

**REPORT FOR: PERFORMANCE AND  
FINANCE SUB-  
COMMITTEE**

---

<b>Date of Meeting:</b>	30 September 2013
<b>Subject:</b>	Adults Services complaints Annual report (social care only) 2012-13
<b>Responsible Officer:</b>	Paul Najsarek, Corporate Director, Community, Health & Well-Being
<b>Scrutiny Lead Member area:</b>	Councillor Chris Mote, Policy Lead Member & Councillor Nana Asante, Performance Lead Member
<b>Exempt:</b>	No
<b>Enclosures:</b>	Appendix 1 – Annual Report for Adults Social Care Services Complaints for period 2012-13

## **Section 1 – Summary and Recommendations**

This report sets out the statutory Adults Services complaints Annual report (social care only) 2012-13.

**Recommendations:** None. For Information purposes only.

## **Section 2 – Report**

### **Financial Implications**

There are no specific budget issues associated with this report. All compensation payments are agreed by Service Managers and are funded within existing budgets.

### **Performance Issues**

There are no Adults performance indicators in the Department of Health's outcomes framework concerning complaints that has replaced the old CQC framework.

However, survey indicators of satisfaction, control etc. are now a key part of the national measures, and may be impacted if the level of complaints changes significantly.

### **Environmental Impact**

N/A

### **Risk Management Implications**

Risk included on Directorate risk register? No

Separate risk register in place? No

### **Corporate Priorities**

Please identify which corporate priority the report incorporates and how:

- Keeping neighbourhoods clean, green and safe
- **United and involved communities: a Council that listens and leads**
- **Supporting and protecting people who are most in need**
- Supporting our Town Centre, our local shopping centres and businesses

## **Section 3 - Statutory Officer Clearance**

The Corporate Director determined the report did not require Financial or Legal clearance.

## **Section 4 - Contact Details and Background Papers**

**Contact:** Report author: Stuart Dalton, Service Manager, Adults & Children's Complaints, 020 8424 1927

**Background Papers:** None

**ANNUAL REPORT for Adults Social Care Services Complaints  
for period 2012-13**

<u>Paragraph</u>	<u>Contents</u>	<u>Page</u>
1	Executive summary	4
2	Summary of Activity	4
3	Recommendations from the last annual report	6
4	Focus for next year	6
5	Stage 1 Complaints	8
6	Equalities information	13
7	Stage 2 Complaints	16
8	Commissioned Services complaints	20
9	Stage 3 Complaints	22
10	Ombudsman Complaints & Enquiries	22
11	Escalation comparison over time	23
12	Mediation	23
13	Advocacy	24
14	Joint NHS and social care complaints	24
15	Learning the Lessons/Practice Improvements	24
16	Compliments	26
17	The complaints process explained	27

---

# 1. EXECUTIVE SUMMARY

The overall picture is very positive and a real credit to managers and staff across Community Care. Complaints resolution is strong with low escalations (there were no upheld Ombudsman cases), there is consistent meaningful learning identified from complaints and timescale achievement was 79%.

The most notable trend related to the number of policy complaints following the introduction of the Fairer Charges policy (29 policy complaints in 2012-13 compared to only two in 2010-11). However, no complaints about the Fairer Charges policy were upheld by the Ombudsman and the policy brings Harrow Council into line with the majority of Councils.

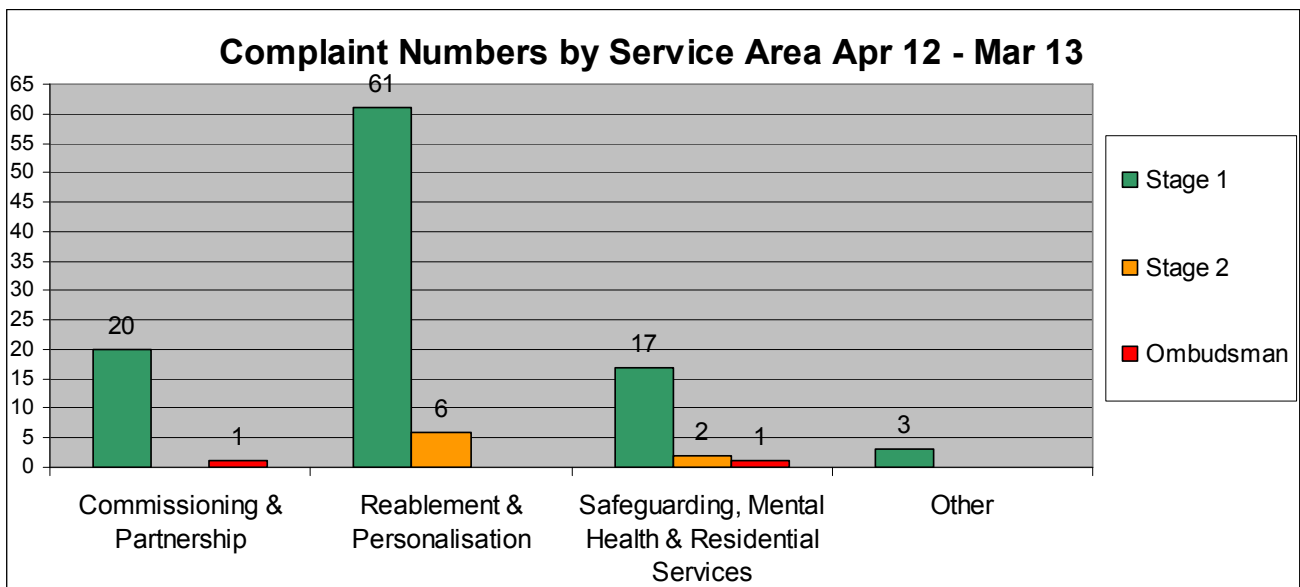
The quick action, efforts and resources dedicated by Adults management in trying to sensitively address issues as they arose during the year resulted in remarkably few escalations.

## 2. Summary of Activity

Between 1 April 2012 and 31 March 2013 we received 101 Stage 1 complaints.

