

The Royal Borough of Kensington and Chelsea

Adult Social Care

Complaints Annual Report

1 April 2011 to 31 March 2012



Introduction

This report provides information about complaints made between 1 April 2011 and 31 March 2012 under the Local Authority Social Services and NHS Complaints regulations, 2009.

This report highlights how the Department has performed in line with key principles outlined in the regulations. Learning and service improvements that have been made as a result of responding to complaints are also discussed, as are plans for further developments.

The first section talks about the process and procedures. The second section gives a detailed breakdown of complaints against Adult Social Care Services under the statutory complaints procedures. The third and fourth sections show Tri-Borough comparisons and details on lessons learnt by the service, respectively.

The Process

The Department of Health, in its publication, *Learning from Complaints – Guidance on Changes to the Social Services Complaints Procedure for Adults*, defines a complaint as, “an expression of dissatisfaction or disquiet about the actions, decisions or apparent failings of a Local Authority’s adult social care provision which requires a response”. The Royal Borough uses this definition.

Anyone can make a complaint where they receive a service from Adult Services or where they are affected, or likely to be affected, by the Department’s actions. This includes a service provided by an external provider acting on behalf of the Local Authority. In such a case service users can either complain directly to the provider or to the Customer Care and Complaints Team.

Complaints can also be accepted from individuals acting on behalf of a service user, for example an advocate or family member, where the service user has given consent. People who fund their own care (known as self-funded users) for services that are regulated by the Care Quality Commission do not fall under this procedure.

Staff are encouraged to attempt to resolve problems at the first point of contact in line with good practice highlighted by the Local Government Ombudsman, but are equally advised to direct service users towards the Customer Care and Complaints Team to access the procedure where an instant resolution is not possible or appropriate, or where the service user remains dissatisfied.

The process places greater emphasis on using mediation as an alternative to investigation in appropriate circumstances, for example where there is conflict between individuals.

In accordance with the Local Authority Social Services and National Health Service Complaints (*England*) Regulations 2009 procedures for handling complaints that came into effect on 1st April 2009, once a complaint is logged under these procedures, the local authority must acknowledge the complaint within 3 working days and offer to discuss the matter with the complainant, in person or via

telephone. Complainants must be given the opportunity to meet with managers investigating their complaint in order to raise concerns or issues directly.

A plan of how the complaint will be dealt with must be agreed with the complainant. The plan should include the time-scales that have been agreed with the complainant for providing a response. An initial risk assessment should be carried out for each complaint to determine how it should best be handled.

Complaints are graded into four categories: low risk, moderate risk, high risk and extreme risk. Complaints that fall between low and moderate risk are dealt with by the service manager concerned and the resolution method is usually through meeting with the complainant then a paper review or an internal investigation followed by a written response. Those that are deemed to be high or extreme risk are usually investigated by independent investigating officers who submit their findings to the local authority followed by a letter together with the report to the complainant from the Head of Adult Social Care. Other such complaints may also need to be passed on to the Safeguarding Adults Manager as appropriate and the complaints process may be suspended, if necessary, in order to allow the safeguarding process to run its course.

The Local Authority will always seek to resolve the complaint as soon as possible, and in the absence of a prescribed timescale it uses an internal timescale of 10 working days, in consultation with the complainant. However, if delays are expected the complainant is consulted and informed respectively. All responses, whether or not the timescale has been agreed with the complainant, must be made within 6 months of receiving the complaint. However, in exceptional circumstances, the investigation is likely to take longer, the complainant must be notified in advance of the stated deadline and an alternative timescale must then be agreed upon, if possible. In case of a Cross-organisational complaint, the response must be co-ordinated so that the complainant receives one consolidated response to their complaints.

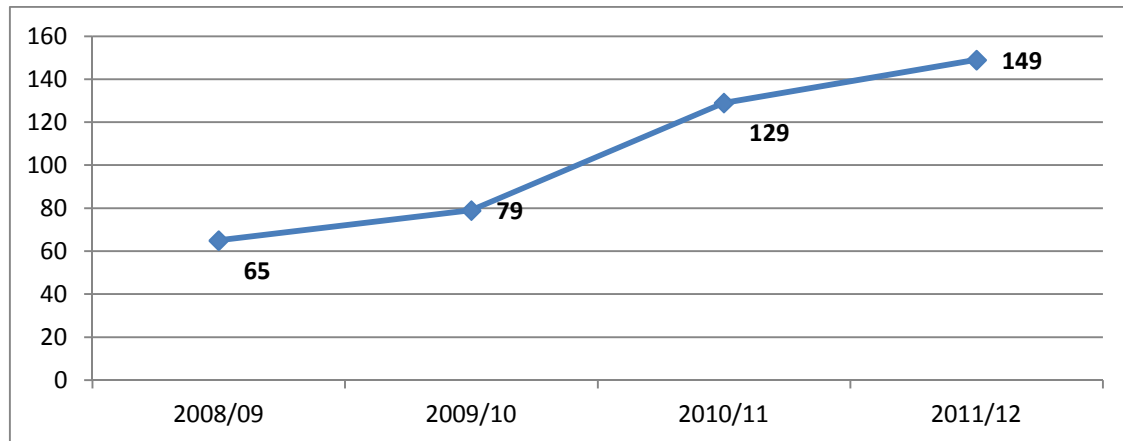
The Local Authority has one opportunity to provide a formal response to the complainant and this response must set out their right to approach the Local Government Ombudsman should they remain dissatisfied. However, they can refer their complaint to the Ombudsman at any time, although the Ombudsman normally refers the complaint back to the Local Authority if it has not been considered under the relevant procedure in the first instance.

