

Southend-on-Sea Borough Council

Report of Corporate Director for People
to
Cabinet
on
17th September 2013

Report prepared by: Charlotte McCulloch

**Compliments Concerns & Complaints received throughout 2012-2013
for Adult Social Care Services
People Scrutiny Committee
– Executive Councillor: Councillor Lesley Salter
*A Part 1 Public Agenda Item***

1. Purpose of Report

- 1.1 To discharge the local authority's statutory duty to produce an annual report on compliments concerns and complaints received about its adults' social care function throughout the year.
- 1.2 To provide statistical and performance information about compliments concerns and complaints received throughout 2012/2013.

2. Recommendation

- 2.1 That the Department's performance during 2012/2013, and comparison to the previous three years be noted.
- 2.2 That the report be referred to the People Scrutiny Committee for detailed examination.

3. Background

- 3.1 This is the fourth Annual Report following the changes to the legislation governing the statutory complaints process for adult social care services. The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 came into force on 1 April 2009 and created a single process for health and social care services. With the increase in integrated services, the single process makes it easier for patients and service users to make complaints and allows them to make their complaint to any of the organisations involved in their care. One of the organisations will take the lead and co-ordinate a single response.

- 3.2 Strong working relationships have been established with complaints colleagues within the Health organisations in the area. This, together with a joint protocol agreed by the Essex Complaints Network, has made it easier for people making complaints that span Health and social care services. In 2012/2013 there were 5 joint complaints.
- 3.3 The new process is based on the principles of the Department of Health's *Making Experiences Count* and on the Ombudsman's principles of good complaints handling:
- Getting it right
 - Being customer focused
 - Being open and accountable
 - Acting fairly and proportionately
 - Putting things right
 - Seeking continuous improvement.
- 3.4 There is a single local resolution stage that allows a more flexible, customer focused approach to suit each individual complainant. At the outset, a plan of action is agreed with the complainant to address their complaint. Amendments to the plan can be agreed at any stage of the process.
- 3.5 The regulations do not specify timescales for resolution and a date for response is agreed and included in each plan. Response times are measured against the agreed dates in the plans.
- 3.6 When the local authority believes that it has exhausted all efforts to achieve a local resolution, and the customer remains dissatisfied, the next step is referral to the Local Government Ombudsman.

4 Compliments; concerns and comments received in 2012/2013

- 4.1 Compliments are a very important feedback and motivational tool and members of staff are encouraged to report all compliments they receive to the Customer Services Manager for recording. All compliments are reported to the Head of Adult Commissioning who congratulates the staff member and the team. This practice has been well received by staff. Data gathered from compliments are used to inform commissioning decisions of the authority.
- 4.2 Adult and Community Services received 429 compliments about its social care services in 2012/2013.

Table to show the number of compliments received in 2012/2013 and comparison with previous three years

Apr 09 – Mar 10	Apr 10 – Mar 11	Apr 11- Mar 12	Apr 12 – Mar 13
Number	Number	Number	Number
242	275	232	429

- 4.3 The current regulations require the local authority to record concerns and comments as well as complaints. Some people wish to provide feedback to help improve services but they do not wish to make a complaint, and this process facilitates that.
- 4.4 Adult and Community Services received 25 concerns about its social care services in 2012/2013. Of these, 17 were regarding homecare services, 2 regarding residential care services and 5 were about internal services.
- 4.5 All concerns and comments are considered to identify areas for improvement and responses are made where appropriate or requested.

5 Complaints received in 2012/2013

- 5.1 Adult and Community Services received 111 complaints about its social care services in 2012/2013.

Table to show the total number of complaints received during 2012/2013 and comparison with previous three years

Apr 09– Mar 10	Apr 10 – Mar 11	Apr 11 – Mar 12	Apr 12 – Mar 13
Number	Number	Number	Number
110	125	107	111

This represents a slight increase of 3% in the number of complaints received during the previous year. The increase has been seen in commissioned services where the number of complaints has increased by 10% from the previous year. The use of CM2000 the electronic homecare monitoring system has allowed us to monitor the providers much more closely if a complaint has been received regarding the timings of calls. The contracts team can then proactively work with the providers to effect improvements to reduce the instances of late/missed homecare. The homecare providers have worked hard over the year to increase their compliance with CM2000, and encourage carers to use the system correctly to record their arrival and departure times for each homecare visit.

