

Annual Report

April 2010 to March 2011

Adult Services Complaints

Rotherham 
Metropolitan
Borough Council
Where Everyone Matters

Executive Summary

This report provides information about complaints made between 1 April 2010 and 31 March 2011 under the complaints and representations procedures established through the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 (Making Experiences Count).

The figures in the report include details of the number of customers and the number of complaints they have made (one customer may make a number of complaints which are considered under the same investigation). **Over the last 12 months the total number of complaints received for Adult Social Services has reduced from 169 to 113 - 31% reduction.**

Complaint information is shared and monitored by the Council through the database and a quarterly / annual reporting mechanism to its Corporate Management Team. Adult Services also report monthly and quarterly at a Directorate and Service area level. Complaint Information is also shared with Health Partners across the region via a quarterly regional meeting and with other Authorities via regular regional meetings of the National Complaints Managers Group (NCMG)

Overall 100% of all complaints were responded to within the statutory timescales for the second year in a row, compared to 94% (2008/09) and 88% (2007/08). This performance is the best in the Council for services who have received more than 10 complaints. This performance also benchmarks the best against the regional Yorkshire and Humberside Local Authority complaints group based on numbers received (15 Local Authority areas).

Headline Results 2010/11

- Number of comments increased from **57** to **73**
- Number of complaints (at all levels) reduced from **169** to **113**
- Complaints regarding Locality Teams Older People reduced from **55** to **32**
- Complaints regarding Commissioning reduced from **15** to **6**
- Total number of complaints upheld reduced by **21** compared to 2009/10
- Reduction in the number of complaints escalating reduced:-
 - From **26** to **9** for Stage 1 complaints escalating to Stage 2
- Complaints about quality of service reduced from **57** to **29**
- Complaints about actions of staff reduced from **28** to **15**
- No compensation awards made in 2010/11
- External complaint investigation costs reduced from £15,000 2008/9 to zero in 2010/11

The Adult Social Services complaints team has maintained the recent significant improvements in the following areas:

- Improving the timeliness of responses to customers
- Improving the quality of responses
- Improving satisfaction of the complaint management process
- Learning from all Complaints to identify service improvements

- Promoting and increasing accessibility of the complaints procedure through the development of the internet, information packs and campaigns in our reception areas.
- Training in complaint handling which is delivered on a rolling programme to all managers.
- Personalisation of the complaint service.
- Learning from complaints workshops with staff.
- Maintaining our Customer Service Excellence accreditation and contributing to the Council attaining Customer Service Excellence where NAS Complaints was identified as good practice.
- Reduction in the amount of compensation paid.
- Reduction in cost of responding to complaints, investigations (no external investigators were procured in 2010/11).

The Directorate has used information from complaints, utilising the direct feedback from customers and the learning issues to inform a number of major service improvements in 2010/11, as follows;

Community Occupational Therapy Service. Waiting times have reduced from over 6 months to 6 weeks since July 2011 and the number of cases waiting over 4 weeks has reduced from 304 in July 2011 to 70 in November 2011. Service improvements have been implemented that include; advising customers of current waiting times at the first point of contact, increasing the number of items that can be issued at the first point of contact and streamlining back office processes.

End to end review. Development of new enablement service ensures that a customer's independence is maximised in the community reducing the need to access social care services. Every customer is issued a statement of their needs advising them of the outcome of their assessment. All customers receive an annual planned review of their needs using improved personalised documentation. Complaints have informed the review and have helped shape the reconfiguration of assessment and care management leading to more assessments and reviews being undertaken.

Enablement. The new enablement service merges the existing home care and warden services into one team. The team supports customers to increase their independence and remain in the community for as long as possible reducing their dependence on home care and residential type services. Over 300 customers have been supported by this service since April 2011. The Community Rehabilitation Team has now joined the enablement service creating a more holistic service.

Personalisation. All customers are advised of their personal budget and given the choice and control over the services they access. Every customer is supported to develop their own support plan and advised of the benefits having a direct payment and accessing local community based services.

