

<b>REPORT TO:</b>	<b>ADULT SOCIAL SERVICES REVIEW PANEL</b>  <b>17 JULY 2012</b>
<b>AGENDA ITEM:</b>	<b>6</b>
<b>SUBJECT:</b>	<b>ADULT SOCIAL CARE ANNUAL COMPLAINTS REPORT FOR 2011/2012</b>
<b>LEAD OFFICER:</b>	<b>EXECUTIVE DIRECTOR FOR ADULT SERVICES, HEALTH &amp; HOUSING</b>
<b>CABINET MEMBER:</b>	<b>COUNCILLOR MARGARET MEAD, CABINET MEMBER FOR ADULT SERVICES &amp; HEALTH</b>
<b>WARDS:</b>	<b>ALL</b>
<b>CORPORATE PRIORITY/POLICY CONTEXT:</b>  <b>Supports Council aims of “Improving Health and Social Care” and “Providing Better and Fairer Access.”</b>	
<b>FINANCIAL SUMMARY: No implications</b>	
<b>FORWARD PLAN KEY DECISION REFERENCE NO: None</b>	

## **1. RECOMMENDATIONS**

- 1.1** Members are asked to note the content of this report

## **2. EXECUTIVE SUMMARY**

- 2.1** As part of the requirements of the Local Authority Social Services and National Health Complaints Regulations (England) 2009 (the Regulations) to make arrangements for dealing with complaints, Regulation 18 requires local authorities to produce an annual report specifying the number of complaints received, the number of complaints that were well-founded, the number of complaints referred to a local commissioner, and a summary of the nature of complaints and service improvements arising.
- 2.2** This report summarises the department’s management of complaints considered in the 20011/12 financial year under the 2009 regulations, as well as complaints about adult social care considered through the council’s local complaints procedure.

- 2.3** In general, the data should not be relied upon to provide a sole indicator on the quality of the service, but it can highlight specific concerns at particular times and give a guide to remedial action.
- 2.4** The total number of complaints (statutory and non-statutory) has reduced from 90 in 2010/11 to 86 in 2011/12.
- 2.5** After consideration by the Panel, this report will be published on the council's website as part of the Council's Publication Scheme maintained under the Freedom of Information Act 2000.

### **3 DETAIL**

#### **3.1 STATUTORY COMPLAINTS PROCEDURE**

- 3.1.1** A single approach for dealing with complaints about adult social care and health was introduced on 1 April 2009, derived from the Department of Health's guidance, 'Listening, Responding, Improving.'
- 3.1.2** This approach affords organisations greater flexibility to respond to complaints and encourages a culture that seeks and then uses customer experience to drive service delivery and improve quality.
- 3.1.3** This is achieved by focusing on the needs of the customer rather than the process of managing their complaint.
- 3.1.4** The procedure is based around a single-level process whereby the department investigates and responds to the customer. It is worth noting that the Regulations do not prescriptively set out how councils or health care trusts should manage their complaints but do require the arrangements to ensure that:
- Complaints are dealt with efficiently
  - Complaints are properly investigated
  - Complainants are treated with respect and courtesy
  - Complainants receive, so far as is reasonably practical:
    - Assistance to enable them to understand the procedure in relation to complaints; or
    - Advice on where they may obtain such assistance
  - Complainants receive a timely and appropriate response
  - Complainants are told the outcome of the investigation of their complaint; and
  - Action is taken, if necessary, in the light of the outcome of a complaint
- 3.1.5** Their approach is based around six principles which should underpin how complaints are managed:
- Getting it right
  - Being customer focused

- Being open and accountable
- Acting fairly and proportionately
- Putting things right
- Seeking continuous improvement

**3.1.6** There is currently only one stage to the complaints procedure. Complaints are investigated by the departments and responded to by the Complaint Resolution Team on behalf of the Executive Director. However, under the arrangements, where the council receives a more complex and/or high-risk complaint, an external investigator will be appointed to investigate the complaint. This happened on one occasion in 2011/12.

**3.1.7** In 2010 the council entered into a joint working policy with Croydon PCT to provide a broadly common framework in which complaints about health and social care are managed locally.

**3.1.8** As part of a wider review of the complaints policy across the council, the council will be reviewing its protocol with NHS Croydon in 2012/13 with a view to entering into similar working arrangements with other health sector partner organisations. It is anticipated that joint working protocols will be drafted by the end of October 2012.