- 5.2 Appendix 2 shows complaints by internal and commissioned services. Appendix 3 shows the number of complaints received about internal services by team and service user group. The majority of complaints were received about services to older people. This is the largest service user group and the 91 complaints represent 2.1% of the number of older people who receive services from the department. There has been some confusion in the hospital team regarding the communication in relation to financial contributions to care resulting in 13 complaints. This process has now been rectified and no further complaints on this subject are anticipated. It should be noted that 13 is a very small number (less than 1%) compared to the number of individuals that are assessed by the hospital social work team.

- 5.3 Of the 111 complaints, 71 (64%) refer to services commissioned from external providers. 66 of these were about home care services, and although this figure accounts for 60% of the total complaints, it represents only 3% of the number of service users receiving home care.
- 5.4 Southend Borough Council commissions South Essex Partnership Foundation Trust (SEPT) to provide its mental health and substance misuse services and SEPT received 9 complaints from Southend clients. 3 were partially upheld and 6 not upheld. These were dealt with by SEPT and are not included in the figures in the table in section 5.1 above.
- 5.5 Under the current regulations, any complaints received verbally and resolved to the complainant's satisfaction within 24 hours do not have to be recorded as complaints. During 2012/2013, one such complaint was received.

6. Complaints subject to independent investigation

- 6.1 An independent investigation is an option for reaching a local resolution but it is not an automatic progression. Action taken to address a complaint will be discussed with the complainant at the outset and the primary aim is to find a resolution but action must be proportionate.
- 6.2 There were no independent investigations in 2012/2013. An independent investigation can be costly and if staff can resolve complaints satisfactorily without them, this represents a saving.

Table to show the number of complaints subject to independent investigation, and as a percentage of the total number complaints during 2012/2013, and comparison with the previous three years.

Apr 09 – Mar 10	Apr 10 – Mar 11	Apr 11 – Mar 12	Apr 12 – Mar 13
Number	Number	Number	Number
1 (<1%)	0 (0%)	0 (0%)	0 (0%)

- 6.2 Other ways used to resolve complaints include:
- Written response/explanation
 - Acknowledgment if there has been a failure
 - Apology
 - Change to service
 - Mediation/conciliation
 - Meeting
 - Internal review
 - Redress

7 Complaints referred to the Local Government Ombudsman

- 7.1 No adult social care complaints have been considered by the Local Government Ombudsman in 2012/2013.

8 Response times

- 8.1 Adherence to response times is measured by compliance with the agreed dates set out in the individual complaints plans.
- 8.2 74 complaints were responded to within the timescales agreed. This represents 70% of responses made and is a slight reduction on last year's 73.8%. We recognise the importance of trying to achieve a speedy resolution to complaints and generally aim to resolve complaints within 10 working days. However depending on the complexity of the complaint raised, agreement is made with complainants on an acceptable timescale for a response.

Compliance with response times is shown at [Appendix 2](#)

9 Types of issues raised

- 9.1 The bar chart at [Appendix 5](#) shows all the issues split between internal and commissioned services.
- 9.2 Overall, the top 5 issues were:
- I. Missed/late homecare calls
 - II. Conduct/behaviour of staff
 - III. Communication /Consultation
 - IV. Short homecare visits / tasks not completed
 - V. Quality of Service provided

10 Outcome status of complaints (upheld; partially upheld; not upheld)

- 10.1 The 111 complaints, refers to 164 issues which were reported and responded to, 85 were upheld; 20 were partially upheld; 44 were not upheld, 7 we were unable to reach a finding and 8 were not progressed.
- 10.2 Tables at [Appendix 7](#) show the outcomes of the top 5 issues in internal; homecare and residential care complaints. Missed/late homecare calls being upheld or partially upheld has seen a increase from 18 (90%) in the previous year to 42 (91%) in 2012/13. The department's Contracts Team regularly review the performance of the providers and gain information from the complaints team on the top five issues so they able monitor and ensure improvements are seen and sustained.