Rothercare Direct. Implemented a new telephony system which has reduced missed calls from 27.3% to 7%, streamlined out of hours procedures to maximise customer experience and efficiency, merged the Rothercare and Assessment Direct services to improve access and staff skill set. Implemented a first point of contact proportionate assessment to increase the accuracy of contacts, increased the allocation of assistive technology and equipment and

fixings at the first point of contact increasing prevention services and reducing customer waiting times.

Learning from Complaints

Learning from Complaints discussions with accountable managers to promptly identify service improvements and changes in current practice now take place in respect of all complaints responded to. In addition, we also discuss learning issues from staff across the Directorate in our "Learning from Customers" workshops. At these workshops, staff will discuss the complaints made in the previous quarter and suggest improvements to the service. These suggestions are then taken and implemented via the Directorate's Service Management Teams.

Learning outcomes are presented throughout the report in the shaded text boxes;

Learning from complaints

Customers were raising concerns because they were frightened about having their care provided by the independent sector, they had become used to the council providing their care over the years.

In response to their concerns we have;

- Reviewed and improved the information available to customers about shifting the balance. We reviewed information available to staff about shifting the balance with a view to addressing the concerns of service users and reducing the number of customers who are "refusing" to move over to the private sector.
- Reviewed each situation on a case by case basis where a customer has provided specific information as to problems transferring from RMBC to the independent sector. In consultation with team managers we agreed a process involving the Social Worker/Social Services Officer to provide a brief business case to outline the exceptional circumstances of not transferring the care.

Performance in 2010/11

Stage 1

At the first stage of the complaint procedure (Stage 1), 101 complaints were made by 89 customers, compared to 140 complaints made the previous year. Overall at Stage 1 there has been a 28% reduction in the number of complaints submitted (all stages 31%). 100% of complaints were acknowledged within 24 hours. The reduction in the number of formal complaints being submitted has been ongoing since the complaints team adopted a personalised approach to handling complaints and changes to the Statutory complaints process in 2009. This has corresponded with a rise in the number of comments (informal complaints) received, as the Complaints Team seeks resolution at the earliest possible opportunity.

Learning from complaints

Customer were concerned that there was a lack of information following the social care assessment

In response to their concerns we have;

At review meetings asked if anything was missing from information packs and asked if the customer found them useful.

All of the complaints received a response within the statutory timescales which compares to 100% the previous year. This maintains the excellent performance of last year and continues an annual trend of improvement in performance since 2006/07 when the number of Stage 1 Complaints responded to within timescale was 88%.

Table 1 Services receiving the highest number of complaints

Service Area	2010/11		2009/10		2008/09	
	No	%	No	%	No	%
Locality Team Older People	32	32%	55	39%	34	21%
Learning Disability Community Support	10	10%	NK	NK	2	1%
Physical Disability	9	9%	1	0.5%	8	5%
Rothercare Direct	8	8%	14	10%	46	28%
Hospital Services	7	7%	6	4%	8	5%
Revenue and Payments	6	6%	14	10%	28	17%
Commissioning Services	6	6%	15	11%	13	8%
Community Occupational Therapy	4	4%	11	8%	8	5%
Enabling Care	1	1%	14	10%	18	11%

The highest number of complaints relate to services provided by the Locality Teams (Older People) 32%, which has reduced from 39% in the previous year. Older people make up the vast majority of people seeking or receiving services. This reflects the number of customer transactions over the year, the nature of the assessment process and the role of the complaint procedure. Customers are encouraged to make complaints if they are not happy with a decision following assessment, in this way customer “appeals” are provided a transparent, thorough consideration via the complaint process.

There has also been a noticeable reduction in the number of complaints received by Commissioning Services which is again closer to the number received in 2008/09.

Typical complaints about Commissioning services include

- A complaint about charges for Respite Care
- A complaint about the rise in weekly care costs
- The delay in processing a Direct Payment
- The request for personal information over the phone when the customer thought this should have been done “face to face”
- Mistakes made in respect of payment of the Carers Grant

Only one complaint was received about the refusal to issue a Blue Badge which is a significant reduction on previous years. The procedures for Blue Badges have been reviewed and customers are given clear guidelines on eligibility criteria and the reduction in complaints has occurred since these have been put in place

The largest increase in complaints has been in Learning Disability Community Support.

