

# ASC Annual Complaints & Compliments Report

## EXECUTIVE SUMMARY

### Key Drivers / Challenges

A number of key drivers have influenced both performance and the development of the ASC complaints handling process during 2010/11, including the transfer of the complaints handling function back to ASC, the bedding down of legislative changes governing complaints, organisational changes to both the structure and ways of doing business and joint pilots across major organisations e.g. Health Watch and Right 2 Control. These drivers will continue to influence the future development of the complaints function.

### Summary of Performance

Complaint volumes have increased by 9% this year to a total of 247. Whilst the overall percentage of complaints responded to with agreed timescales during the year has fallen to 72% (from 79% last year) against a challenging target of 90%, performance in the last quarter of 2010/11 post transfer of the complaints handling function back to ASC has risen dramatically to 94%. This significant improvement in performance is due to the identification and immediate implementation of a number of key developments prioritised by ASC to urgently address performance issues.

14 complaints have been escalated to the LGO during 2010/11, compared to just 8 in the previous year. Compensation totals £2,800 for the year and reflects money awarded to 4 individual complainants for service failures. Average working days to respond to a complaint now stands at 19 days and is below the 20 day default timeframe.

Learning points from complaints, whilst improving post transfer, remains a priority area for development.

### Developments During 2010/11

Work on the development and implementation of process changes resulting from the key drivers affecting ASC and learning points identified from complaints has commenced in order to drive up the quality of the service provision and specific performance in respect of effective complaints handling. Key developments have been: -

- Allocation of appropriate resources levels combined with an active and timely management approach to complaints handling;
- Development of new procedures and recording tools to support staff and Commissioners to actively manage complaints to ensure maximum performance.
- Development and implementation of new monthly performance reporting and monitoring tools to underpin the revised complaints handling process and to support the strategic shift towards ensuring continuous learning from complaints to develop a quality assured service provision across ASC and enable timely corrective actions to be implemented if required.

## **Future Developments**

Developments identified through the adoption of learning organisation principles via the new complaints handling process to further improve ASC performance in terms of delivering quality assured world class services include: -

- Expansion of new complaints and compliments process to encompass concerns and safeguarding issues, and ultimately provider issues to ensure management have a balanced holistic picture upon which to review the quality of ASC services.
- To ensure the holistic approach outlined above is expanded to take into account specific learning from related activities e.g. feedback / survey programme, freedom of information requests, quality assurance framework and procurement processes to ensure learning from intelligence across ASC is co-ordinated with complaints, concerns and compliments.
- Development of a communications strategy and supporting material to ensure both staff and complainants feel supported and confident with the complaint handling process.
- Development work on ensuring full accessibility of the complaints process and forms for people wishing to complain is planned.
- Development of an appropriate training strategy to support staff to be able to effectively handle complaints.
- Embed an excellent customer services culture at the heart of the complaints handling function.

## **Risks**

A number of key operational risks have been identified which may impact on the achievement of the development objectives outlined above.

## **Compliments**

The volume of compliments remains static at 446, with the majority relating to staff attitude and behaviour. The compliments process and forms have been reviewed during 2010/11 and updated alongside the complaints procedures in order to provide more detailed information on the nature of compliments as a valuable source of intelligence in terms of the quality of service provision from ASC.

# BACKGROUND

## Purpose of Report

Surrey Adult Social Care (ASC) complaints handling process is grounded in the principles outlined in the *Listening, Responding, Improving - Making Experiences Count Report (Department of Health, 2009)*. This was developed in order to improve the experience for complainants through a single resolution focused person centered approach to resolving concerns and putting into place corrective actions. It rests on the following principles:

1. **LISTEN** (Involve the complainant at the outset in clarifying concerns and agreeing how to resolve these)
2. **RESPOND** (Ensure concerns are investigated & responses outlining actions/service learning is communicated)
3. **IMPROVE** (Identify corrective actions and ensures these are taken forward to improve services)
4. **COORDINATED** (Complainants get a coordinated response)
5. **TIMELY** (The service provides a local response in an agreed timescale and in a non protracted manner)

The ASC complaints handling process also reflects the County's Corporate Aims, to promote equality, social inclusion and a safe and healthy environment for all through the Complaints Procedure in securing the participation of service users and their representatives through consultation and communication. It also adheres to the Council priority to " help social care users and carers to have control over their own lives".

