



Cheshire West and Chester Council

Adult Social Care Complaints and Compliments

Annual Report
2015 – 2016

Introduction

This report provides information about the Adult Social Care Compliments and Complaints received by Cheshire West and Chester Council during the period 1 April 2015 to 31 March 2016. It highlights how the service has performed against the statutory timescales and indicates where improvements or revisions to services have been identified as a result of compliments in highlighting best practice and through the process of listening and responding to complaints.

The Authority is required to produce an annual report for complaints made under the Local Authorities Social Services and National Health Service Complaints (England) Regulations 2009 and the report should be made available to the public.

The Council's Solutions Team was responsible for the coordination of Compliments and Complaints during this period, which is part of the Information Governance service within the Governance directorate. The wider functions of the team include case management of enquiries from the Local Government Ombudsman (LGO); Information Commissioners Office (ICO); Member of Parliament enquiries; Chief Executive Correspondence; and Requests for Information (RFI) under the Freedom of Information (FOI) Act 2000 and Environmental Information Regulations (EIR) 2004.

In accordance with statutory guidance, responses to complaints received by the Authority should be proportionate. Officers are encouraged to resolve matters locally at the first point of contact to avoid escalation wherever possible. Concerns raised with the service and resolved by close of play the following day are not counted as statutory complaints. They are not recorded centrally with the Solutions Team and are not subject to this report. Where this approach does not deliver a satisfactory outcome for the complainant, matters are then referred to the Solutions Team for consideration through the formal complaints procedure.

The objectives of this report are to:

- be open and transparent about our social care complaints process
- meet our statutory obligation to produce an annual report
- provide clear and concise comparative data on compliments and complaints, including details of complaints broken down by subject and service area
- provide a summary of customer profile and type of customer interaction
- identify actions for service improvements identified from complaints

Context

Whilst considering this report it is important to see the overall picture of Adults Social Care involvement in the Cheshire West and Chester area. During this period 9769 customers received service from Adult's Social Care teams, with 6026 being new clients requesting assistance. Of those receiving services 75 complaints were handled representing less than 1% of service users.

1.0 STATUTORY COMPLIANCE PROCEDURE

1.1 The Adult Social Care Complaints Procedure

The Local Authority Social Services Act 1970, as amended by the National Health Services Act and Community Care Act 1990 and the Local Social Services and National Health Service Complaints (England) Regulations 2009, require the local authority to have a procedure for resolving complaints received by, or on behalf of, adult service users.

In accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 new procedures for handling complaints came into effect on 1 April 2009. These new arrangements are described in the following sections.

1.2 Role of the Solutions Team

The Solutions Team act as a central point through which complaints can be made to the Authority without the need to refer directly to the service. Complaints can be made via telephone; in writing; through the online social care complaints portal; or directly to the dedicated social care complaints email inbox. Complaints received by the service (other than those outlined above) are referred to the Solutions Team to be processed.

The Solutions Team, often in liaison with the service, will determine whether a complaint is eligible for consideration under the statutory framework or whether an alternative procedure (safeguarding for example) would be more appropriate.

The Solutions Team offer training, advice and support to staff in their consideration of complaints and perform a quality assurance role in the preparation of complaint responses. The Team will also liaise with complainants to keep them informed on progress with their complaints, and provide advice about the complaints process and the role of the Local Government Ombudsman.

1.3 What is a Complaint?

A complaint is an expression of dissatisfaction or disquiet with the service that requires a response.

1.4 Who Can Make a Complaint?

Anyone can make a complaint where they receive a service from Adult Social Care or where they are affected, or likely to be affected, by the directorate's actions. Complaints can also be accepted from individuals acting on behalf of a service user, for example an advocate or family member, where the service user has given consent. Where a service user's capacity to make informed decisions may be in question, the Solutions Team - in conjunction with the Service Team Manager - will look at whether the person pursuing the complaint is acting in the service user's best interests.

People, who fund their own care (known as self-funded users) for services that are regulated by the Care Quality Commission, do not fall under this procedure, as they

are not using Council services. Since 1 October 2010, the Local Government Ombudsman widened its remit under new powers in the Health Act 2009, to consider complaints by these users. This provided additional representation and rights. These complaints remain outside Cheshire West and Chester Council's complaints procedure as they do not relate to services that we commission or fund.

