



**Hertfordshire County Council**

**Annual Compliments and**

**Complaints Report**

**Adult Care Services (ACS)**

**1 April 2022 – 31 March 2023**



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## 1. Purpose & Summary of Report

- 1.1 To report on the themes and learning, and numerical data from complaints received in Adult Care Services (ACS), between 1 April 2022 and 31 March 2023.
- 1.2 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.
- 1.3 This report provides analysis and commentary for ACS on all complaints managed under the Adult Care Services Statutory Complaints Procedure.
- 1.4 Enquiries 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 do not feature in this report.
- 1.5 Adult Care Services teams retain overall responsibility for processing their complaints and implementing any service improvements, with assistance from the ACS complaints manager on complex cases.

## 2. Background

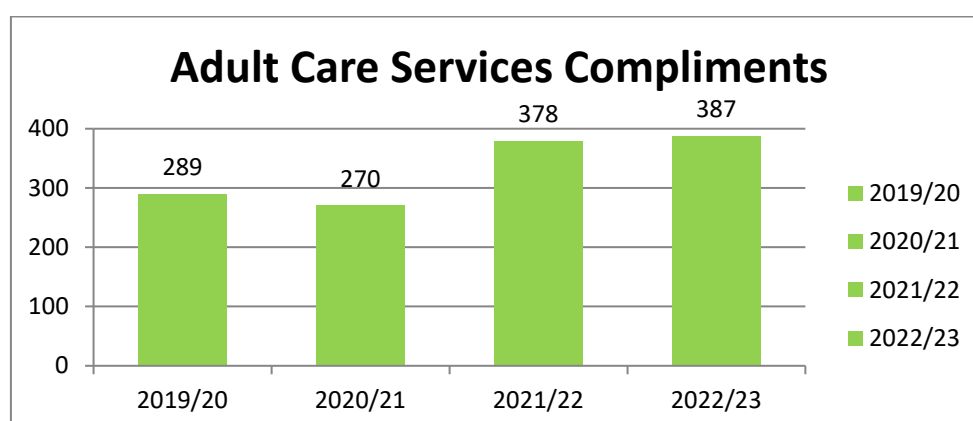
- 2.1 Statutory social services complaints are defined as expressions of dissatisfaction about social care staff or social services policies and procedures. The current complaints regulations were introduced in April 2009. The regulation places a duty on both the Council and NHS partners to co-ordinate and provide a single joint response to the complainant if their complaint involves both organisations.
- 2.2 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.
- 2.3 There is a statutory 12-month time limit on making a complaint to the Local Authority. Discretion may be exercised, on a case-by-case basis, to consider a complaint made outside of this time limit, but this is not guaranteed.
- 2.4 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-funders receiving care about independent care providers.
- 2.5 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. Key data

	2019/20	2020/21	2021/22	2022/23
Total of compliments	289	270	378	<b>387</b> 
Total of representations	351	254	310	<b>362</b> 
Formal complaints	311	207	264	<b>313</b> 
Informal complaints	35	47	40	<b>49</b> 
Senior Management Reviews (SMRs)	5	6	19	<b>21</b> 
Local Government and Social Care Ombudsman (LGSCO)	22	18	19	<b>13</b> 

### 4. Compliments

- 4.1 Individuals receiving services 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.



- 4.2 A total of **387** compliments were received in respect of Adult Care Services, showing a slight increase of 2% in relation to the previous year, and a significant increase compared to the pre-pandemic full year of 2019/20. Managers/staff are encouraged to record the compliments they receive to share good practice and support service improvement.

4.3 Most compliments were praise for workers and services and how their actions had improved outcomes and prospects for the people receiving care services.