11 Monitoring and Reporting

- 11.1 A Complaints Governance Panel continues to meet quarterly to review the complaints from the previous quarter with the aim of identifying areas for service improvements and to inform future planning and commissioning. The panel is chaired by the Head of Adult Commissioning and includes managers from the contracts team; strategy and planning; residential and day services; operational services and the complaints service.

11.2 Statistical data about social care complaints are submitted to the Care Quality Commission as required.

11.3 Most complaints are made by telephone and the new complaints process recommends a discussion of the complaint by telephone or face to face to draw up the individual complaints plan. Other contact is made by post and email.

12 Learning from Complaints

12.1 There is an increasing focus on using complaints as a learning tool to improve services and to plan for the future. Local authorities are being asked to show what has changed as a result of complaints and other feedback that it receives.

12.2 Improvements have been categorised under the following headings:

- Improved process
- Increased awareness of service use
- Increased staff awareness/training
- Improved conduct of staff
- Improved performance of provider

Examples of improvements made as a result of complaints are shown in [Appendix 8](#).

13. Corporate Implications

13.1 Resource Implications (Finance, People, Property).

If resolutions are not found at an early stage and there are undue delays, compensation may have to be paid to acknowledge the time and trouble that the complainant has expended.

In some cases, the initial input in terms of staff time to find a resolution through a meeting/conciliation may be quite intensive but where the complainant has an ongoing relationship with the service, it can save resources in the long term.

13.2 Contribution to Council's Vision & Critical Priorities

A robust and responsive complaint handling process adds to the public's confidence and satisfaction with the way they are dealt with by the local authority when they have concerns to raise.

Effective complaints handling and a well advertised procedure contributes to the corporate priorities:

- Continue to improve outcomes for vulnerable adults and older people
- Become a high performing organisation

13.3 Equalities and Diversity Implications

The gender of all complainants was noted and 57 were female and 53 were male and 1 couple. 24 complaints (20%) were made by the person receiving the service and the remaining 80% were made by another person, usually a relative, on behalf of the service user. Leaflets on how to make a complaint or compliment are left with the service user when they are assessed. It is recognised that some relatives do not live locally and there is information on the Council's website about how to give feedback and the facility to send it electronically.

13.4 Value for Money

Some complaints may have elements where improvements may be made to ensure value for money.

13.5 Community Safety Implications

Some complaints may have elements where improvements may be made to ensure community safety.

14. Background Papers

Complaints papers are kept by the Customer Services Manager. Data about individual compliments concerns comments and complaints are held electronically.

15. Appendices

Appendix 1	Numbers of compliments by team
Appendix 2	Number of complaints by internal and commissioned services (residential & homecare) Compliance with response times
Appendix 3	Internal service complaints by team
Appendix 4	Commissioned and internal service complaints by service user group
Appendix 5	Issues raised in complaints
Appendix 6	Issues outcomes split between internal and commissioned services
Appendix 7	Outcome status of the top 5 issues split between internal; homecare and residential care complaints
Appendix 8	Examples of learning/service improvements

