

Customer Care Annual Report 2015-16

Information about compliments, comments, representations, MP enquiries and complaints.

1 April 2015 to 31 March 2016

Children, Families and Adults / Adult Social Care

Report purpose:

- ▶ To provide information about compliments, comments, representations, MP enquiries, informal and formal complaints and to comply with the Department of Health's guidelines on Health and Adult Social Care Complaints Guidelines 2009.
- ▶ To identify trends and learning points from complaints received between April 2015 and March 2016.

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1.0 Context

- 1.1 This report provides information about compliments, comments, representations, MP enquiries and complaints made between 1 April 2015 and 31 March 2016 under the Adult Social Care Complaints Procedure and 2009 Department of Health Guidelines on Adult Social Care Complaints. Cambridgeshire County Council has an open learning culture and a positive attitude to complaints, viewing them as opportunities for learning and for improved service delivery.

The scope of this report includes adult social care services provided through Cambridgeshire County Council and those provided through an NHS partner organisation, Cambridgeshire and Peterborough NHS Foundation Trust (CPFT).

2.0 Executive Summary

- ▶ Compliments have increased by 116% when compared to the previous year, 2014–2015.
- ▶ MP enquiries have increased by 129% when compared to the previous year, 2014–2015.
- ▶ 489 informal complaints were received from 1 April 2015 to 31 March 2016. This represents a significant increase when compared to the 181 informal complaints received the previous year.
- ▶ 118 formal complaints were received from 1 April 2015 to 31 March 2016. This compares to 110 received in 2014–2015, and shows an increase of 8 (7%).
- ▶ 16 (13%) of complaints were upheld
- ▶ 1.5% of the total population of Cambridgeshire who receive adult social care services complained about the services they received, and of those complaints one quarter were upheld.
- ▶ The most common reasons for complaining are support provision, standard of care and financial issues.
- ▶ The service area most commonly complained about is older people. However when the number of complaints about Older People's Services is compared with the total number of older people receiving services the percentage of complaints received is similar to the other major service areas.
- ▶ There were 16 (17%) complaints that referred to the provision of care by an independent provider.
- ▶ 8 (7%) complaints were reviewed by a senior manager as the complainants were dissatisfied with the first response. This compares to 9 (8%) reviewed by a senior manager the previous year.
- ▶ 8 (7%) of complaints were referred to the Local Government Ombudsman (LGO). This is an increase from 6 (5%) in the previous financial year 2014–2015.
- ▶ Specific learning from complaints and themes emerging from complaints are identified in sections 18.0 and 19.0. Examples of emerging themes include issues about financial matters and changes in service provision.

Jo Collinson, Ros Dobbs and Lexien Gough – Customer Care Team
May 2016

3.0 Definitions

- 3.1 The terms: compliments, comments, representations and complaints are defined in Appendix 1 and an explanation of acronyms is provided in Appendix 2.

4.0 The complaints process and feedback

- 4.1 The complaints process has an emphasis on de-escalation and early resolution of complaints.
- 4.2 In order to ensure that the complaints process remains current, relevant and user friendly, questionnaires were sent to 28 complainants whose complaints were received between 1 October 2014 and 30 September 2015. For a summary of the results please see appendix 3
- 4.3 Not all complainants from this period were contacted, for example cases where the service user has passed away, or where the complainant still has open complaints with the department.
- 4.4 8 responses were returned in total, which amounts to 29%. 4 of the 8 returned were anonymous, and the remaining 4 provided their names and addresses. The results of this survey are included at Appendix 3.
- 4.5 An example of a complaint which was successfully resolved is given below.

*Questionnaires
were sent to
28 complainants
to find out
how their
complaint was
handled, and
to ensure the
complaints
process remains
current.*

A complaint was received about the cost of care. Mr X went into a residential home under a private arrangement. Shortly after an application was made to the Council for support, so a Financial Assessment was undertaken and a 12 Week Property Disregard application was made. When an individual who needs residential care has less than £23,250 in savings and owns a property the costs of the residential care up to an agreed amount will be paid by adult social care for a period of 12 weeks. The 12 Week Property Disregard is only agreed after a Social Care and Financial Assessment has been agreed. In the case of Mr X the 12 week Property Disregard application was agreed.

Mr X was advised of the outcome and the start date of the agreed Council funding, but because Mr X had been paying the care home directly during the 12 Week Property Disregard period he expected that the Council's funding would be paid to him directly. The Financial Assessment Team advised Mr X that he would need to seek a refund from the care home, and then pay his client contribution to the Council.

In response to the concerns raised Mr X received a full explanation of the charging policy, which had been applied correctly. However, the Older People's Team did contact the care home on Mr X's behalf to request the refund, followed this up, and ensured a cheque was sent to Mr X directly so that this responsibility did not fall to the service user.

When the Older People's Team met with Mr X to share the outcome he was satisfied with this outcome as he had received the refund expected, and acknowledged the support of

4.6 In order to address issues raised in some complaints the Adult Social Care Complaints Process has been amended and is currently awaiting senior manager approval.

