



# **Adult Social Care Annual Complaints Report**

**April 2022 - March 2023**

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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 2022 to 31 March 2023, including a summary of identified issues. Comparisons from the previous reporting period, i.e., from 1 April 2021 to 31 March 2022, 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. As members are aware the Section 75 Agreement with WCHC came to an end in July 2023, the impact of the change will be reported in the next Annual Complaints Report.

- 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

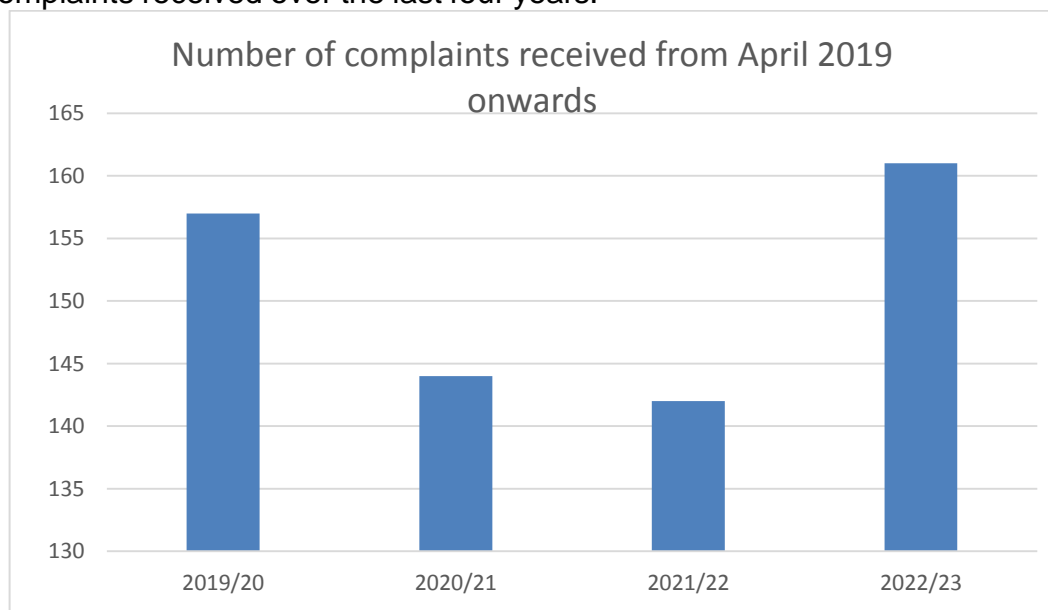
5.1 The Council recognises every complainant's right to confidentiality, requiring adherence to the following principles:

- 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 2022 to March 23

6.1 Over the course of the year, the team formally logged 161 complaints.

6.2 The total number of complaints registered in 2022/23 has risen by 13% from the number logged in the previous year (142). The table below illustrates the number of complaints received over the last four years:



6.3 98% of the complaints received in 22/23 were acknowledged within the first 3 days, which is an improvement on the previous year when only 78% of complaints were acknowledged within this timescale.

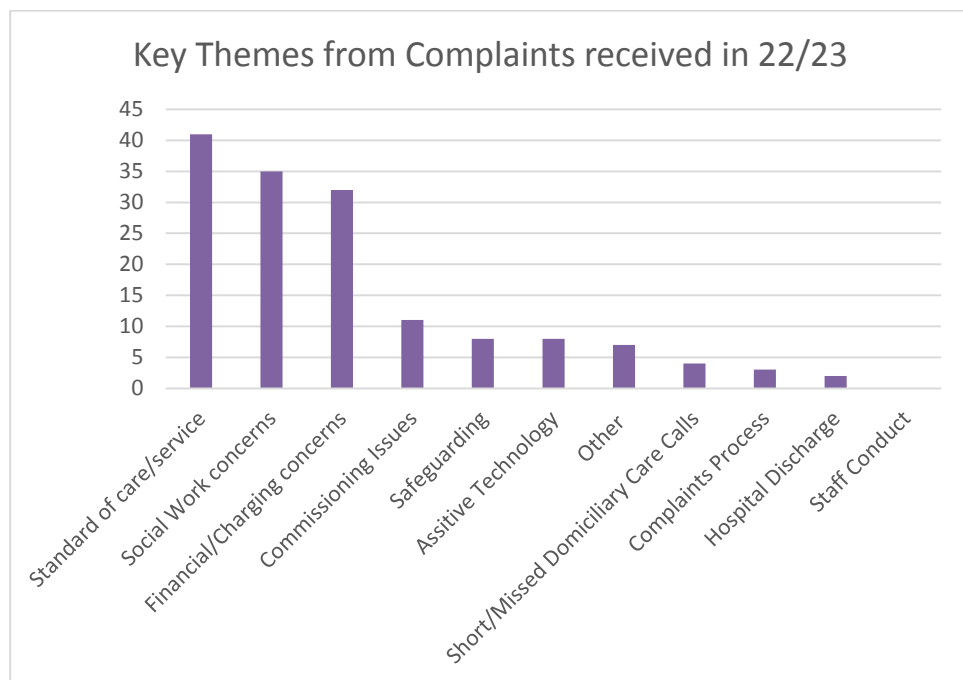
6.4 Out of the 161 complaints logged, 10 were withdrawn at various stages of the complaints process. Out of the 10 withdrawn complaints:

- 3 complaints were closed following the complaint being referred to Safeguarding

- 2 complaints seen an improvement/resolution to the situation being complained about
- 1 case was referred onto the Council’s Legal Team
- 4 complaints were withdrawn for unknown reasons

6.5 Each year the team receive complaints about a range of concerns and issues. During 2022/23, 40% 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, identified key themes which emerged during 2022/23:



6.7 As referenced in reports from previous years, complaints about the Standard of Care/Service, Social Work concerns and Financial/Charging concerns continue to be the three main themes, as reflected in the graph above. To broaden out the types of complaints received, further information has been included below:

Standard of care/support – The key concerns included lack of support with medication/medication errors, unexplained injuries, Care Plans/Risk Assessments not up to date, language barriers between people we support and care workers, short/missed care calls, inconsistent care workers attending calls, care workers not assisting with personal care, care workers not using lifting equipment properly, 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.

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. On some cases, it was shared that a



Carers Assessment had not been offered to key individuals.

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. There was also a rise in complaints about Top-Up Agreements.

- 6.8 Of the complaints received, 87% 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 (62%). We received 19% 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 2022/23, 13% of complaint were received from Advocates, which is an increase from the previous year. The remaining 6% of complaints were shared by concerned third parties, friends/neighbours of the person, Solicitors and MP/Local Councillor's.
- 6.10 As to be expected, most complaints were shared via email (72%), 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 fully 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 52 working days. The position has improved from the previous year when the average time was 64 working days.
- 7.3 43% of complaints were closed within 25 days, which again shows a steady improvement in performance from last year when only 33% of responses were issued within the expected target of 70%. There are still improvements to be made to response times.
- 7.4 In addition to this, 8% of complaints exceeded the 6-month timescale. This percentage has increased slightly from last year (6%).
- 7.5 In terms of the timescales, the Team are clear that the complexities of complaints do 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.

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

Response information	Performance				Target
	2019/20	2020/21	2021/22	2022/23	
Average number of days to issue a formal complaint response	51	62	64	<b>52</b>	
Percent of complaints where a formal complaint response was issued within 25 working days	53%	52%	33%	<b>43%</b>	70%
Percentage of complaints closed within the statutory 6-month timescale	94%	87%	94%	<b>92%</b>	100%

7.7 Over the course of the year, 61% 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, 40% 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 where 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 (34 in total), identified concerns about 24 separate providers. The CQC ratings for these providers at the time were as follows:

- 13 providers had a CQC rating of Good.
- 6 providers had a CQC rating of Requires Improvement (RI).
- 2 providers had a CQC rating of Inadequate.
- 3 providers had no CQC rating at the time.

## **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 Adult Social Care received 19 enquiries from the Ombudsman during 22/23. The table below provides an overview of the contacts:

- 10 were upheld, following investigation
- 1 was upheld, with a remedy being agreed prior to investigation
- 2 were not upheld, following investigation
- 6 were closed after initial enquiries

10.2 The number of upheld complaints (11) remained the same as the previous year.

10.3 No Public Reports were issued against Adult Social Care during 2022/23.

10.4 In terms of Remedy and Compliance Outcomes for 2022/23, 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 people who use 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 2022/23, the team was able to record learning from complaints onto the new database. A total of 80 learning points were recorded across the year, which has increased considerably from the previous year whereby 41 learning points were noted. A summary of the learning has been grouped into the three Key Themes arising from complaints.

11.4 (Detailed in 6.7):

