

Complaints Annual Report

Adult Social Care

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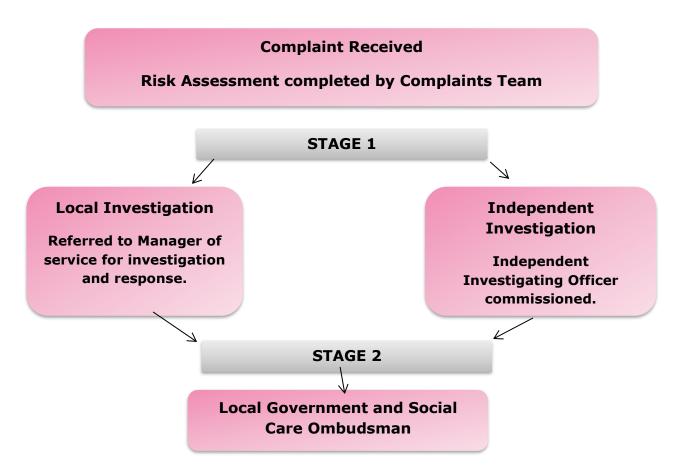
Introduction

This report provides information about complaints made during the twelve months between the 1 April 2023 and the 31 March 2024 under the complaints and representations procedures established under the NHS and Community Care Act 1990 and the Local Authority Act 1970.

From April 2012 Adult Social Care, Older People's front line services were transferred over to Midland Partnership University NHS Foundation Trust. From April 2017 the Trust co-ordinates all statutory complaints which relate to Adult Social Care services provided by the Trust.

The Statutory Complaints Procedure

The Council has a statutory obligation to operate a complaints procedure concerning statutory provision for adults. This is in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. These regulations set expectations for the handling of complaints by Councils, NHS bodies, Primary Care providers and independent sector providers responsible for the provision of NHS and Social Care.





Criteria for Accessing the Statutory Complaints Procedure

Who can Complain?

The NHS and Community Care Act 1990 and the Local Authority Act 1970 places the following restrictions on who can access this procedure:

- Complaints under these procedures must be made by or on behalf of an eligible person and must be in respect of that person
- An eligible person is anyone for whom the Council has a power or duty to provide, or secure the provision of a service, and this need or possible need has come to the attention of the Council
- Complaints can be made on behalf of an eligible person where the eligible person lacks capacity to make the complaint themselves (In accordance with the Mental Capacity Act 2008 or has given explicit and verified consent for the Complainant to act on their behalf

Time Limit:

Section 12 of the statutory regulations advise that the complaint must be made no later than 12 months after the date in which the matter which is the subject of the complaint came to the notice of the complainant, unless the complainant has good reason for not making the complaint within this time limit.

Overview

Careful consideration is given to the operation of the Complaints Procedure to ensure an appropriate and proportionate response is provided. Communication, coordination and information sharing are critical and ensure that safeguarding measures are applied where necessary. In addition, liaison with the Council's Care Commissioning and Midland Partnership University Foundation NHS Trust ensures a coordinated response to concerns about commissioned services. Similarly, dialogue with the office of the Local Government and Social Care Ombudsman ensures that the Local Authority is able to take steps to resolve complaints locally where possible.



Key Numbers



215

Statutory Stage 1
Complaints



37

Local Government and Social Care Complaints



1 Statutory Independent Investigations



329 Enquiries were handled informally

TOP 3 areas of complaint

Delay in receiving service

Financial Assessment - general

Invoice Issues and Case Management

The total amount of monies paid to complainants as an outcome of an

Ombudsman

investigation is £6,500

in recognition for the time and trouble in raising the complaint and any distress caused.



Comparison with Preceding Year

In comparison with the previous years, we have seen a **21%** increase in Stage 1 complaints recorded for this financial year. This is partly due to a rise in complaints regarding the Adult Learning Disability Teams from **23** to **39** complaints investigated. The complaints are regarding case management and the outcome / quality of a social care assessment.

