



Statutory Complaints and Representations Annual Report 2017–2018

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Introduction

This report details the feedback received by the Customer Relations Team about statutory social care children's and adult services during 2017-2018, including numbers and types of compliments, concerns, complaints and learning from complaints.

Overview

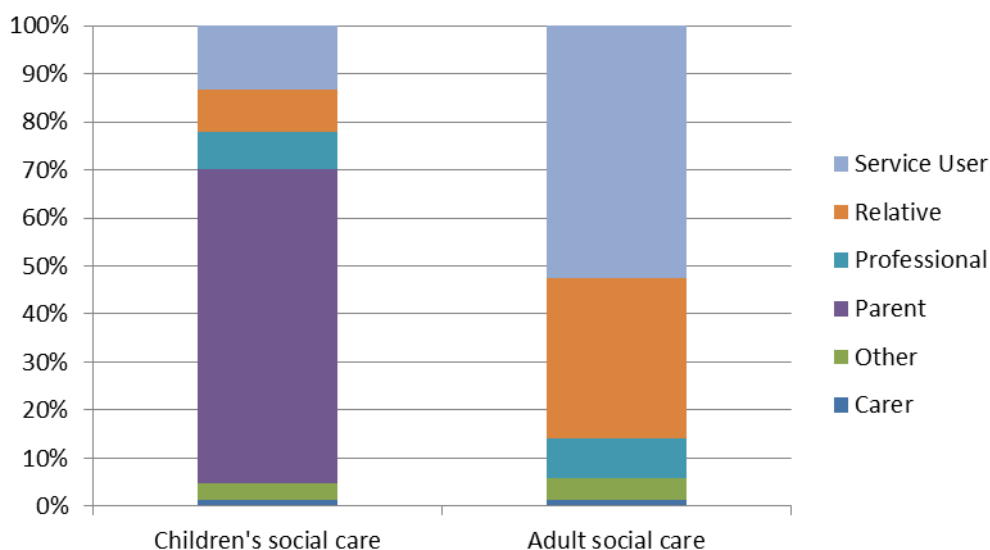
412 new compliments, concerns, representations and complaints were received between 1 April 2017 and 31 March 2018. The table below shows the types of feedback received.

Type of Record	2016/17				2017/18			
	Children		Adults		Children		Adults	
	No	%	No	%	No	%	No	%
Compliments	4	3%	103	36%	23	15%	93	38%
Concerns/representations	99	77%	65	23%	103	67%	64	26%
Complaints	26	20%	116	41%	27	18%	102	39%
Total	129	100%	284	100%	153	100%	259	100%

When a concern or representation is received, an initial assessment is made to decide whether it needs to be considered using the complaints procedure. This includes establishing whether another route is more appropriate or if relatively minor issues can be resolved very quickly and locally by a manager. The figures below show that many concerns and representations fell outside of the complaints procedure and that others were resolved quickly to the satisfaction of complainants. 167 concerns and representations were received during the period. The table below shows the outcomes.

Number		Outcome	Comments
Children	Adults		
4	2	Anonymous	passed to appropriate managers for their attention but no response could be given
1	1	Escalated	to complaints
9	10	No further contact	complainant did not pursue their concerns when asked for further information
2	0	Open	at end of reporting period
43	17	Outside procedure	eg court proceedings relating to complaint issues (20), complaints related to events which took place over a year ago (11), person complaining had insufficient interest in or no consent from child/service user, existence of separate appeal mechanism, insurance claim, whistleblowing, contract issue, complaint about another agency
2	7	Provider complaints	responded to by the provider of a service commissioned by the Council
33	16	Resolved	through timely discussions, meetings, explanations
9	11	Safeguarding	current safeguarding concerns are referred to adult or children's safeguarding services or area services for appropriate investigation or follow up.

Who complained or complimented



The table above provides a breakdown of the type of complainant or person complimenting, split into children's and adult social care services. It is usual that the majority of complaints about children's services are made by parents of children, eg of children in care or who are subject to child protection investigations.

