

Adult Social Care (Social Services)

Comments, Compliments, Complaints

Annual Report

2004 - 2005

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1. Introduction

Local Authorities are required by law to have a complaints procedure. The procedure has three stages but there is a strong emphasis on the resolution of complaints at the earliest possible opportunity.

The three stages are:

- Local resolution – stage one
- Formal investigation – stage two
- Complaints review panel – stage three

If the complainants are still dissatisfied, they may take their complaints to the Local Government Ombudsman.

It is also a statutory requirement that a report on the operation and effectiveness of the Social Services complaints procedure is produced annually. In April 2005, Social Services separated and formed two departments, Children's Services and Adult Social Care respectively. It was agreed that this annual report for 2004/05 should reflect these changes.

Adult Social Care works with and serves a large number of vulnerable people throughout the County. The Department provides and arranges a wide range of support services to enable people with care needs to stay in their own homes and when this is not possible will support residential or nursing care. The services provided relate to the personal care and confidential circumstances of individuals and their families, often at difficult times in their lives.

The Department recognises that, given the nature of the services it provides, sometimes things can go wrong. The complaints procedure provides the Department with a mechanism for identifying problems, resolving issues and improving services. The analysis of information about complaints at each stage of the procedure, gives the department an opportunity to reflect on the

quality of the services it provides to our service users and consider how well it listens and responds to their needs.

The numbers of compliments received by the Department provide valuable information regarding the quality of our services.

This report will therefore look at the complaints, comments and compliments received by Adult Social Care during 2004/05 and identify what we have learnt from them. In addition, it will look at the complaints and compliments received by Financial and Business Services, which are integral to the provision of community care services. The report will also provide an overview of relevant national issues and consider areas for future development for the Complaints Unit.

2. Who Complained?

The complaints procedure aims to be as accessible as possible. The Department publicises information about how to make a complaint in its leaflet 'Comments, Compliments and Complaints' and has specific leaflets available for children and people with learning disabilities.

Complaints can be made in person, by telephone, in writing, by text or email, either to directly to the team or to the complaints unit.

All service users, whatever their circumstances, should feel able to make a complaint. Recording and monitoring details about complaints is therefore a valuable source of information.

Of the complaints made during the year, 74% of complaints were made on behalf of service users. The sons and daughters of service users made almost half of these complaints, but others include spouses, parents, advocates and neighbours.

Independent advocacy providers were recorded as assisting 8 service users to make a complaint. Advocacy services however, are not necessarily in direct contact with the Department about complaints but they do provide information, guidance and support to service users to assist them to exercise their right to comment or complain about local authority services.

Information about the service users' ethnicity was known in 325 cases. 95% of complaints were made about service users who were White British.

The Complaints Unit is in the process of developing its monitoring of equalities data. The unit is also reviewing and developing how it publicises its information about complaints; recognising that some people might need information to be presented differently to help them understand and to feel confident to make a complaint

3. Overview of Complaints

Between 1 April 2004 and 31 March 2005, Adult Social Care and Finance and Business Services received 465 complaints, at all stages of the procedure.

Adult Social Care:

Stage	2004/05	2003/04
Local resolution - stage 1	415	334
Formal investigation - Stage 2	13	8
Review Panel - Stage 3	3	2

Finance and Business Services

Stage	2004/05	2003/04
Local resolution - stage 1	33	38
Formal investigation - Stage 2	1	1
Review Panel - Stage 3	0	0

Ombudsman	2004/05	2003/04
Complaints to the Ombudsman	9	12

4. Local Resolution (Stage 1)

Adult Social Care

415 complaints about Adult Social Care services were received during the year. This presents a 20% increase in the total amount of complaints received at stage 1 over those received last year (334).

Of these, 97% were resolved locally. This reflects the Department's desire to achieve resolution as quickly and as close to service delivery as possible.

