



EAST RIDING
OF YORKSHIRE COUNCIL

**Adult Social Care
Annual Feedback Report
2019 – 2020**

Customer Relations Team

It is a statutory requirement of the **Local Authority Social Services and NHS Complaints Regulations 2009** that the local authority publishes an annual report providing information regarding adult services complaints and representations. These are the 'Regulations' referred to throughout this report.

East Riding of Yorkshire Council adult services welcome complaints, compliments and comments as a way of improving service delivery to adults and their families.

This report provides information about complaints and representations made relating to adult social care (adult services and business management and commissioning) under the Regulations during the twelve month period 1 April 2019 to 31 March 2020, and includes comparisons to previous years activity. In addition the report includes information relating to adult services Subject Access Requests (SAR) and Deceased Information Requests (DIR), and Freedom of Information Requests (FOI).

All timescales for complaints referred to within this report are in working days.

The customer relations team oversees the management of complaints and representations, SAR, DIR and FOI requests for children and adult services for the local authority, following the above mentioned Legislation / Regulations.

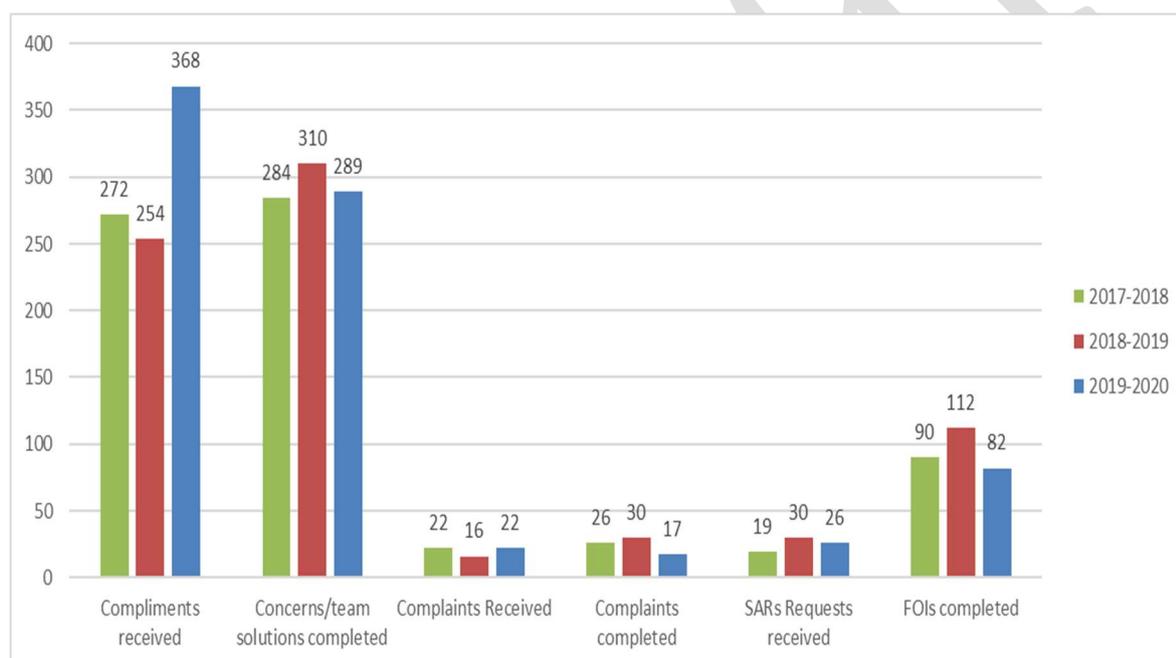
Overview

During 2019/20 a total of 601 representations were received from service users or people advocating on their behalf (compliments, concerns and complaints).

Additionally, during the period a number of SAR and FOIs requests were received.