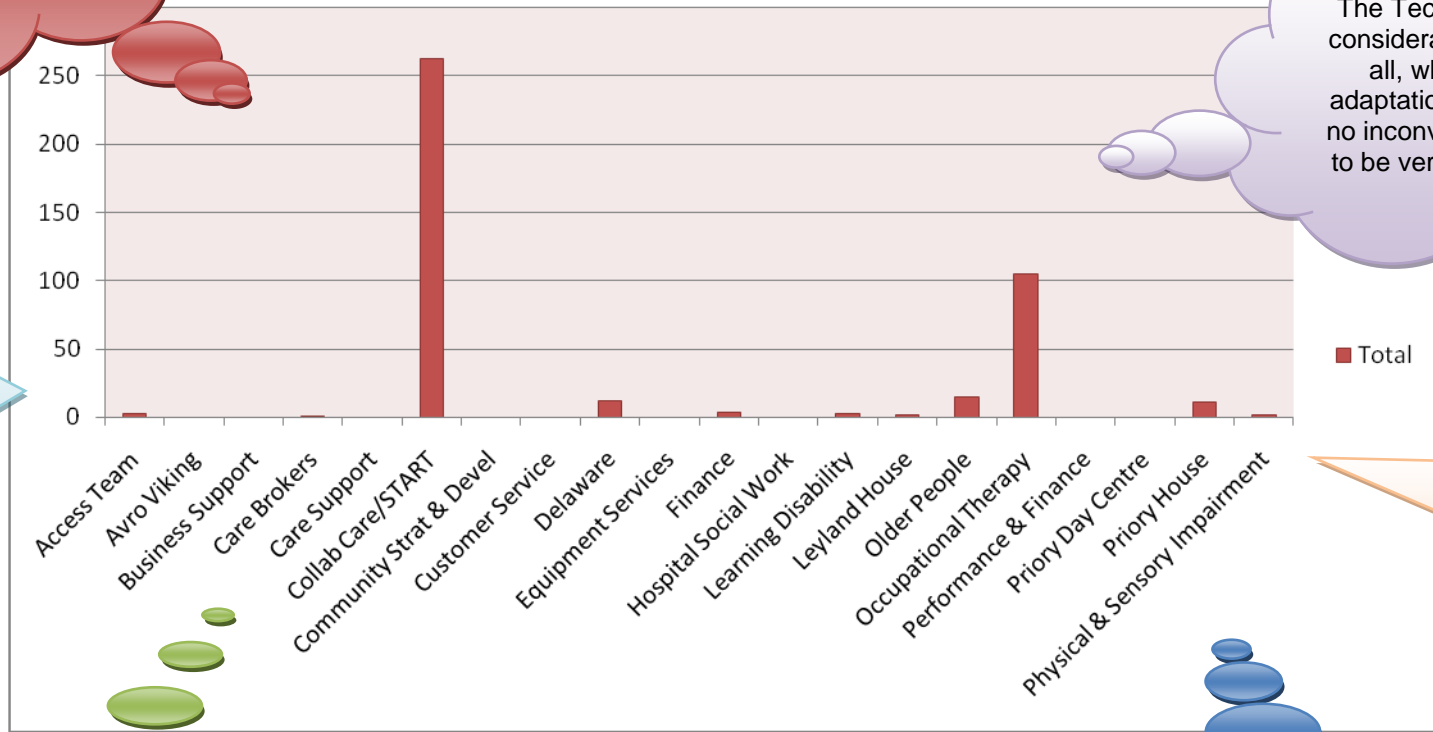
Appendix 1

Compliments received 2012 - 2013

Carers are all very polite, friendly and helpful with their advice.

I was very impressed by the kindness, friendliness and patience of the assessor. He gave me so much time, making sure everything was comfortable and to my liking. Thank you and well done.

Compliments Received 01-04-12 to 31-03-13



They took great care & detail. The Technicians were most considerate & left no mess at all, whilst installing my adaptations. They caused us no inconvenience and proved to be very helpful, with much achieved.

