

# Adult Social Care Customer Care Annual Report

01 April 2022 to 31 March 2023

## Report Purpose

To provide information about compliments, comments, representations, MP Enquiries, informal and formal complaints, and to comply with the Department of Health's 'Regulations on Health and Adult Social Care Complaints, 2009'. To identify trends and learning from complaints received during the reporting period.

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## 1.0 Context

- 1.1 This report provides information about compliments, comments, representations, MP enquiries and complaints made between 01 April 2022 and 31 March 2023 under the [Adult Social Care Complaints Policy](#) and [2009 Department of Health Regulations](#) 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.
- 1.2 The scope of this report includes adult social care services provided through Cambridgeshire County Council and those provided through our NHS partner organisation, Cambridgeshire and Peterborough Foundation Trust (CPFT).

## 2.0 Executive Summary

- 336 [compliments](#) were received in 2022-2023. Compliments continue to account for the highest volume of feedback received by the Customer Care Team for adult social care over the last four reporting years.
- 259 [formal complaints](#) were received in 2022-2023. This is 15% (33) increase in comparison to 2021-2022 when 226 formal complaints were received.
- Of the 9858 people receiving services this reporting year, 259 (2.6%) formally complained, which is a 0.9% decrease from 3.5% (226) in 2021-2022.
- There were 7 final decisions issued by the [Local Government Social Care Ombudsman \(LGSCO\)](#) this reporting year. This compares to 5 adult social care final decisions being issued in 2021-2022 and 6 final decisions being issued in 2019-2020.
- The [LGSCO uphold rate](#) for Cambridgeshire County Council is 78%, which is 2% lower than their overall average uphold rate of 80% for similar authorities.
- 72 [MP enquiries](#) were received in 2022-2023. This is an increase of 15 (26%) from the last reporting year.
- The top three [reasons for complaints](#) were: 27% (70) of complaints related to care assessments; 24% (63) related to charging and 10% (27) related to residential care. These complaint themes remain consistent with previous reporting years.
- 54% (142) of formal complaints were [partially upheld](#); 14% (37) were not upheld and 12% (32) were upheld; the remaining 20% (48) were either withdrawn or closed.
- If a complainant is dissatisfied with the initial response to their formal complaint, it can be reviewed by a more senior manager. In 2022-2023, there were 27 [Senior Manager Reviews](#) completed, a 2% increase from last reporting year. This equates to 10% of complainants being dissatisfied with the Council's first response to their complaint.

### 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 Information on [how to provide feedback](#) is available on the Council’s website and in an adult social care feedback leaflet which is provided to all services users. The public can also provide feedback to the Council via an online feedback form, by phone, email or in person to any member of staff and through the Council’s social media channels.

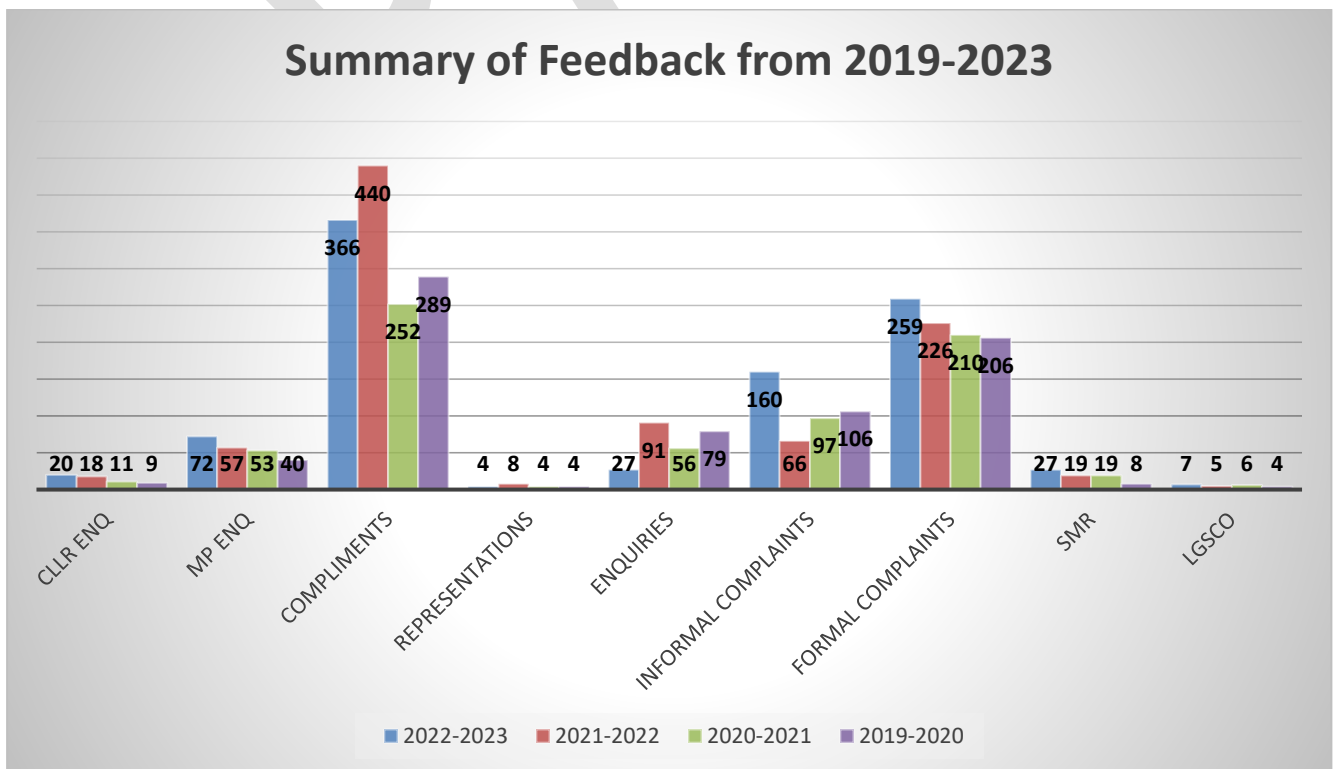
4.2 The complaints process has an emphasis on de-escalation and early resolution of complaints.

4.3 The [adults social care complaints policy](#) is accessible on the Council’s website or on request from any member of council staff. The policy outlines the complaints process and timescales.

### 5.0 Summary of overall feedback received

5.1 The total amount of feedback received this reporting year by the adult social care Customer Care Team is 982, in comparison to a total of 906 (8.4% increase) last reporting year. The breakdown is shown in figure 1 below, alongside a comparison to the previous three reporting years. More details for each type of feedback is given within the corresponding sections of this report. 10% of people we support in adult social care provided some form of feedback that was managed via the Customer Care Team.

5.2 Figure 1:



## 6.0 Compliments

- 6.1 A compliment is an expression of praise, commendation, thanks, congratulations, or other positive comments provided to a member of staff or to the services provided by adult social care. Compliments provided by members of council staff are excluded from this process.
- 6.2 366 compliments were received in 2022-2023. For the last five reporting years, adult social care has continued to receive more compliments than complaints.
- 6.3 Examples of compliments received are below:

**Adult Early Help Team:** "I would just like to let you know how wonderful Hayley has been. I contacted her when my mother-in-law became unwell and needed more care. She was absolutely fantastic and came to meet us the next day. She spoke to us in such a kind and caring way and has continued to provide amazing support not only to my mother-in-law, but to me also. She is an absolute credit to your service, and we just felt that in these times where people are very quick to criticise, we wanted to say thank you to Hayley and let you know what a great job she is doing".

**Carer's Services:** "Hydee, our Adult Support Coordinator, has been so kind and thoughtful in assessing what 'care for the carer' was available. She made me feel that I really did count and followed up calls and emails to check how things were. The result has been great as I am now having 'me time' each fortnight which has made a huge difference to my caring role. I am getting my life back again".

**Community Team:** "Please can I write to inform you of the excellent service Vicky has provided for my father, in reviewing his care plan. She has offered us a service that will enable Dad to stay at home longer. She has been easy to contact. Approachable. Nothing too much. It is very important to provide dad support and Vicky has been very client lead. Thank you."

**Community Team:** "The care and compassion she has shown towards your client has been second to none and has not gone unnoticed. I felt it was important to say as X's wellbeing and welfare has always been a priority for Ella and this has really shone through. There should definitely be more Ella's in this world. She is an asset to your team".

**Debt Recovery Team:** I just wanted to drop you a message to thank you both for your assistance in dealing with my late Aunt's estate. Rachel, your assistance was absolutely invaluable to start with. As you probably gathered, being remote, I knew very little about my aunt's affairs and hence it was a very daunting proposition for me to wind up her estate as executor. Your assistance with giving me all the details you had for her, and following up further questions I had was very much appreciated. In fact, I really don't know where I would have been without your help! You also allowed me to picture what had happened to my Aunt and her belongings up to her passing, which not only helped with sorting the estate, but also brought reassurance to me and my elderly mum (her sister). Andy, thank you so much for your patience whilst I dealt with the estate. It was a lot of money that was owned, but you respected my efforts to get this paid as soon as possible, rather than pressing for payment which I really appreciated. I'm so glad this has been drawn to a conclusion now. It has been a pleasure dealing with you both, and in general a big thank you to social services for taking great care of my Aunt for the final years of her life whilst she was in your care". Very helpful, supportive and I was treated with great respect and felt listened to.

**Learning Disability Team:** “You were a ‘breath of fresh air’ focusing on the positives and saw X as a whole person. He was very grateful for this and particularly remembered you saying whoever became her support worker would be a ‘lucky person’ which made him tearful in the retelling. I wanted to make sure you knew what an impact you’d had on the family”.

**Living in Care Homes Review Team:** “ Teresa's final report on my brother demonstrated not only her professionalism but also her clear and perceptive understanding of him ... Teresa was also a support to me during this time, listening to my concerns and making clear X’s condition and situation ... I cannot thank Teresa enough and wish to acknowledge formally how hard and successfully she worked”.