Learning from complaints is given a higher profile within the new arrangements, and a senior manager is to be responsible for this learning. The Customer Care and Complaints Team records and monitors all complaints.

Detailed complaints activity for 2011/12

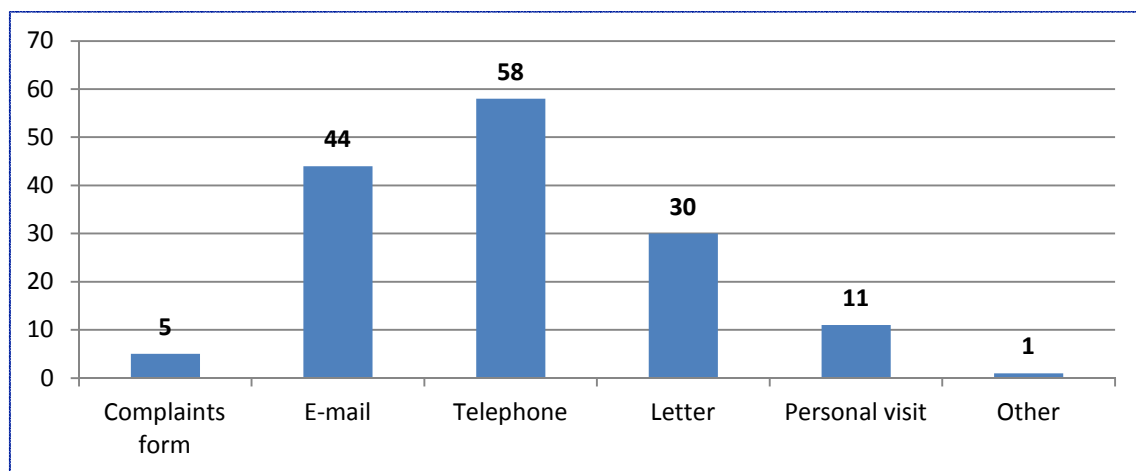
The Customer Care and Complaints Team recorded 149 formal complaints in 2011/12. This is 20 more complaints than received in the previous year, which is a 15% increase.

Graph 1 – Number of complaints received over 4 periods



As can be seen the number of complaints has been rising sharply over the years. In 2010/11 this was mainly due to complaints received in relation to the introduction of a service user contributions policy, whereas the hike in 2011/12 is attributed to an increased departmental focus on homecare provision.

Graph 2 – Number of complaints received by various modes



Most complainants prefer contact by telephone as this is an easy access route and allows them to impart as much information about the concerns they have. Although only 3% of complaints are received by way of complaints forms, they are very useful leaflets as they contain important information about the process and contact details.

Table 1 - Complaints by category and team

Teams	Complaints categories	Charging matters	Disputed decisions	Perceived/assessed eligibility	Poor communication	Quality of service	Service delay	Service not provided	Request for service	Staff attitude	Withdrawal, reduction or change in service	TOTAL
Adults North		1	3	0	1	1	1	0	1	2	1	11
Adults South		0	2	0	0	4	0	1	1	4	1	13
Occupational Therapy		0	3	0	0	1	0	3	1	0	0	8
Learning Disability Services		0	0	0	2	0	0	1	0	1	0	4
Self Directed Support/DP		0	0	0	0	0	0	0	0	0	0	0
Advice, Access and Information		0	0	1	0	0	0	0	3	1	1	6
Hospital Social Care		0	1	0	2	0	0	0	1	2	0	6
Mental Health – care & assessment		0	0	0	0	0	0	0	0	0	1	1
Provider Services		1	1	0	0	3	0	2	0	0	0	7
Substance use & homelessness		0	0	0	0	0	0	0	0	1	0	1
Mental Health Commissioning		0	1	0	1	0	0	0	0	1	0	3
Homecare – contracts		0	0	0	6	37	13	14	0	7	1	78
Homecare (Re-ablement)		0	0	0	0	2	0	0	0	0	0	2
Financial assessment/client affairs		4	1	0	0	0	0	0	0	1	0	6
Accessible Transport		0	1	0	0	1	0	1	0	0	0	3
All other ASC complaints		0	0	0	0	0	0	0	0	0	0	0
TOTAL		6	13	1	12	49	14	22	7	20	5	149

As can be seen most complaints were received against our homecare providers. The increase is mainly due to the change in internal process in January 2011, which has led to closer monitoring and improved recording of complaints. It is also important to note that these are only the complaints that are reported to the Royal Borough via the Customer Care and Complaints Team, E-monitoring or Social Work Teams by service users and their representatives. The agencies also receive complaints directly from service user which they record and deal with in accordance with their process.