Complaints have included:

- The poor state of Oaks Day centre due to lack of cleaning staff

This was upheld and a cleaner recruited

- An assessment was sent to the wrong address in error

An apology was sent

- A parent not happy that a mental capacity assessment stated his daughter could make certain decisions for herself

Workers now provide better information about mental capacity assessments

- Lack of transport to day centre was putting severe time pressures on the family

Taxi transport arranged

- Time taken to identify supported living accommodation

Apology issued

Table 2 Category of Complaints

Category	2010/11		2009/10		2008/09	
	No	%	No	%	No	%
Quality	29	29%	57	41%	44	26%
Action of Staff	15	15%	28	20%	66	40%
Delay	22	22%	25	18%	13	8%
Lack of Service	17	17%	6	4%	13	8%
Other	0	-	6	4%	7	4%
Cost	11	11%	6	4%	7	4%
Lack of Information	7	7%	13	9%	16	10%

Quality of Service

At 29% of the total, Quality of Service was again the biggest single issue people complained about. However the number of complaints reduced by 15 and complaints about quality represented 29% as opposed to 41% of the total compared to last year. There was also a slight decrease number of complaints received regarding delay in providing service.

Examples of complaints relating to Quality of Service were those customers who wanted to query an outcome to their assessment, suggesting that they did not receive the outcome they wanted because of the way the assessment process was completed. Customers highlighted errors on SCA documentation or concerns regarding assessment visits. The new Integrated Social Care Assessment (ISCA) and the roll out of Personalisation has now been completed. Some customers did not believe the assessments completed were thorough enough and did not reflect all the customer's needs. Other complaints included difficulty in getting through to Assessment Direct.

Learning from complaints

Customer was not happy with the support given by the Social Worker to help her son return to college after being suspended

In response we have introduced a new section into the assessment to record the favoured method of communication and agree how we will communicate with customers regarding their needs.

Delay in providing service

- Delays in completing assessments led a number of customers to complain and one stated that this meant that they felt rushed when identifying a suitable care home following the completion of an assessment. Complaints were also received from customers waiting for the installation of equipment recommended following Occupational Therapy assessments and another customer was unhappy at the delay in processing a Direct Payment once it had been approved. Improvements have been made over the year in waiting times for assessments and care packages.

Actions or conduct of staff

There was a significant reduction in the number of complaints received regarding the Actions or Conduct of Staff. This reflects efforts by the Directorate in terms of its customer care initiatives including training for staff and managers and efforts to provide better information and advice to customers. These actions were also reflected in maintaining the Customer Service Excellence Standard and achieving the Investors In People Gold Standard.

Training

It is intended to again roll out complaints training to ensure all recently appointed managers receive the training and provide a refresher for managers who may not have attended the course for several years. The aim of the course is to provide information and advice about complaint legislation, the Directorate's personalised complaint service ethos and encourage managers to identify how to effectively deal with expressions of dissatisfaction and formal complaints. The aim of the course is to encourage managers to seek resolution with the customer at the lowest possible level and wherever possible prevent issues escalating and needing a more independent investigation. It is expected that the training will maintain and build on the improvements in performance achieved over the last three years. The training will also focus on the quality of complaint investigations and responses by emphasising the potential of effective complaint handling to strengthen our relationships with customers. This

will be measured by monitoring the number of complaints escalating to the later stages of the complaint procedure and increase in customer's satisfaction survey results.

Table 3 – Complaint Decisions

Team	Upheld or Part Upheld	Percentage of Team's complaints Upheld or Partially Upheld
Locality Teams Older People	8	25%
Commissioning Services	1	14%
Community OT's	1	20%
Hospital Services	2	40%
Physical Disability Team	3	33%
Mental Health Community Services	1	100%*
Revenue and Payments	3	50%
Rothercare Direct	1	13%
Other	3	27%
Total	26	26%

Complaints will be recorded as upheld or partially upheld if it is considered following investigation that there was a problem with some or all of the service being provided. In Adult Social Care complaints are generally upheld on points of customer care due to delay, information or communication issues caused by the relatively complex nature of the services being provided, involving several services areas or agencies within both Social Care and Health Services.

