	9
19/20	1	2		1	1		1	1	63	1

4.8.3 Religion

Those who are 'Catholic' have doubled during 2020-21, whereas those of other religions have seen slight decreases. It is noted that those not recorded has increased and attention to recording will need to be addressed through the case file audits, although it is not clear if this has been impacted by a shift in priorities through the pandemic.

	Catholic	Christian	Church of England	Church of Scotland	Jehovah's Witness	Jewish	Muslim	No Religion	Not recorded	Not stated
20/21	4	2	17	1			1	3	31	10
19/20	2	5	25	1	1	1	1	5	20	10

Marital Status

There has been a decrease across all categories within marital status, with only those 'Married' remaining at the same level and 'Living with Partner' increased slightly. Again those recorded has increased and this will need attention.

	Living with Partner	Married	Not recorded	Other	Single	Unknown	Widowed
20/21	2	9	38	1	9	2	8
19/20	1	9	23	2	16	5	15

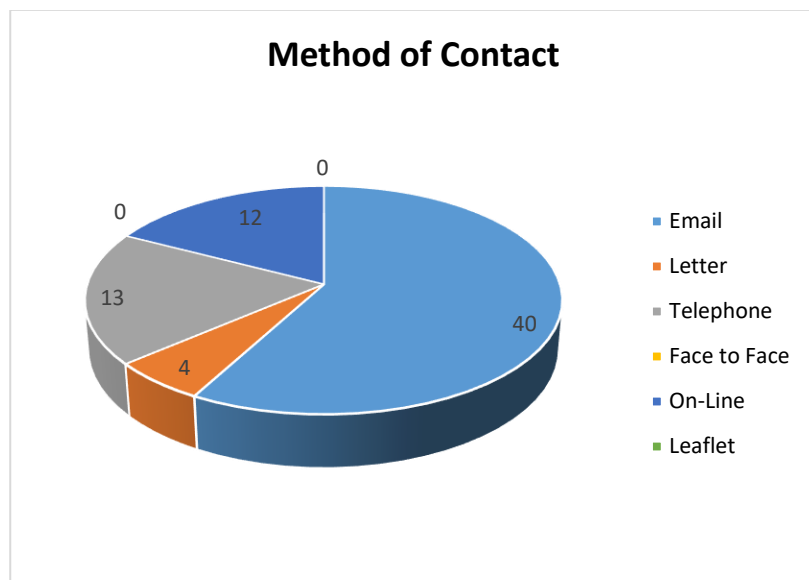
4.8.4 Sexual Orientation

This continues to be a category in which recording of this data could be seen as very sensitive and personal to an individual and is reflected in the high numbers that are 'not known'.

	Heterosexual	Not disclose	Not known	Not recorded	Prefer not to say
20/21	4	2	51	12	
19/20	6	5	58	2	

5 How we were contacted

'Email' was the highest method of contact during 2020-21 at 57%, with telephone being the second highest method of contact at 19%, although it is noted that this has dropped from 2019-20 (31%). Those choosing to complain using the online service increased in 2020-21 and represented 17%. During 2020-21 an online form for Social Care complaints went live on the Havering website.