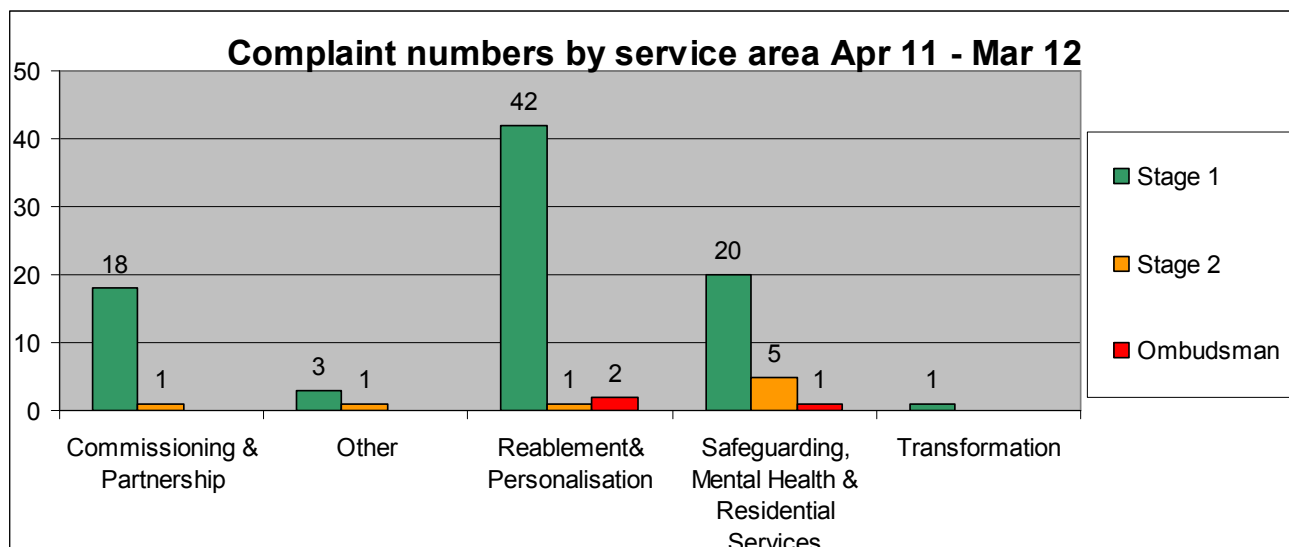
8 complaints progressed to Stage 2. There were no stage 3's. The Complaints Service dealt with 73 potential complaints that that were addressed without a Stage 1 needed.

The Ombudsman reviewed 2 new complaints during this period.



**Analysis:** All service areas deserve recognition for the hard work and good practice to achieve the current low levels of escalations. Only 2 complaints escalating to the Ombudsman is a very healthy position and demonstrates the proactive resolution skills and culture in the Directorate and the importance placed on good complaint management by managers.

## 2.1 Comparison with the year before



**Analysis:** Numbers at the different stages remain very similar for individual service areas compared to 2011-12.

The two noticeable differences relate to the increase in Reablement & Personalisation complaints from 42 in 2011-12 to 61 in 2012-13, which was expected with the introduction of a change of the significance of the Fairer Charges policy. This also explains the increase in Reablement & Personalisation stage 2's. The second noticeable difference is Safeguarding, Mental Health & Residential Services' stage 2's have reduced from 5 in 2011-12 to only 2 in 2012-13.

## 2.2 Numbers of complaints over time

	Potential	Stage 1	Stage 2	Ombudsman
<b>2012-13</b>	<b>73</b>	<b>101</b>	<b>8</b>	<b>2</b>
<b>2011-12</b>	88	84	8	0
<b>2010-11</b>		70	7	0
<b>2009-10 (new regulations)</b>		75	6	2
<b>2008-09</b>		66	5	1
<b>2007-08 (letter-vetting and mediations)</b>		73	10	2
<b>2006-07 (letter-vetting and mediations)</b>		118	10	2
<b>2005-06 (pre-letter vetting; post-mediation)</b>		76	5	0
<b>2004-05 (pre-mediation)</b>		81	12	1
<b>2003-04 (pre-mediation)</b>		90	13	1

**Analysis:** Escalation levels remain impressively low with only 8% escalating to stage 2 this year. The escalation rate from Stage 1 to Stage 2 dropped from 15% between 2003-05 to 9% between 2005-13, demonstrating sustained improved complaint resolution.

Stage 1 numbers are higher than average. This was a predictable consequence of a significant policy change, with the introduction of the Fairer Charges policy. Quarter 4 complaint levels reverted to traditional quarterly numbers of 20, indicating numbers should return to normal levels in 2013-14.

### **3. Outcomes for key targets in 2012-13**

- Report back on whether Commissioning service timescale improvement has been sustained. Outcome: Achieved (75% target achieved)
- The Complaints Manager to bench-mark the numbers of residential (care home) provider complaints made to other comparable Councils to ascertain if reporting to Harrow is low or if it is the nature of care homes that complaint rates are low. Outcome: Achieved (this is a common theme for Councils – see section 8)
- All residential care home service users or next of kin are written to explaining their right of complaint to the Council. Outcome: Outstanding (timescale extended until 30 September 2013 – added to Focus for 2013/14 below)
- To explore uniform minimum residential care home provider complaint reporting requirements across West London Alliance. Outcome: Achieved (All new West London Alliance contracts will now have a uniform data reporting requirement)
- To explore advocacy accessibility in residential care homes. Outcome: Achieved (advocacy services such as Age UK have an outreach programme for care homes)
- For the Complaints Manager to attend a monitoring meeting at a residential home to see first-hand recording of complaints and feedback and see how the complaints process is being advertised and made accessible. Outcome: Achieved (The Complaints Manager did an unannounced visit and advertising of the complaints process and advocacy was clear and repeated at different parts of the home)
- To continue to target investigation training for managers where complaints have been upheld at stage 2. Outcome: Achieved (Further training delivered which received good/excellent ratings)
- To continue to work with reablement provider agencies to improve their response timescales. Outcome: Achieved (Commissioning timescales improved as a result)
- Analysis of delay in responding to service user complaints to be carried out with the Head of Service reviewing these complaints. Outcome: Achieved (There are now no areas with a trend of not meeting deadlines)
- Safeguarding, Mental Health & Residential Head of Service review the cases that have escalated to see if there is any learning. In particular, if any improvements can be identified to complaint resolution at stage 1. Outcome: Achieved (Excellent resolution efforts, resulting in only 2 stage 2's this year compared to 5 the previous year)