The majority of complaints have been about the quality of the service, which is consistent with last year. Most concerns about the quality of service provided are against homecare providers. The other significant areas are staff attitude and failure to provide service.

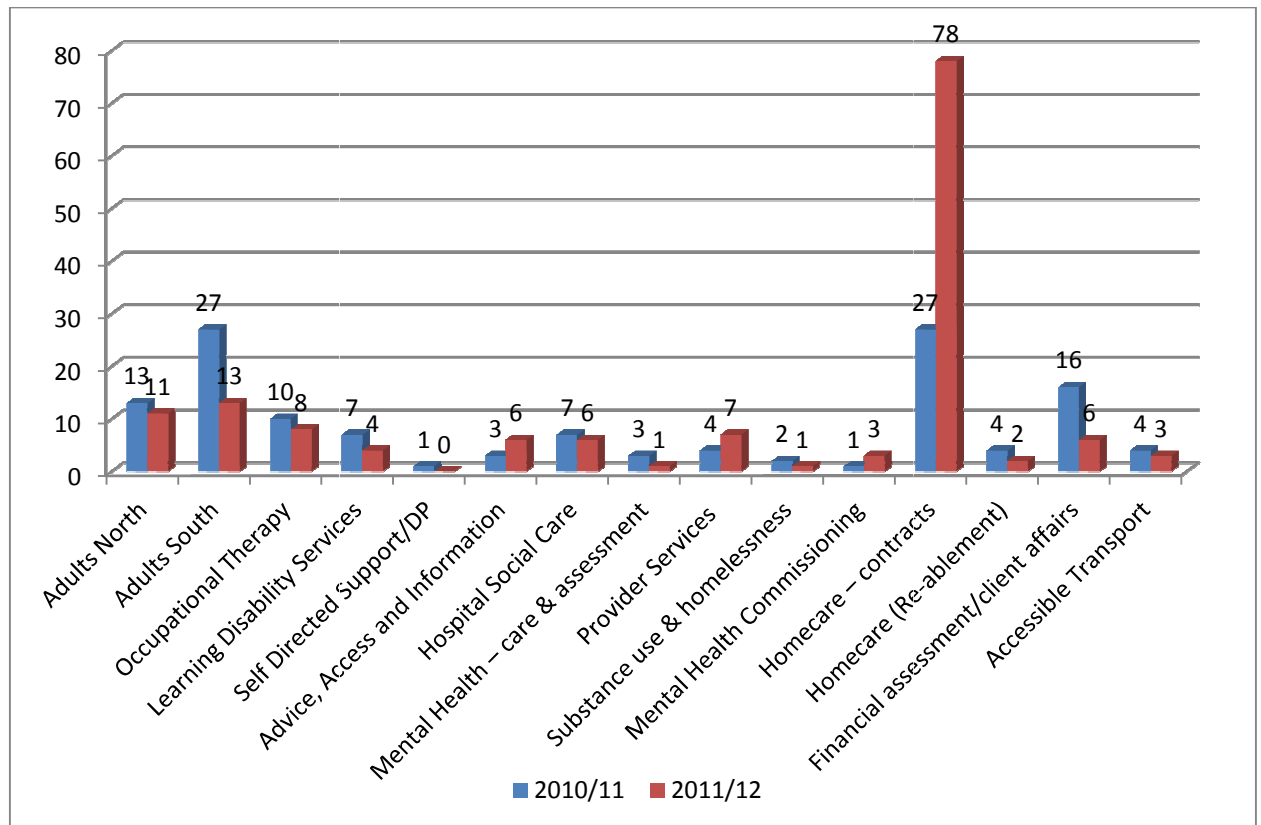
Table 2 – Detailed breakdown of complaints

	Team	Rec	Avg w days to resolve	Total resolved	Still active	Upheld	Not upheld	Partial upheld	W/drawn
Assessment Services	Adults North Team	11	16	11	0	2	6	3	0
	Adults South Team	13	12	13	0	1	8	4	0
	Occupational Therapy	8	14	8	0	0	7	0	1
	Learning Disability Services	4	14	4	0	1	1	2	0
	Adults Hospital Team	6	12	6	0	0	3	3	0
	Self Directed Support	0	-	-	0	-	-	-	-
	Advice, Information & Access	6	14	6	0	1	4	0	1
	Mental Health - Assessment	1	>20	1	0	0	1	0	0
	TOTAL	49		49	0	5	30	12	2
	Mental Health	Substance use and homelessness	1	9	1	0	0	1	0
Mental health commissioning		3	>20	3	0	0	2	1	0
TOTAL		4		4	0	0	3	1	0
Provider Services	Homecare – Reablement	2	>20	2	0	0	0	2	0
	OP Day Centre	1	20	1	0	0	0	1	0
	LD Day Centre	1	17	1	0	0	1	0	0
	Nursing and Residential Care	5	20	5	0	1	2	2	0
	TOTAL	9		9	0	1	3	5	0
Quality, Contracts & Safeguarding	Care UK	28	18	28	0	13	3	10	2
	Plan Personnel	46	17	46	0	20	6	19	1
	Carewatch	3	>20	3	0	1	0	2	0
	Chelsea Care	1	3	1	0	0	1	0	0
	Other homecare providers	0	-	-	0	-	-	-	-
TOTAL	78		78	0	34	10	31	3	
Other	Financial assessment & client affairs	6	11	6	0	1	4	1	0
	Accessible Transport	3	10	3	0	1	2	0	0
	TOTAL	9		9	0	2	6	1	0
GRAND TOTAL		149		149	0	42	52	50	5
Percentages (%)				100%	0%	28%	35%	34%	3%

