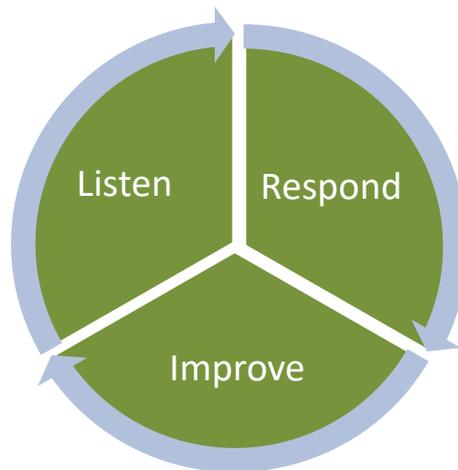


Adult Social Care



Statutory Complaints and Compliments Annual Report April 2021 – March 2022

CONTENTS

1. Purpose and Context of Report	2
2. Adult Social Care Complaints Procedure	3
3. Complaints and compliments recorded 2021-22	4
4. Complaints resolved 2021-22	8
5. Learning from complaints	10
6. Local Government Ombudsman	13
7. Monitoring the process	15
8. Concluding comments	15
Appendix – sample of compliments	16

1. Purpose and Context of Report

1.1. Purpose & Scope

The purpose of this report is –

- To report on Leicestershire County Council's (LCC) adult social care complaints and compliments activity from 1 April 2021 to 31 March 2022.
- To set out future developments and planned improvements.
- To meet the Council's statutory duty requiring the production of an annual report each year.¹

This report provides analysis and comment for Adult Social Care Services on all complaints managed under the statutory complaints process. Those complainants not qualifying under the statutory process have been considered under the County Council's Corporate Complaints and Compliments Annual Report presented to the Scrutiny Commission.

1.2. Background Context

The Adult Social Care Service sits within the Adults and Communities Department, and both arranges and supports the provision of a wide variety of services.

This includes helping people to remain living independently in their own homes with increasing levels of choice and control over the support they receive. When this is no longer possible, the department supports residential or home care as well as having lead responsibility for safeguarding adults at risk of harm.

10,184² people received long-term support from the Social Care service during 2021-22. This figure is slightly higher than the previous year (9,503)

The department always aims to provide high quality services that meet the needs and circumstances of individuals and their families. The department actively promotes involving clients and carers in shaping services; using their skills and experiences to help ensure they meet customer needs. However, given the personal and complex nature of some adult social care services, sometimes things do go wrong.

The complaints process is a mechanism to identify problems and resolve issues.

¹ [Statutory Instrument 2009 no.309 \(18\)](#)

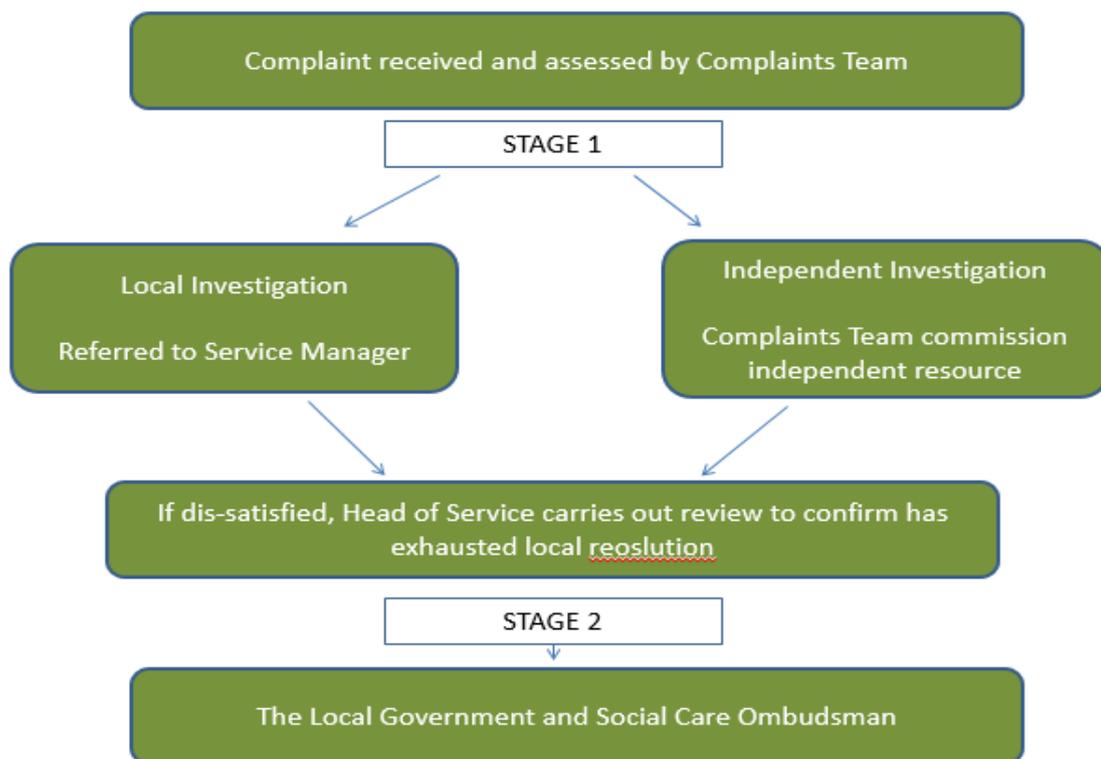
² Figures supplied by Performance and Business Intelligence Team