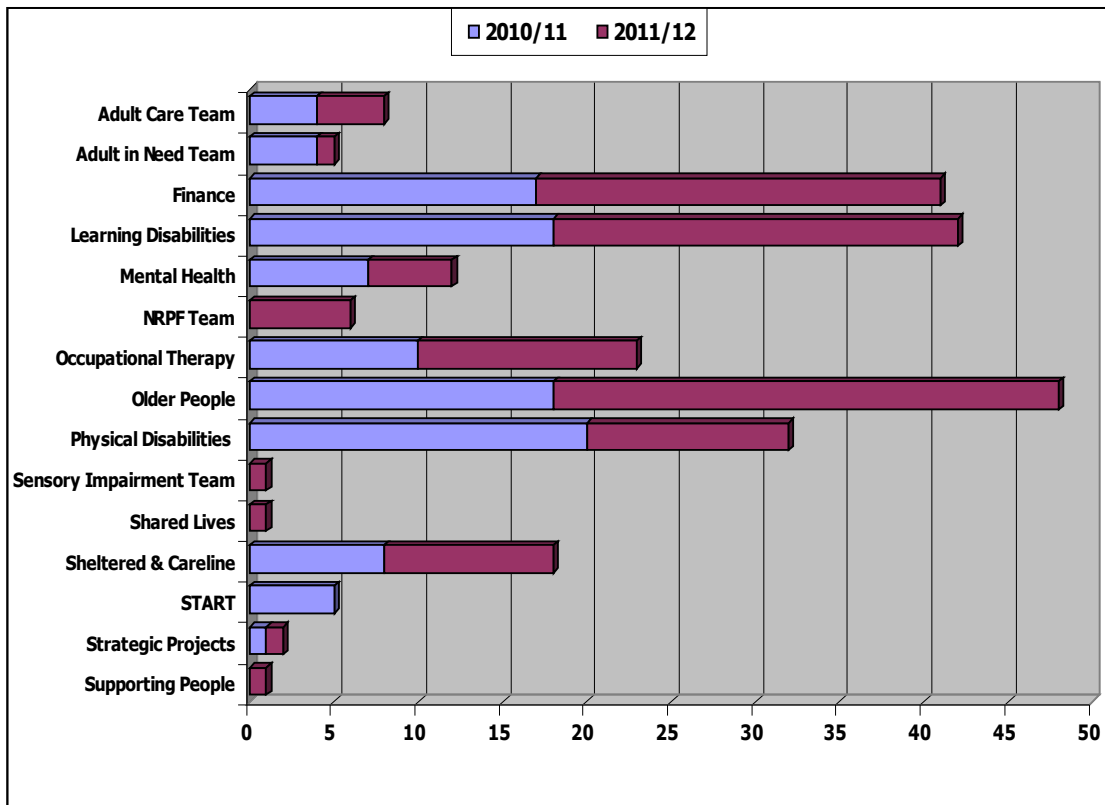
**3.1.9** As part of this review, the council will re-introduce a second stage to the complaint procedure in late 2012 to ensure the council has a greater opportunity to resolve complaints locally

### **3.2 STATUTORY COMPLAINTS COMMENTARY**

**3.2.1** The table below shows, the number of statutory complaints received in 2011/12 was 80, compared with 66 in 2010/11. This increase reflects national trends on complaint volumes, particularly for complaint about issues/themes that have been the subject of media attention over the past 12 months (i.e. services for Older People and complaints about finance/means testing).

<b>Complaints received 2010/11</b>	<b>Complaints received 2011/12</b>	<b>Percentage Increase</b>
66	80	21.2%

**3.2.2** Of the 80 complaints received, there were 132 individual areas of complaint requiring response. The area which received the most complaints was the Older People Service (30 complaints received, an increase of approximately 67% compared with 2010/11). The next most complained about service was the Learning Disabilities Team (24 complaints received, an increase of 25% from 2010/11), followed by the Financial Assessment Team (24 complaints received, an increase of approximately 41% from 2010/11).