The table above gives a breakdown of complaints by service area and team. As there is no hard and fast timescale to resolve complaints for Adult Social Care, this figure varies for different teams and services. The aim of every service is to satisfactorily resolve complaints in a fair amount of time (within 6 months as per the regulations), that is acceptable to the complainant/service user. It is also our aim to keep the complainant informed and involved in any discussions around timescales and/or delays. In some cases the first response may not be satisfactory and leads to further correspondence or a meeting to obtain resolution.

Where the response has taken longer than 10 or 20 working days there were valid reasons, and in most cases the service users are sent a holding letter to agree an extension. The Customer Feedback Team will continue to monitor response times and work with the operational team managers to meet agreed response times. The Tri-Borough comparison tables will show further breakdown of response timescales, please see page 12.

Graph 3 – Number of complaints by team in comparison with previous year



Quality, Contracts, Safeguarding

Since the process for dealing with homecare complaints was changed, we have seen a surge in complaints that we have recorded. 52% of all total complaints have been recorded against homecare providers. Most complaints come in via the e-monitoring team and social workers. These are then passed to the agency to investigate and respond to within 10 working days. This has really helped the contracts monitoring officers in identifying complaint trends and making sure that the agencies are taking the required corrective action to ensure good quality service. Please refer to Table 2, on page 7 to see a breakdown by agency.

Most complaints have been about low-medium risk issues such as quality of service, delays and staff attitude. If there are any serious issues, the team will raise these with the Safeguarding Team to ensure that an alert is raised and investigated by the agency.

Assessment Services

33% of total complaints are about the assessment services. The highest number of complaints has been recorded for the South Adult Social Care Team. There is no single reason for the complaints received. The complaint issues have been wide-

ranging; however, many of the concerns can be attributed to staff attitude, which can be quite subjective. Other complaints have been about quality of service. All complaints were investigated individually and thoroughly to ensure that needs were being met as best possible.

Provider Services

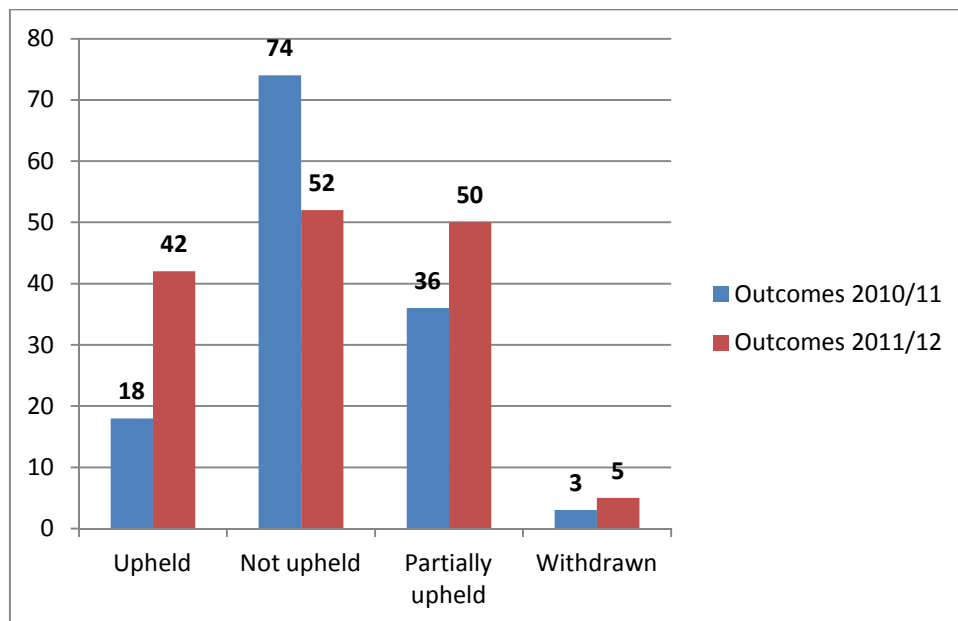
Out of the five complaints about residential care, three have been regarding one particular residential home. These have all been investigated and closed. In the recent months there have been many changes at the residential home, such as frequent management changes; however this has now been resolve by permanent recruitment. Due to the frequency and volume of complaints the Provider Services Team are monitoring closely to ensure service quality and effectiveness.

Other areas

In 2011/12 there were only 3 complaints related to Accessible Transport Services, all other concerns about eligibility and outcome were reviewed under their appeals process.