SCC Adult Social Car							
	2020/21 2021/22						
Local Investigation	145	145	177	215			
Independent Investigation	1	2	2	1			
Local Government Ombudsman	23	25	31	37			

Staffordshire County Council Adult Social Care Services

Stage 1 - Local Investigation - Breakdown

The complaints procedure aims to resolve complaints at a local level within 20 days. This is not a statutory time limit but a goal for effective complaints management. According to the complexity and needs for an effective investigation, this timescale can be extended by agreement with the complainant.

The current guidance suggests that the majority of complaints should be resolved locally, and frontline managers are encouraged to meet with complainants and attempt to address complaints in a swift and effective manner.

215 complaints were recorded under Stage 1 – Local Investigation during 2023-24.

Service	District (if applicable)	No. rec'd previous year (22/23)	No rec'd this year (23/24)
Adult Learning Disability Team			
	South Staffordshire	7	17
	North Staffordshire	5	5
	Preparing for Adulthood Team	11	17
	TOTAL	<u>23</u>	<u>39</u>
Adult Social Care First Contact		6	6
Care Commissioning in Adult Social Care; - Brokerage Service - All Age Disability & Mental Health		22 0	9 2



 Older People & Physical Disabilities Care Provider – Home Care agency Care Provider – Residential / Nursing Supported Living Provider Incident and Management Support 		4 6 3 1 0	9 15 5 2 0
	<u>TOTAL</u>	<u>36</u>	<u>42</u>
Contact Centre – Staffordshire Cares		2	1
Financial Services; - Debt Recovery - Direct Payments Team - Non-Residential - Residential - Welfare Benefits & Fairer Charging	TOTAL	7 3 16 11 71	14 4 19 15 67
Adult Safeguarding	<u> </u>	2	1
Staffordshire and Stoke-on-Trent Safeguarding Board (SSASPB)		0	1
DoLS		0	1
Adult Social Care Imperium Team		0	1
Fixed Equipment Team (Dolphin Lifts)		1	1
Legal Services		0	2
Prisons and Approved Premises SW Team		0	1
Total		<u>177</u>	<u>215</u>

It is important to note that some complaints concern more than one service area and therefore require a joint response. However, each service area is recorded separately in the table above in order to capture all areas of complaint.

55% of the Stage 1 Complaints received were in respect of Financial Services. This was mainly concerning the length of time taken to undertake a financial assessment and concerns raised regarding the outcome. As with previous year's, this continues to be an area of concern for the client and / or their representative. The Financial Assessment Team have recruited more staff to assist with the volume of assessments / reassessments.

Last financial year, Adult Learning
Disability Teams investigated 23
Stage 1 Complaints, however, this
financial year has seen the figure
rise to 39 Stage 1 Complaints. The
theme for nature of complaint is
case management and the
outcome / quality of a social care
assessment.

It is important to note the following when considering the numbers of complaints received;

The Brokerage Service arranged 10,430 new packages and placements during 2023/24;

The Finance Team completed 2,925 new financial assessments and 7,405 re-assessments;

The **First Contact Team** undertook **7719** assessments during 2022/23; **4742** of these were completed at First Contact with the remainder started at First Contact then passed to district teams for assessment.

The Adult Learning Disability Team carried out 358 new assessments and 1,574 reviews.



Stage 1 – Local Investigation Adults Social Care (Council) – Overview of Themes and Outcomes

The table below provides an overview of the theme of complaints received during 2023-24 for each service.

