

WESTMINSTER CITY COUNCIL

COMPLAINTS ANNUAL REPORT

2017-2018



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Executive Summary

- **Volume:** In 2017-18 for 6,273* Adults receiving Social Care Support from Westminster City Council approximately 2% of service users or someone acting on their behalf raised a complaint about a service that they received.
- Adult Social Care for Westminster received 104 complaints in 2017-18. This is a decrease of 1% compared to 2016-17.
- **Compliments:** 23 compliments were recorded in 2017/18 compared to 8 in 2016/17.
- **Response times:** 100% complaints were acknowledged within 3 working days and resolved under the Council's complaints procedures and none progressed to an independent investigation.
- **Service area:** 24% of the complaints related to commissioned services such as homecare and 60% related to the assessment or care teams.
- **Nature of issue:** Most complaints were about the quality of the service (31%) followed by objection to eligibility or assessment decision (16%).
- **Outcomes:** 48 (46%) were not upheld and 50 (48%) were either fully or partially upheld.
- **Learning from complaints:** Wherever appropriate response letters to complainants highlight any service improvements that will be made in response to the complaint. Insight gained from complaints is routinely shared with service providers and staff to help shape and inform future service delivery. Formal action plans are used for complex cases such as those investigated by the Local Government Ombudsman. In 2017/18, we have been focussing on rationalising our feedback channels to increase our insight about the experience of our service users and how this can shape our commissioning and service delivery.
- **Local Government and Social Care Ombudsman (LGSCO) investigations:** 6 complaints were investigated by the LGSCO in 2017/18. 4 were not upheld, one partly upheld and one fully upheld. The recommendations from the LGSCO were completed and the cases were closed.
- **Member enquiries:** These are managed and recorded by executive support staff. In 2017/18 the number of enquiries was 207 and this was higher (74%) than the previous year.
- **Mode of complaints:** Complaints can be made over the phone, in writing (letter or email) and/or by using the complaints forms that are available at all social care offices and online (see appendices for link). Customers can also request a meeting with staff to go through their concerns. Just over half of the total complaints were received in writing which includes complaints forms as well as email and letters.

*Data obtained by Business Analysis Team showing total number of service users for 2017-18

About this report

This report provides an overview of complaints, compliments and feedback between April 2017 and March 2018. The report highlights how various services within Adult Social Care (ASC) have performed in line with key principles outlined in the Local Authority Social Services and National Health Complaints (England) Regulations 2009 and the complaints process (see Appendix 1 for details). This report is signed off by the ASC Senior Management Team and Cabinet Lead. It is also presented for information to the Overview and Scrutiny Committee after which it is made available to the public via the website.

