



Adult Social Care

Complaints, Compliments and Comments Annual Report

01st April 2021 - 31st March 2022

Foreword

I am pleased to present the 2021/22 Adult's Complaints, Compliments and Comments Annual Report. It forms an essential part of our approach to assuring the quality of our services and to achieving our ambition of aspiring to be one of the best Adult Social Care departments by citizens, colleagues, partners and providers and by the Department of Health and Social Care and the Care Quality Commission in their assurance processes.

In order to improve how we work we must pay heed to information in this report. We will ensure that complainant's views have been heard and where appropriate changes to our systems and processes are made to prevent a recurrence.

We work closely with colleagues in the Council's Complaints team to ensure that we provide timely and robust responses, in accordance with the complaints policy. The Adult's directorate aim to address complaints at the earliest opportunity through informal dialogue, whenever possible. However, this is not always possible, and the report details the examples of where our service users and their families have referred their complaints to the Local Government and Social Care Ombudsman for their consideration.

I hope you find this report informative and that it provides assurance that my team and I take the complaints, compliments and comments we receive seriously. We will continue to strive to learn from these situations and to improve our services for the people of Gloucestershire.

Best wishes,

Sarah Scott
Executive Director of Adult Social Care, Wellbeing and Communities

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1. Introduction

The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 require all Councils with social care responsibilities to produce an annual report on the operation of the complaints procedure.

The Department of Health policy guidance requires that this report should include a summarised statistical analysis and review of the effectiveness of the Adult Social Care complaints procedure. It does not include complaint information relating to statutory Children's Social Care, wider Council services or any partner NHS agency.

The report is written and is made available for the following parties:

- Staff
- Management
- The relevant Scrutiny Committee
- Care Quality Commission
- Healthwatch Gloucestershire
- The general public

2. Summary of Activity

Key findings;

In 2021-2022,

- 126 Adult Social Care complaints were received by the Council.
- 192 concerns were resolved without recourse to the complaints process
- Adult Social Care received 161 compliments covering all service areas.
- 14 complaints were referred to the Local Government and Social Care Ombudsman's Office (LG&SCO). Further detail can be seen on page 10, including Council learning.

3. Complaints Activity

The complaints process comprises of two overall stages to comply with legislative requirements:

- Local Resolution which is the responsibility of the Local Authority, and,
- Recourse to the LG&SCO. (Further detail provided in Point 5 below)

Trends

In 2021-2022, 126 Adult Social Care complaints were received by the Council of which 55% were either fully upheld or partly upheld. This was an increase in numbers received compared to the previous year, when a total of 92 complaints were received. It remains positive that formal complaints remain relatively low as a lot of effort is placed on resolving

issues without escalation to the formal complaints procedure by the service areas and Complaints team.

Number of Adult Social Care complaints managed at :	During 2017/18	During 2018/19	During 2019/20	During 2020/21	During 2021/22
Stage 1	204	139	138	92	126
LG&SCO	18	10	19	17	14

Of the 126 recorded complaints in 2021-2022:

- 30% were upheld
- 25% were partially upheld
- 45% were not upheld

A further 16 complaints from customers were received but these were handed over / signposted to other agencies as they were not in relation to services provided by the Council.

The only prescribed timescale within the regulations is that a complaint should be acknowledged within 3 working days of receipt. The percentage of complaints received in 2021/2022 which were acknowledged within 3 working days was 87%. As a Council we need to improve on this figure as in some cases, complaints are received elsewhere within the Council before reaching the Complaints Team. This can cause a delay in those complaints being acknowledged and therefore the Complaints Team will re-emphasise to the service areas the importance of sending complaints on as soon as they are received.

Of the 126 complaints received in 2021/2022, 80% were responded to within 20 working days, this is an improvement on the previous year where 68% were responded to in that timeframe.

Analysis of Complaints

The following section looks at complaints related to Adult Social Care (ASC) Teams and then separately summarises all other complaints within the remit of Adult Care Services.