If things go wrong or fall below expectation, the County Council will try to sort things out quickly and fairly. Learning from our mistakes and concerns that are raised is used to make changes and improve services.

Analysis of information about complaints received during 2021 -22 gives Adult Social Care an opportunity to reflect on the quality of the services it provides and consider how well it listens and responds to service users.

2. Adult Social Care Complaints Procedure

The Local Authority Social Services and National Health Services Complaints (England) Regulations 2009 outlines the statutory responsibilities of the County Council. This is broadly set out below:



The above procedure was designed to offer Local Authorities flexibility to resolve complaints in the most appropriate manner. Stage 1 resolution can therefore consist of several processes (for example meetings or reviews) but the Local Authority must not unduly delay finalising this process which should always be concluded within 65 working days.

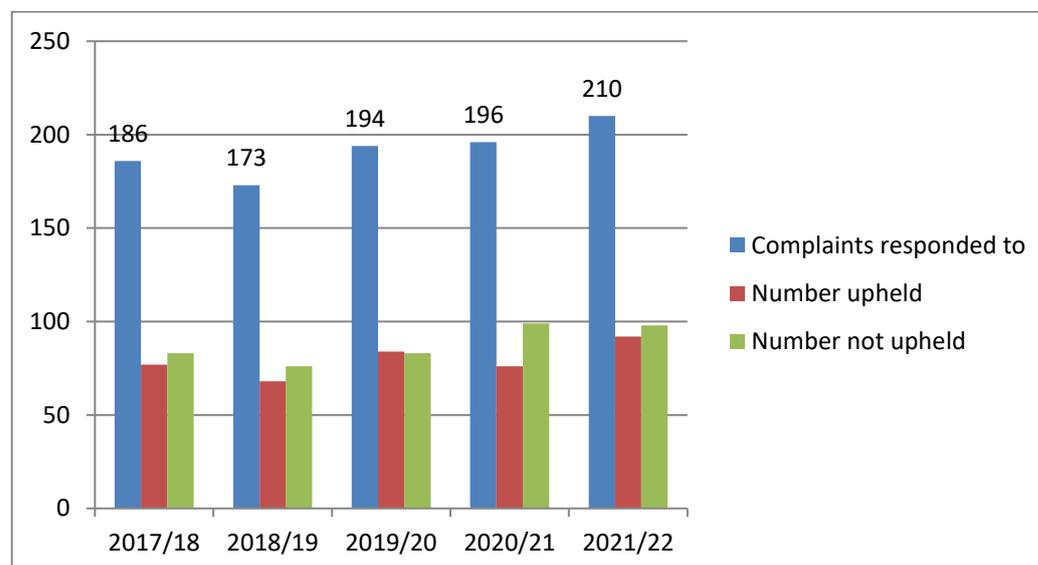
The Local Authority must advise all complainants of their right to approach the Local Government and Social Care Ombudsman should an agreed resolution not be found.

During 2021-22, no independent investigations were commissioned

3. Complaints and compliments recorded in 2021-22

3.1 Complaint Volumes

Graph 1: Adult Social Care Complaints recorded over last 5 years



As illustrated above, the total number of social care complaints responded to this year increased by 14 (7%). Although numbers have increased over the long term, this has not been by a significant factor. It presents as a relatively stable picture

When considered against the context of service users in receipt of long-term support, complaints continue to represent a relatively low number at 1.9%.

3.2 Complaints by District

Complaints have again been recorded by District during the year. The breakdown appears below along with respective uphold rates.

It is important to note that for some complaints this information was either not captured or the complaint was more policy related rather than any specific area. This is the reason the numbers do not match overall numbers responded to during the year.