## 5. Complaints

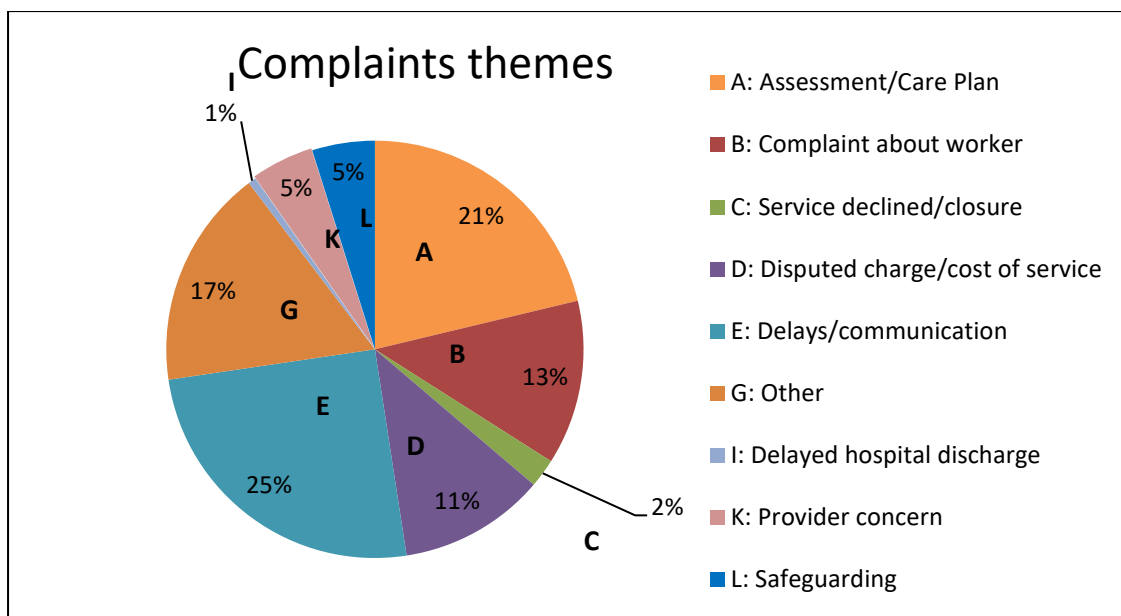
5.1 From the **362** representations received, **313** were formal complaints, **49** were dealt with informally. **6** of the formal complaints received were refused (due to lack of consent from the person receiving services to complain on their behalf / events that happened over a year before being complained)

5.2 The total of 362 represents only 0.7% of customers dissatisfaction, based on 54,292 referrals and requests received by Adult Care Services.

### 5.3 Complaint Themes:

5.4 The main themes identified through the complaints process were:

- Delays/ Communication
- Complaints about workers
- Matters relating to care and financial assessments.
- Disputed charges/care costs



### 5.5 Formal complaints:

5.6 **313** formal complaints were processed for Adult Care Services, similar to the number received in 2019/20 (311).

- 5.7 Communication is the one single issue that leads to most complaints. This includes failures to keep in touch within reasonable timescales, letters and other correspondence not including all the necessary information and workers providing incorrect or incomplete information.
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### **Learning from complaints about communication:**

Issue: People complained that telephone calls were not returned due to staff absence.

Action: All messages now go to a team work tray for a response rather than just to the practitioners own work tray.

Issue: People complained there was a lack of information regarding timescales for home adaptation requests.

Action: Additional information about the waiting list system is added to the initial letter sent to people accessing our services

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- 5.8 Complaints relating to finances have increased – 38 compared to 16 in the previous year, although not as high as 2019/20 (62) The cost-of-living crisis and the affordability of care charges are a significant factor.
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### **Learning from complaints about assessments:**

A complaint was upheld that related to a financial assessment, an inadequate Direct Payments to fund agreed outcomes and poor communication. Following a correction in the Direct Payment and an apology, the complainant is now involved in a co-produced improvement and transformation project within the Finance Department reviewing all financial paperwork. Other improvements were also implemented, including an increase in business support and the development and promotion of new Practice guidance clarifying the legal position when calculating the Personal Budget and Direct Payment

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- 5.9 Other significant theme relates to complaints related to hospital discharges and delays to receiving care; both delaying discharge and for people living in the community. For the period 2022/23 the pandemic continued to impact on capacity within the care sector. Home care capacity has increased since 2022/23, with consequent reductions in the delays people experience in receiving home care.

## **6. Learning from complaints**

- 6.1 Monthly, quarterly and 6 monthly reports are produced in addition to the annual report to look at trends and identify learning. These reports are discussed and presented to senior board, who then share with their teams

and managers to ensure learning from complaints is embedded and added into practice development.

- 6.2 The Complaints Manager liaises with the Practice Governance and Practice Development to discuss trends in complaints so that training can be identified to meet the needs highlighted through complaints.
- 6.3 Complex cases and learning points are discussed with Service Managers and Heads of Service during monthly complaints review meetings and further actions agreed to ensure learning has been implemented.

