

Adult Social Services
Complaints Procedure
Annual Report 2010 - 2011



1. Summary

- 1.1 Comments, concerns, complaints and compliments are welcomed by the service and are seen as a tool to help improve and develop services and practice as well as provide an opportunity to put things right for an individual when they have gone wrong .
- 1.2 The purpose of this Annual Report is to provide Members of the Council, service users, carers and the wider general public as well as managers and staff with information about the effectiveness of the Complaints Procedure for Adult Social Care. The report considers information about complaints and compliments and provides an analysis of outcomes, trends and learning from complaints.
- 1.3 The report should be read in conjunction with the report of the PALS and Complaints Service which handles complaints against health services provided by the Bath and North East Somerset Health and Wellbeing Partnership Trust.
- 1.4 The report covers the period 1st April 2010 to 31st March 2011.
- 1.5 Separate statutory procedures govern the handling of complaints against the Children's Service and complaints against Housing Services are reported on separately in the Council's Annual Report on the Corporate Complaints Procedure.
- 1.6. During the year a total of 34 complaints, 8 comments and concerns and 25 compliments were recorded. No new complaints were referred to the Local Government Ombudsman (LGO).

2. The Procedure

- 2.1 The operation of the complaints procedure is set out in the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 which came in to force on 1st April 2009. The Regulations require health and social care services to consider comments, concerns and compliments as well as complaints
- 2.2 A joint protocol for the operation of the complaints procedure between health and social care within the Partnership for Health and Wellbeing has been developed and was adopted in April 2010. This incorporates a regional protocol between all health and social care providers for the handling of all cross boundary complaints.
- 2.3 Further information about the procedure and the joint protocols can be found at <http://www.healthandsocial/Pages/Complaintsandcomments.aspx>

- 2.4 The statutory guidance governing the complaints procedure is entitled Listening, Responding, Improving. The key principles of the guidance can be summarised as:

LISTENING: Involve the complainant at the outset in clarifying the concerns and agreeing how best to resolve these

RESPONDING: Ensure concerns are looked into and a response outlining actions and service learning is sent to the complainant

IMPROVING: Identify the corrective actions and ensures these are taken forward to improve and correct the service

3. Recording of Complaints, Comments, Concerns and Compliments

3.1 Complaints, compliments, comments and concerns are received by the Service Teams, the Chief Executive of the Council and the Chief Executive of NHS BANES, Service Directors, the Complaints Procedure Manager or via the Council Connect service. The complaint is logged and monitored by the Complaints Procedure Manager using the Respond3 database.

3.2 Where a complaint concerns more than one service agreement is reached between the services e.g. the Avon and Wiltshire Mental Health Partnership Trust and Adult Social Care to determine which service will lead the investigation and respond to the complaint. The complainant will be consulted as part of this process.

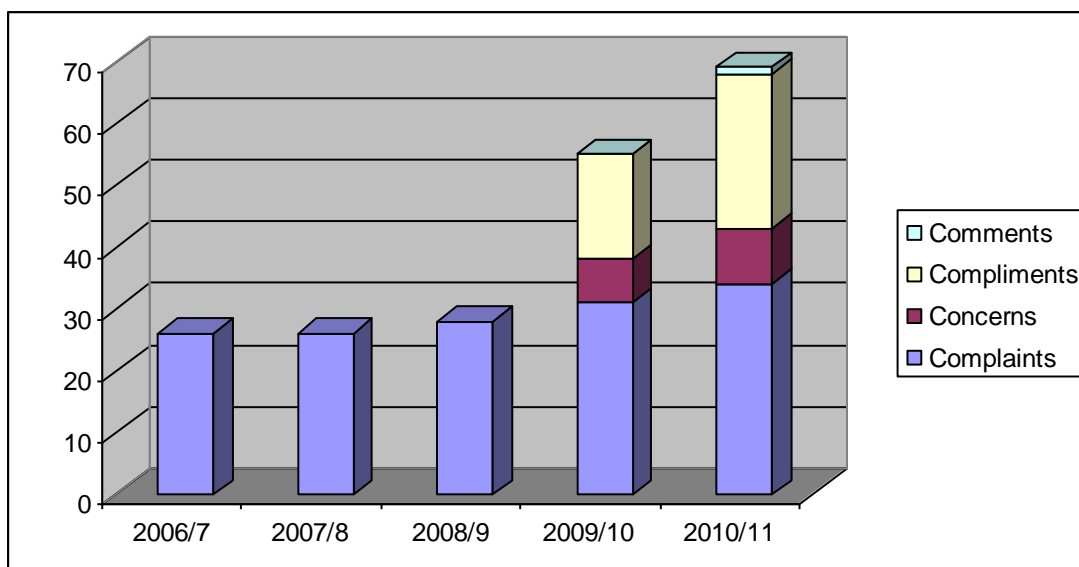
3.3 Table 1- Total number of complaints, comments, concerns and compliments received during 2010/2011

