Purpose: For Information



Committee report

| Committee | POLICY AND SCRUTINY COMMITTEE FOR HEALTH AND SOCIAL CARE            |
|-----------|---|
| Date      | 12 SEPTEMBER 2022   |
| Title     | ADULT SOCIAL CARE STATUTORY COMPLAINTS ANNUAL<br>REPORT 2021 / 2022 |
| Report of | CABINET MEMBER FOR ADULT SOCIAL CARE AND PUBLIC<br>HEALTH           |

## EXECUTIVE SUMMARY

- 1. This statutory annual report for adult social care complaints is produced according to the requirements of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.
- 2. The report provides information on the number and type of complaints received by adult social care for the period 1 April 2021 to 31 March 2022 and the actions and learning adopted to continuously improve the services we provide to residents.

#### BACKGROUND

- 3. From 1 April 2021 to 31 March 2022 adult social care received 6931 new requests for support; this is the number of Initial Contact Assessments not unique people. During this reporting period, we supported 326 people to go into permanent residential or nursing care; this is the number of brand-new placements, not moves. As of 31 March 2022, the council were providing 320 direct payment personal budgets and 1814 managed accounts to provide care and support for individuals at home.
- 4. The Department of Health Guidance 'Learning from Complaints' (2006) defined a complaint as: "An expression of dissatisfaction or disquiet about the actions, decisions or apparent failings of a local authority's adult social services provision which requires a response."
- 5. We always aim to provide high quality services that meet the needs and circumstances of individuals and their carers; however, given the personal and complex nature of our services, sometimes things do go wrong. The complaints process is a mechanism to identify problems and resolve issues if things do go wrong or fall below expectation. We try to sort things out quickly and fairly. We want to learn from our mistakes or the concerns that arise because of complaints.

- 6. Adult social care has a dedicated nominated complaints officer who is responsible for the operation of adult social care statutory complaints policy and associated operating procedures. This post also ensures that linkages with the relevant people and processes across the NHS Trust and CCG are maintained and embedded to enable further joint working for complaints that cross organisations when this is appropriate, and it also works with provider organisations to address complaints that are directed at services not directly provided or commissioned by the council.
- 7. Adult social care complaints are dealt with effectively and are properly investigated. Complainants are treated with respect and courtesy; receive a timely and appropriate response and are told the outcome of the investigation into their complaint.

## STRATEGIC CONTEXT

8. By ensuring that all complaints received are dealt with effectively, adult social care is meeting the following vision set out in the Corporate Plan 2021 – 2025, to *"Place the health and wellbeing of residents at the centre of all we do".* 

## COMPLAINT ACTIVITY 1 APRIL 2021 TO 31 MARCH 2022

- 9. The number of adult social care complaints received by adult social care has increased during this reporting period 2021 / 2022, receiving 17 more complaints than the previous year.
- 10. Focussing on complaint numbers alone without context risks limiting our understanding of the value of this work; the focus should always be on reporting complaint outcomes, and the benefit an investigation can add to remedy a complaint for an individual, at the same time as improving practice and services for the wider community. Nevertheless, it would be short-sighted not to recognise the trend in complaint numbers particularly over the past two years of the pandemic and seek to consider potential reasons for this.
- 11. The recent trend experienced in this authority reflects that seen across many other local authorities, that is at the beginning of the pandemic there was a significant reduction in numbers of adult social care complaints which has this past year seen a gradual increase towards pre-pandemic levels. Only a minority of authorities report they have not yet seen any increase in numbers although they certainly expect this to change in line with the general trend, and for numbers to rise again in the near future.
- 12. It is important to acknowledge the unprecedented uncertainty the pandemic created; for some people this has exacerbated levels of anxiety and general dissatisfaction, for some it has provided a 'distraction', for others it has brought about a new appreciation of public services. Two years in, some people have returned to their pre-pandemic day-to-day life, whilst others remain highly anxious, and their lives and liberties continue to be curtailed.
- 13. A significant part of the nominated complaint officers time has been occupied in supporting those few individuals with raised anxiety levels exacerbated by the uncertainty of the pandemic. The nominated complaints officer is often able to mediate communication channels between the individual and social work practice to provide support in managing these demanding situations.