## Supporting Data Sources

Due to the transfer of the complaints handling function during the reporting year, this report takes data from both the Families Customer Relations Team (FCRT) complaints data records and the newly developed ASC Complaints Database.

## What's Included / Excluded

Any complaints relating to ASC, regardless of how it is received must be recorded using the new Complaints Handling procedure. However, the following complaints do not need to be recorded under this procedure and are therefore **excluded** from this performance reporting mechanism: -

- Complaints relating to contractual or commercial arrangements.
- Complaints by an employee relating to their employment.
- Complaints made verbally & resolved to the complainant's satisfaction no later than the next working day.
- Complaints arising out of the alleged failure to comply with a request for information under the Freedom of Information Act, 2000 or the Data Protection Act, 1998. (These must be referred to the Information Governance Team).
- Complaints relating to safeguarding issues.

Where a complaint covers both ASC and a partner organisation (e.g. NHS, SABP, CMHT), the organisation to which the substantive part of the complaint relates will take the lead through their own complaints process, and negotiate with partners accordingly.

# KEY DRIVERS / CHALLENGES

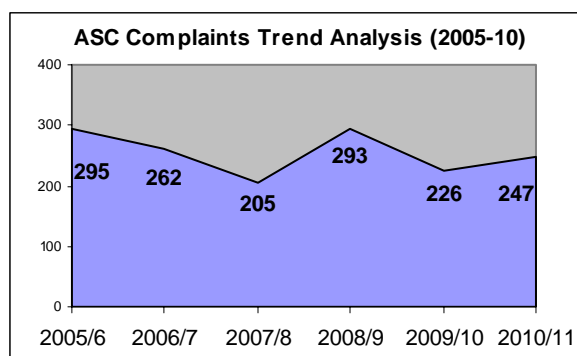
A number of key drivers have influenced the development and performance of the complaints handling function during 2010/11 and will continue to exert an influence on developments and performance levels of this function going forward:

1. **Organisational changes:** As part of the wider SCC review, ASC has continued to undergo fundamental and far reaching organisational changes during 2010/11 and is currently completing a period of 'bedding down' challenging new ways of working. This re-organisation has affected the directorate on every level from the way it carries out its business, to resource allocation and new organisational / staffing structures and business procedures and processes.
2. **Transfer of the complaints handling function back to ASC:** Responsibility for managing the ASC complaints handling function was transferred back to the service on the 1 January 2011 with the remit to drive up performance in this key quality assurance area.
3. **Health and Social Care Bill (Health Watch):** HealthWatch aims to be a local community-based network of organisations committed to strengthening and widening the influence of patients, users of social care services, carers and the public in the process of planning and improving health and social care services.
4. **Right to Control:** This two year trailblazing pilot involves a partnership approach across several funding streams with the aim of providing people with choice and control on how they manage their care. This pilot involves joint working across partnership organisations and the potential coordination role of resulting complaints.
5. **Making Experiences Count (MEC) Legislation:** This legislation has changed fundamental elements of how local authorities manage their social care complaints for adults, in particular the freedom to agree timescales for responding to complaints direct with the complainants and the onus on learning from complaints. These new regulations also no longer require local authorities to record complaints received verbally and resolved locally within 24hrs through the formal complaints procedure.
6. **Holistic approach to managing quality assurance:** ASC is aiming to work towards a holistic approach to gathering intelligence to underpin the quality assurance framework. This includes aligning complaints, concerns, compliments and safeguarding to build a balanced picture on quality.