Outcomes

Graph 4 – Complaint outcomes in comparison to last year



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

“Upheld” – This is where the complaint was totally valid and we have accepted responsibility. We would follow this up with a detailed letter with an apology and detailed clarification for the reasons and remedies for the matter at hand. It would also include actions and plans to ensure such a complaint doesn’t recur.

“Partially Upheld” – This is where part of the complaint was valid and some responsibility is accepted for the complaint. A response outlining the part that is

upheld is sent, stating reasons and proposed corrective measures for the complaint.

“Not Upheld” – This normally means that the complaint is not valid however, as we do allow people to state their dissatisfaction with a service, we record such complaints and investigate in the same way. We would explain carefully and thoroughly our reasons for our conclusion, with a possible apology for causing any stress to the complainant.

If complainants remain dissatisfied with our response, they are advised to contact the Customer Care and Complaints Team, to seek clarification and discuss their dissatisfaction, to see if further clarification can resolve the matter. However, if they continue to remain dissatisfied with the efforts of the Local Authority they are advised of their right to progress their concerns to the Local Government Ombudsman.

Graph 4 on page 8 reflects the outcome of all complaints that were made to Adult Social Care, and comparisons with last year. 3% of complaints were withdrawn by the complainant. When this occurs the complaint is still investigated for the benefit of the service, however the complainant does not receive a response.

Local Government Ombudsman Activity

The table below shows the number and type of correspondence the Royal Borough received from the Local Government Ombudsman in relation to the Adult Social

Premature complaints	3
Complaints investigated	8
Upheld/partially upheld	2
Not upheld	6
Local settlement	-
Still open	0
Average working days to complete	22

Care services it provides.

Two out of three premature complaints were passed onto the investigative teams after the Royal Borough had completed their investigation and response. The remaining one, premature complaint was not valid for investigation and hence closed.

As the table shows there were 8 separate complaints that were escalated to the Local Government Ombudsman. They have been investigated, actioned and are now closed.

One particular complaint that led to a LGO investigation was also subject to a retrospective safeguarding investigation as part of the complaints investigation into

the care provided to a late service user. The investigation revealed some shortcomings, which have been taken very seriously by the Royal Borough. These are discussed under the learning from complaints area of this report.

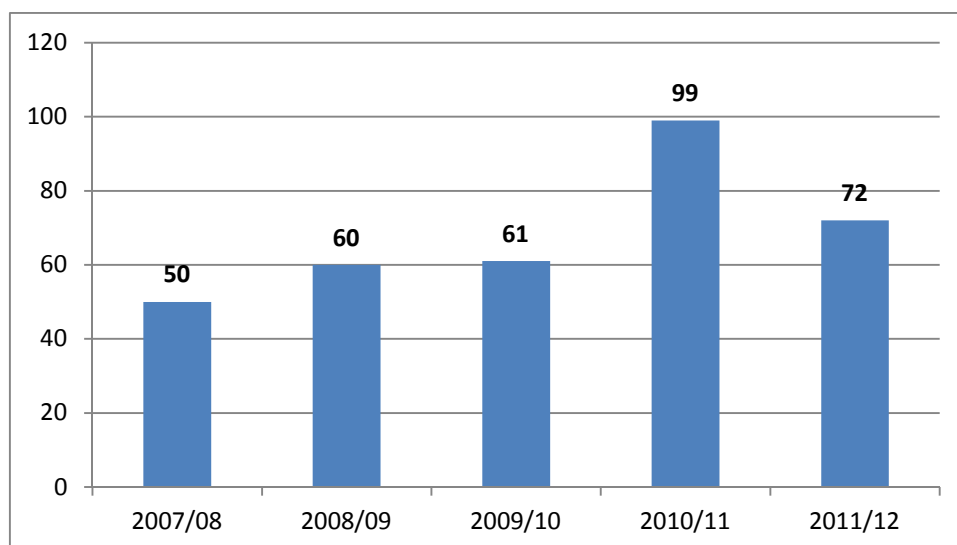
The Royal Borough has favourable outcomes to all complaints that were investigated. However, the LGO did recommend remedies and in two instances a recommendation for compensation for time and trouble was also made. These have all been accepted and incorporated into practice to ensure service improvement through learning.

Member Enquiries

Adult Social Care Services received 72 Members' enquiries. 35 of these (48% per cent) were responded to within five working days. The average response time was 8 working days. There has been a drop in the number of enquiries received compared to the previous year, which is more in line with the historic trend. A large number have been about the quality of a service provided or have been seeking updates.

For those enquiries that took longer than five working days a holding letter was sent out by the Customer Care Team to the respective Councillor.