- 14. It is also reasonable to expect as we emerge from the initial acute period of the pandemic that complaint numbers will rise as a result of a very different adult social care landscape we are now experiencing along with increased expectations of the services we provide. The unprecedented demands on health and social care as a result of the pandemic emphasised the prolonged under funding of the sector over many years before. Moving forward, the lack of resource and poor market position will undoubtably affect the services delivered to residents.
- 15. When considering numbers of complaints, we must also recognise that over the past few years ways of working in the department have changed significantly, the focus being to improve the experiences and quality of the service delivered to residents.
- 16. Under the previous director's leadership, the original Care Close to Home strategy began its implementation in April 2017, and the innovative programme of transformation continues to be delivered across adult social care with a recent refresh and relaunch of the strategy under the new interim director. The impact of this transformation may also be considered as contributing evidence of the reduced number of complaints we are beginning to see.
- 17. It is possible that any one or all of these factors may have affected the numbers of complaints we have received during this and the previous reporting period, however the longer-term effects (whether permanent or temporary) on complaint numbers may not be evident for some time. We must remain mindful that this is still very much a developing landscape and we shall continue to monitor the trend alongside the experiences of other local authorities and the Ombudsman.

| COMPLAINTS   | 2021/<br>2022 | 2020/<br>2021 | 2019/<br>2020 |
|--|---------------|---------------|---------------|
| Complaints carried forward from previous reporting period  |               | 8             | 8             |
| New complaints received in the period                      |               | 41            | 75            |
| Complaints actioned and closed in period                   |               | 40            | 75            |
| Complaints carried forward into following reporting period |               | 9             | 8             |
| Complaints did not proceed to formal complaint             |               | 18            | 31            |
| (addressed by service)                                     |               |               |               |
| Complaints referred to other agencies                      |               | 2             | 2             |
| Complaints not upheld                                      |               | 7             | 24            |
| Complaints partly upheld (complex cases where one or       |               | 5             | 11            |
| more elements of the complaint was upheld but not the      |               |               |               |
| overall complaint)   |               |               |               |
| Complaints upheld  |               | 8             | 7             |
| Complaints considered by the LGSCO                         |               | 8             | 7             |

18. Whilst it is always problematic to benchmark purely the number of complaints received against other local authorities because each complaint matter is individual and therefore it is not feasible to compare circumstances, it is possible to benchmark complaint handling and timeliness. Just as in this authority, other local authorities also report that the timeliness of their complaint handling has not been affected by the pandemic.

- 19. Complaints can cross over between reporting periods. Activity on the case is reported in the period in which the case is closed and when it is therefore known whether the complaint was upheld; partly upheld or not upheld.
- 20. In 2021/2022, 58 new complaints were received by the complaints team, which equates to just over 0.8% of the number of new requests for support during this period. This is 58 separately recorded issues, not necessarily 58 different people making complaints because the same person can raise different issues on separate occasions.
- 21. Including the 9 cases carried over from the previous reporting period, and 2 not completed in the period, and therefore carried forward to the next reporting period, 65 cases were dealt with directly by the complaints officer. Having referred on the cases where concerns needed to be dealt with by other agencies or other departments within the council (4 cases), 31 were addressed informally or did not proceed into formal process and 30 were addressed as formal complaints.
- 22. 48% of the complaints dealt with and closed by the complaints team during this reporting period were dealt with by early resolution before the formal process was required. This was achieved by the complaints officer being proactive and working collaboratively with the service and the complainant to resolve concerns at an early stage, and so negate the need to use the formal complaint process.
- 23. This is an approach endorsed by the Local Government and Social Care Ombudsman, encouraging local authorities to "fix matters upstream" wherever possible, and giving credit for this effort if they do have to then become involved later. An early resolution approach provides the complainant with a better experience because they are achieving immediate satisfactory outcomes, which is often what the individual wants when a complaint is lodged. Adopting this approach can also save a considerable amount of senior manager time across the department which can be taken up by a formal investigation and written response.
- 24. 46% of complaints dealt with and closed by the complaints team during this reporting period were investigated and responded to in formal process.
- 25. During this reporting period, the average length of time taken to formally investigate a complaint and provide a written response to the complainant was 14.25 working days.
- 26. This is significantly within the timeframe in the council's own policy, which allows 25 working days for the investigation and provision of a written formal response to the complainant, and demonstrates robust, effective statutory complaint handling practice. Statutory guidance recommends a timescale of up to six months from the time a complaint is received until a written response is provided.
- 27. 100% of cases dealt with in formal process received a formal written response within the policy timescale.
- 28. Timescales can vary considerably according to the steps that need to be taken to fully address the concerns raised, the complexity of those concerns, the engagement and responsiveness of the complainant, all of which can impact on the speed with which resolution can be achieved.