# PERFORMANCE ACTIVITY & LEARNING

## Complaints Volumes & Response Timescales

The volume of ASC complaints has fluctuated significantly over the last 6 years and having fallen in 2009/10 to 226, increased to a total of 247 in 2010/11 [see graph 1]. At present it is unknown if ASC are capturing the true volumes of complaints. However learning extracted from complaints and a mystery shopping exercise has identified key issues that could be impacting on the ability of service users to make complaints and the complaints handling function to capture all complaints received by teams.



Graph 1: ASC Complaints Trend Analysis (2005-10)

The breakdown of ASC complaints activity for 2010/11 on a quarterly basis with the previous year figures for context provides an overview of performance during the year [see table 1].

ASC Complaints Activity	2009/10	Qrt 1	Qrt 2	Qrt 3	Qrt 4	2010/11
Volume of complaints received	226	50	91	55	51	247
No. Individual people making a complaint	203					236
Number of complaints received using 'accessible format' forms	Unknown	Unknown	Unknown	Unknown	1	1
Number of complaints escalated to LGO	8	3	3	2	6	14
LGO complaints handled by an Independent Investigation	2	0	0	0	1	1
Number complaints due a response	213	38	77	73	31	219
No. complaints responded to within agreed timescales (%)	168 (79%)	28 (74%)	56 (73%)	45 (62%)	29 (94%)	158 (72%)
Target	88%	90%	90%	90%	90%	90%
Average response times (days)	Unknown	Unknown	Unknown	Unknown	19 days	19 days

Table 1: ASC Complaints Activity

Of the 247 complaints received by ASC during the year, 98% relate to the Personal Care & Support Service, with the remaining 2% relating to Service Delivery.

**Learning Points:** *Need to ensure all ASC complaints are captured through the complaints handling process, including utilisation of tools such as SWIFT/AIS/Wisdom as a fundamental driver in ensuring complaints are captured centrally. Issues identified as potentially affecting complaints volumes include a lack of a clear, simple and fast route to making a complaint for service users, and an unclear process / lack of an information and communication strategy for ASC staff in terms of receiving, responding and resolving complaints. Needs to consider where best the complaints handling function sits within ASC and consider what dedicated resources/remit are required to be effective in relation to complaints handling process. Current volumes of complaints by service area highlight the priority area on which to concentrate development work and resources is the Personal Care & Support service.*

Overall, the volume of ASC complaints responded to within agreed timescales has fallen from 79% in 2009/10 to 72% in 2010/11 and is below target [see table 1]. However, since the complaints handling function transferred back to the service on 1 January 2011, ASC has achieved a response rate of 94% of complaints responded to within agreed timescales, thereby exceeding the challenging target of 90%.

This recent quarter 4-performance improvement can be attributable to the formation of a dedicated temporary complaints team who have implemented an active approach to the management of complaints, supported by new procedures and monitoring tools.

Response rates between the two service areas receiving complaints with ASC (Personal Care & Support Service and Service Delivery) are 72% and 100% respectively.

Whilst 94% of ASC complaints have been resolved at the local authority level, 14 (6%) were escalated to the LGO during 2010/11 compared to just 8 (4%) during the previous year. However, only 1 LGO complaint was handled by an independent investigator (not upheld) compared to 2 in the previous year. Analysis of the nature of complaints being escalated to the LGO show 80% of these complaints related to decision making and 20% to service quality issues.

In the last year 11 individuals made multiple complaints. When analysed over a two-year period, this figure rises to 23 individuals making multiple complaints. These complaints all related to separate social care service issues.

The ability of ASC to negotiate response times with complainants has not resulted in excessively long timescales in dealing with complaints. Analysis of the average working day response times for the last quarter in 2010/11 indicate this has now fallen below the traditional 20 day default timescale and currently stands at just 19 working days.

