



Hertfordshire County Council

Annual Compliments &

Complaints Report

Adult Care Services (ACS)













1 April 2020 – 31 March 2021



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1. Key Statistical Summary

	2020/21	2019/20	Percentage change	Direction of Travel
Total Number of Compliments	270	289	-6%	
Total Number of Representations	254	351	-27%	
Total Number of Formal Complaints	207	311	-33%	
Total Number of Informal Complaints	47	35	34%	
Acknowledgement timescales met	92%	89%		
Responses within 10 working days	44%	49%		
Responses timescales met	82%	81%		
Formal complaints findings:				
Upheld	17%	20%		
Partially Upheld	18%	19%		
Not Upheld	45%	51%		
Senior Management Reviews	6	5	20%	
Local Government and Social Care Ombudsman	18	22	-18%	

The reduction of complaints is mostly due to a reduction in new referrals and also cases being managed proactively during the COVID -19 pandemic to ensure vulnerable service users continue to receive services and remain safe. Upheld complaints continue to remain low. LGSCO cases have decreased highlighting good work undertaken by services to resolve complaints to the complainants satisfaction.

2. Purpose & Summary of Report

- 2.1 To report on the numerical data, themes and learning from complaints received in Adult Care Services (ACS), between 1 April 2020 and 31 March 2021. The numerical figures throughout the report in brackets relate to data from the previous year.
- 2.2 To meet the requirements of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 where Councils with statutory social services have a responsibility to produce a public annual complaints report.
- 2.3 This report provides analysis and commentary for ACS on all complaints managed under the Adult Care Services Statutory Complaints Procedure.
- 2.4 Correspondence received by the ACS Director's office from Councillors, MPs and/or members of the public are processed as logged letters. These do not form part of the complaints process and therefore do not feature in this report.
- 2.5 The primary objective of the Complaints Team is to ensure that service complaints are handled appropriately with a focus on delivering customer centred outcomes in a timely manner where possible. This is achieved through listening, responding and supporting ACS with any learning / service improvements actions following investigation. In addition to this, the Complaints Team highlight key trends that emerge each year and any recommendations that would improve how department operates. Adult Care Services teams retains overall responsibility for processing their complaints and implementing any service improvements, with assistance from the Complaints Team on complex cases.

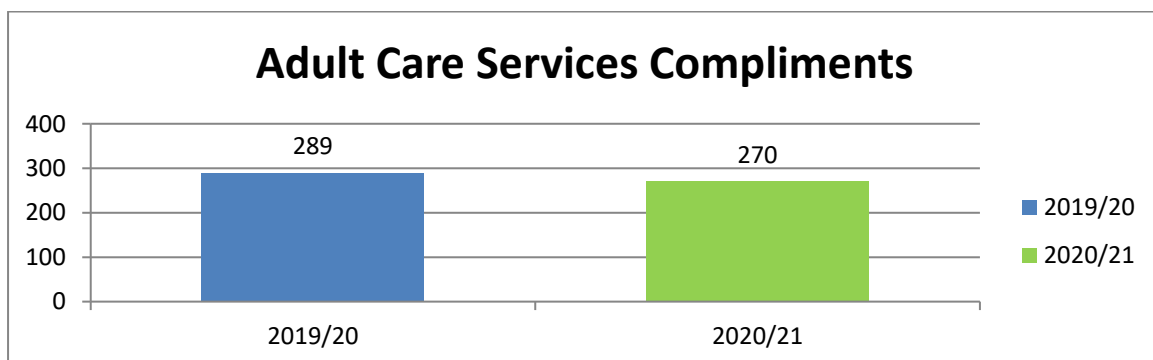
3. Background

- 3.1 Statutory social services complaints are defined as expressions of dissatisfaction about social care staff or social services policies and procedures. The current complaints regulations were introduced in April 2009. These place a duty on both the Council and NHS partners to co-ordinate one response if a person's complaint crosses more than one organisation.
- 3.2 The Complaints Regulations also promotes the use of complaint plans for more complex cases, which may require more time to investigate and resolve. Actions and timescales are agreed with the complainant at the start of the process and are completed by designated officers.
- 3.3 All complaints are taken seriously by the Complaints Team on behalf of Adult Care Services, which has robust processes for considering and implementing any learning following investigations.

