

REPORT TITLE	<i>Local Government Ombudsman Report (March 2019)</i>
REPORT OF	<i>Graham Hodgkinson, Director of Care and Health</i>

REPORT SUMMARY

The Local Government Ombudsman (LGO) has investigated a complaint about the Council and found the Council at fault. It has made a number of recommendations that have been accepted in full. The Ombudsman has made the decision that the report would be published. The recommendations include that arrangements should be made for the report to be considered at full Council, Cabinet or another Committee with delegated authority. This report seeks to set out the action that has been taken, or will be taken, to avoid similar faults in future and to meet the recommendations of the report in full which have been accepted. The findings and recommendations were specific to the case that was investigated.

This report relates to two of the Wirral Plan pledges: older people live well, and people with disabilities live independently.

The decision is not a key decision. The findings do relate to all wards as some responses to the Ombudsman's recommendations will apply to all wards.

The report refers to Mr X as the son of the former service user, and for ease of reference the same approach has been taken in this report.

RECOMMENDATION/S

Members are asked to note the report and actions that have been or will be taken, in response to the Local Government Ombudsman's recommendations.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 Each case which comes to the Ombudsman takes account of the individual needs and circumstances of the person complaining when recommendations are made to remedy injustice caused by fault.
- 1.2 The Ombudsman has no legal power to force councils to follow recommendations, but they almost always do. Some of the things a council may be asked to do include issuing an apology, paying a financial remedy or improving its procedures so similar problems don't happen again. Most organisations agree to the LGO's recommendations. However if they do not, the LGO can issue a further report explaining how the organisation has not complied with its recommendations.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 The Ombudsman's recommendations have already been accepted in full.

3.0 BACKGROUND INFORMATION

- 3.1 Mr Y had health conditions and disabilities which caused him significant difficulty with mobility and completing daily living tasks. He lived on the ground floor of his home because he was not able to safely use the first floor. His son, Mr Z, lived on the first floor with his partner. They helped Mr Y with household tasks, although they found this difficult because of Mr Z's own health issues.
- 3.2 The Council arranged a package of care and support at home for Mr Y, for which he paid the full cost. The Council paid the care provider, and invoiced Mr Y. At the time of the events relating to the original complaint being made, the package consisted of four calls each day with two carers at each call as carers had to hoist Mr Y for all transfers. The support included help with personal care, meal preparation and medication.
- 3.3 His other son, Mr X, lived over 200 miles away and had a third-party mandate to access Mr Y's bank account.
- 3.4 Safeguarding issues were raised that firstly went unnoticed then, having been delayed for over one month, were not investigated adequately. The safeguarding enquiry was closed without being completed.
- 3.5 The Council's intention to focus on meeting needs rather than timed tasks is not an issue in itself; to some degree support should be flexible. However, the Council commissioned support based on the time it believed it should take to meet Mr Y's needs. With 59% of calls providing less than 75% of the time commissioned, it either commissioned far too much time, or the support fell far short of that planned. Whether Mr Y paid the full cost of his care, or a contribution, he should not pay for support he did not receive, and his care should have been reviewed when it was clear that the amount of time that was commissioned was not being provided.

- 3.6 The Council was also at fault in the way it dealt with Mr X's complaint. Had the Council dealt properly with Mr X's complaint, it should have picked up on these other problems sooner and acted to protect him.

4.0 Action taken which addresses the concerns from the LGO report

- 4.1 To remedy the injustice identified in their report the Ombudsman made a number of recommendations which the Council has taken steps to remedy or has plans to remedy.

1. Apologise to Mr X detailing the faults identified above and the action it has taken, or will take, to avoid similar faults in future.	This action has been completed.
2. Waive 50% of Mr Y's care fees to remedy the financial loss it caused.	There is a revised invoice being processed which will be sent to Mr X.
3. Pay Mr X £200 to remedy the frustration and stress it caused him.	This action has been completed.
4. Refer this case to the local safeguarding board for review.	This action has been completed.
5. Ensure all relevant complaints and assessment staff receive appropriate safeguarding training to ensure safeguarding issues are dealt with promptly and appropriately.	This action has been completed.
6. Review the complaint handling in this case and develop an action plan to ensure that there is an improved service in future.	This action has been completed.