**Mental Health:** “Very impressed with the level of support given. They listen, come up with ideas and encourage me to make real progress. I feel properly supported as they understand me”.

**Occupational Therapy:** “Pleased to have this opportunity to pay tribute to Beth for the excellent manner in which she helped and advised on a recent visit. Her manner is one of caring and when we had an unrelated problem she was of great assistance. A most pleasant lady who so obviously dedicated to her role as occupational therapist”.

**Reablement Services:** “Very helpful, supportive and I was treated with great respect and felt listened to. I wish to give feedback on the care and support provided by the Reablement Team. They have provided my recently disabled daughter with vital, high quality care and support in the weeks following her discharge from hospital. Their support and kindness have been a lynchpin in enabling her to make a remarkably smooth transition from total wrap-around hospital care to achieving as much independence as possible in the home given her severe level of injury. We are both very grateful to all those professional, hard-working, kind and cheerful members of the team”.

**Sensory Services and Technology Enabled Care:** “I would like to acknowledge the excellent customer service I received today from Graham who is a credit to your Technology team he listened with empathy and gave me relevant and up to date advice. I also felt he owned my current situation by arranging appointments and equipment to be installed in our home which will be of great benefit now and in the future with my wife’s condition hopefully enabling her to stay independent Longer if anything should happen to me”.

**Transfer of Care:** “When X was in hospital and he was having a difficult time with everything, you were the only person who he felt took the time and listened to him - he said if it wasn’t for you, he did not know what he would have done, it was such a difficult time for him and you were marvellous!”.

- 6.4 Themes in compliments relate to gratitude of staff being empathetic and understanding towards people and their family’s situation, the caring, kind manner of staff and the appreciation of the service and support provided by adult social care which has helped improve the lifestyle of people we support. Compliments frequently refer to the professionalism of staff.
- 6.5 The majority of compliments for the Adult Early Help Team were stating that the team helpful, kind, understanding and provided useful advice.
- 6.6 Compliments about the Transfer of Care Team relate primarily to the support and information given during the transition from hospital to either going home with a new care package in place, or

alternatively when entering a residential care home setting for the first time, and the support that has been provided during that period of transition. Most of the compliments were praising staff for being patient and taking time to provide and explain information.

- 6.7 Compliments for the Community Teams relate to the help and support offered at an often very difficult time for people and their families. The compliments recognise the staff's efficient yet kind, caring and empathic manner. Some of this feedback not only includes compliments for council staff but also compliments for the care staff commissioned by the Council.
- 6.8 Technology Enabled Care and Sensory Services receive the highest proportion of positive feedback. The themes are that people we support or their families thanking staff for the informative information provided on resources that can offer them assistance that they had not previously been aware of, for example a lifeline (personal alarm service in time of need) which offers them peace of mind. Feedback highlights the knowledge of staff and the positive impact the supply of technology enabled care devices have on the lifestyle of and improved independence it provides the people we support. For example, one customer stated 'I do feel more confident in the kitchen and when going out for a walk and going shopping'.
- 6.9 A clear theme in compliments across all services, identifies that the people we support, and their representatives appreciate time being taken by staff to listen and explain services to them. It is important that staff across adult social care services recognise that the terminology and services are new and their familiarity with their service should not be used to make assumptions, or to forget, that this is not the case for people outside of their area of work. The compliments across all services recognise the professional yet empathic and understanding approach taken by staff.
- 6.10 In recognition of such feedback, adult social care services continue to improve the accessibility of information about services provided, with the improvement to the information on the Council's website and also in the production and revision of information leaflets available to the public and in the variety of formats that these are accessible in.
- 6.11 Platforms such as the practice governance board and the adult's leadership forum are used to inform and remind staff about the appreciation from the people we support when time is taken to explain processes fully and the importance of remembering to do so in an understandable and accessible way and seeking clarification from the person that they have understood or to offer them the opportunity to raise queries.

**We continue to receive more compliments than complaints for adult social care services.**

- 6.12 Compliments which show that the work of an individual staff member has been exceptional are personally acknowledged by the Service Director for Adult Social Care and are included in the monthly communications email from the Executive Director, Adults Health and Commissioning to all staff.
- 6.13 The Customer Care Team remind staff of the importance of sharing positive feedback with the team.

## 7.0 Learning identified from complaints

7.1 Research shows that a primary driver for making complaints is so lessons can be learned and processes improved. It is also a key part of an effective complaints procedure to demonstrate that organisational learning has occurred to offer the public assurance that complaints do make a difference. Complaints are a valuable source of information which can help to identify recurring or underlying problems and potential improvements. It is important to the Council to understand the impact complaints have on people. Repetitive trends are monitored and regularly shared with adult social care to prevent recurrence.

7.2 The Council are receptive and reactive to feedback. Whether a complaint is upheld or not, formal or informal, or whether there is a reason the Council determine not to respond to a complaint, the relevant service will still consider each concern, investigate where appropriate, and learning will be identified wherever possible to ensure the opportunity for service improvement is not missed.

7.3 Following the conclusion of all complaints, the implementation of agreed actions is monitored by both the service area responsible for the action and the Customer Care Team. This is to ensure action is taken in a timely way.

7.4 Some general examples of the outcomes of complaints dealt with this reporting year include apologies; staff training or guidance; re-assessments; a change or review of policies or operational procedure; a change or review of service; discussions at team meetings and management boards; paying/waiving care charges; monitoring actions/service improvement of a commissioned provider; reviewing resources; explanation of events provided to complainants; advocate appointed.

7.5 Complaints this reporting year have identified the need for:

- Clearer information about how funding works for unexpected changes in care
- Improving the people we support and staff understanding of processes and responsibilities when managing Direct Payments
- Hospital teams ensuring that financial information about care home fees is clear and accurate
- The need to manage customer expectations and be upfront about payments they will need to make in the future
- Completing financial assessments in a timely way
- Improved accuracy of invoicing
- Improved communication from debt recovery
- Making safeguarding personal and the importance of having transparent conversations
- Supporting staff in challenging and abusive situations

7.6 Specific case examples relating to learning and actions are provided in section 7 below.

## 8.0 Case examples and service improvements

8.1 The Ombudsman found fault with the Council and a care home acting on the Councils behalf for some of the care, a lady supported by the Council, received and for failing to record and report safeguarding concerns. The Council and the Integrated Care Service (ICS) worked with the care home and the home received several monitoring visits from both the Council and the ICS considering their overall performance. Poor incident management was one of the areas of focus, and particularly the quality of internal investigations and recording practices. An action plan was in put place and was escalated to



their Senior Leadership. Using the learning from the safeguarding investigation, the care home evidenced improvement in their overall care delivery (thereby reducing incidents) and in the way that they respond when things go wrong. Notifications of Concerns, continue to be received in a timely manner, and evidence that the home is recording and responding to incidents appropriately when they occur. The care home is now under 'routine' monitoring and will receive standard visits in line with all other homes in the County.

Learning also identified an initial social care review was not completed in an appropriate timescale (covid lockdown), which led to a delay in an unsuitable placement being identified. When it was identified, an alternative placement was quickly arranged. The Head of Social Work, Older People and Communities and the Quality and Practice Standards Manager met to discuss the lessons identified and how to take this forward with adult social care staff. Several actions were taken to the next adult social care Practice Governance Board; to include the use of the communications strategy as stated in the Safeguarding Adults Board Large Scale Enquiry procedure; communicating to all adult social care teams the importance of timely initial placement reviews and communicating to all adult social care teams the Council's duty to carry out social care reviews. As a result, practitioner factsheets on reviews were produced to provide guidance around the Council's duty in relation to social care review, timescales, triggers for reviews, as well as risk factors. The learning and actions taken was also disseminated to adult social care staff in the Adults and Safeguarding Newsletter.

- 8.2 In another Ombudsman case, there was no fault found against the Council about the way they had conducted a safeguarding enquiry. This case was used as an example for learning from best practice when responding to recent concerns while working with a family around care and support planning and risk. The case provided a good example of Multi-Disciplinary Team (MDT) working; risk assessing information gathering and showing clear management oversight throughout the investigation. This learning was shared with practitioners via 'stories from practice' and used as 'bite sized' learning in sessions organised by the Manager of the Practice and Quality Service and the Principal Social Worker for adult social care practitioners.
- 8.3 A complaint was raised by the husband of a lady we support as he was offended that within his wife's Community Action Plan (CAP), he was referred to as an 'informal carer'. The terminology is a standardised term that is pre-populated on forms produced from the adult social care electronic data base. It is used to differentiate between people who give care as paid carers (i.e. employed by a care agency or similar) and those who provide care, usually to their immediate family members, in a less formalised arrangement. The gentleman's feedback provided the Council with the opportunity to reflect on the terminology used and recognise that it is a very generic term that does not recognise that for the care giver, the varied, and often extensive, nature of the caring relationships people have with one another. The investigating manager subsequently reviewed the terminology that other local authorities and organisations, such as Caring Together (a charity that supports carers of all ages across Cambridgeshire, Peterborough and Norfolk) and the Department of Health and Social care and also consulted with the Carers Partnership Board, which is coordinated and supported by Healthwatch to improve the services for carers in Cambridgeshire and Peterborough, to identify alternative terms for consideration. As part of the review, it was ascertained that the term "informal carer" was not one that was used widely elsewhere or a preferred term. The terms which were most prevalently used in other organisations and suggested by the Carers Partnership Board were "carer" and "unpaid carer." Taking the gentleman's views onboard as well as those of the Carers Partnership Board, it was determined that the term "unpaid carer" is the term which best reflects the wide and varied needs

and circumstances of individuals. As a result, the investigating manager made a request for the wording used on documentation be changed from 'informal carer' to be amended to 'unpaid carer'.

