

Report to: **Adult Social Care and Community Safety Scrutiny Committee**

Date: **4 September 2014**

By: **Director of Adult Social Care and Health**

Title of report: **ESCC Annual complaints and compliments report incorporating the Local Government Ombudsman Review of Adult Social Care Complaints 2013**

Purpose of report: **To provide an overview of the Comments, Compliments and Complaints Annual Report and the Local Government Ombudsman Review of Adult Social Care Complaints 2013.**

RECOMMENDATION: The committee is recommended to consider and comment on the two reports.

1. Financial Appraisal

1.1 There are no specific financial implications associated with this report.

2. Background

2.1. A person is eligible to make a complaint against a local authority for adult social care services that are either provided directly by the local authority or by a care provider on its behalf. Under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, the Adult Social Care and Health Department (ASC) is required to publish an annual report summarising these complaints. This 'Comments, Compliments and Complaints Annual Report' is sent to the Adult Social Care and Community Safety Scrutiny Committee each year. The latest report is attached as Appendix 1 and covers the period 1 April 2013 to 31 March 2014.

2.2. A person may additionally complain to the Local Government Ombudsman (LGO) if they are not satisfied by the response from the local authority. On 28 May 2014, for the first time, the LGO published a review of complaints it had received for adult social care services for 2013 across the country. A briefing that summarises the content of this review is attached as Appendix 2.

3. Comments, Compliments and Complaints Annual Report 2013/14

3.1. ASC aims to provide high quality services that meet the needs and circumstances of individuals and their carers. However, given the personal and complex nature of social care services, sometimes things do go wrong. The complaints process is a mechanism to identify problems and resolve issues if things do go wrong or fall below expectation. ASC tries to sort things out quickly and fairly.

3.2. The headline figures of the report are:

- In total, ASC received 437 complaints compared with 474 last year (an 8% decrease);
- 211 (48%) complaints were upheld (or partly upheld) compared with 193 (41%) last year;
- the average response time to a complaint was 16 days (the same as last year) and 77% of responses were within target times of 10-20 days. In many cases where the response time was greater than 20 days, it was at with the agreement of the complainant;
- the biggest area of complaints related to assessments (blue badge, social care, and financial assessments) which accounted for 41% of all complaints received (155 complaints); and
- over the same period, ASC received 878 compliments.

3.3. ASC aims to learn from these mistakes, or the concerns that arise from them, to make changes to improve its services. ASC has recorded 302 learning outcomes for this year:

- 100 represented learning for individual staff members;
- 115 represented learning for the team; and
- 86 informed organisational learning.

3.4. ASC will review and monitor the complaints process closely over the next year to ensure the Department is able to meet the changing pressures and demands resulting from the implementation of the Care Act (2014) and East Sussex Better Together (ESBT).

4. Local Government Ombudsman (LGO) Review of Adult Social Care Complaints 2013

4.1. 36 complaint decisions were received from the LGO in 2013. Of these, eight complaints were upheld in full or in part.

4.2. The LGO publishes complaints statistics in an Annual Review Letter. For the first time, the LGO also published a national review of Adult Social Care Complaints for 2013. The report attracted a lot of media attention in East Sussex because the Council was ranked as the local authority with the second most complaints or enquiries to the LGO in 2013 (63) and the highest rate of complaints per 100,000 population (11.96).

4.3. However, the report identifies that a high number of complaints does not necessarily reflect poorer quality services or complaints handling and could just as likely indicate excellent signposting to the LGO. The report also explains that there is no direct correlation between satisfaction and the number of complaints reported to the LGO. The Council is reported as having below-average rates of dissatisfaction from service users despite the relatively high number of complaints.

5. Reason for Recommendation

5.1. The committee is recommended to consider the two reports and comment on patterns, highlights or other noteworthy elements that indicate whether further scrutiny may be required.

KEITH HINKLEY

Director of Adult Social Care and Health

Local Members: All

Background Documents

Local Government Ombudsman's Review of Adult Social Care Complaints 2013.

See: www.lgo.org.uk/publications/annual-reviews/



Adult Social Care

Comments, Compliments and Complaints

Annual Report 2013 – 2014

If you have any comments about the content of this report please contact us:

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Healthwatch East Sussex were invited to comment on this year's annual report. Their comments are below:

East Sussex Community Voice (ESCV) delivering Healthwatch East Sussex (HWES), welcomes the opportunity to comment on the Adult Social Care - Comments, Compliments and Complaints Annual Report 2013 – 14.

The report is well presented, jargon free and openly acknowledges where areas of the service need to be improved. The report reflects how the Adult Social Care teams have used the learning gained from listening to individual's experiences of using the complaints service.

*Healthwatch East Sussex welcomes the opportunity to be involved in the independent scrutiny of the complaints process. Moving forward, HWES has prioritised examining how health and social care complaint systems could be more joined up. This in line with the current national focus on complaints handling identified by Healthwatch England, the Parliamentary and Local Government Ombudsman, Health Select Committee, and the Department of Health. Locally, ESCV will be undertaking a review of **"How well are complaints about the NHS and social care are handled in East Sussex"**, based on what consumers have been telling Healthwatch East Sussex about the process.*

It is crucial that Healthwatch East Sussex has access the number of complaints recorded (and types), for each service provided by Adult Social Care. HWES is pleased that there has been a recent commitment from Adult Social Care, to develop agreed information sharing protocols that will provide this data throughout the year.

ESCV, through its delivery of Healthwatch East Sussex will work closely with the Adult Social Care Complaints Unit, to help meet the changing pressures and demands resulting from the implementation of the Care Act (2014) and East Sussex Better Together programme throughout 2014- 15.

1. Context

This report provides information about complaints made during the twelve months between 1 April 2013 and 31 March 2014 under the Local Authority Social Services and National Health Service Complaints (England) Regulations, 2009.

Adult Social Care works with a large number of people throughout the County. This year, the department arranged and supported provision of over 22,500 services to enable people with care needs to retain their independence and stay in their own homes. And, when this was no longer possible we supported 842 people to go into permanent residential or nursing care. The department also has lead responsibility for safeguarding adults at risk of harm by others; receiving and responding to over 3,600 reports of concerns or allegations of adult abuse during the year.

We also began a three year programme to save £27.8 million. Although funds were reduced, it remained our duty as a local authority to make sure that people who qualified for support from adult social care were safe and supported. Our aim was to work with people closely to develop a support plan that met their needs, using a wide range of networks and providers to do this.

We always want to provide high quality services that meet the needs and circumstances of individuals and their carers. However, given the personal and complex nature of our services, sometimes things do go wrong. The complaints process is a mechanism to identify problems and resolve issues if things do go wrong or fall below expectation. We try to sort things out quickly and fairly. We want to learn from our mistakes or the concerns that arise and will make changes to improve our services.