### **4. Focus for 2013/14:**

- To maintain timescale compliance exceeding 75%
- To confirm in the next annual report, that the finance systems to implement the Fairer Charges policy are fully embedded and service users are happy with the financial information they are given
- For Commissioning to review communication complaints to see if any learning can be extracted and to aim for lower communication complaints in 2013-14
- Heads of Service to reflect over the cases that escalated to stage 2 and consider if they would change future strategies in light of these cases (given the success of the current approach they may be happy with no changes)

- Once the Ombudsman's annual letter is received, for future reports to adopt the Ombudsman's new outcome recording categories
- Following Ombudsman guidance to all Councils; to produce information for self-funders on how to access independent financial advice
- When the West London Alliance contracts are introduced to check that complaints data is being sent quarterly and enforce contractual compliance measures across West London Councils for non-compliance
- All residential care home service users or next of kin are written to explaining their right of complaint to the Council. Timescale extended to 30 September 2013

## 5. Stage 1 Complaints

	Commissioning & Partnerships	Reablement, Personalisation	Safeguarding, Mental Health & Residential	Transformation	Other	Total
Complaints 12/13	20	61	17	0	3	101
Complaints 11/12	18	42	20	1	3	84

Note: Due to structure changes service area comparison cannot be made prior to 2011/12.

**Key message:** Councils that capture high levels of complaints invariably achieve high Star ratings as it demonstrates a willingness to hear concerns, address them and improve services as a result of them. Whereas Council's that capture lower levels of Stage 1 complaints tend to get lower star ratings. [Source: Jerry White, Local Government Ombudsman & Steve Carney, Head of Complaints, CQC 2007]

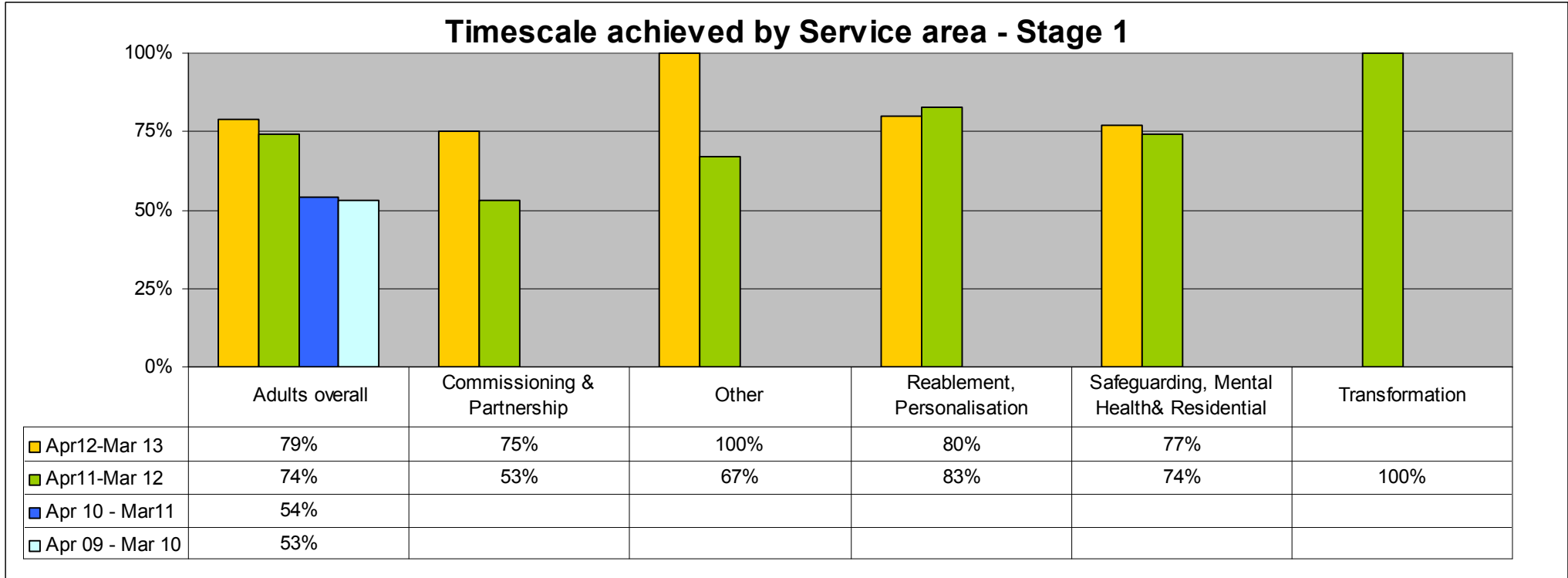
**Analysis:** Complaint numbers have remained healthy across all areas, which reflects a culture across the Directorate that is open to hearing and learning from feedback.

Ensuring all Commissioned service complaints are captured was made a key target after only 1 was captured in 2007-08. 20 were captured this year. This is particularly positive in the context there were no stage 2 complaints. This is the ideal scenario. A healthy number of stage 1 complaints with none escalating, showing openness combined with effective resolution.

Reablement and Personalisation by the nature of their work will always receive the largest share of complaints (this area manages all new referrals and circa 4000 community based clients). The increase this year of 42 to 61 reflects the introduction of the Fairer Charges policy, which is discussed in more detail in 5.2.

### 5.1 Stage 1 response times





**Analysis** The introduction of timescale leads within the Complaints Service has improved timescales for both Adults and Children’s complaints with the Directorate achieving 79% after 74% compared to 54% and 53% prior to leads being introduced.

All services achieved over 75% compliance, which is a strong position and reflects concerted efforts by senior and front-line managers to improve timescales in partnership with the Complaints Service.