- 8.4 In certain and exceptional circumstances some complainants have pursued complaints, and other service-related issues, in ways that are considered to be unreasonable. This is unusual, however, when this happens, it is important that the Council are clear about why they consider a customer's actions to be unreasonable and for the Council to be transparent about how we deal with such circumstances. The Council need to ensure our duty of care to our staff alongside our commitment to be responsive to our customers. In these situations, the [Customer Handling Policy](#) is applied when absolutely necessary. The policy describes how the Council will deal with customers who are unreasonably persistent or otherwise act unreasonably whilst raising a complaint or issue with staff. This policy covers behaviour which the Council consider is unreasonable, which may include one or two isolated incidents, as well as unreasonably persistent behaviour, which is usually an accumulation of incidents or behaviour over a longer period. In this reporting period, the Customer Handling Policy was implemented on 3 occasions. This is an unusually high number of protocols to be issued within a reporting year and it led to the review of the impact of unacceptable behaviour on staff and the subsequent implementation of a violence and aggression at work policy. A further internal document is currently being drafted to provide guidance for staff and managers to ensure they feel supported and more confident in understanding what is unreasonable behaviour which staff should not tolerate and how to manage these incidents in line with the Council's policies and procedures. This topic has also formed part of the management complaints workshops that are run throughout the year and discussed at the adult social care Practice Government Board.
- 8.5 As discussed in the examples above, the Council are keen that learning from complaints is shared across services. This is achieved in a variety of ways to include regular complaints meeting with Head of Services' across adult social care, Director level oversight of all Local Government Social Care Ombudsman (LGSCO) complaints and the dissemination of learning through a variety of methods led by the Practice Standards and Quality Team and the Principal Social Worker for adult social care. These can be relating to a specific case or regarding wider themes that have been identified. Learning from complaints relating to practice is also overseen by the adult social care Practice Governance Board. The annual complaints report is also shared with the Adults and Health Committee to ensure there is oversight and assurance through that route as well.
- 8.6 Team managers are reminded to share customer feedback regularly with their team members in team meetings to ensure learning is disseminated across staffing levels and in a timely manner.
- 8.7 Learning from complaints can be combined with feedback from other sources, such as user surveys and the partnership boards. For example, complaints around accessibility and clarity of information and advice have been linked to issues raised in the national service user survey and resulted in focussed work with the adult social care forum and partnership boards. The corporate communications team have designed a survey to be undertaken with support of partner organisations to ascertain what information people are looking for and where they go to find this. The findings of this are helping to better target our advice and information offer and to ensure we are providing the information that is important to people.
- 8.8 In light of the learning identified from both individual complaints as well as the themes identified across feedback in general across adult social care, several actions have been taken to improve the services we provide, examples of which are provided below.

8.9 Although not unique to Cambridgeshire County Council, it is recognised that there are a high number of complaints that relate to finances. The Council continue to review their finance functions to ascertain where services can be improved, examples of service improvements this reporting year are:

The Financial Assessment (FA) service has recently implemented an online Financial Assessments portal, whereby customers and their representatives can submit their information online, in an environment whereby the portal provides the client proportionate and relevant information and guidance for the information being requested; this will make it easier for clients to understand what is being requested and why, and should facilitate a faster and smoother completion of their financial assessment.

The Adult Finance Team (AFT) continue to offer staff training drop-in sessions, to discuss complex finance cases for solutions, to ensure decision making is informed and supported by colleagues who are specialists in the area.

Following feedback, the FA service are revising its suite of manual Financial Assessment letters and questionnaires, to make improvements so that clients can better understand what information is being asked for and why.

The FA Service are also undertaking a programme of work to identify areas for improvement, implementing changes such as staff training and process redesign, in order to improve the function's overall performance, responsiveness and customer service.

8.10 The Technology Enabled Care Service has adapted their technology offer, to ensure that technology is no longer analogue and now has a digital offer in line with the Digital Switchover 2025.

8.11 Themes from feedback highlighted that there had been an unusually high number of Providers of Concern's over the past couple of years. During and post Covid, there was limited in-person monitoring of providers by either the usual social worker contact, the Council's Contract Service, the Integrated Care Board (ICB) or the Care Quality Commission (CQC). The Care Home Support Team and the Living in Care Home Support Team alongside Contracts and Commissioning have sought to review, address and monitor poor practice, which has been steadily improving.

8.12 The Reablement (RBT) Service started a policy and training standards group for in-house services as a forum for provider services. RBT and Learning Disability Services are reviewing policies against CQC regulations and standards and to date, the group have reviewed Medication policies and are currently working on a new Moving and Handling policy and guidance around Do Not Attempt Resuscitation (DNAR).

8.13 The Adult Early Help Team and Reablement Hub have joined services to form the Intake Team and Assessment Team, to provide a more streamlined approach to triage cases into the prevention services. Alongside they have combined the carers offer, into the Intake and Assessment Team to provide a more consistent and robust offer to the people we support, as well as enabling improved knowledge sharing between workers and succession planning.

8.14 Following a review of services and feedback from staff and people we support; it was identified response times and communications from RBT services required improvement. As a result of this, the RBT service has implemented a Duty system. This consists of operational business support staff and operates 7 days a week, 6am-10pm. This service provides support to RBT workers, service users as well as internal and external partners.

8.15 It was identified that there were discrepancies between the standards of RBT services. In order to allow the RBT service to monitor the quality, set necessary improvements and maximise service

capacity, the service changed the CQC registration, going from four service locations to one. This way RBT can manage and lead the service ensuring the same approach is applied across the county.

- 8.16 Complaints are increasingly crossing over with external organisations, to include hospitals and mental health services. Wherever possible, the Customer Care Team will ensure that a co-ordinated response is provided to the complainant, rather than signposting the complainant to each organisation to raise separate complaints. As each organisation will typically have differing complaints policies, processes, timescales and escalation routes, it can often prove difficult to co-ordinate, resulting in delays and further frustration for the complainant.
- 8.17 As a result of the feedback that has been received about poor communication between services, which is often what led to the complaint being raised in the first instance, the Customer Care Manager meets quarterly with colleagues in both Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) and the Integrated Care System (ICS). The Customer Care Manager also meets with the Cambridgeshire Regional PALS and Complaints Managers Network to discuss joint complaints and improve communication. This has led to the production of a joint working protocol for all involved organisations to ensure that there is a joined up, systematic and consistent approach when responding to complaints that cross over between services.
- 8.18 Where the outcome of a complaint identified that a commissioned care provider's service had fallen below expected standards, this was shared with the Council's Contracts and Commissioning Team who carried out monitoring and review work with the respective providers to ensure the failings that had been identified were being addressed by the providers, for example improving record keeping. In addition to this, the Care Home Support Team undertake targeted work with care homes to improve quality of care where issues have been identified through complaints or other sources.
- 8.19 Training sessions continue to be run over the course of the year to improve adult social care staff knowledge on the adult social care feedback process and expectations. In addition to this, a work step has been introduced to provide senior management with key information relating to progress and performance of complaint investigations, to enable oversight of any issues and for interventions to be introduced where necessary to avoid delays. This new process is being monitored to determine if it has been effective in reducing the number of complaints that are responded to outside of timescale.
- 8.20 Feedback relating to holds on debt recovery being released prematurely, has led to the service implementing additional manual checks of accounts on hold as well as a reconciliation process to ensure that the appropriate manual actions have been undertaken where reminders are to be held, in respect of both current and future invoicing. These additional checks should now mitigate against the risks of holds being released prematurely. In addition to the above, a feasibility review is being carried out to understand whether the current invoicing system could automatically manage a hold on recovery actions in respect of impacted accounts at the point the system generates new charges (invoices).

## 9.0 Representations

- 9.1 A representation is a comment or complaint about council policy or procedure (rather than how we have applied a policy or procedure). A representation can also be made about allocation of resources or the nature or availability of services.

9.2 The Director responsible for the relevant service area will review the representation and if the Director feels that the policy, legislation, or funding decision should be changed, they can take it forward for further consideration. It is the Council's elected members who have the final decision on whether it is changed. If the Director feels that the policy, legislation, or funding decision is appropriate and should not be changed, the customer will be advised of the reason for the decision. If there are a significant number of similar representations, and it is within the Council's power and responsibilities, they will consider re-investigating the concerns again.

9.3 4 representations were responded to in 2022-2023, opposed to 8 in 2021-2022. The number of representations varies year on year; in 2020-2021 there were 4 representations. This reporting year the representations all related to charging:

- Invoicing; information available within the invoices
- Direct Payments; support offered to the employees.
- Client Contributions; annual uplift
- Financial Assessment; difficulties emailing large attachments

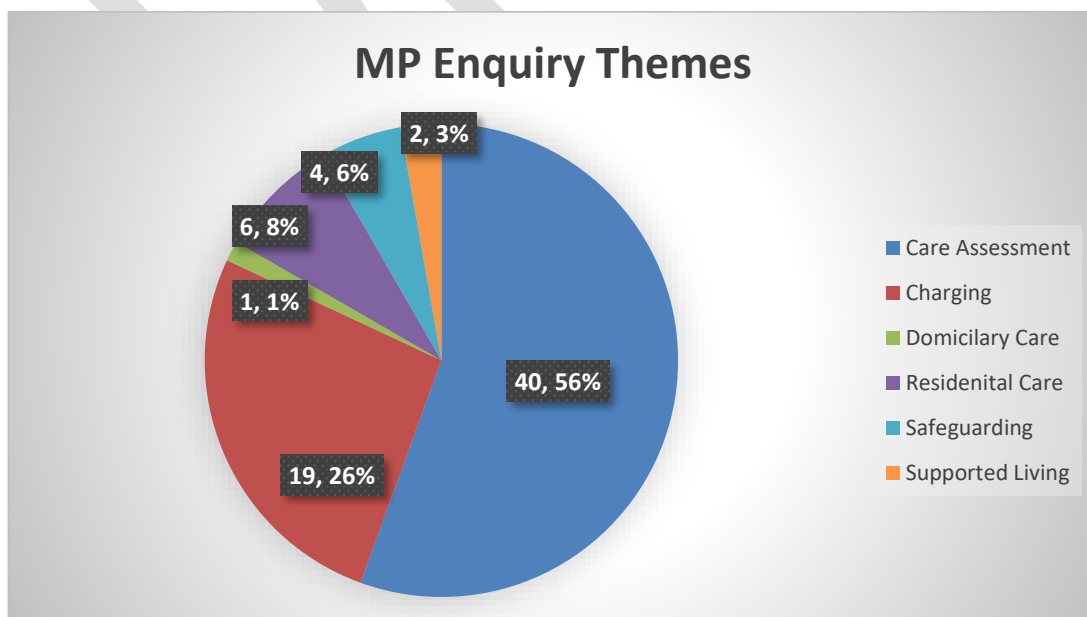
## 10.0 MP Enquiries

10.1 An MP enquiry can be related to a request for information, the clarification of circumstances or further information for a particular situation or constituent, or the notification of dissatisfaction with a service.

