



## **Cheshire West and Chester Council**

Adult Social Care Complaints and Compliments

Annual Report  
2018 – 2019

## **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 2018 to 31 March 2019. It highlights performance against statutory and internal 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. The Customer Relations Team review all draft responses and provide advice and support to the service on reasonable outcomes or remedies to complaints, from a layperson's perspective.

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 as a result of complaints and compliments and demonstrate learning and improved practices and processes from these

## **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 16,745 customers received service from Adult's Social Care teams. 30 formal complaints were handled representing less than 0.18% 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 Authority Social Services and National Health Service Complaints (England) Regulations 2009, require the local authority to have a procedure for the handling and consideration of complaints received by, or on behalf of, adult service users. A local authority must also ensure that action is taken if necessary in the light of the outcome of a complaint. To comply with the above requirements, Cheshire West and Chester have adopted the operational procedures set out in section 1 of this report:

### **1.2 Role of the Customer Relations Team**

The Customer Relations Team is responsible for the handling and consideration of complaints and acts as a central point through which complaints can be made to the Council. 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 directly by the Service are currently referred to the Customer Relations Team to be assessed for eligibility.

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 (for example safeguarding or through the corporate complaints process if the issue complained about is not related to the quality of care provided) 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 also coordinates the completion of Learning Action Reports for the service, which capture the learning and improvements identified through responding to complaints. This is recorded and reported centrally and monitored to ensure that the implementation of identified, agreed actions following the outcome of complaints is carried out. Learning is shared with other services, where it is relevant to do so, in order to improve service delivery Council-wide.

### **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 independent Local Government and Social Care Ombudsman.

Complaints are always assessed, or 'triaged', by the Customer Relations Team to identify any potential safeguarding risks or concerns that need immediate attention. Where safeguarding issues are identified, those matters are redirected to be considered under the appropriate safeguarding procedures without delay. Where there are no obvious safeguarding concerns complaints are referred via the Customer Relations Team to a Senior Manager to be considered through the social care complaints procedure. All, or parts of, a complaint may not be eligible under the social care complaint process. Where this is the case all non-social care elements will be referred to the corporate complaints policy or a more appropriate 'alternative path' and the customer kept informed about how their complaint, or parts of their complaint will be dealt with.

## **1.6 Initial Expressions of Dissatisfaction**

Complaints received directly by the Service (or elsewhere) that, from initial assessment, look like they can be resolved by close of play the following day, are not required to proceed through the complaints process. These concerns/issues are often relatively minor and resolution can most easily be addressed locally through the service. The customer is always advised how they can progress their complaint if they remain dissatisfied.

## **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 how to access 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 an initial telephone call; 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 in advance with the complainant or their representative. However, the Council has set itself a challenging, much shorter, internal target to aim to complete non-complex complaints within 20 working days. It is intended that, as far as possible, most complaints should be resolved by a single thorough response. Due consideration will be given to any request from a complainant to consider further the outcome of any complaint and this is at the Customer Relations manager's discretion following consultation with the service. An expression of general dissatisfaction with the outcome of the complaint will not normally lead to the response being revisited.

Following conclusion of the complaint process the complainant has the right to pursue the matter further with the independent 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 complaint process.

## **2.0 PERFORMANCE ACTIVITY 2018/19**

### **2.1 Summary of Complaint Activity**

A total of 90 representations were received during the course of the year. Of these, **30 formal complaints** were accepted and responded to. All investigations were completed within the statutory 6 months complaints timescale (see Table 5 below for compliance rates).

Of the remaining representations:

- 33 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)
- 7 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
- 19 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.
- 1 further case was 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 and signposted to a more appropriate process where relevant.

## 2.2 Comparison with Previous Years

The table below shows the number of representations and progressed complaints for 2018/19 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
2018-19	30	33	7	20	90
2017-18	39	36	9	22	106
2016-17	61	34	7	34	136

*\*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 23% or almost a quarter compared to the number of complaints investigated by the Council in the previous year. In line with this decrease, the total number of representations considered also decreased by 15%. These lower numbers are as a result of both the Customer Relations team and the Adults social Care Service taking a more robust and determined approach to resolving issues at the earliest opportunity (see section 2.3 below).