These were categorised in the following way:

- 368 compliments received
- 289 concerns/team solutions completed
- 22 new complaints received
- 17 complaint investigations completed
- 26 Subject Access Requests (SARs) received
- 82 Freedom of Information Requests (FOIs) completed



Compliments

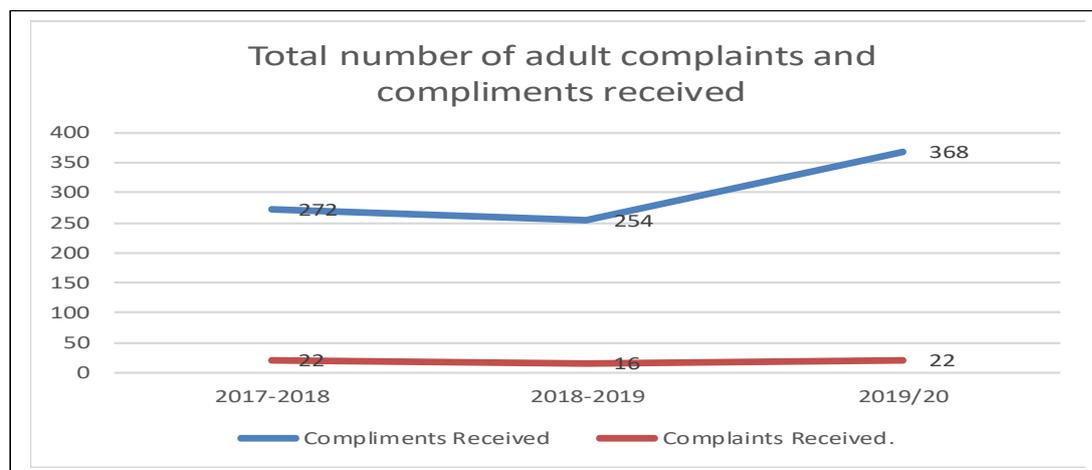
368 compliments were received in adult social care in 19/20 compared to 254 in 18/19. Compliments evidence how adult social services and business management and commissioning (BMC) are meeting the key qualities of service that people expect. The majority of compliments relate to satisfaction with the quality of service provided, reflect the professional, positive, respectful attitude of staff and evidence the high level of practice delivered by adult social care and business management and commissioning staff.

There was a 30% increase in compliments received during the first month period of the COVID-19 pandemic compared to the previous year. Compliments received acknowledge thanks for the hard work of individuals who it was felt went above and beyond expectations to ensure that services were provided during the pandemic.

Learning is taken from compliments received in the same way as that of complaints, compliments are recorded and the learning used to influence and promote best practice across the service.

	2019-2020	2018-2019	2017-2018
Lifeline - BMC	122	49	62
Community Support - BMC	80	53	8
Worklink - BMC	37		2
Day Care Services - BMC	30	25	27
Disability Resouce Team	27	14	12
STARS - BMC	14	47	92
East Riding Residential - BMC	11	11	24
Woldhaven Residential/Reablement Service - BMC	10		
CWT West Wolds	9	10	3
CWT Beverley	6	2	2
CWT	6		1
CWT Haltemprice	4	7	
CWT Goole	4	4	2
CWT Bridlington	3	13	7
Carers Support Service	2	7	8
Hospital Team	1	3	
Welfare Rights	1	1	5
Private Provider Services	1		1
Review and Peripatetic		3	7
CWT Holderness		2	1
ASC / Service Manager		1	2
Wardens - BMC		1	
Safeguarding team		1	
Assessments and Payments			5
Mental Health			1
TOTAL	368	254	272

The number of compliments received remains high and continues to be significantly higher than the number of complaints received.



A sample of compliments received are detailed below:

“Thank you all for the excellent care you have given to me on my reablement journey. You have all given me so much care, support and encouragement. The service you provide is fabulous”

*“My illness and disability makes things difficult, makes *me* difficult! and you were both very kind in taking time to explain things fully; and your guidance and assistance were most welcome”*

“I do appreciate everything you have done for me, and all your understanding and care you have given to me throughout my time with STARS. You are all so kind and have helped me to become more independent and back to how I was prior to hospital. Best wishes to you all”

“Since coming out of hospital I have received and am stilling receiving excellent care and nursing from your wonderful carers. I felt alone when I left hospital but your carers brought me back to my normal self for which I shall be eternally very grateful. A very big thankyou to you all. Your service is indeed very praiseworthy”

“A huge thanks to all the essential services staff for working in such difficult times. The public are aware of your presence and appreciate what you are doing at a risk to yourselves and family”

“In these difficult and challenging times they [the staff] are all a credit to your organisation, and I salute them all”

“At 8pm on 10.04.20 X [Lifeline] received a call from Miss X who played ‘you are my sunshine’ to control staff as a thank you for caring. People were once again outside control clapping.”

