



**Havering**  
LONDON BOROUGH

## **PEOPLE OVERVIEW & SCRUTINY SUB-COMMITTEE – 6 SEPTEMBER 2022**

**Subject Heading:**

Adult Social Care Annual Complaints & Compliments Report

**SLT Lead:**

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**Policy context:**

An annual report is required as part of the remit of 'The Local Authority Social Services & NHS Complaints (England) Regulations 2009 and Health and Social Care (Community Health and Standards) Act 2003.

**Financial summary:**

There are no financial implications as this report is for information purposes and is required as part of the statutory complaints regulations

### **The subject matter of this report deals with the following Council Objectives**

Communities making Havering	<input checked="" type="checkbox"/>
Places making Havering	<input type="checkbox"/>
Opportunities making Havering	<input type="checkbox"/>
Connections making Havering	<input type="checkbox"/>

<b>SUMMARY</b>
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The Adult Social Care Annual Complaints Report 2021-22 is attached as Appendix 1. The report outlines the complaints, enquiries, compliments and Members correspondence received during the period April 2021 – March 2022.

Adult Social Care Annual Complaints fall within the remit of the 'The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009' with a requirement to publish the annual report.

## RECOMMENDATIONS

1. That Members note the contents of the report with the particular challenges faced by the service during 2021-22 with the added pressures resulting from the coronavirus (COVID-19) pandemic and the continued efforts in resolving and learning from complaints.
2. That Members note the continued use of complaints as a learning tool to identify actions to improve services. The continued monitoring by the Service and the Complaints & Information Team to ensure actions are implemented to evidence the service improvements with a view to reduce similar complaints.
3. That Members note the increase in the positive feedback received by staff, during a particularly difficult period, by way of compliments received and highlighting examples of good practice.

## REPORT DETAIL

1. Adult Social Care complaints increased overall in 2021-22 (74) by 22% compared to 2020-21(69). Complaint data did not vary too significantly over the years possibly due to the restrictions in place during the pandemic. During January to March 2022, complaints increased by 38% compared to October to December 2021. This may have been attributed to the government's four steps to move out of lockdown, resulting in greater take up of services and access to care homes.
2. Ombudsman enquiries in 2021-22 (6) were similar to the number received in 2020-21. Of the six enquiries, there were 2 decisions for maladministration (injustice with penalty), 1 not upheld (no maladministration/service failure), 3 closed after initial enquiries (no further action). The 2 decisions returned for maladministration were regarding delays in addressing a safeguarding concern and wrongful termination of residential care arrangements.
3. Financial issues' was the highest reason for complaint during 2021-22 followed by 'Standard of service' which ranked highest in 2020-21. Where financial issues 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. There were increases in the number of complaints across the frontline teams

(Adult Social Care and the Financial Assessment and Benefit Team) in 2021-22, regarding financial decisions and information. These increases also included complaints relating to Occupational Therapy (OT) around equipment/adaptations, as the OT function has been incorporated within the frontline teams. It should be noted that at the beginning of the pandemic and during the lockdown periods, frontline staff were completing the majority of assessments and reviews virtually via video or telephone calls. This was a significant change of practice at that time both for staff and clients and likely impacted upon how information was shared and received.

1. The number of complaints upheld (9) or partially upheld (16) represented 33% of the total complaints (74) responded to in 2021-22, with 31 (41%) not upheld and 17 (22%) complaints withdrawn. Of those upheld, the majority resulted in an apology or information/explanation given with the next highest resulting in a financial adjustment.
2. Learning from complaints continues to play an important part in Adult Social Care. There continues to be ongoing work with staff through team meetings, 1:1 supervisions and case audits around importance of information sharing and accurate record keeping. Recommendations from the Ombudsman has resulted in training of all front line staff in Housing processes with dedicated email launched for referrals and working with Housing on complex cases where there is a threat of homelessness. The start of the development of tighter processes around eligibility and having consistency and clarity, and the clarifying of roles for the administering of Disabled Freedom Passes and the roles of professionals within the Community Learning Disability Team in terms of decision making. This work was paused due to the pandemic, but is due to be restarted with the process finalised by August 2022.
3. Response times for complaints improved in 2021-22, with 54% of complaints responded to within 20 working days, compared to 46% in 2020-21. This is due to adult social care playing its part in the broader council response to the pandemic, in particular support to NHS shielding calls and outreach visits and managing 'business as usual' - safeguarding, urgent/crisis intervention, carer breakdown and emergency respite arrangements
4. In 2021-22, complaints received for those aged 18 to 34 and the 85 year olds and over more than doubled compared to 2020-21; 65-74 increased by 87.5%. It is noted that during 2020-21 there was a much higher number of females to males across the age ranges with the exception of the 18-24 and 65-74 age range.
5. Havering has a high representation for those of 'White British' background which is reflective of the borough population. There were significant increases in complaints from those who identified as 'Black/Black British – African' and 'Black/British – Caribbean' backgrounds which had nil returns in 2020-21. The 'Asian/Asian British-Any other Asian background';

