



**CENTRAL BEDFORDSHIRE COUNCIL
ADULT SOCIAL CARE**

CUSTOMER FEEDBACK –

**COMPLAINTS
COMPLIMENTS**

**ANNUAL REPORT
2010/11**

Document Status – Not Protected

INTRODUCTION

This report fulfills the statutory duty to produce an annual report for Adult Social Care. The report provides statistics on the number of complaints received; complaint outcomes (upheld/not upheld); performance; issues complained about; and learning and improvements resulting from complaints for 2010/11.

Adults Social Care cases were inputted and managed in the 'Icasework' database system. 'Icasework' is a legacy system from Bedfordshire County Council. It is not configured to fully map the current council services or the procedures and does not reflect changes in Regulations that came into effect from 1 April 2009. As a result there is limited reporting functionality.

The Adult Social Care Service received weekly, monthly and quarterly reports on customer feedback based on their requirements for performance reporting.

EXECUTIVE SUMMARY

The Customer Relations Team managed the procedures for Adult Social Care complaints.

Adult Social Care Complaints Procedure

The procedure is governed by Regulations which provide a loose framework for handling complaints with the emphasis on fully understanding and addressing the complaint at the start; planning the method of handling the complaint to get it right first time; and focusing on improving services where there are failings.

The Council's procedure contains a number of different options to handle complaints. Each has a standard timescale for responding:

- Local resolution by Service Manager – 10 working days
- Mediation – 25 working days
- Conciliation – 10 working days
- Independent Investigation – 25 up to 65 working days

However, it should be noted that timescales can be flexible depending on the nature of the complaint. Extensions to timescales are permitted providing this is recorded in a complaint plan and communicated to the complainant.

There were 88 new complaints received for the Service for the period 1 April 2010 – 31 March 2011.

During the period 72 cases were closed. Of those, 51 were either upheld fully or in part. Whilst individual cases were actioned to remedy them specifically for complainants wider services improvements were also identified in a number of cases. These are detailed in Section 4.

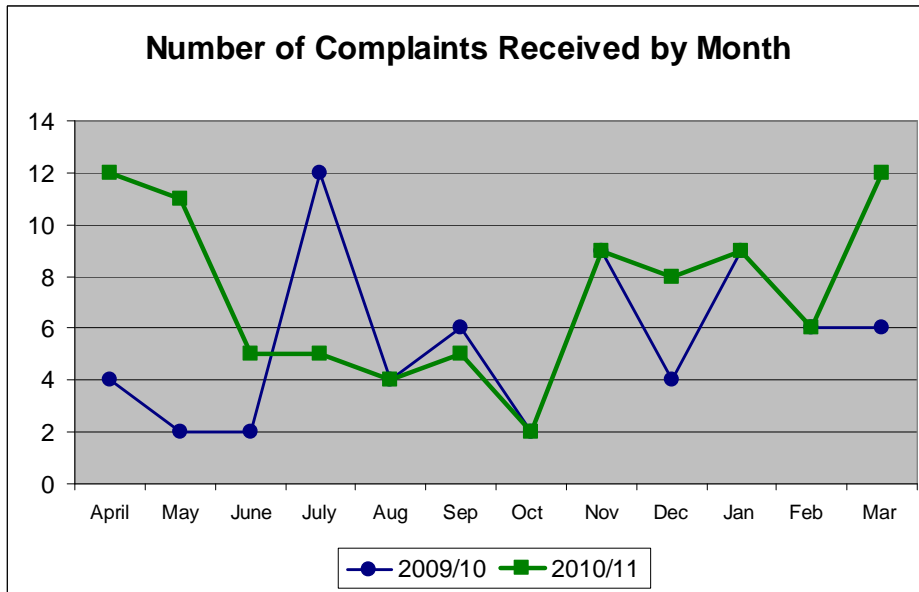
There were 52 compliments recorded where service users thanked or praised staff for the excellent service and support they had provided. This was a significant increase on the 16 reported last year.