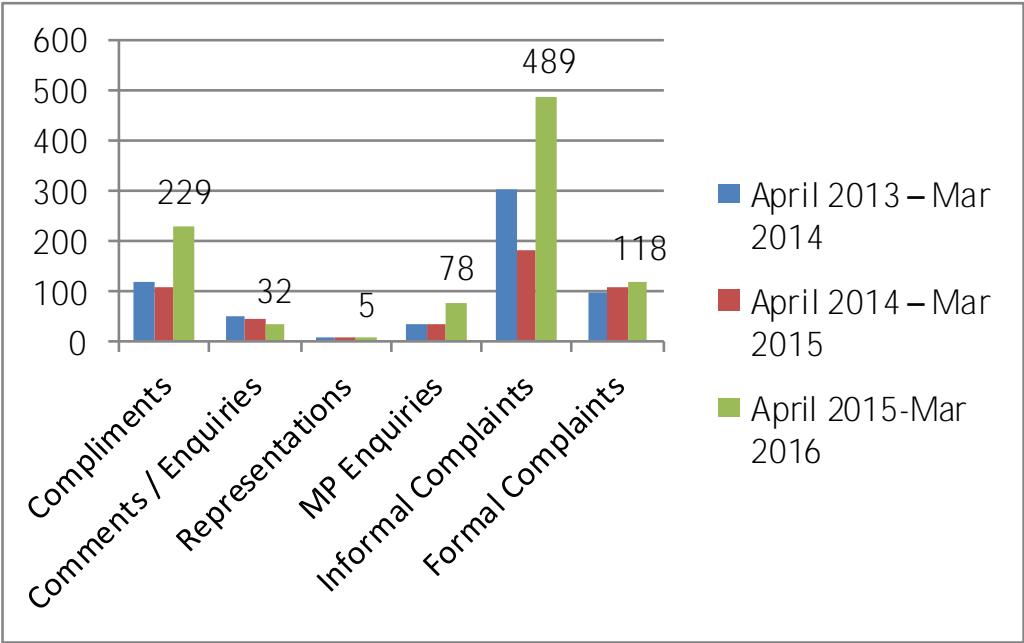
5.0 **Compliments, comments, representations and complaints**

5.1 Details relating to compliments, comments, representations, MP enquiries, informal and formal complaints are considered in the following sections.

The total number for each category of feedback for the previous three financial years are shown in Figure 1.

Comments on each type of contact received are given in the appropriate sections in this report.

5.2 *Figure 1: Number of compliments, comments, representations MP enquiries and complaints received*



6.0 **Compliments**

6.1 229 compliments were received between April 2015 and March 2016. This is 116% increase on the amount received for the previous year.

6.2 These compliments, as with previous years, refer primarily to two distinct areas, i.e. the high quality of service, and the helpful attitude of named staff members.

*There was a
116% increase
in the number of
compliments
received between
April 2015 and
March 2016.*

6.3 During the course of the year Service Directors have been writing to staff members who have received compliments from service users. This is done to recognise good practice and has been received positively.

6.4 Examples of compliments received



“It was interesting that the staff member brought with him a young profoundly deaf learner/apprentice. It demonstrates CCC’s commitment to care for and employ disabled adults.”

[Sensory Services, Quarter 1]

“Thank you for all your help and guidance and going above and beyond the call of duty. We would have been lost without your help.”

[Older People’s Service, Quarter 2]

“Thanks for your effort to help my family member to turn a corner. She has much improved in terms of her mental health and she is engaging with personal care.”

[Learning Disability Partnership, Quarter 3]

“All of the care staff have been very helpful, everything was very good.”

[Re-ablement, Quarter 4]



7.0 Comments and enquiries

7.1 There were 32 comments and enquiries received between April 2015 and March 2016. This is a slight reduction of 24% on the number of comments and enquiries recorded for the previous year when 42 were received between April 2014 and March 2015.

There was a slight reduction in the number of comments and enquiries recorded between April 2015 and March 2016

7.2 Examples of comments and enquiries include:

- Concerns about a service user whose care was the responsibility of another local authority.
- Insurance claims.
- Asking for duplicate copies of correspondence.
- Asking how to challenge a Department of Work and Pensions decision.
- Comments from a care provider about slow payment of invoices.
- Enquiries regarding how to complain about charities or health services.
- Initial request for a social care assessment.
- Correspondence addressed to social care teams passed to Customer Care in error.
- Housing enquiry for District Council.

8.0 Representations

8.1 From April 2015 to March 2016 there were 5 representations. This compares to 3 representations received in the previous financial year.

8.2 Representations were received in relation to the following areas:

- The possibility of switching from paper invoices to electronic invoices.
- Changes in Carer's Support following the Care Act.
- The Peace of Mind Charge which pays for the staff of an extra care scheme to be available at anytime during a 24 hour period to respond to emergency call outs.
- Meeting staff costs within a Direct Payment.
- Debt recovery letters and the amount of paper correspondence sent.

9.0 MP enquiries

9.1 78 MP enquiries have been received between April 2015 and 31 March 2016. This is an increase of 129% on the amount received the previous year, April 2014 to March 2015 when 34 MP enquiries were received.

*There was a
129% increase
in the number
of MP enquiries
received...*

9.2 This significant increase may have been influenced by the UK General Election in May 2015.

*...this may have
been influenced
by the May 2015
General Election .*

9.3 Figure 2 gives details of which service area dealt with the MP enquiry.

9.4 *Figure 2: MP enquiries by service area*

Service area	Number of MP enquiries
PDSS	22
OP	21
LDP	19
Other	5
DP	4
Carers	3
Finance	2
AAT	1
Re-ablement	1

9.5 Figure 3 shows details of the number of MP enquiries responded to in timescale.

9.6 *Figure 3: MP enquiry response times*

	Number of MP enquiries
Responded to within 10 working days	67 (86%)
Responded to after 10 working days	11 (14%)

9.7. This is a slight decrease on the response times for April 2014 to March 2015, when 91% of MP enquiries were responded to within the 10 day timescale.