Analysis of information about the complaints received during 2013 -14 has given us an opportunity to reflect on both the quality of the services provided to our clients and their carers and consider how well we listened and

responded to their needs. It has also been a way to monitor the impact of having less money to spend on support and care.

The compliments we receive also provide rich and valuable insight about the quality of our services.

All timescales within this report are in working days.

1.1 What is a Complaint?

The Department of Health Guidance 'Learning from Complaints' (2006) defines a complaint as:

“An expression of dissatisfaction or disquiet about the actions, decisions or apparent failings of a local authority’s adult social services provision which requires a response.”

1.2 Who can make a complaint and how?

A person is eligible to make a complaint where the local authority has a power or duty to provide, or to secure the provision of, a service for someone.

Another person can make a complaint on someone else’s behalf.

Adult Social Care publicises information about how to make a complaint in its leaflet “How to make a comment, complaint or compliment” and has a specific leaflet available for people with learning disabilities, “Are you unhappy about something?”

Complaints can be made in person, by telephone, in writing, by text or email. Complaints can be made directly to the relevant team or to the Complaints Unit; whichever is easiest.

All clients and carers, whatever their circumstances, should feel able to make a complaint and feel sure we are taking their views seriously.

2. The Complaints Process

When someone contacts the department to make a complaint, we acknowledge their complaint within 3 working days. We also:

- make sure that we understand their concerns.
- find out what the person wants to happen because of their complaint.
- get the right information to assess the seriousness of the complaint.
- agree a plan with the complainant about who will look into the complaint and by when.
- keep in regular contact with the complainant.
- act quickly to resolve matters, if we can.

Our aim is to sort out most complaints within 10–20 working days but sometimes, because of the nature of some issues, it may take longer. We do keep the complainant informed if this is the case.

When the investigation of the complaint is complete the manager will write a letter explaining what they have found and what they will do to put things right. Sometimes, our findings do not fully support the complainant's view of their complaints. However, we always try to give clear reasons for our decisions, explain any misunderstandings and agree a way forward.

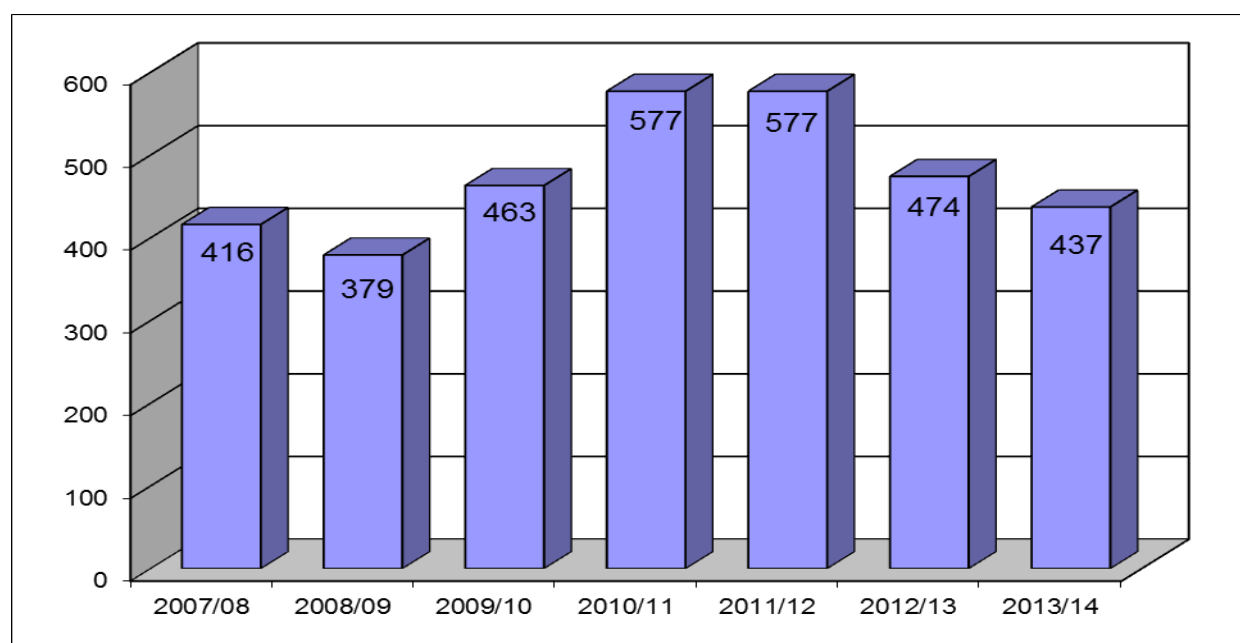
If the complainant is not happy with our final decision, or, how we have dealt with their complaint, they can refer the matter to the Local Government Ombudsman.

The Local Government Ombudsman (LGO) has authority to investigate when it appears that our own complaints process has not resolved the complaint. Complainants can refer their complaint to the LGO at any time, although the LGO will generally refer all complaints back to us, if it has not been through our process first. In exceptional circumstances, the LGO will look at things earlier; this is usually dependent on the degree of vulnerability of the person concerned.

3. Overview of Complaints

This year the Complaints Unit recorded 437 complaints, compared with 474 last year. This figure is the total number of complaints that the Complaints Unit received. Some of these complaints are still live, because they entered our monitoring system before 31 March 2014 and are not yet concluded, any learning from these complaints will be included in the next year's report.

3.1 Number of complaints received over the past 7 years



3.2 Who Complained?

Of the 437 complaints recorded:

- 101 (23%) were reported by clients themselves, this compares to 126 (27%) of complaints in 2012/13 being reported by clients.
- 336 (77%) complaints were made on behalf of service users, compared to 348 (73%) of complaints in 2012/13 being made on behalf of clients.

Of the 336 complaints made on behalf of clients, adult sons and daughters of clients were the main representatives; others included spouses, parents, advocates, and other relations. Independent advocacy providers assisted 11 service users to make a complaint directly to the Complaints Unit; compared to 10 in 2012/13.

3.3 Complaints received by service areas

Adult Social Care (ASC) has different service areas and these are broken down as follows:

- **Adult Social Care Operations** – all the teams that provide and deliver support, including the financial assessment team.
- **Strategy, Commissioning and Supply Management** –interpret national policy locally, commissions services and oversees the contracts and purchasing of services.
- **Planning, Performance and Engagement** –provide support across the organisation including staff and public information, complaints, training, consultations, equality impact assessments and performance data.
- **External Independent Providers** – independent home care agencies, residential or nursing homes commissioned to provide care.
- **Corporate related complaints** – debt recovery and invoicing of ASC clients.