Further analysis, broken down by type of complaint, follows.

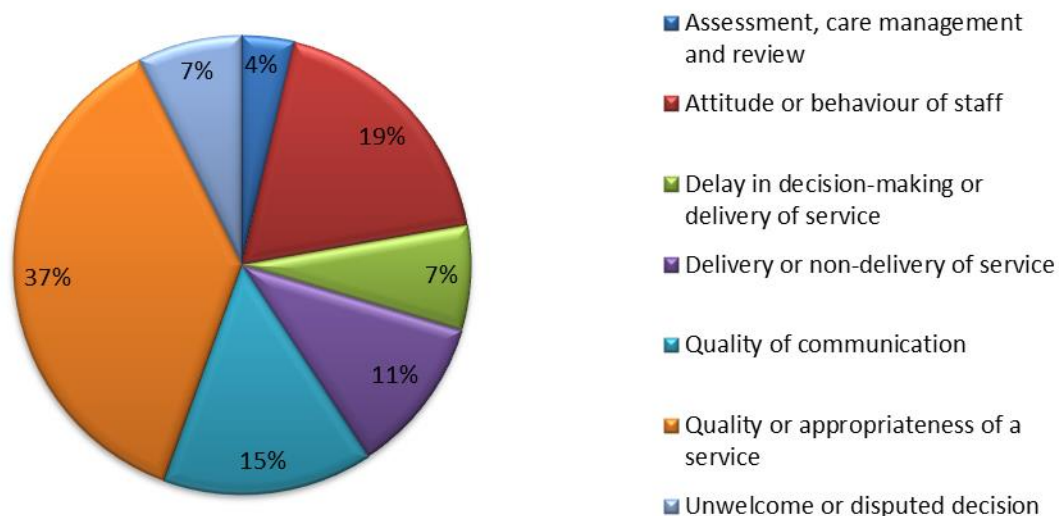
Complaints about children's services

Appendix 1 explains the stages of the Children Act statutory social care complaints procedure. The tables in this section relate to complaints responded to during the period and do not include concerns or compliments.

The table below shows the number of complaints responded to at each stage and compares with previous years.

Children's social care				
Number of Social Care Complaints	Stage One	Stage Two	Stage Three	Ombudsman
2013 – 2014	22	3	1	5
2014 – 2015	22	4	4	2
2015 – 2016	18	4	4	5
2016 – 2017	23	6	3	4
2017 – 2018	27	5	2	3

Subject of children's social care complaints



The table above shows the main complaint subject areas. Complaints about quality of services and attitude or behaviour of staff are the dominant categories. The majority of these complaints were from parents unhappy with decisions taken by social workers investigating allegations of abuse or neglect as part of their statutory duties.

Service areas of children's social care complaints

Service area	2016/17		2017/18	
	No	%	No	%
Area social work	12	52%	15	56%
Through care services	6	26%	7	26%
Disabled children	2	9%	3	11%
First response service	1	4%	1	4%
Early help services	1	4%	1	4%
Fostering and adoption	1	4%	0	0%
Total	23	100%	27	100%

The majority of complaints about area social work were from parents or grandparents of children unhappy about a range of issues, eg communication with social workers, concerns about a child's safety with the other parent not being taken seriously, disclosure of information without consent, inaccurate recording, social worker bias towards the other parent. The majority of complaints about through care services were from children and young people and included issues such as delayed assessment, safety in a children's home, support when leaving care.

Children’s social care complaint outcomes

The table below shows the outcomes of complaints responded to at each stage of the procedure.

Outcomes	Stage 1	Stage 2	Stage 3	Ombudsman
Not Upheld	11	1		
Partially Upheld	12	4		
Upheld	4		1	
Withdrawn by complainant			1	
Closed after initial enquiries – out of jurisdiction				3

The Local Government Ombudsman uses distinct classifications to record complaint outcomes. Some complaints cannot be considered by the Ombudsman, often because of court proceedings or because they are out of time.