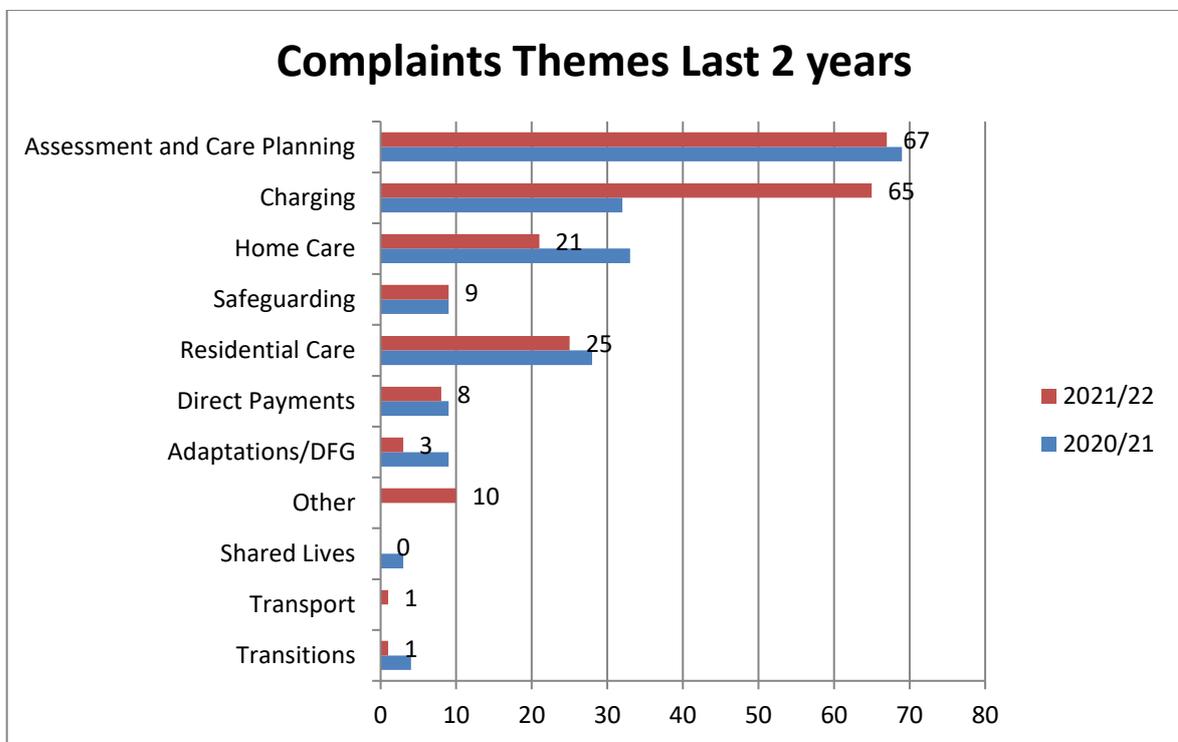
District	Number of Complaints	Number (%) Upheld
Hinckley	24	10 (42%)
Harborough	21	7 (33%)
Blaby	11	6 (54%)
Melton	23	12 (52%)

North West Leics	27	13 (48%)
Oadby & Wigston	19	8 (42%)
Charnwood	38	16 (42%)
TOTAL	163	72 (44%)

Although there are some variances in Locality volumes and uphold rates, nothing that presents as a significant outlier with the exception perhaps of Charnwood which did increase significantly from last year.

3.3 Complaints by Theme

Graph 2: adult social care complaints by theme



Complaint themes mirror the Local Government and Social Care Ombudsman classifications and can provide helpful insight as to the underlying topics that are generating complaints.