6 Expenditure

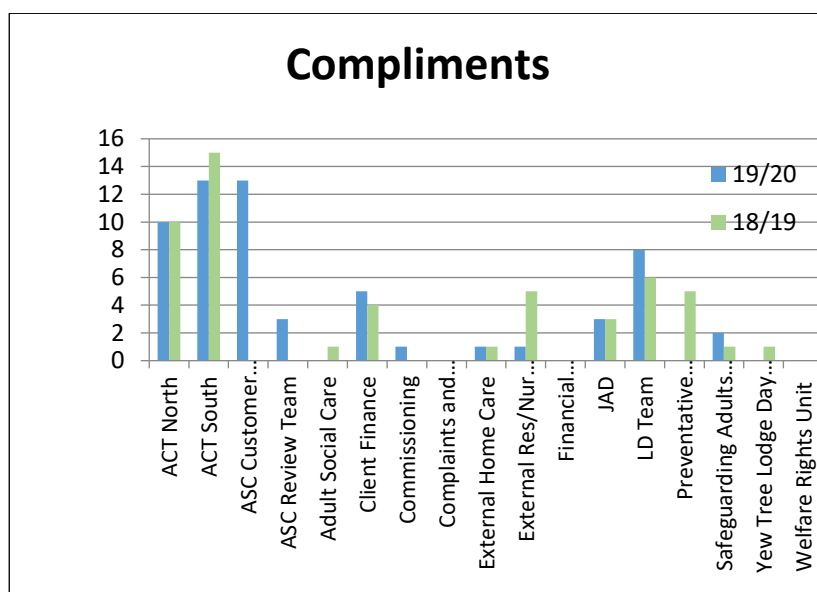
Expenditure has decreased in 2020-21 and represents time and trouble payments relating to three Ombudsman decisions, two from 2019-20 and one from 2020-21.

	Publicity £	Payment £	Total £
Apr 2020- Mar 2021		850.00	850.00
Apr 2019- Mar 2020		8,609.21	8,609.21

7. Compliments and resident satisfaction

7.1 Compliments

The number of compliments received during 2020-21 increased to 71 from 60 in 2019-20. This was encouraging particularly during the difficult times experienced by many, showing the positivity of the work by Adult Social Care.



Some of the outstanding work of teams/staff are shown by a few examples given below:

A relative is thankful for the help with social inclusion - *'Thank you for your help in all this; we are all very grateful for your time and effort. You will be making a very anxious and vulnerable young person very happy tomorrow when the iPad arrives.'* – Learning Disabilities

A family member is grateful for support given during bereavement - *'I would like to thank you and especially for all her help and kindness that she has shown whilst helping my family and myself during this sad time of passing away'. '..... gave us all the details we ask for in friendly manner always polite and in extremely considerate way'.* – Appointeeship & Deputyship

A concerned mother and daughter regarding an elderly couple - *'Thank you for your email and the action that your teams have taken. I don't think I can reply securely so I will keep to initials. My Mum has spoken to ... several times since my referral, initially because she wanted to let him know that we had alerted safeguarding. I agree that this wasn't a safeguarding issue but felt it the best course to take to get the couple the help they needed. I know from ..., via my Mum that they are both now safe. My Mum has relayed that looks better in himself, although sad that he can't visit due to COVID-19. I would like to thank you and your teams for the swift support given to the couple and for keeping in touch.....'*
'Compliments are given less freely or frequently than complaints.' - Safeguarding

A foster carer caring for an autistic person requiring help, when she could no longer safely care for him – *'The help arrived in the form of She assessed our situation and organised a placement..... 'On the 1st day in the home he rang telling me he had no phone charger, and this is in the pandemic, we were unable to immediately get one and take it to him. kindly got her daughter's spare charger and took it to the home...' '..... has been a source of constant support and reassurance for me and and he seems to be very happy.' '..... has been a rock throughout the last year' 'I feel she has behaved above and beyond one would expect from a social worker.'* - Adult Community Team South

A daughter grateful for help with her mum – *'Having you as mum's social worker these past few months has helped us to get through what has been a very tough time. You have been very communicative and followed up with every point that has come up, your commitment has been greatly appreciated. We now feel we can enjoy the next stage as mum settles into life at and are very much looking forward to being able to visit again.'* – Adult Community Team North

A physiotherapist relays thanks from family about carers of their mum following a visit - *I have recently done a review of care and her family couldn't be more pleased with the quality of care that she*

has been receiving from you. Her daughter,, specifically commented that the carers are even accommodating her dad's wishes and treating them both with respect and care.' - External Home Care

A person writing in with their appreciation – *'I am contacting you to thank you for the help given to me a few weeks ago. In particular I would like to praise the support and kindness given by His kind and professional manner was very much appreciated and I am very grateful to him and your team for your help'*
– Welfare Rights Unit, Financial Assessment & Benefits Team

