



# **Adult Social Care Annual Complaints Report**

**April 2021 - March 2022**

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## **1. Executive Summary**

- 1.1 It is a statutory requirement to produce an Annual Report about complaints made by, or on behalf of people who receive support or services from Adult Social Care. This Annual Report also provides a mechanism by which the Council can monitor the quality and effectiveness of services.
- 1.2 This report provides an overview and analysis of all complaints received by the Council's Adult Social Care Complaints Team during the reporting period 1 April 2021 to 31 March 2022; including a summary of identified issues. Comparisons from the previous reporting period, i.e. from 1 April 2020 to 31 March 2021, have been included where available.
- 1.3 The report will be published on the Council's website, and made available to managers and staff, elected members, residents, and inspection bodies.
- 1.4 Under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, it is a statutory requirement to produce an Annual Report which provides information on the quantity of the complaints received and the performance of the complaint's response.
- 1.5 The regulations advise that each complaint will be acknowledged within 3 days and complainants will be informed of the expected timescale at the outset. In all cases complaints should be dealt with expediently however, some complaints of a more complex nature will require more time to investigate and resolve. The maximum amount of time allowed to deal with any complaint is six months. Investigations will be conducted in an impartial, reasonable and proportionate manner. Full regard will be taken of the desired outcomes of the complainant. Where mistakes have been made, we will acknowledge them, apologise, and seek to rectify the situation, by a prompt, appropriate and proportionate remedy.
- 1.6 Complaints should be managed effectively at all stages of the procedure by having clear and straightforward systems in place to capture them. Processes for making a complaint should be readily accessible to all people who use the service, and decisions taken as quickly as possible. Where fault is found, lessons learnt should be recorded and shared with the relevant service area. This will allow for any necessary improvements to be made. We also seek to use our intelligence to work with operational teams to reduce the level of dissatisfaction occurring.
- 1.7 In June 2017, the Council formally integrated some of its Adult Social Care assessment and support planning services with Wirral Community Health and Care NHS Foundation Trust (WCHC). This resulted in some Council staff like Social Workers and Care Navigators moving over to work for WCHC. In August 2018, the second phase of integration took place and the remaining Adult Social Care assessment and support planning services formally transferred to Cheshire and Wirral Partnership NHS Foundation Trust (CWP). Following both stages of integration, complainants now have the option to raise their complaint with either the Council or the relevant NHS Trust. These significant changes have had an impact on the level of complaints made to the Council in relation to Adult Social

Care.

1.8 The complaints shared directly with the relevant NHS Trusts are reported to the Council through contractual meetings and inform practice improvement in the same way, had they been received by the Council. There is a requirement for our Social Work colleagues in WCHC and CWP to produce Annual Reports detailing the numbers of complaints received and how they were managed. Copies of these reports are available by request directly from our NHS partners.

## **2. Background – Statutory Complaints Procedure**

2.1 A complaint is defined as any expression of dissatisfaction about the exercise of Adult Social Care functions that requires a response. Complaints that are made orally and can be resolved on the same working day may be excluded from the procedures; all other complaints are dealt with through the complaints policy.

2.2 Complaints must be made by an eligible person. An eligible person is either:

- i. a person who receives services or may be eligible to receive services
- ii. a person who is affected, or likely to be affected by the action, omission or decision of the Department, or;
- iii. a person with sufficient interest or consent acting on behalf of a person described in (i) & (ii).

2.3 A complaint must be made within 12 months of the event complained about or from the time the complainant became aware of the concern. This timeframe may be extended at the discretion of the Complaints Manager, if the complainant is able to demonstrate a good reason as to why the concerns have not been raised at an earlier stage.

2.4 Commissioned services are services provided by an external company or voluntary agency on behalf of the Council. Complaints about commissioned services can be made direct to the Council or to the Provider. Complaints made to the Provider can subsequently be referred to the Council for consideration if the complainant is not satisfied. If the Provider escalates a complaint through its internal complaints procedure, the complainant (if dissatisfied) can then forward their complaint direct to the Local Government and Social Care Ombudsman (LGSCO). It is relevant to note that the Council may have no knowledge of the complaint until contact from the LGSCO is received.

