

Adult social care complaints Annual Report

April 2009 – March 2010

1.0 INTRODUCTION

The Adult Social Care Statutory complaints procedure stipulates that an annual report must be produced for complaints made under the Local Authority Social Services and National Health Service Complaints (*England*) Regulations 2009. The procedure further requires that the report should provide a mechanism by which the local authority can be kept informed about the operation of its complaints procedure and be available to any person on request.

To this end, this report provides information about complaints made during the twelve months between 1 April 2009 and 31 March 2010. It highlights how the Department has performed against statutory timescales and key principles; learning and service improvements that have been made as a result of listening and responding to complaints and plans for further developments.

2.0 STATUTORY COMPLAINTS PROCEDURE

The Local Authority Social Services Act 1970 as amended by the National Health Service Act and Community Care Act 1990 and the Local Authority Social Services and National Health Service Complaints (*England*) Regulations 2009 require the local authority to have a procedure for resolving complaints received by or on behalf of adult service users.

The fundamental principles that underpin Hammersmith and Fulham's Adult Social Care complaints procedure are, having clear and straightforward systems in place to capture complaints and that these are readily accessible to users; ensuring that complaints are managed effectively at all stages of the procedure; taking decisions as quickly as possible and where necessary lessons are learnt which are then fed back into service improvements across the Department.

The local authority recognises that some people using social care services often need support if they wish to complain or they want to suggest an idea to improve something. The local authority has therefore commissioned HAFAD (Hammersmith and Fulham Action for Disability) to provide an advocacy service, working in partnership with other existing advocacy providers (including MIND and MENCAP). In addition, advocacy can be provided by friends, relatives, advocacy groups or legal representatives.

Staff are encouraged to attempt to resolve problems at the first point of contact in line with good practice highlighted by the Local Government Ombudsman, but are equally advised to direct service users towards the Customer Care and Complaints Team to access the procedure where an instant resolution is not possible or appropriate, or where the service user remains dissatisfied.

It is essential that all teams delivering services (including the Department's contractors) formally capture and record complaints. It is only by doing so that complaints can be tracked and where things have gone wrong managers can ensure that matters are put right. Senior management therefore regularly encourages teams to recognise and record complaints and report these to the Complaints Team.

In pursuant to the Local Authority Social Services and National Health Service Complaints (*England*) Regulations 2009 new procedures for handling complaints came into effect on 1st April 2009. These new arrangements are set out below:

2.1 Informal process

This process allows service users to raise their concerns with the relevant member of staff or service manager without having to make a formal complaint. This is usually the quickest way to resolve complaints and some problems can be sorted out immediately. If, however, the matter cannot be resolved by the end of the next working day, the service user remains dissatisfied with the response or prefer the matter to be dealt with in a more considered way they can request their complaint to be considered formally.

2.2 Formal process

Once logged under the formal procedures, the regulations dictate that the local authority acknowledge the complaint within 3 working days and offer to discuss the matter with the complainant, in person or via telephone. The timing of such a discussion must be agreed with the complainant. The local authority must also seek to clarify the issues being complained about and agree the method and response timescale with the complainant. If an agreement is not possible, the local authority must fix a reasonable response and on the response period and notify the complainant in writing accordingly. The procedures promote the resolution of complaints through a range of methods, such as: face-to face-meeting, mediation/conciliation, paper review or investigation by managers or an independent person.

All responses, whether or not the timescale has been agreed with the complainant, must be made within 6 months of receiving the complaint. If, in exceptional circumstances, the investigation is likely to take longer, the complainant must be notified in advance of the stated deadline and an alternative timescale must then be agreed upon, if possible.

The regulations stipulate that the method and timeframe for responding must be commensurate to the seriousness of the complaint. The level of seriousness is determined by completing the complaint risk assessment matrix which takes into account the degree of impact of the issues being complaint about on the service user, implications for the local authority and likelihood of recurrence. Complaints are then graded into four categories: low risk, moderate risk, high risk and extreme risk. In this local authority, complaints that fall between low and moderate risk are dealt with by the service manager concerned and the resolution method is usually through meeting with the complainant then a paper review or an internal investigation followed by a written response. Those that are deemed to be high or extreme risk are usually investigated by independent investigating officers who submits their findings to the local authority followed by a letter together with the report to the complainant from the Assistant Director, Adult Social Care. The Quality Assurance Manger, Safeguarding Adults is informed as appropriate and the complaints process may be suspended, if necessary, in order to allow the safeguarding process to run its course.