It is important to acknowledge the emphasis that is placed on this part of the process involves time and effort, particularly as complaints are often complex and sensitive. The high level of input required of staff and their managers however, does generally result in far more satisfactory outcomes for the complainant and the Department

4.1 How many complaints were about services for older people (65+)?

Complaints made	2004/05	2003/04
All	415	334
Over 65	275	228

Of the 415 complaints received, 275 (66%) of complaints made were in relation to older people. Proportionately however, the numbers of complaints related to services for older people has reduced by 2%.

4.2 Complaints by service and area

The table below sets out the number of complaints recorded for each service within the geographical areas in East Sussex.

Services	Eastbourne Downs		Hastings & St Leonards & Bexhill & Rother		Sussex Downs & Weald	
	All	+65	All	+65	All	+65
Independent Living Teams, Hospital & Contact Teams	84 (62)	64 (57)	81 (68)	71 (58)	63 (35)	57 (30)
Learning Disability Services (day care; respite, reviewing and transition)	15 (16)	1 (0)	22 (20)	0 (0)	10 (14)	0 (1)
Mental Health	15 (18)	4 (10)	33 (25)	16 (18)	21 (11)	14 (5)
Physical Disability (Occupational therapy assessments; adaptations; daily living equipment)	8 (5)	2 (4)	5 (7)	3 (7)	17 (16)	14 (12)
Sensory Impairment	11 (4)	6 (1)	3 (1)	0 (0)	0 (0)	0 (0)
Older Peoples Services (excluding assessment but including respite, living at home programme, day care)	7 (13)	7 (13)	2 (1)	2 (1)	5 (0)	5 (0)
Home Care (in house)	9 (8)	6 (7)	1 (6)	0 (2)	0 (1)	0 (0)
Emergency Duty Service	0 (0)	0 (0)	1 (1)	1 (1)	2 (1)	2 (1)
Employment Services	0 (0)	0 (0)	0 (0)	0 (0)	0 (1)	0 (0)

(Figures for 2003/04)

4.3 What were the complaints about?

Types of Complaints	No. of complaints	
Service Provision (response to referral; eligibility; assessment and outcome; funding)	234	(222)
Service Delivery (quality and communication)	107	(70)
Staff Response	30	(25)
Behaviour of others (Service user to service user)	6	(6)
Independent sector complaints (e.g. home care)	31	(9)
Equalities	1	(1)
Policy (general)	6	(1)
TOTAL	415	(334)

Figures for 2003/04 shown in brackets

The main themes of complaints in 2004/05 were:

- Delay – mainly about delay in funding services.
- Quality of services
- Communication

Of the 234 complaints about service provision, 156 related to funding issues, of which 74% were specifically regarding delay in releasing funding.

As the year progressed, complaints were mainly about the delay in transfers from hospital and the time spent by service users waiting in residential respite units or community hospitals for a care package or a move to a permanent residential/nursing home placement. Many complainants referred to the stress and anxiety caused by the delay, many were worried that they would lose the vacancies identified in residential or nursing home placements and the negative impact the delay had on service users' wellbeing.

Regrettably, the demand for funding is on occasions greater than available resources.

The numbers of complaints made regarding the delay in releasing funding for services is reflected in the significant rise in complaints received by the Independent Living Teams, Hospital Teams, Community Learning Disability Teams and Community Mental Health Teams. These teams are responsible for identifying and organising services and this includes the funding application process.

Other issues for these teams related to service users' perception of the assessment process and not receiving the outcome that they wished for, including their choice of service or feeling that the amount of support provided was insufficient.

Complaints about service delivery presented an increase of 34% over last year. These covered a range of issues, many of which related to the quality of services provided falling below expectation or feelings that staff were providing inadequate or not enough care.

Complaints about independent sector providers, arranged by the Department showed an increase of 80% on the previous year. Almost half were about the quality of food provided by one company over a two-day period. Other complaints were about home care agencies and residential and nursing home providers.

In respect of home care agencies, complaints related to missed calls, timekeeping and inconsistency of care workers. The Contracts and Purchasing Unit is involved in taking up the issues with the appropriate provider both on an individual level and by the regular monitoring of contractual arrangements.