Service	Preparing For Adulthood	Adult Learning Disability North	Adult Learning Disability South	First Contact Team	Brokerage	Care Commissioning	Staffordshire Cares	Adults & Children's Financial Service	Adult Safeguarding Team and SSASPB	DoLS	Legal Services	Prisons SW Team	Adult Social Care Imperium Team	Total
Poor Communication	1	-	2	-	4	1	-	3	-	-	-	-	-	11
Social Care Assessment – outcome	2	2	1	1	-	-	-	-	-	-	-	1	-	7
Social Care Assessment - quality	-	-	2	-	-	-	-	-	-	-	-	-	1	3
Charges not discussed	1	-	1	1	-	-	-	-	-	-	-	-	-	3
Standard of service	2	-	1	-	3	2	-	6	-	-	-	-	-	14
Staff attitude / professionalism	1	-	2	-	-	1	-	2	-	1	1	-	-	8
Delay in receiving	2	-	4	-	1	2	-	25	-	-	1	-	-	35
Case management	6	3	3	2	-	3	1	7	1	-	-	-	•	26
Transition to adults	0	0	1	-	-	-	-	-	-	-	-	-	•	1
Management decision	1	-	-	-	-	2	-	-	-	-	-	-		3
Increase in charges	-	-	-	-	-	1	-	-	-	-	-	-	•	1
Brokering issues	-	-	-	-	1	-	-	-	-	-	-	-	-	1
Change in care provider	-	-	-	-	-	2	-	-	-	-	-	-	-	2
Care Provider – Management decision	-	-	-	-	-	2	-	-	-	-	-	-	-	2
Care Provider – Quality of care / Invoice query / call duration	-	-	-	-	-	15	-	-	-	-	-	-	-	15
Invoice issues / backdated	-	-	-	-	-	1	-	25	-	-	-	-	-	26
Self-Funder Arrangement Fee	-	-	-	2	-	1	-	2	-	-	-	-	-	5
Direct Payments – process	-	-	-	-	-	-	-	1	-	-	-	-	-	1
Financial Assessment – outcome	-	-	-	-	-	-	-	12	-	-	-	-	-	12
Financial Assessment – general	-	_	-	-	-	-	-	27	-	-	-	-	-	27
Financial Assessment – Deprivation Dec	_	_	-		-	-	-	6	-	•	-	_	-	6
DRE Appeal outcome	-	-	-	-	-	-	-	3	-	•	-	-	-	3
Safeguarding – investigation / process	1	-	-	-	-	-	-	-	1	-	-	-	-	2
Information provided	-	-	-	-	-	-	-	1	-	-	-	-	-	1
<u>TOTAL</u>	17	5	17	6	9	33	1	120	2	1	2	1	1	<u>215</u>

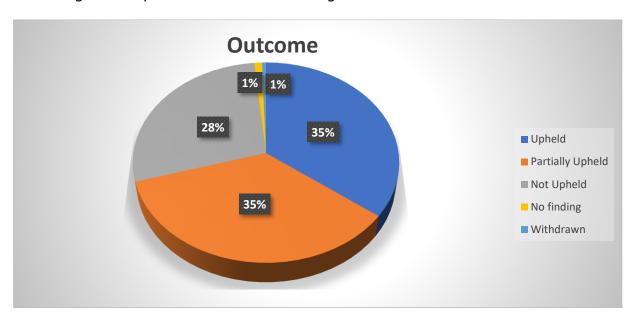


'Delay in receiving' is the theme with the most complaints received and remains consistant when compared to the previous year. A total of **35** (**27** previous year) complaints were received with **25** for **Adults and Children's Financial Services** and **6** in total for the **Learning Diability Teams.** This was due to the length of time taken to undertake a financial assessment following receipt of the referral and delay's in sending out invoices for the care received. This can result in a back-dated invoice being received by the client.

21 complaints received were regarding the assessed weekly financial contribution (including DRE appeals outcomes and Deprivation of Asset decisions) following the outcome of a financial assessment. As part of the response the investigating officer reviews the assessment to ensure the figures used are correct and ensure the service user has no further information to share. A Disability Related Expenture (DRE) Appeal is also offered if one has not already taken place prior to the complaint being made. This also includes complaints made regarding the inclusion of gifts within the financial assessment if there is evidence that the gift has been made to avoid care costs.

Outcomes

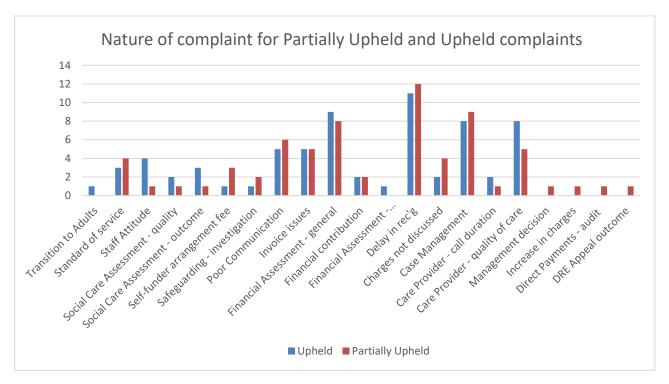
194 Stage 1 complaints were closed during 2023-24.