10.2 The Customer Care Team facilitates responses to MP enquiries. These are not counted as complaints, however, in some cases, a complaint may already have been received and in some cases, a complaint may subsequently be made. Every care is taken with these responses, which are written in the expectation that they will be shared with the MP's constituent.

10.3 72 MP enquiries were responded to for the year 2022-2023. This is an increase of 15 (26%) compared to last year, 2021-2022 where 57 MP enquiries were responded to.

10.4 The chart below shows the themes of the enquiries raised by MP's on their constituents behalf.



- 10.5 The Adults Community Service (previously known as Older Peoples Service) responded to the largest volume of MP enquiries 27 (38%), which is expected in respect of the service having the largest proportion of people we support receiving their services.
- 10.6 Of the 72 MP enquiries responded to, 8 (11%) of the MP enquiries were upheld, 29 (40%) were partially upheld and 26 (36%) were not upheld, 5 (7%) were closed, 2 (3%) were pursued through a different route e.g. safeguarding, and 2 (3%) had no further action as the concerns were already being dealt with via casework with the locality team.
- 10.7 MP Enquiries should be responded to within 10 working days. 26 of the 72 (36%) MP enquiries received in 2022-2023 were responded to outside of the 10-working day timescale. Delays were due to complexity of the concerns that were being responded and required additional information for the response. This is slightly higher than the proportion of MP enquiries that were responded to outside of timescale last reporting year (30%). As outlined earlier in the report, the Customer Care Team are working with responding managers to try and reduce the number of responses that are issued outside of timescale.

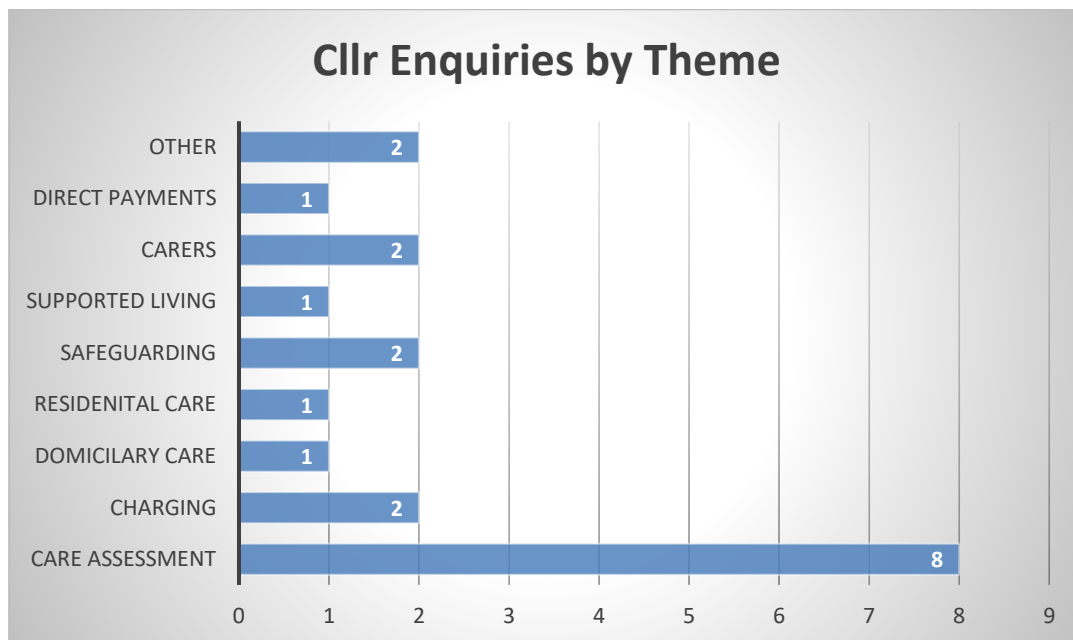
## 11.0 Councillor Enquiries

- 11.1 As members of the Council, Councillors can contact adult social care raising enquiries on their constituents behalf. It is not the usual practice for the Customer Care Team to manage and report on all Councillor enquiries as Councillors may have contacted the service manager directly. As such the figures reported on, are not a true reflection of the number of Councillor enquiries that are made across adult social care.
- 11.2 The Customer Care Team may manage a Councillor enquiry if the service manager feels the case is complex and requires a coordinated investigation. The response time to respond to a Councillor enquiry is 10 working days from the day of receipt, therefore, if the case is complex and requires an in-depth investigation, the concerns raised may then be progressed to a formal complaint to enable sufficient time for the investigation to be completed. If this is the case, then the Councillor will be notified of this information at the earliest opportunity. When the Customer Care Team do receive a Councillor enquiry, then the usual practice is to forward onto the relevant Head of Service and ask for a response to be provided to the Councillor.
- 11.3 In this reporting year, the Customer Care Team dealt with 20 Councillor enquiries, in comparison to 18 Councillor enquiries in the last reporting year, this an increase of 2 (10%). As outlined in point 11.1, these figures only account for Councillor enquiries in which the Customer Care Team have co-ordinated a response or enquiries which have been received directly to management, who have then made the Customer Care Team aware of the enquiry.
- 11.4 In order to capture a more representative number of Councillor enquiries being dealt with by services directly, there has been a modification made to the electronic case recording system for adult social care. This modification enables staff to record the contact under a specific category. Although this modification has been implemented, at the time of writing this report, the Business Intelligence service have been unable to pull the data from the system. We hope to have access to this information for the next annual report.
- 11.5 In order to be able to report on a more accurate figure of the number of Councillor enquiries that are being dealt with, a modification was introduced to the adult social care electronic case recording



system, during this reporting year. At the time of writing this report, the Business Intelligence service are working on being able to gain the data from the Council's electronic software. We anticipate that once this data is collated, it will show that there has been an increase in the number of Councillor enquiries. We aim to provide this information in the annual report for the year 2023-2024.

11.6 Figure chart below, shows the themes of the 20 Councillor enquiries the Customer Care Team dealt with this reporting year.



## 12.0 Formal Complaints

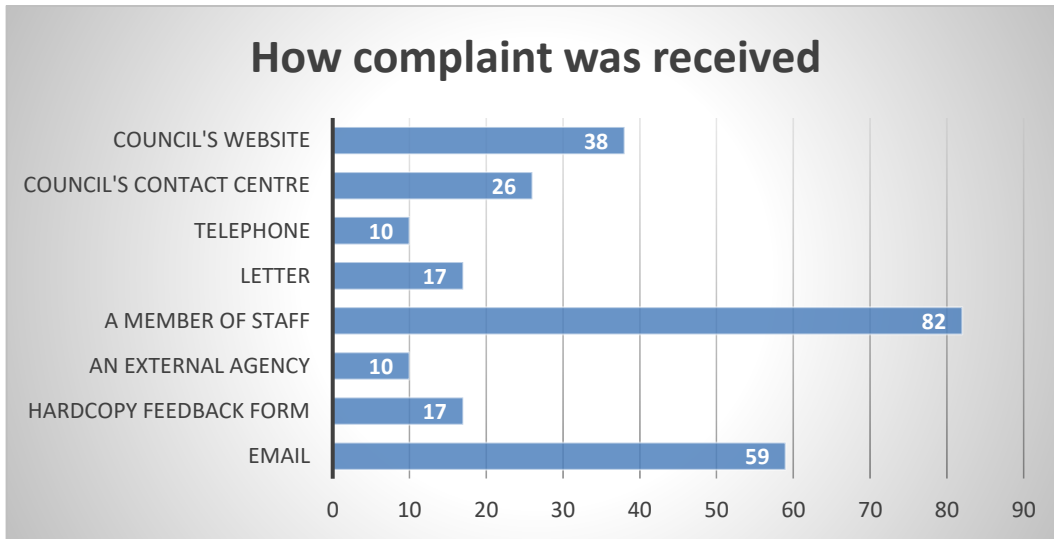
12.1 A complaint is an expression of dissatisfaction, whether justified or not, about the standard or the delivery of a service, the actions or lack of by the Council or its staff which affects an individual person, their representative or a group of users.

12.2 In providing these statistics, it should be noted that the volume of complaints does not in itself indicate the quality of the Council's performance. High volumes of complaints can be a sign of an open, learning organisation, as well as sometimes being an early warning of wider problems enabling the opportunity for preventative measures to be implemented. Conversely, low complaint volumes can be a worrying sign that an organisation is not receptive to feedback from people we support, rather than being an indicator that all is well.

12.3 Therefore, emphasis is placed on ensuring that people wishing to make a complaint or provide feedback of any kind, can do so with ease in a variety of ways. Guidance regarding how to provide feedback of any kind is provided on [Cambridgeshire County Council's website](#).

12.4 In addition to the website, information on how to make a complaint or provide feedback, is explained by staff during the assessment process and the people we support are given a factsheet which outlines the process and provides details on how to provide feedback. There are several options available to enable the people we support to be able to provide feedback, for example: by email, in writing, in person, via an online form on the Council's website, by speaking to any member of staff, via an advocate, on a hardcopy freepost return form, handwritten via post, via their local MP or Councillor, or by telephone.