2.3 Local Government Ombudsman

The local authority has one opportunity to provide a formal response to the complainant and this response must set out their right to approach the Local Government Ombudsman should they remain dissatisfied. However, they can refer their complaint to the Ombudsman at any time, although the Ombudsman normally refers the complaint back to the Council if it has not been considered under the relevant procedure in the first instance.

3.0 DEVELOPMENTS AND ACHIEVEMENTS DURING THE PERIOD

New regulations and arrangements for handling complaints came into effect on 1st April 2009. In implementing these changes the Customer Care and Complaints Manager visited various service areas to promote the complaints procedure, designed and distributed leaflets to staff and service users. In addition, the local authority commissioned the Local Government Ombudsman to deliver a series of training in effective complaints handling which was aimed at social care complaints officers, managers and other senior officers who investigate and respond to complaints.

The Customer Care and Complaints Manager has also met with HAFAD, MENCAP and the Carers' Centre. An easy read word and picture format complaints leaflet has been written by the Customer Care and Complaints Manager and the Community Learning Disabilities Team.

Throughout the year, the Complaints Team routinely prepare performance management reports and statistics for the Quality Assurance Team, Departmental Management Team, and external agencies. The team also contributed to developing the local authority's new information management system which will facilitate the recording, tracking and reporting on complaints across the Department. This (I-casework) system came into operation on 1st April 2010.

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4.0 ACTIVITY

4.1 Number of complaints

From April 2009 to March 2010 the Customer Care and Complaints Team recorded 70 complaints compared with 75 during 08/09. FACS (Fair Access to Care Services) cases were dealt with locally within the respective teams.

4.2 Complaints about Commissioned Services

These complaints are monitored by the Contracts Monitoring Manager and are dealt with by the provider concerned. (Further details are set out in appendix -1).

Although there is the option for service users to complain directly to the provider or the local authority, they are encouraged to resolve matters with the provider concerned in the first instance. Any complaints which are not resolved at this initial stage are automatically put through the statutory procedure. Those complaints that were dealt with in this manner are included in the table below.

4.3 Complaints by Service Area and Comparison with the Preceding Year

Service	09/10	08/09	07/08
Community Support Services	2	2	1
Learning Disability	7	6	4
Mental Health Services	4	3	6
H& F Advice	0	1	5
Meals Service	19	14	11
Older People Services	13	14	8
Occupational Therapy	3	1	2
People with physical and/or sensory disability	6	8	6
Commissioning	6	9	4
FACS appeals	10	15	71
Finance	0	1	0
Emergency Duty Team	0	1	0
Total	70	75	118

As can be seen from the figures, there has been a decrease in the overall numbers of complaints received during 2009/10. A closer analysis of these figures will also show a reduction in complaint within some service areas and an increase in others. However, in interpreting these figures, a number of factors should be taken into consideration, such as: nature of the service being delivered and the availability of resources. For example, the increased number of Meals Service complaints could be due to the service's culture in promoting the complaints procedures and encouraging users to raise concerns regarding the quality of the food they receive.

4.4 Nature of complaint

Description	09/10	%	08/09	%	07/08	%
Standard of Service Delivery/unhappiness with decisions	15	21%	18	24%	9	8%
Failure to keep appointments	0	-	0	-	2	2%
SW attitude/Officer Behaviour	6	9%	8	11%	4	3%
Financial issues	2	3%	0	-	3	2.5%
Meals Service	19	27%	14	19%	11	9%
Communications/lack of response	10	14%	14	19%	1	0.8%
Home Help	1	2%	0	-	6	5%
Eligibility for Service/lack of service (including FACS)	12	17%	15	20%	79	67%
Care Plan Failure	5	7%	5	7%	1	0.8%
Miscellaneous	0	-	1	1%	1	0.8%
Data Protection Issues	0	-	0	-	1	0.8%
Total	70	100%	75	100%	118	100

4.5 Outcomes

A key principle of the complaints procedure is to inform service users of the outcome of their complaints.

Outcomes by stage and comparison with previous year

Year	Upheld	Partly Upheld	Not Upheld	Total
2009/10	34	20	11	66
2008/09	34	20	16	70
2007/08	17	1	29	47

At the time of writing this report, 4 complaints were still being investigated. The outcomes from those complaints will be recorded in the 2010/11 annual report.