The Commission for Social Care Inspection are responsible for the regulation of residential and nursing care providers. When complaints were raised, the complaints unit and appropriate teams worked alongside CSCI to try to resolve issues when the service was arranged by us or referred complainants directly to them if it was not.

Communication issues, like last year, featured in many service users and carer's dissatisfaction with services. For example, when people were unhappy and frustrated with the delays in getting services in place, they wanted to know how long they would be expected to wait and to be kept up to date with the situation.

Other concerns regarding communication included not receiving a response to letters or phone calls and some service users and carers felt that they had not been listened to properly or their views had been ignored.

4.4 How many complaints about were upheld?

Out of 415 complaints, 46% of the complaints were upheld, 22% were partially upheld and 23% were not upheld. Some outcomes are still unknown.

Of the 156 complaints received about funding, 121 were upheld. This represents 64% of the total number of complaints upheld.

4.5 How long did it take to reply to complaints?

The target time for responding to complaints at the Local Resolution stage is 15 working days (21 calendar days).

80% of complaints received a response within the timescales, with an average time of 16 calendar days. This is well within the 21-day timescale and demonstrated an improvement of 1 day on last years average response time of 17 days.

5. Local Resolution (Stage 1)

Financial and Business Services

Financial and Business Services recorded 33 Complaints for 2004/05, a decrease of 15% from last year.

5.1 What were the complaints about?

Types of Complaints	No. of complaints
Invoicing (query, error or arrangements)	6
Poor quality service	4
Delay	9
Assessment (outcome and quality)	5
Agreements/procedures not followed	1
Poor communication	1
Inappropriate action	1
Unwelcome decision	2
Charges	5

27% of complaints related to delay in undertaking assessments or in being notified of the assessment outcome.

In most instances, complainants felt that they had been given inadequate or incorrect information about charges for services.

5.2 How long did it take to reply to complaints?

57% of complaints were responded to within the 15 working days timescale. Whilst recognising the complexity of some of the issues raised, the timescale for responding to complaints about financial services needs to be improved.

6. Formal Investigation (Stage 2)

There were 14 formal investigations in 2004 – 2005 compared to 8 in 2003 – 2004.

Service Area	Number of formal investigations
Learning Disability Services	7
Mental Health Teams	2 (1 working age, 1 older people)
Social Care - Home Care	1
Social Care - Hospital	1
Sensory Impairment	1
Physical Disability	1
Financial and Business Services	1

In 2004 – 2005 13 investigations were carried out by external investigating officers and 1 by an off-line manager. Of these, 9 had independent people appointed to them. Whilst this is not a requirement of the procedure, in instances where the service user was vulnerable and/or there were complex issues, it was considered good practice that an Independent Person monitored the investigation to ensure that it was fair and thorough.

At this stage of the procedure, there are usually complex complaints, covering a range of issues.

The main themes were:

- Handling dispute regarding the social care assessment, eligibility and service provision
- The length of time taken to undertake and agree the social care assessment
- Provision of relevant and timely information
- Information and implementation of direct payments
- Staff conduct

As shown, half of the investigations related to learning disability services. Of these, the complaints were fully upheld in 2 investigations, and 4 were wholly not upheld.

In the other formal investigations, there was a combination of upheld, partially upheld or not upheld complaints.

In all instances, recommendations were made to the department in order to achieve improvements in services. Examples of the learning from formal investigations are:

- A need to ensure a clear interface between operational staff and finance and support staff
- The need to undertake and confirm the outcome of the financial assessment in a timely manner
- The need for prompt and timely recording on the service user database
- The need for accurate and comprehensive case file recording
- Clear and comprehensive information about direct payments is available
- A review of the general way explanations are given about funding panel processes to staff, service users and carers.
- The standard letter issued by the CLDT acknowledging receipt of referrals has been adapted to incorporate the anticipated waiting time for assessment and provides a named individual for further contact

The statutory timescale for completing an investigation and sending a response to the complaint is 28 working days. In 2004/05, it took an average of 36 days to complete and send a response to the investigation. However, given the complexity of the complaints at this stage, the statutory timescale often has to be extended.