## 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 or signposting to better, more appropriate, routes. This is likely to be a contributor to the reduction in the number of complaints entering the statutory complaint process.

Within the adult social care teams, including provider and reablement as well as social work and community teams there is a strong focus on trying to resolve issues that arise informally to prevent them from escalating to a formal complaint. This approach has been formalised in line with a directive from the Chief Executive in 2018-19. 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. This is something that will be explored in 2019/20 by the Customer relations team working with colleagues in Research, Intelligence & Consultation Team and, with the LGSCO's new interactive mapping tool introduced in July 2019 we hope to be able to make more comparative assessments of our performance

## 2.4 Complaint Outcomes

Table 2 below shows the outcomes of the 30 complaints investigated.

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

Year	Upheld	Partially upheld	Not upheld	Outstanding	Total
<b>2018-19</b>	<b>11(37%)</b>	<b>9 (30%)</b>	<b>10 (33%)</b>	<b>0</b>	<b>30</b>
2017-18	7(18%)	18(46%)	5(13%)	9(23%)	39
2016-17	13(21%)	25(41%)	22(36%)	1(2%)	61

The percentage of 'upheld' cases has increased compared to previous years. However the percentage of cases 'not upheld' has also increased so this counters out any indication 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. It also reflects the Council's commitment to openness and accountability and promotion by the Customer Relations Team of accepting fault as soon as it is identified. This is demonstrated by there being fewer defensive responses being issued and a real commitment to learning from complaints.

Though formal complaints represent a very small percentage of users, more often than not, fault is identified in the complaint with 67% 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. This has been strengthened in this reporting year and will continue to be the case in 2019-20.

Provider Services are required to have their own complaints procedures in place, however it is ultimately the responsibility of the Local Authority to ensure there is a robust overview of how these complaints are dealt with and what learning outcomes are identified to improve service delivery going forward. The Customer Relations Team will work with the Service and the Commissioning Team to monitor these complaints and provide advice and support.

## 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		
		2018-19	2017-18	2016-17
<b>Prevention and Wellbeing</b>				
Northwich & Winsford Patch Team	1818	1	5	13
Chester, E.Port & Rural Patch Team	3935	12	20	22
Learning Disability Team	1293	3	2	8
Occupational Therapy	4561	2	0	5
Advice and Contact Team	775	0	1	0
Reablement and Provider Services	115	1	0	0
Community Mental Health	521	4	8	1
Hospitals Social Work Teams	2061	3	1	5
Safeguarding Team*	0	0	0	0
<b>Client Finance</b>	0	1	1	3
<b>Commissioned Provider Services</b>	0	0	1	4
<b>Strategic Commissioning</b>	0	1	0	0
<b>Transition Team</b>	0	1	0	0
<b>Emergency Duty Team</b>	0	1	0	0
<b>Other</b>	1666	0	0	0
<b>Total</b>	16745	30	39	61

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

The table shows a further, year on year, decrease in complaints against an increase in service users which is reassuring and demonstrates that the service is resolving issues without the need for time consuming formal investigation.

The higher number of complaints for the Chester, Ellesmere Port and Rural patch reflects the higher population in this area and is consistent with previous years.

Providers are usually expected to deal directly with complaints in the first instance using their own complaint procedures, although the Council may respond if either it considers intervention is necessary at an early stage and/or 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 whilst the Council maintains its overall accountability for the delivery of these services and monitors standards through appropriate contract management. This approach appears to be contributing to the year on year downwards trend in the number of complaints received by the Council.

Safeguarding Team complaints are not included in Table 3 as they are consistently zero. This is due to two factors:

- 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, adult social care complaints are very 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**

Complaint Subject (primary area of concern)	2018-19	2017-18	2016-17
Standard / Quality / Appropriateness of Service	21	25	37
Ignoring Concerns	1	2	2
Appropriateness of service	1	0	1
Issues with Provider	3	5	5
Inaccuracies in assessments	0	1	3
Lack of support	13	12	17
Standard of care	3	5	9
Social Worker – Attitude or Behaviour	2	1	4
Social Worker - Communication	1	1	0
Communication	1	0	3
Financial / Cost Issues*	2	12	17
Safeguarding	0	0	0
Accommodation/Placement issues	3	0	0
<b>Total</b>	<b>30</b>	<b>39</b>	<b>61</b>

\* the majority of Client Finance complaints are dealt with under the corporate complaints process as they are not directly related to standards of care.