## COMPLAINT OUTCOMES

- 29. Significant work goes into understanding and responding to complaints effectively. Most complainants want to get their concerns resolved quickly and having someone to talk to that will hear their story and try to put things right helps achieve this.
- 30. Of the 65 complaints dealt with and closed during this reporting period, 30 cases (46%) were completed in formal process.

## NOT UPHELD: 11 cases out of 30 (37%)

31. Of those matters that were not upheld, the issues raised allegations which ranged from a failure to provide information and communicate updates to a family member, to a failure to adhere to the hospital discharge policy. Full and reasoned explanations were provided to the complainants showing that the correct processes had been followed, that the individual(s) had been advised and supported appropriately by adult social care staff.

## UPHELD or PARTLY UPHELD: 19 cases out of 30 (63%)

- 32. Themes of the complaints which were either upheld or partly upheld in this reporting period included communication, provision of advice and information, and delay. Work in these areas continues to ensure that learning is embedded, and practice improvements are achieved.
- 33. Examples of the type of complaints upheld or partly upheld in 2021 / 2022 are given below:
  - Communication: failure to effectively communicate changes in status of a residential care placement with a family member and an internal department.
  - Provision of advice and information: failure to provide accurate and timely information about charges for adult social care services.
  - Delay: delay in arranging domiciliary care at home to support an individual to return home following a short stay in a care home.
- 34. In all cases where the entire complaint (or any element of it) has been upheld, an apology has been offered and, where appropriate and necessary, other steps have been taken to remedy the concerns raised.
- 35. In all cases, the service areas have demonstrated their learning from the complaint and undertaken improvements to practice, process and systems across the department.

# APPEALS ACTIVITY 1 APRIL 2021 TO 31 MARCH 2022

- 36. The formal adult social care appeals process is a one-stage process and offers a transparent way in which an individual can ask for a reconsideration of any decision made about them in adult social care, for example an assessment of their needs, their independence plan, or their financial assessment.
- 37. The appeal is considered by a different manager at the same (or more senior) level than the original decision-maker. The outcome of the appeal together with the reasons are explained to the individual in writing.

- 38. The appeals process differentiates between matters which are complaints about things which have 'gone wrong', and situations where an individual is asking for a reconsideration and further explanation of a decision made by adult social care according to process.
- 39. The reporting of complaints and appeals is therefore split to distinguish between the two.

| APPEALS   | 2021/ | 2020/ | 2019/ |
|---|-------|-------|-------|
|   | 2022  | 2021  | 2020  |
| Appeals carried forward from previous reporting period  |       | 0     | 0     |
| New appeals received in the period                      |       | 5     | 13    |
| Appeals actioned and closed in period                   |       | 4     | 13    |
| Appeals carried forward into following reporting period |       | 1     | 0     |
| Appeals did not proceed to formal process (premature)   |       | 0     | 0     |
| Appeals not upheld                                      |       | 2     | 4     |
| Appeals upheld  |       | 2     | 9     |
| Appeals considered by the LGSCO                         |       | 3     | 1     |