Graph 5 – Number of Member Enquiries received over the years



Praise in 2011/12

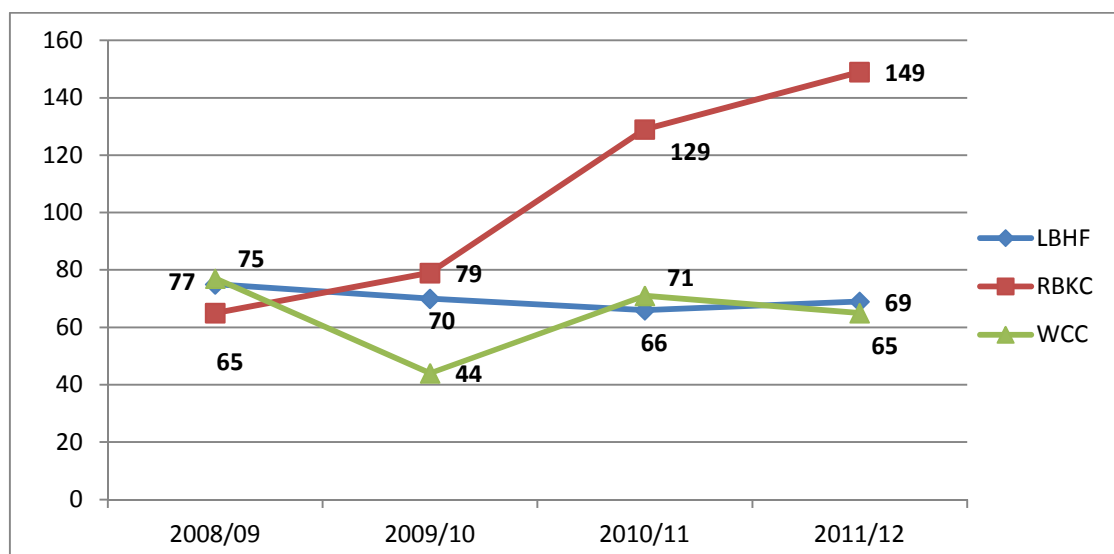
The Customer Care and Complaints Team also receive and record positive comments from users and their carers. This helps inform the Department about services that are working well. The team received sixteen compliments this year for Adult Social Care.

Tri-Borough Comparisons

With the formation of the Tri-Borough Adult Social Care Service, data on complaints for all three Local Authorities has been compared and analysed to demonstrate any key similarities or differences in volume, outcome and response times.

The graph below shows the number of complaints received by all three local authorities over the years. In 2011/12, the Royal Borough received the highest number of complaints at 149, The London Borough of Hammersmith received 69 and Westminster City Council received 65 complaints.

Graph 6 – Number of complaints received



As can be seen the Royal Borough of Kensington and Chelsea has in the recent years received and recorded a higher number in complaints. Whereas, Hammersmith and Fulham and Westminster City Council have been quite consistent in the numbers they have received.

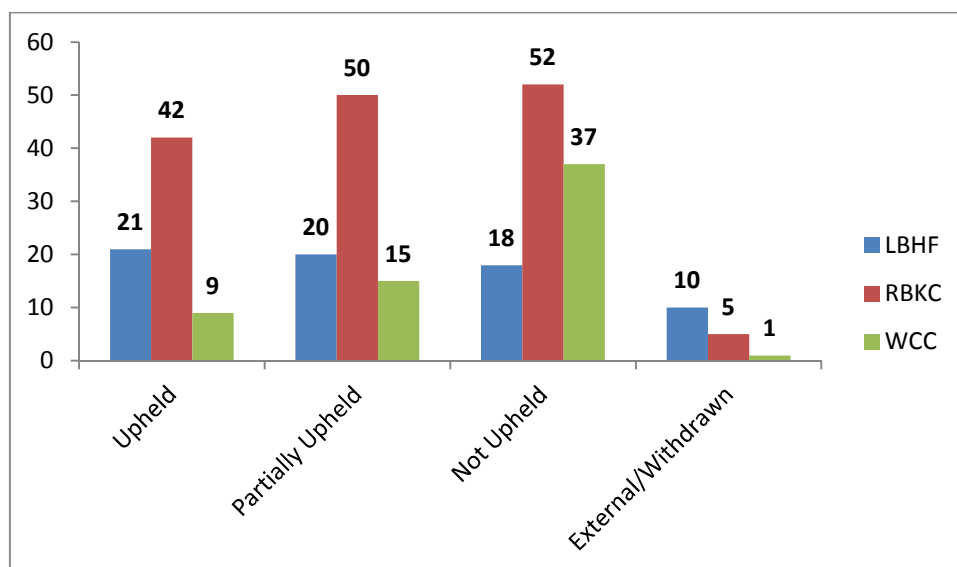
OUTCOMES

Table 4 – Outcomes by LA and percentages

LA	Upheld		Partially Upheld		Not Upheld		External/ Withdrawn/Not known		Ongoing		TOTAL	
LBHF	21	30%	20	29%	18	26%	10	14%	0	-	69	100%
RBKC	42	28%	50	34%	52	35%	5	3%	0	-	149	100%
WCC	9	14%	15	23%	37	57%	4	6%	0	-	65	100%

The table above shows a comparison of outcomes recorded by the three local authorities. Most (62%) complaints against the Royal Borough of Kensington and Chelsea were upheld (fully or partially) compared to 59% of Hammersmith and Fulham and 37% of Westminster City Council complaints.