From 1st December 2013 all complaints relating to provider services became the responsibility of Vivo Care Choices, which is the new organisation independent of the Council providing most of the direct services to social care clients. Complaints cases sent into the Council relating to provider services are redirected to Vivo to manage under their own complaints procedure. The complainant still has a right of return to the Council should they remain dissatisfied with the response they receive and the LGO can intervene.

1.5 Adult Social Care and Health Complaints Procedure

The current Adult Social Care and Health complaints procedure is based on a single, flexible response to the complainant, followed by a right of referral to the Ombudsman. Where the complaint is made orally and is resolved by the next working day, council's are not required to treat it as a formal complaint under this procedure.

Complaints are provisionally assessed to identify any potential safeguarding risks or concerns. Where safeguarding issues are identified matters are redirected to be considered under the appropriate safeguarding procedures. Where there are no safeguarding concerns complaints are referred via the Solutions Team to a Business Manager to be considered through the social care complaints procedure. On occasions complaints are also referred through the 'corporate complaints' procedure, as appropriate.

1.6 Informal Complaints

Complaints received directly by the service (or elsewhere) that can be resolved by close of play the following day, are not required to proceed through the formal complaints process. These concerns/issues are often relatively minor and resolution can most easily be addressed locally through the service.

1.7 Formal Resolution

Complaints considered under the formal procedure are acknowledged within three working days and information is provided about the complaints process and the availability of advocacy support to complainants.

Complaints are allocated to the relevant Business Manager who will discuss the complaint, where necessary, with the complainant. The scale and the nature of the investigation are intended to be proportionate to the complaint and may include face to face meetings with complainants; interviews with staff; paper reviews of records; policies and procedures examination, etc.

Responses to all complaints should be concluded within 6 months unless exceptional circumstances prevent it and an alternative deadline is agreed. It is intended that as far as possible complaints should be resolved by a single response

although due consideration will be given to any request from a complainant to consider further the outcome of any complaint. Following conclusion of the complaint by the local authority the complainant has the right to pursue the matter further with the Local Government Ombudsman (LGO).

1.8 Safeguarding

The Solutions Team liaises directly with the Adult Safeguarding Team, and/or where appropriate, the Social Care Team within the service. The Solutions Team seek advice and guidance where necessary to refer any matter that may be subject to safeguarding procedures. Regular contact is maintained with the Safeguarding Unit to discuss individual complaints and agree appropriate approaches in light of any safeguarding concerns.

2.0 PERFORMANCE ACTIVITY 2015/16

2.1 Summary of complaint activity

A total of 101 representations were received during the course of the year. Of the 101 complaints representations received, there were 75 **valid complaints** progressed, with 1 case still open. Of the remaining representations 8 were treated as a 'request for service'; 11 were declined as ineligible under the policy; and 7 did not proceed as they were withdrawn by the complainant.

2.2 Comparison with Previous Years

The table below shows the number of considered and progressed complaints for 2015/16 compared with the previous three years.

Table 1: Total number of complaints considered

Year	Total no. of valid complaints processed	Request for service	Withdrawn/ not pursued	Ineligible / Redirected*	Total no. of representations considered
2015-16	75	8	7	11	101
2014-15	68	1	13	19	101
2013-14	72	1	8	6	87
2012-13	47	6	4	6	63

**Complaints not valid through the Social Care procedure, for example complaints that were being dealt with as Safeguarding investigations, or the complainant was not directly involved with the service user and is therefore ineligible to complain.*

The overall figure of valid complaints represents an increase of 10% in the number of complaints investigated by the Council compared to the previous year, with the total number of representations considered remaining stable.

2.3 Number of Complaints - Observations

The Care Act 2014 came into force from April 2015 representing the biggest legislative changes to Social Care in 70 years. This has impacted on both the

design and delivery of adult social care services, and training and assessment activity within the service has been high during the year. Despite this major change there has been very little change in the volume of complaints received, which is positive news suggesting stability within the service despite the changes.

2.4 Complaint Outcomes

Table 2 below shows the outcomes of the complaints investigated. Of those complaints which have been fully considered 25% were classified as upheld; 28% as not upheld and 46 % as partially upheld. The balance of outcomes from complaints indicates a slight increase in the overall number of complaints which have been upheld/partially upheld compared with the previous year.

Due to the relatively low number of complaints, these variations cannot be considered indicative of a trend. However, given that complaint investigations were conducted internally, the results continue to offer confidence that the outcomes from complaint investigations remain balanced and objective.