Service	Number of complaints	Upheld and partly upheld	Average time to respond
Adult Social Care Operations	363 (326)	173 = 48% (38%)	16 days (15 days)
Strategy Commissioning and Supply Management	18 (11)	9 = 50% (27%)	16 days (8 days)
<i>Finance and Business Information – no longer a division</i>	<i>0 (84)</i>	<i>0 (48%)</i>	<i>0 (16 days)</i>
Planning, Performance and Engagement	0 (0)	-	-
Independent Providers – home care agencies, residential and nursing homes	32 (52)	13 = 41% (50%)	17 days (24 days)
Corporate related complaints	24 (1)	16 = 70% (100%)	22 days (11 days)
Total	437 (474)	211 = 48% (41%)	16 days (16 days)

(Last year's figures are in brackets)

Please note: Functions that were previously reported under Finance and Business Information, have been consolidated and these are now reported under different service areas:

- Financial Assessment Team –now reported under Operations.
- User Billing and Income Recovery – now reported under Corporate Complaints.
- Contracts and Purchasing Team – now reported under Strategy, Commissioning and Supply Management .

3.4 Target response times

The target time for responding to complaints is 10 to 20 working days, where possible. This year:

- 160 (41%) of complaints received a response within 10 working days.
- 144 (36%) of complaints received a response within 20 working days.
- 91 (23%) did not receive a response within the timescales, in almost all cases this was with the agreement of the complainant.

Overall, 77% of complaints received a response within our target times. This is an indicator of the commitment of our managers to try to resolve issues as soon as possible.

3.5 Comparison with the preceding year

Overall there has been an 8% decrease in complaints received regarding Adult Social Care (including external independent providers and corporate related complaints), compared to last year. This represents a decrease of 37 complaints.

The introduction of the Self Directed Support (SDS) Appeals Process may have had an impact on the number of complaints received. The appeals process was created as a mechanism for clients and their representatives to request that decisions made following a revised offer review or assessment be revisited. 34 SDS Appeals were recorded for the year. However, practitioners reported they were regularly resolving 'low level' appeals without the need to go to the full appeals process. This has involved skilled staff intervention,

explaining the need for change clearly and allowing discussion about any risk/concerns that care givers may have in relation to this.

Appeals processes also operated for Blue Badge and Financial Assessment outcomes. The intention for all three appeals processes was to provide an off line review of decisions, with additional information and negotiation as the cornerstone.

The following should also be noted:

- Adult Social Care Operations saw a 12% increase in complaints. This is mainly due to complaints in relation to financial assessment being included when previously recorded under Finance and Business Information.
- A 64% increase was recorded for Strategy, Commissioning and Supply Management. The main reasons for this were people expressing concern about the closure and decommissioning of some day and residential services and complaints about contracts and purchasing are now reported under this division.
- There has been a 38% decrease in the number of complaints recorded about independent home and residential care providers.
- 211 (48%) complaints were upheld in full or in part. This represents a 7% increase compared to last year, when 193 (41%) complaints found some fault. Where there was fault we tried to make sure that we apologised for whatever went wrong and tried to put right things right.
- 226 (52%) of complaints were not upheld. When no fault was found we explained how and why we had reached this decision. Sometimes this also resulted in a change to how we did things.
- We recorded 36 complaint decisions from the LGO; this represents 8% of the 437 total numbers of complaints received. This suggests 92% of complaints were resolved within our local resolution process.

It is important to acknowledge that resolving complaints involves time and effort, particularly as complaints are increasingly complex and sensitive. Given that the majority of complaints are resolved, we know that the high level of

input by staff and their managers does pay off and can result in far more satisfactory outcomes for the complainant and the department.

4. Complaints by Adult Social Care Services and Teams

The table below sets out the number of complaints recorded for each service provided by Adult Social Care. The table does not include external contracted providers. Details of these complaints can be found on page 16/17.

Adult Social Care Services	Number of complaints 2013-14	Number of complaints 2012-13
BSD Billing and Income Recovery	24	35
Contact and Assessment Team	4	1
Discretionary East Sussex Support Scheme (DESS)	1	0
Blue Badge Team	30	54
Continuing Health Care Team	1	4
County Wide Reviewing Team	1	1
Emergency Duty Service	1	2
Financial Assessment and Benefits Team	55	49
Hospital Assessment and Care Management Teams	29	40
Integrated Community Equipment Service	0	2
Integrated Night Service	1	0
Joint Community Reablement Team including the Living at Home Service	1	3
Learning Disability - Assessment and Care Management	26	27
Learning Disability Directly Provided Services (Day Care, Community Support, Residential and Respite)	13	13
Mental Health Recovery Team (working age adults)	19	17
Mental Health Older Peoples Team (over 65 years)	9	25
Neighbourhood Support Teams	114	92
Occupational Therapy Reablement Services	30	13
Older Peoples Directly Provided Services (Day Care, Respite, Residential)	14	12
Planning, Performance and Engagement	0	0
Safeguarding Development Team	0	3
Sensory Impairment Reablement Services	2	6
Service Placement Team	1	0
Social Care Direct	4	4
Strategic Commissioning	16	10
Substance Misuse Service	1	3
Supported Accommodation Team / SAILS	3	4
Supporting People	2	1
Transition Team	3	1
Total	405	422

4.1 What were the complaints about?

Complaint Type	Number of complaints	% of total
Allocation of funding/grants	9 (6)	2.4% (1.4%)
Assessment – Blue Badge	21 (46)	5.5% (11.9%)
Assessment – Social Care	90 (70)	23.6% (18.1%)
Assessment - Financial	44 (42)	11.5% (10.9%)
Care Plan	25 (34)	6.5% (8.1%)
Carers Assessment	3 (2)	0.8% (0.5%)
Carers Services	5 (1)	1.3% (0.2%)
Contracts	3 (6)	0.8% (1.4%)
Direct Payments	6 (3)	1.6% (0.7%)
Employee Enquiries	1 (0)	0.3% (0.0%)
Engagement	1 (2)	0.3% (0.5%)
Equipment - Adaptations	6 (6)	1.6% (1.4%)
Equipment – Daily Living	1 (4)	0.3% (1.0%)
Hospital Discharge	13 (20)	3.4% (4.8%)
Information Provision	13 (9)	3.4% (2.1%)
Initial Contact	1 (5)	0.3% (1.2%)
Local Policy	7 (3)	1.8% (0.7%)
National Policy	3 (2)	0.8% (0.5%)
Other	2 (5)	0.5% (1.2%)
Provision of Service	34 (33)	8.9% (7.8%)
Review	15 (7)	3.9% (1.7%)
Safeguarding	16 (22)	4.2% (5.2%)
Safeguarding Alert	2 (4)	0.5% (1.0%)
Service Environment	1 (1)	0.3% (0.2%)
Service User Behaviour	0 (1)	0.0% (0.2%)
Staff Actions/Behaviour	56 (48)	14.7% (11.4%)
Support with Confidence	0 (2)	0.0% (0.5%)
Transition Assessment	1 (0)	0.3% (0.0%)
Not assigned	2 (3)	0.5% (0.7%)