A daughter is thankful for help given to her parents – *'I spoke to Dad tonight he actually Thanked me for being interfering and is so glad those who visited today are checking in with him every 3 weeks. Although he turned down carers he's grateful for and her number.'* *'...I spoke to Mum she was very excited about her new meals...all done and really nice...'* *'They sounded really Happy and settled, for Dad to Thank me you've all done a grand job.'* *'Thank you ALL SO VERY MUCH.....I truly can't thank you enough for all the intervention... 🙌❤️'* – Havering Access Team

A family thanks the care home - *'You all do an amazing job, mum has thrived since she has been living with you, she eating, drinking, gaining weight and has improved tremendously in her well being, that is all thanks to you all.'* – Residential/Nursing Home

7.2 Adult Social Care Outcomes Framework – Survey 2020/21

Due to the pandemic, the service users survey was voluntary in 2020-21 and therefore was not undertaken in this year and comparative data is not available for 2020-21. The next survey will therefore be due in early 2022.

	20/21	19/20
% Service User who are satisfied with their quality of life		90.2%
% Service User who have control over daily lives		74.9%
% Service User who feel they have as much social contact as they like		48.3%
% Service User overall satisfaction		65.4%
% Service Users who find it easy to find information about services		72.4%
% Service Users who feel safe		71.7%
% Service Users who think services make them feel safe		86.8%

8. Members Enquiries

The number of MP/Councillor enquiries received in 2020-21 was 111, a 14% increase from 2019-20 (95), with 70% (78) being responded to within timeframe in 2020-21, compared to 88% in 2019-20

9. Conclusion

Adult Social Care continue to embrace complaints as a learning tool, and the senior management team continue to ensure that improvements are embedded in the service.

During 2020-21 complaints has not shown the increase anticipated. As mentioned previously this could be due in part to the restrictions that occurred over the year and the impact of the pandemic. The impact may be felt in 2021-22, as restrictions are lifted and families start having access to relatives. It is also noted that the level of support provided may lessen the impact, as could be seen in the increase and examples of the compliments received in 2020-21 compared to 2019-20.

Complaints during this period were impacted with Corporate complaints, as well as the Ombudsman, ceasing to deal with complaints for a period of time during 2020-21. Statutory social care complaints continued to be dealt with throughout 2020-21 however response times were impacted as many staff were moved to help support the council's COVID-19 response, with adult social care supporting initial efforts to support NHS shielding clients during lockdown. It is anticipated that response times will improve over the 2021/22 year, as the pandemic and its impact start to recede.

Learning from complaints will continue with improved monitoring on actions arising from complaints to improve service provision. Adult Social Care complaints went live on the Liquidlogic system at the beginning of April 2021. It is anticipated this will lead to better monitoring to provide evidence based learning, through the action plan incorporated within Liquidlogic to be completed by managers and the exploration of reporting mechanisms available within Liquidlogic for this.

APPENDIX 1

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"> Improved recording of information given on financial assessment and charges 	<ul style="list-style-type: none"> Financial assessment case note implemented in 2016/17. Forms introduced to be signed by service user/financial representative (JAD only) Compliance with completion monitored by: <ul style="list-style-type: none"> Monthly performance reporting 1-1 supervision 	<ul style="list-style-type: none"> All 	Ongoing	<p>Case notes to continue to be used to record information on advice and guidance given, including date and who was provided with information. Ensure form signed by service user.</p> <p>Managers reminding staff within 1:1 and team meetings about importance of accurate and detailed recording.</p> <p>Twice a year case file auditing takes place looking at random cases across the service.</p>
Lack of accessible information about adult social care more generally leading to complaints about level of service / incorrect information	<ul style="list-style-type: none"> Reviewing information to ensure it is available and accessible, and provided to people in timely fashion 	<ul style="list-style-type: none"> Locality model under review New arrangements at adult social care 'front door' implemented in February 2020 (Better Living), with strengthened information and advice provision at first point of contact. Renewed focus to begin in 2021/22, due to COVID-19 forcing different ways of working throughout 2020/21 	<ul style="list-style-type: none"> Head of Integrated Care Head of Joint Commissioning Unit 	<p>March 2022 and ongoing</p> <p>(First implemented February 2018)</p>	<p>Primary Care Networks now established, and health and social care will form integrated care systems by April 2022 presents opportunity to produce joint information with health.</p> <p>Development of Community Hubs (first one launched in June 2021) in and the website (https://www.haveringcommunityhub.com/) and expansion of local area coordinators.</p> <p>Community Navigators within HAT now link in with Local Area Coordinators.</p>