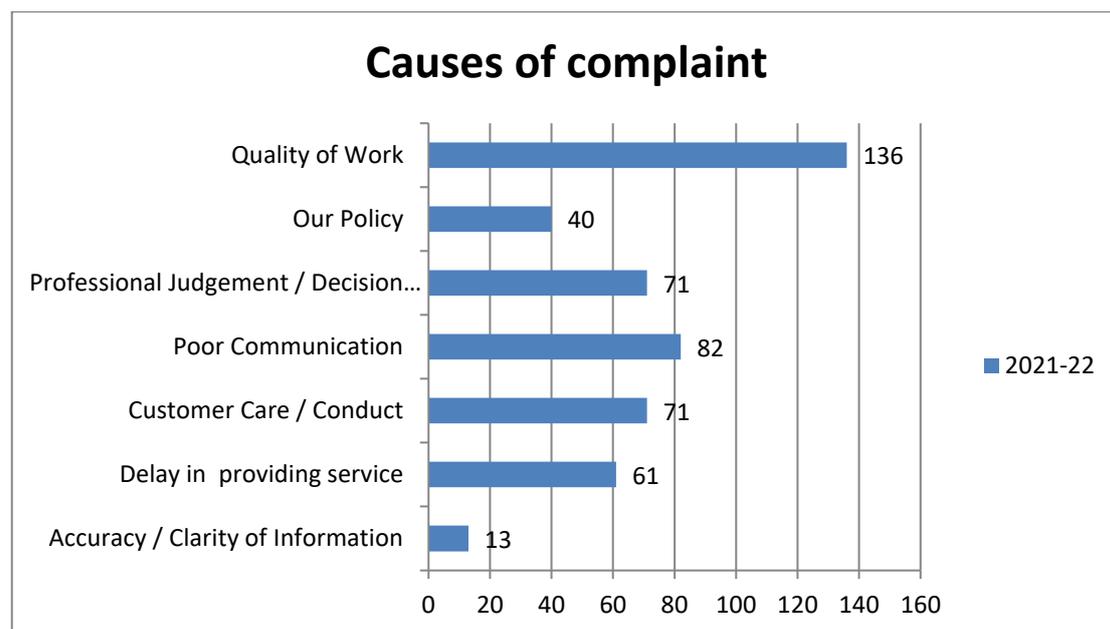
As last year, the largest segment is also the broadest category around Assessment and Care Planning. This equates to 32% of the overall volume.

Within this area however there were also some significant changes with a clear reduction in those challenging the outcome of an assessment (18). Complaints were mostly about poor communication, delays and waiting times for assessments rather than the actual decisions made.

The other key change from last year is the sharp increase in complaints focused solely on charging. The pandemic has been a significant factor here with confusion often arising as to the point at which temporary Co-Vid funding ended and social care charges applied. The importance of clear and written communication with service users and families is vital to avoid such complaints arising.

The Complaints team also undertake analysis of each complaint to try to understand any significant factors. This can help prioritise areas for the department to focus on improving.

Graph 3: Complaint causes for Complaints resolved in 2021-22



Recording allows for multiple causes to be selected. So, if a complaint features “delay” as well as “Customer Care” then both will be selected. It follows that the data above will not match the overall number of complaints resolved.

Quality of Work is the most frequently identified topic cited within complaints. This is of little surprise as it is the broadest category, including for quality of home and residential care.

Contrasting to last year the only real change of note here is an increase in complaints clearly citing delay as a factor. This increased by 25.

3.4 Joint Complaints

The Health and Social Care complaints regulations place a duty on Local Authorities to work together with health partners in responding jointly to complaints³. Leicestershire County Council accordingly has a joint complaint handling protocol,

³ [Statutory Instrument 2009 no. 309 \(9\)](#)

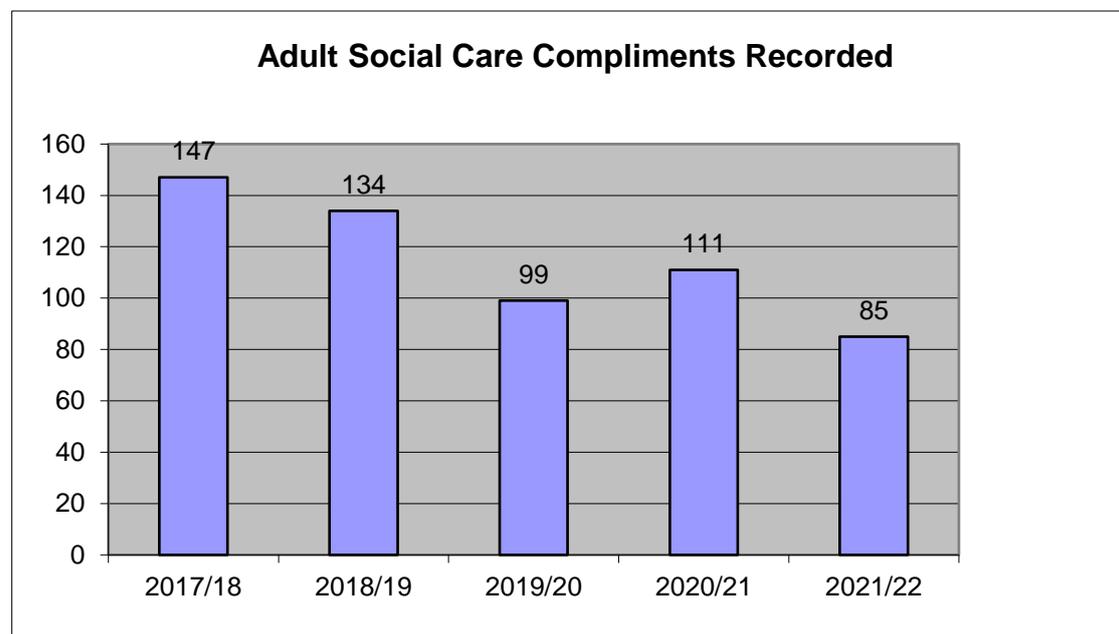
supported by a multi-agency group, which sets out common guidelines and approaches to this. Members include Leicester City Council, the Clinical Commissioning Groups, University Hospitals Leicester (UHL) and the Leicestershire Partnership Trust (LPT).