### **Stage One – Local Resolution Stage**

2.5 This stage provides the opportunity for managers and staff who have responsibility for the case to try and resolve issues of dissatisfaction at a local level, as early as possible. The Complaints Team provides support and guidance to both the complainant and the service manager, to help achieve early resolution. Where failings have been identified, the Team will work to ensure that matters are put right quickly with lessons learned captured, feeding this intelligence back into the relevant service areas to ensure improvements are made. The timescale for resolving these complaints is 25 working days. Dependent on the complexity of the complaint, the Complaints Team will arrange a meeting with the complainant and a senior officer to explore the concerns raised.

## **Local Government and Social Care Ombudsman (LGSCO) Stage**

- 2.6 If a complainant remains dissatisfied after receiving a formal response to their complaint, they can approach the Ombudsman. A complainant can access the LGSCO at any point; but the service normally provides the Council with the opportunity to process the complaint through the Council's Complaints Policy before dealing with the complaint.

### **3. How to make a complaint**

- 3.1 It is recognised that making a complaint can be a stressful experience. The Complaints Team seek to minimise this stress and wish to make it as easy as possible to make a complaint. The Team encourages any person who has a concern to first speak to a member of staff in the relevant service area. If the problem can be solved on the spot, there is no need for the issue to go through the formal complaints process. However, if the complaint cannot be dealt with immediately, or the person wishes to have a formal response, they can do so:

- By email - [dasscomplaints@wirral.gov.uk](mailto:dasscomplaints@wirral.gov.uk)
- By telephone – 0151 666 4810
- In person
- Via letter address to the: Complaints Resolution and Information Team (Adult Social Care), Wirral Council, PO Box 290, Brighton Street, Wallasey, Wirral, CH27 9FQ

Full details can be found at:

<http://www.wirral.gov.uk/about-council/complaints/complaints-about-adult-social-services>

### **4. Advocacy**

- 4.1 Advocacy, in its broader sense, is about empowering people to make sure that their rights are respected. It is also paramount that individual's views and wishes are fully considered and reflected in decision-making about their own lives. In general, where people who use our services or their carers wish to use an advocate, the Council has commissioned an organisation called Ncompass. This company provides free, confidential and independent advocacy to people who use care and community services in Wirral. Alternatively, people can contact a relevant disability or carers organisation for assistance; such as Age UK, Learning Disability Experience or Carers UK. The Complaints Team will advise complainants of the option of advocacy support. The Team can also make direct referrals for advocacy on cases which it is felt would benefit from such support (consent would be required).

## 5. Confidentiality

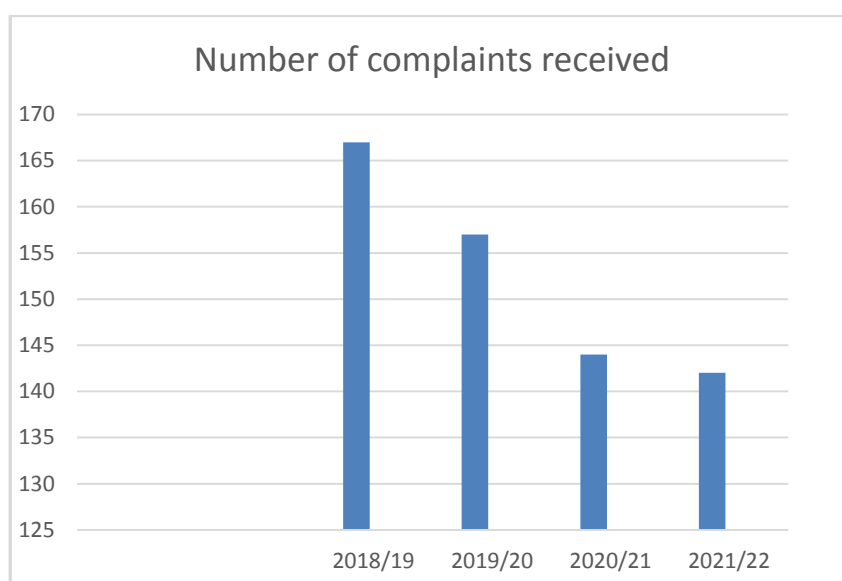
5.1 The Council recognises every complainant's right to confidentiality, requiring adherence to the following principles:

- Information given by the complainant must only be used for the purpose intended.
- Information should only be shared between agencies on a need-to-know basis.
- Information about the complaint and the complainant should be recorded only where it contributes to the resolution of the complaint.
- Information used for monitoring, review and analysis purposes should never be presented in a way that identifies individual complainants.
- Personal data is protected under the Data Protection Act 1998 and General Data Protection Regulations 2018, and individuals have a right to see the information the Council holds about them.

## 6. Complaints logged between April 2021 to March 22

6.1 Over the course of the year, the Team formally logged 142 complaints.

6.2 The total number of complaints registered in 2021/22 is roughly on par with the number logged in the previous year (144). The table below illustrates the number of complaints received over the last four years:

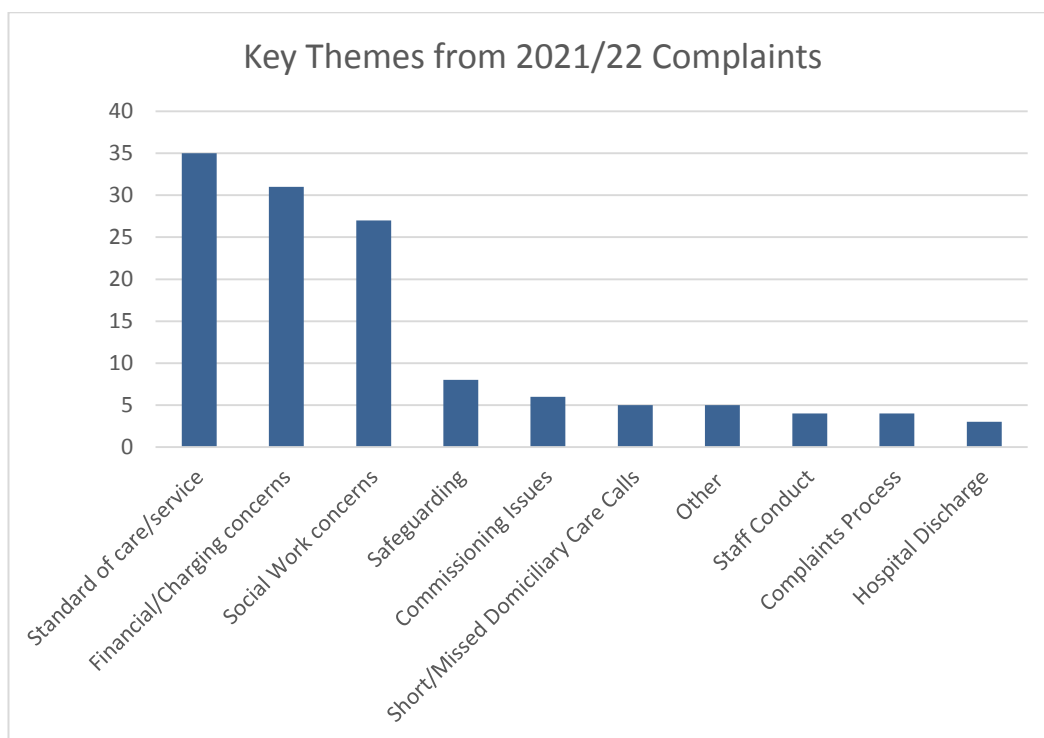


6.3 Of the above complaints, 78% were acknowledged within the first 3 days, which is the same percentage as the previous year.

6.4 Out of the 142 complaints logged, 14 were withdrawn at various stages of the complaints process. In some cases, the issues being complained about had resolved themselves and the complainants advised they were happy with the progress made. Some were withdrawn due to personal circumstances of the complainant (mainly poor health). Others were withdrawn for reasons unknown.

6.5 Each year the team receive a range of concerns and issues. During 2021/22 41% of complaints received were about commissioned services, including Care Homes, Domiciliary Care agencies, Supported Living providers and Assistive Technology.