1 SUMMARY STATISTICS

1.1 Headline Data for Customer Feedback

Feedback Received	Q1	Q2	Q3	Q4	Total
Complaints	28	14	19	27	88
Compliments	11	7	15	19	52

1.2 Spread of Complaints Received



1.2.1 There was a focus on improving the capture of complaints during the period which resulted in 88 new complaints being recorded compared to 66 the previous year.

1.2.2 The peaks for complaints were at the start and end of the period in April 2010 and March 2011. The peaks did not relate to complaints about any particular issue. The complaints for both months were spread across services.

The quieter months were August and October with 4 and 2 complaints respectively. Both months saw the same number of complaints the previous year and October was one of the quietest months in the previous year.

1.2.3 Health and Social Care Joint Complaints

There were no complaints received that related to both health and social care services delivered to an individual.

1.3 Local Government Ombudsman (LGO) Complaints

The council received 4 complaints from the LGO about its adult social care services:

- 1.3.1 A complainant alleged the Council had failed to consider a complaint about a private residential home appropriately. The Ombudsman found no fault on the part of the Council.
- 1.3.2 A complaint largely concerning Milton Keynes Council had an element for Central Bedfordshire Council that an allegation was not investigated or responded to appropriately using safeguarding procedures. The Ombudsman found no fault on the part of the Council.
- 1.3.3 One complaint related to an embargo being placed on a Service User being moved to the residential home of their choice. The complainant advised that the matter had been resolved with the Council and withdrew the complaint. The Ombudsman discontinued the investigation and closed the case.
- 1.3.4 A complaint detailed that a service user's care plan was out of date and did not take into account deteriorations of health; and the Council failed to put respite care into place. The Ombudsman concluded that the council had acted reasonably in initially setting up respite and carer's payments but some individual errors by workers caused some problems with service delivery and confusion. To remedy the complaint the Ombudsman recommended a payment of £150. This was agreed and actioned.
- 1.3.5 A case raised in the previous year was settled. The Ombudsman's view was that a service user had not been dealt with by the Council as someone funding her own care. As a result the family's course of action to fund care was misdirected which resulted in financial loss. The Council agreed to remedy the complaint by local settlement and agreed a reduction of the debt in relation to care home fees of £20,862.47.

1.4 Trends - Services Most Complained About

- 1.4.1 Some complaints crossed more than one service, and were recorded against the service to which the main issues related. The complaints issues varied and there were limited trends.

Complaints about the quality of services provided by care providers on behalf of the council i.e. home care and respite/residential were shared with the Adult Services Improvement Group and the Contracts Service. Whilst each individual complaint was actioned the Contracts Service ensured wider concerns about providers were monitored and managed to address contract and quality issues.

- 1.4.2 The service receiving the most complaints was the Older People Service receiving 40 of the 88 complaints. There were 10 cases that related to the quality of services provided by external providers on behalf of social care i.e. home care and respite/residential. Other complaints were about care management of cases including delays; customer care and poor communication; and handling of financial matters.

1.4.3 The Learning Disability Service received the second largest number of complaints with 17 new cases. The majority of the complaints related to the quality of service provided in residential, respite or supported living settings. The remainder related to employment schemes, referral, Direct Payments and assessment of need.

1.4.4 Disability Services received the third highest number of complaints with 12 cases. The quality of Home Care was the top reason for complaint, 4 out of the 12 cases. The other reasons were spread and related to Occupational Therapy, assessments, review, Direct Payments and equipment.

1.5 Outcomes from concluded Complaints

1.5.1 72 Social Care cases were concluded in the period. 43% (31) were upheld. A further 27% (20) were partly upheld. This meant a total of 70% were deemed to be well founded in full or in part.

Whilst case specific remedies were put in place for individuals Section 4 details wider actions and improvements resulting from complaints.