Graph 7 – Outcomes by LA for 2011/12



TIMESCALES

Table 5 – Response timescales by LA and percentages

LA	Within 10 working days		b/w 10 & 20 working days		>20 working days		Not known/ Withdrawn		TOTAL	
	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
LBHF	18	26%	19	28%	31	45%	1	1%	69	100%
RBKC	77	52%	30	20%	37	25%	5	3%	149	100%
WCC	29	45%	21	32%	10	16%	5	7%	65	100%

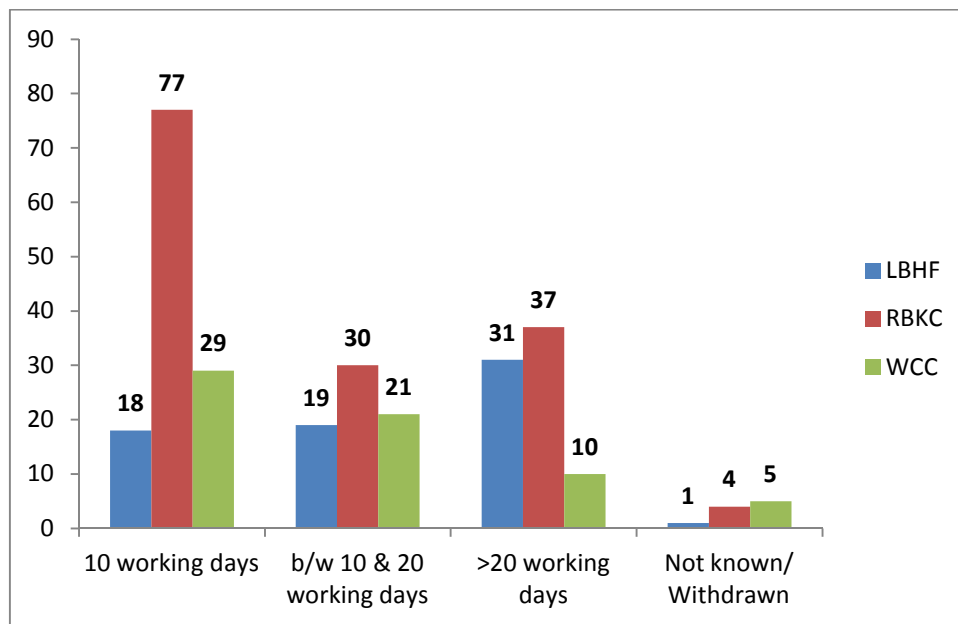
No complaint investigations are outstanding, which means all complaints for 2011/12 have been closed.

The 2009 regulations place an emphasis on the resolution of complaints with the service user at the centre of this approach. There are no fixed timescales set by the regulations to comply with however, both Kensington and Chelsea and Westminster revert to a deadline of 10 working days in consultation with the service user/complainant for low to medium risk complaints.

Over 50% complaints for all three Local Authorities were responded to within 20 working days. The average response rate is 67%. The Tri-Borough Customer Feedback Team will try to improve this average rate.

All complaints were resolved within the broad 6 month timescale dictated by the regulations.

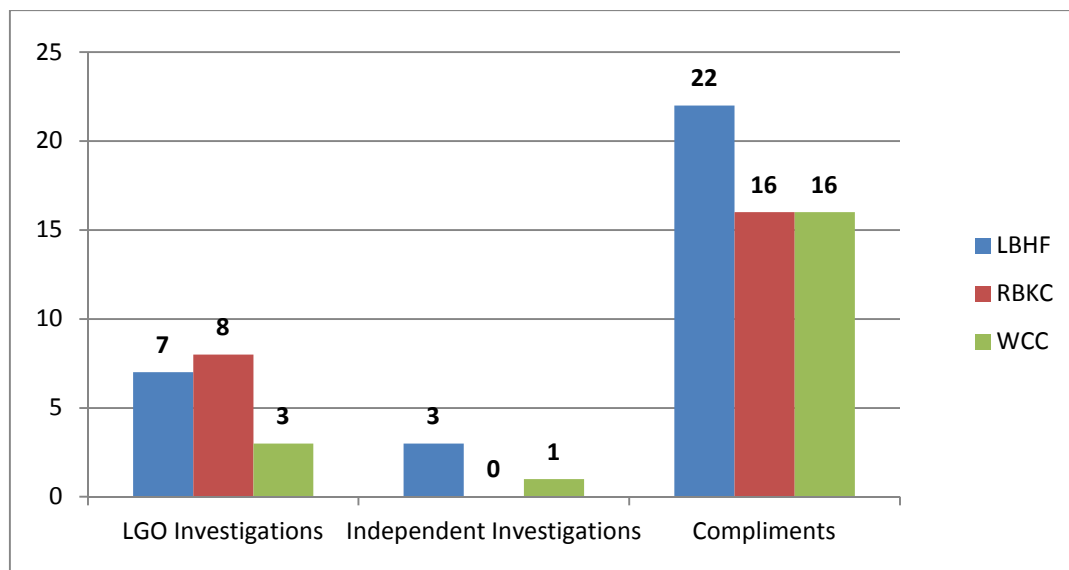
Graph 8 – Response timescales by LA for 2011/12



The table below shows response times for complaints within 10 and 20 working days respectively. As can be seen where internal 10 working days timescales apply i.e. RBKC and WCC, most complaints are responded to within 20 working days.

