COMMITTEE: Standards	DATE: February 2010	CLASSIFICATION: UNRESTRICTED		REPORT NO.	AGENDA ITEM NO.		
REPORT OF:			TITLE:				
ISABELLA FREEMAN ASSISTANT CHIEF EXECUTIVE			Adults Social Care Procedure April 2009				
ORIGINATING OFFICER(S):			Wards Affected: ALL				
RUTH DOWDEN CORPORATE COMPLAINTS MANAGER							

1. **SUMMARY**

- 1.1 This report is to consider the new complaint regulations for Adult Social Care and Health and contains a summary of complaints received by the Council in the period 1 April 2009 to 31 December 2009 under the revised procedure.
- 1.2 In general, the emphasis is on finding individual and effective solutions to service users complaints through flexible and responsive investigation.

2. **RECOMMENDATIONS**

2.1 Members are asked to note the contents of the report.

3. BACKGROUND

- This report provides an overview of the new Health and Social Care Complaints procedure under the Health and Social Care (Community Health and Standards) Act 2003, in accordance with regulations published in 2009, and effective from April 2009.
- This legislation focuses on service user experience and effective resolution of complaints in a single internal investigation.
- 3.3 It also places a duty on Local Authorities and National Health Services to provide a joined up approach to complaint resolution
- 3.4 When a complaint is received the receiving body must liaise with the complainant, and any other bodies involved to assess the potential impact of the issues raised, consider the most effective means of resolution and agree with the complainant a methodology, time frame and resolution plan. No standard response times are stipulated; all must be agree at the onset and be proportionate to the issues raised.
- 3.5 The flexibility offered in the regulations is intended to allow an individual response unfettered by rigid format and timeframes.
- 3.6 If a satisfactory outcome is not achieved, there is recourse to the Local Government Ombudsman.
- 4 Tower Hamlets' Experience April to December 2009.

Table 1

Statutory Adults Social Care Complaints resolved in 3rd quarter 2009/10												
	01/07/0 9 30/09/0 9	01/10/0 9 31/12/0 9	Not Upheld		Partially Upheld		Upheld		Answered Within 10 Working Days		Answered Within 20 Working Days	
Disability and Health	0	1	0	0%	0	0%	1	100%	0	0%	1	100%
Elders	3	4	4	100%	0	0%	0	0%	1	25%	3	100%
Learning Disabilities	0	2	0	0%	0	0%	2	100%	2	100%	0	100%
Resources	1	1	0	0%	0	0%	1	100%	1	100%	0	100%
OT Services	2	0								N/A		N/A
Commissioni ng	1	0								N/A		N/A
Totals:	7	8	4	50%	0	0%	4	50%	4	50%	4	50%

4.1 Given the discretion allowed in the procedure, we are measuring response times at 10, 20, 30 and 40 working days.

- 4.2 I will focus on the most recent quarter (October to December 2009) to highlight examples of how the procedure has been implemented. Of the eight considered in the third quarter, all were concluded within 20 working days, with half being completed within 10 working days. (table 1 above)
- 4.3 A variety of methods of investigation and resolution have been used.
- 4.4 In one instance a complaints officer and the service manager visited the complainant at home and, having agreed that a recording error resulted in service being missed, they established an action plan to make good the omission and prevent recurrence. This complaint was concluded to the complainants' satisfaction.
- 4.5 In only one case, a formal investigation has been instigated, interviewing service users, staff and reviewing files.
- 4.6 Most frequently, once the complainants report (taken over the phone, by letter, in a meeting with a complaints officer) has been established, it has been agree that the service provide background information to the complaints team, who have then liaised with both the complainant and the service to achieve a satisfactory outcome.
- 4.7 Table 2 indicates the main reason for the complaints, with three complaints questioning the competence of the service provision and two challenging assessment decisions.