1.6 Compliments

1.6.1 52 compliments from customers were captured relating to the quality and timeliness of services and support. This was a significant increase on the 16 reported last year.

1.6.2 Extracts from compliments received:

'The care and help provided by Occupational Therapy Teamare to be complimented in the highest degree. The help they have given and the ongoing advice and support have helped me to copeI do not know where I would be without them.'

'May I say a very sincere 'Thank you' to all the carers who have looked after me for the last six weeks. It's been a pleasure to meet them when they call. I am sure it is because of their care and attention that I have improved so quickly. Again, thank you all.'

2 PERFORMANCE IN COMPLAINTS HANDLING

- 2.1 There is no statutory timescale in which to respond to complaints. Instead the emphasis is on assessing the complaint at the outset to fully understand the issues, and then agreeing a clear method of handling the complaint to a defined timescale. In response to this the Adult Social Care complaint procedure includes a range of options for resolving complaints, each with a standard timescale for response. Timescales can be re-negotiated with the complainant if appropriate.
- 2.2 The legacy database that is used for capturing complaints is not configured to reflect the process changes and options for handling complaints including relevant timescales.

During the period, reports to the Performance Board, Adults Social Care, Health and Housing, reflected that in the first half of the year action plans were not being put in place for complaints confirming; the method of handling; the timescale; or an offer to discuss the method of handling with the complainant.

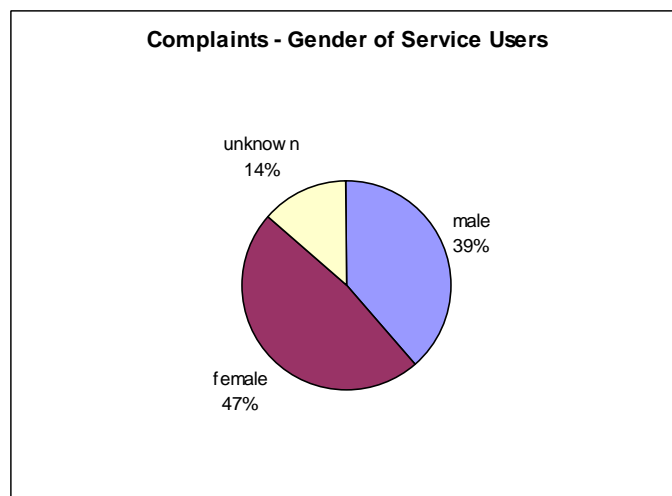
However, Customer Relations supported managers to better understand the need for action plans and in the second half of the year 84% of complaints were reported to have an action plan and 71% were completed in accordance with the plan.

Learning Sets will be put in place for staff later in 2011 to further improve the understanding of the complaints process and performance.

3 EQUALITY & DIVERSITY MONITORING

- 3.1.1 The purpose of capturing data is to monitor access to the complaints procedure and to ensure services are appropriate for all service user groups. Customer Relations record data about the **service user** for complaints.
- 3.1.2 The 'I-casework' 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. The system is not adequate to meet the needs of equality and diversity monitoring. We can't easily analyse the detail of complaints and trends relating to discrimination / human rights such as degrading treatment. We are not able to analyse by age, and with age discrimination legislation coming in next year this is something we will need to address.
- 3.1.3 National research is highlighting feedback from service users on what is happening to them in terms of possible experiences of inequality when accessing social care services. It will be essential that systems and reporting on complaints going forward are developed to provide good information on customer experience to ensure inequalities can be monitored and addressed. There is a project planned for 2011/12 to implement a new complaints database. The requirements for capture and reporting on equality and diversity information will be taken into account when developing categories of complaint.
- 3.1.4 There were 5179 service users in receipt of a service during the period 2010/11. 88 new complaints were registered. 58 of the complaints were made on behalf of service users by a representative. The majority, 53, were made by relatives.

3.2 Social Care Complaints – Gender



- 3.2.1 47% of complaints affected female service users, 39% affected males. This evidences that service users of both genders are represented in the complaints procedure.