- 40. In this reporting period, a total of 6 appeals were received and there was 1 case carried over from the previous reporting period; 7 appeals received were therefore dealt with in formal process and closed.
- 41. 2 appeals were not upheld (29%) and 4 appeals were upheld (57%). One case was brought to the process prematurely and therefore referred back to social work practice, and there were no cases carried forward into the next reporting period.
- 42. Of the 4 appeal cases which were upheld, in one case a reassessment was carried out by a different social care worker, in another case the direct payment personal budget was reinstated at the original level whilst a review assessment was completed, and in two other cases the disability-related expenditure assessments were revised based on additional information provided in the appeal process.

# LOCAL GOVERNMENT SOCIAL CARE OMBUDSMAN (LGSCO) INVESTIGATIONS

- 43. In the 2021 2022 reporting period, 4 complaint matters were considered by the LGSCO. This represents 6% of the number of complaints dealt with by the complaints team during this reporting period which indicates the quality of the investigations and formal statutory complaint responses provided by the council. It is important to recognise that it is inevitable that some cases will be escalated to the ombudsman regardless of the strength of the council's responses.
- 44. Four complaint matters were completed by the ombudsman during this reporting period. There were 2 cases where fault was found following investigation, there was 1 case where the ombudsman discontinued its investigation and closed the case, and another 1 case where the ombudsman decided not to investigate the matters brought to them.
- 45. In both cases where fault was found, the ombudsman recorded the outcome as "fault found with maladministration and injustice". The council completed the ombudsman's recommended actions in both cases and did so within the recommended timescales and to the ombudsman's satisfaction.

- 46. In one case, the council provided a written apology and paid the recommended remedy payments to the complainant (£250) and his father (£450). In addition, and using the complaint as a case study delivered in a learning proforma, all staff were reminded about:
  - the importance of completing and recording reviews which include relevant family members.
  - the need to reassess or update risk assessments where there is a change in need.
  - the need to record actions completed and offers of care if refused.
  - the powers and duties owed to self-funders.
- 47. In the second case, a complaint in relation to a third-party contractor (an advocacy provider), the council made changes to ensure its overview of third-party complaint handling was improved:
  - The quality assurance framework was improved to ensure that qualitative information about complaints is now captured.
  - A review of complaints and third-party complaint handling was added to quality assurance lead visits.
  - Discussion about complaints received, actions taken, and resolutions was added to the contract monitoring performance management meetings.
- 48. In the 2021 -2022 reporting period, 1 appeal case was accepted for investigation by the ombudsman. This represents 14% of the number of appeals dealt with by the complaints team during this reporting period.
- 49. In this case, the ombudsman recorded their outcome as "fault found with maladministration and injustice". As recommended by the ombudsman in this case, the council provided an apology, reimbursed the estate with the direct payment monies owed, and reminded all staff of the need to clarify care roles during care needs assessments and whether these roles are paid. In addition, the council also reviewed its' direct payment policy and factsheet to make clear how payments to family members will be considered.
- 50. The ombudsman's annual review of complaints for this reporting period 2021 2022 is yet to be issued. In its previous 2020 2021 report, all types of local authority complaints (of which adult social care forms only one part) were reported. Of the complaints investigated by the ombudsman, this council had an uphold rate of 39%, compared to an average of 63% in similar authorities during that period. The ombudsman is 100% satisfied that this council has successfully implemented their recommendations to remedy complaints, which compares to an average of 99% in similar authorities.

#### LGSCO FOCUS REPORT: COVID-19 (released 24 February 2022)

- 51. In February 2022, the ombudsman issued a focus report entitled "Covid-19: Unprecedented Pressure" to reflect on the types of complaints they had received in connection with the pandemic and associated matters.
- 52. It recognised the enormous pressures exerted on all local authorities, the care sectors and for service users during this period, nevertheless it concluded that it did not see any widespread collapse as may have been expected considering the pressures already evident prior to the pandemic occurring.