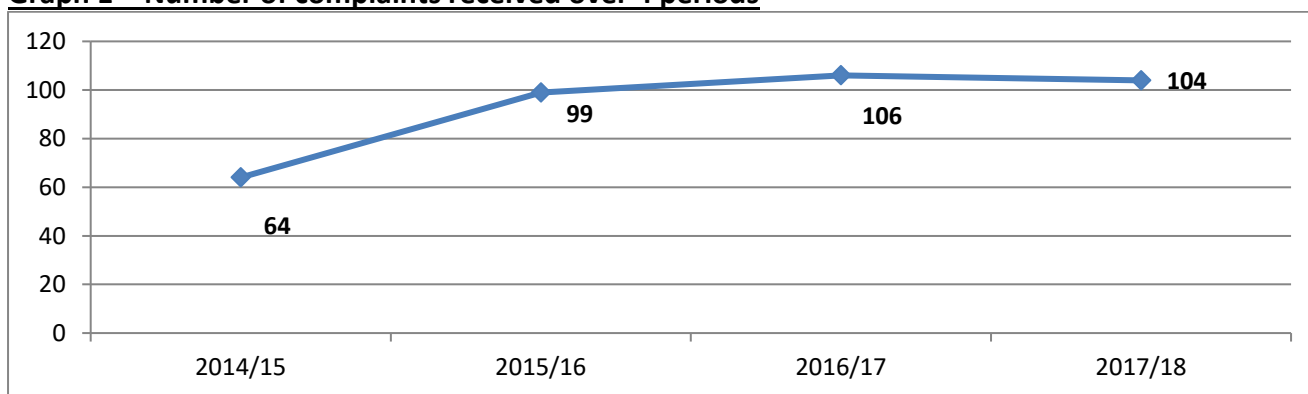
The Customer Feedback Team

The Customer Feedback Team (CFT) is responsible for recording, managing and analysing all statutory complaints and feedback in ASC as well as comments and compliments. The team works closely with the executive support staff, operational teams and partner organisations to ensure that all complaints and LGO investigations are handled appropriately as per our framework. The CFT works with senior managers to ensure responses provided to complaints are delivered on time and answer the complainants concerns fully. Our complaints procedure is available on the council website along with a downloadable freepost leaflet on complaints, comments and compliments (see appendices for more detail).

Volume of complaints

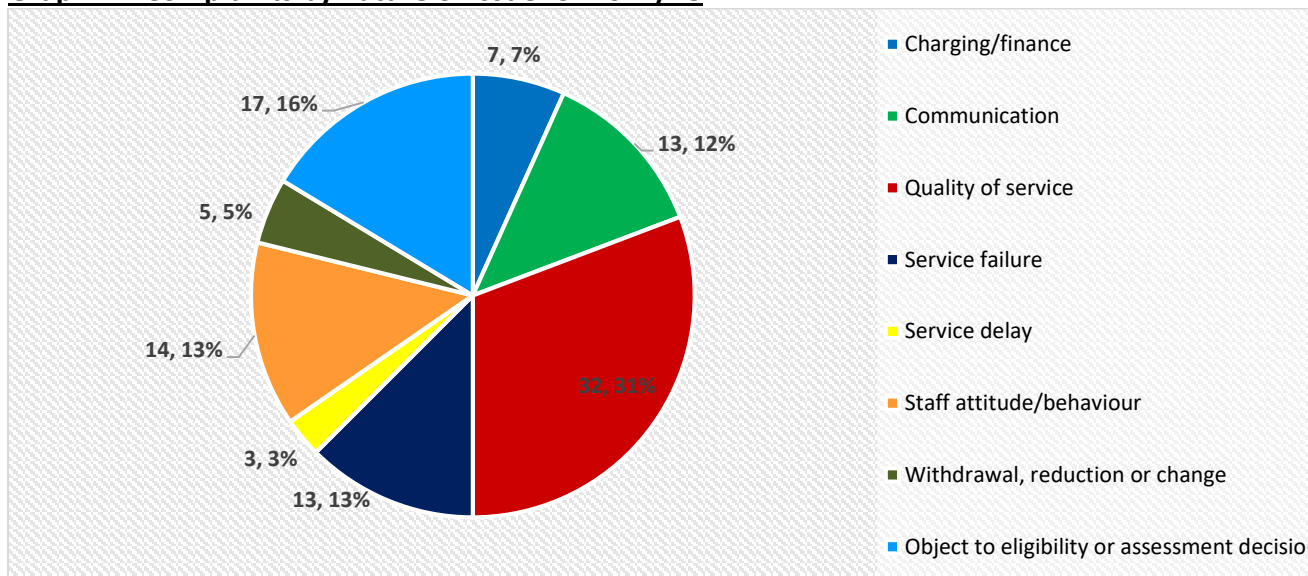
While we appreciate positive feedback we also encourage customers/representatives to raise concerns or complaints. We recorded 104 complaints in 2017/18. This number shows a small decrease on the previous year. As the number remains consistent with previous years, the complaint distribution has changed.

Graph 1 – Number of complaints received over 4 periods



Nature of issue

Graph 2 – Complaints by nature of issue for 2017/18



Quality of service can refer to many things, in terms of home care it can mean lack of cleanliness, inconsistency in carers, not completing care tasks and/or to a good standard, loss/breakage of items to name a few. Staff attitude can result in allegations about service failure, including carers not attending with agreed timeframes or at all, assessment outcomes not being implemented.

Complaints activity by team

The data for this year shows that 24% of complaints in WCC were about homecare services. This is lower than the 38% that was recorded last year. Homecare complaints have seen a reduction in 2017-

18 which could be due to better provision and continued work of our commissioners working with care providers in delivering better care resulting in less formal complaints being sent to the Council.