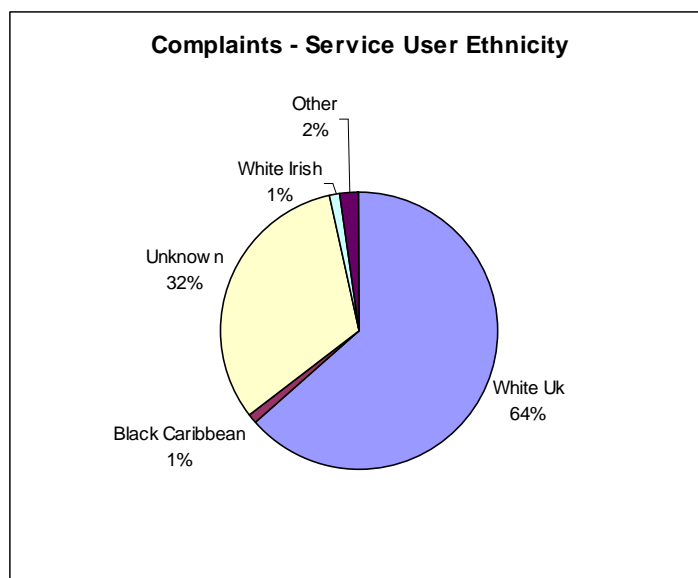
3.2.2 The trend is in line with the thinking that females are more likely to raise concerns than males. The proportion of service users accessing services for the year which was; female (63.1%); male (36.9%).

3.2.3 Totalling the complaints across all services the main cause for complaint was care management i.e. how cases were managed by the teams; 56% of these complaints were from males and 38% of these complaints from females.

The next main cause for complaint was home care provided by companies on behalf of social care, 53% of these complaints were from females and 23% from males.

Both male and females were represented in the main causes for complaint. However, males complained more than females about care management whereas females complained more about the quality of service provided by external companies.

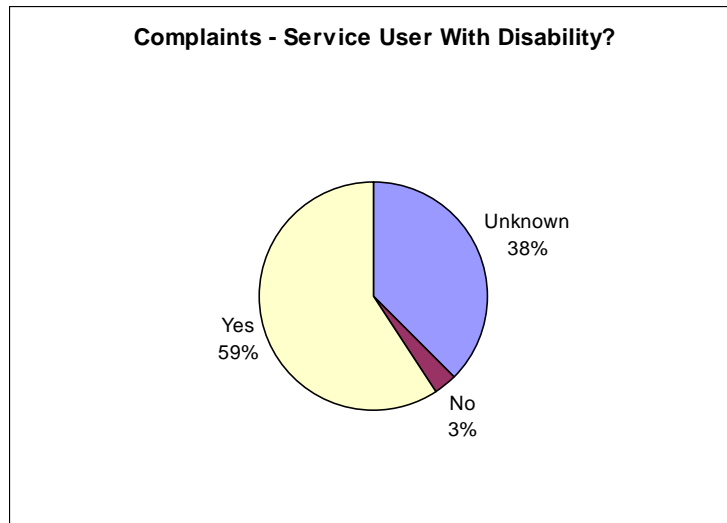
3.3 Social Care Complaints – Ethnicity



3.3.1 62% of complainants were recorded as 'White UK'. Other ethnic backgrounds were also represented in complaints. The 32% 'unknown' cases may mask representations from ethnic backgrounds not reflected here.

3.3.2 The issues for complainants in the minority categories for ethnicity were also raised by those in the majority category - care management and home care provided by companies on behalf of social care.

3.4 Social Care Complaints – Disability



3.4.1 In 59% of complaints service users described themselves as having a disability. The services covered included 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.

3.4.2 The top two issues affecting people with disabilities were:

How their social work cases were managed (22 cases) including; delays to action direct payments and personal budgets; Occupational Therapy waiting list, customer care issues such as cancelling appointment without notice and attitude of social workers.