35% of complaints were upheld and **35%** were Partially upheld.

The table below details the themes of the complaints which were upheld and partially upheld.



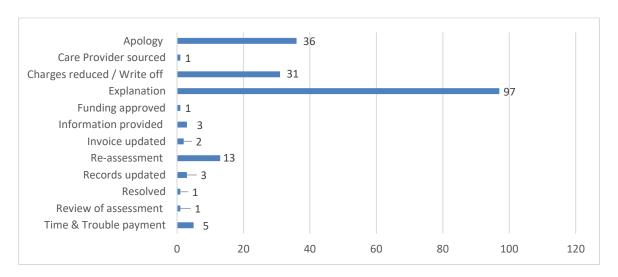


The above categories are self-explanatory and give a clear indication of the overall areas of complaint that had the most upheld / partially upheld complaints.

16% of complaints which were Upheld were regarding the delay in receiving a service, with **82%** of those were for the Financial Assessment Team. These complaints are regarding delay in receiving a financial assessment and is consistent with the previous year. **12%** of complaints that were upheld were regarding the quality of care provided by a provider that the Council contracts with. An investigation is carried out by the Commissioning Team along with the Provider to ensure the concerns raised are resolved.

Recommendations

The chart below details the action taken following the outcome of the **194** complaints which were concluded during 2023-24.





A large proportion of complaints received an apology and / or an explanation of events as an outcome to the complaint. This remains consistent with previous years.

A total of **£800** was paid to complainants in recognition of the time and trouble taken in pursuing a complaint.

19 complaints resulted in charges being written off, including £400 administration fee for self-funders and **12** complaints resulted in invoices being updated and charges reduced to reflect the care delivered.

Learning actions

In addition to the recommendations detailed above, the following learning actions were indentfied and shared with complainants as part of the outcome of the investigations closed.

- Further staff training and monitoring within the First Contact Team. The Assessor did not following due process during the assessment process and this was not identifed during the quality assurane process.
- As a result of the complaint wiith the Safegaurding Team, the service will be completing a reflective session with the decision maker, along wih introducing workshops for the whole team to address any reoccurring themes that have been identified as part of this complaint.
- When conducting a safeguarding enquiry, the worker needs to consider their responsibility towards the Source of Risk (SOR). If actions relating to the SOR are recommended then this should be made clear to the SOR, preferably in writing so that they are fully aware. A remnder of this to be shared with this.
- A request that a care provider ensure their staff revisit training on dignity.
- Review of Residents Agreement to conisider how the Council can improve the process, noting that financial charges are payable from the commencement of care and support regardless of this document being signed and returned.
- All Debt Recovery Officers to undertake the same training as the Contact Centre Advisors with an emphasis on dealing with customers over the phone.
- Circulation of practice gidance to record a case note to confirm that the assessment has been shared via post.
- Senior members of the Brokerage Service undertake case audits and complete regular supervisions with staff members to address any on-going concerns in respect of record keeping.
- The Direct Payments team developed a new procedure to monitor client contributions being paid into DP accounts. Where it is identified that client contributions are not being paid into the account correctly contact will be made via telephone to discuss with the Direct Payment recipient/financial



representative to ensure they understand their responsibilities and make the necessary changes. This monitoring will include early checks when client contributions are first established to avoid clients accruing debt.

- To work with colleagues in Adult Social Care to review the information that is given to individuals and families around finances as part of the assessment process to ensure they are aware any admin fees if they do not participate in the financial assessment process.
- Nexxus the provider has advised that staff are having additional training to ensure carers must remain with a client when waiting for paramedics to arrive.
- Remind officers of the importance of discussing the Financial Assessment process, noting this has recently changed, and clearly recording this information for the purpose of audit.
- Reminder to staff to document notes of telephone conversations and confirm informaiton via email / writing to avoid any confusion.