- 53. The ombudsman reported that the types of adult social care complaints it upheld in relation to the pandemic were highlighted as follows:
  - Delayed reviews of care plans
  - Poor record-keeping
  - Lack of robust and meaningful engagement and consultation with individuals when decision-making
  - Poor communication on transfers between hospital and care providers
- 54. The report highlighted that its complaint numbers had appeared to remain overall stable; it had not seen any surge in numbers of complaints however, it had seen a noticeable increase in the complexity of the matters brought to them, and in turn this meant often matters took longer to resolve. The ombudsman urged caution on any hypothesis about numbers of complaints at this stage, pointing out that expectations on public services during the early stages of the pandemic had appeared to have changed however, whether that would be sustained is not yet known.
- 55. The report also highlighted the ombudsman's concern that complaint-handling was not treated as a frontline service during the pandemic period and many local authorities redeployed complaints staff to other roles leaving individual's concerns unanswered and their voices not heard.
- 56. This view echoed that of the ombudsman himself Michael King in his earlier annual review of complaints report issued in September 2021 in which he emphasised that he considers complaint-handling a key frontline service which he expects all councils to make a priority and resource appropriately. The ombudsman confirmed that it is working to raise the profile of complaint-handling in all local authorities, with several key projects underway which aim to set firmer expectations of councils whilst still allowing them the autonomy to handle complaints in the most effective way possible for their area.

# LEARNING FROM COMPLAINTS

- 57. The nominated complaints officer submits a quarterly report for the adult social care service board which reflects on the lessons learned from complaints, how these have been adopted in practice and the impact this has for individuals and their experience.
- 58. At the end of an investigation, it is expected that the investigating officer completes a 'lessons learned' form which details notable practice, key learning messages, improvements made to practice process and systems, and evidence of quality assurance. It is important that even when a complaint is not upheld, there is reflection to understand how the complaint came to be made in the first place as this may also identify some learning from the situation.
- 59. The following sample demonstrates some of the learning leading to improvements within adult social care services resulting from complaints during 2021 / 2022.
  - An improved communication process between the financial assessment and charging team and council tax colleagues.
  - Improved case management oversight and supervision of individual caseloads across the department.

- Revised internal communication processes when changes to the management of a direct payment personal budget are required.
- An improved financial assessment and charging process to record receipt of disability-related expenditure evidence.
- A Paris system improvement which now issues an automatic notification when a new independence plan is authorised and is paid via a direct payment.
- An improved occupational therapy service triage and information gathering process.

# ADVOCACY

- 60. Some complainants may encounter difficulty in dealing with the complaints process. It is important to adopt a person-centred approach and recognise when there may be a different way needed to address a person's concerns. Whilst family members are often effective advocates, at times it is helpful to formally provide independent trained advocates to assist with complaint issues.
- 61. The nominated complaints officer works closely with social workers to identify and support an individual to access formal advocacy support should this be required for the complaints process. It is occasionally necessary to a prevent conflict of interest of informal advocates, or when the informal advocate may be involved in the matters complained of or the outcome sought.
- 62. 38 of the 58 new complaints (66%) dealt with in this reporting period were represented by an informal advocate on behalf of an individual. 5 of the 6 appeals (83%) dealt with in this reporting period were represented by an informal advocate.
- 63. The informal advocates were mainly family members, some of whom were legally appointed to act as Lasting Power of Attorney, others acting on a purely informal basis to raise concerns on behalf of their relative or friend.
- 64. There were 2 complaints (3%) received in this reporting period where the complainants were represented by a formal independent advocate.
- 65. The nominated complaints officer also works closely with those individuals who may wish to provide feedback about their experiences, however they may not wish to make a formal complaint and may feel an aversion to the term 'complaint'. It is important to ensure that these individuals are still supported to 'have their voice heard', reassured that their experience and feedback is valued, and that action is taken in response if appropriate. Additionally, comment and feedback forms are provided with all completed social care assessments to provide an individual with the opportunity to feedback on their experience should they wish to do so.