The complaints that are made to the Council are resolved under our processes and in line with statutory guidance. These are separate to the complaints that are received directly by the provider and resolved under a CQC compliant process directly by the organisations. The numbers reported directly to providers are also lower than previous years.

Our data shows 25% service users received homecare and less than 2% of these have raised formal complaints. The Council and the agencies work in partnership to handle these complaints and ensure that action is taken to resolve the complaint and prevent recurrence of the issue. Most homecare complaints have been about the quality of service.

Majority of the complaints (60%) in 2017/18 were about care and assessment services which include Reablement. This is higher than last year. Most of these have been about the Complex Teams, Review and Learning Disability Team. Majority of the allegations in these complaints have been about objection to eligibility or assessment decision or on quality of service. Significant percentage of complaints resulted in outcomes not being upheld.

The Local Government and Social Care Ombudsman’s (LGSCO) review of 2016/17 has shown an increase of 3% in Adult Social Care complaints across the nation. The LGSCO categorise complaints by “arranging social care” and “provision of social care”. In line with their categorisation we have tabulated complaints for 2017/18 in Table 1.

Table 1 – Number complaints by the LGSCO breakdown in 2017/18

	Area	Total no of complaints	Upheld (fully or partly)	Not upheld	LGO cases
Arranging Social Care	Assessment & care planning	62	23	34	1
	Charging	7	7	-	-
	Safeguarding	-	-	-	-
	Transport	2	2	-	-
	Direct Payments	1	1	-	-
	DFG	1	1	-	1
Providing Social Care	Residential Care	4	1	3	-
	Homecare	25	17	8	-
	Supported Living	-	-	-	-
	Shared Lives	-	-	-	-
	Other Provision	2*	2	-	-

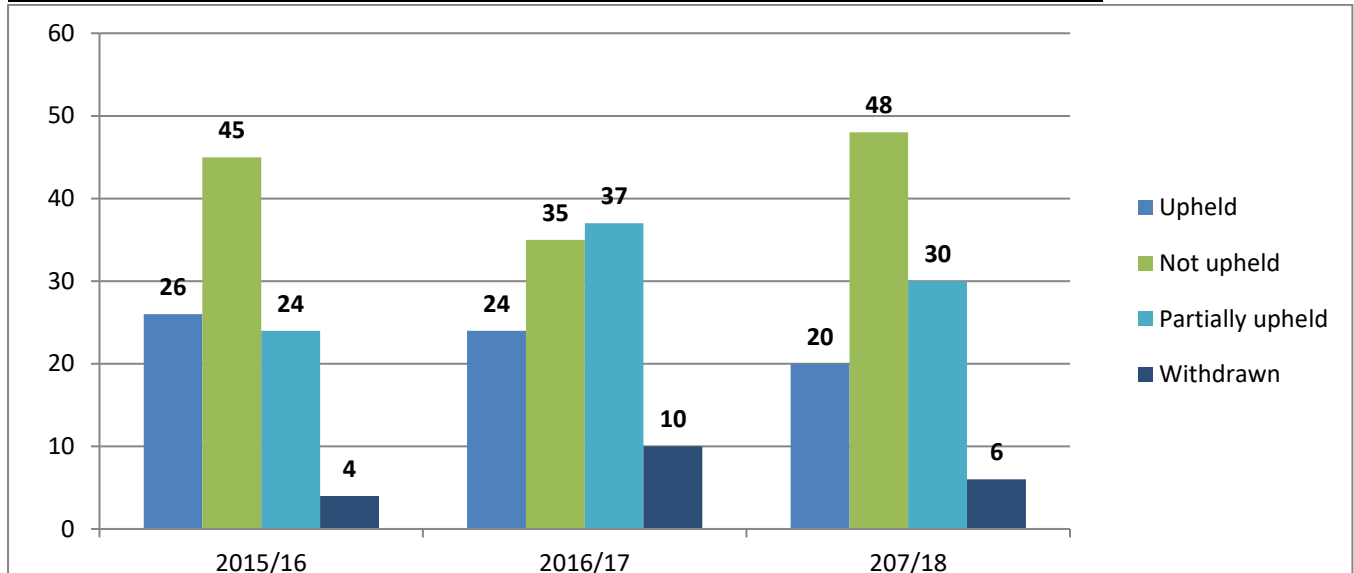
*medequip

Outcomes

The graph on the next page shows the outcomes of all complaints made to ASC, and comparisons with previous two years. Over half of the complaints received have been either fully or partly upheld

which is consistent with last year. Most of the complaints that were upheld this year were about the quality of service or staff attitude and were related to external providers commissioned by the Council. Where the complaint has been upheld, we (or our commissioned partners) have offered an apology for things that have gone wrong with a commitment to improve the service, explained clearly reasons for delay and addressed ineffective communication if that was identified as an issue.