Response timescales

The timescale for investigation under this part of the procedure is 20 working days, this is not a statutory requirement but an operational goal that may be subject to negotiation for more complex complaint investigations.

Out of the **194** Stage 1 complaints closed during 2023 /24 the average number of days taken to respond was **38** days.



Stage 1 – Independent Investigation Adults Social Care

Independent investigation is initiated in circumstances where a complaint is complex and / or a level of seriousness is identified. This is often in circumstances of multiagency involvement. The independent investigation is conducted by a commissioned external Investigating Officer.

A report of investigation is produced that details conclusions reached and recommends action to both resolve the complaint and make improvements for the organisation. The relevant Senior Officer adjudicates the report and provides the Council's formal response to the complainant.

The timescale under this part of the procedure is 25 days, although there is facility to agree with the complainant an extension up to 65 days. (Again, this is not a statutory requirement but an operational goal that may be subject to negotiation)

During 2023/24, it was agreed that **1** complaint required an independent investigation.

This complaint was regarding the Adult Learning Disability Team and the Council is currently awaiting confirmation that the family wish to proceed with the investigation noting that there is a Court of Application by the service area and therefore any complaints relating to this could not be investigated via the complaints process.

Stage 2 - Local Government and Social Care Ombudsman Complaints (to include Staffordshire County Council and Midlands Partnership NHS Foundation Trust - MPUFT)

The Local Government and Social Care Ombudsman (LGSCO) is empowered to investigate where it appears that a Council's own investigations have not resolved the complaint. Whilst anyone can approach the Ombudsman at any time, the Complainant is usually required to first take up their complaint with the relevant Council to allow a local response. However, if the Complainant remains dissatisfied following local or independent investigation by the Council they then have the right to pursue the matter with the Local Government and Social Care Ombudsman.

The Local Authority has received **37** complaints which have been referred to the LGSCO this year. Out of the 37 received;

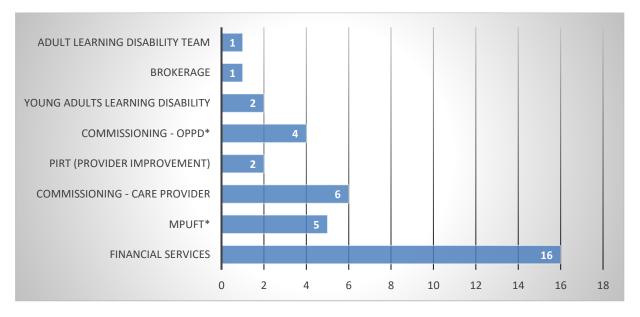
- 19 complaints were fully investigated by the LGSCO;
- 4 were referred back to the local authority for investigation and;
- **14** complaints were closed after enquiries were made with the Council and it was concluded that the Council was not at fault / and or outside of the LGSCO's jurisdiction.

Compared to last financial year, the numbers of complaints considered by the Ombudsman have increased with **19** full investigations in comparison to **14** during the previous year



Summary of Local Government and Social Care Ombudsman Complaints

The table below details the numbers of complaints escalating to the Local Government and Social Care Ombudsman by each service.



^{*}Midlands Partnership University NHS Foundation Trust (Adult Social Care services)

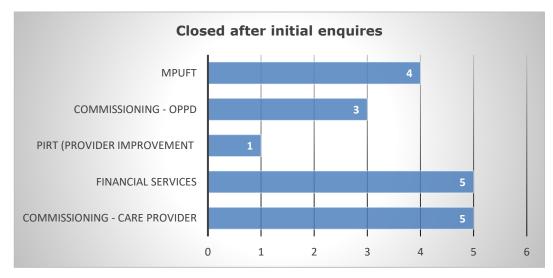
^{*}Commissioning - Older People and Physical Disability

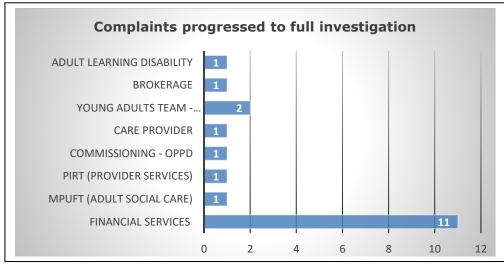


Of the **37** complaints received by the LGSCO, **18** complaints were <u>closed</u> after <u>initial enquiries</u> with no further investigation for the following reasons;

- The complaint was made late and the LGSCO found no good reason to make an exception to consider the complaint now;
- Further investigation by the LGSCO is unlikely to lead to a different outcome;
- · Not enough evidence of fault with actions taken by the Council to warrant an Ombudsman investigation;
- The Council has already offered a suitable remedy;
- Investigation closed satisfied with the Council's action to remedy the complaint.
- The complaint has not been concluded via Stage 1 of the complaints process.