Of the complaints that were registered at Stage 1, 56% (all complaints = 26%) were upheld this year compared to 44% the previous year. However, the total number of complaints reduced and the total number of complaints upheld was down by 21 in number when compared to the previous year.

*The one complaint received / upheld in RDASH was regarding information and advice provided at Assessment in the Older Peoples team. Although this specifically related to only one member of staff, the manager investigating the complaint briefed the whole team in order improve the quality of information offered to all customers.

Learning from complaints

Customer was not happy that they thought that they had been successful in applying for an adaptation and did not know they then had to be financially assessed (customer thought they had been awarded a grant)

Reviewed and rewrote the existing Adaptation Policy

Stage 2

Between April 1st 2010 and March 31st 2011, **9** Stage 2 complaints were received (from **8** customers).

Table 4 Services receiving Stage 2 Complaints

Service Area	2010/11		2009/10	
	No	%	No	%
Physical Disability	3	33%	6	23%
Community Occupational Therapy	2	23%	1	4%
Rothercare Direct	1	11%	-	-
Locality Team Older People	3	33%	11	42%
Enabling Care	-	-	1	4%
Rothwell Grange	-	-	1	4%
Sensory Team	-	-	1	4%
Learning Disability Service	-	-	1	4%
Hospital Services	-	-	1	4%
Commissioning Team	-	-	2	7%
RDASH	-	-	1	4%
TOTAL	9	100%	26	100%

The number of complaints escalating to Stage 2 continues to decline and the reduction has been even more significant than the reduction in complaints being raised at Stage 1 over the last three years. Complaints about locality elderly teams still make up the largest proportion of complaints; however these teams also have the majority of customer contacts. The proportion of complaints relating to Occupational Therapy appears to have increased dramatically. However this was due to only one additional complaint being submitted (at a time when the total number of complaints significantly decreased) compared to the previous year. This coupled with an overall reduction in Stage 2 complaints will show a dramatic increase in the percentage of complaints raised based on a very small increase in actual numbers. Both Locality elderly teams and the Physical Disability team have seen a significant reductions in the actual number of Stage 2 complaints submitted over the last 2 years.

All customers that received a response at Stage 2 during the year received their reply within the required timescales, again maintaining last year's performance.

Table 5 Outcomes of Stage 2 Complaints

Category	Total	Percentage	Upheld/Part Upheld	Percentage
Action Of Staff	-	-	-	-
Quality	1	12%	1	100%
Cost	2	22%	0	0%
Delay	1	11%	0	8%
Information	-	-	-	-
Absence of service	5	55%	0	0%
Other	-	-	-	-
Total	9	100%	1	11%

At Stage 2, only 11% were either upheld or partly upheld as opposed to 42% compared to last year. In absolute terms only 1 complaint was upheld compared to 11 the previous year which represents a dramatic decrease in the number of complaints being upheld at Stage 2 and continues with recent trends. In 2007/8 for example 29 complaints were upheld at Stage 2.

While the highest number of complaints were categorised as lack of Service, it is difficult to draw firm conclusions as each complaint is equal to eleven per cent of complaints, a small increase in numbers can have a significant effect on the proportion of complaints reported in a particular category.

Learning from complaints

A customer was concerned that their carer is supposed to stay for 30 minutes but sometimes she is only at their home for 15 minutes

In response to their concerns we have looked at the way we word our care plans, detailing what carers will be expected to complete during each visit and indicating the maximum time allowed to complete the specified tasks.

Stage 3

The statutory regulations governing Adult Social Care complaints changed in April 2009 and the requirement to have complaints considered by an independent panel no longer exists. However locally we do make provision for customers not happy with the results of formal investigations to have their complaints considered by a Director. Four customers had 4 complaints considered at this way between April 2010 and March 2011. These are detailed as follows:

1. A complainant believed that due to the mistakes, as identified by him at a meeting with the Complaint Officer, the Social Care Assessments carried out were not lawful.