During the year 2021-22, five complaints were considered using the Joint Complaints protocol. No difficulties were experienced this year with partnership working.

All the joint complaints this year were with UHL and around Hospital Discharges.

3.5 Compliments received 2021-22

Graph 4 below shows the long-term trend in compliments recorded.



There has been a decrease in compliments recorded during 2021-22. As many compliments are received directly by front line team, it is hard to say whether fewer were received or whether some have not been passed on to the Complaints and Information Team.

It is always important to recognise the good work that is being delivered by the department and to provide balance within the complaints annual report. For this reason, the complaints' function does encourage the recording of un-solicited compliments which can either be submitted directly online or if received by council officers should be passed on for central recording.

A small selection of the compliments received can be found in Appendix A. They show some of the 'real-life stories' where Adult Social Care makes a huge difference to peoples' lives.

The Complaints team will continue to work closely with the department to try to reflect all the unsolicited feedback received across the teams and ensure visibility in annual reports.

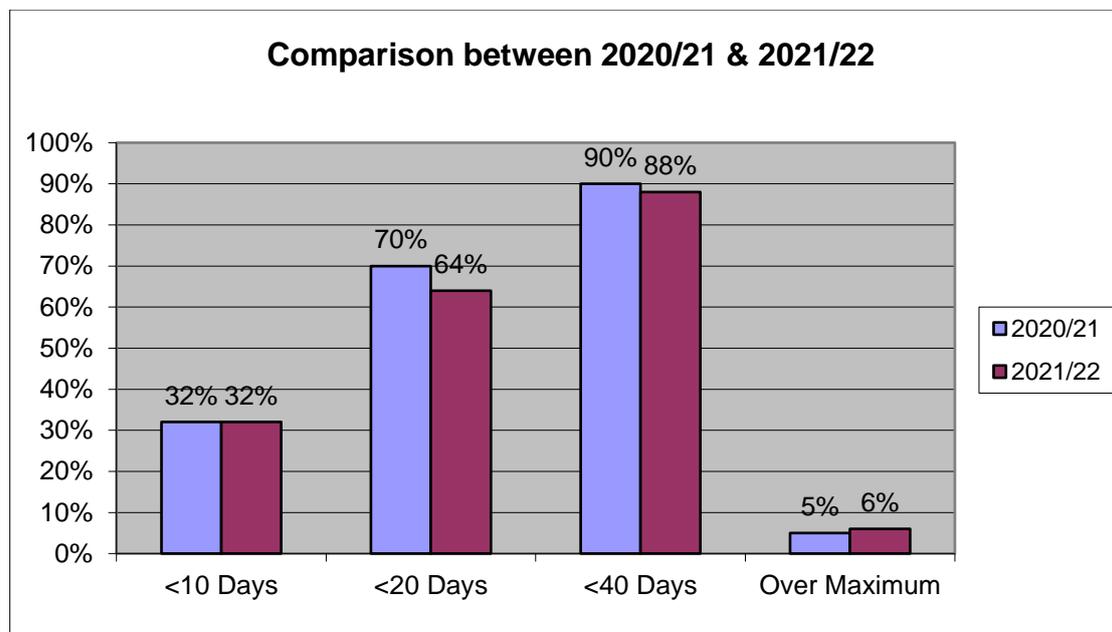
4. Complaints resolved 2021-22

The key performance indicators for speed of response, outcomes, causes and identified learning are linked to complaints that have been *resolved* within any given reporting period rather than received.

