



## **Cheshire West and Chester Council**

Adult Social Care Complaints and Compliments

Annual Report  
2017 – 2018

## **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 2017 to 31 March 2018. It highlights performance against statutory timescales for complaint handling and provides assurance that improvements or revisions to services have been identified as a result of listening and responding to both compliments and complaints.

The Council's Customer Relations Team, within the Governance Directorate, was responsible for the coordination of compliments and complaints during this period. The Adult Social Care team are responsible for responding to complaint matters.

In accordance with statutory guidance, responses to complaints received by the Council should be proportionate. Officers are encouraged to resolve matters locally at the first point of customer 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. Where this approach does not deliver a satisfactory outcome for the complainant, matters are then directed 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 service improvements achieved as a result of complaints and compliments

## **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 10,482 customers received service from Adult's Social Care teams. 41 formal complaints were handled representing less than 0.004% 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 Customer Relations Team**

The Customer Relations Team act as a central point through which complaints can be made to the Council 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 are referred to the Customer Relations Team to be processed.

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

The Customer Relations 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 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 & Social Care Ombudsman.

The Team's final role is to coordinate the completion of Learning Action Reports which allow the learning and improvements identified through responding to complaints to be recorded centrally and monitored to ensure implementation of identified, agreed actions in order to improve service delivery.

### **1.3 What is a Complaint?**

Any expression of dissatisfaction about a council service (whether that service is provided by the council or by a contractor or partner) that requires a response. There is no difference between a 'formal' and an 'informal' complaint. Both are expressions of dissatisfaction that require a response".

### **1.4 Who Can Make a Complaint?**

Anyone can make a complaint if they receive a service from Adult Social Care. Complaints can also be accepted from individuals acting on behalf of a service user, for example from an advocate or family member, as long as the service user has

given consent. Where a service user's capacity to make informed decisions may be in question, the Customer Relations 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 (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.

### **1.5 Adult Social Care and Health Complaints Procedure**

The current Adult Social Care and Health complaints procedure consists of a single response to the complainant, followed by a right of referral to the Ombudsman.

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 Customer Relations Team to a Senior Manager to be considered through the social care complaints procedure. On occasion 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 to the customer about the complaints process and also the availability of advocacy support.

Complaints are allocated to the relevant Senior 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 the statutory 6 months deadline unless exceptional circumstances prevent it and an alternative deadline is agreed. However, the Council has set an internal service level agreement to aim to complete non-complex complaints within 20 working days. 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 process the complainant has the right to pursue the matter further with the Local Government and Social Care Ombudsman (LGSCO) if they feel the matter remains unresolved.

## 1.8 Safeguarding

The Customer Relations Team liaises directly with the Adult Safeguarding Team, and with the relevant Social Care Team as appropriate. Contact is maintained with the Safeguarding Unit to discuss individual complaints and agree appropriate approaches in light of any safeguarding concerns. When Safeguarding thresholds are met, the contact will be dealt with via a Safeguarding investigation, rather than through the formal complaint process.

## 2.0 PERFORMANCE ACTIVITY 2017/18

### 2.1 Summary of Complaint Activity

A total of 106 representations were received during the course of the year. Of these, **39 formal complaints** were accepted and responded to, with 9 cases still open as at August 2018.

Of the remaining representations:

- 36 were treated as a 'request for service' (defined as when contact is made for the first time to make a request for something that would not be considered a complaint)
- 9 did not proceed as they were withdrawn by the complainant, usually because the service has resolved the issue to the customer's satisfaction without the need to progress a formal complaint
- 20 cases were refused as 'ineligible' as there was a more appropriate alternative pathway to address the concerns raised, such as via the Corporate Complaints process; a Safeguarding investigation, or through enquiries to the Coroner's Office.
- 2 further cases were ineligible due to lack of consent to act on behalf of the service user. Where cases are declined as ineligible under the policy, the complainant is sent a response explaining why they cannot complain under the social care process.