Although equipment was provided by the Community Occupational Therapist, the customer felt that necessary care services had not been provided. The conclusion of the Stage 3 was that the assessments were correctly completed in accordance to Section 47 of the National Health Service and Community Care Act 1990 and the complaint was not upheld.
2. A Complainant believed that he and his family have not been treated with respect by Rotherham Council. Specifically, regarding the way that his complaint regarding a delay in payment of the Carers grant in 2009 was dealt with and over his requests for information. The complaint was not upheld.
3. A Complainant was provided with a new assessment by the Council's Hospital Social Work Team at her request following the operation on her shoulder. The assessment by the Hospital Social Work team found that at the time that the complainant's needs did not meet the Critical or Substantial banding of the Council's Fair Access to Care criteria which meant that there would be no new care package and that the existing care package would be ended. The complaint was not upheld.

4. A complainant was not happy because of a decision to reduce the time allocated to support them with their shopping which they believed would impact on their health and wellbeing. The complainant did not want to use alternative support services available at the local supermarket. The complaint was not upheld.

Learning from complaints

Customers advised that they were still unsure who to contact when they have a query regarding the care they receive, and whether they should contact the Council or go straight to the care provider?

In response we have ensured customers have a contact number of the service provider and are aware that they can contact them directly.

Local Government Ombudsman

Two enquiries were received from the Local Government Ombudsman and all were responded to within the required timescales.

The results of these enquiries were:-

- (Case 1) No Maladministration – that the customer had been treated fairly in accordance to Council policy and procedure.
- (Case 2) No Maladministration – The complaint related to the council's refusal to hear an appeal relating to the refusal to award a Blue badge.

Learning from complaints

Customer have advised that Social Care Assessment Packs should give us information about things that are changing such as changes to service provision and how to get a blue badge

In response we have completed a review what goes in an assessment pack and see how we can use this means of communication to get information out to our customers.

Customer Satisfaction of Complaint Handling

Over the past 12 months we have tested satisfaction with every person who has made a complaint. All customers receive a satisfaction questionnaire within 6 weeks of receiving a response to their complaint.

- 96% of customers expressed satisfaction with one or more aspects of how their complaints were handled. This is up 1% compared to the previous year.
- 100% of customers stated that if dissatisfied in future they would use the complaints process again.
- 81% were satisfied with the time taken for a response to be sent. This is up 1% compared to the previous year.

- 85% expressed satisfaction with the thoroughness of the investigation. This is the same as the previous year.

Learning from complaints

Customers were concerned that they couldn't get some help in planning respite care for relatives, that they wanted to plan in advance and were not happy being told to ring back nearer the time.

We have looked at and improved how we advise and work with families and customers to organise respite.

Finance

Expenditure

With the introduction Making Experience Count there is now more flexibility in how complaints not resolved at the first attempt are progressed. This has reduced the need to engage external Investigating Officers and therefore expenditure has significantly reduced. The new procedures also no longer require an independent panel to consider Stage 3 complaints further reducing costs. Since March 2010, all Stage 2 investigations have been completed by the Complaints Officer which has significantly reduced the costs to the authority of completing investigations.

In 2009/10 more than £6,500 was paid to external consultants related to completing Stage 2 investigations and chairing Stage 3 panel meetings. This was a significant reduction from the previous year (2008/9) where nearly £15,000 was spent on external consultants involved in Stage 2 and Stage 3 complaints.

Learning from customers

Customer was concerned it took too long to recruit staff to a care team (learning Disabilities Service) to allow for changes in the way the customers care was provided.

We have streamlined HR procedures when recruiting to a care team.

Compensation

A total of 27 complaints were upheld or partly upheld of which only one was at Stage 2 or 3. The two Ombudsman enquiries resulted in findings of no maladministration. Therefore no compensation was awarded to customers in respect of any complaints made about Adult Services between April 2010 and March 2011.

Learning from customers

A customer felt that the assessment of their mother had not been completed correctly.

In response we have improved performance on carer's assessments and ensured staff are aware of importance. We have also reviewed and improve information available to families at first point of contact.