Graph 3 – Complaint outcomes for 2017-18 in comparison with two previous years



The Department of Health’s regulations on statutory complaints stipulate that the method and timeframe for responding must be commensurate to the seriousness of the complaint and completed within 6 months. We always seek to resolve the complaint as soon as possible, and in the absence of a prescribed timescale it uses an internal timescale of 10 working days, in consultation with the complainant.

As can be seen majority of the complaints have taken more than 10 working days to complete. This is something we are continually working with managers on to improve. There can be delays, which can be for a number of reasons such as;

- Complexity of the case.
- Co-managed cases i.e. with Health partners, commissioned providers etc.
- Our aim is to send the first response as close to the 10-day timescale as possible. However, in some cases further letters need to be sent to agree a resolution before case can be closed.
- Availability of key staff to participate in the investigation.

However, where and when it has not been possible to meet the timescale the Customer Feedback Team will send holding letters to negotiate more time and/or keep the complainant up-to-date with the investigation.

Compliments

Customers and their representatives are encouraged to tell the Council if they are happy with their care or to highlight a good service. They can complete a feedback form as well as contact the relevant social care team to express this. 23 compliments were recorded this year for WCC which was nearly three times of what was recorded last year. Here are some examples;

From the friend of the service user who was in hospital: “I would like to make a big compliment about one of your staff working for the hospital team – my friend had a surgery and he was very very helpful!! I would like to say a big thank you for all the help and support. He was the only one who

understood my friend and resolved most of her post operation problems! I wish everybody could be like him!”.

From a service user about the OT service her received: “I would just like to show my appreciation for the work carried out by the member of your team. He was very pleasant. I am now able to walk with ease down those stairs holding on to the rails even when I am carrying something in my left hand. Please let the team know how much their work and care are valued”.

From the daughter of a service user: “I would like to let you know how impressed I am by the range of support services you provided for my mother after her stroke. From specialists who came to check her environment was suitable for limited mobility to the physio help - the level of support was excellent”.

From one of our service users about the South Complex Team: “A big thank you for working so hard to enable me to go home after a very long stay in a home”.

Customer feedback

The majority of CFT customer contact is reactive, meaning that we respond to direct contact from customers and their representatives when they have a problem with a service. We have continued to engage with customers in pro-active ways this year such as attending customer events as well as actively engaging stakeholders that deal with customers such as providers, community organisations and care management teams to gauge customer satisfaction.

The team records feedback about ASC services and this year we have recorded 38 such instances. These have been about a variety of issues, including service requests, requests for information, and suggestions for improvement to services and/or informal complaints. These can be about assessments, homecare, external providers and/or mental health services. The CFT responds to these where appropriate in writing within 10 working days.

Learning from complaints

Learning from complaints provides opportunities for services to be shaped by customer experience. It is an increasingly important part of the ethos within the department. Staff and managers responding to complaints are encouraged to identify learning’s that can lead to service improvement. Some of the things that the CFT have done to improve complaints handling in general are;

- Delivered a refresher training session for managers to ensure they understand the complaints processes, role, responsibilities and risks/challenges of an LGSCO investigation and how to conduct better investigations.
- Developed and launched an improved response template for responding to complaints that can be used by internal managers as well as commissioned provider managers.
- Arranged training session with one of the homecare providers to discuss the complaints processes and also go through all outstanding complaints.

Our aim is that issues identified by service users are used to shape and inform service delivery. Below are some examples;

You told us:

That the quality of the care being delivered to your relative at a care home. You also told us about your dissatisfaction with the attitude of some of the staff there.