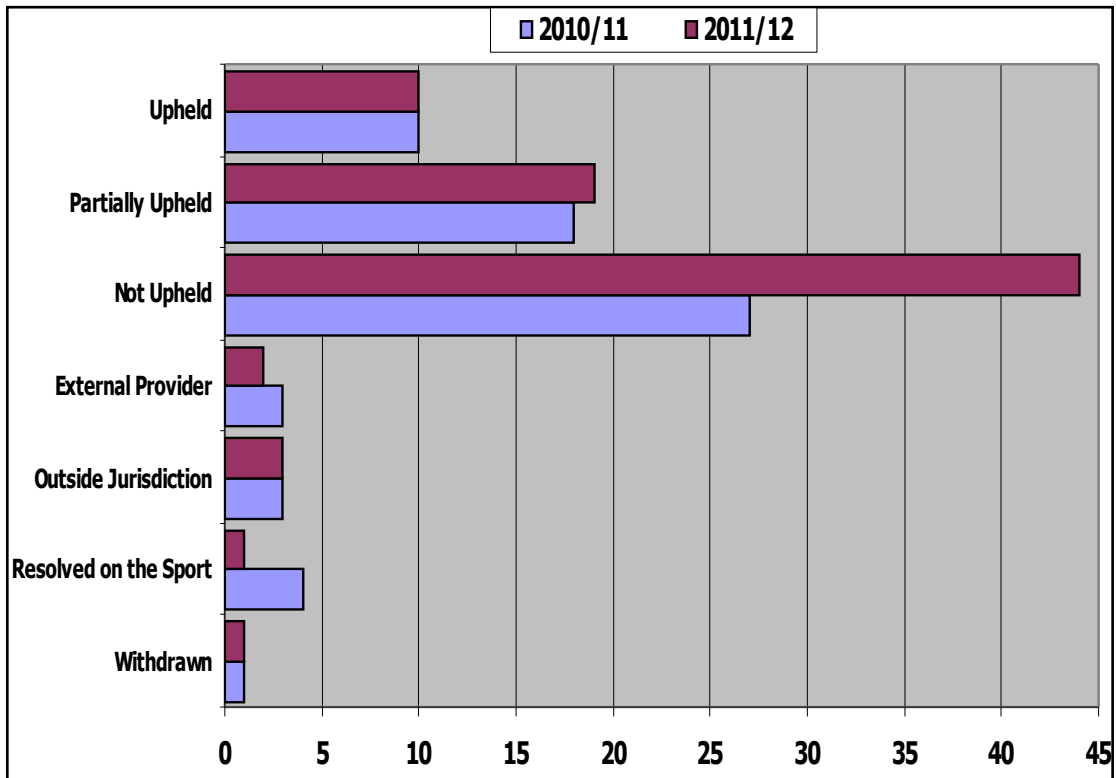


**3.2.3** The average length of time to respond to statutory complaints was 27.75 working days, a significant drop from last year's average of 23.77 working days. The percentage of complaints responded to within deadline has also dropped from last year, with only 52.7% responded to within the 20 working day deadline compared 65.2% in 2010/11.