6.6 A more detailed analysis of the issues complained about, illustrated in the table below identified the key themes which emerged during 2021/22:



6.7 As referenced in reports from previous years, complaints about financial concerns continue to be raised, as reflected in the graph above. However, during 2021/22 the Team identified an increase in complaints about the standard of care/support delivered by commissioned providers. In addition to this point, the level of complaints received about Social Work intervention also increased. To broaden out the types of complaints received, please see further information below on the top three key themes:

Standard of care/support – The key concerns included lack of support with medication, medication errors, fluid in-take/dehydration not well managed, poor living conditions, inconsistent care workers attending calls, care workers not trained in end of life care, staff not wearing PPE, care workers not assisting with personal care, lack of foot care and mouth care, lack of overnight support, allegations of verbal abuse, building work within a care home, insufficient activities being provided to residents and personal care not being maintained. This type of complaint can often lead to the complainant asking for the associated care charges to be waived.

Financial/Charging concerns - The key financial concerns included disputed invoices, misunderstanding of charging implications of receiving care, lack of clear information on the charging process and backdated charges/invoices.



Social Work concerns – There were several complaints about delays in both the care assessment process and also the review process. Concerns about poor communication were also raised, particularly in relation to family members not being consulted about key decisions.

- 6.8 Of the complaints received, 89% were resolved at the Local Resolution Stage by the Complaints Team and did not progress to the Local Government and Social Care Ombudsman. This is a similar position to the previous year.

Who are our complainants and how do they contact us?

- 6.9 The majority of complaints came from family members raising concerns about their loved ones (74%). We received 16% of complaints directly from people who receive care and support. As discussed in Section 4, Advocacy is available to assist individuals with making a complaint. During 2021/22 6% of complaint were received from Advocates, which is a reduction from the previous year. The remaining 4% of complaints were shared by concerned 3<sup>rd</sup> parties, friends/neighbours of the person, Solicitors and MP/Local Councillor's.
- 6.10 As to be expected, most complaints were shared via email (over 80%), the remainder of complaints were made over the telephone or via letter.

## **7. Responding to Complaints**

- 7.1 Timescales for responding to complaints are not statutorily prescribed, however they must be as short as reasonably possible to allow for effective consideration. Guidelines are in place to determine what a reasonable timeframe is in most circumstances. Our target is to respond to 70% of complaints within 25 working days and an expectation that all complaints receive a formal written response within 6 months.
- 7.2 The average time to investigate and issue a formal complaint response was 64 working days. This has increased slightly from the previous year when the average time was 62 working days. However, only 33% of complaints were closed within 25 days, which significantly falls below the expected target of 70%. In addition to this, 6% of complaints exceeded the 6-month timescale. This percentage has decreased from last year (13%) which is a positive sign, however this still falls below the target of 100%. Whilst every effort has been made to address complaints in a timely manner, investigations have been reliant on input from both Social Work colleagues and commissioned services who continued to work on the frontline during the pandemic.
- 7.3 In terms of the timescales, the Team are clear that the complexities of complaints does have a clear impact on timescales. For the most serious complaints, a formal investigation is undertaken by the Complaints Team, which involves an in-depth review of the case files and may also involve interviews taking place with the Social Work Team, Providers, Care Workers and other relevant colleagues. For complaints which require formal investigation, the timescale of 25 working days is mostly exceeded.

7.4 A comparison of performance over previous years is shown below:

Response information	Performance				Target
	2018/19	2019/20	2020/21	2021/22	
Average number of days to issue a formal complaint response	46	51	62	<b>64</b>	
Percent of complaints where a formal complaint response was issued within 25 working days	47%	53%	52%	<b>33%</b>	70%
Percentage of complaints closed within the statutory 6-month timescale	94%	94%	87%	<b>94%</b>	100%

7.5 Over the course of the year, 49% of complaints were either fully or partially upheld. For any complaints which were upheld in anyway, appropriate apologies were made, and relevant action taken (please see Section 11 below for further details).