#### **INTEGRATED COMPLAINT HANDLING PRACTICE**

- 66. Given the local and national direction of travel towards integrated partnerships and that care pathways can sometimes involve several partners, it is important that individuals are still able to raise concerns and complaints and provide feedback about their health and social care experience when their pathway may involve different partners.
- 67. Currently each partner maintains its own complaints procedures and timescales (these can vary considerably). There is very good practice evidence that an

integrated approach is always adopted when required by complaint matters which involve different partners.

- 68. The nominated complaints officer works closely with colleagues in both the NHS Trust and CCG to collaborate. Depending on the issues concerned, an agreement is reached where one partner is named as the 'lead' partner, and the other partners then contribute to a coordinated investigation and response. The lead partner acts as a single point of contact for the complainant to ensure that they do not have to take their complaint through various routes.
- 69. This integrated approach on a case-by-case basis currently works very well. Communication between partners is excellent, supporting the shared objective to provide the complainant with a smooth pathway through the formal statutory complaints process.
- 70. To support this integrated complaint-handling practice, there is a formal 'Protocol for Handling Inter-Organisational Complaints' signed by the NHS Trusts, Clinical Commissioning Groups and Local Authorities across the Wessex region (Hampshire, Dorset and Isle of Wight). Those party to this protocol, working in partnership with those outside of the protocol (for example prison healthcare), ensure that any complaints arising from joint working are dealt with in accordance to the protocol.
- 71. The nominated complaints officer is member and regular attendee of the Wessex Complaints Manager Group. The group has recently undertaken a review of the joint-working protocol document in consultation with all members; representing this authority, the nominated complaints officer made specific contribution to this consultation.

#### TRAINING AND AWARENESS

- 72. The nominated complaints officer continues to deliver regular complaints and appeals updates to all teams across adult social care, refreshing awareness of the complaints and appeals processes, outlining how individuals can access the formal process, and promoting best practice approaches to resolve concerns at the earliest opportunity.
- 73. The sessions are also used as an opportunity to highlight current trends in complaint and appeal reporting and to discuss examples of best practice to avoid receiving undue complaints and appeals.
- 74. The nominated complaints officer has worked with the council's learning and development team to develop an online e-learning training module for all adult social care staff to support their response to complaints and appeals, including investigation techniques and the writing of formal written responses. This module also forms part of the induction for all new staff in the department.
- 75. Training delivered by the Local Government and Social Care Ombudsman has also been commissioned and delivered across the department. This bespoke training focussed on investigation techniques and practical advice when responding to formal complaints and it was made available to those staff in the department required to take on this role to develop their skill set in this area.

#### **COMPLIMENTS**

- 76. It is important to recognise when things go well in adult social care and when a compliment is received for individual members of staff for their good work.
- 77. All compliments are recorded in the monthly report to service board and included the department monthly newsletter. Staff report improved personal and team morale, feeling valued and a recognised a pride in their profession.
- 78. We recorded 261 compliments during the reporting period 1 April 2021 to 31 March 2022. Some examples of the compliments received during this reporting period include:
  - "Thank you for being with R all day and all night in hospital. You are so very, very kind. It is unbelievably kind and good of you to not only have accompanied R to St Mary's but to have stayed with him the whole time. Throughout the night I gather. It is not everybody who is prepared to make the sacrifice you have just made. It must have been such an enormous comfort for R to hear your voice when he was in a strange, perhaps frightening environment. I thank you from the bottom of my heart."
  - "A brilliant gentleman came and fitted the handrail by the toilets, bath, shower and stairs. He was efficient and the finished work is superb. I would like to reiterate that the service provided has been absolutely wonderful from start to finish. Together with the shower stool, perching stool and the device enabling me to get out of bed with ease, these modifications and additions have and will continue to make life much easier."
  - "The 'shower mornings' that I have had with your amazing staff have been a sheer delight, privilege and luxury. I cannot speak, praise or thank them all enough for their outstanding care of duty - sometime beyond the call of duty always with cheerfulness and making light of any difficulty encountered as well as huge encouragement. The word thank you can never be enough."
  - "Thank you so much for meeting us yesterday, you were so kind and helpful, you gave us a little ray of sunshine on what have been such dark days since dad died, thank you again."
  - "She has been absolutely amazing. I'm so impressed ..... you have some superb staff who go above and beyond when I have a serious concern like this. I am hugely relieved."
  - "I would like to thank you all for everything you have done so that I can keep my husband at home with me".
  - "I rang your (office) number whilst utterly distraught and I'm so very, very grateful that S answered the phone. He dealt with me in such a caring and compassionate way, I felt 'heard'. I was so relieved when S rang me today as he'd been assigned my assessment, this has been done and the relevant help is close at hand. I can't tell you how relieved I now feel that I'm not alone in dealing with everything."