Table 2 - Outcomes and comparisons with previous years

Year	Upheld	Partially upheld	Not upheld	Outstanding	Total
2015-16	19 (25%)	34 (46%)	21 (28%)	1 (1%)	75
2014-15	15 (22%)	25 (37%)	28 (41%)	0 (0%)	68
2013-14	18 (25%)	23 (32%)	31 (43%)	0 (0%)	72
2012-13	16 (34%)	14 (30%)	17 (36%)	0 (0%)	47

As a result of closer integrated working a significant number of complaints contain elements requiring responses from health colleagues to complete a joint response to the complainant. These responses are often delayed and also offer different solutions and outcomes that have an effect on social care responses. This can result in increased complaints being partially or fully upheld. Adult Social Care Senior Managers in discussion with Health counterparts have agreed that some complaints require separate responses from organisations due to their complexity and solutions team will be informed where this is the case

Complaints received have been categorised by 'service user group' and are detailed in table 2 below for further information:

2.5 Breakdown of complaints received by Service Area

Table 3 below shows a breakdown of complaints received by each service area. As can be seen in the table the Chester, Ellesmere Port and Rural Team's complaints figures are higher than their counterparts. Of the 22 complaints, 9 were fully upheld; 11 partially upheld; 1 not upheld; and 1 cases are still open. This area has experienced a number of changes to providers of services which results in complaint. There have been particular issues with providers regarding a number of independent sector home provision and lack of availability to meet domiciliary care needs. Closer working relationships have been developed with independent sector providers and these are now resulting in improved outcomes and learning from complaints and reviews of their own initial responses to complaints. There is also a higher population in this area compared to Northwich and Winsford.

Table 3

Service Area	Numbers of Complaints Per Year			
	2015-2016	2014-2015	2013-2014	2012-2013
Prevention and Wellbeing				
Northwich & Winsford Patch Team*	11			
Winsford Patch Team	0	6	8	4
Northwich Patch Team	0	8	3	9
Chester, Ellesmere Port & Rural Patch Team*	22			
Chester & Ellesmere Port Patch Team	0	14	19	8
Rural Patch Team	0	2	0	3
Learning Disability Team	4	10	1	10
Occupational Therapy	4	1	3	1
Advice and Contact Team	0	0	0	1
Intermediate Care	0	0	0	1
Community Mental Health	4	2	7	0
Emergency Duty Team	0	0	1	0
West Hospitals Social Work Team	8	9	3	2
Safeguarding Team**	3	0	2	2
Client Finance	7	7	15	1
Provider Services	12	9	10	5
Total	75	68	72	47

*combined teams for 2015/16

**complaints about the safeguarding process or the complaint doesn't meet the threshold for initiating a safeguarding investigation.

Complaints to the Learning Disability Team significantly reduced from 10 in 2014/15 down to 4 in 2015/16. It is thought this is due to the Transition Team becoming embedded in the service.

The restructure of teams with greater integration with Health could lead to confusion as to where the responsibility for some complaints rests. The council will need to work with health colleagues to develop further joint protocols so that service users are clear about where and how a complaint will be responded to.

2.6 Complaints by Subject Area

By their nature, complaints are specific to the circumstances of the individual and cover a wide range of individual experiences and often relate to more than one aspect of a service that has been received. Complaints received by the Authority have been classified on the basis of the 'primary' area of concern (subject) raised by the complainant.

Detailed below are the numbers that fall within each category:

Table 4

Complaint Subject (primary area of concern)	2015-2016	2014-2015	2013-2014	2012-2013
Standard / Quality / Appropriateness of Service	37	32	44	23
Under provision of service	0	2	6	8
Appropriateness of service	0	1	2	1
Issues with Provider	8			

<i>Inaccuracies in assessments</i>	4			
<i>Lack of support</i>	14			
<i>Standard of care</i>	11			
Social Worker	11	14	14	7
Communication	7	6	3	7
Financial / Cost Issues	17	13	3	1
Safeguarding	3	0	0	0
Total	75	68	72	47

The majority of complaints relate to the general 'quality of service' that people have received. This has been a recurring theme throughout previous annual reports.