## 8. Complaints about Commissioned Care Providers

8.1 As discussed earlier, 41% of complaints received were about commissioned packages of support. Complaints about commissioned services can be made to the Provider in the first instance. They may then be referred to the Complaints Team if the complainant is not satisfied with the response. Alternatively, complainants may wish to approach the Complaints Team in the first instance, which is also acceptable.

8.2 In such cases were the Council's Adult Social Care Complaints Team lead on the complaint, Providers will be expected to assist with the investigation. Dependent on the severity and scope of the concerns raised, Providers may be asked to:

- investigate the complaint and provide a detailed draft response to the complainant, which the Complaints Team will review to ensure it is appropriate and addresses the concerns raised.
- provide evidence to support the complaints process i.e. care plans, daily record sheets, weight management charts, call time logs etc.
- attend a meeting with the Complaints Team to discuss the complaint.
- attend a complaints interview during which a formal statement will be taken.

If the Council leads on the complaint, complainants will receive a formal written response to their concerns from the Council.

8.3 It is relevant to note that registered care providers are contractually obliged to inform the Council about complaints shared directly with them. Providers are expected to submit a Quarterly Report to the Council's Adult Social Care Commissioning and Contracts Team. The Quarterly Report includes the number of complaints received, the outcome reached, and also confirmation that the complaint was managed in line with the providers procedure. The Commissioning and

Contracts Team consider this information as part of ongoing contractual compliance checks.

8.4 The Care Quality Commission (CQC) also review complaints received by individual providers as part of ongoing inspections.

8.5 A review of provider complaints which were either upheld or partially upheld (15 in total), identified that:

- 47% (7) of the complaints were made against providers with a CQC rating of Good.
- 33% (5) of the complaints were made against providers with a CQC rating of Requires Improvement (RI).
- 20% (3) of the complaints were made against providers with a CQC rating of Inadequate.

## **9. Training and Development**

9.1 Training on complaint handling, customer care, data protection and General Data Protection Regulations (GDPR) can be accessed through the Council's Website. The Complaints Team is available to support and advise staff; to ensure that best practice is followed during complaint investigations and to provide targeted training with individual members of staff and managers on request.

## **10. Local Government and Social Care Ombudsman (LGSCO) Complaints**

10.1 The LGSCO investigated 15 complaints in the past year, of which 11 were upheld (78%). There was a noticeable fall in complaints received from the Ombudsman during 2021/22, from 20 cases the previous year.

10.2 There was a small decrease in the number of complaints being upheld by the Ombudsman from the previous year (12 cases down to 11).

10.3 No Public Reports were issued against Adult Social Care during 2021/22.

10.4 In terms of Remedy and Compliance Outcomes for 2021/22, the Council was 100% compliant with all recommendations noted by the Ombudsman.

## **11. Learning from Complaints**

11.1 Complaints are valuable to the service. As well as providing an efficient and effective way for users of public services to get their issues addressed, they also offer a chance to gain an accurate picture of the level and quality of service offered from the perspective of the user. They provide feedback on service delivery and provide a means for the user to have an input into the continuous improvement of the service.

11.2 The Complaints Team continue to work alongside the Council's Adult Social Care Professional Standards Team. Relevant actions arising from complaints are shared between the two teams and any learning is built into practice audits and instilled within both professional development and training moving forward. This link is pivotal to ensure we improve processes and use this intelligence as part of the learning process.

11.3 During 2021/22 the Team was able to record learning from complaints onto the new database. A total of 41 learning points were recorded across the year. A summary of the learning has been grouped into the three Key Themes arising from complaints (detailed in 6.6):