### 2.2 Comparison with Previous Years

The table below shows the number of representations and progressed complaints for 2017/18 compared with the previous two 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
2017-18	39	36	9	22	106
2016-17	61	34	7	34	136
2015-16	75	8	7	11	101

*\*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 a decrease of 36% in the number of formal complaints investigated by the Council compared to the previous year. In line with this decrease, the total number of representations considered also decreased by 22%.

## 2.3 Number of Complaints - Observations

The Customer Relations Team continues to focus its efforts on the initial triage of complaints and identifying opportunities for promoting early resolution of issues raised. This is likely to be a contributor to the reduction in the number of complaints entering the formal complaint process.

Within the Reablement and Provider areas there is a strong focus on trying to resolve issues that arise informally to prevent them from escalating to a formal complaint. Initial findings are then shared across all areas of the service so that the learning can be cascaded throughout.

This is also the case for any areas of improvement that have been identified with clear action plans being developed, reviewed and audited.

Members have previously asked for benchmarking or comparative information to be included in future reports. This has proved difficult to obtain from a sufficient number of local authorities willing to participate in the exercise, in time for publication of this report. However, a retrospective analysis of previous years could be provided in future, for example data that is published in relation to 2017/18 could be included in the 2018/19 Annual Report.

## 2.4 Complaint Outcomes

Table 2 below shows the outcomes of the 41 complaints investigated.

**Table 2 - Outcomes and comparisons with previous years**

Year	Upheld	Partially upheld	Not upheld	Outstanding	Total
2017-18	7(18%)	18(46%)	5(13%)	9(23%)	39
2016-17	13(21%)	25(41%)	22(36%)	1(2%)	61
2015-16	19 (25%)	34 (46%)	21 (28%)	1 (1%)	75

The percentage of 'upheld' cases has reduced again compared to previous years. However, due to the relatively low number of complaints, the variations in percentages compared with previous years cannot be considered indicative of a trend. Given that complaint investigations are conducted internally, the results continue to offer confidence that the outcomes from complaint investigations remain balanced and objective.

Though formal complaints represent a very small percentage of users, more often than not, fault is identified in the complaint with 64% being upheld/partially upheld. All outcomes from complaints are reviewed and any learning from them shared with the wider service via senior management who view these outcomes as an opportunity to make improvements to service delivery.

As a result of closer integrated working, some complaints contain elements requiring responses from health colleagues in order to fully respond to issues raised by the complainant. These responses are complex and often take longer than the 20 day target. They may also offer different solutions and outcomes that can have an effect on social care responses.

Adult Social Care Senior Managers in discussion with Health counterparts have agreed that some complaints require separate responses from organisations due to their complexity, although when possible one joint response is provided in line with best practice.

## 2.5 Breakdown of complaints received by Service Area

Table 3 below shows a breakdown of complaints received by each service area.

**Table 3 – Breakdown of complaint by service area**

Service Area	Customer Numbers by Area	Numbers of Complaints Per Year		
		2017-18	2016-17	2015-16
<b>Prevention and Wellbeing</b>				
Northwich & Winsford Patch Team	1,350	5	13	11
Chester, E.Port & Rural Patch Team	2,917	20	22	22
Learning Disability Team	1,067	2	8	4
Occupational Therapy	1,873	0	5	4
Advice and Contact Team	559	1	0	0
Reablement and Provider Services	1,771	0	0	0
Community Mental Health	423	8	1	4
Hospitals Social Work Teams	495	1	5	8
Safeguarding Team*	0	0	0	3
<b>Client Finance</b>	0	1	3	7
<b>Commissioned Provider Services</b>	27	1	4	12
<b>Total</b>	10,482	39	61	75

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

Complaints made to the Northwich & Winsford Patch Team have reduced significantly. This could be attributed to earlier engagement via the telephone with an aim to resolving complaints at the earliest stage. This will be something the other Patch Team will implement during 2018/19. The higher number of complaints for the Chester, Ellesmere Port and Rural patch reflecting the higher population in this area.

The reduction in Provider complaints is partially related to the focus on ensuring that Providers are asked to deal directly with complaints in the first instance using their own complaint procedures, although the Council will respond if the complainant remains dissatisfied with the outcome. This is in line with policy, and recognises that Providers are best placed to give an informed and considered response to issues raised about their own services. Since adopting this approach there has been a year on year downwards trend in the number of complaints received by the Council.