9.8 In all cases where responses have been delayed a holding letter was sent to the MP to keep them informed.

9.9 MP enquiries are responded to in a different way to formal complaints. The response to the enquiry is given to assist the MP to support their constituent. MP enquiries are not investigated and upheld or not upheld in the same way that a formal complaint would be. As full a response as possible is given to the enquiry, covering the actions taken by the social care team to provide the necessary support. Care is taken to ensure that the confidentiality of the individual is respected and only information that the individual is willing to share is shared with the MP.

**86% of
MP enquiries
were responded to
within the
10 day timescale,
a slight
decrease.**

10.0 Informal complaints

- 10.1 Please note that during the course of the year the number of formal and informal complaints varies slightly. This is because on occasion a complaint is initially dealt with informally and then the complainant states that they wish for the complaint to be escalated and dealt with formally.

Similarly some complainants wish their complaint to be dealt with formally and when initial remedial actions have been completed they then state that they wish to withdraw their complaint. In cases where the type of complaint changes the complaints records are amended accordingly. This report contains the final figures for both informal and formal complaints for 2015–2016.

- 10.2 In 2015–2016, there were 489 informal complaints received. This compares to 181 received in the previous financial year an increase of 170%.

There was an increase of 170% in the number of informal complaints received.

- 10.3 During the course of the year Heads of Service have worked with their teams to improve the recording of informal complaints. The increase in the number of informal complaints would to some extent evidence that this work has been effective.

- 10.4 To give some perspective, Figure 4 shows the number of informal complaints in relation to the major service areas and the total number of people receiving services. Figure 4 gives the total number of individual clients receiving services.

- 10.5 *Figure 4: Number of informal complaints received in relation to the population receiving services*

Service Area	No. individual clients receiving a service	No. complaints	Percentage of complaints per population receiving services
Learning Disability Partnership	1,546	102	6.6%
Physical Disabilities Team	765	20	2.7%
AAT	41	1	2.4%
Older People	5,067	365	7.2%
Mental Health	550	1	0.18%
Total receiving Adult Social Care	8,009	489	6.1%

- 10.6 Many of the 489 informal complaints could have escalated to a formal complaint if they had not been dealt with in an effective and timely manner.
- 10.7 Dealing with complaints informally has resulted in complainants' concerns being resolved promptly and managers not having to be involved in lengthy investigations and providing reports to the Customer Care Team.

11.0 Formal complaints

- 11.1 Emphasis is placed on ensuring that people wishing to make a complaint or provide feedback of any kind, can do so with ease and in a variety of ways. Guidance regarding how to provide feedback of any kind is provided on Cambridgeshire County Council's website (<http://www.cambridgeshire.gov.uk/complain>)

In addition how to make a complaint/provide feedback is explained by the Adult Support Coordinator/Social Worker during the assessment process and as part of that process the service user is given a fact sheet that explains the process.

- 11.2 The complexity of complaints has continued to increase during the course of the year, this is particularly the case when external organisations are involved. Responding to complaint investigations is becoming more time consuming and involving managers and senior managers in a very time intensive investigation. In addition there is a significant risk that number of complaints will increase as the result of saving requirements. This will also increase the pressure on investigation managers and the Customer Care Team.

The complexity of complaints has continued to increase...

... this is particularly the case when external organisations are involved.

- 11.3 Figure 5 gives details of the number of formal complaints received in the last 3 years and the comparative percentage rise/decrease.

- 11.4 *Figure 5: Number of formal complaints*

Financial year	Number of complaints received	Percentage rise from previous year
2013–2014	99	-
2014–2015	110	11%
2015–2016	118	7%

- 11.5 To give some perspective Figure 6 shows the number of complaints in relation to the major service areas and the total number of people receiving services.

11.6 *Figure 6: Number of complaints received in relation to the population receiving services*

Service Area	No. individual clients receiving a service	No. complaints	Percentage of complaints per population receiving services
Learning Disability Partnership	1,546	20	1.3%
Preparing for Adulthood	40	2	5%
Physical Disabilities Team	765	27	4%
AAT	41	4	10%
Older People	5,067	63	1%
Mental Health	550	2	0.4%
Total receiving Adult Social Care	8,009	118	1.5%

11.7 118 formal complaints were received from 1 April 2015 to 31 March 2016. This compares to 110 received in 2014–2015, and 99 received in 2013–2014. Comparing the number of complaints received in 2013–2014 with those received in 2015–2016 there has been an increase of 19% over 2 years.

11.8 There were 13 complaints about teams that cover more than 1 service area; these complaints have been included in the service area that was ultimately responsible for delivering social care to the individual for example the 2 complaints about Discharge Planning Services, 3 complaints about Re-ablement Services and 1 about a financial assessment were included in the Older People's figures.

The number of formal complaints received has increased by 19% over 2 years...