Complaints

What is a Complaint?

A complaint can be generally defined as an expression of dissatisfaction or disquiet, which requires a response. Complaints can be made in person, by telephone, letter or email, or through an advocate.

Officers from local authority services will always look for opportunities to effectively resolve concerns raised, as a positive alternative for the service user to entering a formal complaints process.

Adult Social Care Complaints Procedure

The adult social care complaints procedure is a statutory process which allows service users or other people on their behalf, to make complaints about adult services.

A person is eligible to make a complaint under the statutory complaints procedure where the local authority has a power or duty to provide or secure a service; which includes a service provided by an external provider acting on behalf of the local authority. In such circumstances service users can either complain directly to the provider or to the local authority customer relations team.

Commissioned providers are encouraged to attempt to resolve complaints 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 and / or their carers to commissioners of the service where local resolution is not possible or appropriate, or where the service user / carer remains dissatisfied.

A complaint can be made by the representative of a service user who has been assessed as lacking the capacity to make decisions regarding health and welfare (under the Mental Capacity Act 2005), as long as the representative is seen to be acting in the best interests of that service user. Anyone can complain who is affected (or likely to be affected) by the actions, decisions or omissions of the service that is subject to a complaint.

Concerns raised are recorded at two levels:

- **Local resolution – contacts to the customer relations team not progressing to a complaint** where the customer relations team / relevant team manager will aim to resolve concerns raised, with the agreement of the complainant rather than entering the longer, formal complaint process. This level includes adult service teams using the '**team concern**' form to capture how concerns have been resolved and what lessons have been learned
- **Formal complaint** – the complaint is allocated to a manager in adult services to carry out an in depth investigation into the concerns raised. The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, state in 14(3), that the Local Authority should respond to an Adult Social Services complaint within a period of six months. The East Riding of Yorkshire Council strives to address complaints in a 30 working day timescale which is shorter and more efficient. The findings of the investigation are then adjudicated by a senior manager in adult services

If the complainant remains dissatisfied then they can refer the matter to the Local Government Ombudsman (LGO), who is empowered to investigate where it would appear that the local authority's own investigations have not resolved the complaint. Complainants can refer their complaint to the LGO at any time, although the Ombudsman would normally refer the matter back to the local authority to be considered under the appropriate complaint procedure first before getting involved.

Local Resolution (Team Concern and Team Solutions)

At the outset the approach taken is to actively seek opportunities for alternative resolution or remedy when concerns are first raised. Team concerns are those which have been received directly by the team and resolved at team level. Team solutions are those concerns which have been raised with the Customer Relations Team as a formal complaint but handled successfully through the concerns being forwarded to the relevant team manager for resolution. Where service users remain dissatisfied with the resolution, they can request their concerns are escalated to a formal complaint.

The number of concerns handled at local resolution level remains consistently high.

	2019-20	2018-19	2017-18
Team concerns (ASC + BMC)	125	157	169
Team Solutions (ASC + BMC)	164	153	115
Total Local Resolutions	289	310	284

Adult social care have consistently achieved a high level of success at resolution where in the first instance resolution is being attempted by the relevant team manager, particularly in relation to the team solutions where the concerns raised were requested progress through the formal complaint process. There is a high level of resolution achieved through the team solution approach with only a few escalating into the formal complaints process.

	2019-20	2018-19	2017-28
Team solutions	164	153	115
Number escalated to formal complaint	9	1	5
Percentage successfully resolved at team solution	95%	99%	96%

The most common theme for concerns raised year on year is poor quality service. 47% of team solutions handled in 2019/20 were about the quality of service with poor communication, staff conduct and accuracy of information forming underlying themes. Similarly, finance and cost of service were evident in a number of team solutions raising the issue of poor quality service.

	2019-20 Number	%
Poor service quality	78	47.56
Service provision	44	26.83
Other	18	10.98
Staff attitude/behaviour	10	6.1
Service inappropriate	7	4.27
Service not provided	6	3.66
Not for the East Riding	1	0.61
Total	164	100%

Complaints

22 adult social care complaints were received during 2019/20. This was a 37% increase in the number of complaints received in 2018/19.