- 3.4 The Complaints Team promotes complainants' rights to be heard whilst bearing in mind the Local Authority's duty to ensure the effective and proportionate expenditure of public funds.
- 3.5 There is a statutory 12 month time limit on making a complaint to the Local Authority. The Complaints Manager may exercise the discretion to consider a complaint made outside of this time frame on a case by case basis, but this is not guaranteed.
- 3.6 Since October 2010 the jurisdiction of the Local Government and Social Care Ombudsman (LGSCO) was extended such that the LGSCO can now consider complaints from self-funding service users about independent care providers. The LGSCO works closely with the independent regulator of all health and social care services in England, the Care Quality Commission (CQC).
- 3.7 Recurring issues; complaints will not be accepted if they are the same as or substantively the same as complaints that have previously exhausted all stages of the county council's complaints procedure.
- 3.8 The Complaints Team liaises regularly with:
- Complainants
 - Advocates
 - Operational Service Managers
 - Health Partners for Joint Complaints
 - The Council's Legal Department
 - Learning and Organisational Development (L&OD) Section
 - Local Government and Social Care Ombudsman (LGSCO)

4. Compliments

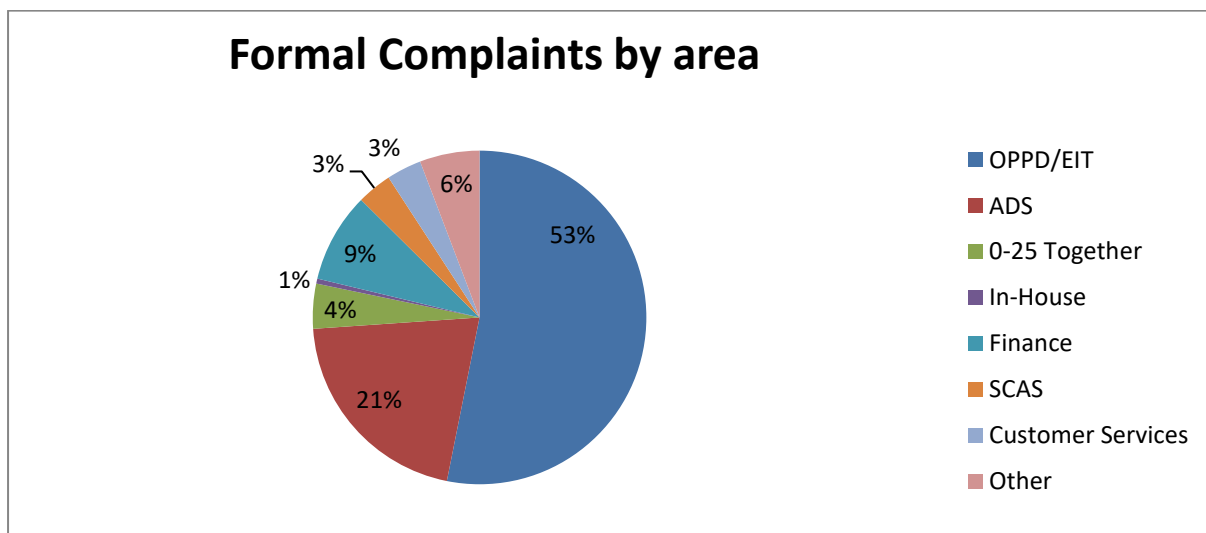
- 4.1 Service users and external professionals are actively encouraged to register any positive feedback that they have about Adult Care Services. This forms part of the reporting process to highlight the good work undertaken by officers and teams. Compliments are shared with teams and across the wider department to highlight good practice and appreciation from service users.



- 4.2 A total of **270** compliments were received in respect of Adult Care Services, showing a decrease of 7% in relation to the previous year, when a total of **289** compliments were received.
- 4.3 The vast majority of compliments were praise for individual workers and services and how their actions had improved outcomes and prospects for service users.
- 4.4 The Complaints Manager will continue to remind teams across Adult Care Services of the importance of registering the compliments they receive so that they can be reported, celebrated and shared for improving services.