**Learning Points:** *Analysis of response timescales against average working days to respond highlight that fair but realistic timescales for responding to complaints must be set. A greater use of the option to negotiate and re-negotiate agreed timescales with respondent should be used to ensure high quality and robust first responses are provided to complaints at the local level. This requires a pro-active approach to the management of the complaints handling function at a local team level, supported by the correct expertise sources across the Council. High target levels relating to response timescales to complaints should be achievable given adherence to appropriate procedures.*

*Analyses of those teams who miss the timescales indicate a pattern of leaving decisions on responding to complaints to the last minute. This is a high risk strategy that can impact heavily on performance.*



*Complaints escalated to the LGO should not always be viewed as a failure at the service level, but is sometimes required when all other internal avenues have been exhausted.*

There were only 3 joint complaints that Health took the lead on during 2010/11 compare to 12 in the previous year.

No. Complaints relating to both social care and health	2009/10	Qrt 1	Qrt 2	Qrt 3	Qrt 4	2010/11
Number of Joint Complaints (NHS Lead)	12	1	0	0	2	3

In addition, a further 16 complaints received through the complaints handling process were deemed to be enquiries and handled through the appropriate channels.

## Breakdown of Complaint Details

Based on analysis of complaints received post 1 January 2011 as a guide, the majority of complaints relate to the hospital discharge service, followed by residential care service, direct payments and home care services. Combined, these account for 66% of all ASC complaints.

Service area of complaints	2010/11
Home care	13%
Nursing care	4%
Residential care	16%
Direct payments	14%
Carers vouchers	2%
Equipment	6%
Respite services	2%
Employment services	2%
Hospital discharge	23%
SDS / Assessment process	10%
Funding / financial	6%
Transport	2%

The two largest areas of complaints remain consistent with previous years, and relate to decision-making and service quality. Combined, these two areas account for 82% of all complaints and mirror the nature of complaints being escalated to the LGO.

However, during 2010/11 there has been a 100% increase in the number of complaints relating to staff attitude/behaviour/conduct.

Nature of complaints	2009/10	Qrt 1	Qrt 2	Qrt 3	Qrt 4	2010/11
Service Quality	106 (46%)	31	33	20	20	104 (42%)
Decision Making	83 (37%)	12	47	25	16	100 (40%)
Communication & Consultation	18 (8%)	2	4	3	7	16 (6%)
Staff Attitude / Behaviour / Conduct	11 (5%)	5	7	7	6	25 (10%)
Policy / Procedures	8 (4%)	0	0	0	2	2 (1%)
<b>Total Complaints</b>	<b>226</b>	<b>50</b>	<b>91</b>	<b>55</b>	<b>51</b>	<b>247</b>

**Learning Points:** *Need to review the robustness of decision-making processes and the quality of service provision for the areas attracting the largest volumes of complaints (hospital discharge, residential/home care services and direct payments). Given the high correlation between the nature of these areas and LGO escalated complaints, this should be a priority*

area to address at a local level, particularly as LGO complaints are costly to ASC. The Service also needs to address the issue of staff attitude / behaviour / conduct as a growing cause of avoidable complaints as a priority and implement remedial actions e.g. training in customer service skills.

## Outcome of Complaints

During 2010/11 37% of complaints were either upheld in full or in part for the complainant. Only 16% of complaints were not upheld, compared to 34% in the previous year. However 45% of complaints have no outcome recorded against them, compared to just 10% in the previous year.

Outcome of Complaints	2009/10	Qrt 1	Qrt 2	Qrt 3	Qrt 4	2010/11
Complaints upheld in full	47 (22%)	4	3	5	0	12 (5%)
Complaints upheld in part	73 (34%)	21	31	12	7	71 (32%)
Complaints not upheld	73 (34%)	5	19	9	1	34 (16%)
Outcome unknown	20 (10%)	8	24	47	23	102 (45%)

Only 58% of complaints had a resolution recorded. Of those complaints with a recorded resolution, 49% resulted in an apology and/or explanation (compared to 71% in the previous year) and the remaining 9% resulted in new decisions or a review/change of care plans. However, missing data does present an issue in analysing how complaints have been resolved.