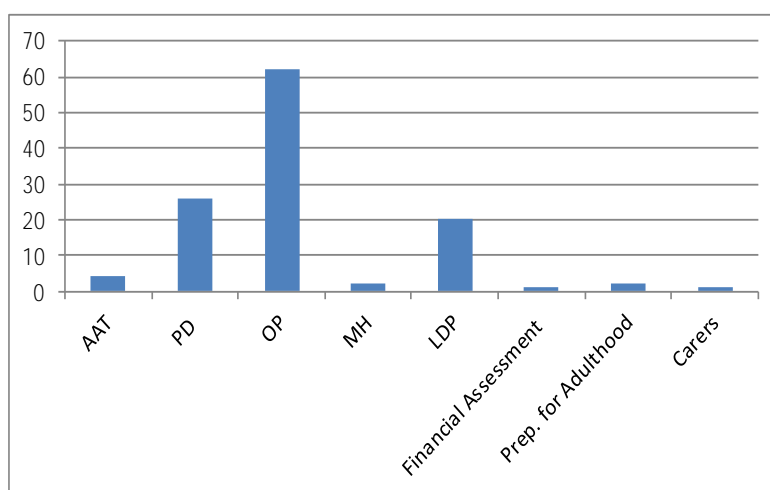
11.9 1.5% of the total numbers of people receiving services complained.

...1.5% of people receiving services complained.

11.10 Once consent has been obtained, complaints involving Mental Health Services and social care are discussed with the partner organisation and it is decided which organisation will lead. The complaint is then investigated and responded to using the lead organisation's complaints procedure.

- 11.11 During the course of the year a meeting was held with CPFT to further clarify the implementation of the information sharing and complaints section of the agreement between the two organisations. This has helped ensure that a consolidated approach is adopted when dealing with complaints that have health and social care issues.
- 11.12 During 2015–2016 there were 2 complaints that warranted a joint investigation with the Clinical Commissioning Group and 2 that warranted a joint investigation with CPFT.
- 11.13 Figure 7 shows the number of complaints received by each area.
- 11.14 *Figure 7: Service area complaints information April 2015 to March 2016*

It is important to set the number of complaints by older people in the context of the number of people that the service delivers to.



- 11.15 Whilst the number of complaints for older people is much higher than any other service, it is important to set this in the context of the size of the population that the service area delivers to. Figure 6 shows that 1.5% of older people receiving services complained. This is on a par with other service areas.
- 11.16 There was one complaint that covered 3 teams Physical Disabilities, Discharge Planning and Re-ablement. As the service user's needs were physical; this complaint was recorded under Physical Disabilities.

11.17 As of April 2015 the Care Act 2014 was implemented. The Customer Care team will monitor the number and nature of complaints to determine if any new trends related to the implementation of the Act emerge.

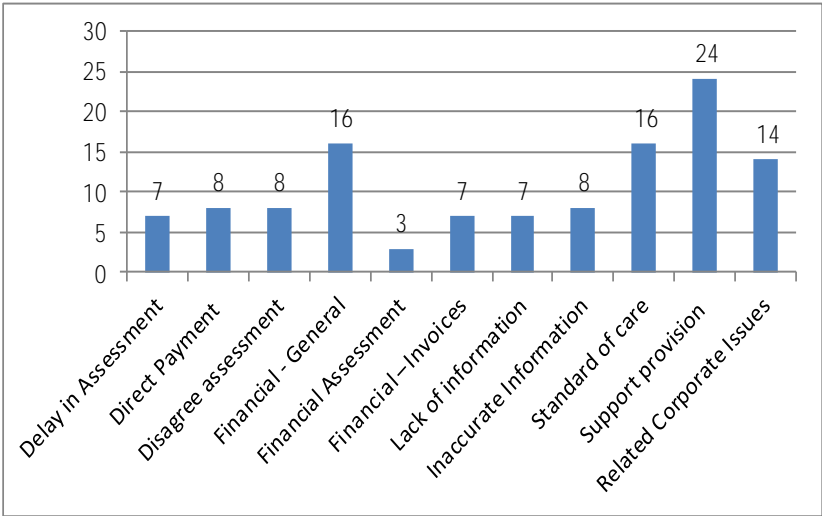
The Customer Care Team monitor complaints to identify any trends resulting from the introduction of The Care Act 2014.

12.0 Reasons for complaining

12.1 Figure 8 gives details about the reasons why people complain.

12.2 *Figure 8: Reasons why people complain*

20% of complaints were about the support provided.



12.3 24 of the 118 (20%) complaints were about the support provided. The term ‘Support Provision’ covers a number of issues, for example lack of support regarding specialised needs, the amount of support provided and the cancellation of respite.

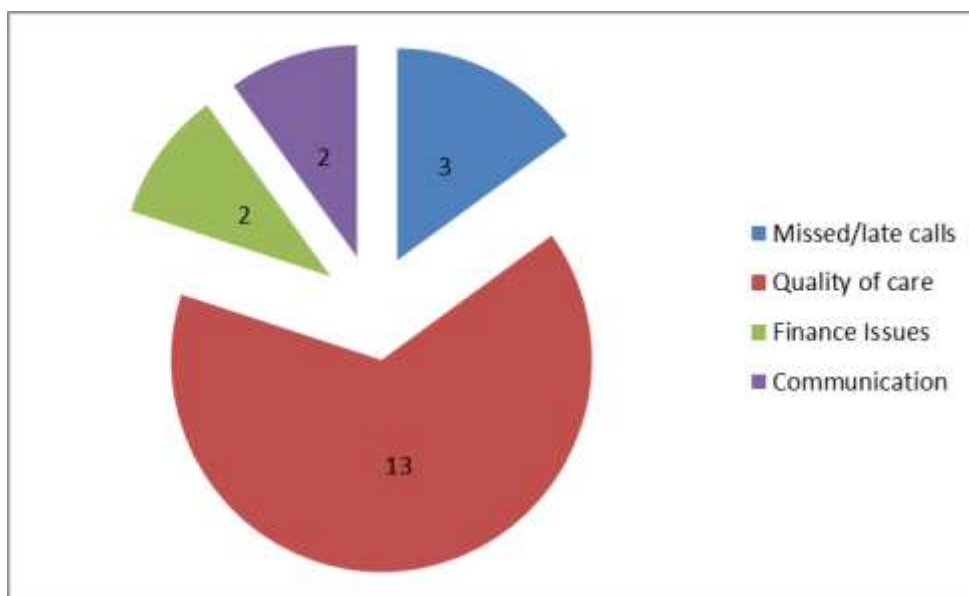
12.4 In the last quarter of 2015–2016 6 of the 11 complaints about support provision referred to a reduction in services.