During 2019/20 17 formal complaints investigations were concluded and completed, 11 which had transferred over from 2018/19 and 6 new complaints received in 2019/20. 2 complaints were withdrawn during 2019/20.

17 complaints were still ongoing at the conclusion of 2019/20 and were transferred into 2020/21. For some complaints delays were experienced in concluding investigations during 2019/20. This was as a result of operational pressures due to the emergency response to flooding and the COVID-19 pandemic which resulted in a number of complaint investigations being suspended or delayed. 7 complaints were suspended as a direct result of the COVID-19 pandemic.

Breakdown of complaints received by area:

	2019-2020	2018-2019	2017-2018
Adult Community Wellbeing Teams	13	14	14
Aids and Adaptions			2
Welfare Rights	1		1
Futures Plus	1		1
Joint investigation (Residential and CWT)	1		1
Joint investigation (Private Provider and CWT)	1		
Emergency Duty team			1
Lifeline		1	1
Review and Peripatetic social work			1
Safeguarding team	2		
Private Provider / Private Residential	1		
Hospital Team		1	
Adult Mental Health Team	1		
Adults Suite 20	1		
TOTAL COMPLAINTS	22	16	22

Nature of the complaints received in 2019/20:

- 12 complaints were about poor quality service
- 9 complaints were about service provision
- 1 complaint was staff attitude and behaviour

The most common theme for concerns raised year on year is poor quality service. 53% of complaints received in 2019/20 were about the quality of service. With poor communication forming a reoccurring theme for a number of complaints. Whilst only 1 complaint overall related to staff attitude and behaviour, many complaints that mentioned staff attitude and behaviour were part of a bigger complaint raising issues of poor quality service. Similarly, complaints in relation to cost of service were evident in a number of complaints raising the issue of poor quality service.

Some key issues raised include the following:

Communication:

- Efforts to communicate information in relation to meetings about social care needs were not offered in a timely nor consistent way
- Communication invite to a best interest meeting was late
- Not receiving information regarding the outcomes of best interest meetings
- No explanation of change to a discharge plan when initially a step down bed had been identified
- Not receiving copies of an assessment

Residential Care Homes:

- Poor communication with the service user's family
- Being made to wait to visit a relative
- Manner of transfer from one care home to another

Staff attitude and behaviour:

- Using inappropriate form of address during a meeting
- Not being appropriately prepared prior to a meeting
- Being abrupt in manner
- Being told by a worker not to visit a relative once transferred to a care home
- Insensitivity and lack of understanding shown including failure to understand the severity of a relatives illness

Cost of Service/Financial:

- Not properly informed regarding funding of a residential care placement
- No explanation given about the process of continuing healthcare or of the funding for it
- Not informed of the charging policy around respite care

Complaints in context:

A total of 34 complaints were handled during 2019/20 which is consistent with previous years, 12 which transferred in from the previous year 2018/19 and 22 complaints which were newly received in 2019/20. There was a reduction in the number of complaint investigations completed during 2019/20 with 17 of the 34 complaints handled transferring into 2020/21. The reduction in investigations completed resulting in complaints transferring into 2020/21 was due to the delays in concluding investigations due to staff responding to emergency planning around the flooding and also responding to the COVID-19 pandemic.