2015/16 has seen an increase in 'finance / cost' related complaints with 17 cases citing this as being their primary issue. There are 3 main themes within this section relating to Direct Payments, challenges received in relation to the outcome of the Financial Assessments, and Care Home charges. Of the 17 complaints, 6 complaints were not upheld, 7 partially upheld and 4 upheld. This increase is linked to the fact that benefits have become tighter, coupled with service users being more assertive around payments and direct fees. Previously self-funded clients have now moved over where capital has dropped below the threshold. The service has also seen an increase in the mis-use of direct payments, which when corrected is then challenged under the complaint process.

The increase in valid complaints over the quality of service provision, although remaining small, is a reminder to us of the state of the market in both residential and domiciliary care and for us to continue to engage with providers to maintain standards in care and support

There has also been an issue with communication at the Health Service / Social Care cross over with an incorrect assumption made on referral that service is free at the point of delivery, however it is only available free in the short term, the confusion caused gives rise to complaint.

The service is aware of these issues and is working to improve guidance and communication to service users.

Complaints made directly against Social Workers have reduced in 2015/16, with 3 themes emerging, being allegations of misconduct, communication, and attitude. Of the 11 complaints received 5 were not upheld, 5 were partially upheld, with only 1 being upheld.

Communication issues (non-social worker specific), have increased slightly in 2015-16. There have also been 3 complaints received in a new complaint category of Safeguarding.

2.7 Complaint Response Times

In line with the current legislation there are no formal stages to the Adult Social Care and Health complaints procedure. There is a requirement for complaints to be resolved within 129 working days (6 months) of the complaint having been made, with a locally set policy of 20 working days for providing complaint responses.

In 2015/16 the average time for resolving a complaint was 32 working days although the majority of cases were concluded in less than 40 working days. The table below shows a breakdown of response times in working days of the 74 closed cases. The complaint case that took the longest to conclude was 110 days. All cases were concluded within the statutory 6 month timeframe.

Table 5

No. of Working Days	2015-2016	2014-2015	2013-2014	2012-2013
20 working days or less	27	33	48	19
40 working days or less	30	28	20	9
60 working days or less	9	5	4	10
80 working days or less	3	1	0	5
100 working days or less	4	0	0	0
Over 100 working days	1	1	0	4
Total	74*	68	72	47

*1 case remain open, exceeding the 20 day timeframe.

The response times within 20 working days represents an 18% decrease in performance from the previous year. In 2014/15, 49% of complaints were responded to within 20 working days or less. In 2015/16 this has decreased to 36%. One reason for this is an increase in complexity of cases, both in terms of the number of elements being complained about, and the requirement for cross organisational working which adds to the time needed to compile a response. This is an identified area for improvement for the service to ensure timely responses, wherever possible.

Where complaint responses go over 20 days, the service endeavours to ensure the customer is informed of the delay, providing an explanation for the additional time required.

2.8 Local Government Ombudsman (LGO)

A service user may approach the LGO at any time. However, the LGO retains the right to refer all complaints by service users to the local authority where the authority has not had a chance to investigate a complaint through the formal complaints procedure. The LGO can also ask the local authority to reconsider a complaint where it feels that local consideration of the complaint has been inadequate. Alternatively, the LGO may call in a complaint to review and investigate directly.

The Local Government Ombudsman (LGO) published a report in November 2015, as part of the LGO's role as the social care ombudsman, to encourage transparency and accountability across the whole adult social care complaints system. In its report *Annual Review of Adult Social Care Complaints 2014/15* the LGO stated that it received 2,803 complaints and enquiries about adult social care in 2014/15, which is 18% more than received the previous year. In those complaints where it carried out a detailed investigation, the LGO upheld 55% of cases by finding some form of fault with the council or care provider.

The areas most complained about within adult social care are: assessment and care planning, residential care, home care, charging and safeguarding. The LGO

also reported that it continues to see a year-on-year increase in the number of complaints it receives about independent care providers, where there has been no involvement from a council. However this remains around 10% of its entire adult social care caseload.

The LGO's *Review of Local Government Complaints 2015-16* (summary of all complaints including social care) contains the following headline messages:

- they received 19,702 complaints and enquiries, which is a similar level to the previous year
- they upheld 51% of detailed investigations, which has increased from 46% the previous year
- the area most complained about is education and children's services (53% upheld)
- they also saw the biggest increase in percentage terms (13%) in complaints and enquiries about education and children's services

The most common recommendations made by the LGO for upheld complaints are:

- Apologies
- Financial payments
- Procedural change to improve services

In relation to Adults Social Care Complaints, the LGO report a 4% increase in complaints from the previous year, with 58% of complaints upheld overall. Highlighted statistics include a 29% increase in home care complaints and 70% of cases relating to care planning being upheld.

