

# Families Customer Relations Service

**Adults Social Care Complaints : Annual Report 2009-2010**

## 1 PURPOSE AND SUMMARY OF REPORT

1.1 To report statistical information to Members and Officers detailing Surrey Adults Social Care complaints activity from 01/04/09 – 31/03/10, including developments and planned improvements.

1.2 To meet the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 requirement under section 18, namely that :

*18.—(1) Each responsible body must prepare an annual report for each year which must—*  
*(a) specify the number of complaints which the responsible body received;*  
*(b) specify the number of complaints which the responsible body decided were well-founded;*  
*(c) specify the number of complaints which the responsible body has been informed have been referred to LGO.*

1.3 The current reporting year follows the Statutory Guidance as set out in : *Listening, Responding, Improving – Part of the Making Experiences Count approach. Department of Health, 2009.*

1.4 The operation of the Complaints Process in line with current statutory requirements contributes to Surrey's priority to: " Help social care users and carers so that they have control over their own lives and the services they use".

1.5 The County's Corporate Aims, to promote equality, social inclusion and a safe and healthy environment for all are also reflected by the Complaints Procedure in securing the participation of service users and their representatives through consultation and communication.

## 2 MAKING EXPERIENCES COUNT - OVERVIEW OF THE NEW PROCESS INTRODUCED IN APRIL 2009

2.1 In April 2009 the statutory guidance for Adults Social Care complaints management was replaced by the introduction of a new national approach, Making Experiences Counts (MEC).

2.2 This MEC approach was developed in order to improve the experience of complainants who have been dissatisfied with both the 'staged' handling of their complaints as well as the fact that they had to approach different authorities separately where complaints were about both National Health Service (NHS) and Local Authority (LA) work. Both these factors were seen as obstacles to resolving complaints.

2.3 The New process aims to correct the experiences by introducing a resolution focused process through:

- A single approach across Adult Social Care and the National Health Services, allowing for much closer complaints management arrangements.
- A focus on a person centred way of resolving concerns and putting into place corrective actions.

2.4 From 1.4.09, Local Authority complaints processes rest on the following principles:

<b>LISTEN</b>	Involve the complainant at the outset in clarifying the concerns and agreeing how best to resolve these
<b>RESPOND</b>	Ensure concerns are looked into and a response outlining actions and service learning is sent to the complainant
<b>IMPROVE</b>	Identify the corrective actions and ensures these are taken forward to improve and correct the service

2.5 In addition, the process must ensure that responses are:

<b>COORDINATED</b>	That complainants get a coordinated response where the complaint involves more than one social care team or both social and health care services
<b>TIMELY</b>	That the service provides responses to an agreed timescales and non protracted manner – i.e. there is one 'local' opportunity to resolve the matter

### 3 THE INTRODUCTION OF THE NEW PROCESS WITHIN ADULTS SERVICES

3.1 The new process was put into place across Surrey County Council (SCC) Adult Social Care from 1 April 2009. Outline of the process, Process flow chart and recording and monitoring 'tools' were developed by the Families Customer Relations Team (FCRT) and sent to the Service in March 2009.

3.2 In addition to drafting the new complaints process, producing its supporting tools and launching the new process across Adults Services, the FCRT has also been : monitoring and chasing service responses; providing performance reporting to teams; briefing senior management teams and Standards Committee; delivering complaints training workshops and presentations at meetings; providing case by case complaints handling and coaching; providing quality assurance of complaint responses; and undertaken review of the process in cooperation with Adults Business Support and Policy & Performance.

3.3 A review of the process was done in October 2009. This review identified the need for changes to the process and these changes are to be implemented in June 2010. (see section 9)

### 4 FINANCIAL IMPLICATIONS

4.1 Complaints related external spend for Adult Services' complaints

<b>Spend</b>	<b>2008 / 2009</b>	<b>2009 / 2010</b>
Independent Workers including Investigators Advocates and Independent Persons	£13,017.68	£7,076.24
Stage 3 Panels	£1,245.56	NA
<b>Total</b>	<b>£14,263.24</b>	<b>£7,076.24</b>

4.2 As the figures show, the FCRT managed a significant saving this year in relation to external spend (figures exclude FCRT costs) which is mainly explained by the drop in independent investigation costs. This drop is due to the changes to the complaints process itself. Only 2 Adults independent investigations were undertaken this financial year. Further, as reported last year, the FCRT is the central contact point for case work which has resulted in a reduction in the time billed by Independent Workers in arranging for example access to files and staff interviews.

