



CENTRAL BEDFORDSHIRE COUNCIL

ADULT SOCIAL CARE & PUBLIC HEALTH SERVICES

CUSTOMER FEEDBACK –

COMPLAINTS COMPLIMENTS

ANNUAL REPORT 2013/14

INTRODUCTION

This report fulfills the statutory duty to monitor the effectiveness of the complaints procedure and produce an annual report for Adult Social Care and Public Health complaints. The report will be presented to the relevant local authority committee and will be made available on the Council's website.

The report provides statistics for 2013/14 on; the number of complaints received including those considered by the Local Government Ombudsman (LGO); the number of complaints that were well founded (upheld fully or in part); a summary of the complaints subject matter; performance; and the actions taken to improve services as a consequence of complaints.

In May 2014 the LGO released a report on Adult Social Care complaints for 2013. The key messages about effectiveness of a complaints procedure have been taken into account in this review (Section 5).

EXECUTIVE SUMMARY

The Adult Social Care and Public Health complaints procedures contain a number of different options to handle complaints. Individual complaints are assessed with the emphasis on understanding the complaint at the outset and taking the right approach to resolve it.

Each option for handling complaints has a minimum standard timescale for responding:

- Local resolution by Service Manager – 10 working days, 20 for complex cases
- Formal Investigation – 25 up to 65 working days
- Conciliation – 10 working days
- Mediation – 25 working days

However, timescales can be flexible depending on the nature of the complaint. An extension to a timescale is acceptable where this is negotiated and communicated to the complainant. When the Council has fully considered a complaint the next stage is referral to the Local Government Ombudsman.

Adult Social Care

There were 85 new complaints received in the period compared to 61 the previous year, the majority related to services for older people.

81 complaints were actioned and closed, and 80 of these were dealt with by Local Resolution. One case was investigated formally by an external investigator and resolved.

Complaints were seen as important feedback for services and a means of considering how to change things for the better. Services were receptive to customers' views and complaints, with 68% of complaints either upheld fully or in part. Whilst individual cases had specific remedies put in place, wider services improvements were also identified in a number of cases. These are detailed in Section 4.

There were also many instances of customers telling us that services were getting it right and having a positive impact on their lives. There were 65 compliments this year compared to 64 last year.

Public Health

The Public Health Service in Central Bedfordshire delivers the majority of its services by commissioning from external providers who are expected to manage their own complaints. However, the Stop Smoking Service is delivered directly to residents by Central Bedfordshire Public Health staff. There were no formal complaints registered for the service. There were 2 compliments registered about the helpfulness of the stop smoking service. This review has highlighted that not all customer feedback has been formally recorded.

Effectiveness

The activity for this reporting period shows the complaints procedure has been effective at resolving customer complaints at a local level. In Adult Social Care learning from customer experience through complaints has led to improvements to practices.

A plan has been put in place to improve the recording and handling of customer feedback for the Stop Smoking Service to improve the review of effectiveness of the procedure next year.

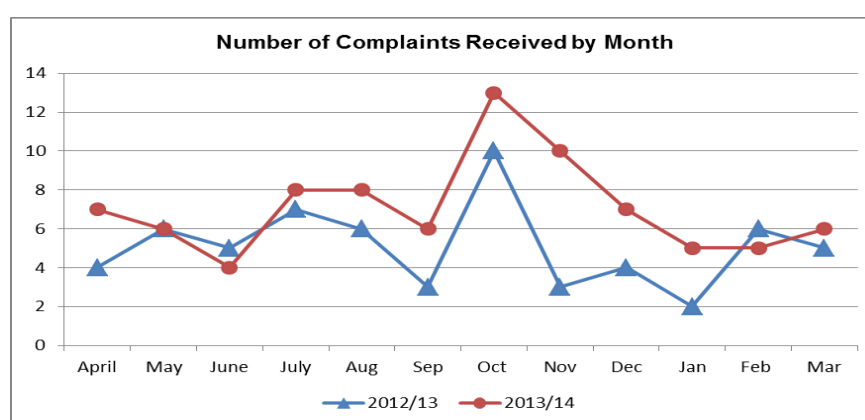
1 SUMMARY STATISTICS – ADULTS SOCIAL CARE

1.1 Headline Data for Customer Feedback

Feedback Received	Q1	Q2	Q3	Q4	Total
Complaints	17	22	30	16	85
Compliments	18	19	18	11	66

- 1.1.1 In 2013/14 there were 4484 records of adults receiving services funded by Adult Social Care Services. There were 85 new complaints received, last year 61 new complaints were recorded.