Resolution of Complaints	2009 / 10	Qrt 1	Qrt 2	Qrt 3	Qrt 4	2010/11
Explanation	112 (53%)	22	37	19	9	87 (39%)
Apology	37 (18%)	9	7	5	0	21 (10%)
Re-Assessment	14 (6%)	0	0	0	0	0 (0%)
New Decision	14 (6%)	4	5	0	0	9 (4%)
New Case Worker	6 (3%)	0	1	1	0	2 (1%)
Change of care plan	1 (0.5%)	1	0	1	0	2 (1%)
Case review	1 (0.5%)	1	1	1	0	3 (2%)
Complaint withdrawn	2 (1%)	0	0	0	0	0 (0%)
Meeting	2 (1%)	0	1	0	0	1 (1%)
Unknown	23 (11%)	1	25	46	22	94 (42%)
<b>Total</b>	<b>213</b>	<b>38</b>	<b>77</b>	<b>73</b>	<b>31</b>	<b>219</b>

Furthermore, only 41% of resolved complaints had corrective actions recorded against them. Analysis of the limited information recorded on corrective actions indicates that the majority resulted in a financial re-imburement (17%), a re-assessment (5%), or a review of practice (2%). In addition a further 1% resulted in compensation payments for service failures. The remaining 16% had no corrective actions taken as these complaints were not upheld and resolved with an explanation.

**Learning Points:** *Poor data quality on the outcome, resolution and corrective actions represents a missed opportunity to learn from complaints. Priority must be given to ensuring teams provide a full set of data on all complaints. Whilst the current complaints handling function places a heavy reliance on procedures and processes ASC must ensure it does not underplay the essential customer service element of dealing with complaints. The importance of the 'personal service' with activities as basic as picking up the phone and listening and*



*communicating directly with complainants cannot be overstated in terms of an effective tool to resolve complaints at the earliest possible opportunity. It is essential to fully support staff through appropriate training to develop competencies and confidence in dealing and resolving complaints effectively.*

## Cost of Complaints

The financial costs of complaints in terms of compensation payments and spend on independent investigators / advocates has decreased. However, the cost of the 1 complaint during 2010/11, which has involved an independent investigator, has been excluded as this complaint is on-going and therefore final costs are not yet known.

The cost of complaints reported below excludes any provision for staffing costs in terms of the time taken to investigate and review complaints, emotional costs for complainants and ASC reputational costs relating to complaints as this cannot be easily quantified, but nevertheless represent management implications.

Cost of Complaints	2009/10	Qrt 1	Qrt 2	Qrt 3	Qrt 4	2010/11
Compensation paid as a result of service failure	Unknown	£500	£1,500	£0	£900	£2,900
Number of individuals awarded compensation above	Unknown	1	1	0	2	4
External spend on complaints (cost of independent investigators /advocates)	£7,076.24	£0	£0	£0	£tba*	£tba*

\* One complaint has resulted in an independent investigation, which is on going as at 31.3.11 therefore costs are not yet available.

**Learning Point:** *Need to ensure that appropriate budget codes are set up and used to ensure that ALL related spend on complaints is easily identifiable.*

## Complainant Profiles

Type of Complainant	2009/10	2010/11
Service user	31	14
Carer (on their own account)	57	37
Advocate	2	6
Legal Representative	4	1
Member of Parliament	0	2
Other (including Family Members)	132	187

Of the 247 complaints received during the year, the main service user profile is that of an older person, aged 75+ who class themselves as White British. In line with last years result, complaints relating to people with learning difficulties and physical/sensory difficulties make up the next largest client groups. However, complaints relating to people with physical / sensory difficulties have increased by 27% this year.

The majority of people making complaints are family members on behalf of service users (up 42% on last year), whilst the number of actual service users and carers making complaints (on their own account) has fallen by 58%.