The table shows a significant decrease in complaints in respect of learning disability services whereas complaints about mental health have increased by roughly the same ratio. This is probably just a reflection of the two areas being intrinsically linked / interchangeable. Client Finance received only 1 complaint, but this may be because client finance is only an element of a broader complaint made to the social work team, so is not usually recorded separately.

The use of a fact sheet in relation to safeguarding, which is issued at the start of the adult safeguarding process outlining what we can and can't do, is thought to have reduced the number of complaints in relation to the Safeguarding process. Safeguarding issues themselves are dealt with outside of the complaint process as there is a separate requirement to make enquires or cause others to do so, as per the Care Act 2014.

## 2.6 Complaints by Subject

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

Detailed below are the numbers of complaint that fall within each category:

**Table 4 – Complaint Subject**

<b>Complaint Subject (primary area of concern)</b>	<b>2017-18</b>	<b>2016-17</b>	<b>2015-16</b>
Standard / Quality / Appropriateness of Service	<b>25</b>	37	37
<i>Ignoring Concerns</i>	2	2	0
<i>Appropriateness of service</i>	0	1	0
<i>Issues with Provider</i>	5	5	8
<i>Inaccuracies in assessments</i>	1	3	4
<i>Lack of support</i>	12	17	14
<i>Standard of care</i>	5	9	11
Social Worker – Attitude or Behaviour	<b>1</b>	4	11
Social Worker - Communication	<b>1</b>		
Communication	<b>0</b>	3	7
Financial / Cost Issues	<b>12</b>	17	17
Safeguarding	<b>0</b>	0	3
<b>Total</b>	<b>39</b>	61	75

The overall downward trend could be attributed to early triage by the Customer Relations team, working closely with Adults Services team, to resolve disputes via further dialogue and/or signposting to alternative remedies. 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.

The pattern of complaints largely reflects the stresses and strains within the provider market. As a consequence of national reporting about the quality of care, there is a more acute awareness of the quality of care, its availability and its cost. Top-ups for residential care can cause resentment from carers as providers of



residential care frequently ask for more money over and above the agreed contractual rate.

For 2017/18 the Council has requested that providers be more explicit about why they are requesting a top-up to ensure they are being legitimately requested, holding them to the agreed rate when this cannot be evidenced. The Council's approach to setting up direct payments in 2017/18 was made more explicit and the success of this approach can be seen in the reduced number of complaints received by Client Finance.

## 2.7 Complaint Response Times

In line with the current legislation there is only one stage 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. This is the timescale which is advertised to complainants.

The table below shows a breakdown of response times in working days of the 30 closed cases. The complaint case that took the longest to conclude was 107 days. All cases to date were concluded within the statutory 6 month timeframe.

**Table 5 – Compliance Rates**

No. of Working Days	2017-18	2016-17	2015-16
	<b>Closed cases</b>		
20 working days or less	<b>8</b>	<b>27</b>	27
21-40 working days	<b>9</b>	<b>15</b>	30
41-60 working days	<b>8</b>	<b>13</b>	9
61-80 working days	<b>2</b>	<b>5</b>	3
81-100 working days	<b>2</b>	<b>1</b>	4
Over 100 working days	<b>1</b>	<b>0</b>	2
<b>Total</b>	<b>30</b>	<b>61</b>	75

In 2017/18 27% of complaints were responded to within 20 working days compared to 44% in 2016/17. The response times within 20 working days have declined when compared to previous years, but overall the volume of complaints has decreased. One reason for slower responses times is the complexity of cases being submitted that take longer to investigate and form an appropriate response to avoid further escalation. However, improvements in the timeliness of responses remain an area of focus for the service.

Where complaint responses go over 20 days, the service endeavours to ensure the customer is informed of the delay, in advance, providing an explanation for the additional time required and working with them to agree an extension.

## 2.8 Local Government and Social Care Ombudsman (LGSCO)

The number of Adult Social Care cases referred to the LG&SCO during this reporting period was 7. The volume of cases remains stable from the previous year.