The LGO stress that a higher volume of complaints does not necessarily mean a poorer standard of service. It may indicate a council's open approach to listening to feedback and using complaints as early indicator of potential issues.

The number of cases referred to the LGO during this reporting period was:

Number of ASCH complaints referred to the LGO in 2015/2016	2
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Referral of cases to the Local Government Ombudsman (LGO) has decreased from 8 cases in 2014/15 to 2 cases in 2015/16.

Of the 2 cases referred to the LGO, one was assessed as a 'premature referral' at assessment stage and referred back to the Council's complaint process, and one was upheld for maladministration and injustice, with a financial payment to the complainant agreed as a result.

The Authority remains committed to ensuring that the complaints process continues to develop and remains open, transparent and accessible to those who need to use it.

2.9 Point of receipt for complaints within the authority

This year the Solutions Team have recorded both the 'point of receipt' and 'method of receipt' of complaints into the Council. This intelligence can help support service improvement decisions. A breakdown is shown in the following table which shows

that the established systems for ensuring that complaints are directed to the Solutions Team for co-ordination are working well, with those sent into the service redirected to the Solutions Team.

Table 6

Point of receipt	2015-16	2014-2015	2013-2014	2012-2013
Service Area	22			
Solutions Team	49			
Director	3			
Chief Executive	0			
Other	1			
Total	75	68	72	47

2.10 Method by which complaints were lodged with the authority

Table 7

Method of receipt	2015-2016	2014-2015	2013-2014	2012-2013
Letter	31			
Telephone/verbal	15			
Email	29			
Online complaints	0			
Total	75			

3.0 COMPLIMENTS RECEIVED

The service recorded a total of 275 compliments during the year, which represents a 102% increase on the previous year's figures of 136.

Table 8

Year	2015-2016	2014-2015	2013-2014	2012-2013
No. of Compliments	275	136	241	182

Positive compliments recorded include:

"Thank you for my assistance and support in resolving the difficulties faced when XXXXXXXX was diagnosed as terminally ill/became unwell, following his death and the subsequent support for XXXXXXXX and her family" – N&W Social Work Team

"The daughter of XXXXXX wanted to thank you for all the help that was received and she said that it made a difference made her mum happy." – Re-ablement Team

"This is a compliment. I was sent to Sutton Beeches from COCH with XXXXXXXXXXXX at first I did not want to go but I was persuaded to go. I spent two weeks in their care and they were absolutely brilliant they all looked after me so well and the atmosphere was fantastic. When it was time to leave it was upsetting. Then I had carers coming to my house every one of these ladies were so helpful and all very pleasant. Without all your help my recovery would not have been as quick." – Sutton Beeches/Provider Services

*“Letter from Mr XXXX to CEX thanking Financial Assessment Non-residential team for support” – **Client Finance***

*“I feel that I must write to you directly to let you know about the outstanding level of care and support that XXXXXX have provided for my late father. I cannot begin to tell you just how amazing the team has been to us as a whole family. From the Care Manager, Nursing staff and Carers, they have treated my father with respect and dignity, cared for his needs in the most professional way and supported our family through a very difficult time. My father’s last few days before he died were extremely distressing and we were so comforted knowing that the staff would do anything for us. They made us comfortable, kept us going through long, sleepless nights with cups of tea and words of comfort and attended to my father’s needs with the utmost respect and care. At this sad time, we can now reflect on our experiences and say that we owe so much to the staff at XXXXXX. They do an extremely demanding job and should be highly commended for the outstanding quality of care that they provide.” – **Chester Patch Team***

*Service user’s father very pleased with the work the local authority has done for his son and family. The package of care provided by Coronation Centre day services and Dover Drive respite and from OT who recently renovated the bathroom, enables his son to remain living in the family home and both parents to be able to continue to meet all of their son’s needs. – **ALD Team Chester***

*“I feel confident now that we have sufficient health professionals involved with xxx and we can plan a way forward with her for the time being at xxx. The situation has certainly settled and the additional hours for all have helped to enable people to be more active and or engaged. Thank you for your input with all of this, we really feel that the involvement we now have wouldn’t have happened without you.” - **Safeguarding***