(Last year's figures are in brackets)

4.2 Themes of complaints

4.2a Assessment

Complaint Type	Number of complaints	% of total
Assessment – Blue Badge	21 (46)	5.5% (11.9%)
Assessment – Social Care	90 (70)	23.6% (18.1%)
Assessment - Financial	44 (42)	11.5% (10.9%)

The biggest area of complaints related to assessment, which equated to 41% of all complaints received (155 complaints). Our assessment functions include eligibility assessments for social care support including the value of a personal budget, Occupational Therapy assessments for adaptations and equipment and assessments for the provision of a Blue Badge. Financial Assessments identify how much someone will pay towards their support.

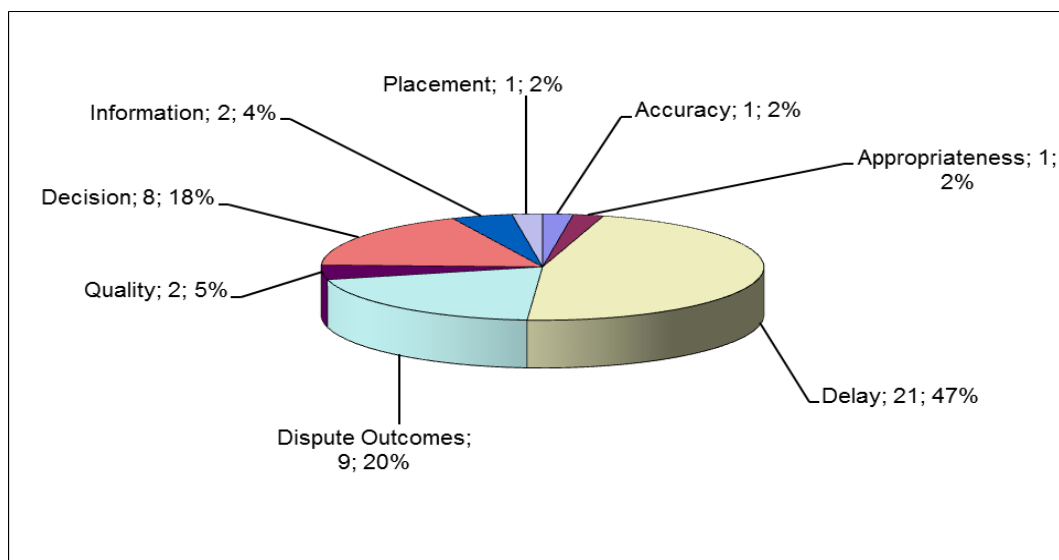
Overall, 95 (61%) of complaints about assessments were disputing the decision or outcome of these assessments. This is to be expected to some extent, given the national changes to eligibility for a Blue Badge and the need to look at alternative ways of meeting support needs to meet the financial challenges facing the community care budget.

45 complaints (29%) were upheld or partially upheld in relation to assessment, which equated to 31% of all complaints upheld or partially upheld. This was the highest percentage of complaints that had some basis but it was not the highest ratio in relation to the number of complaints recorded.

Of the 45 complaints upheld in full or in part:

- 30 complaints were regarding the social care assessment process, of these the largest proportion (37%) was in relation to a delay in the process.
- 15 of these were in relation to both the financial assessment outcome and a delay in the process.

The range of issues that were upheld are shown in the pie chart below



4.2b Staff actions / behaviour

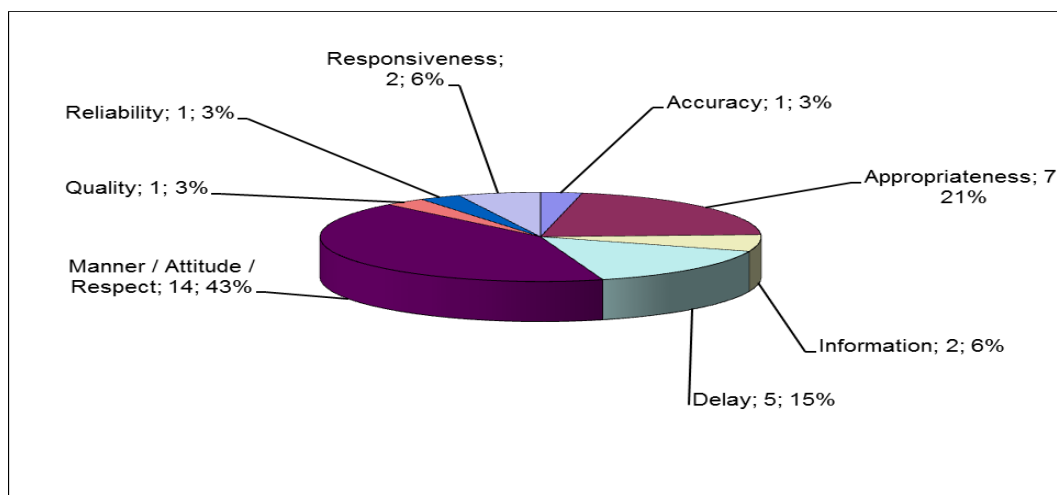
Complaint Type	Number of complaints	% of total
Staff Actions/Behaviour	56 (48)	14.7% (11.4%)

The second biggest area of complaints related to staff actions / behaviour, which equated to 15% of all complaints received (56 complaints). The highest numbers of complaints received were regarding the manner / attitude and respect of staff (34 complaints).

33 (59%) of the complaints about staff actions and behaviour were upheld or partially upheld. This equated to 23% of all complaints upheld or partially upheld, which was the second highest percentage.

30 of the complaints upheld in full or part were in relation to the assessment and care management and the safeguarding function. A theme that ran through many of these was that complainants did not feel their views had been taken into account and that communication was not as frequent or as helpful as they would have liked.

The full range of issues are set out in the pie chart on the next page.