ADULT SOCIAL CARE ANNUAL REPORT 2020-21

Issues Identified	Lessons Learnt	Action to be taken	Department	Timescale	Review
Percentage of complaints responded to within timescales needs to improve. Noted that performance deteriorated significantly due to the pandemic. This needs to be rectified over 2021/22	<ul style="list-style-type: none"> Response times require improvement 	<ul style="list-style-type: none"> 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. Commissioning to support Complaints Team in getting information from external social care providers back within timescale Raise the profile of Complaints and the learning opportunities presented by increased attendance at Team Meetings and presence in various forums, (i.e. staff events). 	<ul style="list-style-type: none"> All Head of Integrated Care Head of Joint Commissioning Unit <p>Complaints Manager</p>	Ongoing	<p>Quarterly report to senior management team on complaints performance.</p> <p>Member enquiry reviewed by Head of Integrated Care moved to as and when required during this period.</p> <p>Proposed visits to Provider agencies looking at Complaints and recording following lifting of restrictions.</p> <p>Initial attendance to virtual team meetings to be arranged regarding overview of team, followed by specific sessions at team meetings re Complaints, Subject Access Requests and Freedom of Information requests.</p>
Quality and level of service received from commissioned providers continue to be affected by recruitment and retention of front line care and support staff		<ul style="list-style-type: none"> Proactive work with providers via Quality and Safeguarding Team work and provider forums to identify issues and support resolution, including supporting sustainability of market. Attendance at Provider Forums. 	<ul style="list-style-type: none"> Head of Joint Commissioning Unit. 	Ongoing	<p>Quality Team have restarted in person visits to care providers and are addressing issues in consultation and collaboration with CQC, commissioning, safeguarding and operational services.</p> <p>Provider forums were run virtually through the pandemic and this will continue.</p>
Changes in provision (or funding body ¹) need to identify where there are financial implications and that these are communicated	<ul style="list-style-type: none"> That financial implications are clear for service users and their financial representatives where there is a change of service 	<ul style="list-style-type: none"> Assessments needs to be completed with budget information Financial assessments need to be undertaken following change in provision, including where the funding body changes 	Adult Social Care	Ongoing	Working with BHR CCG's on ensuring the correct financial information is given to service users and families as part of review process and continues to be given/shared. Head of Integrated Service to review process in line with the changes to JAD.

¹ This includes where the funding body changes from the council to the NHS for example

ADULT SOCIAL CARE ANNUAL REPORT 2020-21

Issues Identified	Lessons Learnt	Action to be taken	Department	Timescale	Review
Assessments/ Reviews need to be completed appropriately with budget information, relevant signatures, clear recording showing start and end dates of provision.	<ul style="list-style-type: none"> Assessments need to be completed to ensure compliance with Care Act 	<ul style="list-style-type: none"> Monitoring and authorisation of assessments –this should be picked up via new social care system 	<ul style="list-style-type: none"> ASC 	Ongoing	Case file audits take place twice yearly. Head of Integrated Service has bi-monthly briefings sessions to managers and seniors around finance information and importance of sharing information with families/service users
Poor Communication	<ul style="list-style-type: none"> Communication between teams i.e. finance and care management needs improving to ensure changes that have financial implications are actioned in timely manner. Clarification when case is closed to an individual rather than the service. Messages taken need to be clear and concise and referred on in a timely manner. 	<ul style="list-style-type: none"> Service management to pick up with teams and raise in team meetings, 121s etc. 	<ul style="list-style-type: none"> All 	Ongoing	This is continuously being discussed and staff reminded through 1:1s, team meetings and team briefing sessions.