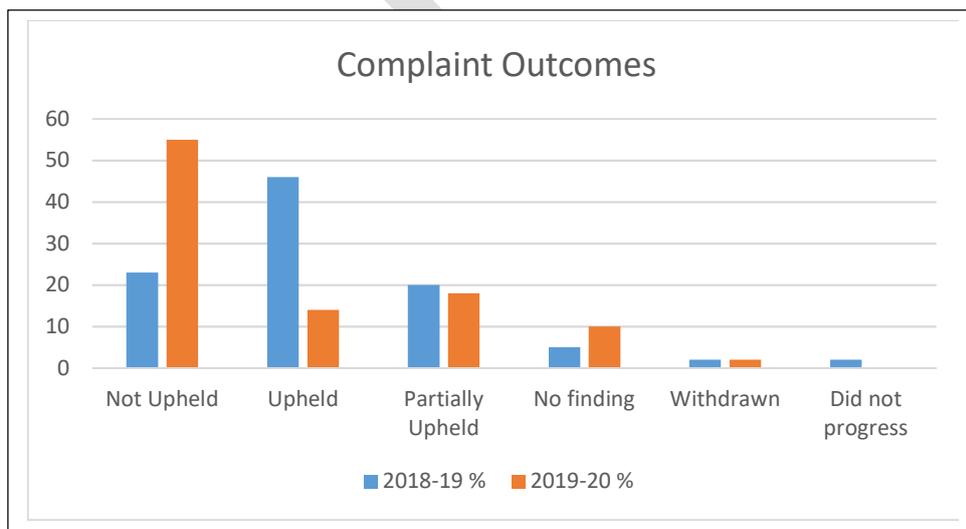
	2019-20	2018-19	2017-18
Transferred from previous year	12	14	4
New complaints received	22	16	22
Total complaints handled	34	30	26
Total completed investigations	17	19	14
Total complaints transferred into next year	17	11	12
% of complaints completed	50%	63%	54%
% complaints transferred into next year	50%	37%	46%

Outcomes of complaint investigations:

The table below shows the outcome of complaints following an investigation. The three main categories for classifying the outcome of a complaint are ‘upheld’, ‘partially upheld’ and ‘not upheld.’ Also included are the complaints which were inconclusive in their finding ‘no finding’ and those that were ‘withdrawn.’

Of the 17 complaints which were completed in 2019/20 there were 92 individual parts. It is noted from the table below that there has been a reduction in the percentage of complaints which were upheld or partially upheld falling to 33% in 2019/20 compared to 66% in 2018/19.

	2019-20	%	2018-19	%
Not Upheld	51	55	19	23
Upheld	13	14	38	46
Partially Upheld	17	18	16	20
No finding	9	10	4	5
Withdrawn	2	2	2	2
Did not progress	0	0	2	2
Total	92	100	82	100



Complaint Timescale Performance:

The statutory timescale for acknowledging complaints is 3 working days. In 2019/20 performance against this target was 74%.

Whilst the statutory timescale for fully resolving a complaint is up to six months based upon the level of risk and complexity, adult services aim to provide an initial response to complaints risk assessed as low within 6 weeks (30 working days). The complex nature of social care complaints coupled with the need to ensure those involved have availability to take part in the investigation often impact upon the overall timescales.

Performance against timescales is detailed below showing the number of complaint investigations completed:

Within 6 weeks	6 weeks to 2 months	2-3 months	3-4 months	4-5 months	5-6 months	longer than 6 months
0	2	1	3	5	2	2

	2019-20	2018-19	2017-18
Adult Social Care Complaints within statutory timescale (6 months)	87%	97%	100%
Adult Social Care Complaints within policy timescales (30 working days)	0%	0%	0%

Improvement actions themes of upheld complaints:

An important part of the complaints process is capturing the lessons learnt from complaints. This learning is important in helping improve the quality of people's experience, improve quality of services and outcomes.

Where a complaint is upheld or partially upheld, often the investigating officer will make recommendations on how the service should improve to avoid a similar situation arising for another service user. These actions are shared with the complainant and a system is in place for recording and monitoring the actions agreed.

Themes are identified which are shared within the service to help prevent problems occurring in the future. Actions regularly identify the need for learning to be discussed at the adult operational managers meetings and for wider sharing to improve practice. Learning from complaints is also discussed at the quarterly workforce board meetings. The service is also developing learning bulletins that will be circulated following each complaint which will also strengthen the workforce's knowledge. This ensure learning identified has been addressed, is monitored and becomes embedded to ensure the improvement of services.

