

Adult Social Care Complaints and Compliments Annual Report (2019-2020)



SURREY
COUNTY COUNCIL

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Introduction

This is the Adult Social Care Customer Relations' report for the business year 1 April 2019 to 31 March 2020. It covers activity in Adult Social Care relating to complaints made to the Directorate, complaints raised with the Local Government Ombudsman (regarding Adult Social Care) as well as compliments.

With regard to complaints, all Councils in England that deliver Adult Social Care have a statutory duty to investigate complaints about care under the Local Authority Social Services and National Health Service Complaints (England) Regulations, 2009. In Surrey County Council, such complaints are overseen by the Adult Social Care Customer Relations Team.

When someone makes a complaint, we aim to:

1. Acknowledge their complaint within three working days.
2. Propose a plan for how we will respond to their complaint.
3. Invite their confirmation of what the complaints are and what outcome they are seeking.
4. Inform the complainant who will respond to their complaint and when they can expect to receive the substantive response.
5. Act quickly to resolve the issues.
6. Maintain contact with the complainant during the investigation as appropriate.
7. Respond in full within twenty working days or extend our response time if needed.

Executive Summary

- 255 complaints were received in the period 1 April 2019 to 31 March 2020. This represents a very slight increase by 2%, compared to 251 complaints received in the previous year.
- The Local Government & Social Care Ombudsman (LGSCO) issued 21 final decisions on complaints about the Council's Adult Social Care services. The number of financial settlements the Ombudsman recommended increased to £6,696.
- Fourteen (67%) of the 21 final LGSCO decisions were upheld and 7 (33%) were not upheld.
- Compliments recorded as received have continued to decline 9% (to 480) when compared to the previous year, 2018/2019 (526).
- The most common reasons for complaint relate to dissatisfaction with service quality, finance and funding, dissatisfaction with assessments and poor staff communication.
- 226 (87%) complaints were responded to within the agreed time frame. On average, the Directorate sent responses within 24 working days.
- A total of 144 (56%) complaints had an outcome of either upheld or partially upheld, while 101 (40%) had an outcome of not upheld.

Section A: Complaints & Compliments Activity

Table 1 provides the key activity data for compliments received and complaints activity for the reporting years 2015/16 to 2019/20.

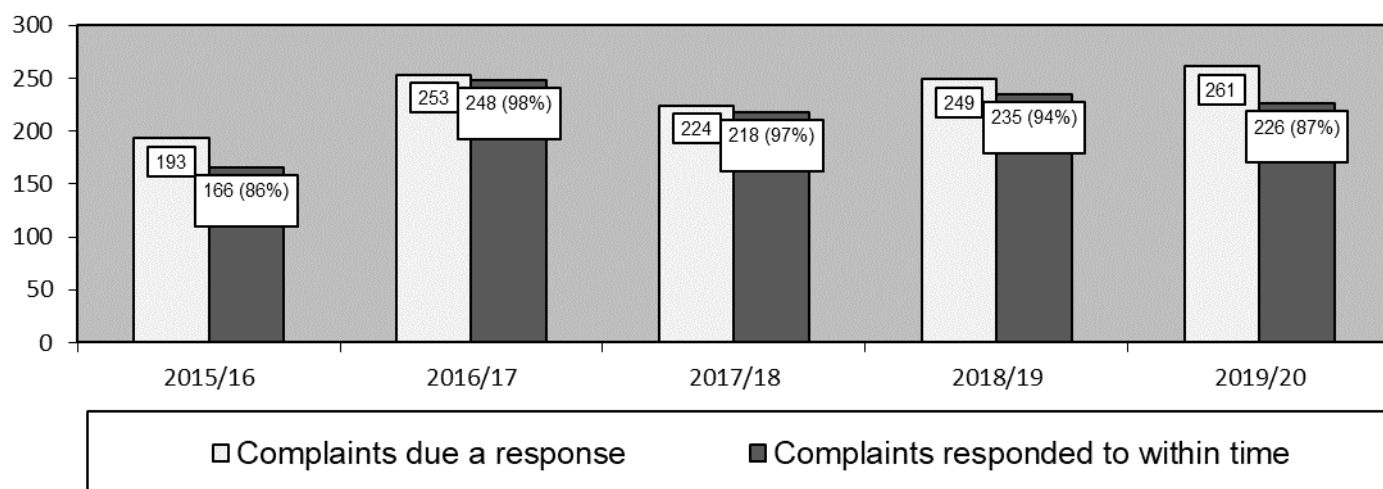
Table 1:

Complaints and Compliments	2015/16	2016/17	2017/18	2018/19	2019/20
Compliments Received	1128	1009	847	526	480
Complaints Received	201	255	221	251	255
Individuals making a complaint	185	244	200	233	237
Number of complaints due a Response	193	253	224	249	261
Target for responses to complaints by agreed date (%)	90%	90%	90%	90%	90%
Number of complaints responded to within agreed timescales (%)	166 (86%)	248 (98%)	218 (97%)	235 (94%)	226 (87%)
Average response times (days)	28 days	21 days	22 days	25 days	24 days
Best practice response times	20 days	20 days	20 days	20 days	20 days

Section B: Performance

Chart 1 details the yearly trend for number of complaints that were due for response within the reporting period, alongside the number of complaints that received a response within the agreed timeframe, over the period 2015/16 to 2019/20.

Chart 1:



Time taken to respond to complaints in 2019/20

Table 2 shows how many working days were taken to respond to all complaints, providing both the number and overall percentage of the complaints responded within the reporting year.

Table 2:

Days	Number of Complaints	%
1 – 9	22	8.43%
10 – 19	88	33.72%
20 – 29	77	29.50%
30 – 59	61	23.37%
60 – 89	11	4.21%
90+	2	0.77%
Total	261	100.00%

Responses to complaints

There is no statutory timescale by which Councils should respond to Adult Social Care complaints, although a complaint must be completed by six months, which allows time for further consideration and review as Adult Social Care operates under a single stage complaints response process. Surrey County Council has set its own timescale of twenty working days for response. This timescale is flexible and can be varied with the complainant's agreement.

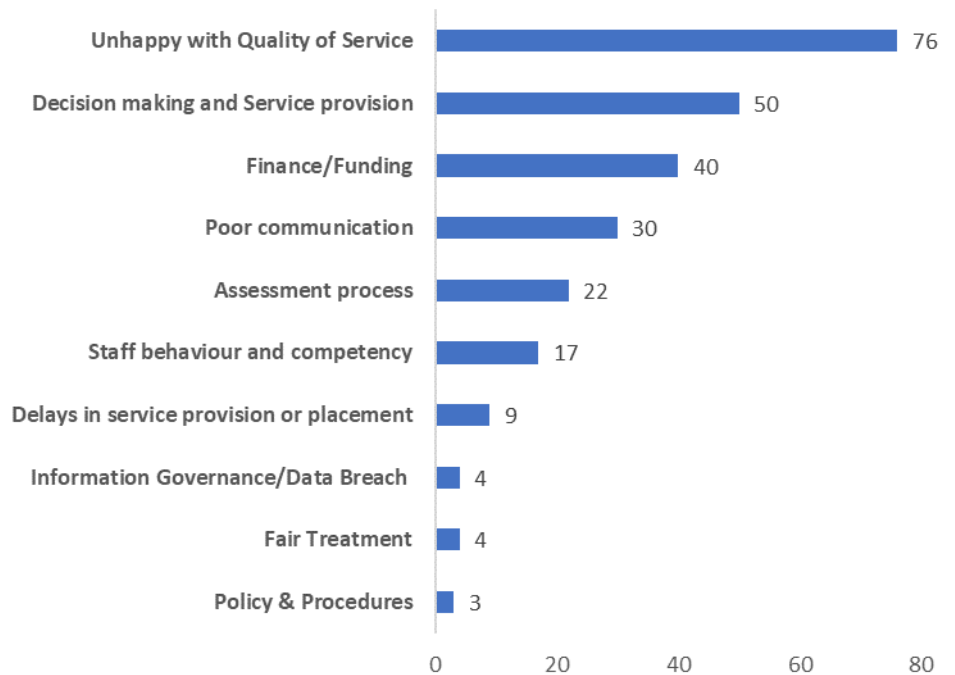
In 2019/20, Adult Social Care responded on time to 87% of complaints (226 out of 261 completed complaints). This is a decrease on the previous year, when 94% were responded to within time, and below the 90% target that the Adult Leadership Team set for the Directorate.