Adult Social Care Locality Team Complaints

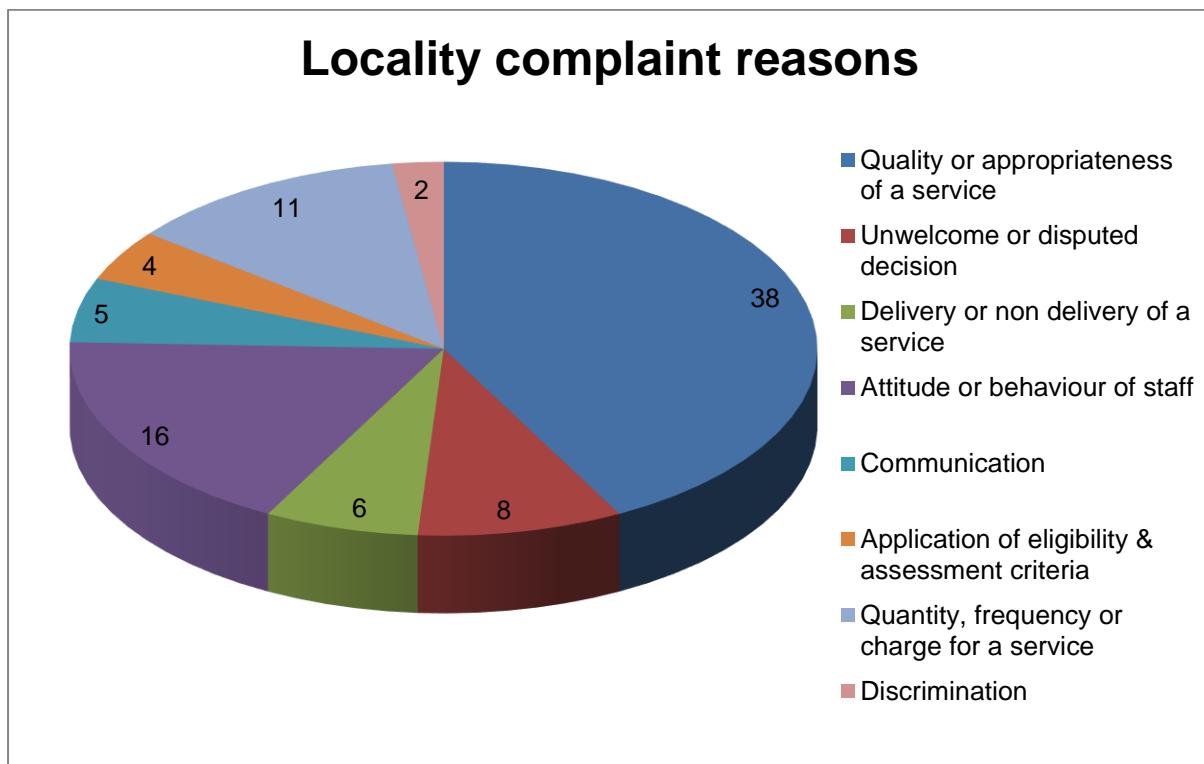
This section provides a summary of the complaints received by each of the 8 Locality Teams in the County, including the Learning Disability and Hospital Social Work teams.

There was a total of 56 complaints recorded for the year (48 in the previous year). It should be noted that the total number of formal complaints dealt with by the ASC teams is very low in comparison to the number of contacts received and the number of active cases each locality holds. It should also be noted the time and effort locality managers and their staff expend on resolving issues with individuals before they become formal complaints, hence the low number of formal complaints.