### 5 SUPPORTING DATA RECORDS

5.1 Much of the information for this report is taken from the FCRT complaints data records which are mostly made up with data communicated to the FCRT by the operational teams. The integrity of this data depends on operational teams communicating accurate, comprehensive and up-to-date information to the FCRT. Complaint files remain confidential, while as in previous years this report is anonymised and in the public domain.

## 6 WHAT ARE CUSTOMERS TELLING US? WHAT HAVE WE HEARD?

### 6.1 Complaints

#### 6.1.1 How many complaints did Adults Social Care Services receive?

The total number of complaints received in 2009/2010 is **226**.  
The total number received in 2008-2009 was 293.

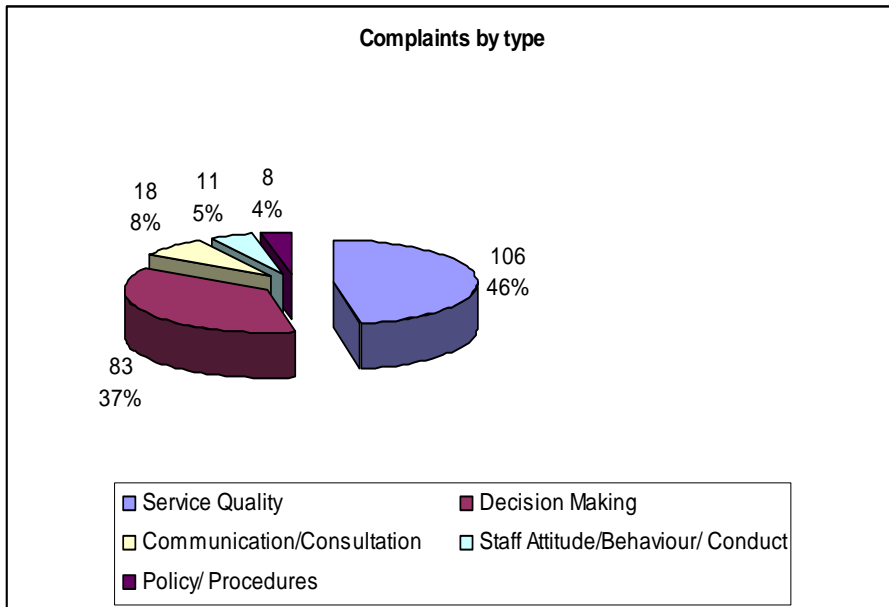
This year's decrease is likely to be due to the following reasons:

- the new regulations no longer require local authorities to record complaints which are received verbally and resolved immediately within 24 hours
- adapting to the new recording arrangements under the new regulations has meant that teams may have recorded less complaints than actually handled and responded to

#### 6.1.2 What are the complaints about?

Breakdown of complaints received in 2009/10 by type

Service Quality	106
Decision Making	83
Communication/Consultation	18
Staff Attitude/Behaviour/ Conduct	11
Policy/ Procedures	8