- "Thank you all so much for the part you played in my reablement. Without your presence I would have taken so much longer to get to a stage where I could shave myself again. Only someone like me can really appreciate the importance and pleasure a shaver can have, having been denied such for so many weeks. It makes you feel human again! I gained confidence through all you believing in my ability. You also gave me the opportunity to push myself in a safe way. I hope you all realise how important your role is, and how just by being yourselves you give so much to others. Sincere thanks to you all."
- "I am so thankful for your help and advice. You will not believe how this has helped me deal with such a traumatic time. You are kind, caring and very organised, and supported me when I needed it. The quality of your communication skills goes way beyond."
- "I've been really pleased with all help received. It's stressful looking after parents in their 90's because although mum thinks I'm a child still, I'm 70 and it's hard, so to come across and speak to people who have been so incredibly helpful is a blessing. Thank you."
- 79. For context, in 2021 / 2022, 58 new complaints were received by the complaints team, which equates to 0.8% of the number of new requests for support during this period. For this same period, 261 compliments were received for the service, which equates to 3.8% of the number of new requests for support.
- 80. To support individuals to have the opportunity to feedback and comment on our services we sent out 1107 National Social Services ASC Survey England, 398 of which have been received back, a return of 35.9%. The results of these are embargoed at present and will be provided for scrutiny through the normal reporting routes later in the year.

# FINANCIAL / BUDGET IMPLICATIONS

81. There are no financial / budget implications in connection with this report.

#### LEGAL IMPLICATIONS

- 82. The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 requires the responsible body to prepare an annual report which must specify the number of complaints received. A complaint may be made by a person who receives or has received services from a responsible body or a person who is affected, or likely to be affected, by the action, omission or decision of the responsible body.
- 83. Every effort has been made to respect the confidentiality of the complainants, and this means that descriptions of the kind of concerns raised through the complaints process can only be described in general terms.

#### EQUALITY AND DIVERSITY

84. There are no equality and diversity implication in connection with this report.

## **CONCLUSION**

- 85. A robust complaints process and complaints reporting supports adult social care and the individuals we support in several ways:
  - Access to first-hand 'lived experience' which 'takes the pulse' of the people
  - Builds better relationships and improves satisfaction and trust across the community
  - Identifies and delivers service and practice improvement
  - Provides free market research and feedback
  - Identifies staff training needs and as a result informs the department training offer
  - Informs policy and budget planning for the service
  - Identifies better use of resources which in turn saves time and money for the local authority
- 86. Adult social care recognises it is crucial to have in place an effective, accessible, fair, and equitable process for individual's feedback and comments to be heard and resolved wherever possible. The statutory complaints process provides this opportunity and is integral to the statutory functions of the department. The survey is also used to support the formal complaints process and provides a balance of compliments and feedback from the experiences of people using the services.
- 87. We acknowledge that things can still on occasion go wrong and with increasingly limited resources being prioritised to meet the needs of the most vulnerable, complaints will always be made. There is no easy solution, particularly given the significant financial challenges which continue to be faced by all councils and the unique challenges brought about during the past two years of the pandemic. However, we do know that during these times it is even more important to support and promote the principles of being fair, open, and timely in our response to complaints.

# RECOMMENDATION

88. Councillors are requested to note this report.

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CLLR KARL LOVE Cabinet Member for Adult Social Care and Public Health