We:

Raised this with the provider and asked them to investigate the issues. The concerns about the staff attitude were partly upheld and apologised for them as communication from the staff could have been better and resulted in a better service. The care home also confirmed that they would put in measures, such as training for staff to ensure such dissatisfaction would not recur.

You told us:

That your homecare was not satisfactory. The package had double up care but they were not attending on time and it was making you very unhappy.

We:

Asked the homecare agency to review the case and they upheld all concerns. They apologised to you for the lateness and the impact it was having on the quality of your care. The rota was amended, spot checks took place to ensure there was no further lateness outside the allowable 15 minute periods. The agency also reminded all coordinating staff that you will be contacted as soon as possible if and when the carer was running late.

You told us:

That our Occupational Therapy Team's work and decision to reduce care and support led to you feeling unhappy.

We:

Looked into the allegations and found there was an oversight by the team. It was recommended that a senior OT review the case and arrange a meeting with you and family to understand the needs and concerns. As a learning from this case all team staff were advised of the importance of good communication and better recording in order to prevent complaints and delays in service provision.

You told us:

That we failed to deliver a service to you, despite having a detailed assessment by one of our teams.

We:

Found that there was an error by the team who mistakenly thought the matter was being pursued by another team. An apology and explanation was sent to you and an urgent referral to our OT provider was made to follow this up without any further delay. The learning here was to update the IT system and case notes as soon as possible to avoid any confusion.

Local Government and Social Care Ombudsman (LGSCO) activity

The LGSCO investigated six cases this year. These cases were about various care and assessment services. All of these investigations have been completed and closed. 4 were not upheld and two were upheld and partially upheld respectively. Details of these are below.

The number of complaints investigated is consistent with last year. The trend pattern is difficult to evaluate as the number of cases is low and the LGO exercises its discretion, as to whether or not a complaint they receive will be subject to a full investigation. All complainants are referred to the LGO at the end of the Council's complaints process so they are aware of their option to escalate the complaint if unhappy with the outcome.

The complaint that was upheld fully was one where the Council failed to help a service user manage their money properly, resulting in them owing the Council £2,866.33 through no fault of their own. The Council offered, before a full investigation, to apologise, waive the debt and conduct a review of

his personal budget and care and support plan. The LGSO accepted this and told us we had remedied the injustice caused.

The Council were acting as appointee for a service user that lacks capacity to manage his finances. The old system of providing personal allowance to clients allowed us to advance funds and reimburse later. This resulted in accrual of debt when the service user's expenditure started to exceed his income. The system of providing personal allowance to clients has now changed which will ensure that this doesn't happen again. This client has had a review of his personal budget with his SW and case worker.

The second case investigated and deemed partially upheld was where the Council failed to properly assess an adult's toileting needs. The Council were recommended to apologise, complete a re-assessment, and urgently seek medical evidence to complete these assessments. These tasks were completed within the required timescales. However, the new assessments and medical evidence did not lead to what the service user was seeking and the LGSCO were updated accordingly. There were some learnings from this case for the Council and the commissioned OT provider. These have been discussed and will be implemented.

In addition, the CF Team and the responsible Commissioner have also met with the OT provider/partners involved in this case and have agreed a further set of learnings to ensure such delays do not recur. One of the main points from this is that on receipt of a complex complaint or an LGO investigation the Customer Feedback Team will organise a meeting with all key parties to understand the roles, remits and challenges of the case and make sure there is clear communication and information sharing at all stages of the process.

Additionally, there will be more detailed focus and analysis on the actions and recommendations from LGSCO investigations in quarterly reports for 2018/19.

The LGSCO are developing a new remedy strategy whereby they will categorise and record not only the outcome of the complaint but also the Council's compliance with the resulting recommendations. The following four options will be used to register Council compliance;

- **Remedy complete and satisfied** should be used when the body in jurisdiction has demonstrated compliance with all the recommendations in the agreed time, or within six weeks following the agreed date. The six-week grace period is to allow a reasonable time for link officers to chase for evidence of compliance.
- **Remedy not complete but satisfied** should be used where body in jurisdiction has offered to arrange the remedy in the agreed time, (or within six weeks following the agreed the date) but the complainant refuses to accept the remedy
- **Remedy completed late** should be used where the body in jurisdiction provides satisfactory evidence of compliance more than six weeks after the agreed date for implementation, and has not provided any reasonable justification for the delay.
- **Remedy not complete** should be recorded by a casework manager after attempts to chase for compliance has proved unsuccessful, and more than 12 weeks has passed since the agreed date for compliance. If evidence of compliance is provided after this point, we can change the decision to 'remedy completed late'.