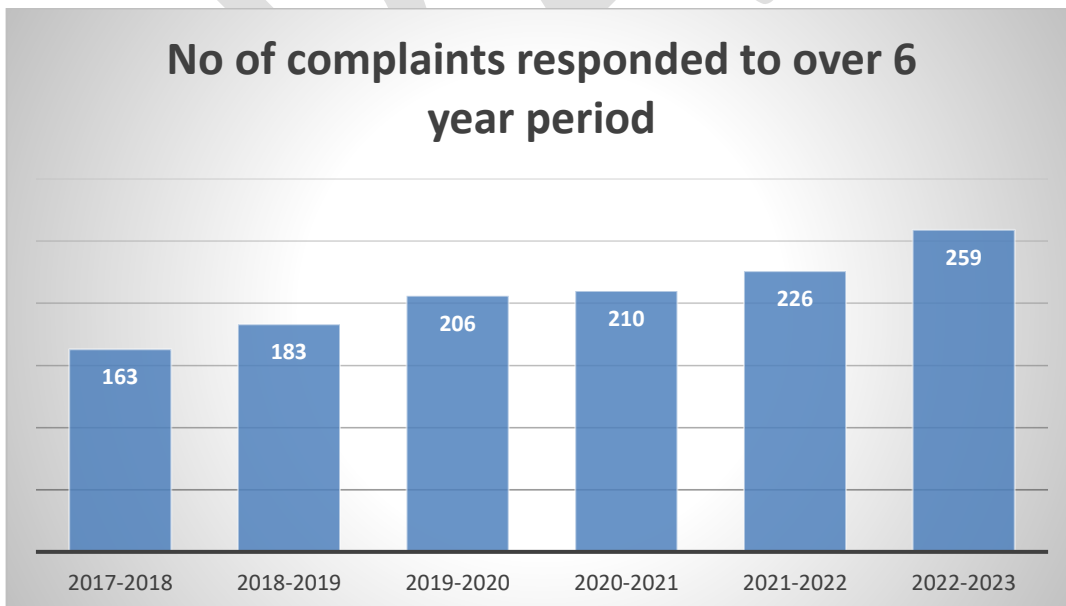
12.5 The chart below shows how the Customer Care Team has received formal complaints over the last reporting year. We are collecting this data to try and ensure our service is accessible and to recognise what methods are utilised the most.



12.6 There were 259 formal complaints received in 2022 to 2023. This is a 15% (33) increase than the previous reporting year, where 226 were received.

12.7 Although there is a year-on-year rise in the number of complaints received, the overall percentage of people receiving services who complained has decreased from 3.5% last reporting year, to 2.6% this reporting year.

12.8 Figure 4 gives details of the number of formal complaints received over the last 6 reporting years:



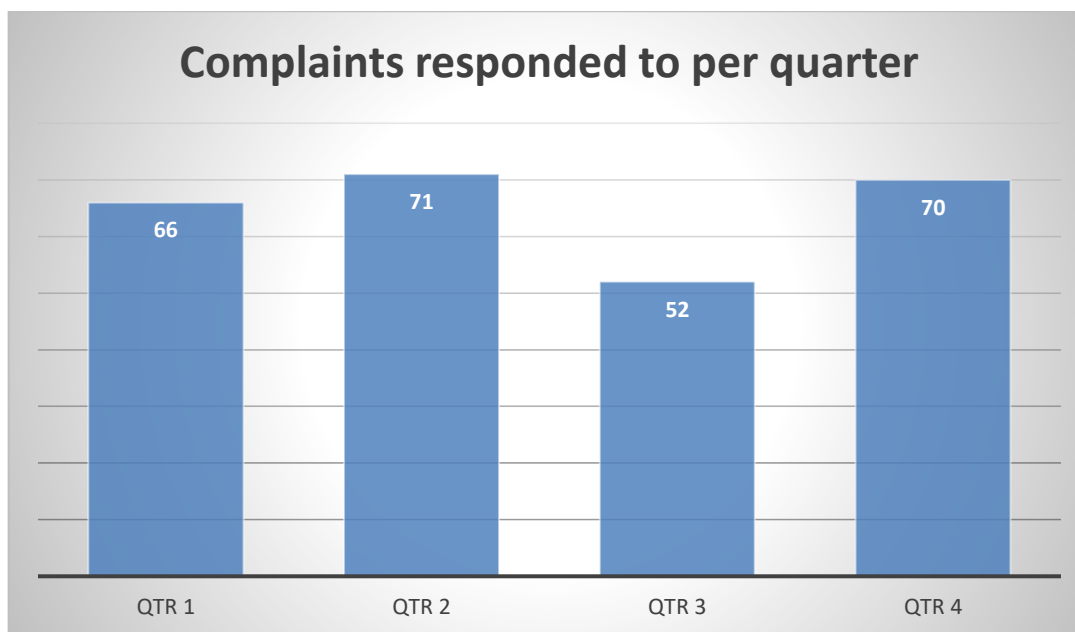
12.9 The chart above shows that there has been a gradual increase in the number of complaints responded to over the last 6 reporting years.

12.10 There has been a 14% (33) increase in the number of formal complaints responded to this reporting year in comparison to 2021 to 2022. This is the largest increase over the last 6 years. However, as cited in point 14.6 above, the overall percentage of complaints to number of service users has decreased



this year, suggesting the rise is likely connected to the increase in the number of people receiving services.

12.11 The number of complaints responded to per quarter fluctuate throughout the year. The chart on the next page shows the number of complaints responded to per quarter during this reporting year.



## 13.0 Service Area Complaints

13.1 To provide some perspective; the table below shows the number of complaints in relation to the major service areas and the total number of people receiving services. Please note that the table does not account for all complaints, only those which come under the service areas listed.

13.2 For consistency in data capturing, a complaint will be categorised under the service area that the person is currently receiving services from. However, it is important to note that although the person we support may be in receipt of services from one of the services categorised below, the complaint can be about a different service, for example, finance, contracts, commissioning etc. This variance is covered later in the report, where the reason for the complaint and themes are discussed in [section 20](#).

13.3 The table below shows that although Adult Social Care Community Teams, responded to the highest volume of complaints (99), however, there has been a 4% (4) decrease in the number of complaints they dealt with last reporting year.

Service Area	No of people receiving services	No of complaints	% of complaints by population receiving services.
Adult Social Care Community Teams	2963	99	3.3%
Adult and Autism Team	286	12	4.1%
Learning Disability Partnership	2080	39	1.9%
Mental Health	763	27	3.5%

Young Adults Team	447	10	2.2%
Reablement Service	525	7	1.3%
Living in Care Home Review Team	1297	21	1.6%
Adult Early Help	479	5	1.0%
Sensory Services & Technology Enabled Care	184	2	1.0%
Transfer of Care Service	387	8	7.2%
<b>Totals</b>	<b>9858</b>	<b>259</b>	<b>2.6%</b>

\*29 complaints related to services such as Continuing Healthcare; Multi Agency Safeguarding Hub, Childrens Services; Contracts and Commissioning; Data Protection; NHS.

- 13.4 Proportionately, in terms of the number of people we support open to the service areas, the Transfer of Care Team had the highest percentage (7.2%), followed by the Adult and Autism Team (AAT) (4.1%).
- 13.5 Complaints about Transfer of Care are predominantly linked to discharge arrangements, provider availability and charging.
- 13.6 The overall increase in the number of complaints for the Transfer of Care service has only increased by 1 in comparison to the last reporting year. The overall increase in complaints for this service over the last couple of years, could be linked to the change in discharge procedures as a result of Covid-19 and the subsequent impact of the National Discharge Fund coming to an end at the start of this reporting year. The Customer Care Manager will continue to monitor this over the next reporting year.
- 13.7 Many complainants raise more than one complaint. An example of this, is where AAT have responded to 12 complaints, however, they only related to 8 people who raised more than one complaint which remains a theme for this service area. There has been a 25% (3) decrease in the number of formal complaints responded to by the Adult and Autism Team this reporting year.
- 13.8 For Mental Health service complaints, which covers both Older Peoples Mental Health (OPMH) and Adult Mental Health Services (AMH), there has been a 170% (17) increase in the number of complaints relating to Adult Social Care Mental Health Services over this reporting year. Although the service area has expanded over the reporting year from 540 to 763, as the proportion against service area has also increased (from 2.1% to 3.5%) this causes concerns and senior managers are..... This increase may be down to improved data capturing and complaints management between the Council and CPFT complaints team, which the Customer Care Team are continuing to monitor.
- 13.9 There has been a 39% (11) increase in the number of complaints for the Learning Disability Partnership this reporting year. However, in relation to 2020-2021 there is a 20% (10) decrease and in 2019-2020, there was only one less (38). There is nothing to suggest a particular reason for this increase and it may be that the drop in the number of complaints for this service last year was unusual, opposed to the rise this year. The Customer Care Manager will continue to monitor this and to try and identify if there are any particular themes that are suggestive of an underlying issue causing an increase in concerns.
- 13.10 Overall, 2.6% of people allocated to an adult social care service formally complained. This is a 0.8% decrease from the previous reporting year (3.4%) and changes the trend from the last 5 reporting years where there has always been a proportionate increase of approximately 0.3% year on year. The reason for the decrease this reporting year, is due to the improved reporting mechanism which have enabled the Customer Care Team to provide data about more services e.g., reporting on the number of people being supported by Reablement services.