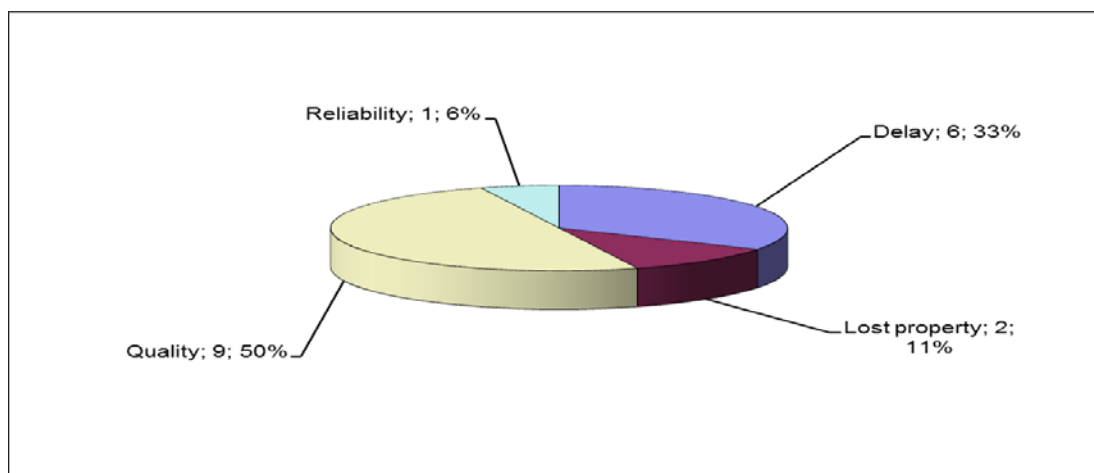
4.2c Provision of service

Complaint Type	Number of complaints	% of total
Provision of Service	34 (33)	8.9% (7.8%)

The third biggest area of complaints related to provision of service, which equated to 9% of all complaints received (34 complaints). The highest numbers of complaints received were regarding the quality of service (16 complaints), followed by delay in service provision (11 complaints). This complaint type tended to involve our Occupational Therapy Reablement Service and directly provided services.

18 (53%) of the complaints about provision of service were upheld or partially upheld. This equated to 13% of all complaints upheld or partially upheld, which was the third highest percentage.

9 of the complaints upheld in full or part were in relation to the quality of the service falling below expectation. The full ranges of issues are set out in the pie chart on the next page.



5. Complaints about external providers

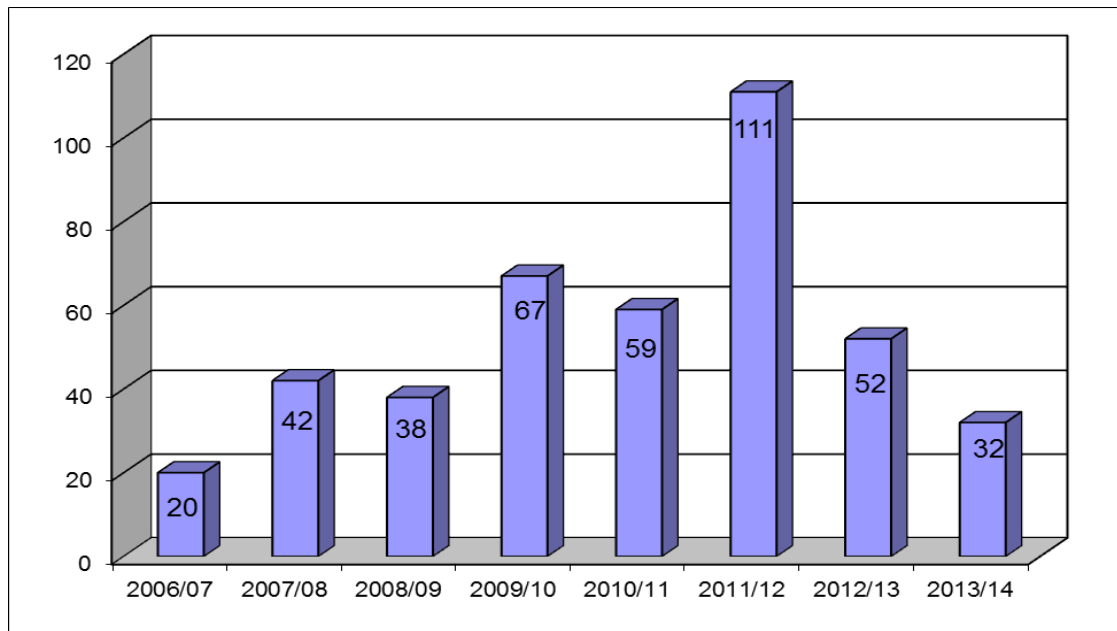
Personal budgets are used to pay for support from a range of different external provider organisations, such as home care agencies, day services or for employing a personal assistant. We have developed a range of information to help people arrange their support directly from other providers. Our Support with Confidence Scheme offers an accreditation scheme where providers have satisfied both adult social care and trading standards requirements.

External care providers have faced a lot of public scrutiny and there has been some high profile cases that have caused national concern about the quality of care services provided. People need to feel confident about when and how to access the complaints process if an external contracted service falls below expectation. Our Quality Monitoring Team has worked closely with both our community and residential independent providers to ensure that the quality of their support meets our contractual standards and any complaints are handled quickly and positively.

In most cases, people made their complaint directly to the providers. Then, if they were unhappy about how the provider handled matters, they approached Adult Social Care for support. They did this through a range of avenues, including: their allocated worker, the review process, the Quality Monitoring Team or directly to the Complaints Unit. In some instances reports of concerns or issues are looked at under our safeguarding adults at risk

procedures. If this happens the complaints procedure is suspended until the safeguarding investigation is finished.

We have recorded 32 complaints this year, which is a 38% decrease compared to last year (52). The graph on the next page shows the total number of complaints about external providers over the past 7 years. The number of complaints recorded is the lowest number for 6 years.



Of the complaints recorded this year:

- 20 related to independent home care providers
- 10 were about residential care providers
- 1 was about community meals
- 1 was about a provider accredited on our Support with Confidence scheme

5.1 How many complaints about external providers were upheld?

Out of the 32 complaints received for Independent Providers, 3 (9%) of the complaints were upheld in full, 10 (31%) were upheld in part and 11 (34%) were not upheld. 8 (25%) had a recorded outcome of 'other'. This tended to be a service change or the complaint was withdrawn following discussion and action by the provider.

5.2 Response times

9 (41%) of complaints received a response within 10 working days

5 (23%) of complaints received a response within 20 working days

8 (36%) exceeded the 10-20 working day timescale

The higher percentage of complaints being responded to outside of our 10 -20 working day target is generally because it can take a little longer to gather and examine the information from the provider.

5.3 Types of complaints about external providers

Of the 13 complaints upheld or partially upheld just over 50% were about multiple issues – including the delivery of care falling below expectation, the timeliness of calls, competency and conduct of staff, late or erratic calls, inconsistent worker, poor communication with carer and/or relatives. The other complaints were recorded as follows:

- 4 regarding late, erratic and missed calls
- 1 about the delivery of care
- 1 about communication
- 1 about staff attitude and behaviour

The Quality Monitoring Team recorded and monitored the implementation of changes to services or processes.