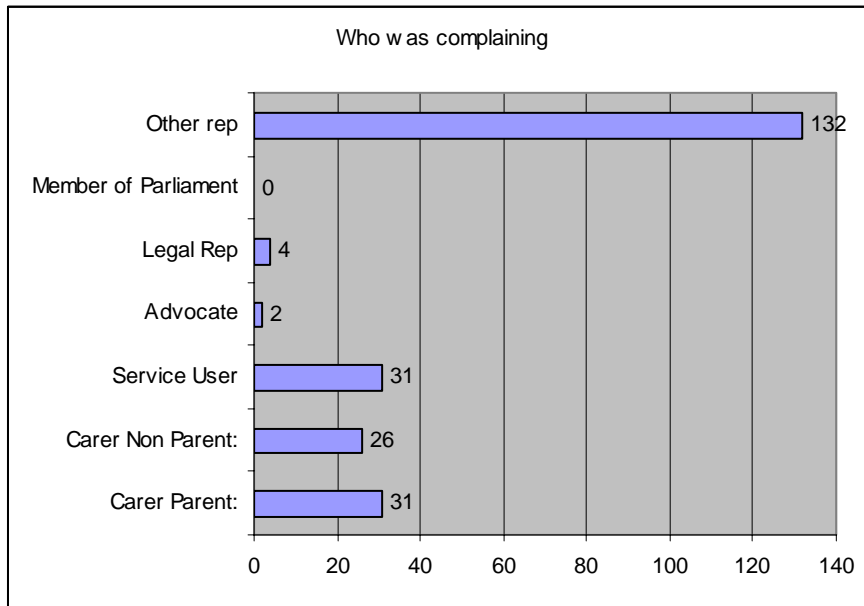
#### 6.1.3 Which service areas are being complained about?

Breakdown of complaints received by 'Service user category area'

Older People Services	113	50%
Physical & Sensory Disabilities	51	23%
People with Learning Disabilities	57	25%
Mental Health:	5	2%
HIV/Aids:	no data	
Substance misuse:	no data	
	226	100%

### 6.1.4 Who was complaining ?

Breakdown of complaints received by 'type of complainant'



### 6.1.5 How many complaints related to both social care and health services?

Total number received 2009/2010 :	<b>13</b>
Number of which formally responded to by Surrey County Council	01
Number of which formally responded to by NHS body	12

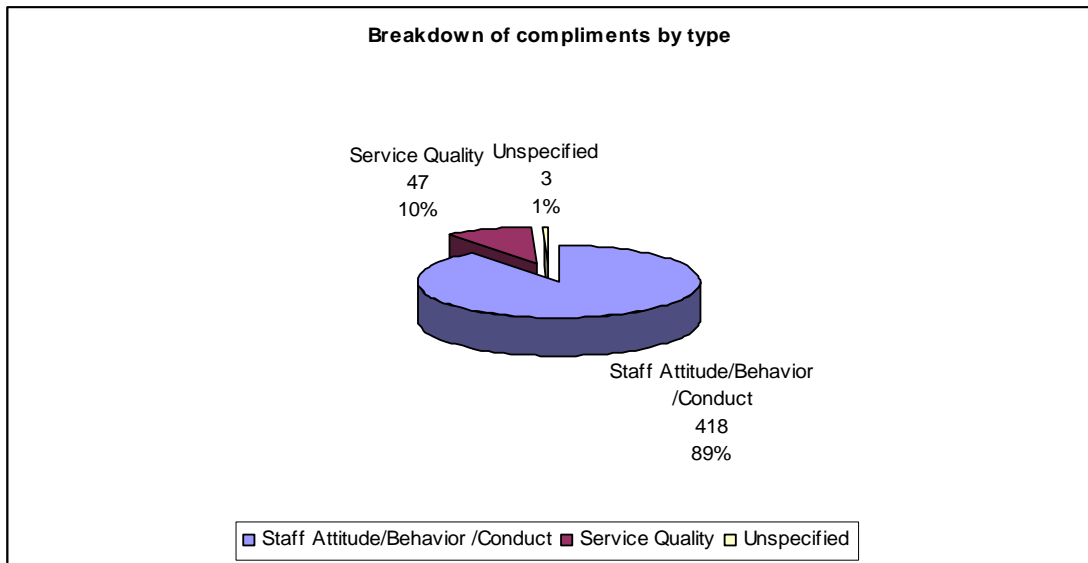
## 6.2 Compliments

### 6.2.1 How many compliments have service areas formally received?

Total number received 2009/2010	<b>468</b>
Older People Services/Physical & Sensory Disabilities	417
People with Learning Disabilities	51

The number of compliments received in 2008-2009 was 592. This year's decrease is likely to be due in part to the new recording arrangements. These new arrangements have meant that teams may have recorded less compliments than they received, especially since many compliments are received verbally and not as easy to forward to the FCRT as ones received in writing.