Externally provided Home Care (10 cases) largely around missed and late calls and the quality of care.

Issues affecting only those who described themselves as having a disability were both internally and externally provided residential and day care resources for people with disabilities. Complaints related to not meeting the needs of service users. Concerns were mostly raised by family members. Service users who raised their own complaints were concerned about privacy and failure to address other resident's unacceptable behaviour.

3.4.3 The figures demonstrate that people with disabilities are able to access the complaints procedure.

4 SERVICE IMPROVEMENTS RESULTING FROM CUSTOMER COMPLAINTS

4.1 The majority of the improvements identified were relevant to individual cases to remedy complaints. There is some evidence of learning from complaints, detailed below, but this is an area for development. The Customer Relations Manager and Policy and Performance Manager covering Adult Social Care will set up a process to regularly review complaints to ensure learning is captured and shared across the whole service.

4.2 Older People and Physical Disabilities Services

Where customer care fell short managers responded by engaging with staff on areas to improve:

- ✓ A complaint highlighted the need for extra support and training for a staff member who was not fully aware of the affects that MS may have on a person. All staff are having specific training on long term conditions, including multiple sclerosis
- ✓ staff reminded to respond promptly to messages and phone calls;
- ✓ staff to make use of system templates provided when communicating with service users and their families to ensure that the correct details and information is sent out.
- ✓ A family complained about the lack of choice of care home on discharge from hospital. The Council has now decommissioned the interim beds the customer used and has plans to commission specific beds which have a clear focus and purpose which may be appropriate for someone to access on a short term basis before they are considered for residential care.

4.3 Learning Disabilities Service

- ✓ Staff signing sheets were put in place for all staff, including agency staff, requiring confirmation they have read customer Care Plans and Alert Pages. This will ensure that staff on duty are clear about current needs of the service users in residential settings.
- ✓ To reduce the risk of delays in provision of services and to improve care management of cases staff had a refresh of the protocols for duty desk activities. Additional support was put in place via 'seniors' based within the team. This has provided an enhanced presence of support particularly within the duty office. A single model of caseload monitoring has been implemented across the team to ensure cases are allocated and managed with reference to staff experience.

4.4 Occupational Therapy

- ✓ A review of the structure for OT services across the Council to establish an improved service delivery for service users within the community and reduce the need for multiple assessments.

- ✓ Employment of additional staff, waiting times significantly reduced to 4 weeks by October 2010.
- ✓ Advice to all staff that any plans/designs received from an architect or technical officer should receive feedback within 5 working days. System put in place to allocate cases during staff absence. Service users will be advised of any delay along with the revised timescale for feedback

4.5 Finance, Business Support

- ✓ All enquiries are now logged and a target date recorded for response. This log is regularly monitored and a record is made once a response has been sent.
- ✓ Customers are to be informed in writing when their case has been transferred to the social work team. Social workers will also receive a copy of the letter.
- ✓ A change in the process to ensure that service users/families are notified of the increase in Residential/Nursing Home contributions prior to the Home raising the invoice.
- ✓ The Business Support Service Plan for 2011-12 includes an action in response to a recommendation for a written policy to be developed in relation to personal expenses allowance so that future requests can be determined transparently and without undue delay.
- ✓ Customers will be notified of the outcome of assessments regardless of whether they receive Direct Payments or a care package
- ✓ Following the case where a service user had not been dealt with by the Council as someone funding her own care all existing property cases were audited to ensure that the correct procedures had been applied. New cases are subject to oversight by a senior member of staff who signs off the actions of the person dealing with the case.

4.6 Externally Provided Care Services

The Commissioning Team monitored complaints about care services and took appropriate steps to manage any concerns. They did this by considering complaints data alongside other relevant information. This included liaising with operational staff, the safeguarding team, the Care Quality Commission and other local authorities to support their investigations. Where appropriate they worked with care providers on action plans and supported them in service improvement.