Children’s social care response performance

There are statutory deadlines for responding to social care complaints. The table in Appendix 2 shows the structure of the complaints procedure. The deadlines for response are given at each stage with the possibilities for extensions in brackets. Extensions occur where cases are complex or there are difficulties arranging meetings with a number of professionals etc. The table below shows the percentage of complaints which were responded to on time, at each stage.

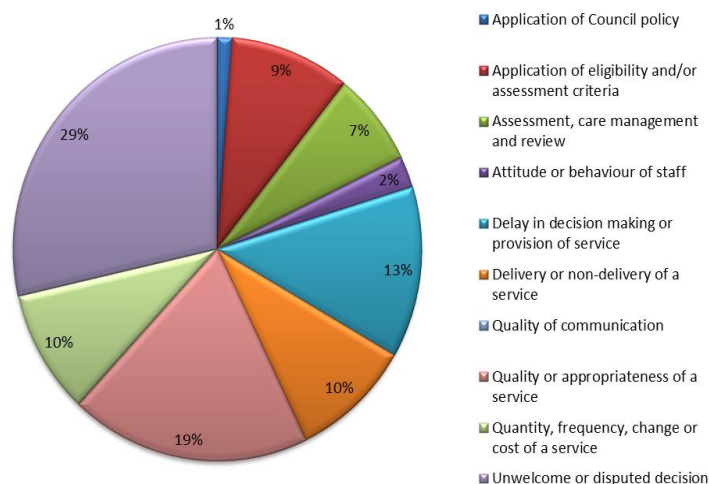
Stage of procedure	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018
Stage 1	55%	50%	53%	52%	56%
Stage 2	100%	75%	50%	100%	100%
Stage 3	100%	50%	75%	100%	50%
Ombudsman	80%	100%	80%	100%	100%

Complaints about adult services

Appendix 2 explains the statutory adult social care complaints procedure which is different from the procedure for children's services. The tables in this section relate to complaints responded to during the period and do not include concerns or compliments. The table below shows the number of complaints responded to at each stage.

Response	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018
Response	117	119	92	90	84
Review	2	8	10	1	11
Ombudsman	6	4	3	5	3

Subject of adult social care complaints



The table above indicates that people complained about decisions and service quality.

Service areas of adult social care complaints

The table below shows the distribution of complaints among service areas.

Service area	No	%
Area services	60	71%
Finance	11	13%
Hospital social work	3	4%
Care Direct (referrals)	2	2%
Independent living service	2	2%
Intermediate care	2	2%
Sensory support	1	1%
Mental health	1	1%
Immediate response	1	1%
Safeguarding	1	1%
Total	84	*99%

*due to rounding

Adult social care complaint outcomes

The table below shows the outcomes of complaints responded to at each stage of the adult procedure.

Outcomes	Response	Review	Ombudsman
Not Upheld	29		
Partially Upheld	32	2	
Upheld	19		
Withdrawn	4	1	
Review declined		8	
Closed after initial enquiries – no further action			1
Upheld: maladministration and injustice			1
Not upheld: no maladministration			1

The Local Government Ombudsman uses distinct classifications to record complaint outcomes which are reflected above. Some complaints are not investigated after initial assessment if the Ombudsman decides evidence of fault would be unlikely.

Adult social care response performance

The Council sets a target of 15 working days for response but deadlines can be agreed between the manager with responsibility for responding to the complaint and the complainant, within six months. The manager must keep the complainant informed of any delays, giving reasons. The table below shows the percentage of complaints which were responded to on time, at each stage.

Stage of procedure	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018
Response	42%	52%	43%	54%	42%
Review	50%	37.5%	20%	0%	64%
Ombudsman	57%	50%	67%	100%	67%

Advocacy

Children and young people are entitled to independent and confidential advocacy support to help them make social care complaints and representations. Until August 2017, the Council had a contract with Reconstruct to provide this service as part of a wider advocacy and participation project for children and young people. From September 2017, the advocacy contract was awarded to National Youth Advocacy Service (NYAS). Both Reconstruct and NYAS advocates work closely with children and young people in care and frequently support them to raise concerns informally with staff. Therefore the majority of issues raised directly by children and young people are resolved without using the complaints procedure. 4 young people were supported by Reconstruct or NYAS to raise formal complaints about Council services during the period. A further 43 were supported by advocates to seek resolution to their concerns outside of the complaints procedure.