**Key action:** To maintain timescale compliance exceeding 75%.

## 5.2 Nature of complaint 2012/13

Type of Complaint	Safeguarding, Mental Health & Residential Services	Commissioning & Partnership	Other	Reablement & Personalisation	Adults overall 2012-13	Adults overall 2011-12	Adults overall 2010-11
Breach of confidentiality	1				1	1	0
Delay / failure in taking action or replying	4	2		15	21	25	17
Loss or damage to property					0	2	3
Policy / legal / financial decision	3	1		25	29	23	2
Quality of Service delivery (standards)	3	10		11	24	14	15
Level of Service (e.g. opening times)				1	1	0	1
Refusal to provide a service				4	4	6	10
Staff conduct * attitude / behaviour	1		2	2	5	3	5
Failure to follow policy or procedures	1	1			2	3	2
Change to an individual's service - withdrawal/reduction	2	2			4	3	10
Communication - Failure to keep informed / consult	1	4	1	3	9	4	4
Discrimination by a Service	1				1	0	1
<b>Total</b>	<b>17</b>	<b>20</b>	<b>3</b>	<b>61</b>	<b>101</b>	<b>84</b>	<b>70</b>

**Analysis:** By far the most significant trend of complaint during the year related to the Fairer Charges policy. Any policy change of the level of the Fairer Charges policy would ordinarily see an increase in policy complaints. Policy and quality of service complaints are the two most frequent types of complaint and both have seen noticeable increases compared to 2010-11. Crucially, there have been no adverse Ombudsman findings in relation to implementing this policy.

The rise in quality of service complaints relates to disputed charges and wanting a clearer breakdown of costs in relation to the implementation of the Fairer Charges policy. System changes were agreed to address these issues. In the final quarter of the year, there were no quality of service complaints and only two policy complaints (compared to 27 policy complaints in first three quarters in 2012-13), suggesting these issues have been addressed from a service user perspective. Anecdotal staff feedback supports this view too.

It is important to emphasise that it was due to the quick action, efforts and resources dedicated by Adults management to trying to sensitively address issues as they arose with the Fairer Charging policy, that there were low escalation numbers.

In the early part of the year there were complaints about equipment orders and rejection to requests for residential placements. As is invariably the case with Community Care Directorate, they quickly learnt from complaint feedback and improved systems and procedures so we have not seen these complaints in the last two quarters of the year.

A highly positive trend relates to the continued reduction in refusal to provide a service complaints (four compared to ten in 2010-11) and reduction in withdrawal/reduction on service (four compared to ten in 2010-11), reflects the impact of a proactive reablement model.

There were not strong trends in Safeguarding, Mental Health & Residential complaints. It is positive to see their delay complaints reduce from eight in 2011-12 to four in 2012-13, after this being flagged in the previous annual report.

Delay and quality are invariably the two main reasons for commissioning complaints because of the nature of their duties. So it is interesting that there were four communication complaints and communication complaints, which may indicate potential learning opportunities. This may relate to how changes in how domiciliary care will be delivered from April were communicated. However, impressively, we have not seen a surge in complaints following the changed delivery model. This is a notable achievement for such a significant change for Commissioning and Partnership services.

**Key action:** To confirm in the next annual report, that the finance systems to implement the Fairer Charges policy are fully embedded and service users are happy with the financial information they are given.

**Key action:** For Commissioning to review communication complaints to see if any learning can be extracted and to aim for lower communication complaints in 2013-14.

### 5.3 Complaints upheld

Service	Not Upheld	Partially Upheld	Upheld	Withdrawn	Total
Safeguarding, Mental Health & Residential Services	10	3	4		17
Commissioning & Partnership	3	8	9	1	21
Other	1		2		3
Reablement & Personalisation	19	19	23	1	62
<b>Total 2012-13</b>	33 (32%)	30 (29%)	38 (37%)	2 (2%)	103
<b>Total 2011-12</b>	25 (30.5%)	18 (22%)	36 (44%)	3 (3.5%)	82
<b>Total 2010-11</b>	21 (30%)	17 (24.5%)	30 (43%)	1 (1.5%)	70

**Analysis:** A percentage of 37% upheld stage 1 complaints is the lowest percentage since analysis of percentages started in 2010-11. This reflects service users complaining about a policy but their complaints were not upheld because the policy was properly consulted on and correctly formally approved via the democratic process. One trend was service users being unhappy with being charged a full day when they may only attend for a brief period at the Day Centre. These complaints were not upheld as the policy was applied correctly. However, it is useful feedback on where service users believe the policy could be improved.

All services make mistakes and it is the mark of a healthy complaints system that a proportion of complaints are upheld at stage 1.

The nature of commissioning complaints (delay and quality of service) means it is usual for the majority to be upheld or partially upheld.

**Key message:** Some of the complaints at Stage 1 involved errors but were resolved through excellent Stage 1 investigation and working sensitively with complainants/families.

## **6. Equalities Information – Service Users**

### **6.1 Stage 1**

#### **Gender of Service User**

	<b>12-13</b>	<b>11-12</b>	<b>10-11</b>	<b>09-10</b>	<b>08-09</b>	<b>07-08</b>
MALE	<b>62</b>	35	29	33	28	28
FEMALE	<b>37</b>	49	39	42	37	41
UNKNOWN	<b>2</b>	0	2	0	1	4

**Analysis:** No concerns identified.

#### **Ethnic Origin of Service User**

The Council has adopted new ethnic minority categories. The below figures reflect how the service user is captured on our social care database. Many service users are still recorded under the previous equalities categories.

<b>Ethnic Origin 2012-2013</b>	<b>Total</b>
African	1
Any other Asian Background	2
Any other mixed background	1
Asian or Asian British*	15
Caribbean	3
English	26
Indian	10
Irish	5
Mixed*	1
Not known	6
Pakistani	1
White or White British*	29
White Other*	1
<b>Grand Total</b>	<b>101</b>

#### **Ethnicity of all service users for comparison:**

*Age 18 - 64 BME = 59.5%*

*Age over 65 BME = 39.9%*

*All service users BME = 44.4%*

**Analysis:** 38% of complaints where ethnicity was known came from service users from ethnic minorities which compares to 44.4%. National research indicates that members of some community groups are far less likely to complain due to cultural norms. Examples of trying to make the complaints service accessible includes paying for translators.