Graph 9 – Comparison of other types of feedback by LA

The graph below shows the different number of Ombudsman Investigations, Independent Investigations and compliments received by each Local Authority during 2011/12.



Learning from complaints received in 2011/12

Complaints are an effective and essential tool for any business to identify and then learn from problems that are presented by users. They help an organisation improve the way they work and deliver services.

This chapter, in line with the statutory procedures, will demonstrate learning and service improvement, including changes to services that have been implemented. 'Learning from complaints' is an increasingly important part of the ethos within adult social care and managers responding to complaints/representations are encouraged to identify any shortcomings within the service and to inform the service user of any actions which will be taken to prevent a recurrence of the event which led to the complaint. The role of the Customer Care and Complaints Team is to ensure that Service Managers transform learnings from complaints into service improvements. Below are some examples of lessons that have been learnt and some service improvements that have been made as a result.

- The Local Government Ombudsman investigated a complaint this year. Before they took over the investigation, the Royal Borough decided to conduct a safeguarding investigation retrospectively to identify specific learnings and how the Department could improve current practice. The investigation revealed many learnings;
 - Staff were re-issued with up-to-date guidance with respect to reassessment.
 - An effective system has been put in place between the re-ablement and e-monitoring team to enable improved monitoring of missed visits and no replies.
 - The supervision policy with Social Work staff in the community teams has been revised to ensure complaints against staff can be reduced by pro-active and open communication between managers and social workers.
- Individual practitioners are taking professional responsibility to be clearer with their information given to users/carers re the assessment and care management process. This has become a standing item in team meetings/supervisions.
- There has been an enhanced focus on communication and how to make it more effective especially when dealing with families of our service users with Learning Disabilities.
- There has been some work to identify the impact of vulnerable services users living in the community upon other residents and improved multi-agency liaison to improve relationships.
- The Learning Disability Team is developing a robust staff training tool on risk assessments to ensure that the detail is clear and multi – disciplinary.
- Following years of using separate systems for finance and for care, we are now moving forward with a joint system to reduce complaints that have arisen from poor communication.

- As a result of complaints around Extra Care Sheltered accommodation, the Social Work Teams have regular meetings with the local scheme managers and are also currently involved in assisting them with recruiting a new manager.
- The Occupational Therapy Team has made changes to how events are managed when major adaptations have been agreed, and there is a subsequent challenge from a client to alter the specification. The Team call a meeting with the client, grants and Surveyor to ensure all issues are addressed before work can proceed. This has benefited the team in management of cases.
- The Team also consistently ensure that they complete a thorough assessment of need and only identify needs based on this assessment. This has resulted in closing several assessments where there is no assessed need, because the user refused to participate or when they did participate, there was no assessed need.
- The Team has also focussed on composing pro-active and detailed letters to service users which help to respond to any dissatisfaction that may result in a complaint.
- There has been better liaison with Housing as the impact of changes in housing practice has increased the number of cases coming to the Occupational Therapy Service. Having an improved understanding of Housing OT Process and better liaison has helped the team to maintain boundaries and act in accordance with process.
- Complaints Training sessions were organised for all OT staff in March 2012 to ensure all staff have a good understanding of process and procedures. The Team Managers will ensure that any new staff are provided with complaints handling training as part of their induction.

Priorities for 2012/13

With the set up of the Adult Social Care Tri-Borough Service, the Customer Feedback Team has been busy handling the increasing volume of complaints and enquiries from services users and/or their representatives. In doing so it ensures that timescales are met and that the quality of the response is consistently improving if not at par with current standards. Our priorities for the rest of the year will be;

1. Continue to promote the Tri-Borough Customer Feedback Team across the newly established Tri-Borough services and single Borough Adult Social Care Operational Teams, ensuring that staff are familiar with the procedures and are fully equipped with effective complaints handling skills. This will include arranging to visit operational teams and attend their team meetings to stress the importance of our role.
2. Developing suitable links with corporate sections of all three Local Authorities.
3. Develop detailed Tri-Borough complaints procedures in line with the Adult Social Care complaints regulations of 2009. Following approval from the Tri-Borough Leadership Team, promote and embed the new complaints procedures.
4. Ensuring that all statutory complaints and feedback from service users across the three Local Authorities is recorded and handled effectively and a good standard of quality is maintained.
5. Preparing a new combined Tri-Borough format for quarterly reporting on statutory complaints and other feedback for all three local authorities. To analyse data from this report in an effective manner to ensure greater learning.
6. To disseminate this data and analysis to wider stake holding audiences to ensure that good practice from complaints is being shared and applied.
7. Continue to work with homecare agencies, Procurement Team and Safeguarding Team to monitor issues arising from complaints. Provide the Procurement Team and Homecare Monitoring Group with essential information on complaints activity on a quarterly basis so that any trends can be analysed and any problems in service delivery can be picked up and investigated with the agency. This is to ensure that services are being delivered effectively and in line with the provisions set out in the contract and the standards set by the Care Quality Commission.
8. Continue working with and improving working relationships with our external partners such as health, advocacy agencies and other important stakeholders.