Key Themes	Learning	Actions taken	Areas of improvement/Impact
<p><b>Theme 1 - Standard of Care/Service</b></p>	<p>Ombudsman Investigation identified the need to review a Care Homes existing policy and practice around meeting the hydration needs of residents. This was due to concerns being raised about a resident who was admitted to Hospital from a Care Home with dehydration.</p>	<p>Quality Improvement Team visited the Home and examined the Nutrition and Hydration Policy. The Team also reviewed a selection of care files, daily notes and risk assessments.</p> <p>A report was produced which detailed the findings of the visit, which identified improvements were needed. A number of recommendations were noted for the Home to address.</p>	<p>Completion of the recommendations will be measured via the Provider Assessment and Marketing Management Solution (PAMMS) process by the Quality Improvement Team.</p>
	<p>Investigation identified that the Care Home did not routinely contact family about serious incidents which occurred. Family was left with an unclear picture of the individuals presentation. Incident Forms were also not completed by the Home on numerous occasions. Behavioural Charts were requested but not completed.</p> <p>Family contact details were not recorded on file. Residents placed in EMI Residential appear to be mixed with those who had acute problems and receipt of Nursing care. Home also served notice on the resident but did not followed their own procedure/policy.</p>	<p>Contracts Team met with the Home to share the findings of the investigation.</p> <p>There have been ongoing meetings from this time.</p> <p>Evidence of compliance has been collated to evidence the learning.</p>	<p>Contracts Team have continued to work closely with the Home.</p> <p>All learning points have been completed.</p> <p>Ongoing improvements will be measured via future PAMMS visits.</p>

	Investigation of a domiciliary care provider identified that the person we support was not provided with some meals during care visits. Meals had been prepared by family but left untouched. Communication had been poor in relation to this matter and the care records were not clear if meals had been offered/declined.	Provider discussed this complaint with the individual Care Workers and the need for clear recording documented.  Staff to complete updated training in two key areas: dementia and nutrition/hydration.	Provider to monitor situation.  Areas of improvement to be revisited as part of ongoing contract monitoring meetings and via future PAMMS visits.
	Investigation found that there had been confusion as to whether a resident in a Care Home had received their medication over a number of days – this was due to the staff initials resembling one of the symbols/keys on the Medication Administration Record Sheet.	Briefing Note issued to all staff at the Home of the importance of clear recording.	Improvements will be measured via the PAMMS process.  Complaints Team will also request a random sample of Medication Administration Record Sheets to ensure this practice has ended.
	Investigation identified that a domiciliary care provider had not issued notice properly, there are specific contractual requirements which were not followed.	Contracts Team reissued a briefing on the contractual obligations in respect of notice periods.	To be addressed as part of ongoing contract monitoring meetings
<b>Theme 2 - Social Work Concerns</b>	Investigation identified that there were significant delays in arranging a Care Act Assessment, which left the individual arranging private care/support. Repeated requests for support from the family were not progressed due to a financial query, which took over 12 months to resolve. There was poor communication throughout.	The Complaints Team and the Professional Standards Team completed a detailed case review, which retrospectively considered eligibility for support, the level of care and support required and the financial implications resulting from the delays. An apology and a financial remedy were agreed.	1:1 discussion held with Social Care Worker via Supervision to allow for self-reflection on approach adopted on this case.  Briefing Paper shared with wider Social Care Teams.  Review of Charging Policy required to ensure a clear and transparent approach to charging.

	<p>Complaints about the safeguarding process identified areas for improvement, including:</p> <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>- Agreed actions from safeguarding investigations not always shared with relevant colleagues to ensure agreed actions are completed</li> </ul>	<p>Briefing Paper issued to Social Work Teams, findings also shared with Professional Standards.</p>	<p>Learning to be built into the next round of safeguarding practice audits.</p>
	<p>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.</p>	<p>Briefing Paper issued to Social Work Teams. A Charging Booklet and Declaration Form should be issued in all cases.</p>	<p>Further staff briefings/training to be arranged with the Social Work Teams to strengthen the current approach to financial discussions and dissemination of clear financial information.</p> <p>ASC Charging Policies to be finalised and made available to the public.</p>
<p><b>Theme 3 - Financial/Charging Concerns</b></p>	<p>Investigation identified that some people who use our services had not been financially assessed properly or there had been significant delays in the financial assessment being undertaken.</p>	<p>Individual requests have been made to Council's Personal Finance Unit for cases to be financially assessed.</p>	<p>Complaints Team to continue to work closely with the Personal Finance Unit's (PFU) Complaints, Disputes and Appeals Officer to gain a better understanding as to why errors/delays occur during the assessment process.</p> <p>Briefing Paper to be shared with PFU Officers as a reminder that the Council's</p>

			<p>Debt Policy must be adhered to when considering backdating care charges due to delays/errors in the financial assessment process.</p> <p>Complaints Team to monitor any reoccurrence.</p>
	<p>Investigations have found that some people we support had been incorrectly charged for domiciliary care calls, as Providers had recorded the calls time as being longer than what was delivered.</p>	<p>The Providers have amended the call data and recorded the actual call times. This resulted in the individuals accounts being updated to reflect the changes and refunded for some calls.</p> <p>Contracts Team reissued a Briefing Note to Providers to remind them of their contractual obligations in respect of submitting accurate call data.</p>	<p>To be addressed as part of ongoing contract monitoring meetings.</p> <p>Complaints Team to monitor any reoccurrence.</p>



11.5 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

Complaints Resolution and Information Manager (Adult Social Care)

January 2024