#### **Complaints relating to service users with disabilities**

<b>Disability</b>	<b>Total 12/13</b>	<b>Total 11/12</b>	<b>Total 10/11</b>
Yes	<b>92</b>	82	58
No	<b>1</b>		
Not known	<b>8</b>	2	12
<b>Total</b>	<b>101</b>	84	70

**Analysis:** It is unsurprising the majority of service users consider they have a disability.

### **Stage 1 Complaint made by**

	<b>12-13</b>	<b>11-12</b>	<b>10-11</b>	<b>09-10</b>
Service User	<b>23</b>	24	18	30
Relative/Partner (often informal carer)	<b>73</b>	56	41	40
Advocate –(instigated by either carer or service user)	<b>4</b>	3	8	3
Solicitors	<b>0</b>	0	3	2
Other	<b>1</b>	1	0	0

**Analysis:** It is positive to consider that 77% of service users had assistance in raising their complaints. All service users are advised how to access advocacy support in making a complaint, when they first make a complaint.

## **6.2 Stage 2 complaints**

### **Gender of Service User**

	<b>12-13</b>	<b>11-12</b>	<b>10-11</b>	<b>09-10</b>	<b>08-09</b>
MALE	<b>2</b>	2	2	3	1
FEMALE	<b>4</b>	6	5	3	4
UNKNOWN	<b>2</b>	0	0		0

**Analysis:** No concerns noted.

### **Ethnic Origin of Service User**

	<b>12-13</b>	<b>11-12</b>	<b>10-11</b>	<b>09-10</b>	<b>08-09</b>
White/British	<b>1</b>	3	4	2	5
Black British	<b>0</b>	3	0	0	0
Asian or Asian British	<b>3</b>	1	2	3	0
White Other	<b>1</b>	0	1	1	0
English	<b>1</b>	N/A	N/A	N/A	N/A
Other	<b>0</b>	1	0	0	0
Unknown	<b>2</b>	0	0	0	0

**Analysis:** No concerns are apparent.

### **Complaints relating to service users with disabilities**

<b>Disability</b>	<b>12/13</b>	<b>11/12</b>	<b>10/11</b>
Yes	7	8	7
No			
Unknown	1	1	

**Analysis:** No concerns are apparent.

**Stage 2 Complaints made by**

	<b>12/13</b>	<b>11/12</b>	<b>10-11</b>	<b>09-10</b>
Service User	4	2	1	2
Relative/Partner (often informal carer)	3	6	3	2
Advocate –(instigated by either carer or service user)	1	0	3	2
Solicitors	0	0	0	0
Other	0	0	0	0

**Analysis:** It remains positive that service users have someone supporting them in making their complaint and this remains constant over time.

## 7. Stage 2 complaints

There were eight Stage 2 complaints in 2012-13 compared to eight in 2011-12.

### 7.1 Stage 2 complaint numbers and escalation rates

Service	Stage 1	Stage 2	% escalating to formal complaints
Safeguarding, Mental Health & Residential Services	17	2	12%
Commissioning & Partnership	20	0	0%
Other	3	0	0%
Reablement & Personalisation	61	6	10%
<b>Total 2012-13</b>	<b>101</b>	<b>8</b>	<b>8%</b>
Total 2011-12	84	8	10%

**Tip:** As a rough indicator, for services that get regular complaints having under 10% escalating from Stage 1 to 2 is good. Over 15% indicates work needs to be done.

**Analysis:** The Directorate saw only 8% of complaints escalate to stage 2 which indicates good early resolution standards. It is incredibly rare for no service area to exceed 15% escalation levels, indicating standards across the Directorate are good.

**Key message:** Low escalation levels combined with a lack of repeat trends in stage 2 complaints indicate high service standards.

### 7.2 Stage 2 Complaints and outcomes



Service	Not Upheld	Partially Upheld	Upheld	Withdrawn	Awaiting Outcome	Total
Safeguarding, Mental Health & Residential Services		2				2
Commissioning & Partnership						
Other						
Reablement & Personalisation	2	1	3			6
Transformation						
<b>Total 2012-13</b>	<b>2</b>	<b>3</b>	<b>3</b>			<b>8</b>
2011-12 comparison	2	2	4			8
2010-11 comparison	3	1	3			7
2009-10 comparison	4	1	1			6

**Analysis:** It is disappointing whenever complaints are upheld at stage 2 because it means that errors were not correctly identified at stage 1.

Whilst there were couple of cases where fault was not recognised prior to stage 2, independent investigation was purposefully used in some of the cases where it was recognised that the complaint would be upheld. However, independent examination was used in complex cases to determine the level of errors, identify the appropriate remedy and ensure the learning was extracted. This reflects sophisticated complaints management strategy to ensure a safe and fair outcome, rather than not recognising legitimate points at stage 1.

The Council has traditionally used independent investigators for high risk, high liability or legally-complex complaints. It was noteworthy that three complex complaints were investigated internally this year and were resolved due to the exemplary investigative and resolution work of the investigating officers. This was a real step forward. This prevented these cases escalating to the Ombudsman, where all could easily have done so.

**Key message:** Managers have demonstrated a genuine desire to improve their investigation and resolution practice with the result that internal investigation and front-line resolution standards have improved in recent years and are consistently of a high standard.

**Key action:** Heads of Service to reflect over the cases that escalated to stage 2 and consider if they would change future strategies in light of these cases (given the success of the current approach they may well be happy with no changes).

### 7.3 Stage 2 Response Times

Service	Adults overall			Safeguarding Mental Health & Residential Services	Commissioning & Partnership	Other	Reablement & Personalisation
	12/13	11/12	10/11				
<b>Year</b>	<b>12/13</b>	11/12	10/11	<b>12/13</b>	<b>12/13</b>	<b>12/13</b>	<b>12/13</b>
<b>Within time</b>	<b>6</b>	5	3	<b>2</b>			<b>4</b>
<b>Over timescale</b>	<b>2</b>	3	4				<b>2</b>
<b>Total</b>	<b>8</b>	8	7	<b>2</b>			<b>6</b>

**Context:** The Council often uses independent investigators for stage 2 investigations given the seriousness of social care complaints and the next stage is the Ombudsman. At Stage 2, there is more emphasis on thoroughness than speed.