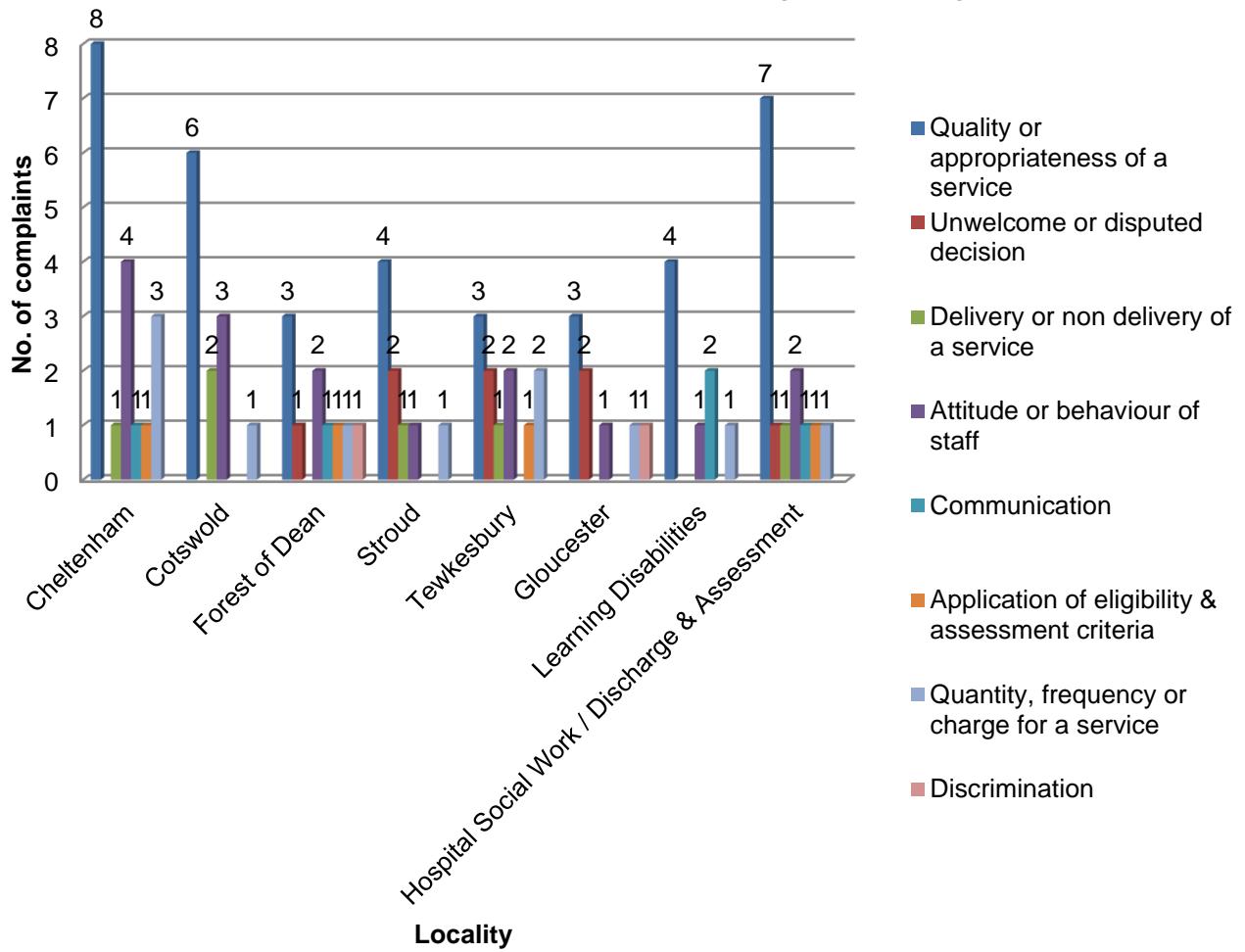
Reasons for complaint

Many individual complaints include more than one area of concern and the chart below outlines the main reasons for the 56 complaints received in the year across the 8 localities.



Issues raised (within each locality)

Reasons for complaint by locality



Specific Themes Highlighted by Complaints in the Locality teams and Hospital Social Work teams

Analysis of the collected data evidences that the main general themes from locality complaints are:

- Communication and Conduct of staff, including,
 1. Timeliness of responding to telephone messages and e-mails
 2. Individuals / families not being kept informed about decisions and not feeling involved
 3. Staff not available for contact with little contingency provided by teams
 4. General conduct of staff, including lack of empathy, unhelpful, lack of knowledge, not involving other professionals and displaying rude behaviour
- Assessments took too long / was never started

- Assessment outcome was wrong, and the subsequent care offered was not appropriate to the need
- Social Work teams take too long to resolve issues, including funding arrangements

Other General Adult Care Service Complaint Themes

Gloucestershire Industrial Services (GIS) received 20 complaints in the year (none were recorded in 2021/22).

In summary the themes were;

- Items collected from property without the occupants being informed beforehand
- Items that GIS had promised to be delivered / collected did not happen
- E-mails / telephone messages were not responded to and telephone calls were not answered

The Finance and Benefits (FAB) Team received 10 complaints in the year (10 in 2021/22).

In summary the themes were;

- Factual errors in the financial assessment
- A decision letter was sent to an individual and not the Lasting Power of Attorney
- Inadequate information provided to family members prior to an assessment to enable proper preparation
- Assessments not taking into account disability related expenses (DRE)

The Brokerage team had 10 complaints about the service (none were reported in 2020/21).