Of the 7 cases referred to the LG&SCO, the following outcomes have been recorded:

- 3 were assessed as ‘premature referrals’ at assessment stage and referred back to the Council’s complaint process, and
- 2 were upheld for ‘maladministration and injustice’
- 1 the Ombudsman decided not to investigate
- 1 was Not Upheld.

Additionally, 1 case was reported that crossed over between Adults and Children’s Social Care relating to the Transitions team. This case was upheld for maladministration and injustice.

The LG&SCO Annual Review Letter for 2017-18 highlights that 12 complaints and enquiries on Adult Social Care cases were referred to them. The difference can be explained by the fact that the LG&SCO report on a different calendar basis to us (i.e. when they make a decision rather than when a complaint is received), and in addition do not necessarily inform us of cases where they refer the customer to come back to us for local resolution. This would usually be when the customer has approached the LG&SCO before attempting to access the Council’s own complaint process.

Those complaints that were upheld were of an extremely complex and individual nature and the remedies, requiring service review of the processes and/or policies, will service to strengthen delivery of services in the future. Given the matter concerned very specific and individual circumstances of service users and all the Ombudsman recommended remedies have been actioned it is unlikely there will be a reoccurrence of complaints on similar issues.

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

## 2.9 Point and Method of Receipt of Complaints

The Customer Relations Team has recorded both the ‘point of receipt’ and ‘method of receipt’ of complaints into the Council. This intelligence can help support service improvement decisions.

Table 6 shows that the established systems for ensuring that complaints are directed to the Customer Relations Team for co-ordination are working well, with those sent into the service re-directed to the Customer Relations Team. While Table 7 shows an increase in preference of customers for contacting us using the on-line complaint form.

**Table 6**

Point of receipt	2017-18	2016-17	2015-16
Service Area	10	24	22
Customer Relations Team	28	33	49
Director	0	1	3
Chief Executive	0	3	0
Other	1	0	1
<b>Total</b>	<b>39</b>	<b>61</b>	<b>75</b>

**Table 7**

Method of receipt	2017-18	2016-17	2015-16
Letter	9	26	31
Telephone/verbal	4	13	15
Email	21	16	29
Online complaints	4	6	0
Feedback Form	1	0	0
<b>Total</b>	<b>39</b>	<b>61</b>	<b>75</b>

### **3.0 COMPLIMENTS RECEIVED**

The service recorded a total of 311 compliments during the year, which represents a 3% increase on the previous year's figures of 301.

**Table 8**

Year	2017-18	2016-17	2015-2016
<b>No. of Compliments</b>	<b>310</b>	301	275

A selection of compliments recorded is included below as examples:

#### **From NHS colleague about MH social worker:**

*“Just thought I would let you know that I’ve spoken with Dad, who wanted to pass on his thanks to you. He spoke very highly of you and felt that you always reassured him with your regular communication...Dad said that he could not fault you in anyway and knows how hard you have tried to engage his son.”*

#### **Prevention & Wellbeing:**

*“My father xxxx was under your care until he passed away a few months ago, you looked after his best interests for 3 years because of problems with a members of our family. I would like to take this time to thank your department and especially xxxx for the time and effort spent trying to help my father try and get some sort of normality into his last few years of life.”*

#### **Reablement Team:**

*“Your reablement worker attended my client who has dementia, she has been self-neglecting her personal care for months due to paranoid beliefs that she was being watched. This issue has caused great concern and stress to her husband and family, and many aborted attempts to persuade this lady to engage in her personal care routine.*

*The reablement worker visited on Tuesday, and following her intervention this lady completed her personal care to the absolute delight and relief, not only to xxxxxxxx, but to her husband and the family. One particular approach the reablement worker used was to cover the mirror which was brilliant and not thought of my myself, family or CPN's.”*