	Comments	Concerns	Complaints	Compliments	LGO	Total
2010/2011	1	7	34	25	0	67

3.4 Four complaints were carried over from the previous year to be concluded during 2010/11. Two complaints that had not been resolved on 31st March 2011 were carried forward to the next year and the outcome of these complaints will be reported on in the next annual report.

3.5 Table 2 - Comparison with previous years

3.6 Compliments, concerns and comments were recorded differently prior to 2009/10 and as a result comparable data for these years is not available. The figures indicate however that the number of complaints is increasing year on year.



3.7 Compliments

3.8 Less detail is recorded about compliments than complaints, but they provide useful insight into the way services are provided. All compliments are shared with the individual member of staff concerned.

3.9 Examples from the 25 compliments received include:

Thanks sent to the Supported Living Service for their help and support.
Thanks sent to social workers (CMHT – Older People) for their help with a house move regardless of the time of day. They felt the worked ‘far beyond the call of duty’.
Thanks sent to Greenacres Court for being so kind and caring to their parents. They described the staff as ‘a credit to the manager and the care service’.
Thanks sent to the <i>Occupational Therapy Service</i> for the efficiency, flexibility and courtesy of the service.
Thanks sent to Connections Day Service for the ‘devotion and dedication shown by the Supported Living Service’ and for the high level of service received.

3.10 This is only a snapshot of the compliments received across all service areas. The theme that emerges from the compliments is that service users and carers are always appreciative when they feel they have been supported by a worker and that this support has been provided willingly and in a caring and compassionate way.

3.11 The iCARE training programme has continued throughout the year with 1,194 members of staff across health and social care having completed

one of the training sessions. These sessions give staff an opportunity to reflect on their own approach to customer care and identify how to change their behaviour in the work place.

3.12 Table 3 - Complaints by Service Area

	<i>Complaint</i>	<i>Concern</i>	<i>Compliment</i>	<i>Comment</i>
Community Resource Centres	3		3	1
Extra Care Sheltered Housing	1		1	
Community Alarm Service				
Community Equipment			1	
Re-enablement Service				
Community Learning Disabilities Team Bath	2	1		
Community Learning Disabilities Team North East Somerset	2			
Learning Disabilities Complex Health Needs				
Learning Disabilities Day Services incl Connections, Family Link Service, Carrswood, Maple Grove Hostel			1	
LD Employment Inclusion		1		
LD Supported Living Service			7	
Drug and Alcohol Service	1			
Bath Community Mental Health Team				
NES Community Mental Health Team				
Community Mental Health Team Older People Bath			1	
Community Mental Health Team Older People North East Somerset	3	1		
Mental Health Rehabilitation Service (Community Options Team)	1			
Community and Health Access Team	2	1		
Bath Adult Care	6		5	
North East Somerset Adult Care	5		6	
Hospital Social Work Team	1			
Hearing and Vision Team	1			
Finance	4			
Commissioning Team	2	2		
Supporting People		1		
Service Area Total	34	8	25	1

3.13 The distribution of complaints across the service areas is consistent with expectations. In the previous year the Community Learning Disabilities Service had a higher than average number of complaints, The number received during 2010/11 has reduced again and is no longer of concern.

3.14 Complaints against Independent Sector Providers

3.15 Where the local authority has commissioned a service from an independent sector provider such as a domiciliary care agency, residential care home or nursing home on behalf of a service user, the complainant can ask the local authority to consider their complaint against the provider. In these situations the complainant is referred initially to the provider's complaints procedure. There are situations, however, where the complainant is either reluctant to complain to the provider or they have already done so and are dissatisfied with the response. It is at this point that the local authority can be asked to consider the complaint.