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**Learning from complaints about assessments – How one service manages complaints.**

A nominated senior manager in the service takes lead responsibility for complaints and works closely with the business support officer (BSO) who is tasked to check complaints on a daily basis. The BSO is the point of contact with the ACS Complaints Teams, the Directors Office and health partners for joint complaints. The BSO records all the complaints on the tracker and progress chasing the response. Efforts are made to have conversations with the complainant to better understand the issues. Senior Management oversight ensures proactive and timely support to the responding manager if required. This includes monitoring the complaints and the complaint response as well as embedding the learning. The senior manager tracks all the learning themes and discuss with the management team to ensure appropriate actions have been taken with individual workers, the teams and service wide. In this way the learning is more effective and sustainable. Actions related to evidence the learning is recorded on the Service internal tracker.

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- 6.4 The learning points identified below have been addressed by services management during team meetings. These were also part of the complaints training delivered by the Complaints Manager across ACS, covering the complaints process and good practice in complaints handling.

<u>Complaint Theme:</u> Communication/Delays/Worker conduct	<u>Actions:</u>
Insufficient or lack of recording/updating information on individuals' files:	The importance of recording has been addressed during training and supervision meetings. Additionally, work is in place to

	develop an internal policy for record keeping.
Lack of clarity when refusing to share confidential information:	Training and guidance provided to managers/workers to ensure the reason for refusal is communicated in a more clear and empathetic way.
Conflicting information provided by services regarding processes and timescales:	Checklists and flowcharts developed to standardise information, improve communication between teams and reduce delays in service delivery. Information on Intranet being updated for clear guidance.
Meetings handling	Guideline implemented for workers mediating discussions between family members to ensure that all parts are aware and reassured about workers' impartiality.
Delays/lack of communication regarding safeguarding investigation process	A factsheet has been produced to explain/manage expectations about the process and timescales. Officers will ensure full information is provided and families are regularly updated.
<u>Complaint Theme:</u> Assessments and care charges/funding	<u>Actions:</u>
Inaccuracies/errors and delays in completing financial assessments:	In depth training of staff on end-to end processes and time management in allocating cases
Lack of clarity causing disagreement with assessments outcomes:	Training on care charging policy for workers to pass clear information about funding. Workers to consider families' views and record agreed actions.
Confusion regarding cost from care providers commissioned by the Council:	Factsheets revised by Commissioning area for more clarity. Workers to ensure individuals receiving care and their families are provided with full information.
Care support following hospital discharge	Care needs being reassessed whilst awaiting resource for care package to ensure any care needs changes are considered ahead of discharge. Mandatory Mental Capacity training to teams involved with discharge. Practice session in place around risk assessments when complex needs are identified.

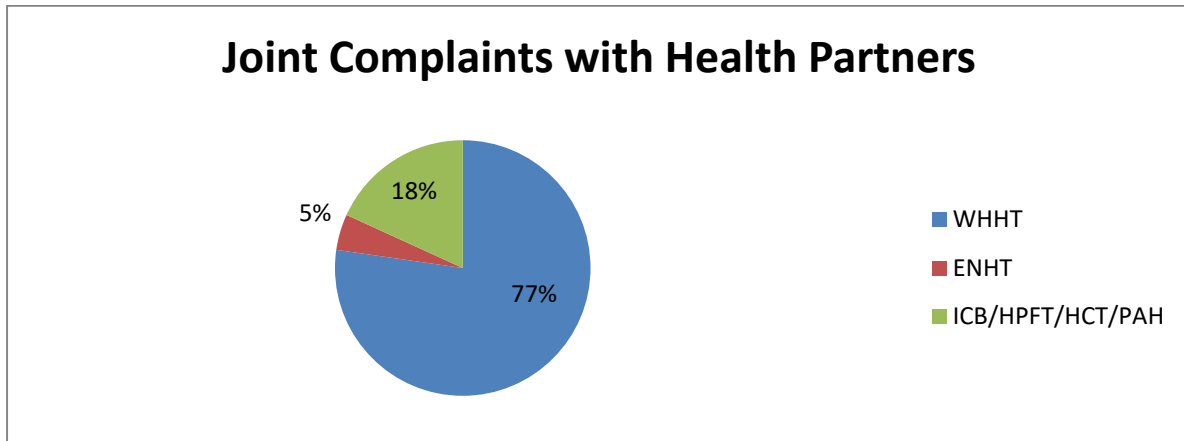


Invoices dispute due to lack of clarity during care assessments

Frontline workers training to provide clear information about funding. Work in place to improve information systems between care and finance teams.

## 6.5 Joint Complaints with Health Partners

6.6 **22** complaints were dealt with as joint with Health Partners, under the Hertfordshire Joint Protocol – 16% increase compared with the previous year, when 19 joint complaints were processed.