1.2 Spread of Complaints Received



- 1.2.1 In both years the peak month for complaints was October, followed by an overall downward trend until January. The peak of 13 complaints in October this year was largely due to two sources; six complaints about externally commissioned home care providers, and three complaints about errors in the Council's invoicing for care. The themes were not repeated in the following month. In the previous year there was no single cause for a peak in the complaints received in October.

1.3 Trends - Services Most Complained About

- 1.3.1 The service receiving the most complaints was the Older People Service, receiving 43 of the 85 complaint:

The majority of the 43 complaints related to social work management of cases (24). The main causes of dissatisfaction were; the assessment process; decisions and advice regarding funding; assessment and support for carers; poor communication and customer care.

There were 16 cases about services provided by external companies on behalf of social care; home care (10); residential (5) and meals services (1):

For home care, 6 cases were about late or missed calls. Other concerns related to help with medication; the quality of care; communication; and use of equipment.

For residential care complaints related to quality of care; staff attitude; poor handling of support for hospital appointment; and poor attitude of staff.

1.3.2 A further 37 cases were spread over three additional service areas:

Learning Disability Service received 13 complaints mainly related to care management of cases (5) and residential care (4).

There were 13 complaints about Disability Services, mainly about home care services (5) direct payments (3), occupational therapy services (3).

There were 11 complaints about Financial Services mainly related to; invoicing issues (5) and direct payments (3).

1.3.3 Five remaining complaints related to the Safeguarding Service (4) and the Emergency Duty Service (1).

1.4 Outcomes from concluded Complaints

1.4.1 During the period 4 complaints were not suitable for the complaints procedure and dealt with using other procedures, and 4 cases were withdrawn.

81 Social Care complaints were actioned in the period. Complaints were seen by services as an important means of identifying areas for improvement. A total of 68% of complaints were deemed to be well founded in full or in part. Remedies were put in place for individual complainants. Section 4 details wider actions and improvements resulting from complaints.

1.5 Local Government Ombudsman (LGO) Complaints 2013/14

1.5.1 The Council received 3 complaint enquiries from the LGO related to Older People's Services in the reporting period.

In two cases the decision was not to investigate as the LGO was unlikely to reach a different outcome to that already identified by the Council. In the third case the LGO did not find fault.

The outcomes in these cases suggest the Council took appropriate action locally to remedy complaints.

1.6 Compliments

1.6.1 There were a significant number of customers who experienced good quality services that made a real difference to their lives such as alleviating the fear of isolation and feeling vulnerable; feeling a huge relief and weight lifted; a major change in their wellbeing. Compliments related to the quality, helpfulness and timeliness of services and support. Staff were praised for their helpfulness, compassion and professionalism. There were 65 compliments recorded across a range of services:

27	Older People's Services*	7	Contracts Services
10	Reablement Services	5	Disability Services*
7	Learning Disability Services	4	Finance Services
2	Home Care (External Provider)	2	Out of Hours Service
1	Safeguarding Team	2	Public Health – stop smoking

*including Occupational Therapy Services

- 1.6.2 The Older People Service received the most compliments. Whilst they had received complaints about poor communication and customer care there were also compliments from customers who experienced very good levels of communication and professionalism. Customer's appreciated workers being friendly; sensitive; and treating them with respect.
- 1.6.3 For other services customers took the time and trouble to say thank you for; finding the right care; respite; excellent customer service; a good quality review; ensuring carer's needs were met; great quality reablement services.

The Contracts Team received compliments from external providers for the support and guidance given to them to improve their own services to customers.