6. What did the department learn from complaints?

It is crucial that there is learning from complaints, resulting in improved services and delivery, wherever possible. We have recorded 302 learning outcomes:

- 100 represented learning for individual staff members
- 115 represented learning for the team
- 86 informed organisational learning

Here are some examples of actions that were taken as a result of learning from complaints:

- Delays in undertaking and receiving the outcome of financial assessments led to a team review and more staff were recruited to the Financial Assessment and Benefits Team.
- Information in the Blue Badge application pack and on the Blue badge website about signatories to validate an application was confusing. A review was undertaken to remedy this.
- To meet increasing demand action was taken to build on the capacity within Joint Community Reablement Team as well commissioning reablement services from the independent sector.
- Clients and carers complained that they were not told that they may have to pay a contribution towards their social care when they left hospital. Social Care staff and NHS hospital staff have received more guidance to ensure that people are not misinformed.
- In response to concerns about the time taken to set up a Lifeline for a client. All orders for the Lifeline service are now placed by telephone, not email, to ensure they are received and to avoid delay.
- A complaint identified that we needed to review how the council's whistle blowing policy and Safeguarding Adults at Risk policies interrelate and how this operates in reference to workers in services that ASC contracts with.
- A change to a standard letter sent by the contact and assessment team now gives a further opportunity for clients and carers to contact them before the case is closed.
- A home care agency put a new procedure in place to ensure that all clients receive their scheduled calls. This includes out of hours and at weekends. The agency are now informed within 30 minutes of a call being missed.

7. Local Government Ombudsman

The Local Government Ombudsman (LGO) investigates complaints of injustice caused by maladministration or service failure. This is often described as fault. The LGO cannot question whether a council's decision is right or wrong simply because the complainant disagrees with it. The

Ombudsman must consider whether there was fault in the way the decision was reached.

(Local Government Act 1974, section 34(3))

The LGO has published statistics for each local authority for many years, using the Annual Review letter. For the first time the LGO also published a review of Adult Social Care Complaints for 2013. In April 2014 the LGO changed how they classified the results of complaints and used these classifications in both reports. This means that it was not possible to make comparisons with data from previous years. Nor was it possible to match our data with theirs.

We recorded 36 complaint decisions from the LGO; which represented 8% of the total number of complaints received. This was an increase of 1(3%) from last year when we received 35 complaint outcomes. Of these 8 (22%) complaints were upheld in full or in part. 21 (58%) were not upheld and 7 (20%) were closed after initial enquiries. No reports were issued.

The three main themes of complaints were:

- 11 (31%) enquiries related to the outcome and timeliness of financial assessments
- 9 (25%) complaints disputed the outcome of the Blue Badge Assessment
- 8 (22%) complaints disputed the outcome of social care assessments in relation to the Learning Disability Service. Often the dispute included the value of the personal budget

The 2013 Annual Review of Adult Social Care identified that East Sussex had the highest proportion of complaints and enquiries made to the LGO with a total of 63 complaints and enquiries. The LGO were clear that the higher number of contacts was not always due to poorer services or less effective complaint handling. The review went on to note that the number of complaints upheld in full or part for East Sussex (39.4%) was below the national average (40.2%). The review also identified that East Sussex had low levels of dissatisfaction with adult social care services compared to other councils.

The review urged local authorities to review their complaints data to consider the factors that might be contributing to the increased number of complaints to the LGO. Please see appendix one for a more detailed analysis of our data.

They also provided a framework to consider some important questions about the accessibility, effectiveness and accountability of our complaints process. Our answers to the questions are set out in the table below.

8. A review of our complaints process

	Accessible Complaints Process	Effective Complaints handling	Accountable Services
As a social care provider we:	Provide clear information about how to complain and the role of the LGO in a range of formats	Provide support to all our staff so that they understand their roles in responding to complaints	Routinely ask complainants about their experience of the complaints process
	Explain throughout our process the complainants right to take their concerns to the LGO	Clear Management oversight of complaint handling, including the Departmental Management Team	Use Healthwatch East Sussex and the LGO itself for independent scrutiny of the complaints process
Councillors, the Director and the Assistant Chief Executive:	Know the department's complaints process	Quarterly and annual reports review data on the outcome of complaints	The annual report, including learning is shared with scrutiny
	Have access to quarterly and annual complaints reports	The Assistant Chief Executives Office monitor how many complaints are escalated to the LGO	The Director regularly meets with the East Sussex Seniors Association and partnership boards with client reps. Councillors regularly represent their constituents
As commissioners of services:	We provide information that helps people understand that we are accountable for services	Quarterly returns and quality monitoring audits maintain oversight of	Contracts specify complaints handling requirements

	that we commission. We commission independent advocacy	complaints handling by providers	
	Our contract monitoring ensures that providers operate an effective complaints process. Providers report complaints received and outcomes achieved	We investigate complaints that are reported to us where the complainant continues to be dissatisfied	Feedback from complaints is part of the terms of reference of the Care Governance Continuous Improvement Panel

8.1 Other observations:

Whilst we try to operate a responsive and fair process locally, there are a whole range of systems that operate across health and social care.

Our engagement and involvement networks tell us regularly that people are fearful of complaining or find the process complicated and confusing. In response we have developed a ‘Something’s not right’ postcard that is now distributed to all clients with a learning disability and try to regularly promote the information and accessibility of the process through our networks.

Feedback from people who have used the complaints process indicated that most people feel our information leaflet is helpful and they feel well informed about the process. Most people found it relatively easy to make their complaint and staff were generally helpful and responsive in dealing with their concerns. However, people regularly expressed regret that they had to make a complaint to get things done. More people than last year, whilst happy with the process itself, were dissatisfied or disappointed with the outcome of their complaints.

Across health and social care we know things need to be done differently to develop the trust in the effectiveness of the process. We therefore welcome the current national focus on complaints handling from Healthwatch England, the Health and Parliamentary and Local Government Ombudsman’s Offices and the Department of Health.

9. Compliments

Compliments provide valuable information about the quality of our services and identify where they are working well. The sincere expressions of gratitude received show how much services are valued by the people who use them and their families and friends.