- 4.2 In 2018 the Council ensured Social Work staff undertook a 2 day Safeguarding Training programme presented by an Independent Lecturer from the University.
- 4.3 The Council has worked with the Trust to be part of a national pilot of the Making Safeguarding Personal outcome questions. These support the development of safeguarding practice locally that is person centred.
- 4.4 The Council has since significantly improved the way domiciliary care is managed and kept under review, to accommodate changes in circumstances and ensure care packages meet people's needs as they change over time. These steps support how the Council avoids similar faults in future. The level of care commissioned is appropriate to the needs of each individual who receives this care.
- 4.5 The Council's aim is to ensure each of those who receive domiciliary care have their needs fully met by a care package which works flexibly to meet their specific needs,

and that if there are complaints these are dealt with quickly and fairly. The following sections outline the steps that have been taken to support these improvements.

Trusted Assessor Process

- 4.6 In order to improve the customer journey within domiciliary care, Wirral Health and Care Commissioning (WHCC) has worked closely with Wirral NHS Community Foundation Trust in developing and embedding a business process to allow trusted assessment and review of domiciliary care packages in the community in order to allow Domiciliary Care Providers ('the Provider') to be able to make adjustments to care packages in a very responsive and timely fashion.
- 4.7 This new system was piloted for 6 months from Jan 2017 and following a very successful review, a decision was made to roll it out to all Tier 1 and 2 Providers in Wirral.
- 4.8 Under the Trusted Assessor process, the Provider completes a review of the care package being provided; inclusive of risk assessment and will include any family or significant person reviews and a reminder re potential for changes to charging. The provider continues to keep the case under review over the lifetime of the package of care to ensure that services delivered continue to meet needs and also that people are able to live to their maximum independence level. Under the new care and support at home contract, providers must:
- supply a caring, compassionate workforce of staff that are skilled, have access to training and provide a timely responsive, proactive approach in supporting people and their families. (see training requirements below);
 - adapt a Trusted Assessor approach by working collaboratively with key partners to promote independence, reduce dependency and work collaboratively on streamlined business processes;
 - support early intervention and chronic condition management, preventing the escalation of conditions and individuals entering acute settings inappropriately and minimising the disruption and number of professional interventions in an individual's daily life. (Services are to be rooted in asset-based approaches, embedding different conversation and community connections into the support plan and the care delivered on a day to day basis);
 - ensure that care and support packages meet individual needs, focusing on personalised care and outcomes for individuals. (Their staff will value and respect the individual's home and their personal possessions, demonstrating empathy and sensitivity in the care and support that they provide, acting upon specific cultural or religious requirements requested by the individual and their family);
 - work with partners to develop and embed the innovative use of a wide range of technology to support, efficient and effective care and Support at home, particularly telehealth and telecare, and within the lifetime of the contract be considered as prescribers of equipment to ensure effective capacity and flow, and right time response for people as required;
 - work with all partners to ensure that support is scheduled so that care workers are not rushed; have the time to talk and meet Customers' needs and to ensure that they get to their next visit on; and

- have robust contingency plans in place to ensure the safe, reliable and effective delivery of Care and Support at Home to Wirral residents, where unexpected or unplanned events occur.

Staff Training/Induction

- 4.9 The Provider must ensure that, all staff employed after March 2015, achieve the Care Certificate (as defined by the Department of Health, Skills for Care England and the Care Quality Commission).
- 4.10 All Managers responsible for the service must receive an induction commensurate with Skills for Care's Management Induction Standards completed within the first 12 weeks of employment.
- 4.11 In order to demonstrate their compliance with Contractual obligations, the Provider must:
- submit a monthly Service Quality Performance Report, cover a whole range of Performance Management requirements; and
 - prepare for and attend quarterly monitoring meetings with the Council in order to discuss the information submitted in the Service Quality Performance Report.

The Council has increased the staffing resource available to the complaints team. The team have undertaken safeguarding training. The team have established robust procedures for monitoring its performance.

5.0 FINANCIAL IMPLICATIONS

- 5.1 The Council has agreed to pay £200 as a gesture of goodwill and would waive 50% of the care costs amounting to £13,700.

6.0 LEGAL IMPLICATIONS

- 6.1 The recommendations have no legal implications as the Ombudsman has not made findings or recommendations in relation to policy. Section 31 of the Local Government Act 1974 requires the report of the LGO to be considered by Cabinet or a delegated Committee of the Council.

7.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

- 7.1 The resource implications are financial largely.

8.0 RELEVANT RISKS

- 8.1 The risks are around a similar issue recurring and the mitigation is the action we are taking and proposing to take to prevent this.

9.0 ENGAGEMENT/CONSULTATION

9.1 There is none planned in relation to this report.

10.0 EQUALITY IMPLICATIONS

10.1 N/A.

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APPENDICES: LGO Report

BACKGROUND PAPERS

SUBJECT HISTORY (last 3 years)

Council Meeting	Date