## 6.2.2 What have customers been complimenting the service about?



The data clearly shows that staff from operational teams are being commended for their service and this is supported by the fact that only 5% of complaints received are about staff attitude/behaviour or conduct.

## 7 HOW HAVE WE RESPONDED ?

### 7.1 How many complaints were due a response this reporting year?

The total number due a response in 2009-2010: **213**

### 7.2 How timely were Adults Service's responses - overall?

7.2.1 Total number of responses sent out 'to time' is 168.

7.2.2 Under the new regulations in place since 1 April 2009 Adults social care complaints no longer have a set period within which the service must respond to a complainant. Instead, the service and the complainant agree together a specific date by which the complaint is responded to.

7.2.3 Having responded to 168 out of 213 complaints 'to time', the Service met its target for **79%** of complaints. This result has not however met the Local Authority's performance indicator for 2009-10 which is 88%. Furthermore, given that the service agrees a response target date with the complainant, the service should be able to achieve a 100% performance against target.

7.2.4 Complaints records show that FCRT are not always being informed of 'agreed response dates'. Where this information is missing or 'unknown', performance to timescale is reported against the service default response target date. This default is of 20 working days from the date the complaint is received. This means that where target dates beyond the 20 days have been agreed and met but not recorded as such, these responses will nonetheless be reported as 'not to time'. It is not possible to tell by how much these 'unknowns' have affected the performance figure but it is the FCRT's view that the Service has performed better than reported. It is anticipated that the new monitoring and recording tools will assist to address this particular problem. (see 'section 9)

7.2.5 From discussions with operational team managers, FCRT has established that these managers are not always aware that the process allows for target response times to be re-negotiated with the complainant. If team managers had re-negotiated in this way where necessary,

it is likely that they would have met their targets and that performance would have improved. Operational teams will be reminded of the option to re-negotiate deadlines. (see section 9)

### 7.3 How timely were responses – by service area?

Breakdown of performance by 'service user category area'

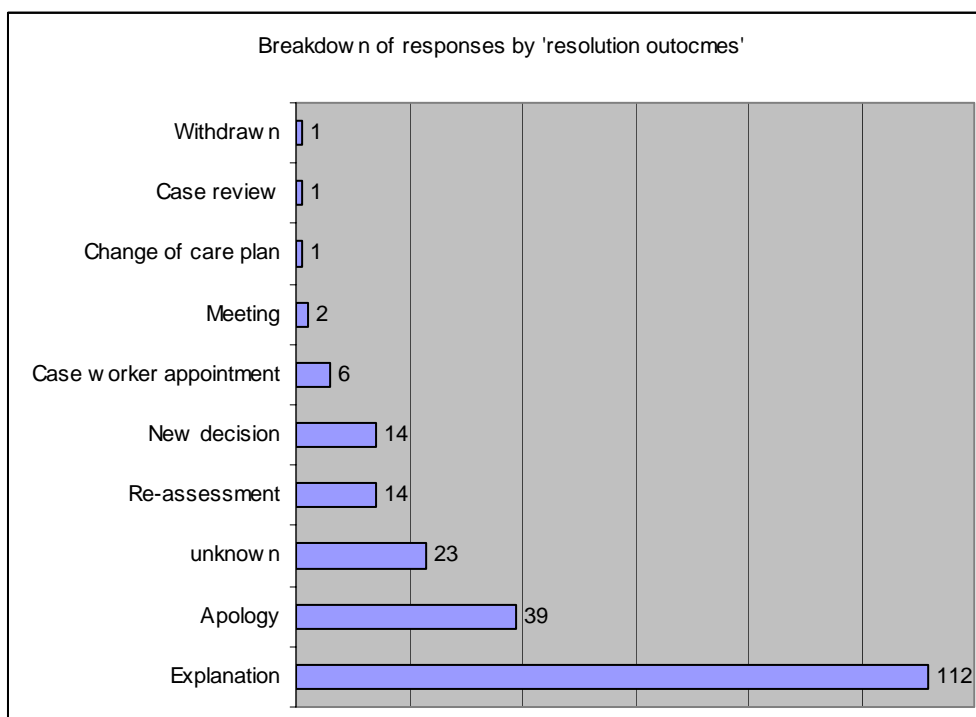
	Due response	To-time	
Older People Service:	106	86	<b>81%</b>
PLD:	55	44	<b>80%</b>
PSD:	46	35	<b>76%</b>
Mental Health:	6	3	<b>50%</b>
HIV/Aids:		no data	
Substance misuse:		no data	
	213	168	