5. Formal Complaints

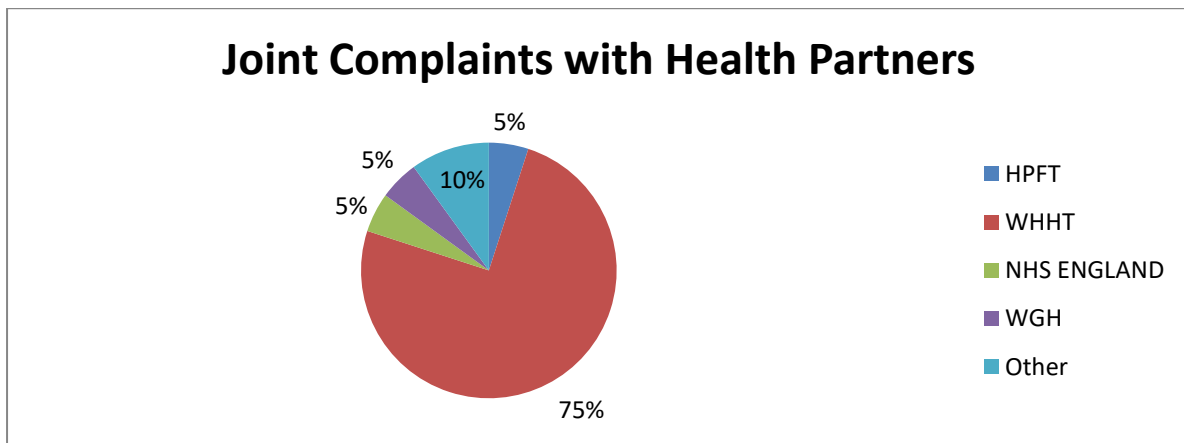
Services Area	2020/21	2019/20
Older People Physical Disability & Extended Involvement Team (OPPD & EIT)	110	151
Adult Disability Services (ADS)	43	41
0-25 Together Service	9	14
In-House Services	1	5
Finance	18	62
Social Care Access Service (SCAS)	7	15
Customer Services (Blue Badge)	7	19
Other (Commissioning & Equipment Services)	12	4
Total	207	311



- 5.1 There was a total of **207** formal complaints in respect of Adult Care Services. This represents a decrease of 33% from the previous year when **311** formal complaints were processed.
- 5.2 It is difficult to draw firm conclusions regarding complaints activity during 2020/21 as it is likely to be an anomalous year. A key factor to consider is

that we have seen fewer referrals and assessments taking place for OPPD and the financial assessment process. This is likely due to the government picking up funding for all people receiving social care following hospital discharge. It is possible that complaints will therefore rise as we enter the 2021/22 financial year and the regularisation of the situation takes effect.

- 5.3 The reduction of 0-25 Together complaints is due to the service responding to service users more proactively and managing these concerns outside of the complaints process to enable a faster resolution and avoid matters escalating.
- 5.4 Figures for Blue Badge complaints reduced as there has been many improvements to the service within 2020/21 resulting in badges being issued more effectively meaning less complaints.
- 5.5 The Complaints Manager attends complaints review meetings with individual areas, on a regular basis, to discuss all complaints with Service managers and Heads of service and to provide advice on how to respond to more complex cases.



Key:

HPFT: Hertfordshire Partnership University NHS Foundation Trust
WHHT: West Hertfordshire Hospitals NHS Trust
WGH: Watford General Hospital

- 5.6 The number of complaints dealt with as joint with **Health Partners** totalled **20**, representing an increase of 17% from the previous year, when **17** joint complaints were undertaken under the Hertfordshire Joint Protocol.
- 5.7 Joint complaints cover a broad range of issues including (but not limited to):
 - Care availability / suitability on discharge from hospital
 - Procurement of commissioned services, including home care and respite for service users

- Poor or delayed communications
- Issues relating to charging for services post health interventions