Complaints Procedure Advocacy (CPA), part of the Care Forum, provides support to adults making complaints on behalf of children and to adults complaining in their own right about adult social care services. Complainants are supported to look at different options and possible outcomes to equip them to make informed choices. CPA works to ensure people can represent their own interests as far as possible and does not offer advice on how an individual should act. They undertake brief intervention work in the majority of cases to support people to reach an outcome within less than 30 minutes; this includes signposting, sending out self-help packs and supporting clients to self-advocate. Other clients are given more support, depending on their level of vulnerability. CPA signposted or supported 31 adults in relation to Children's services and 15 adults or their relatives/carers in relation to adult services.

Learning from complaints

One of the key principles of statutory social care complaints regulations is that local authorities learn from complaints and improve services. All actions agreed when complaints are concluded are monitored by the Customer Relations Team to ensure they are implemented within agreed timescales. Some examples of how individual complaints have led to service improvements are given here.

Children's social care

A parent complained about the quality of care her son received in respite care which resulted in the Placement Commissioning Team providing guidance for social workers placing children and young people with care providers to ensure that providers are clear about their responsibilities for children in their care.

A parent complained about a lack of communication with him around arrangements for his children in care. Staff were reminded to ensure that parents are given a copy of any care plans.

A parent expressed concern that a Strategy discussion did not take place following an allegation of abuse made by her child. The complaint was not upheld as there was evidence from the Police that a Strategy discussion did take place, but not recorded on the child's record. Consultant Social Workers were therefore reminded of the importance of Strategy discussions being recorded on a child or young person's record.

A parent complained that a meeting convened by Early Help was inappropriately managed because her child was present and sensitive personal information was shared in the meeting without consent. As a result of this the Early Help practitioners will continue to emphasise the confidentiality and information sharing policy with families at the outset of work and clearly communicate specific procedures to avoid any misunderstandings, as detailed in the consent form families are asked to sign.

A parent complained that a social worker inaccurately recorded details of her interactions with him and demonstrated that she was biased against him in her assessment. The issue of bias was upheld at Stage 2 but the Investigating Officer was unable to reach conclusions on the issues of inaccuracy due to lack of evidence. These complaints were reviewed at Stage 3 where it was still not possible to reach conclusions. Nevertheless, there was learning from this complaint at all three stages, as follows. Staff were reminded to: involve fathers fully in their case work; ensure both parents are given an opportunity to contribute to assessments in cases of alleged domestic violence; ensure recording can be understood by anyone reading the records. The recording policy was amended to reflect this. The Quality Assurance Framework will be used to monitor the quality of information that is shared with family courts.

A parent considered that her child's social worker had inaccurately recorded information about her. Staff were reminded of the need to check the accuracy of chronology entries, by thoroughly reviewing the original sources of information, such as reports from police or health professionals, and also by reviewing documents with families to check for accuracy and to note any disagreements.

Adult social care

The executor of the estate of his late uncle complained that the Council, when acting as financial Deputy, did not do so in his best interests because it failed to maintain payments on two life insurance policies set up by his uncle before he lost capacity, resulting in the estate having to fund funeral costs which would have been covered by the policies. Internal operational processes were reviewed and staff training updated to ensure that all relevant financial information is obtained when the Council becomes Deputy.

The executors of the estate of a late service user complained that the Council failed to terminate his Council tenancy when he moved to residential care and so charged him both rent and care fees. Two additional officers were recruited to the Financial Protection Team to increase support to front facing staff to progress cases and ensure a timely response to cases where people lack capacity in respect of their finances and where there is no one willing, suitable or able to manage their property or affairs. A practice note was produced to remind staff of the need to prioritise these cases.