12.5 8 (7%) of the 118 complaints were about the assessment decision. The complainants in 6 of these 8 complaints disagreed with the assessment decision and felt that they or their relative were entitled to more care provision.

12.6 There were a total of 26 (22%) complaints that referred to financial issues. 16 complaints were about general financial issues such as disputes about the outcome of the financial assessment, disputes involving when a referral for CHC funding should have been made and disputes about the information that was given about the costs of care.

12.7	There were 3 complaints about how the financial assessment was carried out.	
12.8	There were 7 complaints about inaccurate or confusing invoices. In 2014–2015 there were 13 complaints about invoices; this is a reduction of 46%. The changes to the Contribution Policy in 2014 could account in part for the reduction in the number of complaints about invoices.	<i>Complaints about invoices reduced by 46%...</i>
12.9	There were 15 (13%) complaints about communication issues. The details of the complaints varied from a complaint about the length of time it took to confirm care arrangements, to confusion regarding respite provision to complaining of not being told about possible charges for care.	<i>...this could be partly due to changes to the Contribution Policy.</i>
12.10	16 of the complaints were about the expected standard of care not being met. This category refers to the care provided by Independent providers see Section 13 for more detail.	
12.11	14 (12%) of the complaints received are about social care and corporate issues. Corporate issues refer to complaints that relate to a named staff member. In such cases, to ensure that the complainant has a cohesive response to their complaint, the complaint is processed as a social care complaint and the complainant receives one response that covers all areas of their complaint.	
13.0	Complaints involving independent providers	
13.1	Complaints that refer to independent sector providers are investigated by the Locality Team Manager. The responses to the complaints about practice are copied to Heads of Service.	<i>20 complaints referred to the provision of care by an independent provider...</i>
13.2	Complaints and responses to complaints involving independent care providers are copied as a matter of routine to the appropriate Contracts Monitoring Manager.	<i>...the same</i>
13.3	There were 20 (17%) complaints that referred to the provision of care by an independent provider. This is the same percentage of complaints received the previous year.	<i>percentage as the previous year.</i>
13.4	Figure 9 gives details about the issues involved with complaints about the standard of care provided by independent providers.	

13.5 *Figure 9: Issues involved with complaints about the standard of care*



13.6 The most common reason for complaining was the quality of care delivered. This refers to a number of different issues such as hygiene issues and lack of support with food.

The most common reason for complaining was the quality of care delivered.

13.7 The communication issues refer to confusion about what information could be shared in compliance with the Data Protection Act 1998 and information about a transfer to another home.

14.0 Complaint responses

14.1 The adult social care complaints process specifies that complaints should be acknowledged within 3 working days and responded to within 25 working days.

If there are mitigating circumstances for exceeding this time frame then a written explanation is sent to the complainant. All of the formal complaints were acknowledged within 3 working days.

All formal complaints were acknowledged within the 3 day timescale.

14.2 Figure10 shows that between April 2015 and March 2016, 91 of the 118 complaints were responded to within 25 working days, while there were 27 complaints where the response took longer than 25 working days.

14.3 The reasons for the extensions were:

- Complaints involving safeguarding investigations.
- Difficulties obtaining consent and engagement from the family.
- Delays waiting on the complainant to provide the details in writing.
- Complex cases involving other organisations, or multiple teams within the Council.
- Delays in receiving information from external organisations.

14.4 *Figure 10: Complaint acknowledgement response times*

	Number of complaints
Acknowledged within 3 working days	118 (100%)
Acknowledged after 3 working days	0 (0%)
Response sent within 25 working days	91 (77%)
Response sent after 25 working days	27 (23%)

14.5 Complaint outcomes are recorded using the following definitions:

Upheld – all issues raised in the complaint required remedial action to rectify the situation and prevent a similar issue arising in the future.

Partially upheld – at least 1 issue in the complaint required remedial action.

Not upheld – none of the issues raised required remedial action.

14.6 Figure 11 gives details of the number of complaints upheld, partially upheld and not upheld.

14.7 *Figure 11: Complaint outcomes*

	Number of complaints
Not upheld	37 (31%)
Partially upheld	60 (51%)
Upheld	16 (13%)
Other	5 (6%)

14.8 76 (64%) complaints were either upheld or partially upheld. This is very consistent with previous years, as 65 (65%) were either upheld or partially upheld in 2014–2015 and 69 (69%) were either upheld or partially upheld in 2013–2014.