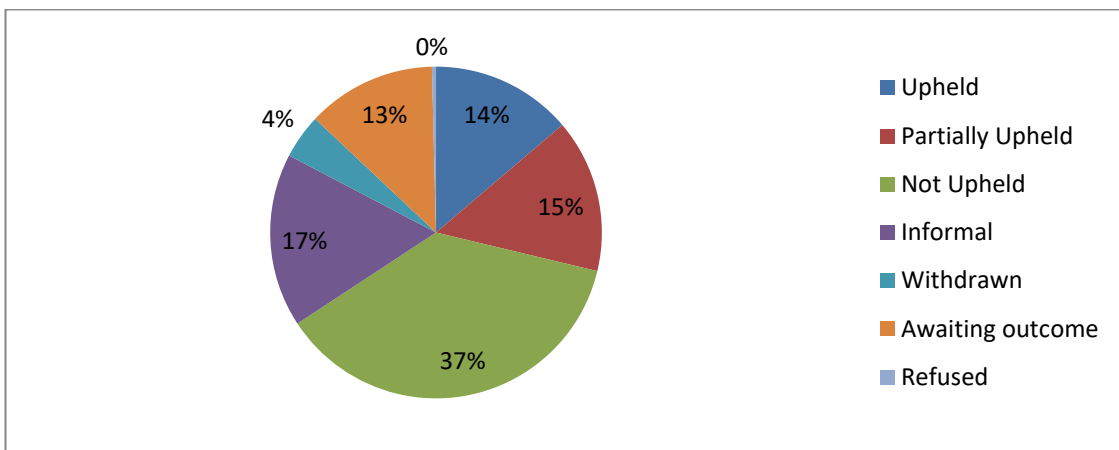
5.8 The Complaints Manager is directly involved in all joint complaints, monitoring progress/deadlines and attending meetings with health partners to discuss complex cases.

6. Senior Management Reviews (SMRs)

6.1 SMR is a further review that applies in circumstances where initial responses may not have addressed all of the issues raised and/or were challenged by complainants. This helps to resolve complaints as swiftly as possible.

6.2 **6** (5) Complaints were escalated on to a Senior Manager for review. **1** SMR was not upheld, whilst **5** were partially upheld. Communication concerns, delays in assessments and issues around care were the main themes of these reviews.

7. Overall outcomes *(including informal concerns)*



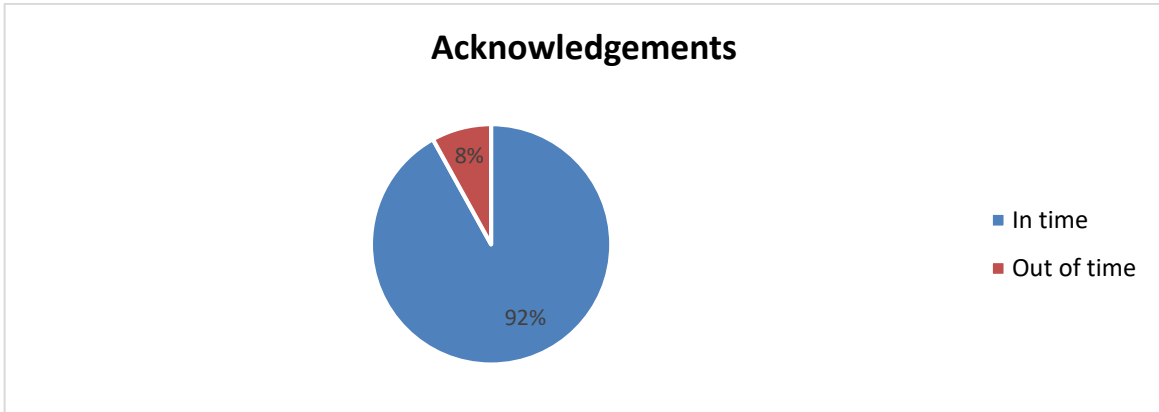
7.1 From the **254** representations received, **207** were progressed as formal complaints, **43** were dealt with informally and **1** was refused (due to lack of consent from service users to complain on their behalf / events that happened over a year before being complained).

7.2 The main themes identified through the complaints process were:

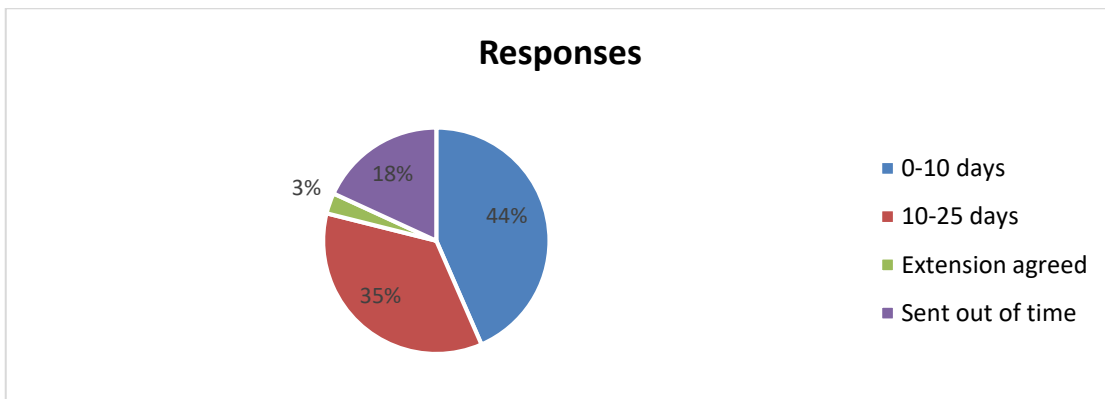
- Disputed charges or cost of service
- Communication concerns
- Delays in assessment
- Dissatisfaction with care plans, assessments or reviews