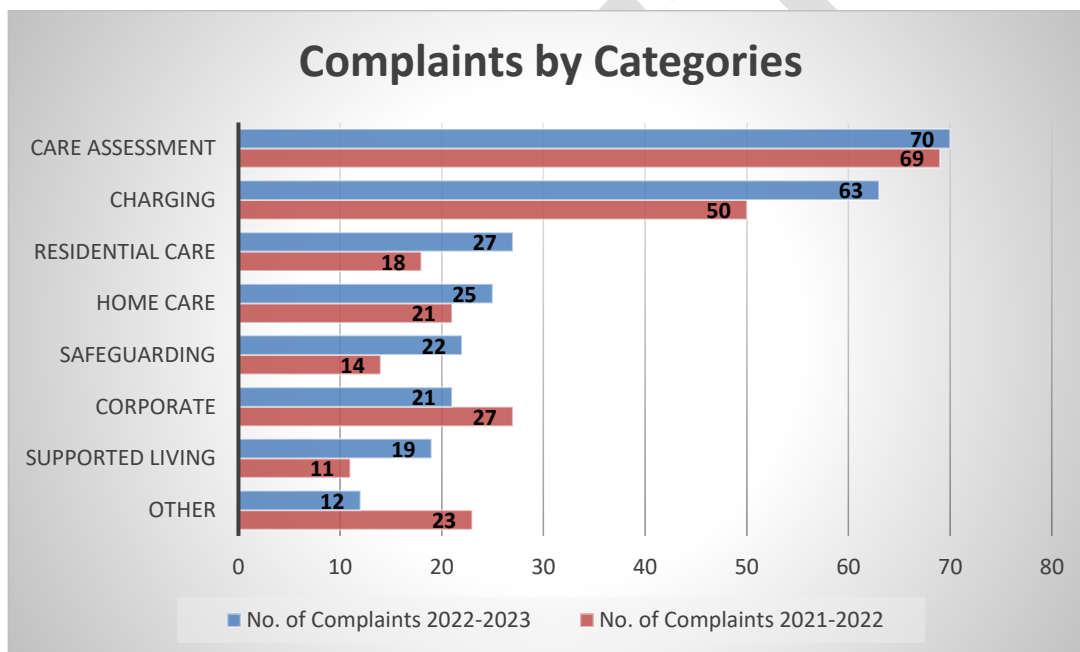
13.11 Formal complaints accounted for 27% (259) of the overall feedback (958) received for adult social care for 2022-2023. This is similar to 2021-2022 when formal complaints accounted for 25% of overall feedback.

## 14.0 Reasons for Complaints

14.1 The categorisations for the reasons for complaints has changed since the last reporting year, in order to align with the categorisations defined and used by the Local Government Social Care Ombudsman. This is to try and provide more consistency in recording and to increase the ability of using comparator data for analysis

14.2 Complaints are becoming more complex and contain more than one reason of dissatisfaction and for reporting purposes, complaints are categorised using the primary issue in the complaint.

14.3 The chart below, shows the categories of complaints for 2022-2023 in comparison to 2021-2022.



14.4 Complaints relating to care assessments remain the most common reason for a complaint, accounting for 27% (70) of complaints. This is quite a broad category and examples of complaints that fall into this category are complaints about the content of the assessment (inaccuracies); disputing the outcome of the assessment; delays in the assessment being undertaken or completed; disputes about the mental capacity of people and therefore their ability to provide an accurate account of their needs; disputes about who forms part of the assessment gathering process. It is not possible to advise if there has been an increase or decrease in this category since the last reporting year, due to the change in recording the reasons for complaints.

14.5 Charging, which includes the Debt Recovery, Adult Finance, Financial Assessments and Direct Payments services, accounted for the second most common reason for a complaint with 24% (63) falling into this category. This is an 23% (13) increase from 2021-2022, where there were 50 complaints fell into the charging category.

14.6 The number of complaints that fell into the 'corporate' and 'other' categories in the graph above, both decreased over this reporting period. Corporate complaints are dealt with under the Council's

corporate complaints process, primarily due to the different complaint escalation routes once the Council's own process has concluded, for example the Information Commissioners Office (ICO), the Office of the Public Guardian (OPG) or the Court of Protection (CoP).

- 14.7 The majority of the complaints within the corporate complaints category relate to complaints about members of staff conduct. Examples of these include parking of their vehicles; the manner in which they communicated verbally or in writing with the public and allegations against staff conduct outside of work. Complaints raised by providers also fall within the corporate complaint category. Such complaints are dealt with by the Council's overarching complaints policy and in line with Human Resources (HR) regulations and guidance as appropriate.
- 14.8 Complaints that have been categorised within the 'other' category, include complaints that relate to data breaches, information governance, children's services, concerns about people who are not open to adult social care, concerns about housing or concerns relating to health services. These complaints are overseen by the Customer Care Team and where appropriate referred on to the appropriate service to respond.
- 14.9 A process for managing complaints that are commissioned by adult social care and provided by Mental Health or Occupational Therapy (OT) services are managed in line with the Section 75 agreement with Cambridgeshire and Peterborough Foundation Trust (CPFT). The number of complaints recorded by the Customer Care Team can differ slightly from the number reported by Cambridgeshire and Peterborough Foundation Trust (CPFT). These variations are due to the different ways in which complaints are categorised by the respective organisations.

## 15.0 Complaints about Commissioned Care Providers

- 15.1 The Council commission services such as home care, supported living and residential care and it is the Council's responsibility to monitor these services. When a complainant has concerns about one of these commissioned services, they can raise their concerns with the Council directly or to the provider. If the complainant has already raised concerns with the provider directly and remains dissatisfied, then the Council will carry out an investigation.
- 15.2 The majority of concerns regarding commissioned services will be responded to by the Council's Contracts and Monitoring Team as it is this team who will carry out visits to support the provider where appropriate.
- 15.3 In the year 2022-2023, 110 complaints related primarily to either home care, supported living or residential care. This is an increase of 32 (41%) compared to the year 2021-2022, where 78 complaints were recorded. Complaints about Council commissioned care provision can be raised directly with the care provider or with the Council. Due to concerns about the quality of a sample of responses issued directly by providers without the Council's oversight, the Council has reminded providers that service users have this option to complain to the Council. Staff have also reiterated this message to the people we support when they have raised concerns with providers.
- 15.4 The majority of complaints about Council commissioned care services, related to the standard of care and support. Standard of care covers themes included care staff not staying for the full commissioned duration of the care calls and care staff not completing the relevant tasks. The next highest volume of complaints related to the choice of residential or home care providers., followed by complaints relating to poor communication, for example, failing to communicate late or cancelled care calls.

- 15.5 The Council's Contracts and Commissioning Team work closely with providers and social care teams to address concerns that are raised. The Contracts and Commissioning Team and Care Home Support Team will visit providers to support them with improving in areas where there is evidence that expected standards are not being met. This can include monitoring visits and supporting with the training and knowledge of staff. Social Care Teams and the Customer Care Team will record Notifications of Concerns about the standard of care being provided by independent care providers. This enables the Contracts and Commissioning Service to monitor for themes and identify where targeted support is required with providers to ensure improvement in their service provision. The Customer Care Team will also raise themes with the Contracts and Commissioning Team to highlight concerns of a similar nature.
- 15.6 Should there be ongoing concerns with a care provider, further to visits are carried out by the Council's Contracts and Commissioning Teams, and where appropriate an action plan will be implemented and the provider routinely monitored to ensure standards improve. The Contracts and Commissioning Team also work alongside the Integrated Care Board (ICB) Clinical to review quality and compliance with care providers.

## 16.0 Comparative Data

- 16.1 Historically, the Customer Care Team have reported on the complaints data obtained from our comparator authorities, the top ten of which are: Oxfordshire, Gloucestershire, Hampshire, Essex, Buckinghamshire, Hertfordshire, West Sussex, Surrey, Worcestershire and South Gloucestershire. The comparator authorities used are those defined by the Department of Health for comparing statistical data to Cambridgeshire.
- 16.2 Unfortunately, this data has not been collated and distributed over the last five reporting years. Customer Care Managers across local authorities are working together to try and ensure that this data can be co-ordinated going forward.
- 16.3 It is worthwhile noting, that even on receipt of the more current data from comparator authorities, it is difficult to consider a valid comparison as there are a range of different arrangements for dealing with and the recording of complaints data. For example, some authorities record and report on adult and children's social care complaints jointly, whilst others include all contact, to include Councillor and MP enquiries, within their complaints data.
- 16.4 Although we are currently unable to report on our statistical neighbours' complaints data, each year in July, the Local Government and Social Care Ombudsman (LGSCO) issues an annual review to each council. In their review letter the Ombudsman sets out the number of complaints about the Council that the LGSCO have dealt with and offers a summary of statistics to accompany this.
- 16.5 The annual review statistics are publicly available, allowing councils to compare their performance on complaints against their peers; copies of the annual review letter are issued to the leader of the Council and Democratic Services (the Ombudsman's link person within the council) to encourage more democratic scrutiny of local complaint handling and local accountability of public services. This information is accessible on the LGSCO website [here](#).
- 16.6 Across the Council 78% (18) of complaints were upheld by the LGSCO. This is a 6% (5) increase from 2021-2022. Similar organisations have an annual uphold average of 80%. The LGSCO noted in their

review letter that the annual uphold rates for all investigations has increased this year and to exercise caution when comparing uphold rates with previous years.

16.7 Across the Council, 68 complaints were decided by the LGSCO this reporting year. 12 of these related to adult social care. 6 (50%) of which were upheld, this is a slight decrease from the previous reporting year where 7 complaints were upheld. The breakdown of the outcomes of the 12 LGSCO adult social care investigations for 2022-2023 is as follows:

- 4 - Alleged faults not warranted / no worthwhile outcome achievable by investigation
- 1 - Withdrawn by complainant
- 6 – Upheld (summary of the outcome of each case is provided on page 4)
- 1 - Not upheld

16.8 The Council continue to strive to increase the number of complaints where the complainants, and the LGSCO, are satisfied that their concerns have been fairly addressed and their desired outcomes met. It will never be possible to achieve this in all scenarios as there will be occasions where the council are unable to provide the complainants desired outcome.

16.9 Of the complaints that the LGSCO took to detailed investigation, they were satisfied that the Council had fully complied with all of their recommendations.

## 17.0 Complaint responses

17.1 The Council is committed to acknowledging complaints received within 3 working days and to provide the customer with a response within 25 working days. If there are mitigating circumstances for exceeding these time frames, then a written explanation is sent to the complainant to advise them of the delay.