2 EQUALITY & DIVERSITY MONITORING

- 2.1 The purpose of capturing equalities data is to monitor access to the complaints procedure; to ensure services are appropriate for all service user groups; and to check whether any issues relating to discrimination have been raised. Data relates to the service user affected by the complaint or a person who has been affected by the actions taken by the service. The system used for Adult Social Care complaints has the facility to capture the service user's gender, ethnicity and whether the service user describes themselves as having a disability or not. However, the system has limited reporting functionality for analysis in this area to meet the needs of equality and diversity monitoring. Therefore, we can't easily analyse the detail of complaints and trends relating to discrimination/human rights/age.
- 2.2 In 2013/14 there were 4484 records of adults receiving services funded by Adult Social Care Services. There were 85 new complaints received

2.3 Accessibility to Complaints

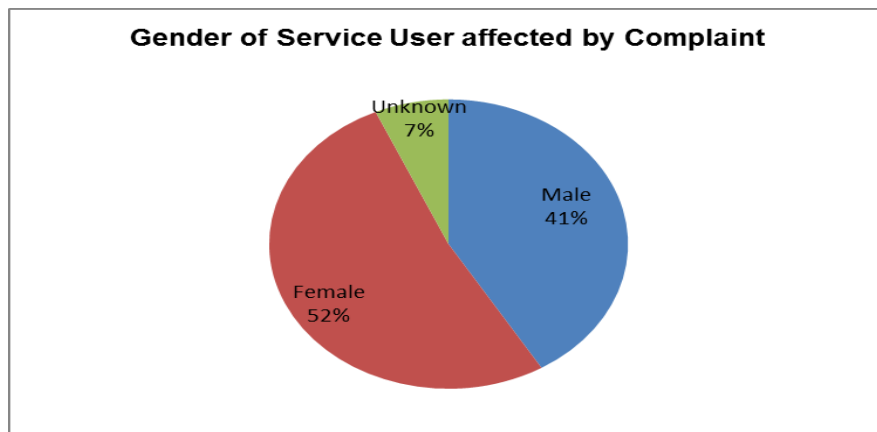
By having a range of contact options for complainants to make their complaints the Council aims to meet the needs of its service users in accessing the complaints procedure. People can make complaints in person; face to face or via telephone (including a direct line to Customer Relations), in writing; via email, letter, or complaint form.

2.3.1 Receipt Method for Complaints

79% of complainants preferred to make their complaints in writing; via email; or letters or complaint form. 18 % made complaints by telephone. The remainder preferred to make a complaint in person.

58% of complaints were made by representatives of service users, the majority of these were made by relatives or partners of the service user, showing that people affected by the actions of Adult Social Care accessed the complaints procedure.

2.4 Social Care Complaints – Gender



- 2.4.1 Where information was captured 52% of complaints affected female service users, 41% affected males. Allowing for the 'unknowns' this broadly reflects similar proportions of service users receiving services where 61% were described as female and 39% male. Service users of both genders are represented in the complaints procedure and both genders were affected by similar issues. However, males were more affected by complaints about financial administration matters than females, with 7 identified as male and 1 as female. Issues related to invoicing errors (which affected both genders) and; financial assessment; closing a direct payment; handling of personal information.

2.5 Social Care Complaints – Race

- 2.5.1 93% of service users receiving services were described as White British. A high proportion of complaints (85%) were recorded with 'unknown' race which may mask representations from ethnic backgrounds not reflected here. 13% of complainants were recorded as 'White UK'. 'White Other' (2%) was also represented in complaints. The issues for complainants described as 'White Other' were similar to those raised by complainants recorded as 'White British'.

2.6 Social Care Complaints – Disability

- 2.6.1 In 22 % of complaints service users described themselves as having a disability. However, a significant proportion of cases were recorded as 'unknown'. Social care services include services for older people, disabilities and adults with learning disabilities. Therefore, it is anticipated that a significant proportion of complainants would describe themselves as having a disability. The figures demonstrate that people with disabilities are able to access the complaints procedure.
- 2.6.2 The 13 complaints identified as affecting people accessing the physical disabilities services were about the quality of service relating to direct payments, occupational therapy assessments of need; home care; and review of needs.
- 2.6.3 For those with a learning disability concerns were mainly about the assessment or review of their needs (5 complaints) and the care provided in residential settings (4 complaints).