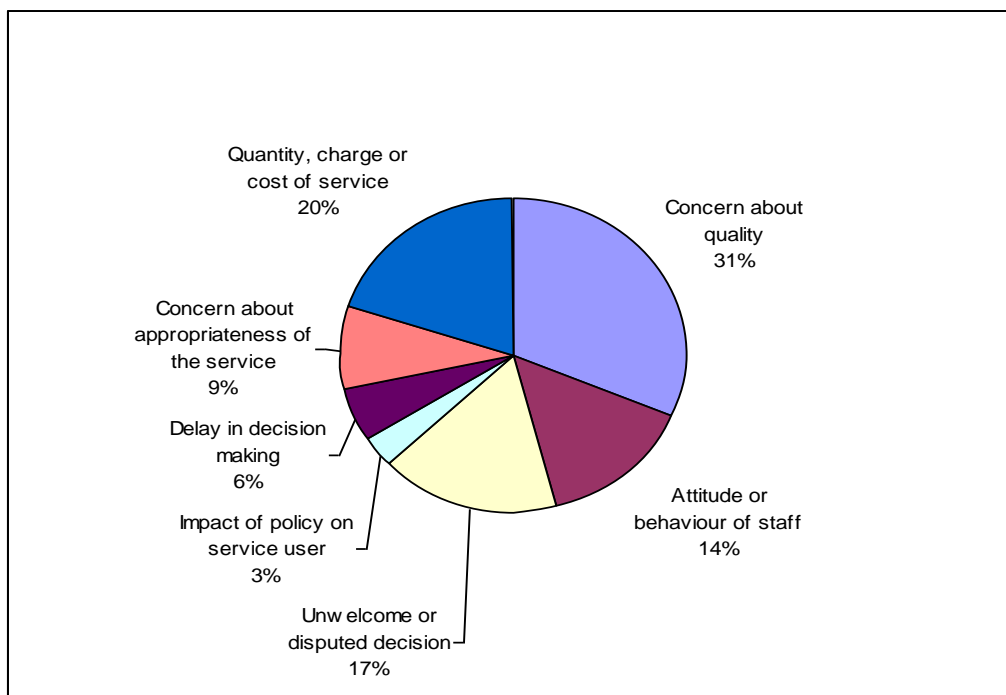
3.16 In 2009/10, 9 complaints were recorded against Independent Sector Providers. This number has dropped significantly during 2010/11 and only 1 complaint and 3 concerns were recorded. It is likely that this drop results from improvements in the way that the providers are responding to complaints and complainants do not feel that it is necessary to refer their complaint to the local authority for further consideration

3.17 Those people who arrange and fund their own care, including those with a personal budget, are known as 'self-funders'. Self-funders are unable to access the local authority's complaints procedure. and must use the provider's complaints procedure. With effect from October 2010 they can also refer their complaint to the Local Government Ombudsman for independent review. The provider is required to publish information about this service.

3.18 The reason for making the complaint

3.19 The record of each complaint identifies the reason for the complaint being made. The categories used are taken from the statutory guidance 'Learning from Complaints'.

3.20 Table 4 – breakdown by reason



3.21 The greatest number of complaints fall under the category of ‘concern about the quality of service’. This is a very broad category which is often used to indicate that the complainant feels the quality of the service has fallen below their expectations in more than one area.

Examples of these complaints are:

The complainant was concerned about the quality and cleanliness of the equipment provided by the OT service.
The relatives felt the social worker ‘recommended’ a care home but the service user received such a poor service that they moved her to a different home.
A relative felt the service user had been left to live in unsuitable conditions with inadequate support when returning home from hospital and he was not informed about the discharge.
The relative felt the response from the Access Team was unsatisfactory, there were delays in the assessment by the CMHT and the Financial Assessment process was difficult to understand and resulted in errors being made.
The relative said he was not kept informed when the service user’s condition deteriorated. He continued to pay for a residential care placement while she was in hospital despite the fact he had been told she could not return.
A relative felt the CRC staff did not realise the service user was very unwell, she was not informed of her condition and appropriate medical advice was not sought.

3.22 There has also been a significant increase in the number of complaints falling under the category of ‘Quantity, charge or cost of service’ (7 in total). The majority of these complaints relate to the charge for residential or domiciliary care or the change to a personal budget and what the complainant perceives as a loss of service as a result.