17.2 The Customer Care Team strive to ensure complaints are responded to within timescale and make a concerted effort to support continuous improvement in this area. During 2022-2023, 99 of 259 formal complaints required extensions, this compares 83 in 2021-2022, averaging 37% of complaints over the last two reporting years being responded to outside of timescale. The Council recognise that this is not satisfactory and are working to reduce the number of delays when responding to complaints.

17.3 It is acknowledged that any delay in providing a complaint response will add further frustration and dissatisfaction to a complainant and this is something the Council want to mitigate. At the end of the reporting year, the Care Customer Care Team and Adult Social Care Management Team implemented changes in the administrative processes, to include earlier escalation of delays to senior management, to promote more timelier responses. In addition to this, Senior Management now receive a weekly summary of ongoing complaints which highlights any complaints that have required extensions, in order that these can be discussed with the investigating managers.

17.4 Extensions were agreed for a number of reasons:

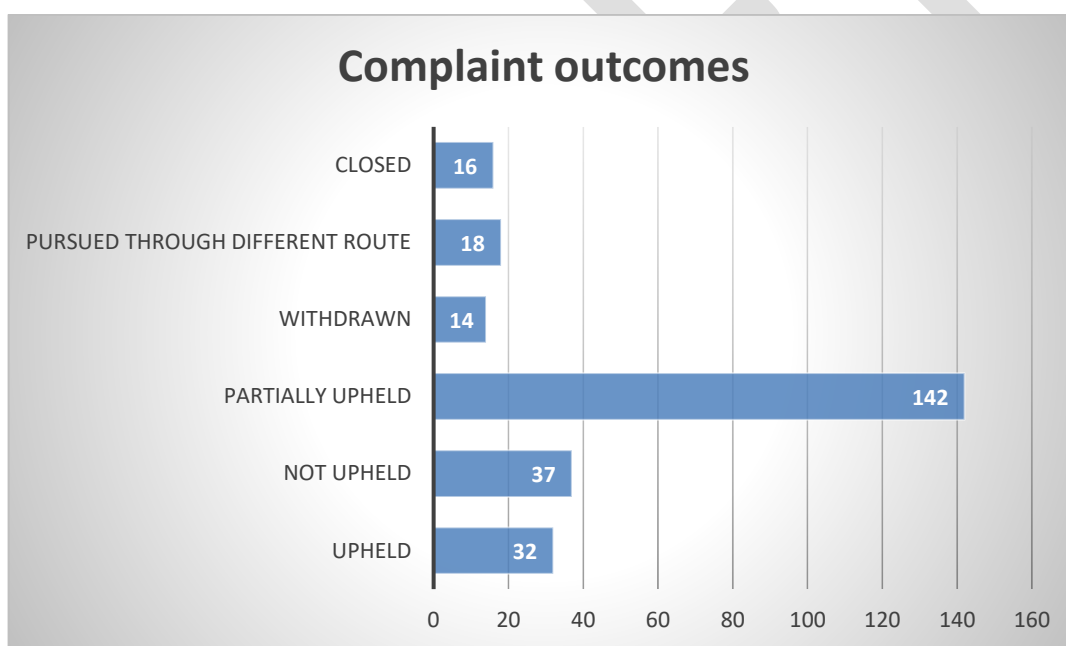
- Complex cases involving multiple complainants
- Related to ongoing legal issues
- Related to active safeguarding investigations
- Complex cases involving other organisations, or multiple teams within the Council

- Awaiting consent from the person we support or for a Mental Capacity Assessment to be completed
- Time needed to include a meeting with the complainant or person we support during the investigation
- Change in investigator during the course of the investigation
- Staffing capacity alongside the impact of the redeployment of staff amidst COVID-19 pandemic
- Awaiting the completion of a workflow before the complaint can be concluded, for example a social care assessment or a financial assessment

17.5 There are several complaint decision categories, the three outcome categories are recorded using the following definitions:

- Upheld – all issues raised in the complaint required remedial action to rectify the situation and prevent similar issues arising in the future
- Partially upheld – at least one issue in the complaint was upheld and required remedial action
- Not upheld – no fault found and the issues raised did not require remedial action

17.6 The chart below shows formal complaint outcomes for 2022-2023.



17.7 Partially upheld complaints continue to account for the highest proportion of outcomes for complaints; 142 (54%).

17.8 37 (14%) of complaints were not upheld, which is 12 less than the 49 (22%) complaints that were not upheld last reporting year. Although this is a considerable difference, it is not possible to identify a trend at this stage, as the not upheld rate fluctuates year on year, with the prior two reporting years being 20% and 19% respectively.

17.9 12% (32) of complaints were fully upheld this reporting year, which is the same percentage as last reporting year when 27 (12%) of complaints were upheld.

17.10 14 (5%) complaints were withdrawn this reporting year, in comparison to 12 (17%) which were withdrawn in 2021-2022.



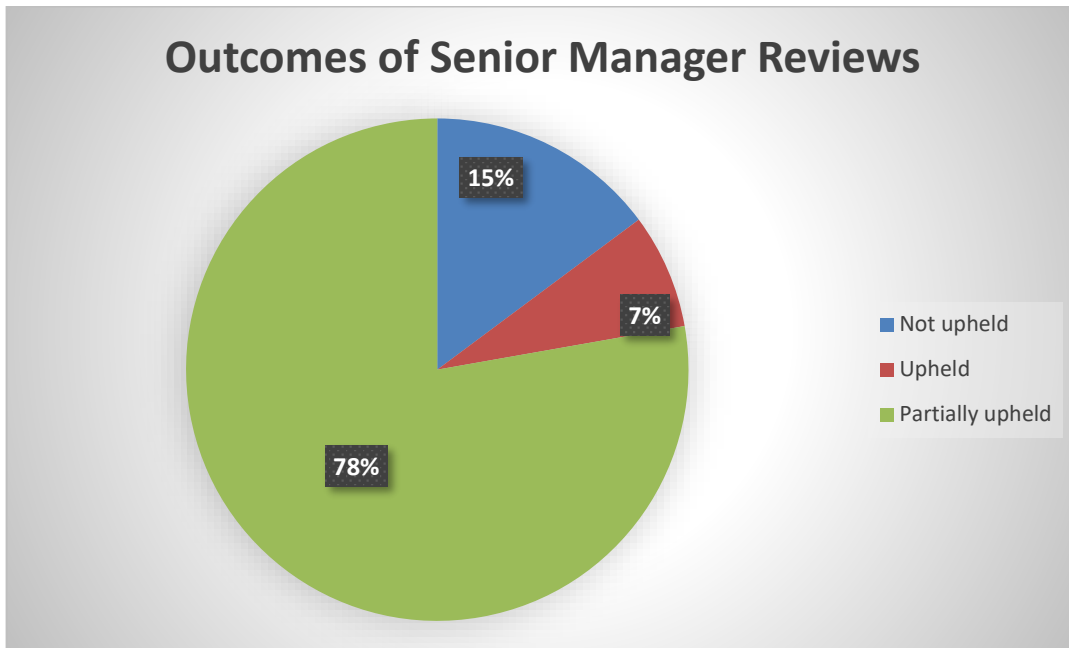
- 17.11 16 (6%) complaints were closed during 2022-2023. Complaints which fall into this category include: complaints that have been raised which are over 12 months old and therefore not formally investigated; complaints raising issues that have previously been responded to; complaints that are picked up prematurely by the LGSCO or Parliamentary Health Services Ombudsman (PHSO); where no consent is received for the representative to raise a complaint on the person we support's behalf.
- 17.12 18 (7%) of complaints were pursued through a different route during 2022-2023. Examples of complaints that fall into this category are where it is identified during the course of the investigation, that the matter should be pursued as a safeguarding enquiry; it is a matter that should be addressed via legal services or the Court; an insurance claim; a matter for the Integrated Care System e.g. Continuing Healthcare Funding; a police matter; a matter for the Office of Public Guardian to consider.

## 18.0 Senior Manager Review

- 18.1 Although not a part of the statutory [2009 Department of Health Regulations](#), where complainants are not satisfied with the first response to their complaint, the adult social care complaints policy enables a number of options to be considered. For example, the offer of a meeting; providing further information or for a Senior Manager to review the complaint.
- 18.2 A Senior Manager Review is the concluding part of the adult social care complaints process. The final response letter will conclude by signposting the complainant to the Local Government Social Care Ombudsman with any further dissatisfactions in relation to their complaint.
- 18.3 For consistency, the Customer Care Team report on completed Senior Manager Reviews rather than those requested or those that are ongoing within a reporting year.
- 18.4 The Senior Manager Review process offers the complainant reassurance that the complaint has been scrutinised by another officer with more seniority within the authority. Therefore, any increase in the number of Senior Manager Reviews is not necessarily a cause for concern, what would be more of a concern would be a significant increase in the number of upheld reviews. In addition, this process can prevent the escalation to the LGSCO, or where they have been escalated to the LGSCO, there is a higher proportion of findings where the LGSCO are satisfied that the Council have remedied effectively in the first instance.
- 18.5 In 2022-2023, there were 27 Senior Manager Reviews were completed. This equates to 10% of complainants being dissatisfied with the Council's first response to their complaint. This compares to 19 Senior Manager Reviews completed in 2021-2022; a 2% rise in the number of Senior Managers Reviews completed over the last two reporting years. The number of Senior Manager Reviews over the last 5 reporting years has fluctuated, therefore, it is too early to establish if there is a consistent pattern in the increase in the number of complainants who are dissatisfied with their first response.



18.6 The pie chart below shows outcomes of Senior Manager Reviews



18.7 Reviewing the number of cases decided by the LGSCO over the last 24 months, it suggests that less than half of complaints that have concluded the Senior Manager Review process go on to be fully investigated by the LGSCO.

18.8 Of the 2 upheld Senior Manager Reviews, one related to financial assessment and Disability Related Expenditure (DRE) where the social care team, determined to include some items that had not been considered under DRE. This resulted in the amount subsequently approved for DRE being backdated to the date initially requested.