For information on learning points from these themes and actions taken to improve services please refer to Section 9

7.3 Overall Acknowledgment and Response timescales



7.4 **92%** (89%) of acknowledgements were completed within the 3 working days statutory requirements.



7.5 The timescale for resolution of a complaint as set out in the best practice guidance is 5 weeks (25 working days). However, some complaints, due to their complexity, will have had a complaints plan agreed which often includes a revised timescale for response.

7.6 **Overall, 82%** (81%) of all responses were completed within statutory and/or agreed timescales. **44%** (39%) were responded within 2 weeks (10 working days).

8. Local Government and Social Care Ombudsman

LGSCO	2020/21	2019/20
New enquiries/investigations	18	22
Financial remedies paid	£2,370	£4,606

- 8.1 A total of **18** complaints were received from the Ombudsman. This represents a decrease of 18% compared to the previous year, when **22** complaints were received.
- 8.2 From the total of **18**, the LGSCO decided not to investigate **7** complaints. **1** completed the LGO investigation and **10** were waiting for further communication from the LGSCO when this report was completed. The main themes of the complaints received were related to disputed charges / cost of service, communication concerns and unhappy with assessment.
- 8.3 The LGSCO found some fault in the **1** complaint which completed investigation however no further action was recommended.
- 8.4 Additionally, **8** decisions were received regarding complaints from previous years. **1** the LGSCO decided not to investigate, **1** had no fault and **6** had some fault identified (**2** with no injustice caused).
- 8.5 The cases that had faults identified, including decisions regarding complaints from previous years, necessitated a financial remedy in recognition of fault, injustice, distress or time and trouble. These cases saw a total of **£2,370** being awarded. This represents a decrease of **49%**, when compared with the total **£4,606** awarded in the previous year. This illustrates the benefits of the Complaints Manager having early discussions with the LGSCO to ensure full clarity from the outset resulting in low numbers of adverse findings.
- 8.6 All financial remedies paid out during 2020/21 featured LGSCO involvement.
- 8.7 Overall, LGSCO findings against the Council have remained low. Accordingly, the complaints processes in Adult Care Services are broadly robust and fair

9. Main learning points arising from Adult Care Services Complaints

- 9.1 The learning points identified below have already been discussed with individual officers, within team meetings. This is also part of the staff complaints training delivered by the Complaints Manager (CM) across ACS, covering the complaints process and letter writing guidance.
- 9.2 The CM meets quarterly with the Learning and Development Manager to discuss trends in complaints so that training can be identified to meet the needs highlighted through complaints.
- 9.3 Quarterly and six monthly reports were produced in addition to the annual report to look at trends and identify learning to avoid repeat complaints. These reports are discussed and presented to senior board.

- 9.4 Learning Action plans have been developed by the Complaints Manager and implemented on all LGSCO cases where fault has been found. This will ensure learning is followed through with evidence.
- 9.5 The Complaints Manager discusses learning points from complaints with Service Managers and Heads of Service during complaints review meetings and advises on further actions to ensure that errors will not recur.

Communication concerns / delays / officer conduct

Further training provided to ADS officers with a focus on effective communication in sensitive circumstances.

When a service user is moved from Ward to Discharge to Assess (DTA) bed.

Where a service user has requested a social worker contact them and they are not available, the duty manager will be responsible for contacting the service user. CSC to copy in duty manager when making contact.

Where there is sensitive message that needs to be relayed to a service user / family, in a case where there are two different services involved, both departments will agree the same message before contact is made.

Issues relating to care charges / cost of service & Direct Payment (DP)

Direct Payment training for officers, specifically the escalation process and eligibility for emergency payments.

Officers trained to provide appropriate advice regarding charging and signposting options for people funding their own care.

Direct Payment Policy amended to reflect that only the Head of Service has authority to terminate Direct Payment agreement in an emergency.