A service user and his advocate complained that an Approved Mental Health Practitioner (AMHP) entered his home without consent, inappropriately talked to his friend about his mental health, shared inaccurate information and made assumptions about alcohol consumption. Legal update training was reviewed to strengthen information about the legal framework for accessing a property including the use of warrants under Section 135 of the Mental Health Act and Data protection and confidentiality in AMHP practice.

A service user complained that an AMHP discussed confidential information about her on a mobile phone in a public place, lacked compassion in her interaction with her nearest relative and did not inform hospital staff of her disability and how her related needs and vegan diet should be met and provided for in hospital. AMHPs were reminded of their responsibility to maintain the confidentiality of people assessed under the Mental Health Act to avoid the risk of a data breach. In individual and peer group reflective supervision AMHPs were encouraged to reflect on their contact with nearest relatives and carers and the impact of an assessment on them and service users and the distress this can cause.

A service user complained that her care needs had not been properly assessed or reviewed for three years and that she was given incorrect information about when she should have a review. An action plan was written with targets and timescales for working through the backlog of overdue care reviews by 30 August 2020. A letter was sent to all people with overdue care reviews setting out:

- a) that their care review was overdue
- b) estimated timescales for their review, should they not contact the Council in the meantime
- c) how they could request a review sooner if they believed their care package did not meet their current needs
- d) how to complain if they believed the delay in reviewing their needs caused them an injustice.

A service user complained that her care package was changed without a reassessment of her needs. Staff were reminded to carry out a reassessment if changes to a care package are proposed.

A relative complained that next of kin were not consulted about hospital discharge plans, lack of clarity as to why the service user no longer met Reablement service criteria and an inaccuracy in the support plan. Written information about charges is now provided and information about the processes relating to paying for care has been added to the Community Discharge Coordination Centre (CDCC) leaflet.

A relative complained that a Direct Payment account was in debt due to an administrative error. Training was introduced to improve accuracy of input into care management systems and systems were established to swiftly identify and rectify issues.

A relative complained that the Immediate Response team failed to act quickly or decisively to arrange respite care and that information given to the family was incorrect, lacked compassion and displayed insensitivity. Daily checks of caseloads now ensure that communication and action on work needed is progressed efficiently and professionally.

A service user complained that there was a breakdown in the relationship with her support provider following her raising concerns about her support hours not being consistently provided and changes to access to transport not being explained. She felt the provider did not listen to her or understand her mental health experience, that her complaint issues were not addressed and that, instead, she was penalised by them for raising concerns. Through contract management and quality assurance, the provider was asked to review its process for preparing rotas to give more notice to service users, the provider's complaints policy and procedures were checked for evidence they were of a satisfactory standard and operated in such a way as to take all complaints seriously without making any unfair judgements about the complainant.

A family complained that the Council did not give clear information or advice about how it would charge for care which meant the family could not make informed decisions about how to pay for care and were unaware that the Council would backdate an increase in charges. A new leaflet was produced on how charges are calculated. Social work teams were updated on charging policy issues. A new report was added to the suite of regular finance reports to identify changes in circumstances to alert teams of the need to review financial assessments. New practitioner guidance was written for staff on the charging and financial assessment information practitioners need to share with the public, with easy links for practitioners to access necessary information. Staff are now required to record that information has been shared. A new charging and financial assessment form was developed requiring the person or a legal representative to sign a document recording that they have received the information about care charges.