### 7.4 What were the findings in response to complaints made?

Breakdown of responses by 'finding'

	Not Upheld	73	<b>34%</b>
	Part Upheld	73	<b>34%</b>
	Upheld	47	<b>22%</b>
	Unknown	20	<b>10%</b>
		213	100%

### 7.5 How did we resolve complaints?



7.5.1 The figures in the graph above show that in 112 cases out of 213 ( 53%) the service felt that the complaint was resolved by providing an explanation to the complainant. This suggests that by improving the way it communicates information and advice the service would ensure that their customers had a better understanding of, for example, the services on offer, why these services were or were not available and how decisions were arrived at.

### 7.6 How well did we resolve complaints at the local authority level?

### 7.6.1 Breakdown of complaints by level of escalation

<b>Of the 213 complaints responded to</b>		
those handled as Provisional response only	180	84%
those addressed directly as Final response only	16	8%
those addressed as Provisional and then Final	17	8%
<b>Number that escalated to Local Government Ombudsman (LGO)</b>	<b>5</b>	<b>2%</b>
Number handled by Independent investigation	2	1%

7.6.2 When a complaint is received by the Service, the local team providing the service responds to the complainant - this response is a 'provisional' response. If the complaint is not resolved at this first level then the complaint is sent (escalated) to the Head of Service who will look at the response again and provide the Service's 'Final' response. In some cases, a complaint is sent immediately to the Head of Service for a 'Final' response. When writing to a complainant, the Head of Service informs the complainant of their right to refer the complaint to the Local Government Ombudsman (LGO).

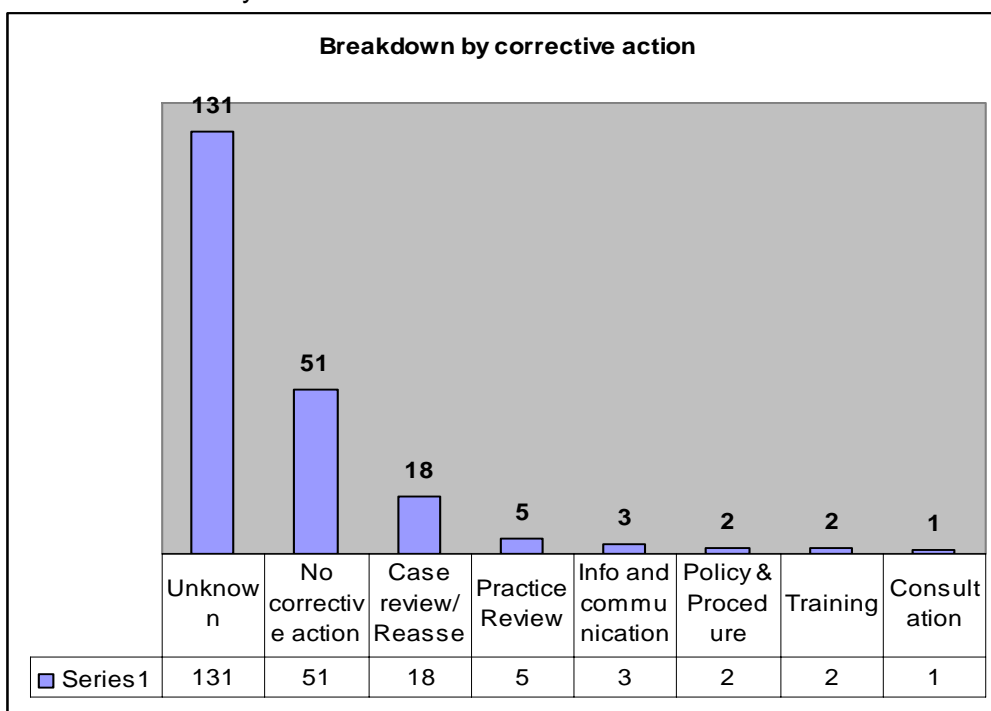
### 7.7 How many complaints did the Local Government Ombudsman contact us about?