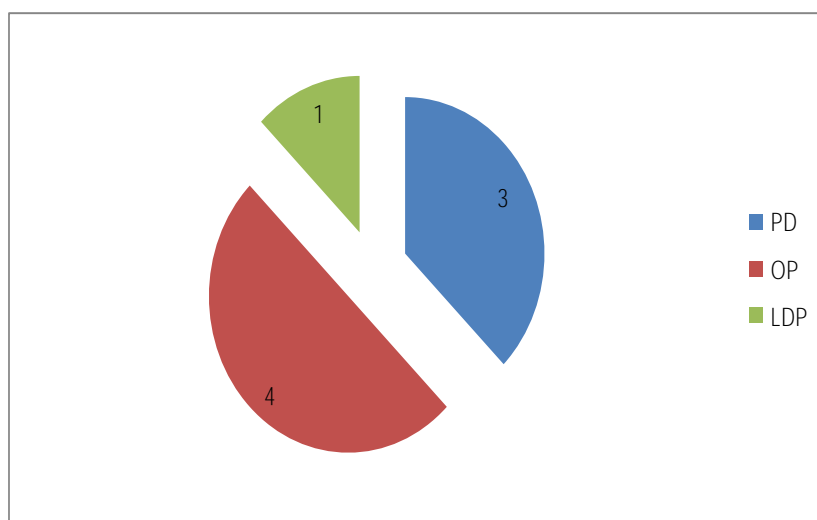
15.0 Senior manager review

15.1 As part 2 of the complaints process, complaints can be reviewed by a senior manager. From April 2015 to March 2016 8 (7%) complaints were sent to a senior manager to be reviewed. It is worth noting that there are occasions when it is deemed that there is nothing to be gained by carrying out a senior manager review, for example when there is clear evidence that the complaint will not be substantiated.

15.2 Before agreeing that a complaint will be reviewed by another senior manager every effort is made to resolve the complaint using other methods such as providing additional information.

15.3 Figure 12 gives details of the service area the complaint reviewed by a senior manager relates to.

15.4 *Figure 12: Number of service area complaints referred to senior manager review*



15.5 Of the 8 complaints that were reviewed by a Senior Manager: None were upheld, 2 were partially upheld and 5 were not upheld. 1 was withdrawn by the complainant,

15.6 Previously, there were no definitive timescales by which a Senior Manager review had to be completed. After feedback received, a proposal was put forward to amend the process and set timescales in which the response must be sent. A timescale of 3 months was agreed and this been adopted by the Customer Care Team. The timescale of 3 months has been written into the Council's amended Adult Social Care Complaints Policy which is currently awaiting approval.

15.7 The Customer Care Managers review all draft responses before they are sent out from senior managers.

16.0 Independent investigations

16.1 Some complex complaints were investigated independently in the past. In view of the cost of independent investigators, a decision was made to use independent investigators only when all other options had been explored. During 2015– 2016 no complaints were investigated independently.

16.2 The Adult Social Care Complaints Policy has been amended to include more detail on independent investigations.

17.0 Local Government Ombudsman (LGO)

17.1 Figure 13 shows the decisions reached by the Ombudsman on complaints managed by Cambridgeshire County Council Adult Social Care.

17.2 *Figure 13: LGO referrals*

2015– 2016	Service Area				Comments
	LD	PD	OP	MH	
April – June	1	0	3	2	<p>2 No fault 1 No investigation (although this case was re-opened in Oct-Dec)</p> <p>1 apology, £250 payment and Council to carry out MCA promptly.</p> <p>Apology and £2,500 payment in recognition of services not provided and Council to consider and implement any lessons learnt.</p> <p>1 apology and £1,000 payment. Council to appoint an independent social worker and occupational therapist</p>
July – Sept	0	0	0	0	
Oct – Dec	0	0	1	0	Apology on behalf of independent provider.
Jan – March	0	0	1	0	Council to ensure that all staff receive Continuing Healthcare training and that all staff introduce themselves correctly.
Total	1	0	5	2	Overall total 8 complaints referred to the LGO.

- 17.3 From April 2015 to March 2016, 8 complaints were referred to the Local Government Ombudsman; this is one more than in the previous financial year.
- 17.4 5 of the 8 complaints resulted in the LGO recommending actions to the Council to address the concerns raised by the complainants. 3 were not investigated further.
- 17.5 2 investigations found that the Council was not a fault.
- 17.6 1 final view concluded that the investigation would not be taken any further however this decision was subsequently revoked and the complaint was further investigated. The final view on the second investigation was that the independent provider involved had been at fault and the Council had to apologise on behalf of the provider.

17.7 The decision by the LGO to re-investigate a complaint when they had already provided a final view is unprecedented with regard to LGO investigations of complaints involving Cambridgeshire County Council.

17.8 The quality of responses from managers to LGO investigations varied. In 2015 the Customer Care Team introduced specific training for managers on how to respond to an investigation from the LGO. This training has been well received. With only 2 LGO investigations taking place since the introduction of the training it is difficult to conclude how effective the training has been.

18.0 Specific learning from complaints

18.1 A complaint about inaccurate information regarding a proposed placement, and the length of time the planning process was taking resulted in the team taking the following action:

- The importance of accurate communication and information sharing has been emphasised to staff.
- Any discharges which require funding from an organisation other than Cambridgeshire County Council, such as CPFT, will include a worker from that organisation at a much earlier stage.
- Out of county service provision will be required to provide a detailed care plan of intended service delivery to ensure this meets needs.

18.2 A complaint about the Direct Payment process and the length of time it took resulted in the team completing further training on Direct Payments.

18.3 A woman complained to the LGO that the Council and a care home would not allow her to have unsupervised contact with her mother or allow her to move her mother to a care home closer to her home. This complaint was subsequently investigated by the LGO and they made a number of recommendations to the Council.