In summary the themes were;

- The length of time it took to resolve the backdating of council funding / Continuing Health Care funding (CHC) / Funded Nursing Care (FNC)
- The team did not respond to concerns / e-mails / telephone calls
- The team did not source appropriate care in a timely way

The Blue Badge team received 1 complaint about their service (1 in 2021/22).

- An individual was unhappy with the way they were treated and how the information they provided was used

The Adult Safeguarding / Deprivation of Liberty Safeguards (DoLs) team responded to 2 complaints (1 in 2020/21).

- That Safeguarding did not inform family that their referral did not meet the threshold for a full Section 42 safeguarding enquiry
- That a DoLs Authorisation form was sent to family 2 months after an individual had passed away

The Admin Finance team dealt with 2 complaints (2 in 2020/21)

- That the team failed to communicate in an effective way / return calls following the issue of incorrect invoices
- That a query took too long to resolve with no one taking responsibility for the issue

The Client Affairs team responded to 2 complaints (1 in 2020/21).

- Both complaints centered on decisions made by the responsible officers regarding the use of individual's monies

A General Summary of The Reasons Given for All Adult Care Services in 2021/22

Communication	Data breach / mishandling of information / not complying with General Data Protection Regulations (GDPR)	4	77
	Delay in provision of information / response / returned contact	30	
	Feel they are not being kept informed / involved, or are not being listened to	24	
	Information, policy, plan or rule has not been properly explained	7	
	No / little communication being given of absence / cancellation / lateness	6	
	Relevant staff not being available at time of contact	6	
Quantity, frequency or charge for a service	Inappropriate charge for service / all disability related expenditure not considered	13	19
	'Tax payers' money wasted	5	
	Unhappy with changes to financial support	1	
Delay in decision making	Decision not provided within given timescales	2	12
	Too long to solve an issue with the home / family on an overpayment	1	
	Too long to solve an issue with the contributions to care	9	
Discrimination	Discriminated against due to age	0	2
	Discriminated against due to class	0	
	Discriminated against due to gender / sex	0	
	Discriminated against due to mental / physical health or disabilities	2	
	Discriminated against due to race or nationality	0	
	Discriminated against due to religion	0	

	Discriminated against on a personal level	0	
Unwelcome or Disputed Decision	Additional funding not agreed for nursing placement	1	7
	Decision to place at different home for respite	1	
	Inappropriate DOLs decision	1	
	Decision to move person back into their own home rather than relatives	1	
	Decision to not fund shared lives carer at fostering rate	1	
	Decision to move person from residential placement	2	
Delivery or non delivery of a service	Equipment not delivered / collected when promised / or within reasonable timescale	21	47
	Care needs assessment took too long / never started	9	
	Carers assessment not completed / referred	2	
	Delay in finding a suitable placement	3	
	Delay in applying FNC / CHC / correct charge to charging system	8	
	Support not provided in a timely way following assessment	4	
Quality or appropriateness of a service	Errors made in assessment / letters / minutes / statement	3	46
	Person's wishes overlooked by BI decision	1	
	Individual managed by incorrect social work team	1	
	Staff damaged key safe	1	
	Quality of delivered meals / lateness of delivery	1	
	Care / support options offered were not appropriate	7	
	Sees no benefit from authority's involvement	2	
	Quality of residential / nursing / care	5	
	Quality of supported living provision	1	
	Quality of domiciliary care	9	
	Inappropriately chasing a debt	1	
	Errors in invoice / Invoice received late / time taken to adjust invoice	10	
	Incorrect Mental Capacity Assessment	1	
	Failure to protect from financial abuse	2	
	Social Worker works part time and is never contactable	1	
	Staff member displaying a lack of empathy / being unhelpful	6	

Attitude or Behaviour of staff	Staff member displaying a lack of honesty	3	26
	Staff member displaying a lack of knowledge / competence	4	
	Staff member not listening to individual's wishes / pushing their own agenda	4	
	Staff member not talking to interested parties in case / listening to other professionals	5	
	Staff member displaying rude / aggressive behaviour	4	
Application of Eligibility and Assessment criteria	Decision to provide care at home and not residential	2	13
	Unhappy with the number of home care calls offered	1	
	Decision to provide care from hospital in respite and not at home	1	
	Unhappy with outcome of assessment	9	

There were a total of 11 complaints made about externally commissioned services for adults (16 in the previous year), 4 for permanent residential placements, and 7 for domiciliary care services. All these complaints concerned the quality of the care provided by individual providers. As in previous years, the Complaints Service worked closely with the Commissioning Team to try to resolve these issues.