We have also received the annual review letter from the LGSCO. Our analysis in this report is consistent with the data they have shared. The important messages from the letter seem to be about being open and accessible to receiving complaints and feedback and then being able to constructively learn from those complaints. Please see below;

- “High volumes of complaints can be a sign of an open, learning organisations, as well as sometimes being an early warning of wider problems. Low complaint volumes can be a worrying sign that an organisation is not alive to user feedback, rather than always being an indicator that all is well. So, I would encourage you to use these figures as the start of a conversation, rather than an absolute measure of corporate health”.
- “We have produced a new corporate strategy for 2018-21 which commits us to more comprehensively publish information about the outcomes of our investigations and the occasions our recommendations result in improvements to local services. We will be providing this broader range of data for the first time in next year’s letters, as well as creating an interactive map of local authority performance on our website”.
- Over the last year, we have seen examples of councils adopting a positive attitude towards complaints and working constructively with us to remedy injustices and take on board the learning from our cases. This sort of culture we all benefit from – one that takes the learning from complaints and uses it to improve services

Appendices

Appendix 1 - The Complaints Process

The Department of Health (DoH) defines a complaint as, “an expression of dissatisfaction or disquiet about the actions, decisions or apparent failings of a council’s adult social care provision which requires a response”.

Anyone who has received a service; is currently receiving a service or is seeking a service from us can make a complaint. This includes anyone who is affected by decisions we may make about social care, including a service provided by an external provider acting on behalf of the Council. In such a case they can complain directly to the provider or to us. External providers are required to have their own complaints procedures and must comply with them. They are also required to share information on complaints and outcomes with the Council.

There is only one stage in this process. All complaints made to the Council are logged and acknowledged within 3 days. The Council will try to resolve the complaint as soon as possible, and no later than within 10 working days. If delays are expected, the complainant is consulted and informed appropriately. All responses, whether or not the timescale has been agreed with the complainant, must be made within six months of receiving the complaint. In exceptional circumstances, an investigation may take longer and this will be discussed with the complainant.

Complaints that have low to moderate risk are dealt with by the Head of Service concerned and are usually resolved through an internal investigation followed by a written response. Those that are deemed to be high or extreme risk are usually investigated by independent investigating officers who submit their findings to the Council, followed by a letter along with the report to the complainant from the Adjudicating Officer - usually a Director. In other cases, some complaints may need to be passed on to the Safeguarding Leads as appropriate, where the complaints process may be suspended, in order to allow the safeguarding process to be completed. In cases where the complaint is across several organisations, one organisation will act as the lead and co-ordinate a joint response to the complainant.

The Council has one opportunity to provide a formal response which must set out the right to approach the LGO should the complainant remain dissatisfied.

This process does not apply to people who fund their own care.

Appendix 2 - Definition of the outcomes

There are three main categories for classifying the outcome of a complaint;

“Upheld” – This is where the Council has accepted responsibility for the matter arising. This is followed up with a detailed letter of apology and clarification with reasons and remedies and actions to ensure such a complaint does not recur.

“Partially upheld” – This is where the council accepts some responsibility for part of the complaint. A response outlining the part that is upheld is sent, stating any reasons and proposed remedies.

“Not upheld” – This usually means that the investigation into the complaint has not found the council at fault. This is explained carefully and thoroughly in writing with appropriate reasons for this conclusion.

Appendix 3 - Contacts

Our weblink

<http://www.peoplefirstinfo.org.uk/your-voice/complaints-and-feedback-to-your-council.aspx>

Getting in touch

You can contact us by;

- Completing the four-page pull-out feedback form (see link above) and sending it to the freepost address. You do not need a stamp.
- Calling on 0800 587 0072
- Writing to 4th floor, 5 The Strand, London WC2N 5HR
- Emailing at ASCCustomerFeedback@westminster.gov.uk