These recommendations have been implemented. In addition the Contracts Monitoring Team and Head of Service (Mental Health) have met with the care home to consider the issues and agree the necessary action to ensure that a similar situation does not happen again. In addition the Head of Service, kept the complainant updated with regards to the Council's ongoing response to her complaint.

18.4 The outcome of an investigation by the LGO was that the Council had not provided an interim care package to a woman with Mental Health needs. The LGO recommended that the Council carry out a re-assessment. In order to address the issues raised in this Complaint. Work is currently being undertaken to consider how the Social Care Mental Health Teams and the Adults and Autism Team can share their expertise in order to best support people who are Autistic and have Mental Health needs.

- 18.5 Another complaint investigated by the LGO was concerned with the adequacy of a personal budget and the amount of contact with the family. The complainant complained that the indicative amount was insufficient to buy care to meet the person's needs for 24/7 support and that the communication was inadequate. The LGO recommended that the Council appoint an independent social worker and occupational therapist. This has been done and following the independent assessments a support plan was produced by the family. There has been ongoing communication with the LGO as the complainant prefers to communicate through them. Currently the activity that will be included in the support plan and the cost of this activity are being finalised before the plan is signed off.
- 18.6 A complainant raised concerns about inaccurate invoices. The investigation showed that these invoices resulted from a delay in putting a care package onto the recording system. This was brought to the attention of the relevant staff members who are now ensuring that the correct information is loaded onto the system promptly.
- 18.7 A complaint about lack of information given during the discharge planning process showed that there was confusion about the roles of hospital staff and social care staff. This issue has been clarified with the relevant staff members.
- 18.8 The investigation into a complaint about the Peace of Mind Charge, which pays for staff of an extra care scheme to be available during a 24 hour period, showed that the complainant had not been informed about the charge. This resulted in a refund of the charge for the disputed period and an instruction to the team to inform people of the charge at the earliest opportunity.
- 18.9 A complaint about the client contribution showed that incorrect information had been given regarding the contribution. The contribution was refunded for the disputed period and the staff member reminded of the importance of giving the information clearly and accurately.
- 18.10 The Re-ablement Team have responded to a complaint about erratic times of care visits and missed visits by trialling a GPS system for staff so that they have updated schedules and the timing of calls can be monitored.
- 18.11 The investigation into a complaint about the cancellation of booking for respite showed that the staff of the care provider had inadequate knowledge about the Data Protection Act (1998). When the respite was cancelled the staff did not give a reason for the cancellation. This led to the complainant assuming that the care provider was discriminating on the grounds of disability. The cancellation was made on the basis of the needs of two other residents who at that time were experiencing poor mental health. The lack of information was based on an over zealous implementation of the Data Protection Act. A meeting was held and the complainant was satisfied with the outcome. All staff working for the provider will be updated regarding the requirements of the Data Protection Act.
- 18.12 A complaint about Continuing Healthcare funding showed that the practitioner had behaved appropriately and in line with due process when taking part in the assessment process for Continuing Healthcare funding (CHC). However the final view of the LGO was that all practitioners should be precise in the manner in which they introduce themselves and that the Council should ensure that all staff receive CHC training.

The Council has responded to this by drawing up a CHC training proposal which sets out the different levels of training. This has been agreed in principle and will be put in place later this year. In the meantime the Council's Continuing Healthcare Manager is continuing to provide CHC checklist training and training on CHC Decision Support Tool meetings.

- 18.13 The Adult Social Care Complaints Policy is in the process of being updated to reflect changes in social care practice and the learning from complaints.

19.0 Complaint themes

- 19.1 The main reason for complaining in the last financial year has been support provision. The complaints about support provision referred to the amount and type of support provided. In the last quarter of 2015– 2016 11 complaints referred to support provision and 6 of these complaints referred to reduction of services following a review. Although these complaints referred to a number of personalised issues relating to the service user, it is apparent that there is a correlation between these complaints and recent changes in the Support Planning Policy.
- The main reason for complaining was support provision and referred to the amount and type of support provided.*
- 19.2 In 2015– 2016 22% of complaints were about financial issues, some of these complaints refer to the financial assessment, people are dissatisfied with the amount they have to contribute or the amount that they have allocated to them as their personal budget. This increase in complaints could also be attributed to the recent changes in policy.
- There has been an increase in the number of complaints about financial issues.*
- 19.3 The number of complaints about Social Care Complaints with Corporate issues is very similar to the number received in the same quarter the previous year.
- A number of complaints continue to be complex and difficult to manage.*
- 19.4 There continues to be a number of complaints that are complex and difficult to manage. These complaints involve several different teams and/or partner organisations. There are some complainants who increase the complexity of a complaint by complaining to a number of different teams, organisations and individuals. In addition the volume of communication from a complainant can increase the complexity of a complaint.
- 19.5 A recurring theme is complaints that refer to incorrect information given to the complainant. It can be difficult to ascertain who said what to the complainant particularly with complaints that involve more than one organisation.
- 19.6 Related to the above point is the importance of accurate recording. This is a recurring theme throughout the complaints received in 2015–2016. Good recording makes the difference And enables the Council to evidence its response to a complaint.