Reminder sent to officers of the importance of recording accurate case notes when discussing the Charging Policy with a Service User.

Dissatisfaction with care plans, assessments or reviews

HCS Policy 861 amended in line with Continuing Health Care and NHS. Reminder sent to officers to complete checklist and forward to CCG.

Training for officers to ensure Connected Lives Assessment and Care and Support Plans are Care Act compliant.

Whilst undertaking assessments that are not face to face due to the COVID-19 restrictions, allocated workers will increase the timescale for assessing to ensure they reach a holistic view of the circumstances.

Where there is a new prioritisation of cases which results in a service user's need of assessment being rescheduled, the manager will contact Service User to advise of potential delay.

Learning/service improvements undertaken:

So What...

- 9.6 It is important to note that learning is not always possible from individual worker errors and this type of learning is generally undertaken in 1 to 1 management supervision. Where trends arise, this is then reviewed by the Complaints Manager.
- 9.7 The learning points identified through trends are regularly discussed with individual officers, within team meetings and will also form part of the staff complaints training delivered by the Complaints Manager (CM) across ACS. The CM attends complaints review meetings to support Senior Managers in processing the learning and ensure they demonstrate how this will be evidenced.

- 9.8 Learning trends are then reported to senior boards on a quarterly basis. The CM presents this report to senior board officers, who then share with their teams and managers to ensure learning from complaints is embedded and added into practice development (alongside L&OD interventions).

9.9

You Said:	We did:
ACS referral not followed up	In future, on receipt of a new referral a telephone call will be made to the referrer to acknowledge. An acknowledgement letter will also be sent out with contact details to enable the referrer to make contact should their circumstances change, or the concerns escalate.
Delay in service user being moved nearer family.	The Accommodation Choices Policy has been amended and an Accommodation Choices Factsheet produce which will provide information on the options available in these circumstances.
Appointeeship	Service users under corporate appointeeship who require the setup of Direct Debit's will be prioritised to avoid unnecessary debt being accrued.
Safeguarding	Where the outcomes of repeated safeguarding concerns raised are unsubstantiated, these will be monitored for malicious intent.

10. Complaints Developments in 2020/21

- 10.1 Complaints Manager to continue the role of the Link Officer for the Ombudsman on behalf of all services across Hertfordshire County Council. The Complaints Team supported through gathering appropriate information, preparing templates, monitoring deadlines and finalising responses to the LGSCO.
- 10.2 Staff training provided to all ACS officers with a higher focus on Senior Managers directly responding to complaints. Training included how to effectively manage and respond to complaints at all stages of the complaints process, improvements to services / learning actions from complaints and the importance of recording compliments in order to highlight the good work of staff.
- 10.3 Policy and factsheet reviewed to provide greater clarity.
- 10.4 Website page and automated replies were updated to provide clearer information about complaint response timescales.

- 10.5 The number of users using the ACS database has continued to be reduced and access restricted in order to maintain accurate records as recommended in the Internal Audit for ACS Complaints undertaken in September 2019.
- 10.6 Quarterly complaints review meetings took place across Adult Care Services, where the complaints manager discussed complaints data with relevant officers to identify trends and learning from complaints.
- 10.7 Quarterly and six monthly reports were developed and presented to HOS and senior board.
- 10.8 Continued to review and develop the ACS Complaints database and BOBJ reporting software to ensure accurate reports.
- 10.9 The Complaints Manager liaised with Learning & Development to discuss recurring trends and to implement learning from Complaints.

11. Future Complaints Developments for 2021-22

- 11.1 The recruitment of ACS Complaints Manager to support Adult Care Services in managing and responding to complaints more effectively.
- 11.2 Continue to promote alternative dispute resolution, notably to complainants seeking escalation.
- 11.3 Continue to review intranet content to best support ACS officers and Managers responding to complaints.
- 11.4 The Complaints Manager will continue to work closely with Learning & Development to discuss recurring trends and to implement learning from complaints.
- 11.5 Follow up / review action plan implementation regarding internal Audit findings, i.e. complaints database training and logging process monitoring.
- 11.6 Continue work on improving ACS complaints database and reports generation system to ensure quality of data.
- 11.7 Ongoing complaints training to officers with the focus on Senior Managers who are directly responding to complaints.
- 11.8 ACS Complaints E-learning module to be completed and will be offered to all officers across Adult Care Services as an introduction to complaints.