In addition, 110 complaints (42.1%) received a response within 20 working days. A further 77 complaints, (29.5%) received a response in less than 30 days. This means that the majority of complainants, 187, (71.6%) received a response within 30 working days or less. A smaller number of complaints, 11 (4.2%) were completed within 60 and 89 days, and only 2, (0.77%) took longer than 90 days. The average time to respond to a complaint in 2019/20 was 24 working days, which is a decrease from the preceding year, where it was 25 working days.

The trend for average response times continues to increase, although it should be noted that there have been organisational changes to teams during the year, and this will have impacted this area of work, together with having to address complex issues which would require more time.

Nature of Complaint 2019/20

The captures the types of issues that are raised as Adult Social Care complaints. This graph details the different categories of complaint issues and the quantity of complaints received for each category.



Key Activity Headlines (2019/20)

The largest number of complaints received related to dissatisfaction with service quality, including provider complaints (30%) and finance / funding of individual services to customers (16%). This is consistent with the preceding year. Other prevalent areas of complaint include the assessment process (9%), poor communication (9%), and decision making related to individual cases (9%).

Section C: Outcome & Resolution of Complaints

Table 3 shows the trend by year, for the complaint outcome, by number and the overall percentage of complaints received, over the past five reporting years.

Table 3:

Outcome of Complaints Received	2015/16	2016/17	2017/18	2018/19	2019/20
Complaints upheld in full	42 (21%)	44 (17%)	32 (14%)	47 (19%)	60 (23%)
Complaints upheld in part	86 (43%)	89 (35%)	84 (38%)	81 (32%)	84 (33%)
Complaints not upheld	64 (32%)	106 (42%)	90 (41%)	109 (43%)	101 (40%)
Complaints withdrawn	9 (4%)	16 (6%)	15 (7%)	14 (6%)	10 (4%)
Total	201	255	221	251	255

Outcome Headlines

- The trend of complaints upheld, has increased slightly.
- The overall percentage share of complaints upheld in full or in part remains broadly consistent at (56%) with the previous couple of years.
- Where complaints were withdrawn, this was at the complainant's request in all cases. This 4% figure is broadly consistent with the previous years.

Table 4 shows the different categories of resolution of the complaint, by number and overall percentage of complaints received over the past five reporting years.

Table 4:

Resolution of Complaints	2015/16	2016/17	2017/18	2018/19	2019/20
Explanation	90 (45%)	157 (62%)	131 (59%)	154 (61%)	142 (56%)
Apology	54 (27%)	50 (20%)	46 (21%)	48 (19%)	74 (29%)
Complaint Withdrawn	9 (4%)	16 (6%)	15 (7%)	14 (6%)	10 (4%)
Case Review	8 (4%)	9 (4%)	10 (5%)	6 (2%)	6 (2%)
Change of Care Plan	6 (3%)	2 (1%)	1 (0%)	2 (1%)	6 (2%)
New Case Worker	3 (1%)	7 (3%)	8 (4%)	8 (3%)	5 (2%)
Re-assessment	8 (4%)	3 (1%)	1 (0%)	7 (3%)	4 (2%)
Meeting	12 (6%)	6 (2%)	3 (1%)	7 (3%)	3 (1%)
New Decision	6 (3%)	1 (0%)	0 (0%)	4 (2%)	3 (1%)
Waiver of Charge	5 (2%)	4 (2%)	6 (3%)	1 (0%)	2 (1%)

The majority of complaints were resolved with an explanation (56%) or an apology (29%).