The 4 complaints made about residential care all centered on the transfer of residents between 2 homes following an outbreak of Covid-19. This was investigated by an independent investigator external to the council.

4. Local Government and Social Care Ombudsman

If a complainant is dissatisfied with the response to their complaint, the complaint can be referred to the Local Government and Social Care Ombudsman (LG&SCO). The LG&SCO will usually only accept referrals that have previously been considered through the Local Authority's complaint procedure, however, under the regulatory reforms, the LG&SCO now has the discretion to investigate if it is considered that there is no benefit in the Local Authority firstly considering the case.

In 2021/22, the council received 14 referrals from the Local Government & Social Care Ombudsman regarding Adult Social Care, in the previous year it received 17.

Of the 14 referrals, 8 led to full investigations. The table below sets out the decisions made on each case by the Ombudsman.

LG&SCO Decision received in year ending 31 March 2021				
Closed after initial inquiry	Premature	No fault	Fault/Injustice	No decision made
5	1	4	4	0

Of the 4 cases that had a finding of fault, the remedies provided by the council were,

Case 1, An apology was provided for failure to communicate the outcome of a safeguarding enquiry, for not providing information in relation to care home costs, failure to assess in line with the Care Act and for failing to offer a carer's assessment.

Both complainants received a payment of £850 and £450 respectively for the identified fault and the subsequent distress caused.

As a result of this case Adult Social Care reminded relevant staff of the importance of following its safeguarding adult's policy when communicating decisions to people who have reported safeguarding concerns.

Case 2, An apology was provided for failing to provide a new financial assessment, delaying a new financial assessment, delaying the issuing of invoices for care provided and an overall failure in how Adult Social Care dealt with the case causing a delay in the calculation of a capital drop date.

Both complainants received a payment of £200 for the identified fault and the subsequent distress caused. As the failures in this case caused the complainant to pay the provider a "gap charge" for their care, this was also refunded by Adult Social Care.

As a result of this case Adult Social Care reviewed the transition process through which privately funded residential care residents become Council funded, to ensure financial assessments start in a timely manner to avoid reoccurrence.

Adult Social Care reviewed all current and previous residents who are / were resident of the particular home to establish if anyone else had paid a similar "gap payment"

Adult Social Care are also in the process of reviewing how the Council generates and issues invoices to ensure a more timely and accurate process, this is part of an initiative to support the aspiration to update the Council's Charging Policy overall.

Case 3, Adult Social Care paid the complainant £150 in recognition of the distress caused by its failure to communicate effectively regarding their parent's care needs.

Case 4, Adult Social Care reviewed its decision regarding an individual's disability related expenses (DRE) and then backdated the financial assessment.

As a result of this case Adult Social Care reviewed the DRE guidance in response to the LGO's requirements and as a result:

- Have extended the DRE guidance to make it clearer that people who receive support in non residential settings must be left with sufficient income after charging to meet:
 - Basic needs such as paying for food, utilities and insurance (the "Minimum Income Guarantee")
 - Their housing related costs
 - Disability related expenditure
- Have emphasised adults' right to appeal a DRE decision in the new guidance
- Have developed a standardised letter for use when additional information is required from a health professional to support a DRE claim
- Have created a new panel process to make decisions where further consideration is required, for example when a decision is appealed, when there is a complaint, when a discretion may be applied. The composition of the panel will vary according to the nature of the issue so that the right people with the appropriate level of seniority and expertise are involved.
- Have developed panel records so that it is clear what the panel considered and the reason why the panel reached (or amended) a particular decision. Decisions and the rationale for the decision will be recorded both within the adult's record and for ease of tracking in a centralised record.

Further Changes to Practice as a Result of Complaints (All Service Areas)

Many complaints only require actions to improve things for individuals, however, a small number of complaints highlight shortfalls in a service as a whole as evidenced in the Ombudsman section above. On a number of occasions there was individual learning taken for staff and a small number of complaints resulted in reflective discussions and further training and supervision.