*“This is a compliment to a particular member of staff who has gone above and beyond my expectations and currently carries doing so. His name is XXXXXXX, he is an Adult Social Worker and has been nothing but a blessing to us as a family, help fighting for our cause in looking after my brother who suffers with Cerebral Palsy and has various complex needs. From the moment he came on board last year he has always been supportive, responsive to his needs and us as a family and also has been effective with communicating to various key workers to ensure our family didn't deteriorate (health wise).He is always at the other end of the phone when we needed him and has been really important to coordinate all that has been necessary for help to start, to support all of us but most importantly my brother. Thanking you is nowhere near enough.”- **West Hospitals Team***

Improving the capturing of positive feedback via compliments and sharing these regularly with teams helps to improve staff morale which can lead to improved attitude/behaviours and communication.

The importance of this was recently communicated to staff via a message from Gerald Meehan in his previous role as Strategic Director emphasising that “it is just as important to recognise good practice and learn from it as well as dealing with complaints. If you receive a compliment please forward to the e-mail below on the global address book. All compliments for the service will then be logged and reported on to Management Team as well as complaints to provide the service with an accurate picture of what is working well, what isn’t and good practice so that we can improve and develop our service provision”.

Social Workers are also asked to retain a copy of the compliment on their supervision file and send a copy to the Solutions Team

3.1 Breakdown of Compliments by Service Area

Table 9

Service Area	Numbers of Compliments Per Year*			
	2015-2016	2014-2015	2013-2014	2012-2013
Prevention and Wellbeing				
Northwich & Winsford Patch Team*	21			
Chester, Ellesmere & Rural Port Patch Team*	10			
Learning Disability Team	28			
Occupational Therapy	15			
Advice and Contact Team	0			
Intermediate Care	0			
Community Mental Health	0			
Emergency Duty Team	2			
West Hospitals Social Work Team	6			
Safeguarding Team**	1			
Client Finance	1			
Provider Services	191			
Total	275	136	241	182

*Prior year data was not reported by service

4.0 PROFILE/CATEGORY OF COMPLAINANTS

Equality data is not held by the Authority for Social Care complaints. We have, however, broken the data down by the complainant's profile according to gender for information.

Table 10

	2015-2016	2014-2015*	2013-2014*	2012-2013*
Male	30			
Female	44			
Joint complaint	1			
Other (non-individual)	0			
Total	75			

*Data not recorded in previous years

A summary of customer profile and type of customer interaction has shown the following:

Table 11

Person making the complaint	2015-2016	2014-2015*	2013-2014*	2012-2013*
Care recipient	14			
Parent/s	2			
Special guardian	0			
Grandchild	2			
Husband / Wife	8			
Sibling	4			
Executor	1			

Son / Daughter	39			
Advocacy service	5			
Total	75			

*Data not recorded in previous years

There is a comparatively high number of complaints from son/daughter's. This might be expected given the nature of the service however there has been a recognised increase in the rise of complaints in relation to family disagreement in 2015-16, these complaints are often complex and can be difficult to resolve.

5.0 LEARNING AND SERVICE IMPROVEMENT

The Authority has identified areas and opportunities from which learning can be taken from the complaints and the compliments process and used to improve future service delivery.

5.1 Learning from Complaints Cases

There have been a number of learning points from complaints cases which have led to service improvements, and the following examples highlight the changes made:

A complaint that urgent support was required but a timely response not received, and that the council had failed to work cooperatively with the NHS. Following this complaint staff needs and geographical issues were reviewed with Council and NHS employees to create an improved working model going forward allowing a quicker and more seamless service.

A complaint about delay of repairs and delivery of a shower chair. As a result the company who supplies the service have nominated a specific engineer to provide running repairs in similar cases that are classed as high priority in order to reduce the length of time taken to respond to urgent requests.

A complaint with regard to a delay in assessment. The Council recognise it is vital to review the needs of service users to ensure they continue to receive appropriate service and as a result of this complaint developed a new policy to address outstanding Social Care Reviews.

Concern was raised regarding the number of demands issued in relation to outstanding care charges made for a deceased care user following notification of a pending application of Grant of Probate. As a result staff training was provided to ensure that the correct procedure is applied in the future.