20.0 Conclusions

- | | | |
|------|---|---|
| 20.1 | Compliments have increased by 116 % when compared to the previous year. | <i>116% increase in compliments.</i> |
| 20.2 | MP enquiries have increased by 129% when compared to the previous year. | <i>129% increase in MP enquiries.</i> |
| 20.3 | Standard of care, support provision and financial issues continue to be areas that people are concerned about. | <i>People are concerned about:</i> |
| 20.4 | The complaints about invoices have reduced when compared to the previous year and the reason for this can be attributed to the changes in the contributions policy. | <i>standard of care • support provision • financial issues •</i> |
| 20.5 | Complaints about service provision are beginning to include complaints about reduction in services. This could be due to recent policy changes. | <i>There have been less complaints about invoices.</i> |

21.0 Recommendations

- | | | |
|------|---|--|
| 21.1 | Customer Care Team to monitor and report on the number of complaints and representations received that refer to reduced or changed services as a result of recent policy changes. | <i>Complaints about support provision include complaints about reduction in services.</i> |
| 21.2 | Adult Social Care Management Teams to approve this report for publication on the external website in line with the 2009 DOH Regulations. | |
| 21.3 | Options to address the increase and complexity of number of complaints and MP enquiries need to be explored and considered. | |

Appendices

Appendix 1

The definitions for compliments, comments, representations and complaints are set out below.

Compliment: a formal expression of satisfaction about service delivery by a service user or their representative.

Comment: any suggestion or remark made formally by a service user, their representative or a member of the public.

Representation: a comment or complaint about County Council or Government resources or the nature and availability of services.

Complaint: A concern or complaint is 'any expression of dissatisfaction that requires a response'. It is how the person raising a concern/complaint would like it addressed that helps define whether the expression of dissatisfaction requires an 'informal' or 'formal response'. It is therefore not always the complexity or severity of a concern/complaint that defines its formality or informality.

Informal complaint: any expression of dissatisfaction or disquiet about service delivery by a service user or their representative that can be resolved quickly and where the resolution is within the gift of the relevant team manager.

Formal complaint: any formal expression of dissatisfaction or disquiet about service delivery by a service user or their representative.

Corporate complaints: Corporate complaints are outside the legal scope of the NHS and Community Care Act i.e. complaints that refer solely to the behaviour of a named County Council employee. A corporate complaint is investigated and responded to by the line manager of the person who is being complained about.

Appendix 2

Explanation of Acronyms

ASCMT	Adult Social Care Management Team
BME	Black and Minority Ethnic
CCS	Cambridgeshire Community Services NHS Trust
CFA	Children, Families and Adults Directorate
CHC	Continuing Healthcare
CPFT	Cambridgeshire and Peterborough NHS Foundation Trust
CCT	Customer Care Team
DPT	Discharge Planning Team
DOH	Department of Health
EDT	Emergency Duty Team
FABA	Finance and Benefits Assessor
GP	General Practitioner
LDP	Learning Disability Partnership
LGO	Local Government Ombudsman
MCA	Mental Capacity Assessment
MP	Member of Parliament
NFA	No further action
OP	Older People's Services
OT	Occupational Therapy
PD	Physical Disabilities
PDSS	Physical Disabilities and Sensory Services
SOVA	Safeguarding of Vulnerable Adults
SS	Sensory Service

Appendix 3

User Experience Survey Results (Period 1 October 2014 to 30 September 2015)

Questionnaires were sent to 16 complainants, whose complaints were received during the six month period 1 October 2014 to 31 March 2015, and a further 12 questionnaires were sent to complainants whose complaints were received during the six month period 1 April 2015 to 30 September 2015.

Not all complainants from this period were contacted, for example cases where the service user has passed away, or where the complainant still has open complaints with the department.

Of the 28 questionnaires sent out, 8 responses were returned in total which amounts to 29%. The statistics below relate solely to the 8 returned responses. 4 were returned anonymously, and the remaining 4 provided their names and addresses.

As we carried out the survey 4 to 9 months after their complaints were logged it may be that complainants were unable to remember specific details. This would account for some of the unanswered questions and responses which conflict with our records.

1. Which service area was your complaint about?

Service area	Number of responses received	Percentage %
OP	4	50%
LDP	2	25%
Other: Carers	1	12.5%
Other: Finance	1	12.5%

2. Did you make the complaint as the client or client's representative?

	Number of responses received	Percentage %
Client's representative	8	100%

3. Did you receive acknowledgement of your complaint?

	Number of responses received	Percentage %
Yes, received within 3 working days	8	100%

4. If 'Yes' to Q3 – was this contact helpful?

	Number of responses received	Percentage %
Yes	7	87.5%
Not sure	1	12.5%

5. Did you receive a full written response in 20-25 working days?

	Number of responses received	Percentage %
Yes	7	87.5%
No	1	12.5%

The complainant who responded 'no' provided their name. Having checked their complaint file it indicated that their response was actually sent within timescale.

6. If 'No' to Q5 – Did you receive an explanation for the delay?

	Number of responses received	Percentage %
Yes	1	12.5%
Not answered	7	87.5%

This complainant who answered 'Yes' to receiving a holding letter provided their name. Having checked their complaint file it indicates that their response was sent within timescale so a holding letter would not have been sent. They may have confused the response letter with the holding letter.

7. Was the complaint resolved to your satisfaction?

	Number of responses received	Percentage %
Yes	3	37.5%
No	2	25%
Some of it	3	37.5%

8. Were you told how to take your complaint further?

	Number of responses received	Percentage %
Yes	4	50%
No	2	25%
Not sure	2	25%

All customer care responses include the advice that they contact the Customer Care Team if they want to take their complaint further.

9. Overall, how satisfied were you with the way your complaint was dealt with?

	Number of responses received	Percentage %
Fairly satisfied	2	25%
Satisfied	3	37.5%
Very satisfied	2	25%
Not answered	1	12.5%