<b>Complaints referred by LGO</b>	<b>8</b>	
	Of which, number that were investigated	4
	Of which, number that were enquiries	4
	Of which, number escalated through Provisional and/or Final	5

## 8 WHAT DID WE LEARN AND HOW DID WE IMPROVE?

### 8.1 What corrective actions did we take as a result of complaints?

#### 8.1.1 Breakdown by 'corrective action'





Unknown	61%
No corrective action required	24%
Case review/Reassessment	9%
Practice Review	2%
Info and communications review	1.5%
Policy & Procedure change/review	1%
Training	1%
Consultation	0.5%

8.1.2 On the one hand, the figures in the previous 2 sections show that the Service as a whole is performing adequately in terms of keeping to the agreed timescales for responses and performing very well in terms of resolving complaints with less escalation. However the figures do not show that the Service is learning effectively from complaints. Managers in the service should focus on this area in the coming year.

- Specific learning identified for **15%** of complaints only
- No learning explicitly identified for **85%** of complaints

8.1.3 The identification of Corrective Actions is a systematic requirement of the National Regulations and intended to be undertaken by the manager providing the provisional or final response. Outcomes are recorded on 'Complaint Outcome' sheets and signed by the relevant operational manager who is responsible for taking actions forward. The Service has not sufficiently met this specific requirement, in particular at the point of recording, as shown by the number of responses where no data was easily recordable against 'corrective action' :

- the percentage for 'unknowns' being **61%**.

8.1.4 Not learning from complaints is a wasted opportunity. This is a priority area for improvement of the management of the complaints process. This is expanded on in section 9.

## 8.2 What were the Significant issues raised and some of the lessons learnt ?

8.2.1 As we have seen above in section 4., the majority of complaints are about 'Quality of Services delivered' (47%) and 'decision making' (37%). Some of the key areas of dissatisfaction are in those 2 categories and relate to:

- Care provision after hospital discharge – some of these are joint issues with health services
- Care plans and Community care assessments
- Funding and charging matters – including 'deferred payments' and 'property disregard'
- Continuing care matters – joint issues with health services
- Placements (for example in residential care and in supported living schemes)

8.2.2 Some key specific learning around these areas are:

- ✓ Communication between social care teams and hospitals needs to improve – around discharge in particular
- ✓ Operational teams need to improve how they explain and communicate how and when care plans get updated
- ✓ Need for targeted staff attention on quality and timeliness of assessments
- ✓ Operational teams need to improve how they follow up activities arising from the safeguarding process and how they review these
- ✓ Operational teams need to improve how they explain funding and charging related processes and policies
- ✓ Decision making in relation to funding and charging matters needs to be better explained to service users and/or their carers or family members who are either involved in managing finances or paying top-up fees

- ✓ Communication between social care teams and benefits and charging teams needs to improve – in particular to ensure operational teams' understanding around 'property disregard'
- 8.2.3 Some Corrective actions identified around these areas are:
- ✓ Community care assessments quality assurance monitoring systems to be developed and used by teams across the Service
  - ✓ Staff briefings to staff reminding of importance of clear and timely communication around processes and policies
  - ✓ Reminder to staff to check customers have understood funding implications
  - ✓ Specific training for managers to improve the management and monitoring of identified risks relating to their service users and carers and appropriate refresher training to be provided for relevant care management staff
  - ✓ Care management teams to be reminded that requests for interpreting services, for example for hearing impairment, should be dealt with quickly and that costs for such services are routed through the team rather than through 'care package' budgets
  - ✓ Review of guidance relating to the determination of mental capacity
  - ✓ Care management team to proactively invite service user, carer and family members to nominate a key contact for consultation with family
  - ✓ Revision of contracts with care homes in relation to the invoicing of top-up fees and reimbursements
  - ✓ Policy managers to consider the limitations and legality of using the waiver of statutory charges as a form of remedy and discuss possible alternatives to 'waiver'.