COMPARISON OF COMPLAINTS BY REASON							
	01/07/2009 30/09/2009		01/10/2009 31/12/2009		Change		
Appropriateness of							
Service.	0	0%	1	13%	1	100%	
Attitude of Staff	0	0%	1	13%	1	100%	
Challenge							
Assessment							
Decision	2	29%	2	25%	0	0%	
Competence of							
Service	4	57%	3	38%	-1	-100%	
Delay in Provision of							
Service	1	14%	0	0%	-1	-100%	
Lack of Information	0	0%	1	13%	1	100%	
Totals:	7		8		1		

4.8 There appears to be a small reduction in complaints following the introduction of the new procedure, with 32 initial complaints being

- considered in the nine months prior to the change against 26 in the subsequent nine months.
- 5 Reporting And Learning From Complaints
- 5.1 Since April 2009, in additions to the management information provided quarterly to the Directorate Management Team, similar reports have been provided to THINk, and latterly to the Directorate's Quality Board.
- 5.2 In this way, information is relayed back to service users to consider, and further feedback obtained.
- 5.3 Also, in order to review the effectiveness of the new procedure, and measure the service user's experience and access issues, a period of consultation has taken place, capturing individual users' views (those who have used the new process) and those of advocacy / service user organisations, along with an internal review of complaint issues and outcomes to inform the policy review and provide direction for publicity and access support arrangements.
- 5.4 It is unlikely that the interim procedure will change in any significant way. However, many of the outcomes of consultation relate to accessing the procedure and the Council is currently:
 - producing a new, joint complaints leaflet with Health, with easy read, large print and translated versions;
 - establishing a publicity strategy, to include all community access points, the web, informing advocacy and community support groups; and
 - establishing contact with advocacy and community support services to set up regular information sessions.
- 5.5 As yet, no complaint considered under the new procedure has been passed to the Ombudsman, although general feedback from the Ombudsman (across all Councils) indicates that they are now receiving a flow of complaints falling under the new regulations.
- 5.6 A review of complaints and lessons learnt follows overleaf

Social Care Complaints Summary

Division	Summary
Disability and Health	Complaint about proposed change of service level and care provider to service user. Complaint upheld, re-assessment offered.
Elders	Lack of correct financial advice about caring for the complainant's mother. Direct payments were not wanted by care worker, but apology was given for incorrect advice.
Elders	Complaint about failure to arrange change of residential care home. However, service user did not meet admission criteria for preferred home
Elders	Complaint about alleged poor attitude of social worker. Complaint observations sent to PCT.
Elders	Complaints about care staff not caring safely or appropriately for elderly service user. Complaint responded to and agreement reached that the service user's husband will not intervene in his wife's care.
Learning Disabilities	Request for short term additional resources was approved but not confirmed with service user and carer. After meeting carer, apology was given and explanation on how the procedure would be improved.
Learning Disabilities	Complaint about failure to record an agreed increase in care for an adult with learning difficulties. Complaint upheld. Care Increase that has been agreed is now properly recorded so increased respite care will be received.
Resources	Changes to timing of weekend services, and changes in carer, were not communicated to service users relative. Commitment given to improve communicated with relative.

6. COMMENTS OF THE CHIEF FINANCIAL OFFICER

- 6.1 This report describes the new complaint regulations for Adult Social Care and Health and contains a summary of complaints received by the Council in the period 1 April 2009 to 31 December 2009 under the revised procedure.
- There are no specific financial implications emanating from this report. Currently, service procedures and quality checks are designed to minimise the cost of correcting failures in service provision. Consequently, compensation where this is agreed as necessary, the expenditure is contained within the Directorate's budget.

7. <u>CONCURRENT REPORT OF THE ASSISTANT CHIEF EXECUTIVE</u> (LEGAL)

7.1 Advice is tendered as required on any potential service breach of statutory or other responsibilities and local settlement advocated to avert other legal action.

7 ONE TOWER HAMLETS CONSIDERATIONS

- 7.1 Complaint Procedures have been subject to Equalities Impact
 Assessments and endeavour to capture data on the six equalities
 strands. Each complaint is considered in the light of any perceived
 discrimination and monitoring data is analysed annually to considered
 any wider trends or implications.
- 7.2 Continuing publicity, and analysis of levels of awareness of the process within the community, will ensure that all residents and service users will have better awareness of their right to voice any concerns.

8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

8.1 The are no key considerations

9. RISK MANAGEMENT IMPLICATIONS

9.1 Risk is managed through the internal review processes, and where appropriate legal and risk management advice is sought when considering complaint resolution.

10 EFFICIENCY STATEMENT

10.1 Where appropriate, service improvements and efficiencies are proposed and considered by the relevant services.

Local Government Act, 1972 Section 100D (As amended)
List of "Background Papers" used in the preparation of this report