A complaint regarding lack of indication of costs for respite care as well as delay in invoicing. The following steps were taken as a result:

1. *Introduction of more robust information and processes regarding the use of intermediate assessment placements from hospitals*
2. *We worked with health colleagues to ensure accurate and relevant written information is provided to patients and their carer's in connection with the provision, including details of any charging arrangements that may be applicable in the future.*

A request for assessment was not responded to appropriately following referral from a doctor to a community social work team, and was then closed prematurely. As a result of the investigation into the complaint regular monitoring and contact is now made with all people waiting for a response to a request for service, and all cases are carefully reviewed to assess the urgency of response. In addition all cases are now sent through to managers for closure so ensuring the appropriate checks are made.

A complaint was received that no financial assessment had been undertaken. Investigation highlighted that a referral should have been passed on to the finance department, but this was not done. As a result of this complaint all social workers undertook financial refresher training.

The service has also started to ask complainants to come in and give feedback to staff directly, with regard to the service they have received. This will contribute to workforce development as staff will have increased awareness from the customer point of view, and service improvement as the feedback given will lead to action and change in order to drive improvement across the service.

5.2 Policy and Procedure

The Care Act 2014 came into force April 2015. The majority of the Act is not “new”, but consolidated other legislation and guidance into one coherent Act. It built on, and strengthened practice, to embed Personalisation and Family, Friends and Community into frontline practice. Where there is change, it represented an opportunity to reinforce best practice and ensure consistency across services. Some parts of the Act introduced extensions or variations to current policy and practice. In some parts of the Act, there are new statutory duties which we must comply with and that practitioners will need to be familiar with. Overall the Care Act 2014 represents the biggest legislative changes to Social Care in 70 years.

The Authority has revised the Adult Social Care Policy and Procedure incorporating the changes the Care Act 2014. Amongst its many provisions, the Care Act sets out the responsibilities of local authorities to assess the needs of vulnerable adults and their carers and consider how those needs can best be met. In particular, it places a responsibility on local authorities to promote wellbeing in carrying out any of their care and support functions or making a decision about a person.

Training courses are constantly reviewed in the context of feedback and amendments to policies, for example, in relation to the management of medication, personal behaviour support, etc.

5.3 Communication

To ensure teams learn from issues raised team managers include updates in staff briefings, conferences and individual supervision of investigation outcomes of complaints issues raised. This process highlights both negative and positive comments which assist with service improvements transferred to practice. Adult Social Care and Solutions Teams work closely together and share relevant information to progress complaints and keep the customer informed of progress and anticipated completion date. This ensures that complainants have confidence in the process and receive a meaningful response. Improved internal communications and appropriate peer review will ensure that the complaint is answered in full with a

satisfactory remedy. This should reduce the number of complaints escalated to the LGO, and those that are should be closed after initial enquiries as the cases have no grounds for further investigation.

A further example of good practice between the departments would be the Solutions Officer attending a home visit with a Senior Manager to resolve difficulties a carer was experiencing. This was part of an investigation outside of the complaints process but led to resolution of a longstanding dispute. Wherever possible, this joint working involving mediation with the complainant will continue in the future.

5.4 Care Practice

The Authority takes seriously the range of professionals it employs and who are required to register with professional bodies as part of their fitness to practice. It requires Social Workers to develop evidence which is submitted to the Health and Care Professions Council (HCPC) as part of an annual registration process. Internally, employee supervision ensures that Council officers are meeting the requirements of these professional bodies through performance management.

5.5 Personal Development

Through supervision and the Authority's performance management framework Social Workers and other ASC officers are required to demonstrate continuous improvement in practice including reflecting on feedback.

5.6 Working with Partners

Partnership working between the Council's adult social care and health services and a wide range of partnerships has continued to extend and deepen during the year, building a strong platform for 2016/17.

Work continued in 2015/16 to strengthen collaboration through the Integrated Pioneer Programme, one of 14 nationally selected pilot areas. Extending across all Cheshire the programme potentially deploys £1.3bn. across the health and social care economy to achieve the vision within three years that all residents will have a better standard of health and wellbeing. The Programme is co-ordinated by an inter-agency Pioneer Panel.

The council has identified a pooled budget of £24.3m with local NHS clinical commissioning groups for the development of health and social care services in the community.

Inter-agency working has evolved on the implementation of the first phase of the Care Act, which became law on 1 April 2014, including the establishment of a Programme Board to co-ordinate action on key duties, around for example assessment, care planning, information and carers support.

A Collaborative project to enhance long term and strategic planning, using refined 2011 census data, was undertaken with Warrington and Cheshire East Councils and our Research and Intelligence Team.