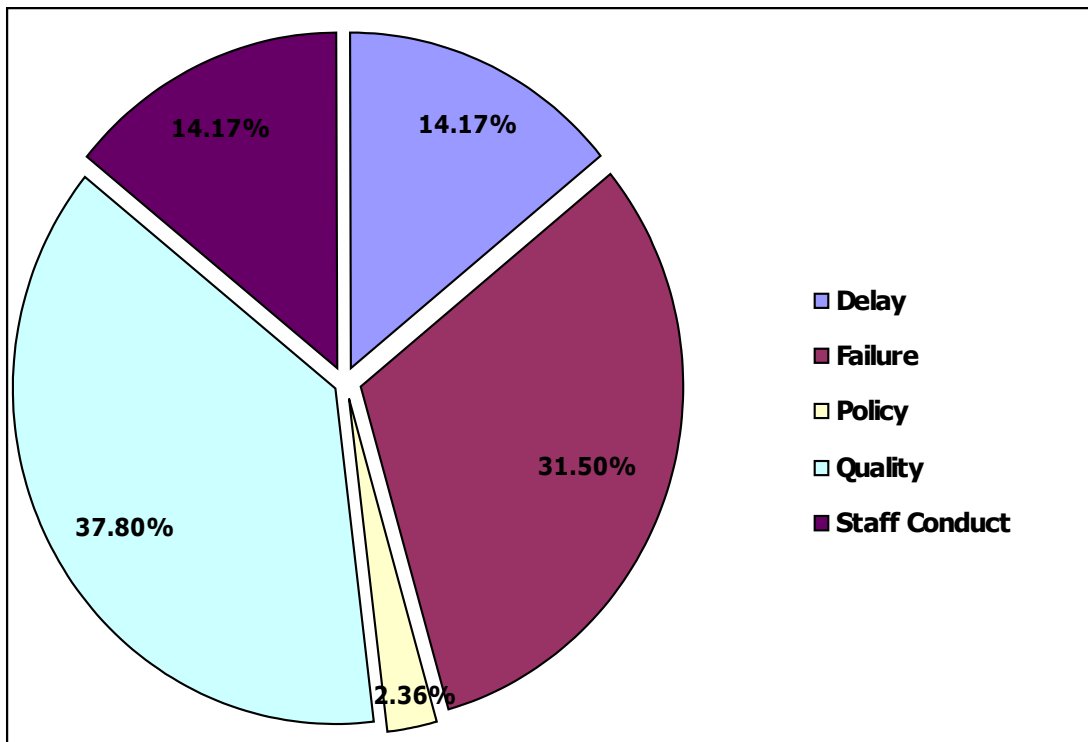
**3.2.4** As part of the drive to improve response times, the Complaint Resolution Team now produces weekly reports for CMT members, which highlight all cases which are overdue or about to go overdue. This is cascaded to down to the relevant Directors and Heads of Service to ensure complaints are dealt with on time. Although, it is important to note that some cases, in adult social care, will be very complex and as such, may end up taking slightly more time than the norm.

**3.2.5** Additionally, an escalation procedure has been developed in order that complaints are brought to the attention of the Head of Service prior to the deadline expiring.

**3.2.6** The percentage of complaints that were either upheld or upheld in part was 36.25%, a reduction from 42.42% in 2010/11. This is the second consecutive year that this measure has reduced. While this trend is positive, we are aiming to reduced this below 30% in 2012/13 and for it to remain below 30% thereafter.



**3.2.7** Consistent with 2010/11, the most common grounds for complaint were service quality (37.80%) and service failures (31.50%).



**3.2.8** There were 13 complaints referred to the Local Government Ombudsman for investigation during 2011/12, an increase of 5 compared with 2010/11. There

were no findings of maladministration in any of the cases.

**3.2.9** The complaints submitted to the Local Government Ombudsman were broadly all about the following issues:

- disagreement with assessment
- provision of direct payments
- dissatisfaction with the council’s management of safeguarding

**3.2.10** As reflected above, using complaints as a source of constant improvement to service delivery is an important theme of the 2009 complaint regulations.

**3.2.11** As one would expect, complaints made over the course of the year have resulted in remedial action to address an individual situation: for example, carrying out an assessment or providing information.

**3.2.12** However, there were examples where complaints resulted in service improvements, ranging from improving customer care, reviewing training and guidance for staff, reviewing of policy and procedure, and changes to service delivery.

**3.2.13** The table below lists examples of service improvements arising from complaints received during the 2011/12 financial year.

<b>Team/Service</b>	<b>Action Taken</b>
Sheltered & Careline	Review of invoicing arrangements for clients who cancel their Careline service.
Learning Disabilities	Review commissioning arrangements for a particular provider where payments were not being processed correctly/in a timely way.
Adult Care Team (CUH)	Staff member received refresher training in the council’s adult safeguarding procedures.
NRPF Team	Develop process for referring concerns raised about former employees to the GSCC
Occupational Therapy	Refresher training for all staff in OT procedures, and equipment guidelines
Occupational Therapy	Review of staff (professional) competencies whereby team managers more robustly ensure OT staff fully understand how different conditions/ syndromes determine what type of equipment is used. Also emphasised at the service annual moving and handling training; conditions that effect muscle tone, for example, Muscular Dystrophy.
Occupational Therapy	Developed a permission form for staff to describe clinical reasoning for any additional assessments they believe need to be undertaken and be able to demonstrate that procedures and guidelines have been followed and they understand a client’s medical condition.