7. Complaints Review Panels (Stage 3)

Review panels are chaired by an Independent Chairperson, who is joined by an Elected Member and an Assistant Director. Complainants and the Department's representatives are invited to make both written and verbal presentations to the Panel members and there is the opportunity for open discussion about the issues still in dispute. The Panel listens, reaches conclusions and makes recommendations, where appropriate, for action and remedies to the Director of Adult Social Care. A copy of the confidential Panel report is sent to the complainant and other participants. The Director considers the Panel's report and recommendations and then responds to the complainant within 28 days of the Panel meeting.

There were three Panels held during 2004/05, the same as last year.

The Panels reviewed the investigation of complaints about:

- Mental Health Services and the role and support provided by and to the Assertive Outreach Team.
- Physical Disability Services and the delay in providing appropriate services
- Learning Disability Services and the social care assessment, carer's assessment process and the sharing of service user's information with other agencies.

The Director agreed all the recommendations made by Panels in 2004/05.

8. Local Government Ombudsman

The Ombudsman is concerned with maladministration causing injustice and normally requires complainants to have used the Council's procedures before accepting a complaint for investigation.

The Ombudsman referred 9 complaints regarding Adult Social Care services. On these, the Council offered 2 local settlements and the rest were referred back to the authority for further investigation.

There were no ombudsman investigations during this period. The ombudsman did not feel that there were any general lessons to be drawn about the operation of the Council's complaints procedure and was positive about the way the Council responded to their enquiries and suggestions for local settlement.

9. What did the Department learn from complaints?

It is crucial that there is learning from complaints at all stages of the procedure, resulting in improved services and delivery, wherever possible.

At an organisational level, learning has resulted in:

- The re-introduction of an information leaflet specifically about the charges for services and how these are assessed
- Acknowledgement that re-assessment of charges for 2004/05 were not handled well. In 2005/06 the process will start earlier and conclude in a timely fashion
- Review and development of the professional supervision support offered in integrated mental health teams
- A review of the integrated management arrangements for the CLDT's
- Developing information and staff knowledge about direct payments
- Changes to processes to ensure a timelier undertaking of financial assessments and informing service users of the assessment outcome
- Operational Instructions were amended to ensure that Occupational Therapy assessments will routinely include a medical assessment from the applicant's GP
- The Director of Mental Health Services held a meeting to identify ways to get feedback from users regarding their experience of assessment under the Mental Health Act

Learning at a team level has included:

- Improving communication with service users and their carers, examples are:
 - Adapting the content of and process of sending standard letters regarding waiting times for assessments
 - Changing letters for debt recovery when, regrettably, the service user has died;
 - Checking that a change in the time or day of a home care service is acceptable and sending written confirmation of any changes
 - Communicating the outcome of assessments clearly and sending this in writing.

Other examples of team learning include:

- Closer monitoring of cases where medical information is being sought, to ensure there is a quick follow up if no reply has been received within a 2-week timescale.
- Recognising that changes or delays to service provision need to be fully explained to service users, particularly at transition time as anxiety levels are understandably high
- Reinforcing Independent Living Teams and Hospital Teams awareness of charges for services through familiarisation sessions undertaken by Financial Services managers
- Use of an agreement in resolving conflict between the Department, carers and service users
- When abusive telephone calls are received, these are recorded in dairy sheets and reported as an incident

Learning at an individual level has included:

- Not to assume people want to be referred to as a carer
- Clarification of the process of out of panel funding applications to avoid delays in releasing funding
- The need to be sensitive to individual service users lifestyles

In relation to the independent sector:

- Continued delays and problems with the contractor and sub contractor for the provision of sensory impairment equipment led to intervention by senior managers, monthly monitoring meetings and implementation of a variety of steps to remedy shortfalls in service delivery.

10. Compliments

Compliments provide valuable information regarding the quality of services that are provided and identify where they are working well.