Key Themes	Learning	Actions taken	Areas of improvement/Impact
<b>Theme 1 - Standard of Care/Service</b>	Investigation of a Care Home identified staff did not preserve evidence as part of a safeguarding investigation (CCTV footage). There were also inconsistent accounts of events.	Home agreed to review its CCTV Policy. Briefing issued to all Care Homes about the importance of preserving evidence. 1:1's undertaken between Home Manager and individual staff about performance/recording keeping.	Improvements will be measured through future complaints. Social Work Teams to report any repeated incidents of this nature to Professional Standards.
	Investigations identified examples of poor record keeping in individual care files.	Provider improvements required including staff briefings, 1:1 discussion with staff about performance, issues regarding accuracy of recording conversations and key information, training, and amendments to Policy/Procedures.	Improvements will be measured through future complaints, contract compliance and routine PAMMS assessments.
	Ombudsman investigation of a Domiciliary Care provider identified risk assessment paperwork not completed properly.	Contracts Team to liaise with provider on improvements required.	Areas of improvement to be revisited as part of ongoing contract monitoring meetings.
	Investigation identified that a Care Home had not adhered to an agreed safeguarding action linked to regular checks on chair sensors.	Action for the Quality Improvement Team to undertake specific checks within Care Homes when carrying out future visits/assessments.	To be addressed as part of routine PAMMS assessments.
	Investigation of a Care Home identified a resident's hearing aids and other personal items had been misplaced for some time, impacting on dignity.	Provider briefed staff on duty of care, regular oral hygiene, and the need to escalate concerns. Provider apologised, replaced items and covered costs.	Individual's dignity maintained. Improvements will be measured through future complaints.
<b>Theme 2 - Financial/Charging Concerns</b>	Investigation identified that a formal complaint shared with the Personal Finance Unit about Adult Social Care had not been forwarded onto the Complaints Team. Complainant misadvised over several months to redirect concerns to the Social Work Team and the Provider.	Briefing Paper issued - Personal Finance Unit Officers briefed on the importance of referring concerns onto the Complaints Team in a timely manner.	The Revenue and Benefits Service has undergone a service review. Communication, roles and responsibilities and complaint functions have been reviewed. Improvements will be measured through future complaints.

	Investigation identified that some people who use our services had not been financially assessed properly	Individual requests made to Council's Personal Finance Unit for cases to be financially reassessed.	In some cases, the person receiving care/support has been reassessed resulting in their contribution being considerably lowered
	Ombudsman investigation found the need to review the Adult Social Care Charging Policy	Risk highlighted, external legal review of financial policies and procedures undertaken, and work commenced on reviewing/updating current policy	Revised policies drafted to strengthen current policy which allows for a clear and transparent approach to charging.
<b>Theme 3 - Social Work Concerns</b>	Investigation found the Social Work Team had retrospectively amended commissioned care hours on an individual's account (it had been entered incorrectly two years earlier). This amendment generated a large invoice for backdated care charges.	Briefing Paper issued to emphasise the importance of accurate recording on the social care system. Concern also discussed with worker in 1:1.	Improvements will be measured through future complaints. Individual performance to be managed via Supervision.
	Complaints about the safeguarding process identified areas for improvement, including:  <ul style="list-style-type: none"> <li>- If timescales are exceeded, the referrer should be notified and kept updated</li> <li>- Should there be a change of allocated worker, this must be communicated</li> <li>- The outcome of the safeguarding investigation must be shared</li> <li>- When communicating the outcome, consideration should be applied as to the most effective form of communication i.e. telephone, in written form, a face to face meeting</li> <li>- Agreed actions from safeguarding investigations not always revisited to ensure completion</li> </ul>	Briefing Paper issued to Social Work Teams in the Trusts, findings also shared with Professional Standards.	Improvements will be measured through future complaints. Learning to be built into the next round of safeguarding practice audits.
	Investigations identified that the Social Work Team did not always record clear discussions about the cost of care packages. This has led to some care charges being waived.	Briefing Paper issued to Social Work Teams in the Trusts. A Charging Booklet and Declaration Form should be issued in all cases. Social Work Team Manager to hold discussions with social care staff about practice errors.	The Complaints Team have seen some improvements in record keeping. Improvements will be measured through future complaints. Individual performance to be managed via Supervision.

11.4 As outlined above, learning from complaints is a shared responsibility which sits with various Teams and colleagues across the Directorate and also with the commissioned providers. The Complaints Team is reliant on the relevant Teams/Providers being committed to learning from complaints, to ensure service improvements continue to be made and learning is embedded in practice.

Jen Millward

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January 2023