Service areas	Compliments received
Blue Badges	30
Carers Services	124
Complaints Unit	1
Contact and Assessment Teams	0
Countywide Reviewing Team	10
Discretionary East Sussex Support Scheme	4
Emergency Duty Service	11
Finance and Benefits Assessment Team	10
Hospital Assessment and Care Management Teams	40
Joint Community Reablement Team including the Living at Home Service	109
Learning Disability – Assessment and Care Management	4
Learning Disability – Directly Provided Services (Day Care, Community Support, Residential and Respite)	115
Mental Health (over 65 years)	36
Mental Health (working age adults)	36
Neighbourhood Support Teams	64
Occupational Therapy Reablement Services	35
Older People - Directly Provided Services (Day Care, Respite, Residential)	108
Planning, Performance and Engagement	0
Procurement, Payments and Billing	7
Quality Monitoring Team	23
Safeguarding	2
Sensory Impairment Reablement Services	21
Service Placement Team	0
Social Care Direct	22
Strategy and Commissioning	2
Supported Accommodation Team/SAILS	34
Substance Misuse Service	0
Transitions Team	6
Other	8
External Contracted Providers - Homecare	15
External Contracted Providers – Residential	1
Total	878

9.1 Examples of some of the compliments received

Blue Badge Service

Thank you for processing my re-application for a Blue Badge so promptly. The new badge was received within 10 days of my application being submitted.

Carers Services

I would like to express my deep gratitude for the advice and assistance tendered to me today with regard to my wife's progressive dementia. To be able to speak in a most concise and informative manner in her presence without causing her undue anxiety was nothing short of miraculous and to see her smiling and obviously at ease in your presence added to the pleasure.

Finance and Benefits Assessment Team

Mrs C wanted to thank the Visiting Officer for the time she had spent with her and for assisting her with a benefits check which has resulted in additional income. Mrs C was really grateful for the patience shown by the Visiting Officer and felt the service provided was excellent and greatly appreciated.

Joint Community Reablement Team

I am very grateful for all of my care. Each member of staff who helped me gave more than 100% and they were helpful, cheerful and continuously encouraged and praised me back to health. I do not know how I would have managed without this help. I am now back to independence.

Mental Health Recovery Service

Thank you for your kind support throughout the carer's assessment. You were understanding of my needs and empathised with my situation. Overall the assessment has left a positive impact on not only me but my family as well.

Neighbourhood Support Team

I wanted to write to express my heartfelt thanks and gratitude to one of your Social Workers. We first met when she came to assess my father when he was in respite care. Both my father and I were charmed by her easy manner and caring attitude. She was highly professional and carried out the assessment with compassion and sensitivity.

My father was re-admitted to hospital and when he returned home he needed a package of care putting in place in less than 48 hours. She managed to sort everything out with the various organisations that are now helping my father. As I drove up the motorway it was such a relief knowing that my father was in safe hands. I would also like to thank the extremely helpful people from your team that answered my phone calls. You must be very proud of them.

Occupational Therapy Reablement Team

I am writing to thank you for enabling me to have the installation of my new shower. The work was expertly carried out with very little disruption to my life. There was hardly anything for me to clear up at the end of the days work. I am especially grateful to the Occupational Therapist who fought my corner for the installation and was perceptive enough to see how it would change my daily personal care regime. Throughout the process they were in touch constantly, informing me of all developments and processes and has made the transition of my bathroom a pleasant experience. I am no longer afraid of falling and it does not hurt my knees every time I shower.

The shower that was installed is of the highest quality and I cannot express the joy I felt after I had the first shower in my new bathroom. I thank you from the bottom of my heart.

Sensory Impairment Reablement Team

On behalf of my brother and myself, I wish to thank you all and say how much we have appreciated the help and attention he has received. It has made such a difference to his life and given me peace of mind.

I will always remember the remark he made when your worker first called, he said "I thought I was alone but I'm not, am I". That says it all. So once again thank you all.

10. Conclusion

We know it is crucial to have in place an effective, accessible and fair means for service user's comments and complaints to be heard and resolved wherever possible. Our complaints process provides this opportunity and is integral to the statutory function of the department.

Regrettably, things do go wrong and with increasingly limited resources prioritised to meet the needs of the most vulnerable, complaints will be made. We are seeing a rise in the complexity of complaints with less ability to provide a remedy that meets the desired outcome for the complainant. We have considered the impact this has on clients, their representatives, staff, operational managers and the council as a whole.

There is no easy solution, particularly given the grave financial challenges. We do know however that in these times it becomes increasingly important to support and promote the customer service principles of being fair, open, and timely and to demonstrate clear and compassionate decision making.

The Adult Social Care Complaints Unit is a small team, managing high volumes of work to a high standard. The success of the complaints process is however dependant on the input of managers. With this in mind, the complaints unit has identified how they might better support managers with complex complaint issues.

During next year, we will need to review and monitor the process closely to ensure we are able to meet the changing pressures and demands resulting from the implementation of the Care Act (2014) and East Sussex Better Together.

Appendix 1 - Members Briefing

<i>Title:</i>	<i>The Local Government Ombudsman Review of Adult Social Care Complaints 2013</i>
<i>Date:</i>	<i>22 May 2014</i>

1. Context

On 28 May 2014 The Local Government Ombudsman (LGO) will be publishing a Review of Adult Social Care Complaints 2013 report. This is the first time such a report has been published. The report follows recent focus on the NHS complaints process and complaints handling arising from the recommendations of the Francis Review of Mid Staffordshire Hospital and the Clywd-Hart Review of the NHS Complaints Process.

2. Brief summary of the report

The review has identified that the LGO has seen a 130% increase in complaints about adult social care since taking additional responsibility for private care providers in 2009.

East Sussex County Council is reported as having 63 complaints or enquiries recorded for 2013. This is the second highest number of complaints and enquiries to the LGO. West Sussex had the highest number reported at 64. To reflect differences in population size the figures have been adjusted to take this into account. East Sussex is reported as having the highest ratio of complaints or enquiries with 11.96 complaints per 100 000 people.

The review identifies that a high number of complaints does not necessarily reflect poorer quality services or complaints handling; it can indicate excellent signposting to the LGO.

Data measuring the dissatisfaction of users of social care services across local authorities is also considered. East Sussex is reported as having more than or equal to 2% dissatisfaction but less than 5%. The highest levels of dissatisfaction were reported at 7% and above.

No direct correlation was established between satisfaction and the number of complaints reported to the LGO. The report also acknowledges that higher numbers of complaints can suggest an accessible, open and transparent complaints process that is confident in asking for external feedback. However, the LGO has used a table to list the 10 local authorities with the highest ratio of complaints per 100, 000 of the population. East Sussex is at the top of this table. Although the text before and after the table explains that there is no direct correlation between volume of complaints/enquiries and dissatisfaction, it is likely the media will view this differently and will use the table as the primary indicator of poorer quality services and complaints handling.

The review urges local authorities to review their complaints data to consider the factors that might be contributing to the numbers of the complaints and enquiries to the LGO.