As can be seen from the figures, complaints regarding service delivery and the meals service account for over 50% of all complaints, all but one were upheld (fully or partly). The rationale for the number of meals service complaints is explained elsewhere in this report. A high proportion of complaints regarding service delivery were upheld fully or partly (10/15- service quality and 5/6 - officer behaviour). Similarly, 6 of the 10 complaints about communication issues were upheld or partly upheld, compared to 13/14 during the previous year.

With regards to those complaints that were upheld or partly upheld, the Department offered apologies and advised the service users of any actions that would be taken to prevent the incident that lead to their complaint from recurring. Further commentary regarding practical measures that were implemented will be stated under the 'Learning from complaints' section of this report.

NB. 9 of the 10 FACS appeals mentioned at 4.1 above, were upheld and the requested services provided.

4.6 Response times

All complaints were responded to within the 6 months statutory timescale. 70% of responses were made within the period agreed with the complainant or within a reasonable timeframe. This however, was 10% lower than the previous two years. The Customer Care and Complaints Team will continue to support managers in managing complaints within the new more flexible arrangements, including working in partnership with the Head of Quality Assurance in achieving more timely responses.

4.7 Local Government Ombudsman

Seven complaints were referred to the Local Government Ombudsman during the period covered by this report. Of these, one was premature, four are still under investigation, including a case (investigated under the old procedures) which the local authority referred under the Early Referral Scheme. The two rulings issued during the year found that local authority actions were appropriate.

4.8 Compliments

The Department welcome compliments from its users. Compliments help to highlight good quality service and give staff encouragement to continue delivering service of the highest standard. Historically compliments have been logged within the respective service area and the member of staff congratulated for their good practice. However, they were not always forwarded to the Customer Care and Complaints Team. In future in order to be more effective in identifying trends and areas of good practice, compliments will be routinely recorded across the Department and included in the quarterly report to DMT, thus ensuring that the service is not only learning from complaints, but also from compliments.

During the year, **22** compliments were passed to the Customer Care and Complaints Team. To give a couple of examples:

"I just want to place on the record the excellent way in which [staff] has dealt with my mother. She was always professional and respected my mother and us. I would therefore recommend that if you ever require a reference I would be happy to provide one - she is one in a million and has made a difference to my mother's quality of life before she died. "
- Older Peoples Services ."

"Sincere thanks and gratitude...you took such a keen interest...You have acted in a highly professional manner...with great sensitivity towards my health issues and I want to thank you for that..."
-Occupational Therapy

"I have found the quality of service delivery highly satisfactory and in particular impressed with your good humour and commitment. A pleasure dealing with you"
-Meals Service

5.0 COMPLAINTS SURVEY

A customer feedback survey was carried out towards the end of the period covered by this report. The aim was to ascertain the views of those who made complaints during the year. Whilst it is difficult to form a definitive view due to the low number of responses, the feedback shows that users were more satisfied with the handling of their complaints than with the outcomes. Most people reported that they were satisfied with the response timeframes and felt that apologies were offered as appropriate. Also complainants highlighted that someone listened to them straightaway.

The Customer Care and Complaints Manager will continue to evaluate the effectiveness of the service, including working with managers within the operational teams to improve outcomes for customers.

6.0 ACTION TAKEN/ LEARNING FROM COMPLAINTS

The statutory procedure requires that the annual report should demonstrate learning and service improvement, including changes to services that have been implemented and details of any that have not. 'Learning from complaints' is an increasingly important part of the philosophy within adult social care and managers responding to complaints/representations are encouraged to identify any shortcomings within the service and to inform the service user of any actions which will be taken to prevent a recurrence of the event which lead to the complaint.

A number of processes have been put in place to ensure that Adult Social Care services learn from the complaints received. On completion of independent investigations, the Customer Care and Complaints Team liaise with the relevant Heads of Service and the Head of Quality Assurance to ensure that recommendations resulting from the investigation are actioned and that learning is recorded.

A quarterly monitoring report is produced for the Department Management Meeting (DMM) which reports not only on statistical data but also gives a brief synopsis of the complaints and lessons learnt.

There are some examples of learning this year:

As a result of a complaint against the Learning Disabilities Service regarding poor transition planning the department started a consultation process with service user, carers and family members using accessible questionnaires. This exercise should conclude by the end of summer 2010 and the findings will be used to review the current Transition Protocol and possibly a complete overhaul of this process.