### **3.1 Compliments by Service Area**

**Table 9**

Service Area	Number of Compliments Received		
	2017-18	2016-17	2015-16
<b>Prevention and Wellbeing</b>			
Northwich & Winsford Patch Team	18	14	21
Chester, E. Port & Rural Patch Team	9	6	10
Learning Disability Team	10	25	28
Occupational Therapy	0	6	15
Advice and Contact Team	3	0	0
Reablement and Provider Services	0	0	0
Community Mental Health	0	0	0
Emergency Duty Team	0	0	2
Hospitals Social Work Teams	3	13	6
Safeguarding Team	2	0	1
<b>Client Finance</b>	1	0	1
<b>Commissioned Provider Services</b>	264	224	191
<b>Total</b>	<b>310</b>	<b>301</b>	<b>275</b>

#### 4.0 PROFILE/CATEGORY OF COMPLAINANTS

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

**Table 10**

Person making the complaint	2017-18	2016-17	2015-16
Care recipient	11	15	14
Parent/s	5	6	2
Grandchild	0	0	2
Husband / Wife	3	5	8
Sibling	2	3	4
Executor	0	1	1
Son / Daughter	16	27	39
Advocacy service	1	4	5
Friend	1	0	0
<b>Total</b>	<b>39</b>	<b>61</b>	<b>75</b>

Advocacy services have been promoted in teams and we are seeing increasingly complex cases requiring advocate involvement particularly in older people's services.

#### 5.0 LEARNING AND SERVICE IMPROVEMENT

The Council 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 valuable learning points from complaints cases which have led to practice service improvements, and the following examples highlight the changes made:

- Social workers will ensure that all family members are advised both when there are concerns regarding their relatives and when those concerns are resolved.
- Assessment and management of risk in relation to people living in the community to be reviewed.
- Further work undertaken when setting up care payment agreements to ensure client and family members are fully aware of their obligations.

## **5.2 Policy and Procedure**

- A revised Adult Social Care Policy and Procedure documentation was approved, published and used operationally during 2017-18 following several, well received, training sessions.
- Intranet and Internet data was reviewed to ensure complaint information and guidance for staff and customers is up to date and reflects current processes.
- The Adult Social Care Complaint Toolkit was successfully launched and put into operation following several small group training sessions, to further support them in responding to complaints.
- A new Complaint Management System has been commissioned

## **5.3 Communication**

Adult Social Care and the Customer Relations Team 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 complaints are answered in full with a satisfactory remedy. The aim is to reduce the number of complaints escalated to the Local Government & Social Care Ombudsman, and those that are should be closed after initial enquiries as the cases have no grounds for further investigation.

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 improvement transfer into practice.

Compliments and complaints learning points are discussed in teams and team meetings, as well as with the individuals in their supervision meetings.

## **5.4 Professional 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 sessions and the Council's performance management framework, Social Workers and other ASC officers are required to demonstrate continuous improvement in practice including reflecting on feedback which would include both complaints and compliments.

## **5.6 Working with Partners**

During 2017-18 the Customer Relations Team focussed on triaging complaints to ensure that where a complaint was in relation to a Provider service, those services were required to respond directly to the complainant in the first instance.

This methodology appears to be working in that the number of Provider related complaints directly dealt with by the Council during 2017-18 has reduced (from 12 to 4). As customers are advised to return their complaint to the council if they remain dissatisfied with the direct Provider response they receive, this suggests that providers are dealing effectively with complaints raised with them by service users.

In 2017-18 the Customer Relations Team began further work with a focus on Provider complaints with the intention of being able to report figures for Provider complaints including types of provider back to the service. There is an expectation that all Providers have a formal complaint process in place and the Customer Relations Team will be collating these, and where necessary reviewing with contract managers.

## **6.0 FUTURE PLANS FOR COMPLAINT HANDLING**

A new Complaint Management system has been commissioned and will be developed to support the requirements of the ASC and Customer Relations teams to improve efficiency and data recording with an enhanced reporting facility. This should become operational during 2019/20. As part of the rollout of the new system improved networking with ASC teams via a dedicated customer contact coordinator will ensure any bottlenecks with complaints are dealt with more efficiently and effectively. There will also be more scope to share learning at structured meetings between ASC and the Customer Relations team, and through improved system reporting. Additionally, the corporate training programme for Effective Complaint Management will continue in future years.

End report