The chart below details the services whereby the complaint was closed after initial enquires and the services whereby a full investigation commenced.





19 complaints proceeded to a full investigation during 23/24 and at the time of writing this report **4** complaints remain open and either under investigation or at the Draft Decision stage. The outcomes of these investigations will be reported in the 24/25 annual report.

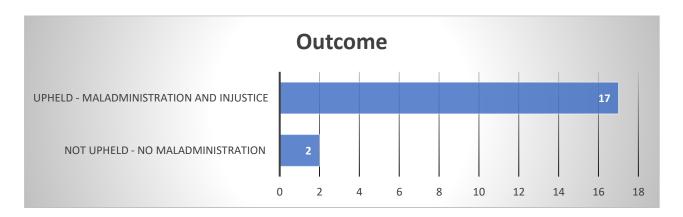


Out of the **19** investigations, **11** complaints were in relation to **Adults and Children's Financial Services** with **8** for the **Financial Assessment Team**.

- 3 complaints were in relation to the delays in undertaking a financial assessment which has resulted in unexpected costs which placed the service user in financial hardship.
- 4 complaints were regarding the deprivation of assets decision during the financial assessment process.
- 1 complaint was regarding a Disability Related Expenditure decision during the financial assessment process.

Outcomes

19 complaint investigations were concluded by the Local Government and Social Care Ombudsman during 23/24 following a full investigation.



Learning Actions

The learning for the local authority from the 17 upheld complaints are listed below;

- Officers who deal with hospital discharge for people who are eligible for section 117 aftercare were reminded of the importance of following the guidance set out in the Mental Health Act 1983 code of practice.
- Officers were reminded of the agreed process in place set out in their 'Mental Health Act 1983 Aftercare Section 117 Responsibilities – Practice Guidance' to ensure the hospital discharge process is adhered to.
- Protocol updated to ensure there is an escalation process in place to jointly review cases where there are issues with service delivery when a person has eligible section 117 aftercare needs.



 Advised the relevant officers of the importance of completing the financial assessment at the same time as the care plan and personal budget are being prepared.

The Finance Team are working towards a new operating model which will provide quicker indications of the financial assessments through such methods as a digital solution.

- Adult Social Care Information Packs contain written information about charging and assessed contributions. A reminder was shared with all staff to ensure that information packs are shared especially when an assessment is completed.
- Charging leaflet reviewed to ensure it covers all relevant information, including practical information such as the need to tell DWP and other bodies, such as landlords, when someone has moved into permanent residential care, and remind relevant staff of the importance of sharing this with families at an early stage.
- Guidance provided to relevant staff on what action to take if a family member refuses to complete the financial assessment form, including checks to make about whether there is a deputyship application or other reason why the family member is not able to complete the form or it is not appropriate for them to do so, and to ensure that family members are told without delay that the full costs of care will be chargeable if a financial assessment cannot be completed without good reason.
- To review how the Council calculates its indicative contribution to ensure it
 is as accurate as it can be, that it keeps a record of how this is calculated
 on each case, and that it writes to the family to confirm the indicative
 contribution, explaining that if the assessed contribution following the
 completion of the financial assessment is higher than the indicative
 contribution, it may recover the shortfall.
- Reminder sent to staff to advise that they must share the Council's leaflet on adult social care at the start of their involvement with a person for whom the Council is arranging care for the first time.
- Remind staff they should consider whether to offer a person paying for care a payment plan where the Council's delay in carrying out a financial assessment will result in it sending a large invoice.
- The Council has reviewed its leaflet about adult social care to ensure it
 explains a person should expect to pay most of their income towards their
 care. The Council will also review its leaflet so it sets out the average cost
 of common types of care. For example, the average weekly cost of living in
 a nursing home or a care home and the average hourly cost to receive care
 at home in the day, on the weekend or at night.