New Developments

- Adult services complaint handling has benefited from improvements to complaint handling corporately. Following the Commissioning Policy and Performance review in 2010 and the creation of the Commissioning and Partnerships Directorate. Corporate leads were created in a number of areas that included areas relating to complaints. This completed the existing corporate structure leading to better communication between Council complaint teams, an improved way of sharing best practice and a more joined up approach across the Council.
- There has been a greater focus on putting things right, consideration has been given to dealing with the issue of concern at the earliest possible opportunity. This is manifested itself in the reduction of complaints and the increase in the number of comments. In 2010/11 Adult Services received 113 complaints and 73 comments. This compares with 169 complaints and 57 comments received in 2009/10. Staff from the wider P+Q function have also been involved in the learning and improvement from complaints.
- As part of the restructure of the Complaints Team there is one full time Complaints Officer and one administration support for four days per week. Although this is a reduction in the previous staffing compliment, the team has been functioning with this staffing level since December 2010 when the Complaints Officer undertook a secondment (returning to his current post in August 2011). The current structure represents a considerable saving in expenditure with the elimination of one full time principle officer from the previous structure. It is envisaged that current performance will be maintained under the current structure.
- Complaint training will need to be refreshed to ensure all managers have up to date training and thus maintain current performance in terms of responding to complaints within the required timescales and ensuring customers receive high quality responses that will maintain recent progress in reducing the number of complaints progressing to more formal stages. This is especially important following structure changes in both Adult Services, including RDASH, new staff have to be given instructions on how complaints are dealt with in NAS.
- The Team supplies Complaints Performance information (complaints, comments, MP Enquiries, Councillor Surgeries, compliments and Freedom of Information Request) and contributes to Learning from Customers Workshops, quarterly workshops held with a cross section staff from the Directorate. (Staff discuss complaints and comments received in a quarter and are invited to suggest service improvement and learning.)

Learning from complaints

Customer was concerned that they were not properly consulted regarding his mothers placement into respite care and other options for his mothers care considered

We have simplified information (leaflets, standard letters etc) provided to customers, carers, families and partners regarding charges for care.

2010/11 Improvement Actions

The complaints team will continue to assist the service to make service improvements based on the outcomes of the complaints received, and on what our customers have told us are their main concerns.

The team, based on the trends apparent in 2010/11 will work with management and staff to improve customer care around; information and advice, seek to continue to reduce complaints regarding actions of staff and lack of service. The team will continue to highlight the need for improvements where customers express a concern regarding quality of service.

The team will continue to work closer with other Directorate complaints teams via protocols established under the new Commissioning, Policy and Performance Directorate and share best practice and ensure better complaint handling for cross Directorate complaints.

The handling of complaints will be improved under the ongoing Corporate Complaint review which will;

- Reduce costs in investigation and escalation.
- Reduce the number of complaints escalating through the complaint procedure (Stage 2 and Stage 3)
- Improve customer satisfaction, as evidenced in best practice models that exist across the council.
- Strengthen the role of the current Complaint Officer Forum
- Improve the learning and service improvement from complaints

Learning from complaints

Customer was concerned that services were going to be taken away because they had made a complaint.

In response we have introduced a standard statement within complaints literature re-assuring customers that by making a complaint that this will not have a negative impact on the services/support they are entitled to.

In addition, the complaint Team will continue to;

- Embed the principles of personalisation and Making Experiences Count.
- Maintain the improvement in performance in terms of responding to complaints

- Ensure that managers investigating complaints always discuss and agree an action plan with the customer within 2 days of receiving the complaint
- Ensure that the new combined Adult Social Care and Health Service complaints process reduces the maximum time a customer will wait before all stages of the complaints process are completed.
- Improve and enhance the recording of comments and concerns and ensure learning issues are captured from all feedback and not just formal complaints.
- Provide training in complaint handling to all managers and senior staff in Adult Services on an ongoing basis.

Finally, we are looking at ways to capture first point of contact customer dissatisfaction across the Directorate. To capture information on those complaint enquiries that are dealt with by the service and do not escalate through formal channels.

We will build on the existing Learning from Customers workshops with staff and Enhance them to include participation from customers, partners and stakeholders.

Will introduce **Putting Things Right**, we will ensure that all enquiries through the team are dealt with in the best possible way, that any issue of concern is resolved at the earliest possible opportunity and then we then take the opportunity to learn and seek improvements to service.