If it is identified that we have failed an individual and this has impacted them financially, good practice dictates that we apply the principle of restitution. In the last financial year, for a small number of complaints, we have either reimbursed customers for fees that should not have been applied, waived outstanding debt because of the quality of the service provided, or have compensated customers when standards of service have not been acceptable.

The following represent the actions taken, or changes to practice implemented, that were identified through the complaints procedure in 2021/22, in addition to the actions identified following concerns raised via the Ombudsman as discussed above.

Locality Teams

- Staff were reminded that where a referral from a third party is received, practitioners should check with the individual whether they consent to follow-up contact being made with the referrer to provide the outcome of the initial contact

GIS

- A review of working practices has been undertaken and implemented regarding the delivery and collection of equipment and how the service communicates with its customers

Brokerage

- Internal process was updated in relation to capital depletion and the team re-trained in this aspect

Adult Care Complaints / Shared Lives

- Changed the way in which complaints from Shared Lives carers are handled

Commissioned Permanent and Respite Care

- A provider reviewed its contingency measures in dealing with emergency situations and as a result changed its out of hours escalation procedure

Commissioned Domiciliary Care Agencies

- An agency retrained all its carers on managing risk, reporting on risk and undertaking risk assessments
- Two providers ensured all carers undertook refresher training in communication with people, especially those who have a diagnosis of Dementia

5. Comments and Member of Parliament contacts

In addition to managing the statutory complaints procedure and administrating the compliments process, the Complaints Team also deal with a number of other letters and contacts which are usually classed as comments. These contacts are generally concerns or requests for information that can be dealt with without recourse to the formal complaints procedure. In most cases these are dealt with within 1-2 working days of receipt.

In the reporting period there were 192 comments dealt with by the team, this is an increase to the previous year when the team dealt with 100 contacts in this way. Of the 192 comments, 56 were made via MP's offices around the county, this also represents an increase to the previous year where only 10 concerns were recorded by the team from MP's offices.

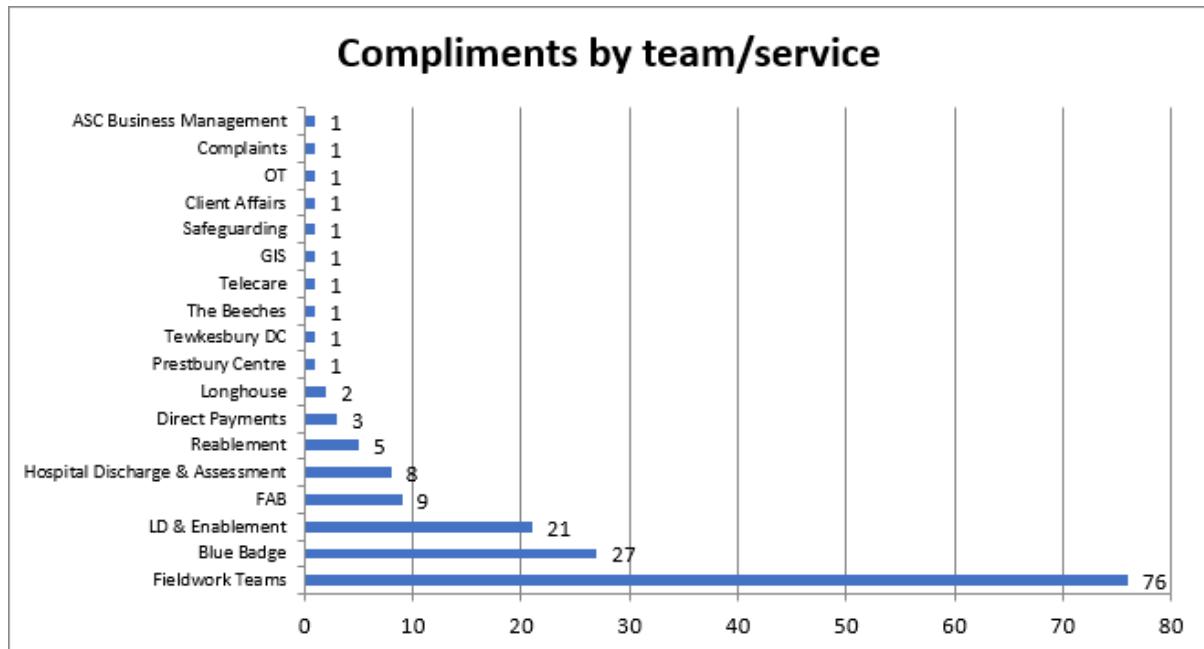
6. Compliments Activity – An Overview

This section looks at the positive feedback received. Recording compliments enables the Adult Social Care Service to recognise the positive comments made about services and staff which provides an opportunity for management to congratulate employees.