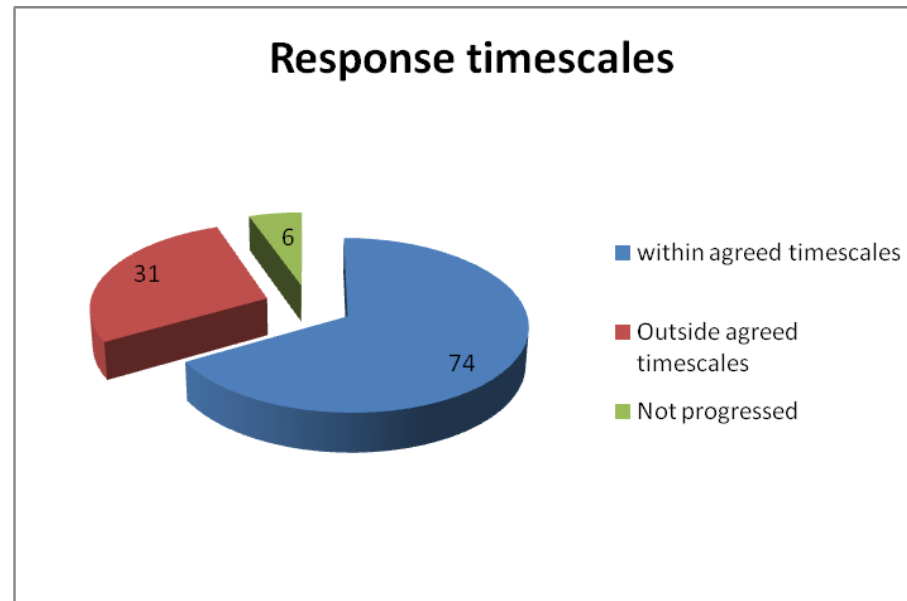
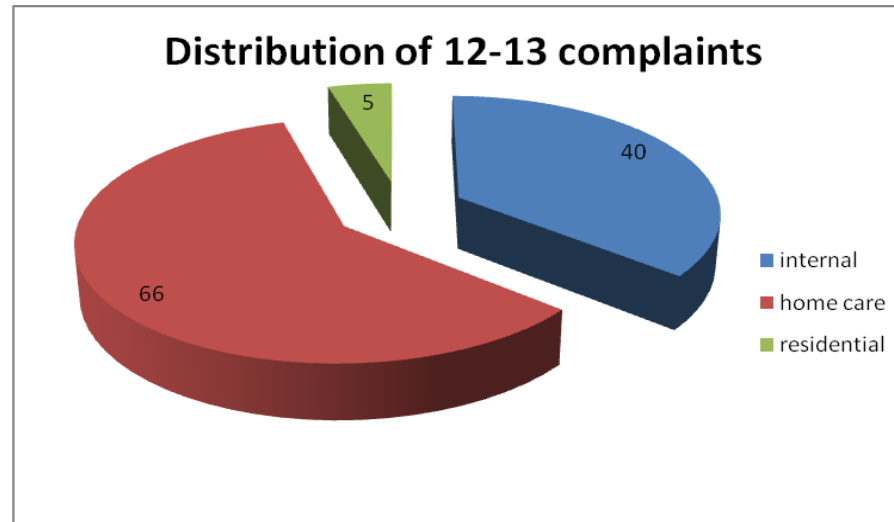
They kept me informed and listened to my needs. Very supportive, thoughtful and caring.

Doing more walking now. I wasn't walking when discharged from hospital. Thank you

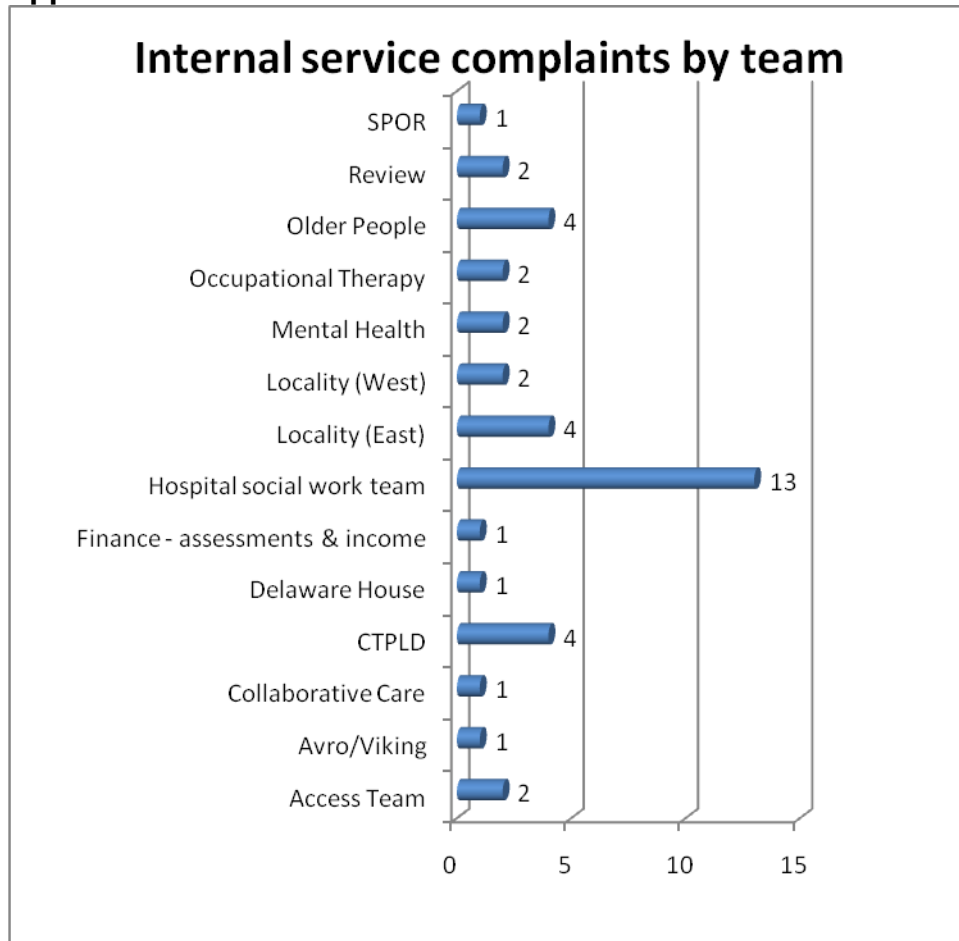
Carers have been wonderful. Have all been very kind. Wouldn't change a thing.