Section D: Local Government & Social Care Ombudsman Activity

Table 5 shows how many complaints were escalated to the Ombudsman each year in the period 2015/16 to 2019/20 and the total sum of the Ombudsman's financial remedies in each year.

Table 5:

Local Government and Social Care Ombudsman Activity	2015/16	2016/17	2017/18	2018/19	2019/20
Complaints escalated to LGSCO	23	42	27	23	30
Financial remedies recommended for upheld complaints by the LGSCO*	£3,300	£6,353	£7,775**	£1,200	£6,695***

*These figures include remedies for reimbursement of care charges by the provider

** £2,475.00 was a direct payments refund

**£3,769.72 of this figure was a refund of incorrect charges for residential care and paid directly by the provider

Three of the complaints upheld by the LGSCO related to commissioned providers and the quality of care.

Section E: Learning from Complaints

Learning from complaints is an important source of information for implementing service improvement. The focus on identifying learning and putting things right and making a difference to service delivery is a key requirement across all services and monitored closely by the Customer Relations Team.

Examples of learning from complaints for this reporting year are detailed below:

Liaise with Procurement and QA team to improve contracted service

A service user complained the care worker's visits were unpredictable, did not arrive at the preferred time and were not considerate of his Parkinson's disease. The manager partially upheld the complaint with a case review and contacted the provider to report the concerns about how the service was being provided and requested that they review the practice of the care worker concerned.

What we put right - The care agency was changed in order to accommodate the preferred call times and a request was made for the new provider to supply the service user with a weekly schedule of the times of their calls and who would be visiting.

Review/Improve internal communications

A service user's daughter complained that she was dissatisfied with the nursing home that was chosen, the way in which this was communicated to her mother, and she also felt the assessment did not capture her mother's anxiety. The manager reviewed the communications, upheld the complaint and agreed learning should be incorporated into best practice.

What we put right – some examples of the best practice measures included a telephone call to be made for urgent matters and offers of additional information to be added to the assessment. The key worker was reminded that it is best practice for family members to be part of the Continuing Healthcare (CHC) process and that their views and comments should be included within the assessment.

Review/Improve Internal staff practice

Complaint that service user visited the care home for a tour with his son but was not asked to sign the visitor's book which resulted in a mix up and the service user being mistaken for somebody else due for a day assessment. Asked to leave his father behind, the son returned that afternoon to find his father had not been given anything to eat or drink and was informed the confusion was on the part of the family. The investigation concluded that the mistake was human error.

What we put right - a robust process for signing in is now in place at the care home, to prevent a similar occurrence.

Quality of care

Service user's son complained that his father's residential care home could not meet his challenging behaviour, and the paperwork sent to the home did not contain this information. The investigation concluded that the assessment did not record details of challenging or disruptive behaviours that required specialist support.

What we put right - the issues were raised at the team's best practice meeting to emphasise the importance of ensuring the service and the ward staff are clear when sharing information with care homes and highlight any potential risks.

Addressing delays and communication

A service user complained about the lack of support and delay regarding her assessment. A mental capacity assessment should have followed shortly after the review but actions were not followed through when the worker was absent. The complaint was upheld.

What we put right - The team implemented a procedure to ensure all caseloads would be reviewed so that any planned activity could be discussed, and actions agreed in the absence of the allocated worker. The services also worked with the Social Care Institute of Excellence to identify improving supervision and support to the teams so that complex cases and caseload could be managed more effectively, improving the experiences and outcomes for service users.

Clear communication with families

Complaint regarding the net direct payments process where parent disputed the amount they had to pay for their daughter's care. The complaint identified that it should have been explained to the complainant at the time of support planning how a net direct payment works and an expectation that the assessed charge is spent on a service user's assessed care needs. It was also upheld that the statement a service user or family receives when there is other funded care such as respite can be confusing as it indicates that there is a nil balance and no payment is due.