**Analysis:** 75% were in timescale, which is good achievement for stage 2 investigations.

#### 7.4 Nature of complaint

	Adults Total			Safeguarding, Mental Health & Residential Services	Commissioning & Partnership	Reablement & Personalisation
	12/13	11/12	10/11			
<b>Year</b>	<b>12/13</b>	11/12	10/11			
<b>Breach of confidentiality</b>		1				
<b>Delay / failure in taking action or replying</b>		1	1			
<b>Policy / legal / financial decision</b>	<b>5</b>	2	1	<b>1</b>		<b>4</b>
<b>Quality of Service delivery (stds)</b>		2	3			
<b>Quality of Facilities / Health and Safety</b>		1				
<b>Refusal to provide a service</b>			1			
<b>Level of Service (e.g. opening times)</b>	<b>1</b>					<b>1</b>
<b>Change to Service - withdrawal/reduction</b>	<b>1</b>	1				<b>1</b>
<b>Loss or Damage to property</b>						
<b>Failure to follow Policy or Procedure</b>	<b>1</b>		1	<b>1</b>		
<b>Total</b>	<b>8</b>	<b>8</b>	<b>7</b>	<b>2</b>		<b>6</b>

**Analysis:** Reablement & Personalisation received six complaints this year, with four relating to policy. Five of those six Reablement & Personalisation stage 2's were made in the first six months of the year following the implementation of the new Fairer Charges policy, meaning the last six months only saw one stage 2 complaint.

The other trend was two complaints related to service users/families seeking expensive adjustments to their property, such as extension, and escalating their complaint when the adjustment is denied (usually because there is a far cheaper way of meeting the need). Both these complaints were not upheld.

Apart from this there were no recurring themes in the complaints that escalated to stage 2. It is more the absence of recurring trends which is noteworthy because trends tend to indicate wider system or procedural issues. For example, it is impressive there were no safeguarding stage 2 complaints, given safeguarding enquiries are unlikely to be welcomed.

## 8. Commissioned Services

**Key message:** Only three Commissioned Services complaints have escalated to independent investigation (stage 2) in the last five years. Equally, those that do escalate are invariably the most serious types of complaint.

### 8.1 Homecare (domiciliary care) complaints and service failures

Provider	Mears (formerly Supporta Care )	Care UK	Gentlecare –	MNA	Somali Carers	Penkz (formerly Wycare)	Carewatch	Westminster Homecare
Complaints	3	7	28	2	0	0	3	0
Service Failures	18	44	28	35	18	6	19	1
Total	21	52	56	37	18	6	22	1
Volume of provision – i.e. no. of visits	127,061	152,516	58,039	58,979	39,138	52,200	77,275	4,148
% of service failure complaints upheld per volume of provision.	<b>0.02</b>	<b>0.03</b>	<b>0.096</b>	<b>0.06</b>	<b>0.05</b>	<b>0.01</b>	<b>0.03</b>	<b>0.02</b>
2011-12 % for comparison	0.02	0.28	0.34	0.01	0.01	0.01	0.01	0.08
2010-11 % for comparison	0.02	0.14	0.19	0.01	0.06	0.013	0.03	0.1

[Below 0.1% is the service failure rate target threshold]

**Analysis:** All the service providers continue to surpass the acceptable percentage of the contractual threshold. This includes the two block contract arrangements which used to deliver the majority of the commissioned homecare in the borough. The other spot commissioned providers are well below the threshold of 0.1%, with only one provider Gentlecare actually reaching a point just below the ceiling limit.

During the year the Directorate have decommissioned the current block arrangements with the goal of advancing Personalisation. There has been a significant increase in the hours commissioned with spot providers over the last year with Somali Carers (now known as Capital Home Care) with the greatest increase of 110%. The part year effect of decommissioning the homecare block arrangements has seen Mears reduce by 34% and Care UK by 33% with this becoming zero by the end of March 2013.

As you would expect the number of complaints overall with the block providers have reduced significantly and from the reablement provider elements within the total hours. However the number of complaints for spot provider has increased though less than the comparative increases in hours delivered, hence the all providers remain below the contractual threshold.

## 8.2 Residential complaints

Year	Complaints
2012-13	1
2011-12	3
2010-11	4
2009-10	9

**Analysis:** It remains an issue that residential homes are not supplying complaint data systematically. Contracts wrote out to all homes in the borough on the 21 June 2012 and informed them again of their duties regarding complaint notification and reporting to the Council. The Complaints Manager has attended two provider forums to remind providers of this requirement.

A longer-term solution has been found with the Complaints Managers from Harrow and Brent attending the West London Alliance Contracts Procurement meeting and gaining agreement to introduce uniform complaints monitoring terms including providers having to produce an annual complaints report and agreeing complaints management will form part of the weighting for future procurement decisions. Once new contracts are issued by West London Alliance in 2014 we anticipate residential complaint reporting should improve because providers will lose contracts from a number of Councils if they do not provide the data.

As a short-term solution, the Complaints Manager recommended all residential service users and next of kin are written to explaining their right of complaint to the Council if we do not see an increase in reporting of complaints by residential homes. Given there has been no increase, it was agreed all service users or next of kin would be written to by 31 March 2013. Given, workload pressures, this was extended until 30 September 2013.

**Key action 1:** When the West London Alliance contracts are introduced to check that complaints data is being sent quarterly and enforce contractual compliance measures across West London Councils for non-compliance.

## **9. Stage 3 complaints**

There is no statutory stage 3 complaint stage. The 2009 regulations do not expect them. There were no corporate stage 3 complaints this year.

**Context:** The removal of review panels makes it more likely complaints will escalate to the Ombudsman, meaning it becomes even more imperative that errors are identified at an early stage and robust remedial action is taken.

## **10. Ombudsman complaints and enquiries**

**Key message:** The most crucial test of successful complaints management is whether the Ombudsman issues reports of maladministration against the Council. The Ombudsman has not issued a report in the last 8 years relating to Harrow Social Services (Adults or Children's). The second test is whether the Ombudsman recommends local settlement (doing something additionally to resolve the complaint, indicating that something was missed internally).