Key:

WHHT: West Herts Hospitals NHS Trust

ENHT: East & North Herts NHS Trust

ICB: Hertfordshire and West Essex Integrated Care Board

HPFT: Hertfordshire Partnership University NHS Foundation Trust

HCT: Herts Community NHS Trust

PAH: The Princess Alexander Hospital

6.7 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
- Poor or delayed communications
- Issues relating to charging for services post health interventions.

6.8 The Complaints Manager is directly involved in all joint complaints, monitoring progress/deadlines, and liaising with health partners for complex cases.

## 7. Senior Management Reviews (SMRs)

7.1 SMR is a further review that applies in circumstances where initial responses may not have addressed all the issues raised and/or were

challenged by complainants. This helps to resolve complaints as swiftly as possible.

7.2 **21** (19) Complaints were escalated on to a Senior Manager for review. **8** were not upheld, **4** were partially upheld, **4** upheld, **1** was withdrawn and **4** waiting outcomes. Care costs, hospital discharge process and communication issues were the main themes of these reviews.

7.3 Figures continue to increase for complainants requesting a review of complaints outcomes. Care costs, hospital discharge process and communication issues were the main themes of these reviews.

## 8. Local Government and Social Care Ombudsman (LGSCO)

8.1 **13** complaints were received from the Ombudsman: a decrease of 46% compared with last year, when **19** complaints were received.

<b>LGSCO</b>	2019/20	2020/21	2021/22	<b>2022/23</b>
New enquiries/investigations	22	18	19	<b>13</b>
Financial remedies paid	£4,606	£2,370	£13,525	<b>£2,150</b>

8.2 A lower number of complaints were received from the LGSCO. From the total of **13**, the Ombudsman decided not to investigate **7** complaints (premature, out of jurisdiction or out of time). **4** were upheld or partially upheld and **2** were waiting for further communication from the Ombudsman when this report was completed.

8.3 The complaints received were relating to communication issues, charges/cost of service, delays in assessments, safeguarding and hospital discharge processes, and quality of services from care providers.

8.4 Additionally, **7** decisions were received regarding complaints from previous years. 1 was not upheld, 1 was not investigated and 5 were upheld or partially upheld.

8.5 The cases that had faults identified, including the decisions regarding complaints from previous years, necessitated a financial remedy in recognition of distress, time and trouble or injustice. These cases saw a total of **£2,150** being awarded, a significant decrease when compared with the total of £ 13,525 from last year.

- 8.6 The lower number in complaints escalated to the LGSCO as well as in financial remedies paid indicate a more effective approach by the services in resolving complaints and/or providing satisfactory remedy before reaching the LGSCO.
- 8.7 Action plans are monitored by the Complaints Manager and implemented on all LGSCO complaints. This is to ensure recommendations are completed in time and learning is followed through with evidence.

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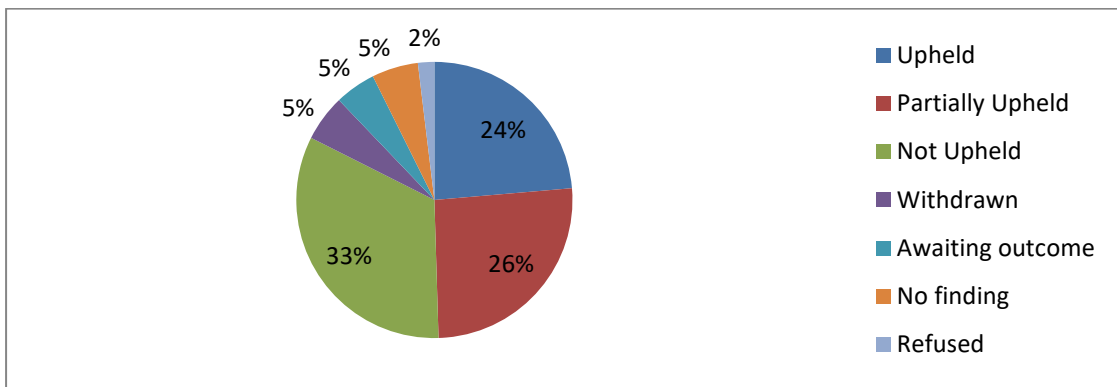
### **Learning from LGSCO investigation.**

An LGSCO investigation found fault with HCC with respect to the application of the Mental Capacity Act (MCA). A practitioner completed a best interest decision when there was a person with a valid and applicable lasting power of attorney (LPA). This decision was presented to Practice Governance Board to discuss and agree the learning to cascade to colleagues. The Principal Social Worker shared a practice note across ACS and the practitioner's manager was tasked to ensure the practitioner is aware of the correct legal position. Changes had already been made to ACSIS, the recording system, to ensure clear recording of LPAs. Policies were reviewed and updated. This area of practice is included in the ongoing practice audits.