18.9 The second upheld Senior Manager Review related to a delay in a referral being made to Occupational Therapy for a service who had recently been discharged from hospital. By way of remedy, the referral was subsequently made and an apology and financial redress for the distress was offered to the person we support.

18.10 Of the 21 partially upheld Senior Manager Reviews: 6 related to Learning Disability Partnership services; 2 to the Community Teams; 5 were related to Transfer of Care; 3 related to charging; 3 involved Commissioning and Contracts; 1 related to Reablement Services and 1 was concerning Mental Health services.

18.11 11 (52%) of 21 Senior Manager Reviews were not completed within the three-month allotted timescale. It is acknowledged that this falls short of the service complainants should expect and is not in line with the adult social care complaints policy. The Customer Care Team keep complainants informed of delays and offer explanations for the reasons causing the delay. However, this does not detract from the awareness that any delay in the complaints process is understandably going to add to a complainants frustration.

18.12 To address this, the Customer Care Manager and Adults Leadership Team have established a process whereby delays are escalated to the respective Service Director to review and source appropriate resource to reduce the risk of breaching the timescales set out in our policy. The Customer Care Team

will continue to support managers with reminders and request updates in a timely manner regarding explanations of the delays.

## 19.0 Local Government and Social Care Ombudsman complaints and enquiries

- 19.1 The Local Government and Social Care Ombudsman (LGSCO) looks at complaints about councils and some other authorities and organisations, including education admissions appeal panels and adult social care providers (such as care homes and home care providers). The service is free, independent and impartial. They are the final stage for complaints about councils.
- 19.2 Although the Council always strive hard to resolve a complaint, there are cases where a customer is unhappy with the responses received about their complaint from the Council and they can exercise their right to involve the LGSCO. The Ombudsman will investigate cases where a customer has (typically) exhausted the Councils own complaints process and feel that their case has not been appropriately heard or resolved.
- 19.3 Complaints that include health as well as social care issues are investigated by the joint Parliamentary Health Services Ombudsman (PHSO) and the LGSCO investigation team. In this reporting year there were no joint investigations concluded.
- 19.4 As discussed in [section 16](#) above, each year, in July, the Local Government and Social Care Ombudsman (LGSCO) issue an annual review to each council. In his letter he sets out the number of complaints about the Council that his officers have dealt with and offers a summary of statistics to accompany this. The annual review statistics are publicly available [here](#).
- 19.5 It may be helpful to explain that when reviewing the performance statistics published by the LGSCO for Cambridgeshire County Council there may appear to be discrepancies between the LGSCO figures, and the figures mentioned in this report. There are several explanations that account for these variances, for example the LGSCO report on the total number of 'upheld' decisions for all of the Council's services, which will include complaints that fall outside adult social care, for example Highway's complaints. The LGSCO also group service areas within their 'Adult Services' categories that this report does not, for example Blue Badge complaints.
- 19.6 The LGSCO do not proceed to what they refer to as a 'detailed' investigation with all complaints they receive and will occasionally carry out initial assessments with a local authority and complainant in the first instance in order to determine if they will proceed with a full and detailed investigation. This will usually involve the LGSCO's Assessment Team requesting the Council's views, copies of the Council's complaints correspondence and social care records. The LGSCO Assessment Team carry out the initial investigations, which from the Council's perspective, are usually similar in style and process to a full investigation. In this report we will cover both detailed LGSCO investigation decisions as well as initial LGSCO assessment decisions.
- 19.7 LGSCO complaint investigations can span more than one reporting year. To provide consistency, the Customer Care Team report on completed investigations only and not those that have been referred or are still in progress.
- 19.8 In 2022-2023, Across the Council, 68 complaints were decided by the LGSCO. 12 of these related to adult social care, 6 (50%) of which were upheld, this is a slight decrease from the previous reporting

year where 7 complaints were upheld. The breakdown of the outcomes of the 12 LGSCO adult social care investigations for 2022-2023 is as follows:

- 4 - Alleged faults not warranted / no worthwhile outcome achievable by investigation
- 1 - Withdrawn by complainant
- 6 – Upheld
- 1 - Not upheld

19.9 The number of adult social care final decisions which fall into the ‘upheld’ or ‘not upheld’ categorisations by the LGSCO remain similar over the last five years, ranging between 5 -7.

19.10 5% (12) of complainants approached the LGSCO this reporting year dissatisfied with the Council’s response to their complaint. The number of adult social care complaints upheld by the LGSCO this year, is 2% (6) in relation to the number of formal complaints processed by adult social care during 2022-2023.

19.11 Each of the 7 LGSCO complaint outcomes are provided on the LGSCO website. Links to those cases are below:

- [22-007-083](#)
- [21-010-583](#)
- [27-017-132](#)
- [22-000-152](#)
- [22-001-538](#)
- [22-001-707](#)
- [22-008-547](#)

19.12 As outlined in [section 18](#), where fault had been found the LGSCO were satisfied that the Council had fully complied with all their recommendations.

19.13 The LGSCO share the issues and themes from their investigations on their website and with other councils to help all councils learn and to avoid the same mistakes occurring again. They do this through reports and other resources they publish. The Council adopts a positive attitude towards complaints and works constructively with the LGSCO to remedy injustices and implement the learning from other adult social care cases they have investigated. Learning from other local authority cases is also shared at Senior Manager Team meetings and on a wider scale by workshops run by the Principal Social Worker and the Quality and Practice Standards Team in order to improve services.

19.14 The LGSCO practice guidance relating to adult social care is shared with management and disseminated across services throughout the year. For this reporting year, this includes Equal access: Getting it right for people with disabilities; Section 117 Aftercare and Deprivation of Capital guidance.

19.15 LGSCO case examples are shared via a variety of routes, to inform staff and managers of best practice and are considered when investigating complaints of a similar nature.

19.16 Adult services also commissioned bespoke LGSCO training sessions for managers across adult social care.

## 20.0 Complaint Themes

20.1 This reporting year the key themes gathered from feedback received by the customer care team were:

- The tone and content of debt recovery letters.
- The allocation of payments against invoices
- The timeliness and accuracy of both invoice and debt recovery correspondence
- Delays with the financial assessment process and poor communication
- Dissatisfactions with the outcomes of financial assessments, particularly where financial contributions increased or there is a dispute as to when the financial threshold was met
- Dissatisfactions with social care assessments. The majority of these related to the content within the assessment, which was felt to be insufficient, inaccurate or not completed in a timely manner. Learning has been taken from this as discussed below.
- Dissatisfactions with the outcomes of social care assessments, particularly when the outcome has resulted in a reduction of eligible needs and/or funding.
- Delays with the complaints process and dissatisfactions with decisions not to investigate complaints, for example if consent is not received or if they are outside of complaint timescales.
- Complaints about the conduct of staff, for example the manner in which they spoke or the way in which they delivered a message to a person we support.

20.2 Although not the primary issue for complaining, communication issues continue to be a theme in complaints. These issues include: not returning calls in a timely manner; failing to provide information on progress at regular intervals; not providing sufficient, timely or clear information; and concerns about the lack of communication between services both within the Council and with organisations outside of the Council. The importance of following the Council's communication charter is shared as a reminder to all social care staff.

20.3 Standard of care provision by a commissioned care provider, also remains a theme in complaints. The types of complaints that fall within this category include complaints about the timeliness of care calls, concerns around the way in which tasks in the care plan are, or are not, being carried out for example the type of meal prepared and insufficient time allocated for tasks to be completed within. All complaints about adult social care commissioned services is shared with the Head of Service for Contracts as well as with the care provider directly, in order that they are both aware of the concerns and where appropriate take action to address the concerns in a timely manner.

## 21.0 Conclusions

21.1 More compliments were received than any other type of feedback this reporting year.

21.2 There has been a 15% (33) increase in complaints this reporting year in comparison to 2021-2022.

- 21.3 The overall percentage of people receiving services who complained this reporting year, has decreased from 3.5% in 2021-2022, to 2.6% in 2022-2023.
- 21.4 There has been little variance in the percentages of Senior Manager Reviews and LGSCO investigations that were concluded over the last two reporting years.
- 21.5 Care assessments, charging and residential care account for the top three reasons for complaints.
- 21.6 The LGSCO uphold rate for Cambridgeshire County Council is 78%, which is 2% lower than their overall average uphold rate of 80% for similar authorities. Of the 12 complainants that approached the LGSCO in relation to adult social care, 50% (6) were upheld.

## 22.0 Recommendations

- 22.1 Adults and Health Committee to approve this report for publication on the external website in line with the 2009 Department of Health (DOH) regulations.
- 22.2 Customer Care Team to continue to work with colleagues across the organisation to embed learning identified from complaints and compliments thereby improving the experience of people we support and ensuring that the number of upheld or partially upheld LGSCO investigations remains low.

**Please contact the Customer Care Team [CustomerCare@Cambridgeshire.gov.uk](mailto:CustomerCare@Cambridgeshire.gov.uk) or telephone: 01223 703535 if you require this information in a different format.**

## 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.

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

**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 Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and 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 – Acronyms

AAT	Adult and Autism Team
AEH	Adult Early Help
AFT	Adults Finance Team
ASCMT	Adult Social Care Management Team
CCT	Customer Care Team
CCG	Clinical Commissioning Group
CPFT	Cambridgeshire and Peterborough Foundation Trust
DHSC	Department of Health and Social Care
EDT	Emergency Duty Team
FAT	Financial Assessment Team
PHSCO	Parliamentary & Health Services Ombudsman
LDP	Learning Disability Partnership
LGSCO	Local Government Social Care Ombudsman
MASH	Multi Agency Safeguarding Hub
MCA	Mental Capacity Assessment
MP	Member of Parliament
NFA	No Further Action
OP	Older Peoples Services
OT	Occupational Therapy
PD	Physical Disabilities Team
RBT	Reablement Services
SS	Sensory Services
TEC	Technology Enabled Care
ToC	Transfer of Care