Thank you all so much for the care & attention you gave to my father whilst he was at the Priory. You all are a real credit to your profession & it was reassuring that he was in such loving hands. Thank you **all** so much.

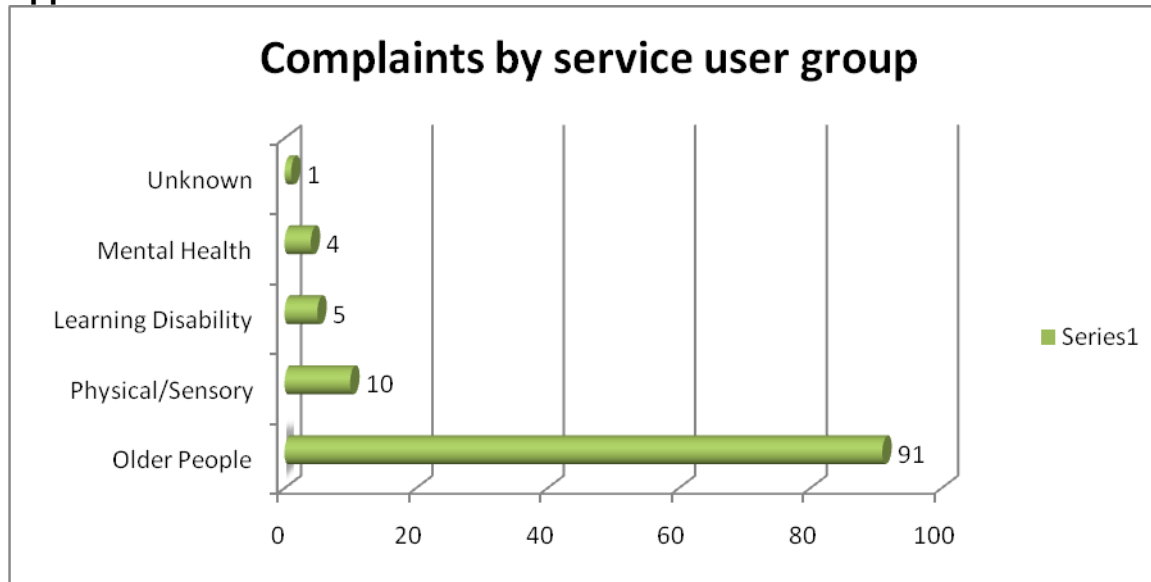
Appendix 2



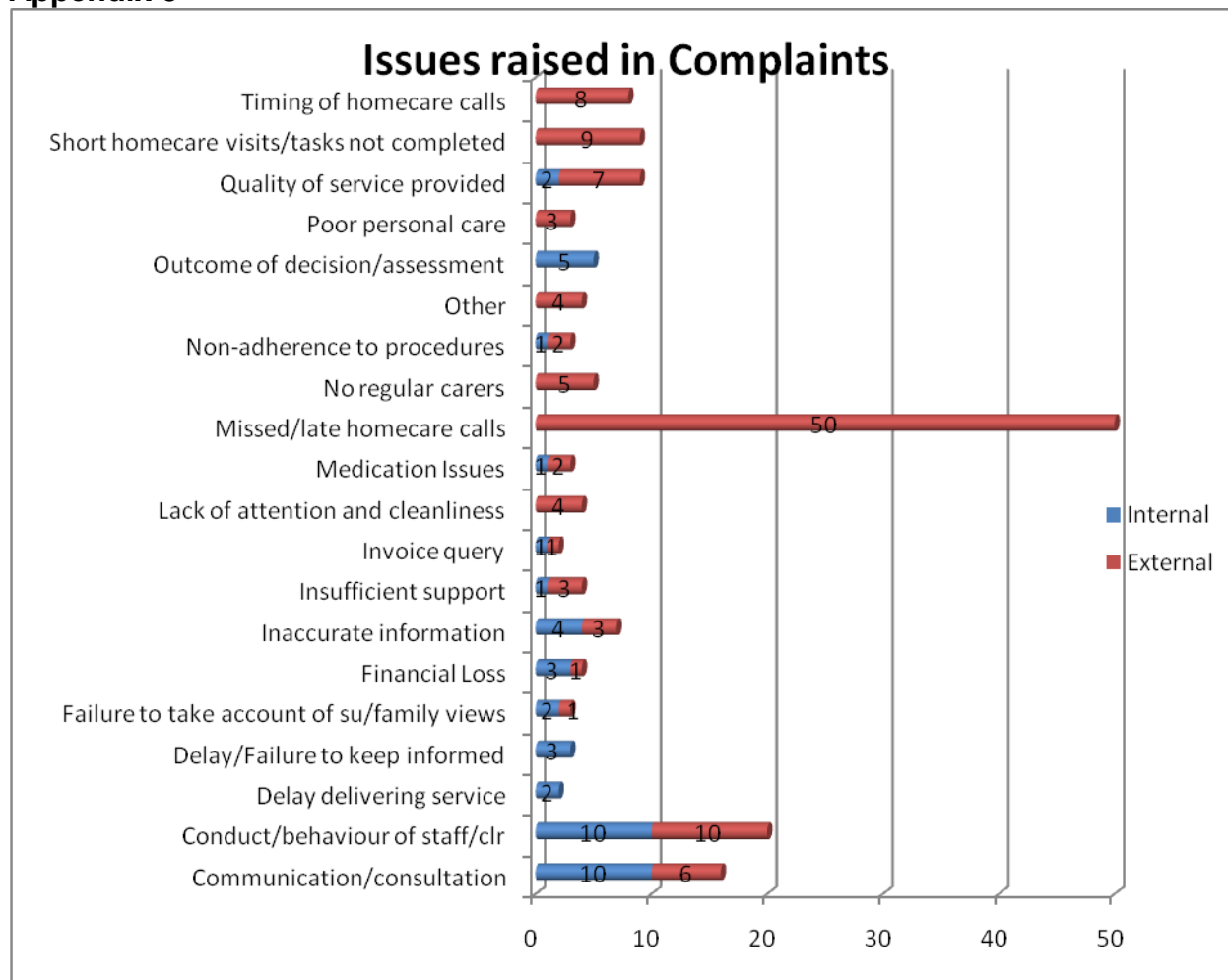
Appendix 3



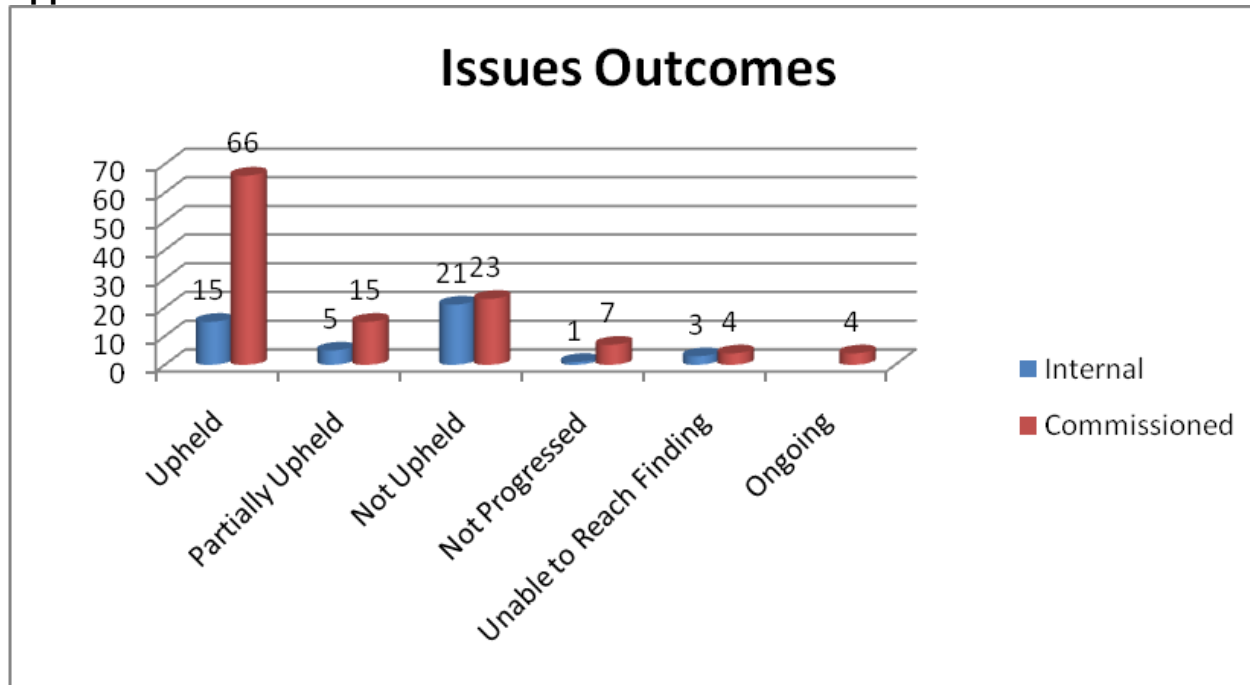
Appendix 4



Appendix 5



Appendix 6



Appendix 7

Internal services	Upheld	Partially Upheld	Not Upheld
Conduct/behaviour of staff	0	2	3
Communication/consultation	4	1	3
Outcome /decision	0	0	5
Inaccurate Information	3	0	1

Homecare services	Upheld	Partially Upheld	Not Upheld
Missed/late homecare calls	35	7	4
Conduct/behaviour of staff	2	1	3
Short homecare visits / tasks not completed	4	1	1
Timing of homecare calls	5	1	0
Quality of service	4	0	1

Residential services	Upheld	Partially Upheld	Not Upheld
Quality of service	0	0	2
Conduct/behaviour of staff	1	0	1
Lack of Attention / Cleanliness	0	0	1
Insufficient Support	0	0	1

Appendix 8

Issue	Improvements
No process for transferring telecare equipment when service user moved.	New checklist implemented for workers to complete to send through to Careline if the Telecare Equipment needs to be moved to a different location. Checklist added to Care First
Problems arising with issuing of medication whilst in Day Care Centre	<ul style="list-style-type: none"> • Medication administration sheet to be improved to show times/days of attendance/administration more clearly • Medication folder to be separated into Daily & Occasional sections. • A Day Services Officer to be designated to administer medication each day. • A lunch time check by co-ordinator or acting manager that all medication has been dispensed. • A weekly check sheet to be displayed within the admin office to be signed by person administering the medication and counter signed by a member of management.
Reviewing of online referral forms and the process for gaining consent from service users when they are in hospital.	New online referral form now available http://apps.southend.gov.uk/af3/an/default.aspx/RenderForm/?F.Name=ErHkL1gfrLs