Finance	Refresher training/guidance for staff around customer service standards and the council's commitment to customer care
Learning Disabilities (affecting all care management teams)	Development of protocol (approach) for managing referrals where there are Ordinary Residence concerns.

### 3.3 NON-STATUTORY COMPLAINTS COMMENTARY

- 3.3.1** Complaints received which do not relate directly to social care provision are considered through the council's local complaints procedure.
- 3.3.2** The council operates a two-stage complaints procedure; the first stage is an investigation by the service/division being complained about. If complainants are not satisfied they can request a review by the Complaint Resolutions Team who will investigate the complaint on behalf of the Chief Executive
- 3.3.3** As the table below shows, there was number of non-statutory complaints received in 2011/12 was six (compared with 24 in 2010/11). This reduction reflects the change in approach whereby complaints about the financial assessment are now considered through the statutory complaints procedure

Complaints received 2010/11	Complaints received 2011/12	Percentage Decrease
24	6	75%

- 3.3.4** Of the 6 complaints received, three were about Learning Disabilities, and 1 each about Finance, Welfare Rights and the Older People Team
- 3.3.5** The average length of time taken to respond at stage 1 was 24.8 working days. 60% of the complaints received were responded to within the 20 working day deadline
- 3.3.6** The percentage of stage 1 complaints responded to within deadline was 75% in 2010/11.
- 3.3.7** The percentage of stage 1 complaints that were either upheld or upheld in part was 33.3%.
- 3.3.8** Staff conduct was the common cause for complaint with 57.1 % of complaints.
- 3.3.9** No social care complaints went to stage 2 of the council's local complaints procedure.

### 4 PLANNED IMPROVEMENTS FOR 2012/13

- 4.1** The following have been identified as planned improvements over the course of 2012/13 as part of the council's overall strategy for managing statutory and non-statutory complaints.

- Review and update literature about the complaints procedure to encourage feedback of all kinds (comments, compliments and complaints), including complaint forms, information on the council website and posters in council buildings
- Launch of new software for case management (CRM Dynamics) to improve the council's overall management of statutory social care complaints. Testing for CRM Dynamics will commence in July 2012 with an anticipated go-live date in August/September 2012.
- Develop reporting on complaints with a view to publishing information about complaints on the council website
- Review arrangements for capturing positive feedback and comments from service users.
- Develop guidance for staff about the complaints procedure to improve staff understanding of the relationship between the two different complaints procedures and provide training for all social care managers to improve the quality of complaint resolution.

**4.2** These actions are by no means exhaustive and improvements for the management of complaints are very much ongoing.

## **5 CONSULTATION**

**5.1** Although not consultation as such, complaints are an excellent source of customer feedback that can be used to improve and change service delivery.

## **6 FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS**

**6.1** Complaints should be resolved quickly, effectively and used to identify, drive and monitor service performance. If this does not consistently happen, there is a real risk that customers can remain or become dissatisfied with the organisation.

## **7. COMMENTS OF THE SOLICITOR TO THE COUNCIL**

**7.1** The Council Solicitor comments that there are no direct legal implications beyond the requirements of the Regulations already detailed in the body of the report

**7.2** Approved by: Gabriel Macgregor, Head of Corporate Law, on behalf of Julie Belvir, Director of Democratic of Democratic & Legal Services

## **8. HUMAN RESOURCES IMPACT**

**8.1** Where complaints are upheld about staff regarding their performance, conduct, knowledge or skill, this will be addressed through the relevant normal HR practice, policy and procedure. There are no other immediate HR considerations that arise from this report for staff.

**8.2** Approved by: Michael Pichamuthu, HR Business Partner, on behalf of Pam Parkes, Director WCR



## **9. EQUALITIES IMPACT ASSESSMENT**

- 9.1** The Complaint Resolution Team ensure that data is collected for age, disability and gender, as recommended by Department for Health guidance, and it is used to identify an accurate picture of users, highlight where take-up of services could be improved and ensure that the complaints procedure is fully accessible.

## **10 ENVIRONMENTAL AND DESIGN IMPACT**

- 10.1** There are no environment and design impacts.

## **11 CRIME AND DISORDER REDUCTION IMPACT**

- 11.1** There is no implication for reduction of crime and disorder.

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### **CONTACT OFFICER:**

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**BACKGROUND DOCUMENTS: None**