Improvement actions taking in response to investigation findings:

	2019-20 Number	%
Shared with staff to improve practice	15	34.09
Review process	10	22.73
Request for a service	7	15.91
Financial	5	11.36
Review service	3	6.82
Policies and procedures	1	2.27
Shared with carer to improve practice	1	2.27
Apology	1	2.27
Shared with staff member to improve practice	1	2.27
Total	44	100%

Some key learning actions identified include the following:

Shared with staff to improve practice

- BMC to ensure timely communication is in place with residents during periods of lifeline disruption
- Shared Lives Carers to be reminded of the Accident and Incident Reporting procedures
- Statutory review meetings take place, care and support plan are reviewed on an annual basis
- Staff reminded to apply the Best Interest Decision making process with appropriate contributors
- Staff reminded to ensure accurate recording of paperwork on the adult social care system (AIS) is undertaken in a timely manner
- Staff reminded copies of adult care and support assessments and adult care and support plans are sent to all service users once completed and evidenced on AIS
- Reminder to staff referrals are made to Mental Health Response Service as appropriate to ensure vulnerable adult are safeguarded
- Community Wellbeing Teams reminded of the importance of completing CERTs in a timely manner and ensuring they are accurate
- Reminder accurate minutes to be produced and circulated appropriately following Decision Support Tool meetings, especially where finances are discussed
- Assessments & Payment Team to ensure accrued debts are reduced appropriately
- Staff in the Hospital Social Work Team and all other community wellbeing team staff are reminded to consider all options including whether it is appropriate to signpost families to source their own care provider
- Reminder to staff members that when they are on annual leave/not in work that their out of office is activated which clearly states whom to contact in their absence

- Any feedback obtained by the Quality Development Team is fed back to the referrer of the concerns in a timely manner
- Staff are reminded that case note recordings are kept accurate and any correspondence/discussions are recorded on AIS to reflect any discussions and agreements
- All staff to be reminded of the complaint process and how to handle complaints received

Review process

- Consideration given to Welfare Rights Team officers utilising the electronic diary reminder to ensure all appeal benefit applications are followed up in a timely manner
- Development and Implementation Team review their virtual personal budget, cash/mixed personal budget and residential care checklists to incorporate OPG100 checks or LPA checks to include date of registration of LPA check, LPA reference number
- Review best practice regarding how review paperwork is shared with families. Following review, best practice shared with residential homes to ensure their practice aligns with local authority guidelines
- The carer's centre to review their practice for responding and engaging with carers to ensure a clearer process of communication is developed within clear time scales. To post out a non-contact letter in the event that a carer cannot be verbally communicated with.
- Review of the award letter for the carer's personal budget takes place to look at the feasibility of including level of detail and the breakdown of the award.

Request for a service

- Letter of confirmation to confirm opting out of lifeline scheme
- Best interest forums to be held with the involvement of an independent advocate
- Completion of a risk assessment to be undertaken to facilitate contact at a relative's home
- Completion of a risk assessment to establish whether a service could be provided in the community
- Re-assessment of a residential home resident's medication
- Undertake annual reassessment of needs which had been delayed
- Welfare Rights Team review of financial contributions made to a residential home

Financial

- Refund for the duration of a period of lifeline disruption to the date a replacement unit was offered
- Payment remedy that recognises any of pocket expenses and distress that could have been avoided had the correct procedures been fully followed during the best interest process
- Non recovery of care charges
- Provider to provide a credit for care calls made which did not meet the required standard

Review service

- Review of contact arrangement to reduce late arrival and promote effective contact
- Review of communication and involvement of family members to ensure they are consulted regarding significant decisions, including medical appointments, care and support reviews and provided with copies of relevant minutes of meetings
- Continue to encourage parties to work together to improve the relationship between the carer and family members to promote the service users wellbeing. Mediation services to be considered.

Policies and procedures

- Procedure in relation to lifeline faults is reviewed and updated in relation to a line not being successfully restored within 72 hours

Shared with carer to improve practice

- Carers reminded to follow recommendations discussed from previous actions plans as a result of concerns raised

Apology

- Apology offered in relation to the raising of an invoice

Shared with staff member to improve practice

- Areas for improvement and training needs identified during supervision

A number of key actions were identified for residential homes and providers of homecare services as follows:

Review process:

- Residential Home to undertake a review of their best practice to ensure they are in line with the local authority.
- Residential Home to ensure satisfaction surveys are readily available and easily accessible to all family members, explore other means of gathering feedback and feedback is collected in a timely manner
- Residential Home to consider creating a way of informing resident's family members of upcoming events in the home
- Residential Home to ensure processes stipulate families are contacted when medication are prescribed to a resident
- Homecare Services Provider review their practice in relation to carrying out six week initial reviews to ensure these are undertaken.