### **10.1 Outcomes and commentary**

<b>Service</b>	<b>Outcome</b>	<b>Responded to the Ombudsman in time (28 days)</b>
Commissioning & Partnership	To discontinue investigation - remedied through mediation	N/A
Safeguarding, Mental Health & Residential Services	Awaiting outcome	Yes

**Analysis:** Since the introduction of the 2009 complaint regulations, which removed stage 3 review panels and in some instances sees just one Council response before the complainant proceeds to the Ombudsman, we have unsurprisingly seen an increase in cases proceeding to the Ombudsman.

The Ombudsman offered to chair a mediation meeting with the son of a service user, commissioning and the service user's GP, where the complainant had prematurely approached the Ombudsman. The mediation resolved the complaint.

We are awaiting the Ombudsman's decision for a complaint relating to Safeguarding which is assessed as low risk. The complainant is complaining about another Council (the responsible authority), the GP, hospital services and a care home. The Council's only involvement was to carry out a Safeguarding review because the relevant care home is in Harrow. The family do not accept the safeguarding conclusions which is the Council's small part in a far wider complaint to the Ombudsman. Safeguarding practice appears robust and transparently evidenced, with one learning point around providing information to health as well as the coroner.

**Key action:** Once the Ombudsman’s annual letter is received, for future reports to adopt the Ombudsman’s new outcome recording categories.

## **11. Escalation comparisons over time**

<b>Year</b>	<b>Average % escalation rate Stage 1- Stage 2</b>	<b>Ombudsman local settlements</b>	<b>Ombudsman public report</b>
<b>2012-13</b>	<b>8%</b>	<b>0 (Unknown)</b>	<b>0</b>
<b>2011-12</b>	11.5%	2 (21)	0
<b>2010-11</b>	11.5%	1 (14)	0
<b>2009-10</b>	8%	0 (12)	0
<b>2008-09</b>	7.5%	2 (22)	0
<b>2007-08</b>	13.5%	1 (14)	0
<b>2006-07</b>	8.5%	0 (15)	0
<b>2005-06</b>	6.5%	1 (9)	0
<b>2004-05</b>	15%	Unknown	0
<b>2003-04</b>	14.5%	Unknown	1

**Analysis:** 8% going from Stage 1 to Stage 2 is a good position to be in.

7 local settlements out of 107 local settlements for the Council in 7 years (7%) indicates it is very rare for the Directorate to miss errors or not take sufficient remedial action for identified errors.

The Council is making more early referrals to the Ombudsman, particularly in relation to disagreement with decision complaints.

## **12. Mediation**

**Analysis:** In 8 of the 9 cases where mediation was used, the mediation meeting successfully resolved the complaint (compared with 5 of 6 the previous year). This shows how effective it is as an option in resolving even the most escalated and distressing cases.

**Key message:** The introduction of mediation in 2005-06 significantly reduced and continues to significantly reduce the number of complaints that escalate. Of 126 social care complaints where mediation has been used since it was introduced in 2005, mediation has resolved the complaint in 98 or 78% of those complaints.

**Key message:** The complaint escalation rate has reduced by a third since the introduction of mediation in 2005 from 15% to 9% of complaints escalating to Stage 2 since mediation has been used. This is doubly impressive given few responses prior to the introduction of letter-vetting in 2006 informed complainants of their right to a Stage 2 so escalation rates should have increased if anything.

### **13. Advocacy**

Advocacy is an important protection for vulnerable service users who may otherwise not be able to easily raise or address concerns. Harrow has a number of local advocacy services covering the full spectrum of service user groups. Harrow Law Centre is now embedded as a further protection and provides free legal advice and support to service users.

All complainants are advised in writing about free independent advocacy and advocacy is also offered when the Complaints Service speak to complainants.

**Analysis:** 77% of service users had support from someone else in making a complaint, usually a family member.

**Key message:** Traditionally, service users had to use two advocates. One advocate for health issues and one advocate for social care issues. The Council has adopted a locally-based health complaints advocacy model which means advocacy can be delivered by one advocate for both health and social care needs with the aim to improve the overall outcome for service users through better joined up systems.

### **14. Complaints dealt with by the local authority and NHS Bodies**

There were 7 complaints investigated and responded to jointly (compared to 2, 5 and 2 in preceding three years). None escalated beyond stage 1, indicating good joint investigation and resolution with health colleagues.

### **15. Learning Lessons/Practice Improvements**

One of the strengths of the adults complaints model is all learning is centrally captured and completion monitored.

Below are some examples of high level learning extracted from complaints from in 2012-13.

<b>Problem Identified</b>	<b>Lesson Learnt - Action required</b>
Complaints about having to go through reablement when service users feel reablement is not appropriate e.g. when the service user is terminally ill or has dementia	1. To review the current reablement protocol to ensure our reablement process is flexible enough to respond to the needs of all service and potential service users including people with very complex social care needs. 2. Protocol for reablement care packages being rewritten to address this
In the case where the service user was	It is recommended that two different standard



seeking new accommodation to meet his increasing social care needs, whilst it was not a point of complaint, the investigator identified a lack of clear information & signposting in standard letters.	letters are used, a 'transfer to another worker' letter and a 'no further support' letter. Both letters would need to provide more detailed information for clients of changes that have taken place, the reason why and how clients are affected by the change
The service user did not accept the Disabled Facilities Grant (DFG) process and therefore did not apply. However, they were not given the terms of DFG in writing	DFG written information to be given to applicants
Bills not fully setting out what charges are for and examples of incorrect billing	Funding for changes to the automated system agreed including a project to improve data quality (and timeliness) to ensure that we bill correctly the first time around
A Service user was placed in a home that stated it could meet dementia needs but then struggled to meet his dementia needs	To explore dementia care accreditation for relevant Harrow residential homes and domiciliary care services via the APC
Ombudsman guidance to all Councils that Councils should be providing information about how to access independent financial advice for self-funders	Agreement to produce such a guidance document [see Focus for 2013-14 on page 7]
A 12 week property disregard request was rejected incorrectly	A review of the process for the 12 weeks property disregard
A service user was rejected for services following incorrect legal advice that the service user's country of origin meant they were not eligible	Legal asked to review connected guidance
A complaint investigation agreed there had been a delay in instigating safeguarding enquiries because the seriousness of the allegations was not initially clear	<ol style="list-style-type: none"> <li>1. Introduction of management authorisations at each stage of adults safeguarding process to ensure timescales are achieved and best practice followed</li> <li>2. Social Workers to follow up each case that they deal with on the duty desk so that allegations are followed up and victims spoken to within 24 hours</li> </ol>
Statements by the social worker raised an expectation that the Council would fund a placement when it should have been self-funded	<p>Memorandum to care managers stating:</p> <ol style="list-style-type: none"> <li>1. Care Managers must communicate the LA's funding arrangements clearly at the start</li> <li>2. Teams need to ensure information will be given in future to all potential 'self-funders' at the point of assessment</li> <li>3. Additional scrutiny of these points will be added to the routine file audits that the department undertakes</li> </ol>
Increased complaints about financial	A review of the Joint Assessment Team (JAT)