4. Complaint outcomes

4.1 Table 5 – the outcome of each complaint by service area (including complaints carried over from 2009/10).

	Number of complaints	Outside scope/ not pursued/ongoing	Upheld	Partially Upheld	Not Upheld	Apology	Change in Procedure	Change of decision	Full explanation	Change of service	Other
Community Resource Centres	3	2		1			1				
Extra Care Sheltered Housing	2		2			1	1				
Community Learning Disabilities Team - Bath	2			1	1			1			
Community Learning Disabilities Team – North East Somerset	2			2						1	1
Learning Disability Complex Health Needs	1				1						
Drug and Alcohol Service	1					1					
Community Mental Health Team Older People North East Somerset	3	1	1	1				1			1
Mental Health Rehabilitation Service (Community Options Team)	1			1			1				
Community and Health Access Team	2		1	1			2				
Bath Adult Care	7	1	1	1	4		1		1		
North East Somerset Adult Care	5	1	1	1	2	1	1				
Hospital Social Work Team	2	1			1						
Hearing and Vision Team	1			1					1		
Finance	4			1	3		1				
Commissioning Team	2			2		2					

4.2 The figures in the shaded show the outcome of the complaint. The figures on the right hand side show what action was taken where the complaint was either upheld or partially upheld.

- 4.3 In many cases an apology is sufficient to resolve a complaint but in other cases remedial action is needed. More detail about the actions taken and the lessons learned by the service is given in Section 5 of this report.
- 4.4 In addition to the complaints handled by Adult Social Care during the year, the Local Government Ombudsman also concluded two complaints that had been referred to the LGO during the previous year.

Complaint 1 – the LGO discontinued the investigation of the complaint as the majority of the complaint fell outside the jurisdiction of the LGO . The LGO agreed with the local authority that an investigation of the other elements of the complaint would not be valuable given the passage of time and the fact that the local authority had conducted its own review of the events. An action plan to address the recommendations was already in place.

Complaint 2 – the LGO agreed a local settlement with the local authority and the complainant that a reassessment of the service user's needs would be undertaken.

- 4.5 In addition, the LGO identified that in Complaint 2 the complainant was not informed when the complaint was first received how they could progress their complaint under the complaints procedure. This reinforced the fact that all complaints should be logged with the Complaints Procedure Manager on receipt to ensure the complainant is informed of their rights under the Complaints Procedure. Managers and staff have been reminded of this.

5. Learning from complaints

- 5.1 Identifying the reasons for a complaint, the actions needed to address it and the implications for the wider service can all help towards improving and developing the service.
- 5.2 In addition to the annual report, a report has been submitted each quarter to the Provider Governance Forum. Regular reporting provides a useful way of identifying and addressing issues as they occur.
- 5.3 Many of the actions taken in response to complaints relate specifically to the individual circumstances of the complainant. For example, a change to a care plan. Where the complaint results in changes to other aspects of the service a log is kept and the actions monitored.

5.4 Examples of actions recommended in response to complaints include:

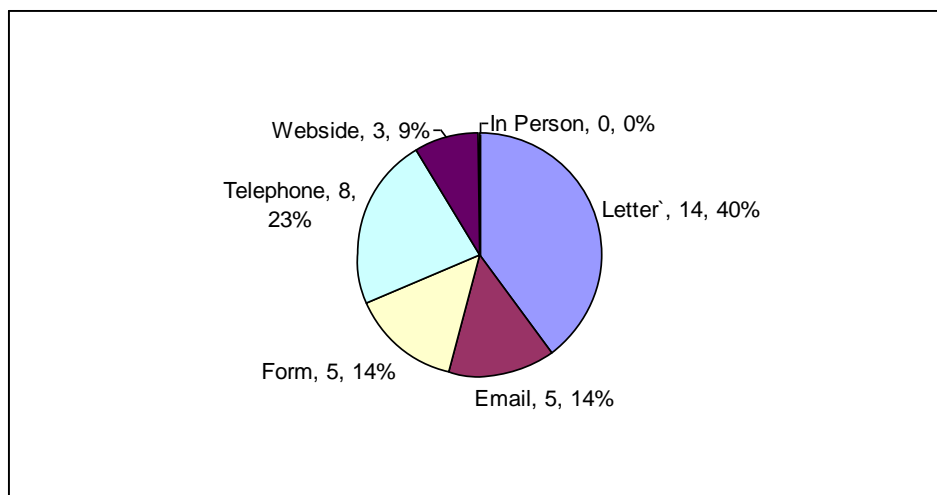
Changes and improvement to procedures
More fresh vegetables and meat will be available on the menus at the Extra Care Sheltered Housing Scheme. Vegetables to be cooked for longer and plates will be warm when the food is delivered to residents. Age Concern will be asked to carry out an audit of this.
Fresh fruit will be made available to residents at the Community Resource Centres in the lounges and they will be encouraged to eat fruit.
Service users involved in project groups run by the Community Options Team (Mental Health) will receive better information about the purpose and remit of the group at the outset of the project.
The Community and Health Access Team will agree protocols with the Community Mental Health Teams (CMHT) to ensure improved communication when referrals are passed to the CMHT. This will include a common understanding of terms such as 'assessment' and 'urgent/non-urgent'.
Information must be provided to service users and carers on financial assessment and financial contributions which is clearly presented.
Personal information about a service user, such as their next of kin, should be checked on the first visit to ensure it is complete and accurate.
A number of improvements to procedures were identified for the transfer of a service user from a commissioned service to a personal budget where they will commission their own services. This issue was looked at in some detail by the 'Vanguard Project' and several recommendations for improvements made.
Prior warning will be given in the form of a letter to a service user/their representative when an invoice for services has been delayed by more than 3 months.
Improvements will be made to the issue of equipment from the OT store. Service users to be asked to sign to say they are happy with the condition of the equipment.