• Officers have been reminded that they should address the issue of motivation when considering deprivation of assets cases.

The Ombudsman will recommend a financial remedy to acknowledge any distress caused and the time and trouble in making the complaint. A total of $\underline{\textbf{£6,500}}$ was paid to complainants of the 17 complaint which were upheld.



Other Activity

In addition to the recording and administering of Statutory Complaints, the Customer Feedback and Complaint Service have formally acknowledged and monitored an additional **329** enquiries each requiring redirection to other organisations/authorities or action into other procedures.

Dealt with by Complaints Team*	152
Referred to Adult Social Care (MPUFT)**	48
Referred to Finance and Placements panel***	13
Corporate Complaints Procedure	4
Joint Statutory Stage 1 response with other organisation / NHS	9
Referral to another Organisation / Provider for action / investigation	8
MP Enquiry (Adult Social Care)	87
Safeguarding referral initiated	8
Total	<u>329</u>

^{*}Complaints / enquiries which are handled by the Complaints Team consist of liaising with the service team in order to resolve the complainants concerns or the Complaints Team solely investigating the complaint and providing a response to the complainant. Depending on the nature and complexity of the concern raised this can take 24 hours to complete or several weeks of investigative work in order to fully conclude.

^{**} The Council's Complaints Team refer a complaint to MPUFT when the complaint solely concerns the actions of a social worker or social care assessment (Adult Social Care Team's managed by MPUFT).

^{***} Some complaints received are taken straight to the monthly Finance and Placement meeting. This is when a request has been made for a write off / partial write off and this can sometimes be considered without a full complaint investigation.



Formal Complaints investigated by Midlands Partnership University Foundation Trust (MPUFT) regarding Adult Social Care Services provided by the Trust on behalf of the Council

81 complaints were formally recorded via the formal complaints process by MPUFT in relation to complaints regarding adult social care services. This includes adult social work teams, hospital social work teams, Home First Assessment Team.

Of the 81 complaints investigated, 32 complaints were <u>Not Upheld</u>, **7** complaints were <u>Partially Upheld</u>, and **10** complaints were <u>Upheld</u>.

32 complaints are still under investigation.

MPUFT produce their own annual complaint report.



Compliments

During 2023/24 a total of **88** compliments were recorded with the Customer Feedback and Complaints Team which related to Adults Social Care. This figure may not represent all the compliments received as some staff members may have received a compliment directly and not forwarded to the Complaints Team for recording.

Services provided by Staffordshire County Council	No. Rec'd
Brokerage Team	34
Adult Learning Disability Team	15
Adult First Contact Team	19
Provider Incident Management Support	7
Care Market Development Team	4
Market Management and Quality Assurance	2
Staffordshire Adult Safeguarding Team	1
DoLS	3
Adults and Children's Financial Service	3
TOTAL	88

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KJ has been a rock to our family over the service has totally failed us. She has gone of gratitude when I think of how much abserves recognition for the awesome of the has soin, understanding and to the has soin what an exemplary mends as and continues to as such and awarded.

"It is often easier to complain but in this instance, I would like to compliment a service. It is in the modern era often difficult to speak to an actual person and to have a call answered in a short period. Today I received both a prompt answer to my call and exemplary service from a gentleman in adult social care. He had a calm demeanour and through his lucid and intelligent handling of my issues he was able to resolve all my concerns. If all call centers had such individuals and service excellence the world would be a much better place. Well done and thank you 'Mr B' and Staffs County Council for still treating people as individuals and providing excellent service.



Service Approach for 2024/2025

- To develop processes within the Complaints Team and services areas to ensure recommendations / lessons learnt are captured and reported to senior management on a monthly basis.
- To continue to develop and enhance reporting processes and requirements with colleagues within Staffordshire County Council in order to provide complaint data regularly to senior management.
- To develop a new complaint recording system to improve the way we record and report our data.