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## **9. Formal complaints outcomes**

- 9.1 One third of complaints are not upheld, whilst 50% are upheld or partially upheld.



## 10. Roles and responsibilities of the Complaints Team

- 10.1 The Complaints Team works with services and teams in Adult Care Services to ensure complaints are handled appropriately with a focus on delivering person centred outcomes in a timely manner.
- 10.2 The Complaints Team meets with Heads of Service monthly to offer support with managing complaints and identifying the learning.
- 10.3 The Complaints Team highlight key trends that emerge each year and any recommendations that would improve how department operates.
- 10.4 The Complaints Team meets quarterly with The Director of Practice and Quality, Principal Social Worker and Head of Practice and Assurance and going forward will meet monthly with the Practice Quality Team. In this way learning from complaints will contribute to practice development and improvement activities consistently across ACS to ensure clear actions on learning from complaints.
- 10.5 Adult Care Services teams retain overall responsibility for processing their complaints and implementing any service improvements, with assistance from the ACS complaints manager on complex cases.
- 10.6 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.

- 10.7 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.
- 10.8 The Complaints Team liaises regularly with:
- Complainants
  - Advocates
  - Operational Service Managers
  - Health Partners for Joint Complaints
  - The Council's Legal Department
  - Practice Governance for complaints learning dissemination.
  - Practice Development for training planning
  - Local Government and Social Care Ombudsman (LGSCO)

## **11. Developments in 2022/23**

- 11.1 Quarterly Complaints Forum with Health Partners was reinstated. Herts Joint protocol was discussed and updated.
- 11.2 Complaints process training was provided to ACS officers working with complaints. This included how to effectively manage and respond to complaints as well as to identify/implement learning from complaints.
- 11.3 An intranet page for complaints was completed to provide guidance for best practice in complaints handling.
- 11.4 Quarterly meetings with Regional Complaints managers were reinstated for benchmarking in complaints.
- 11.5 Works commenced to develop an E-learning training as a mandatory introduction to complaints for all officers across ACS.
- 11.6 Monthly, six-monthly, and annual complaints reports were produced and presented to senior management board.
- 11.7 Complaints informative materials were revised for more clarity on processes.
- 11.8 Quarterly meetings with complaints officers of each service were reinstated to improve communication between teams and facilitate the process of complaints involving more than one service.
- 11.9 Monthly complaints review meetings took place across Adult Care Services, where the complaints manager discussed cases with relevant officers to identify trends and learning from complaints.

11.10 Quarterly meetings with Practice Quality and Governance took place to discuss recurring trends and disseminate learning from Complaints.

## 12. Developments for 2023-24

12.1 To development reporting to including understanding better who is complaints by diversity and to identify Carers.

12.2 Continue to promote alternative dispute resolution, notably to complainants seeking escalation.

12.3 Deliver specific training for letter writing, aiming to provide more clear and robust responses to complaints.









12.4 Continue to deliver complaints handling training across ACS.


12.5 Review ACS complaints database and reports system requirements to improve recording/quality of data.

12.6 Complete and implement the E-learning mandatory complaints training for all ACS officers.

12.7 The Complaints Manager will continue to work closely with Practice & Development to discuss recurring trends and staff training needs.

## 13. Data

	2019/20	2020/21	2021/22	2022/23	
Total of compliments	289	270	378	<b>387</b>	
Total of representations	351	254	310	<b>362</b>	
Formal complaints	311	207	264	<b>313</b>	
Informal complaints	35	47	40	<b>49</b>	
Formal complaints findings:					
Upheld	20%	17%	28%	<b>24%</b>	
Partially Upheld	19%	18%	20%	<b>26%</b>	
Not Upheld	51%	45%	36%	<b>33%</b>	
	10%	20%	16%	<b>17%</b>	

Other (withdrawn, no finding, refused)				
Senior Management Reviews (SMRs)	5	6	19	<b>21</b> 
Local Government and Social Care Ombudsman (LGSCO)	22	18	19	<b>13</b> 