Complainant Profile – Ethnicity	2010/11
White British	168
White Other	4
Mixed White & Black Caribbean	2
Mixed Other	3
Black / Black British African	1
Asian Indian / Bangladeshi	0

Asian Other	2
Not known / not stated	67
<b>TOTAL</b>	<b>247</b>

<b>Complainants Profile – Client Group</b>	<b>2009 /10</b>	<b>2010/11</b>
Carer	0	2
Learning Difficulty	57	54
Physical / Sensory Difficulty	51	65
Mental Health, including drugs & substance	5	4
Older Person	113	114
Unknown	0	8
<b>TOTAL</b>	<b>226</b>	<b>247</b>

**Learning Points:** *Given the significant changes in the type of person making complaints, ASC should ensure that service users are fully aware on how to complain and that the process is made as simple, open and transparent as possible. Given the identification of the ‘typical service user’ at the centre of complaints, it is essential that the complaints process is fully accessible to these groups and the process and associated forms reflect the needs of these groups.*

## **Feedback Survey**

The existing Feedback Survey programme for ASC ceased in June 2010, therefore there is no annual update available. This programme sought to engage with recent complainants on the quality of the complaints handling process.

**Learning points:** *It is essential that the feedback survey be reviewed to ensure it is fit for purpose given recent organisational changes and implemented as a matter of priority to capture essential learning from the complainants’ perspective. This programme can assist ASC in building its holistic quality assurance picture using complaints, concerns, safeguarding, compliments and feedback sources.*

## KEY DEVELOPMENTS

The identification of learning points have been used to underpin and prioritise the key developments implemented since the transfer of the complaints handling function back to ASC on the 1 January 2011. These developments support the two identified priorities to:-

1. Ensure response to complaints are within agreed timescales; and
2. Focus holistically on the quality of the complaints process as a key principle of a 'learning organisation' approach.

Key developments to support these priorities have been: -

- The temporary staffing resources to support the transfer of the complaints handling function back to ASC have implemented an active and timely management approach to complaints handling.
- Development of new procedures and recording tools to support staff and Commissioners to manage and deal with complaints. Tools have been developed to support the shift towards focusing on ensuring ASC can continuously learn from complaints.
- New performance reporting and monitoring tools have been developed to support the revised complaints handling process to ensure maximised performance and learning from complaints to ensure service quality. Monthly reporting systems have been set up to ensure timely monitoring of ASC complaints handling performance, enabling timely corrective actions to be implemented if required.

In addition a number of future strategic developments have been identified as key to further driving up performance in this key quality assurance function in light of the learning points identified from complaints during the year: -

- Development of an information and communications strategy and supporting material to ensure both staff and complainants feel supported and confident with the complaint handling process;
- Establish links with the Council training programme to ensure opportunities are available for staff to ensure they are supported to be fully competent in dealing effectively and efficiently with complaints, with a particular emphasis on developing a customer services culture;

- Developments to ensure the complaints / concerns handling process is fully accessible to all who wish to raise an issue and that complainants feel supported in making their issues heard;
- Develop a reporting framework to ensure management is furnished with a holistic balanced picture on what the service is doing well and what is not being done well.

## RISKS

A number of risks to the maintenance of current performance and the achievement of the development objectives include:

- Bedding down of new processes, organisation and ways of working could take longer than anticipated and deflects area and team management from spending time on customer service issues, potentially leading to increased complaints.
- New operational teams are being established and part of this process will entail cases being transferred to new key workers which may have the potential to increase the number of complaints at this time of change.

## COMPLIMENTS

The number of compliments received in 2010/11 was 446. This represents a slight decrease from 468 in 2009/10 and is likely to be due in part to the new recording arrangements. These new arrangements have meant that teams may have recorded fewer compliments than they received, especially as many compliments are received verbally. However, almost all the compliments relate to excellent staff attitudes / behaviour.

Compliments by Service	2009/10	Personal Care & Support	Service Delivery	Other Service Areas	2010/11
Volume of compliments	468	277	160	9	446

Compliments by type	2009/10	Personal Care & Support	Service Delivery	Other Service Areas	2010/11
Staff attitude & behaviour	418	277	160	9	445
Service quality	47	0	0	0	0
Other	3	0	0	1	1

A review of the compliments procedure, form and database has been undertaken in parallel with the review of the complaints process as an essential strand of intelligence gathering on the quality of service provision from ASC.

## Contact details

**For further details on complaints or compliments, please contact:**

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