Shared with staff to improve practice:

- All residential care homes to be reminded of the Standard Terms of Business and their responsibilities to collect contributions as per the contract and communications.

Financial:

- Homecare Services Provider to provide a credit for care calls made which did not meet the required standard

Mixed sector complaints – joint working across health and social care

The Local Government and Social Care Ombudsman and Parliamentary and Health Service Ombudsman introduced a new process for investigating complaints about both health and social care services. The regulations require organisations to work together in ensuring a co-ordinated investigation and response with a single organisation as the lead.

Where complaints raise aspects which relates to health services, consent is sought from the service user and communication undertaken with the relevant health service agency to identify the most appropriate way to proceed with the investigation. This could involve a joint investigation or a response being provided independently.

The number of mixed sector complaints received have steadily increased year on year. Complaints have been received from service users, family members and/or friends of the family raising concerns on behalf of service users/patients. Of the 23 complaints received in 2019/20 5 mixed sector health and social care complaints were recorded in 2019/20.

The areas of concerns raised mainly relate to the way hospital discharges have been managed, lack of communication between the organisations involved and lack of involvement of key family members in the discharge planning process. A summary of some of the issues raised are detailed below:

Mixed health mixed sector complaints are detailed below:

- Dissatisfaction with the discharge process, for instance, feeling misled regarding the extent of a family member's operation to allow earlier discharge, feeling discharged from hospital too early to relieve 'bed blocking', being discharged from hospital into a new care home without personal items
- Lack of involvement of key family members in the assessment process and decision making regarding care prior to discharge from hospital
- Being discharged from hospital without the equipment necessary to support engagement with rehabilitation
- Being misinformed regarding charging for intermediate care
- Delay in receiving a refund for care provided following the decision to fully fund NHS care as a result of a fast track assessment

Mixed sector complaints relating to residential homes:

- Concern over care being provided by agency staff, that agency staff lacked knowledge of individual's needs, residential home policies/procedures and training to ensure basic level of care
- Dissatisfaction of the facilities after a move into a shared room and concerns over the levels of ventilation impacting on a residents health
- Concern over a relative not receiving the correct amount of personal care

- Not being informed their relative had been prescribed medication, that a visits had taken place by the GP, not being informed of the outcome of assessment or receiving a copy of the annual review

Mixed sector complaints relating to provider:

- Being invoiced incorrectly for care charges. For example, invoiced for care when had not receive the full amount of care time entitled to, sent invoices for a period of time in hospital and invoiced for a period of time prior to the commencement of care
- Not being offered a choice of provider or being informed which one had been identified
- Care plan and care needs not being reviewed. Reassessment was not undertaken despite change in needs and being requested.
- Level of care provided not in line with the care plan. For example, carers not undertaking required tasks and staying for the time required
- Poor communication between the care provider and the family

Subject Access Requests (SARs)

The local authority responds to requests for copies of a person's records it holds under the Data Protection Act 1998, as a Subject Access Request (SAR).

There were 26 requests for records received in 2019/20 compared to 30 in 2018/19 and 19 in 2017/18. 4 SARs were ongoing and transferred in from the previous year 2018/19.

27 SAR requests were completed in 2019/20. 14 of the 27 completed SARs (52%) were completed within the statutory timescales compared to 40% in 2018/19 and 58% in 2017/18. Completing SARs within the 30 working day statutory timescale remains a challenge where requests received involve a large volume of records.

In addition to the SARs, 14 requests for adult services records were dealt with as a Data Protection exemption in 2019/20. A reduction compared to the 24 requests dealt with in 2018/19.

There were no request for a deceased person's records received in 2019/20 compared to 6 in 2018/19 and 6 in 2017/18.

Freedom of Information Requests (FOIs)

The number of FOIs received remains consistently high year on year.

80 FOIs were received in 2019/20 which was a slight reduction compared to previous years; 112 in 2018/19 and 90 in 2017/18. The nature of FOIs continues to increase in complexity and in the amount of information requested which increasingly spans a number of different teams within the service.

Out of the 82 FOI requests completed in 2019/20, 57 (70%) were completed within the 20 working day statutory timescale. This is a reduction compared to 85% in 2018/19.