This is important as it ensures that full data sets can be presented, both to departments on a quarterly basis, and at year end. It also avoids the scenario whereby Ombudsman findings of maladministration might not appear in annual reports (where outcomes are not known at the time of production).

4.1 Responsiveness to complaints

Graph 5: Adult Social Care Performance



The ongoing impact of the pandemic pressures during 2021-22 continued to be felt in responding to complaints with response timescales very similar to 2020-21. Despite this, it is positive that just 11 complaints (6%) were responded to outside of the statutory maximum of 65 working days.

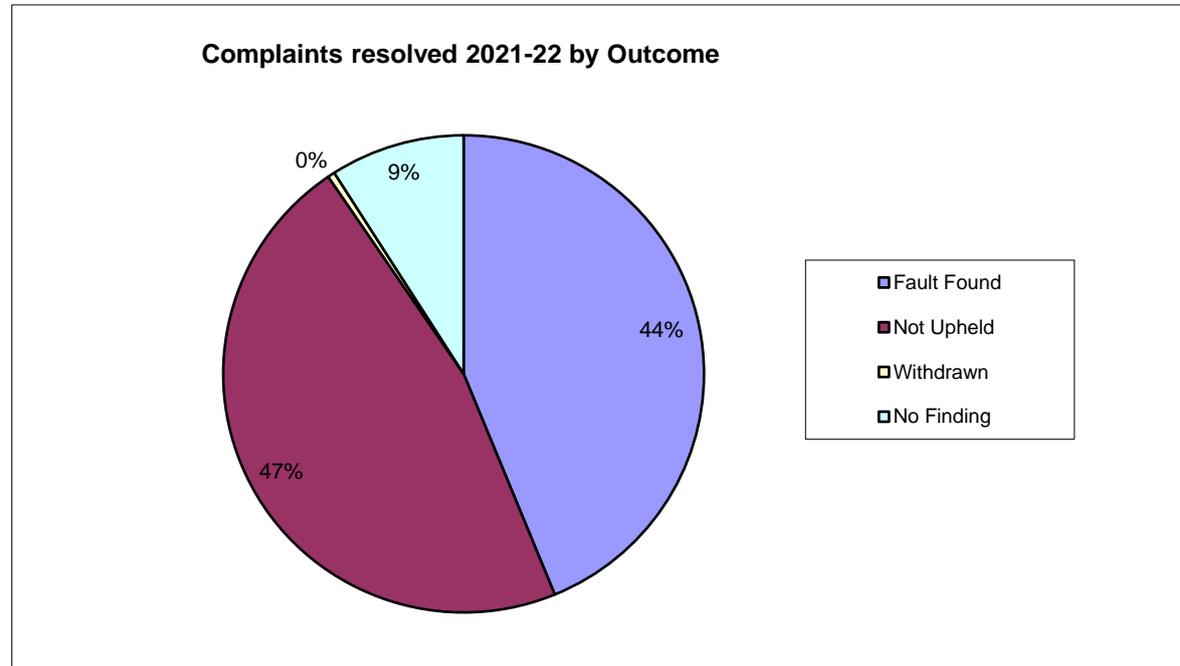
The above timescales are for the completion of both a response and, where requested, a review undertaken by a Head of Service.

Whilst the statutory regulations give wide flexibility in terms of response times and allow up to 65 working days for complaints to be resolved, a key expectation of the public is that their concerns are dealt with promptly and this report provides good

assurance of the department's commitment to this despite the challenges seen this year.

4.2 Complaint Outcomes

Graph 6: Adult Social Care complaints recorded by outcome



Graph 6 above shows that 92 (44%) complaints were upheld. This is an increase on the previous year (39%) with the principal reason being the increase in complaints which were solely about delay.

Prompt acceptance and ownership of any mistakes can help prevent costly complaint escalation including to Senior Managers and the Local Government and Social Care Ombudsman.

5. Learning from Complaints

Complaints are a valuable source of information which can help to identify recurring or underlying problems and potential improvements. We know that numbers alone do not tell everything about the attitude towards complaints and how they are responded to locally. Arguably of more importance is to understand the impact those complaints have on people and to learn the lessons from complaints to improve the experience for others.

Lessons can usually be learned from complaints that were upheld but also in some instances where no fault was found but the Authority recognises that improvements to services can be made.

Occasionally during an investigation, issues will be identified that need to be addressed over and above the original complaint. The Complaints Team will always try to look at the “bigger picture” to ensure that residents receive the best possible service from the Council.

5.1 Corrective action taken

All the 92 complaints where fault has been found have been reviewed by the Complaints Team to ascertain what action the relevant department has taken, both in remedying the fault, and any wider learning to avoid such issues occurring in the future.