The table below compares the number of compliments received in 2021/22 with the number received in previous years.

Adult Social Care Services Compliments received by year	2019/20	2020/21	2021/22
	228	158	161

Compliments by Team



What positive things are people saying?

Some examples of the positive comments made by service users are:

- One family member said : ‘*Hope you are well. I just wanted to say thank you so much for all you have done for us. You have made a huge difference in our lives. Thank you so much!*
- One family member said : ‘*Many thanks for my new blue badge, received this morning. Thank you for always giving such prompt and helpful service, it is much appreciated*’.

- One organisation said : ‘*Thank you both for your replies!! As usual, a great service provided from the fabulous FAB team!*’
- One family member said : ‘*I write to thank you for everything you have done to facilitate the excellent care that my mother has received over the past four and a half years. It enabled my father to look after her at home.*’
- One family member said : ‘*You have been so efficient and wonderful with all your advice and help. I had no idea the assistance from Social Services was so efficient and warm, your empathy when it comes down to assisting people in xxxx's position is greatly appreciated. Thank you very much. Stay safe.*’
- One family member said : ‘*I just wanted to thank you for all your help in support of xxxx & particularly myself, I have been struggling more than I would care to acknowledge. As a household we have found dealing with xxxx's dementia cataclysmic at times! You have been an absolute marvel and I have been singing your praises widely, we had no idea that there was any support like you. Thank you.*’
- One family member said : ‘*Dear xxxx, I know that you are on your holibobs so will pick this up on your return. I have spoken to xxxxxxxx today and she is moving to the xxxxxx on Monday xxth xxxx which she is thrilled about. I want to thank you sincerely for all the work you have done to enable this lady to live in an environment where she will feel safe , secure and cared for 24* a day and will be able to spend the rest of her life being happy. You have been the one who has listened to her and understood the urgency needed for her to move. I can't thank you enough, so many people have been concerned about xxxxxx but you are the one that has made it happen . you are the BEST !! Hope to speak to you on your return. Kindest regards and a big hug 😊❤️xxxxxx 😊*
- One family member said : ‘*Hi xxxx It's xxxxxx here, xxxxxx xxxxxxxx's daughter. I wanted to thank you from the bottom of my heart for arranging for my mum to move to xxxxxxxxx so quickly. My father passed away yesterday but before he did he had chance to see my mum and hold her hand. Since then mum has been a lot less anxious and has been talking and eating more. I really can't thank you enough for those precious moments.*’
- One family member said : ‘*Thnak you so much for all you have done, caring people like you are a real treasure. I will always remember how you helped mum and me through those tough times.*’
- One family member said : ‘*I am the daughter of the above person who has been at xxxxxx until today, having been transferred there from Cheltenham general hospital for an assessment . xxxxxx xxxxxx was assigned to mum during her stay there. I would just very much like to report that xxxxxx went above and beyond to support myself and mum during such a difficult time. I have felt very isolated having to cope with all the arrangements regarding mum, but I must say xxxxxx has constantly given me information as to mums situation and advised me of many things I would not have thought about. She has supported me in so many ways, her telephone manner is so professional and at the same time really caring. I am extremely grateful and wanted to say what a wonderful member of staff you have. I just wish I could have met her in person.*’
- One family member said : ‘*Hello xxxx thank you for the latest news and also fir your kind offer of taking xxxx's stuff from my house to her bungalow.*’

I really appreciate that and for all the help you have given both xxxxx and myself throughout this nightmare. You have been a great comfort and help to me along this path of xxxxx's recovery and needs. I don't know how I would have coped with the worry and things needing to be done, I know you have gone above and beyond for xxxxx and it has not gone unnoticed she is very lucky to have you and I thank you on her behalf. Finding her the right care company has been difficult and yet you have managed it. I and xxxxx would have been floundering without your aid and advice. I really thank you whole heartedly for your continuing help information and updates and putting xxxxx at the heart of everything you do sincerely xxxxx.