3 PERFORMANCE

- 3.1 There is no timescale in Regulations in which to resolve complaints. The emphasis is on assessing the complaint at the outset to fully understand the issues, and then planning a clear method of handling the complaint in a reasonable timescale. Timescales can be re-negotiated with the complainant if appropriate. Managers are encouraged to set out an action plan for the complaint detailing how it will be dealt with.
- 3.2 There were 81 complaints concluded, 80 were dealt with using the local resolution method; and one case was concluded following a formal investigation by an external investigator. Action plans were in place for 70% of cases, setting out how the complaint would be handled; 77% of these were completed in line with the timescale in the action plan.

4 SERVICE IMPROVEMENTS FROM COMPLAINTS

- 4.1 Learning and Improvements from Complaints Received
Remedies were put in place for individual complainants, for example an apology; review of service; providing information; an assessment. However, managers also looked to see if there was any need to improve services by make changes to practices or procedures. The wider learning actions are set out below.
- 4.2 **Learning & Improvements from Complaints about Externally Provided Care Services (Commissioned Services)**
- 4.2.1 Poor care in the home or in a residential setting, can have a significant impact on service users. The majority of these services are provided by external companies paid for in full, or in part, by Adults Social Care. Managers ensured complaints about externally provided services were responded to fully and that appropriate action was taken to remedy mistakes.
- As part of their wider work to monitor commissioned services, the Contracts Team proactively seek to understand service user experience of the care provided. They carry out service user surveys both annually for residential care, and case by case for those receiving home care. In addition they also receive information on complaints and take appropriate steps to manage any wider contractual concerns. Where appropriate the Contracts Team worked with care providers to put in place action plans to improve.
- 4.2.2 Actions taken by external companies to improve their services included; additional training and support for staff; improving the approach to communication with customers; and putting in clear processes or policies. Examples of action taken as a direct result of complaints are set out below:
- moving and handling training is a mandatory requirement and full training to be provided in the use of all equipment including the use of slings;
 - workers to undertake further training in communication and customer service skills as well as dignity and respect training;
 - introduction of a communication book for medication issues;

- the provider will firmly instil a policy of hygienic practice throughout the company and all carers will receive further training to ensure that appropriate standards are maintained;
- plan put in place to increase staff levels and ensure improved rotas and consistency of staffing;
- staff undertake a more detailed course called 'Person First Dementia Second'

4.3 Learning & Improvements from Complaints about Social Work Practice

4.3.1 Service users and their families value timely, relevant services and clear communication and information from social workers. Complaints led to the following actions to improve:

- Staff within SEPT and Adult Social Care were reminded of the importance of effective communication with family members during the safeguarding process. SEPT gave assurances that in the future a strategy planning meeting will be held as soon as practical and be seen as highest priority to ensure that there is effective joint working between the different agencies.

4.3.2 Older Peoples Services:

- a) Further training on the carer's criteria. Carrying staff vacancies had been a contributing factor in a complaint and the service employed further locum staff and was actively recruiting.
- b) Following a failure to explain the financial implications of residential care, social workers were reminded of the importance of providing relevant information. The manager will carry out spot checks to ensure this has happened and is recorded. In addition, the Home Finder Team was asked to also send out a booklet to all families they are in contact with.
- c) To address delays due to staff absence, team managers are required to ensure work is either reallocated or covered for short periods through the Duty process.
- d) A carer felt unsupported during safeguarding interventions. In the future, where required, the service will allocate carers a social worker at the onset to support them through a safeguarding investigation.
- e) Following a complaint about lack of information on the authority's process for Continuing Health Care, staff were advised to provide documented evidence that appropriate financial information has been given. Workers now confirm in case records that financial advice has been given, before agreement for a placement is made.

4.3.3 Occupational Therapy Service:

A complaint highlighted delay for a customer requiring an urgent assessment. To ensure cases are prioritised correctly the Manager contacted colleagues within the contact centre and requested that they check when receiving a referral whether the equipment is needed

to assist a hospital discharge. Referrals are scanned on a daily basis to ensure any referrals involving hospital discharge are picked up.