6. Complaint handling

- 6.1 The new regulations and guidance implemented in April 2009 place the complainant at the centre of the complaint to ensure that they are involved in the way that their complaint is handled.
- 6.2 On receipt of the complaint the Complaints Manager assesses the seriousness of the complaint to ensure that the most appropriate

course of action is taken in response to the complaint. This results in the assignment of a risk factor – high medium or low. .

- 6.3 Identifying the risk at this stage helps to ensure that the response to the complaint is proportionate to the issues raised. A complaint falling into the high risk category is likely to require an external investigation. It is likely that a complaint in the low risk category will be resolved with a response direct from the local manager.
- 6.4 The complaints manager will, as far as practicable, involve the complainant in decisions about the timescales for the response to the complaint. This can take into account the complexity of the complaint and the need to involve other parties in the complaint investigation.
- 6.5 During the past year, 3 complaints were identified as requiring an external investigation. 1 complaint was investigated internally by a manager from a different part of the service and the remainder were investigated by the team manager responsible for the service. Managers are encouraged to offer a meeting to the complainant and records indicate 22 of the 34 complainants were offered a meeting. Others were contacted by telephone where a meeting would not have been practicable. .
- 6.6 There are no formal timescales set out in the complaint regulations, however, the aim is to respond to complaints that require local resolution in 15 working days, to provide a response following internal investigation within 25 working days and to an external investigation within 65 working days.
7. Accessing the procedure
 - 7.1 Those wishing to make a complaint can do so in a number of ways. Information about the Complaints Procedure and a complaint form are given to everyone assessed by the Community and Health Access Team. The information is available on the Council's website which includes versions in large print and 'Easy English' format. The information is available on tape, in Braille and translated in to other languages on request.
 - 7.2 Table 6 provides information on how the complaint was received.



- 7.3 Letter remains the preferred option for a large proportion of people making a complaint to Adult Social Care.
- 7.4 Information about advocacy services is given to complainants when they first make contact. These services include Complaints Procedure Advocacy which is based at the Care Forum in Fishponds, Bath MIND and Age Concern. During 2010/11 4 complainants made use of an advocacy service.
- 7.5 Complainants are also asked if they need any additional help to make the complaint if, for example, English is not their first language.
- 7.6 Information about ethnicity, gender and disability is collected on the complaint form. This information is recorded on the complaints database but is only used for statistical purposes.

Table 7 – Age, Ethnicity, gender and disability for complaints, comments, concerns and compliments (where given)

	Service User	Complainant
Age		
18 – 65	18	6
65 and over	17	2
Ethnicity		
White British	33	10
Gender		
Female	20	15
Male	16	13
Disability		
Disabled	21	3
Not disabled	8	3

9. Overview of the Complaints Procedure

9.1 During the past year the complaints services provided by health and social care have continued to work closely together, however, it has not been possible to progress to one service as the development of the priority for the Health and Wellbeing Partnership. Arrangements for one complaints service to support the social enterprise will be in place by 1st October 2011. There will also be a complaint service in the People and Community Directorate within the Council which will work closely with the social enterprise.

9.2 The development of both services will be a priority for 2011/12.

Sarah Watts
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August 2011