What we put right - The team identified and implemented a clear process to avoid any confusion regarding future net direct payments.

Ombudsman complaints and learning

Fourteen (67%) of the 21 complaints investigated by the Local Government & Social Care Ombudsman, were upheld during this reporting period. This is in keeping with their decisions nationally for complaints, as published in their Annual Complaints Report 2019/20. Nationally, the Ombudsman upheld 69% care and charging complaints and 68% of assessment and care planning complaints. However, it is also reported that Councils are putting things right more often. The issues that were identified as learning from the investigated and upheld complaints are summarised below.

- Failing to arrange care reviews, assessments and transition planning and delays in referrals.
- Delays in processing direct payments and complaint handling.
- Not responding to concerns in a timely manner regarding assessment of young adult and their carer.
- Inadequate level of support being provided.
- Issues with the safeguarding investigation.
- Concerns with arranging a care placement.
- Overcharging for care in a residential provision.
- Quality of care issues (provider related).

The Ombudsman will recommend a remedy where there has been fault resulting in an injustice to the service user. A financial remedy is recommended only when the complaint has resulted in a quantifiable financial loss as a reimbursement and/or to acknowledge identified distress, time and trouble. Seven of the 14 upheld complaints resulted in a financial remedy, detailed in Table 5.

Comparative data for Ombudsman investigations 2019/20

Table 6 compares how many Ombudsman investigations have been upheld or not upheld in 2019/20 and the overall percentage rate of Ombudsman investigations that have been upheld against other Councils that are similar in size to Surrey County Council.

Table 6:

County Council	Upheld	Not upheld	Uphold rate %
Surrey	14	7	67%
East Sussex	10	10	50%
West Sussex	16	7	70%
Essex	22	12	65%
Hampshire	9	4	69%
Kent	16	8	67%
Cambridgeshire	8	0	100%
Buckinghamshire	6	1	86%
Hertfordshire	14	1	93%

Section F: Compliments

Table 7 shows the total number of compliments that have been received by service areas in Adult Social Care Services in the period 2016/17 to 2019/20.

Table 7:

Team	2016/17	2017/18	2018/19	2019/20
East	115	141	91	98
Guildford & Waverley	90	61	156	79
Mid	153	118	91	156
North West	114	89	122	70
Surrey Heath	54	34	53	46
Countywide	33	18	13	31
Commissioning and Operations Total	559	461	266	480
Service Delivery	307	375	259	180
Mental Health Service	17	7	1	0
Support Services for Adult Social Care	126	4	0	0
Total	1,009	847	526	480

Section G: Summary of Achievements

Supporting Staff

- Customer Relations continues to support staff and guide them through the complaints process as necessary and to provide relevant training.
- Customer Relations supports responses to multi-agency and complex cases.
- The Customer Relations Team has also challenged inappropriate behaviour by a small number of customers where they have approached staff. The Directorate is firm that all parties involved in complaints must treat one another with respect.
- The Team have supported the Service Delivery function, providing advice and guidance to the In-House Home managers that transitioned back to the Adult Social Care Directorate.
- The Team have supported the newly created Learning Disability & Autism and the Mental Health services.
- Devised a process for capturing learning from complaints for improving service delivery.

Liaison with Health

- Surrey County Council continues to lead on most joint complaints with the NHS.
- Strong partnership working with our health partners to address and resolve complaints

Compliments

- Customer Relations presents information on compliments to staff through e-brief (where compliments are a popular item) and through regular briefings to the Adult Leadership Team.
- Compliments recorded by the service have continued to decrease and this may be as a result of lower numbers being received or recording. Staff are regularly reminded to report compliments as they provide invaluable feedback when services are well received.

If you have any comments concerning the content of this report, please contact the Adult Social Care Customer Relations Team:

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