Following a complaint about lack of response to messages the manager monitors caseloads and strategies to ensure officers can provide timely responses to customer's communications.

The quality of referrals and communication will be reviewed at the end of August to consider further improvements

4.3.4 Learning Disabilities Service

Delay providing a carer's assessment was in part as a result of a case being misdirected internally to children's services. The manager committed to recommending to colleagues in Children's Services that they provide a clear pathway to the customer contact centre in order help reduce the risk of misdirection.

4.3.5 Physical Disabilities Services

A formal investigation into a complaint about the lack of care and engagement found problems with the general approach to assessing and supporting parent's social care needs; including how the Council could facilitate support for parents in their caring role. As a result, support planners were transferred to locality assessment teams as part of a workforce review so their work is overseen by social workers. In addition the service also expanded their safeguarding team to incorporate the role of quality assurance to include auditing support planners work.

Following the work to follow up on the learning from the complaint managers reported they were clear in their assessment responsibilities to support disabled people in their parenting role

5 EFFECTIVENESS OF COMPLAINTS HANDLING

5.1 Response to a Recent LGO Report on ASC Complaints 2013

In May 2014 the Local Government Ombudsman (LGO) published a review of Adult Social Care complaints for 2013. It suggested Local Authorities should review the data on complaints to consider the quality of care and effectiveness of complaint handling in their area. The report related to complaints in 2013 and can be found on the LGO's website:

<http://www.lgo.org.uk/publications/annual-reviews/>

The report raised the question whether councils with low dissatisfaction but high numbers of complaints to the Ombudsman meant users of services had to escalate their concerns to the LGO due to inadequate complaints resolution at the local level. It also suggested that where complaints were upheld by the LGO this could be as a result of failures in the Local Authority's local handling of complaints.

The data in the report relating to Central Bedfordshire Adults Social Care in 2013 set out that the LGO upheld two complaints. In both cases the LGO did

not instigate an investigation and was satisfied with the actions taken by the Local Authority through its own complaints procedure to resolve upheld complaints.

The decision on a further two cases was 'not upheld'. So whilst the LGO agreed with the Council that two complaints were upheld, it is clear that the service had taken the right approach when dealing with complaints. This gives confidence that the service has a focus on resolution and remedy. It does not suggest escalation to the LGO is due to inadequate complaints resolution at the local level.

5.2 Future Plans on the Approach to Improving & Learning from Complaints

The customer relations manager attended the social care manager's meeting to discuss complaints handling and performance. Operational Managers will engage in quarterly reviews of complaints handling and will be sited on quarterly reports and contribute where relevant. A key focus of complaints is learning and ensuring practice issues have been embedded. The Adult Social Care Service plans to put in place a Practice Governance Board and Forum and learning from complaints will be included in this work

There is room for improvement to ensure all complaints have an individual action plan and that complainants are kept informed of progress. The senior management team will be promoting this action through their respective Management Teams and the staff newsletter. Performance will be monitored through the Performance Board.

The Public Health Service delivers a Stop Smoking Service directly to residents. The remainder of the Council's Public Health Services are delivered through contracts with service providers who are expected to manage their own customer feedback including complaints. Service provider's contracts are monitored. Plans are in place to improve the recording and handling of customer feedback for the Stop Smoking Service that should improve our ability to review the effectiveness of the feedback procedure next year.

5.3 Summary of Effectiveness

The information for the reporting period shows that service users; their representatives; and people affected by the actions of Adult Social Care access the complaints procedure.

Local Resolution has been an effective means of dealing with complaints with 99% of complaints resolved through local resolution by managers of the service complained about.

With 68% of complaints deemed to be well founded in full or in part complaints were seen as a valuable source of information about customer experience and an opportunity to remedy mistakes. Managers took action to improve practices.

Where they were involved, the LGO agreed with the actions taken by the Council through its own complaints procedure or found no fault. The complaints procedure is effective and demonstrates that when complaints highlight mistakes the services are receptive to customer feedback and to putting things right.