Remedial action typically consists of both individual redress (e.g., apology, carrying out overdue work) and wider actions that may affect many. The diagram below shows the actions taken during 2021-22. 26% of complaints upheld resulted in clear actions that should improve service for other residents. This is a slight reduction on the previous year (32%)

Graph 7: Actions taken for upheld complaints 2021-22



The most common action taken was staff training. There are lots of good examples of this taking place both at individual and team level.

The most powerful are whole system changes, where it is identified that a process or policy needs amending. There were 8 such scenarios during the year arising from local investigation. This was an increase on last year (5) and shows good evidence of Managers probing more within complaints investigations to uncover the root causes.

Financial redress was also arranged on several occasions this year and to ensure that the complainant was put back in the position they would have been in had the fault not occurred. Typically, this is re-imbusement of care costs where these had either been calculated wrongly or there was evidence that clear explanations were not given.

The Local Government and Social Care Ombudsman expects Councils to consider such financial redress as appropriate and has introduced new reporting this year highlighting those occasions where Councils have already put things right before consideration by the Ombudsman.

5.2 Service Improvements during 2021-22

Research shows that a primary driver for making complaints is so that lessons can be learned, and processes improved. It is also a key part of an effective complaints procedure to demonstrate this organisational learning so that in turn the public can feel confident that complaints do make a difference.

Case studies can be a powerful way of promoting this and to illustrate some of the positive action taken this year from complaints, several examples are set out below:

Case Study 1 A's Story – Lengthy delays with finalisation of mother's account

A contacted the Complaints team following repeated attempts to contact Adult Social Care and Corporate Finance to finalise his mother's care account following her death. He was frustrated with the inability to talk to anybody, and repeated calls not being returned

The Council's findings

The Council identified that this was an area under significant pressure. There were also issues with calls being routed to the wrong teams which led to a confusing and inefficient customer journey.

Actions taken

In addition to finalising the account, the Council added additional resources to the teams handling calls on these matters and made changes to the telephony IVR system to improve call routing.

Case Study 2 – No contact with family before arranging a package of care

B complained that there had been no contact with the family before a package of care was arranged. This despite previous assurances this would happen

The Council's findings

The Council accepted that this did not follow the correct process and could find no evidence of attempts being made to contact the family.

Actions taken

The Council apologised and issued a reminder to all staff within the adult social care customer service centre on the importance of discussing care packages with family members before commissioning. It assigned a worker to resolve issues the family were having with the current provider.

Case Study 3 – Lack of information regarding re-ablement charges

C contacted us to complain that the family were being charged for social care. Their expectation and indeed understanding was that there would be no charges for 6 weeks.

The Council's findings

The Council could not evidence that there was clear information supplied to the family that there was no prospect of re-ablement and as such the 6-week period would not apply.

Actions taken

The Council apologised for this lack of clarity and waived 6 weeks of charges. It issued reminders to all workers of the need to clearly document conversations with families about charges and to follow this up in writing.

6. Local Government Ombudsman

6.1 New complaints received by the Ombudsman 2021-22

Should a complainant remain dissatisfied following internal consideration of their complaint, they can take their complaint to the Local Government and Social Care Ombudsman to seek independent investigation.

The Ombudsman will usually check with the Authority whether the complaint has exhausted the Local Authority's complaints procedure. Where this has not been done, the Ombudsman will usually refer the complaint back to the Authority, to give us an opportunity to attempt to resolve the complainant's concerns through our internal complaints processes first.

The Local Government and Social Care Ombudsman opened enquiries on 10 complaints during the year. This represents approximately 5% of the overall complaints.

6.2 Complaints resolved by the Ombudsman 2021-22

The Ombudsman made decisions on eleven cases during the year with fault being found in 5 cases (50%). This represents a similar position to last year (5 cases)

Brief details for the five cases where fault was found appear below:

1. Fault found on how the Council considered deprivation of assets

The Council found some fault with how the Council made a decision regarding notional capital. Whilst the Ombudsman did not criticise many of the decisions reached, there was insufficient rationale set out to explain the decision making with regard to loans and costs of a car and other expenses

The Ombudsman recommended an apology for the faults identified and asked the Council to carry out a review of its decision making and re-assess if necessary. The Council accepted these findings, removing some charges and providing fuller detail on the others.