Training needs were identified following the investigation complaints regarding poor social work practice. Staff within the Occupational Therapy and Adaptation Service, for example, have attended further training to ensure that they fully understand the impact of the built environment on all medical and physical disabilities, so that they are well-equipped to make appropriate recommendations to meet the assessed need. The need to raise awareness of the Independent Mental Capacity Advocate's (IMCA) role was identified by a case that did not involve the advocate fully in discussions regarding the placement of a vulnerable service user who had been discharged from hospital. Staff have been reminded of the importance of assessing each on an individual basis instead of taking a generalised approach. Also, to be more sensitive in communicating decisions regarding refusal to divulge confidential information. In some instances, appropriate formal procedures were instigated.

A complaint within the Mental Health Service reinforced the need for a more collaborative way of working with carers and service users, in order to widen the possible range of services and options beyond what staff may be familiar with. The investigation into this complaint established that the particular carer was aware of a MIND respite service that the staff had no knowledge of. The importance of following up correspondence after sending was also highlighted.

As a result of one complaint, the Short Term Reablement and Assessment Service have included a slot at their weekly planning meeting to discuss issues in relation to the service user.

Meals Service complaints are mainly about the quality and quantity of food supplied. The Service Manager actively encourages service users to make their views known and where complaints are upheld the responses are used as the basis for discussions with contractors so that appropriate action can be taken.

Whilst the safeguarding procedure was also activated as required, the outcome was not always communicated to relevant individuals. The importance of improving practice in this area was emphasised by the Safeguarding Manager and is also reinforced during training.

The department recognises that some complaints resulted from either the standard of service delivery or due to a misperception of the kinds of service that should have been

provided. As a result, the department is in the process of compiling a handbook, outlining the type and quality of the service to expect. This document will be given to all service users at the point of contact in order to avoid any misunderstanding.

Learning which resulted from Independent Service Providers complaints are covered in appendix 1.

There are other instances of learning but most of them are specific to the case and there are no general learning points that would influence policy or procedure.

The Customer Care and Complaints Manager is an active member of the London Complaints Managers Group and the Central London sub committee which meets regularly to discuss casework and best practice in complaints management across the London region.

7.0 PLANNED DEVELOPMENTS FOR 2009/10

The main priorities for the complaints team over the remainder of this financial year are as follow:

1. To promote the complaints service across the department, ensuring that staff are familiar with the procedures and are fully equipped with effective complaints handling skills.
2. Devise and disseminate a structured letter template for responding to complaints to include evidence of learning and action taken.
3. Devise a process for monitoring the implementation of recommendations following the investigation of complaints coupled with recommendations from Quality Assurance Reviews.
4. Carry out periodic surveys of complainants with a view to achieving a higher response rate and using the information to improve the service throughout the year.
5. Liaise with IT to evaluate the effectiveness of the new I-Casework system for recording complaints and make recommendations for improvement as appropriate.
6. Continue to work in partnership with the HAFAD and other advocacy services in ensuring that vulnerable users are aware of their right to complain and know how to access the complaints procedure.
7. Liaise with the Contract Monitoring Officer in ensuring that practice issues arising from complaints regarding commissioned services are communicated to case managers, service providers and commissioners.
8. Carry out consultations with managers within the department and external agencies with a view to writing local procedures in compliance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, which came into effect on 1st April 2009.

9. Strengthen links with the Safeguarding Service in order so that complaints regarding vulnerable adults are recorded and dealt with timely and appropriately.
10. Devise relevant protocols to cover the handling cross-boundary complaints.

8.0 SUMMARY

This report has shown that service users have been using the complaints procedures appropriately, given that the majority of issues raised were upheld (fully or partly) by the department. As a consequence, it is evident from the actions taken that the department has listened to feedback from its users and is determined to improve and develop the quality of its services. The department recognise the need to improve the timeliness of responses and is keen to take appropriate steps to address this.

Customer Care and Complaints Manager: July 2010

Appendix 1

EXTERNAL PROVIDERS COMPLAINTS

Complaints pertaining to commissioned services are usually dealt with by the Provider concerned and are investigated using their respective procedures and overseen by the Procurement Team.

During 2009/10 the Procurement Team continued its programme of holding monthly operational meetings (JOGs) with all homecare providers, started in 2008/09, as a way of removing the operational issues from the quarterly contract monitoring meetings. These meetings are attended by a social work representative and are one part of the contract monitoring process that the local authority use to improve quality.

Other elements of contract monitoring include the quarterly contract meeting and the comprehensive analysis report that each provider has to produce for that meeting.