The continued overall downward trend could be attributed to effective 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.

Domiciliary Care has seen pressure in the market locally and nationally, leading to availability issues in some areas, this has contributed to the small increase in the number of complaints relating to "lack of support".

## 2.7 Complaint Response Times

The table below shows a breakdown of response times in working days of all cases. The complaint case that took the longest to conclude was 126 days. All cases were concluded within the statutory 6 month timeframe

**Table 5 – Compliance Rates**

No. of Working Days	2018-19	2017-18	2016-17
	<b>Closed cases</b>		
20 working days or less	6	8	27
21-40 working days	11	9	15
41-60 working days	5	8	13
61-80 working days	3	2	5
81-100 working days	1	2	1
Over 100 working days	4	10	0
<b>Total</b>	<b>30</b>	<b>39</b>	<b>61</b>

In 2018/19, whilst all complaints met the statutory timeframe for a response (6 months), only 20% of complaint responses achieved the local target of 20 working days or less. Despite there being no statutory requirement to do so, the service is keen to maintain this target (which reflects the stage 1 timeframe for corporate complaints) and steadily improve upon it. As this figure is the same as the previous year this continues to be a challenging target. One reason for slower response 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 and they are currently looking at how to address the increased demand on individual managers for complaint responses in areas with higher volumes.

Where complaint response deadlines exceed 20 days, both the Customer Relations team and the service keep the customer 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)**

This year the Council is relying on the Ombudsman's figures for cases received and decided on during this period, and compliance within that period. This will differ to our previous years' reporting as the Ombudsman has always had a different reporting framework to the Council's. However, as the Council is striving towards better reporting and in light of the Ombudsman's launch of an interactive reporting tool in 2019/20 we consider it more appropriate to align our reporting to the Ombudsman's. Please contact the Customer Relations Team for further clarity on reporting and/or figures for previous years.

The number of Adult Social Care cases received by the LG&SCO during this reporting period was 16 which is an increase on 12 the previous year.

The Ombudsman also made decisions on 16 cases this year (compared to 10 the previous year) as follows:

- 3 closed after initial enquiries
- 3 incomplete/invalid

- 5 referred back for local resolution (premature)
- 5 Upheld

Of the 5 upheld cases decided by the LG&SCO, all were upheld for maladministration and injustice. The following outcomes have been recorded:

- 2 related to care and support planning
- 1 related to care charges (with the result being these charges were waived). This case has prompted a wider investigation into charging
- 1 related to Direct Payments
- 1 related to assessments and communication
- All required an apology with 3 requiring payments for time and trouble (totalling £1100)
- 1 required no further action as the apology provided to the customer during the course of the investigation was considered a sufficient remedy
- 3 required policies and procedures to be reviewed and/or for the service to reflect on lessons learnt

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 initial assessment are working well, with those sent into the service re-directed to the Customer Relations Team. Table 7 shows a continued preference by customers in contacting the Council using the on-line complaint form. This bodes well for the future implementation of online complaint reporting via Firmstep.

**Table 6**

Point of receipt	2018-19	2017-18	2016-17
Service Area	5	10	24
Customer Relations Team	23	28	33
Director	1	0	1
Chief Executive	1	0	3
Other	0	1	0
<b>Total</b>	<b>30</b>	<b>39</b>	<b>61</b>

**Table 7**

Method of receipt	2018-19	2017-18	2016-17
Letter	6	9	26
Telephone/verbal	4	4	13
Email	12	21	16
Online complaints	6	4	6
Feedback Form	2	1	0

<b>Total</b>	<b>30</b>	39	61
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### 3.0 COMPLIMENTS RECEIVED

There has been a decrease in the number of compliments received in this year's reporting, this is primarily due to the number received from our Commissioned Provider Services. Feedback from providers will be reviewed during 2019/20.