2. A complaint regarding failure to provide clear information on care home charges

The Ombudsman found fault that the Council had failed to provide clear information about charges that would apply for his mother's care

The Ombudsman asked the Council to apologise, make a payment of £200 in recognition of uncertainty caused and remind all officers of the importance of discussing charges with service users and families and keeping a written record of these conversations

The Council accepted the conclusions and recommendations which have all been carried out.

3. A complaint regarding delays and a lack of clarity in providing clear information about invoices for care costs

The Council had already upheld this complaint locally and offered an apology together with an agreement to refund some administrative charges in recognition of the delays.

The Ombudsman determined that this was an appropriate course of action and did not investigate any further.

4. A failure to fully explore all care options for care

This complaint was that the Council failed to fully explore all care options following a stay in hospital. This then led to a decision by the service user to self-fund in residential care.

The Ombudsman found the Council failed to discuss all the care options and the complainant was not offered extra care housing which she was eligible for.

The Ombudsman identified that whilst this was fault, the Council had quickly identified this and taken a number of actions in response. This included extending NHS funding, explaining extra care options and providing an additional 1 month of financial support.

The Ombudsman was satisfied this had already addressed any injustice and made no further recommendations

For the remaining six complaints

- In three cases the Ombudsman decided not to investigate, either because there was no evidence of any fault, or the complaint concerned matters outside of her jurisdiction.
- In two cases, the Ombudsman, after investigation, was satisfied with the actions the Council had taken.
- In one case the Ombudsman concluded after initial enquiries that the complaint should be considered solely as a Health complaint

The Ombudsman also monitors remedies being carried out by the Council where fault has been found and remedial actions proposed. Failure to carry out remedies within agreed timeframes is recorded as non-compliance and can lead to public reports being issued. All 5 of the above cases were recorded as compliant (100%). This compares to the national average of 99%

7. Monitoring the Process

The Complaints Team continues to support Adult Social Care Services to manage and learn from complaints. The key services offered are -

1. Complaints advice and support
2. Production of Performance Reports
3. Liaison with the Local Government and Social Care Ombudsman
4. Quality Assurance of complaint responses
5. Complaint handling training for Operational Managers
6. Scrutiny and challenge to complaint responses

Assistance continues to be routinely provided to Service Managers and other associated managers in drafting responses to complaint investigations. This helps ensure a consistency of response and that due process is followed.

Complaints training has not been offered this year primarily due to the pandemic pressures but also some capacity within the team. It will re-start as a regular offer in July 2022

Quarterly performance reports are produced and delivered at Senior Leadership Team (SLT)

8. Final Comments

There has been a slight increase this year in complaint volumes but not significant. The biggest pressure point has been around all aspects of charging, and it is noted that the temporary funding changes during CO-VID are a factor here. The key remains the importance of documenting decisions and communicating clearly with the families. There is still some work to do to improve our consistency in this area.

Other areas remain largely stable although there is a rise in Residential care complaints which may well continue in 2022-23. Complaints data is routinely shared with our Quality and Improvement team who work closely with providers in making improvements as required.

It is vital that service users are provided with a complaints process that is easy to access and fair. This year's Annual Report shows that Adult Social Care does listen and provides a number of examples of how complaints intelligence directly drives and improves service delivery.

Appendix A: Sample of compliments received 2021-22

- Thank you very much A for your prompt attention in regard to the Direct Payment Process.
- A big thank you to H for your work in mums care assessment & for always listening, being sympathetic and understanding yet professional.
- Thank you, N, for the support you provide for service users and for the empathy, & professionalism that you show them.
- Thank you, S, for all your work and time spent to help our aunt remain in Woodheyes care home.
- Thank you, K, for all your hard work, always being polite and professional & going that extra mile to take the time to listen and care.
- Thank you, M, for all the support and care that you provided to my wife.
- Thank you, V, for all your help and input with the adaptation work recently carried out at my property.
- Thank you, G, for arranging the move to Tavey House the service user and family are very happy.
- Thank you, F, for all your help and advice on claiming benefits
- Thank you to C for being really helpful, giving me lots of information and easing my mind.
- Thank you, Z, and team, for the quality of the service provided. It is reassuring to know our son has skilled workers providing his care.
- Thank you to R and P for doing a brilliant job arranging the toilet which has helped give my independence and privacy back.
- Thank you to the DOLs team for always being professional, polite, and nice people to deal with
- Thank you to the OT Lightbulb Team for the ramp installation. You can't believe how much it has changed my life.
- Thank you, H, for all your help and hard work in arranging PIP, it will make a huge difference.
- Thanks, B, for the professional and polite way you handled this case. I would happily give you a five-star rating.

This page is intentionally left blank