'Asian/Asian British-Pakistani'; 'Mixed White & Asian' and 'White any other White background' did not show any significant change.

6. There was a decrease in those recorded of 'Catholic' religion. The highest data continued to show that for those who identified as 'Church of England'. Those 'not recorded' fell sharply possibly due to better recording and through better case file audits. There was an 80% increase in the number of those who were married in 2021-22 (17) as against (9) in 2020-21. The recording for sexual orientation still remains low due to possible sensitivities.
7. The preferred method of contact in 2021-22 continued to be by email (48%), with telephone (18%) being the next preferred method, a marginal decrease from 19% in 2020-21. Expenditure on complaints totalled £350 in 2021-22 representing time and trouble payments arising from Ombudsman recommendations.
8. Compliments decreased in 2021-22 to 52 compared to 2020-21 (71). The frontline teams i.e. Adult Community Teams and Havering Access Team received the highest number of compliments. The examples of compliments shows the positive work by Adult Social Care staff during a very difficult period.
9. Member enquiries decreased by 52% in 2021-22 (58) compared to 2020-21 (111) with 81% (47) being responded to within timeframe when compared to 70% in 2020-21.
10. Learning from complaints continues to be a focus within Adult Social Care. The Liquidlogic social care system for complaints went live in April 2021. There is still ongoing work to be done regarding reporting mechanisms.
11. The impact of the pandemic during 2021-22 has not shown the increase in complaints initially anticipated, which is likely to be due in part to the restrictions over the year. The impact may be felt in 2022-23 as restrictions are lifted and families have access to relatives and clients have greater access to services. However, the examples of the compliments received and the work and support that has been put in may lessen the impact.
12. 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. However, statutory complaints continued throughout the period. Despite this situation, the number of Ombudsman complaints received for both the current and preceding periods of this report remained about the same or normal. Learning from complaints continues to play an important part in service improvements within Adult Social Care.

## IMPLICATIONS AND RISKS

### **Financial implications and risks:**

There are no specific financial implications to this report, which is for information only. Costs incurred through complaints will be contained within Adult Social Care allocated budgets. However, despite the reduction in the number of complaints highlighted in the report, there is still a risk of consequential compensation payments, which is being managed in the service by ensuring lessons are learned and procedures reviewed to minimise the risk of compensation arising from future complaints.

Despite the number of complaints decreasing, costs to the Service of investigation of Ombudsman enquiries, and the added risk that these may increase in the future, needs to be considered.

### **Legal implications and risks:**

There are no apparent legal implications from noting of this report.

### **Human Resources implications and risks:**

There are no HR implications.

### **Equalities implications and risks:**

The Public Sector Equality Duty (PSED) under section 149 of the Equality Act 2010 requires the Council, when exercising its functions, to have due regard to:

- (i) The need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
- (ii) The need to advance equality of opportunity between persons who share protected characteristics and those who do not, and;
- (iii) Foster good relations between those who have protected characteristics and those who do not.

Note: 'Protected characteristics' are: age, sex, race, disability, sexual orientation, marriage and civil partnerships, religion or belief, pregnancy and maternity and gender reassignment.

The Council is committed to all of the above in the provision, procurement and commissioning of its services, and the employment of its workforce. In addition, the Council is also committed to improving the quality of life and wellbeing for all Havering residents in respect of socio-economics and health determinants. 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. Monitoring data shows that there has been a significant increase in complaints made by service users with physical disabilities and this has been linked to the increase in disabled freedom pass complaints, however this will need continued monitoring.

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.