**Table 8**

<b>Year</b>	<b>2018-19</b>	2017-18	2016-2017
<b>No. of Compliments</b>	<b>136</b>	310	301

A selection of compliments recorded is included below as examples:

**From Forensic Support Service Team, Community Psychiatric Nurse (CPN), Street Triage Team responding to overdose victim (abbrev):** Police recommended individual be detained under Mental Health Act (MHA). The CPN contacted the West Cheshire Community Learning Disability Team who immediately swung into action and attended the incident. The outcome being in the best interests and least restrictive practices were implemented resulting in individual being able to remain at home without the incident unnecessarily escalating to detention and onward transport to place of safety under MHA.

This demonstrates excellent inter-agency working and should be praised – “Please pass on our sincerest thanks to your team, they did a marvellous job which also allowed police to resume to their core duties soonest and no doubt reduce [individual's] anxieties about their presence”

**Prevention & Wellbeing:** I just wanted to take a minute to ask you to recognise the two amazing ladies who I met with today in a welfare meeting about my mother. xxxxxxxx has been totally wonderful throughout and has helped me through the difficult time. A credit to the services you provide.

**Reablement Team:** I have no complaints what so ever only compliments, all the carers who looked after me were absolutely first class, they were a delight.

After ..... was discharged from hospital there was no support package put in place and he was virtually left to fend for himself. .... I contacted your office and spoke to a lady named xxx. xxx listened whilst I explained the situation, albeit of a delicate nature. I cannot thank this lady enough for what she then did to ensure daily visits were put in place. She was extremely professional and empathised with the whole situation. She explained what she was going to do and when she was going to do it keeping me informed the whole time. I really just wanted to thank you for the service I received from one of your team - it was so refreshing to have someone who actually cared and delivered on what they said they could do.

As it is now the situation has much improved and I appreciate everything that has been done to help. Please could you pass on my thanks to xxxx.

### 3.1 Compliments by Service Area

**Table 9**

Service Area	Number of Compliments Received		
	2018-19	2017-18	2016-17
<b>Prevention and Wellbeing</b>			
Northwich & Winsford Patch Team	2	18	14
Chester, E. Port & Rural Patch Team	15	9	6
Learning Disability Team	0	10	25
Occupational Therapy	1	0	6
Advice and Contact Team	3	3	0
Reablement and Provider Services	0	0	0
Community Mental Health	3	0	0
Emergency Duty Team	0	0	0
Hospitals Social Work Teams	11	3	13
Safeguarding Team	0	2	0
<b>Client Finance</b>	0	1	0
<b>Commissioned Provider Services</b>	101	264	224
<b>Total</b>	<b>136</b>	<b>310</b>	<b>301</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	2018-19	2017-18	2016-17
Care recipient	9	11	15
Parent/s	3	5	6
Grandchild	0	0	0
Husband / Wife	1	3	5
Sibling	2	2	3
Executor	0	0	1
Son / Daughter	12	16	27
Advocacy service	2	1	4
Friend	0	1	0
Unknown (did not identify)	1	0	0
<b>Total</b>	<b>30</b>	<b>39</b>	<b>61</b>

Advocacy services have been promoted in teams and, as in the previous year, we continue to see 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:

- *Response times:* Recommends that the Council implements a defined escalation procedure when work pressures present difficulties in responding in a timely way.
- *Quality of communication:* where cases present changing facts and details eg Direct Payments figures revised frequently, the council adopts a single point of contact for service users and families to avoid the confusion of different information coming from multiple sources. This will enable a 'one story' approach which will assist in communicating more effectively
- *Community Services:* To increase awareness of community services, they will be discussed during team meetings (including any new services) and individually with practitioners as to the process for arranging transport when exploring community services. An information pack will also be created This information will then be relayed to individuals and their families so they can be supported to make an informed choice.
- *Commissioning:* CWaC have recently commissioned a new brokerage service which offers comprehensive support planning and independent advice about available care. All staff have been reminded to support service users to access an independent brokerage service.