Joint working with key partners has been instrumental in removing duplication in frontline services and offering greater involvement and convenience to communities and a wide range of service user groups. The following are some practical examples of the authentic working relationships which are fundamental to the planning and delivery of adult social care services in the Borough.

Nine integrated community health teams have been established in the west of the Borough with a further four planned for Vale Royal. The council's mental health provider services, both day and outreach, have been merged into a joint operational structure with Cheshire and Wirral Partnership Trust. Collaboration with children's services and the NHS has seen the establishment of a joint transition team to support young people with lifelong disabilities and their families.

Co-operation in safeguarding vulnerable adults was notably strengthened in 2014/15 with consultation on a new domestic abuse strategy via the Domestic Abuse Partnership and the appointment of independent domestic violence advocates who work across agency boundaries to support those who have been subject to abuse.

Joint work on systems led to the development of a new digital records system for both patients and social care users. In partnership with the independent information and practice specialist FACE, the council has also introduced a Care Act compliant assessment and care records system to support the personal budget offer and link in with the emerging "Local Offer" information and basic on line self-assessment process.

During the year collaboration in commissioning services has increased with the local clinical commissioning groups resulting in joint agreements for care at home, care homes and over the Learning Disabilities Framework. Also, a step up, step down model of support has been jointly agreed with NHS commissioners and providers to maintain the safety and independence of people discharged from hospital.

Mindful of the need to work with neighbouring authorities, the Public Health Team supports a cross-boundary network for infection control, including the NHS, local councils, schools, GPs and pharmacists. More broadly, a collaborative project to enhance long term planning using refined 2011 census data was undertaken with Warrington and Cheshire East councils.

Additional examples of continued partnership working directly with a wide range of stakeholders which adult social care has supported in the year include the Stakeholder Network, Carers Inter-agency Group and the Learning Disabilities Partnership Board. In February, the council was selected as one of the nine national demonstrator sites to provide support to carers in returning to employment through working with the NHS, voluntary sector and local employers.

The West Cheshire Offer is our pledge to challenge all services across the Council to ensure that we will always support people to live the best life that they can, rather than fitting them into an inflexible range of traditional and expensive services. We will do this by changing the way in which we carry out social care assessments and respond to need by enabling individuals to self-support and care where appropriate, and as a consequence reduce the demand on in-house services, offering alternatives to these traditional, inflexible and very expensive care options and

using the ethos of an upper limit on care costs to drive the change in staff behaviour. To enable this change we will need to:

- Develop the community and voluntary sectors to ensure the correct levels of support are available.
- Commission greater telecare and telehealth solutions which would enable the individual to manage their own care in a supported environment.

6.0 FUTURE PLANS FOR COMPLAINT HANDLING

The Authority continues to review and improve the approach to complaint handling, ensuring that the potential learning from complaints can better inform changes to working practice, policy and procedure, or training needs identification. The following actions have been identified for the current year to implement best practice and improve compliance rates across the Adults Social Care Complaints process.

- The Solutions Officer will work with the service to review and revise the Adults social care complaints policy and process to consider any new requirements and to look for opportunities to better align the process with the Council's other complaint handling procedures. The aim will be to produce a toolkit to provide additional support and guidance for the stage complaints being received by the service.
- The Solutions Team will challenge the Learning Action Points within complaint responses where elements have been upheld or partially upheld with a view to ensuring that the identified action is broad enough to result in improvement through the service, and not just a specific direct action /remedy for each individual complaint.
- A regular review of Learning Action Points will now be undertaken by the Solutions Team using a complaint outcome form. This will serve to highlight to the service the actions they have agreed to undertake, and the service will be requested to provide an update on those actions that have been implemented. The Solutions Team will challenge the Learning Action Points within complaint responses where elements have been upheld or partially upheld with a view to ensuring that the identified action is broad enough to result in improvement through the service, and not just a specific direct action /remedy for each individual complaint.
- The Solutions Team will continue to investigate the implementation of a new case management system for recording social care complaints. The aim is to identify a system that will result in improved workflow, reporting and caseload management.
- The Solutions Officer continues to act as co-ordinator for all complaints, providing an independent view, commenting and questioning where appropriate on the proposed response/outcomes, and working with the service to ensure the needs of adults are met effectively.
- The Solutions Team will continue to work with colleagues to identify effective ways to triage all correspondence to Director/senior managers and pull complaints into the system without delay.

End report