Appendix 1 – Children’s social care complaints procedure

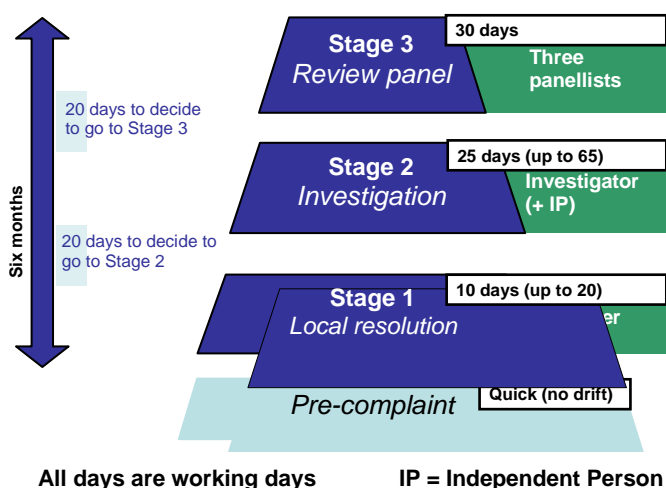
The Children Act 1989 Representations Procedure (England) Regulations 2006 requires local authorities to have in place procedures for handling complaints made by or on behalf of service users (or potential users) of social care services provided to children and young people.

The children’s social care complaints procedure consists of three stages:

- ❑ Stage 1 – Local, informal resolution (usually conducted by a first line manager)
- ❑ Stage 2 – Formal, detailed investigation (conducted by an investigator and independent person)
- ❑ Stage 3 – Formal review (considered by a panel of three independent people).

In some circumstances, a complaint can be investigated at Stage 2 of the procedure, without being considered at Stage 1. However, complainants are generally encouraged not to skip Stage 1 if local managers have not previously had an opportunity to look into the concerns raised. A review panel will only be held once a Stage 2 investigation is completed.

Structure of children’s complaints procedure



Ombudsman

At any time, complainants can approach the Local Government Ombudsman for a review of the case. Usually, the LGO only considers complaints once the local authority’s complaints procedure has been fully exhausted.

Appendix 2 – Adult social care complaints procedure

The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 requires local authorities to have in place procedures for handling complaints made by or on behalf of service users (or potential users) of social care services provided to adults.

When a complaint is received, a risk assessment is undertaken as follows:

Risk assessment

Step One: Decide how serious the issue is?

Seriousness	Description
Low	Unsatisfactory service or experience not directly related to care. No impact or risk to provision of care <p style="text-align: center;">Or</p> Unsatisfactory service or experience related to care, usually a single resolvable issue. Minimal impact and relative minimal risk to the provision of care or the service. No real risk of litigation.
Medium	Service or experience below reasonable expectations in several ways, but not causing lasting problems. Has potential to impact on service provision. Some potential for litigation.
High	Significant issues regarding standards, quality of care and safeguarding of or denial of rights. Complaints with clear quality assurance or risk management issues that may cause lasting problems for the organisation, and so require investigation. Possibility of litigation and adverse local publicity. <p style="text-align: center;">Or</p> Seriousness issues that may cause long term damage, such as grossly substandard care, professional misconduct or death. Will require immediate and in depth investigating. May involve serious safety issues. A high probability of litigation and string possibility of adverse national publicity.

Step two: Decide how likely the issue is to recur

Likelihood	Description
Rare	Isolated or “one off” – slight or vague connection to service provision
Unlikely	Rare – unusual but may have happened before
Possible	Happens from time to time – not frequently or regularly.
Likely	Will probably occur several times a year
Almost certain	Recurring and frequent, predictable

Step three: Categorise the risk

Seriousness | Likelihood of recurrence

	Rare	Unlikely	Possible	Likely	Almost Certain
Low	Low				
		Moderate			
Medium					
			High		
High				Extreme	

Response

After this, the manager dealing with the complaint develops a Complaint Investigation Plan (CIP) with the complainant which defines how the complaint will be handled and the time frame within which it will be completed. A written response is subsequently sent to the complainant by the manager which explains how the complaint was investigated, conclusions reached and actions taken as a result of the complaint.

Review

If the complainant is not satisfied with the response, they can request a review by a more senior manager. Although not required by the regulations, the local authority will then decide whether a review is warranted and respond accordingly.

The local authority must complete its response to a complaint within 6 months of receipt. If it is unable to do this, it must provide a written explanation which outlines when they can expect to receive their response.

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