3. Initial Response to the Review

We will undertake a thorough review of our complaints process for the Adult Social Care (ASC) Annual Complaints and Comments report 2013 – 2014. In the interim we have considered the data presented by the LGO and would note the following:

- East Sussex attaches great importance to promoting the complaints process and peoples right to go to the LGO if they are unhappy with our response. We believe our process is open and transparent and do not view contact with the LGO as a negative thing. We do all we can to resolve complaints locally and we regard the LGO as providing independent scrutiny when we have not been able to achieve local resolution.
- Accessibility is important and ASC commission an independent advocacy service that provides support to people in a range of situations, including making a complaint. This service is free and available to anyone.
- We also operate appeals processes for decisions relating to the issue of Blue Badges and the outcome of financial assessments. The aim of the process is to provide an off line view of decisions, moving people through quickly without having to go through the complaints process.
- The data annex for local authorities identified that ASC had 13 complaints upheld in full and part and 20 were not upheld. This equates to 39% of complaints investigated being upheld in full or part. This is 7% lower than the 46% average that the LGO upheld in full or part and 2% lower than the average for services provided directly by a local authority.
- In 2013 East Sussex recorded a total of 427 complaints, 204 Blue Badge Appeals and 67 Financial Assessment Appeals. Of the 13 complaints upheld in full or in part this represents less than 2% of the total complaints and appeals received during the year.
- In some cases we had already acknowledged that some things had gone wrong and the LGO had supported our actions in handling the complaint.
- Of the decisions recorded by the LGO in their data annex our data shows that 61% of complaints were in relation to either Blue Badges or financial assessments for charges.

3.1 Blue Badges

- Complaints about Blue Badges increased in 2012 with the introduction of the new assessment arrangements to determine eligibility. East Sussex had 33 000 badge holders to review over a 3 year renewal period. Understandably it has been difficult for some people to accept that they are no longer eligible for

a badge when their condition has not changed or in some cases has got worse.

- In 2013 the Blue Badge service dealt with 9,900 applications and completed 3113 assessments. 204 Appeals were completed. Of these 13 people contacted the LGO and 4 complaints were upheld in part or full, less than 0.2% of the assessments undertaken.

3.2 Financial Assessments

- In 2013 the Council completed 6,146 financial assessments for chargeable services. 67 people appealed the outcome, of which 8 people went to the LGO and 1 complaint was upheld. This represents less than 1% of the assessments undertaken.

3.3 Social Care and Occupational Therapy Assessments

- We recorded 7,572 Social Care and Occupational Therapy assessments, 6 people contacted the LGO and only 2 were upheld. This represents 0.08% of the assessments undertaken.

3.4 Safeguarding Investigations

- Of 1,189 safeguarding investigations 3 complaints were investigated by the LGO. 2 were by the same person and the council had identified shortfalls. In both instances the LGO supported our actions. 1 was not upheld.

3.5 General Observations about the National Position

- The introduction of the Local Authority Social Services and National Health Services Complaints Regulations in 2009 has had a direct impact on the number of ASC complaints that are reported to the LGO.
- The data takes no account of demography and the numbers of services provided by the Local Authority
- We are surprised and would question a number of the LGO's generalisations that their 'data demonstrates that the social care system still has a long way to go to ensure that complaints handling is meeting the needs of the public.' (page 2)

For example, they state: "Our data shows that councils are getting this basic obligation wrong [in relation to assessment and care planning]" (page 10). However a colleague at Stoke Council carried out some research and looked at the *hsic.gov.uk data for social care assessments nationally for 2012/13. They found that that there were 603k assessments for new clients nationally, and 878k re-assessments in 2012-13. The LGO review records 442 complaints to the LGO about assessment and care planning. Of those, only

52% were upheld. Even assuming they were all upheld, this is only 0.03% of assessments/care plans culminating in a complaint to the LGO. On that basis, we question how can they make the above generalisation?

- Statistically the numbers of complaints investigations the LGO are reporting are so small compared with the number of services delivered across the sector. We would therefore question why they state: 'While the uphold rates remains so high it clearly demonstrates that the social care complaints system is not sufficiently effective" (page 14)

4. Conclusion

Since the introduction of the complaints regulations in 2009, ASC has regarded the LGO as an integral part of the 2 stage complaints process. We ensure that people are aware of their right to approach the LGO at any time and have welcomed LGO involvement and suggestions for remedy or service improvement. We have also recognised the value of an independent view in trying to resolve matters when local resolution is not possible or where issues are becoming disproportionate. As recommended by the LGO we will undertake an immediate review of our complaints process considering accessibility, effectiveness and accountability. However we do have concerns about the generalisations made in the report, which are not supported by the data.

From: Keith Hinkley
Sent: 22 May 2014 14:09
To: ~D All Councillors
Cc: ~D GCS CMT
Subject: LGO Annual Review - Strictly Confidential

Dear Councillor,

The Local Government Ombudsman (LGO) will publish a national report on 28th May about the number of complaints it has received about Adult Social Care. We were unaware until recently that the LGO was going to be reporting in this way and we have very significant concerns about the quality of the report and its conclusions. These concerns are shared by a number of other authorities with whom we have been in discussion. The concerns are set out in detail in the attached briefing.

It is likely that the report will attract media attention and that East Sussex will feature within this as we have been named as the authority with the highest proportion of complaints made to the LGO about Adult Social Care. The detail of the LGO report does include an explanation that they are not concluding that higher numbers of complaints suggest poorer services or less effective complaint handling but the use of league tables of numbers received rather than numbers upheld by LGO means, we suspect, that this vital element will not attract coverage. The report does say that there is excellent signposting to the Ombudsman by the council.

In our response to any media enquiries we will emphasise that:

- East Sussex attaches great importance to promoting the complaints process and people's right to go to the LGO is actively encouraged as a positive step if they are unhappy with our response
 - The number of East Sussex complaints upheld or partially upheld by the LGO was less than the average
 - The LGO is clear that it is not concluding that higher numbers of complaints suggests poorer services or less effective complaint handling, it may well indicate that there is excellent signposting to the Ombudsman by the council. Given our demographic profile you would expect us to have higher numbers than elsewhere.
 - The number of complaints made to the LGO does not reflect service quality
 - We will continue to actively support people's rights to use our complaints procedures and access the LGO, including through the support of an independent advocacy service we commission

We have had extensive discussion with the LGO about the report and the misleading impression it risks creating. We have also sought support from the LGA together with the other councils involved (no other counties are identified

in the report). It is intended to refer the LGO report to the Adult Social Care and Community Safety Scrutiny Committee so proper consideration can be given to this matter.

Myself or Philip Baker would be pleased to respond to any queries or requests for further information.

Kind regards,

Keith Hinkley

Director of Adult Social Care and Health

<http://www.lgo.org.uk/news/2014/may/lgo-publishes-complaints-statistics-english-adult-social-care-providers-first-time/>