appeals and with it the likelihood of Om budsm an challenge	appeals process agreed to combine the JAT appeal reason and outcome forms into one form . The form to be amended: so JAT fill the form in the form in advance in future; a section added to set out rationale for decision; the appeal panel is only quorate if at least 2 Service Managers attend
A Stage 2 complaint highlighted lack of understanding by some staff regarding the disability registration process	1. Staff training re info on disability registration to be improved 2. To ensure questions in the appeal process for disability registration are more appropriate & can incorporate additional factors of a disability
A pattern of missed and late calls by domiciliary care provider	This was addressed by moving some of the care provision to a different provider
Trend of complainants unhappy at 28 day gap after reablement	Safeguards are in place with a weekly Director's Panel to consider urgent cases; assessment of need during reablement and risk assessment
The Council stopped placing any further service users at a new, out of borough, care home after the Council was unhappy with the home's response to a serious complaint and their ability to care for high-end dementia. The family were pleased with the Council's response but not with the home's	The Council made a referral to CQC and the local Council's safeguarding unit. The safeguarding unit identified further, unrelated service issues at the home as a result of a report. This showed what good partnership work can do to safeguard vulnerable service users

## **16. Compliments**

There have been 44 compliments this year passed on for formal recording (compared to 27 in 2011-12). Examples include:

- Praise for a Shared Lives worker, 'She is like a ray of sunshine in my life... her cheerful attitude, has helped me overcome my depression'
- Appreciation from a the family of a deceased service user of how their mother felt about a social worker, 'She was remarkably kind and helpful and I wanted to put this on record' 'I would be most grateful if you could let Michelle know how well she is regarded and remembered.'
- 'I loved working with you and your staff at Vaughan Neighbourhood Resource Centre', praising the 'caring staff with magnificent skills and lovely atmosphere'
- Thank you for making my life easier despite the financial limitations
- How supportive and fantastic the transport service, drivers and escorts had been
- Immense gratitude at the patience, effort and dedication showed by all in the Personalisation service. Professional and kind.

- There were three compliments for the Complaints Service including, 'Thank you for making complaints process constructive, sensitive and speedy'
- There were a number of compliments for the Carers Lead including 'We would not have been able to cope without your support' and 'Many, many thanks for keeping me sane... you are a STAR!'

## **17. The Complaints Process explained**

This report provides information about complaints made during the twelve months between 1 April 2012 and 31 March 2013 under the complaints and representations procedures established under the Health and Social Care (Community Health and Standards) Act 2003 and through the Local Authority Social Services and National Health Service Complaints (England) Regulations, 2009 and the Council's corporate complaints procedure relating to Adults Community Care Services.

All timescales contained within this report are in working days.

### **18.1 What is a Complaint?**

An expression of dissatisfaction or disquiet about the actions, decisions or apparent failings of a local authority's adult's social services provision which requires a response.

### **18.2 Who can make a Complaint?**

(a) a person who receives or has received services from the Council; or  
 (b) a person who is affected, or likely to be affected, by the action, omission or decision of the Council.

### **18.3 Stages of the Complaints Procedure**

From April 2009, regulations removed the traditional 3 stage complaints procedure for statutory complaints, replacing it with a duty to provide a senior manager organisational sign-off to every complaint response. The Council is expected to negotiate with the complainant how their complaint should be managed, including agreeing a timescale. If a verbal issue can be resolved by the end of the next working day, the regulations state this does not need to be recorded as a complaint.

Many complainants prefer a defined process and prefer to rely on the Council to identify a process to manage their complaint. To assist such complainants the Council produced a model procedure which complainants can use if they prefer. It is also used where complainants cannot be contacted to discuss how they want their complaint managed. Complainants are always advised in writing of their right to agree a different process if they prefer.

The stages of the Model procedure:

1) Local resolution

Timescale: 10 working days. 20 working days for complex

Organisational sign-off: Director of Adult Social Services

## 2) Mediation

Organisational sign-off: Director of Adult Social Services

## 3) Formal investigation

Timescale: 25 working days. 65 working days if complex e.g. requiring independent investigation.

Organisational sign-off: Corporate Director

For ease of understanding, the report uses a traditional stages reporting format. Local resolution being a Stage 1 and formal investigation a Stage 2. It is important to emphasise that these stages are very fluid so it is not uncommon to go immediately now to mediation or independent investigation.

### Corporate complaints

A traditional 3 stage complaints process still applies.

### Local Government Ombudsman

The Ombudsman is an independent body empowered to investigate where a Council's own investigations have not resolved the complaint.

The person making the complaint retains the right to approach the Local Government Ombudsman at any time. However, the Ombudsman's policy is to allow the local authority to consider the complaint and will refer the complaint back to the Council unless exceptional criteria are met.

## **18.4 What the complaints team do**

- Letter-vetting
- Liaising with services to try resolve the issue informally
- Mediation
- Training
- Surgeries/raising awareness
- Learning identification and agreed actions monitoring
- Advocacy identification
- Chasing complaint responses

The introduction of letter-vetting in September 2006 by the Complaints Service has ensured that all complainants are informed in their written response of the right to go to the next stage if they are unhappy.