## 5.2 **Service Improvements and working with partners**

There have been several notable service improvements and examples of partnership working during 2018/19 to design service delivery:

- *New ICT System:* The West Hospital team based at Leighton hospital have worked with the Transformation Lead and Integrated Discharge team in the Health Trust to develop a new shared ICT system. Work was completed in December 2018 and the system has been nominated for a HSJ award (shortlisted for a decision November 2019)
- *Dover Drive:* There was a safeguarding situation which led to closure of the premises. Following extensive work, led by the Deputy Chief Executive, to engage carers and find suitable alternative accommodation, the service worked with colleagues in the NHS to review all health and care plans and supported Vivo with new service specification. This joint working approach allowed the service to re-open in 2018 with a new staff group and a refurbished care home which was more focussed on people with Profound Intellectual and Multiple Disabilities (PIMD) and mobility problems. This service was further consolidated in 2018-19 and delivered emergency respite to one young person which developed into supported living. This was a positive outcome for the person as a result of the joint working to develop the service
- *West Cheshire offer was in progress:* The adult social care transformation programme. Phase 1 was launched in 2018-19, seeing a new model for our Community Access Team, a brand new review team. Work commenced on Phase 2, to include Hospital Teams, Reablement and Social Work and Occupational Therapy Teams, and is due to go live in July 2019.

- *Liberty Protection Safeguards* work in progress: The new legislation to replace the Deprivation Of Liberty Safeguards, ensuring that our most vulnerable residents have the human right protected by an independent legal process.
- *Respite* in progress: Work undertaken with Vivo to recommence more focussed respite services at Dover Drive
- *Reablement*: The council has restructured its internal reablement service to create a new rapid reablement service alongside our community reablement service, this will allow for swifter access to reablement and home care. Alongside this, the new Home Assessment Team will assess those in the rapid service to ensure their Care Act needs and ongoing care is assessed swiftly. This is part of West Cheshire Offer, Phase 2
- *Restructuring*: The Strategic Commissioning and Contracts Management teams have undergone significant restructuring, increasing the resources and facilitating a more focused approach to service and manage these critical areas for the Council.

### **5.3 Policy and Procedure**

- A new Transition policy and procedure has been approved and will become operational during 2019/20. The aim of the policy is to improve the support available to young people with mental health problems and additional risks and needs;
- New Best Interest meeting guidance was developed;
- A new Risk Policy and High Risk Panels established to support staff decision making.
- A new Top Up policy following audit and ombudsman ruling against another local authority
- 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 Operational Toolkit is now fully established and is a key tool for accessing guidance and templates to ensure there is a consistent approach to complaint handling.
- A new Corporate Complaint Management System was launched in October 2018 with the aim to transfer Adult Social Care complaint monitoring into it by April 2020. This new system will improve tracking to ensure complaints are dealt with in a more timely way (see also section 6 below). .

### **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 CR team are encouraging increased reference to the LGSCO guidance on remedies to offer as a resolution and help prevent escalation. 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.

An improved Customer Relations reporting plan and schedule for reporting back to People's Directorate and relevant senior management meetings.

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.

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

Last year's report confirmed that a new Complaint Management system had been commissioned. This was delayed for social care whilst the corporate complaint system was embedded. In 2019/20 it will be developed and tested 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 from April 2020. 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.



The Adults Social Care Complaints Policy will be reviewed during 2019/20 to ensure it focuses on lessons learned (see section 5 above). This will reflect the good practice guidance from the Local Government & Social Care Ombudsman and the Council's own updated Customer Care Standards planned for March/April 2020. Latest guidance encourages authorities to concentrate less on numbers and more on learning. This emphasis will be reflected in future reports aiming to demonstrate outcomes such as lessons learned and service improvements that have been made as a result of complaint investigations.

Whilst it is not a requirement within the complaint process the CR team are encouraging the service to conduct 'triage calls' within 5 days to try and effect an early resolution to complaints. This has resulted in a decrease in the number of corporate complaints progressing and will be built into the advice and support on the complaint process that will underpin the Adult Social Care Complaint policy.

End report