7. Who is using the Complaints Procedure?

This section looks at who is raising issues, complaints or concerns in regard to Adult Services, and offers some analysis of the equalities and diversity data which has been returned to us.

The following key points can be identified in regard to the people using our complaints processes, and who answered our equalities monitoring questions:

- There were 18 complaints received direct from individuals who receive a service (including 7 via advocates/representatives) and a further 78 from their immediate families. This is 76% of the total number of complaints received
- Concerns and requests for help and/or information via MPs and councilors increased in 2021/22 with 56 contacts received. This is compared with 11 contacts received via them in 2020/21
- Where it was stated, 90% of complainants identified as White British
- Where it was stated, 57% of complainants identified as female, the rest male
- Where it was stated, 10% of complainants identified as having a disability

8. The Complaints Process Explained

This report provides information about complaints which were made between 1 April 2021 and 31 March 2022, and handled under The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

All timescales contained within this report are in working days.

What is a complaint?

'An expression of dissatisfaction or disquiet about services delivered, or commissioned on behalf of an individual by the Local Authority, which requires a response'.

Who can make a complaint?

Anyone who is dissatisfied with the service they have received from Adult Social Care or with an Adult Social Care decision, action or omission may make a complaint. This includes:

- adults with care and support needs
- their carers
- young people aged under 18, their carers and young carers aged under 18 who are transitioning to Adult Social Care
- a representative of someone who has used our Adult Social Care Service (including someone who has died)

Anyone who is self funding their care and support arrangements and has entered into an agreement independently of the Council with a social care provider (such as a care home or a home-care agency), should complain directly to The Local Government & Social Care Ombudsman.

Stages of the complaints procedure

The statutory complaints procedure has 2 stages:

Stage 1: This is the most important stage of the complaints procedure, and the one at which service areas / external contractors providing services on our behalf are expected to resolve as many complaints as possible.

We will investigate complaints thoroughly, fairly and without delay. In most cases we will provide the outcome of our investigation in writing within twenty (20) working days of receiving the complaint. If we are unable to complete our investigation within this timeframe, we will agree a reasonable deadline for a response with the complainant. Unless a complaint was made anonymously, we will keep complainants informed about progress and about any unexpected delays.

Stage 2: We encourage anyone who is concerned about the final outcome of their complaint to discuss their concerns with the Complaints Manager to explore any further avenue that may provide a resolution.

Anyone who is not satisfied with the final outcome has the right to ask the Local Government and Social Care Ombudsman to review their complaint. We will provide information about how to contact the Local Government and Social Care Ombudsman and will co-operate with any requests from the Ombudsman.

Local Government and Social Care Ombudsman

The Local Government & Social Care Ombudsman is an independent government body, empowered to investigate complaints about councils when the council's own investigations have not provided resolution. They offer a free service, and can both offer advice and '*investigate complaints in a fair and independent way*' (Source - <https://www.lgo.org.uk>).

Complainants retain the right to approach the Ombudsman at any time, though the Ombudsman will typically expect complainants to have completed the council's complaints process before they investigate matters themselves.

For more details please click on,
<https://www.lgo.org.uk/>

9. Summary

In 2021/22 the Complaints Team received a total of 318 contacts (126 formal complaints and 192 comments) relating to customers' dissatisfaction with the Council's Adult Social Care Service, all with varying degrees of complexity. 14 cases were referred to the LG&SCO where, in only 4 cases, the LG&SCO found fault. Although overall these figures represent an increase in contacts to the previous year, 2020/21 - 192 contacts (including 100 comments and 92 complaints), these figures suggest that the Adult Care Service remain effective in dealing with customer complaints and comments, with a relatively small number having a finding of fault when escalated to the LG&SCO.

This report also demonstrates that Adult Social Care engenders a culture of learning from their mistakes by acknowledging them, reviewing the issue and creating new processes and working practices to avoid the same mistakes happening again.

To support the Adult Social Care Complaint process there is 1 full time Complaints and Compliments Coordinator and 1 full time Complaints Manager who also has responsibility for managing the Corporate and Children's Complaints processes.

Colin Davies
Complaints Manager

Gary Liddington
Complaints and Compliments Coordinator

August 2022