Teams	No. of compliments	
Independent Living Teams, Hospital & Contact Teams	80	(131)
Learning Disability Services	27	(53)
Mental Health	31	(67)
Physical Disability	29	(45)
Sensory Impairment	32	(44)
Older People Services	97	(286)
Home Care	54	(34)
Total	350	(660)

The compliments recorded in 2004/05 present a 66% decrease over 2003/04. This however, is not necessarily a sign of less satisfaction with services but could also be an indication of the changing role of Adult Social Care from a long term provider of care, to that of a facilitator (direct payments); a commissioner (independent sector providers) and where services are provided directly, the emphasis is on short-term interventions (for example, respite care).

The following are examples of some of the compliments received during 2004/05:

“Everyone has been so kind and helpful to us over the last six months. It was lovely to have support and kindness at such a difficult time. We really appreciate it & we can never thank you enough.”

“The worker was very considerate, understanding & helpful, a really good representative. All promises made were kept and followed up.”

“I just wish to say a very big thank you for the kind and professional way that you have supported my parents.”

“Thank you to all the carers and staff for looking after me and making me feel welcome. You have respected my dignity and I appreciate that greatly.”

11. Consultation

People who use the complaints procedure are routinely asked about their views about the complaints procedure. Whilst not all survey questions were answered, the comments received indicate that most people feel well informed about the procedure and have found staff helpful and responsive in dealing with their concerns, even if they did not get the outcome that they wanted. Some complainants did feel less positive and commented that the process had been unnecessarily lengthy and unhelpful.

Preparation for the report included consultation with those who have an interest in promoting the procedure or support service users to access it. This included a wide range of voluntary organisations, Independent People, external Investigating Officers, those involved in Complaints Review Panels. Team managers, Operations managers, Heads of Service and Assistant Directors throughout the department were also asked their views.

In total, 49 responses were received. From these it was evident that the complaints procedure was well known and the support provided by the Complaints Unit, at all stages of the procedure, was considered helpful. However, some advocacy agencies did feel that in some instances the procedure was placatory and was not effective in resolving the issues at hand.

Areas for further development were identified. A key issue to take forward was to develop working relationships with organisations supporting people from minority ethnic groups with the aim of making the procedure more accessible to minority communities.

12. National Developments

A review of the complaints procedure took place during 2004 -2005 and three consultation documents were published:

- An Independent Voice – Commission for Social Care Inspection (CSCI) (September 2004)
- Learning from Complaints - Consultation on Changes to the Social Services Complaints Procedure for Adults (Department of Health) (October 2004)
- Getting the Best from Complaints (Department for Educational Services – 2004)

The proposals in these documents aimed to strengthen the procedure itself, clarify and strengthen the role of complaints personnel and promote a positive culture of listening and responding to service users. A key change was for the transfer of the review panel stage (Stage 3) to the Commission for Social Care Inspection (CSCI). This was planned for April 2005. Central government has since proposed an inspection reform, planning the amalgamation of CSCI with the Health Care Commission. At the time of writing, there was a further deferment to allow for consideration of the implications for health and social

care complaints procedures. In the meantime, Local Authorities will continue to operate their existing complaints procedure.

13. Future Developments

As well as ensuring the effective daily management of complaints, it is important that the Complaints Unit dedicate time to development and training in order to:

- achieve satisfactory outcomes for service users at the earliest opportunity
- foster effective relationships with appropriate agencies to ensure the complaints procedure is accessible and responsive to the needs of minority ethnic groups and other vulnerable, minority groups
- strengthen joint working with health colleagues and CSCI in complaints handling and further develop joint reporting mechanisms for integrated services
- improve mechanisms and processes that support the Department's continuous improvement

14. Conclusion

It is important to have in place effective and accessible means for service users' comments and complaints to be heard, and responses to be made. The complaints procedure provides this opportunity.

Regrettably, things can and do go wrong and with resources stretched and prioritised to meet the needs of the most vulnerable, complaints will be made. However, this year's report shows how comments, complaints and compliments can influence service development and improve services.

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