## 9 CONCLUSIONS AND NEXT STEPS

### 9.1 What have the benefits of this new complaints process been?

The main benefits have been: the emphasis on contacting complainants at the outset has proven to be an effective resolution focused approach; complaints have been resolved more quickly and fewer complaints 'escalate' or persist; there has not been an increase in number of complaints; initial savings have been noted; the time spent clarifying at the outset is balanced out by the improved outcomes and speedier resolution in the long term.

### 9.2 What are the key challenges and how should we all plan to meet these?

9.2.1 With FCRT holding a centralising role, operational teams' sense of ownership of complaints seemed to decrease, which impacted on achieving timely responses. With the changeover in April 09 to new complaints recording and monitoring tools, operational teams were uncertain how to complete these and concerned this would be time consuming. Service Areas were finding it difficult to keep track of progress in relation to responding to their complaints.

9.2.2 In response to these challenges, FCRT and Adults Services have revised the complaints process and its tools in order to a) allow the resolution focused approach to take a better hold, b) to increase meeting agreed timescales and c) to increase the learning from complaints. The revised process and tools will be re-launched in June 2010. The focus will be to ensure that learning is more systematically identified and can be more easily reported on.

9.2.3 In order to improve performance, the Service has agreed to take the following actions:

**9.2.3.1 Confirm accountability for complaints management at senior manager level.**  
The new complaints monitoring tools currently being piloted will enable senior managers to track performance on a complaint by complaint basis. This in turn will enable FCRT to focus its efforts on providing a complaints consultancy service with a view to improving the quality of responses and increasing identified learning.

9.2.3.2 **Make sure that team managers know that they can re-negotiate response target dates with complainants.** Reminder to be included in the Monthly reports, special briefing and training workshops.

9.2.3.3 The service is pleased that complaints are being mostly resolved at team level and want to **make sure this high level of early resolution is maintained by including complaints handling in the case study reviews at routine meetings** to be held across the Service.

9.2.3.4 Learning from customer feedback is a priority for the Service. **To make sure that the service improves learning the service will include this topic in the case study reviews at routine meetings** to be held across the Service.

9.2.4 FCRT will continue to support effective complaints handling through : assisting in monitoring service responses; providing performance reporting to teams, senior management and Surrey County Council's standards committee; providing complaints training workshops to teams and making presentations on complaints at meetings; mediation; and providing case by case complaints handling coaching and complaint response quality assurance.

9.2.5 The FCRT continues to offer "Complaints Visiting Workshops" to operational teams as a whole as well as complaints handling coaching to individual managers. During the period 2009-10, the number of workshops delivered was 10. This is a low number and is in part due to the Service's restructuring priorities. This figure does not include the number of meetings to which FCRT has been invited to talk about complaints handling.

9.2.6 Staff involved in complex complaints are also offered debriefing sessions with FCRT staff. These provide the opportunity to discuss the handling of individual cases with a focus on what staff has learnt from the experience and how the process can be improved. Take up of these sessions remains low. However, when completed, both staff and managers find them very positive.

### **9.3 What are adults services telling us about the service received from FCRT?**

9.3.1 The service FCRT provides is *'invaluable to the Service'*. More specifically, operational teams value the guidance FCRT offers on how to handle specific complaints and the fact that FCRT assists in managing relationships with some complainants and/or service users. Operational teams find FCRT very supportive in *'offering to draft responses and / or checking responses and readily suggest alternative ways of dealing with complaints.'*

9.3.2 In relation to FCRT staff's attitude and communication with teams, the Service says that the FCRT is very responsive: *'response is always timely and helpful and the team members are very approachable, open and helpful' – they always welcome staff who wish to ensure a consistent professional approach'.*

Mona Saad  
Customer Relations Officer  
Families Customer Relations team  
May 2010