Service Provider	Total no. of complaints	Upheld	Not upheld	Partially upheld	inconclusive	on-going	withdrawn
Care UK - Preventative	0	0	0	0	0	0	0
Care UK - Older People	18	9	4	5	0	0	0
Care UK - Disabilities	1	1	0	0	0	0	0
Supporta - Physical Disabilities/HIV	2	1	0	1	0	0	0
Supporta - Learning Disabilities	1	0	0	1	0	0	0
Supporta-Older People	12	5	1	4	2	0	0
Elm Grove	5	5	0	0	0	0	0
Elgin Close	2	1	0	1	0	0	0
Mary Seacole House	7	7	0	0	0	0	0
Sagecare Bathing	2	1	1	0	0	0	0
Sagecare Domestic	17	6	6	3	2	0	0
Total	68	36	12	15	4	0	0

Commentary, including lessons learnt and improvements in practice

Supporta Care – Older People

The number of complaints made against Supporta Care has decreased significantly from last year. There were fewer complaints about timekeeping but more with regards to quality of care. Most however were only partially upheld and of the ones that were upheld were due to human error and lack of communication. Supporta have been testing an electronic time recording system which they hope to have up and running on this contract by 2011 at the latest. This should greatly reduce instances of lateness and at the very least allow us to pick them up a lot sooner. In the meantime we have measures in place to address this including regular feedback between care staff and office based staff and an increase in spot checks carried out.

Care UK – Older People

Continuing the trend – Care UK have also seen a significant decrease in the number of complaints reported this year. Some complaints led to safeguarding alerts. An action plan was put in place last year to address some of the issues raised in the complaints. Care UK have significantly increased their spot check phone calls and monitoring visits which has had an impact in the reduction of complaints being made around timekeeping. Care UK ran an Electronic Time Recording (ETR) pilot with 25 service users in the community and the outcomes were very promising. Care UK are looking at rolling out ETR across the whole community in the coming year.

Continued monitoring through the monthly JOG meetings has also helped identify potential failures in the service early on before they become problems.

Physical Disabilities and People affected by HIV

The number of complaints for this service user group continue to decrease. The packages of care on this contract tend to be quite large, in excess of 25hrs and a problem tends to be the high turnover of care staff due to holidays or sickness. This is being addressed by the agency and there has been a marked decrease in the number of complaints in regards to this and the continuity continues to improve.

Learning Disabilities

The number of service users has remained constant for over the year and there have been no new referrals. The number of complaints has historically been very low for this service user group and there have been no issues with lateness or the quality of the care provided.

Extra Care Sheltered Housing – Elm Grove/ Elgin Close

All complaints at Elm Grove related to a single incident. The lift was out of order for a number of weeks and this led to number of complaints by the residents. At Elgin Close Resource Centre there was an incident where the transport arrived to drop off the service users for the day centre but none of the staff had arrived to open the centre. Both homes run surgeries for residents and their families once a month to discuss any concerns residents might have and to plan any social activities or discuss plans for improving the homes. This has proved very successful and really helped to address issues before they become a problem.

Extra Care Sheltered Housing – Mary Seacole House

Mary Seacole House has shown a remarkable improvement in the quality of the care they provide to residents. We have been working closely with Care UK to bring the standards of care up and this has been evidenced by the low number of complaints received in the year. Although there has been a change of manager, the care staff have remained the same since the scheme opened and this has provided a level of continuity on which to build on.

They have also managed to employ a vibrant and enthusiastic activities coordinator which has been able to engage with most of the residents and increase the levels of activity in the home. All 7 of the recorded complaints for the year were for a single incident where (as in Elm Grove) the lift was out of order for 4 weeks. A number of residents were confined to their floor due to mobility issues and this prompted all the complaints. A personal letter was sent to each resident along with a £40 gift voucher to say sorry.

Practical Support Services – Sagecare

The Practical Support Service was retendered this year and Sagecare won the tender to provide this service. This means that they are the only provider in the Borough to deliver low level homecare to all service users in the Borough. This meant that Sagecare saw a large increase in the number of service users this year along with a significant increase in the number of complaints.

As many complaints were not upheld as were upheld which is consistent with a new service as service users adjust to new carers and a new organisations. All the complaints were around quality of care and there were also some issues of timekeeping but these were very few and not upheld as Sagecare operates an electronic time recording system that logs the time carers arrive.

Over the past quarters we have seen the number of complaints decrease and we fully expect this trend to continue as the service is now well established. The Council carried out a telephonic quality survey in November and December 2009 of all the clients who had recently transferred over to Sagecare and 78% of service users said that they were happy or very happy with the service.