



Complaints and Compliments Annual Report

1 April 2014 – 31 March 2015



Adult Social Care Customer Services

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Executive Summary

This report provides information about compliments and complaints received between 1 April 2014 and 31 March 2015 under the Local Authority Social Services and NHS Complaints regulations 2009.

The purpose of the report is to inform customers, carers, elected members, partner agencies and staff about the work of the Complaints Service within Adult Social Care, the extent to which services are meeting our customer's expectations and the action we are taking to improve the quality of the social care services that we deliver.

The report highlights how various services within Adult Social Care Services have performed in line with key principles outlined in the complaints regulations. The learning and service improvements that have been made as a result of responding to complaints are also discussed, as are plans for further service developments.

The year under review has been a busy, challenging and successful one for the Complaints Service. In a year of on-going change with transformation of services, the focus has been to maintain and/or raise the standard of complaints handling by focussing on strategies that will improve the customer experience when things go wrong. The Complaints Service has been involved in a number of initiatives, including:-

- Providing briefings to voluntary sector organisations so that they understand the complaints process to enable them to effectively support people who may wish to access the complaints process.
- Attending service users and carers' workshops. This gives us the opportunity to engage directly with service users and carers and to promote the complaints process focussing on what they can expect from the Complaints Service in the event of a complaint.
- Providing Complaints Training to commissioned provider staff so that they understand the health and social care complaints process and how this dovetails to their systems. Training was provided to 334 support and professional staff.
- Continuing to promote the complaints service across all Adult Social Care operational teams by attending their Team meetings sharing the key issues highlighted, the national picture and the impact this will have on their practice.
- Strengthening links with our NHS partners and Advonet via the Leeds citywide Complaints Managers Group which is chaired by the Director of Leeds Healthwatch. The aim of the group is to influence and promote best practice in complaints handling across the city and to share learning and good practice.
- 635 compliments were recorded. Analysis of compliments evidence how the Adult Social Care Directorate are meeting the key qualities service users and carers expect from health and social care i.e. being offered choice, treated with dignity, respect and being heard.
- 433 complaints were recorded compared to 391 in the previous year, representing an increase of just over 10%. This tells us that more people are becoming aware of their right to access the complaints procedure. There may be a correlation between the training provided to staff which reminds them of the statutory requirement to provide

information to service users and carers at assessment and/or at review of how they can provide feedback good or bad.

- Improvements in acknowledging and responding to complaints within timescales agreed with the complainant are continuing. 97% of complaints were responded to within 20 working days compared to 98% the previous year. During this period the Complaints Service has further improved the monitoring of timescale performance and the support offered to service managers in an effort to improve performance.
- 9 enquiries were made to the Local Government Ombudsman compared to 25 the previous year. A breakdown of the 9 enquiries is detailed in Appendix 5 of the Report.
- Monitoring of our compliments and complaints procedure has again led to a number of actions and areas for development set out in the report.

Judith Kasolo
Head of Complaints

1. Purpose of Report

This report provides information about compliments and complaints received during the twelve months between 1 April 2014 and 31 March 2015, under the Local Authority Social Services and NHS Complaints regulations 2009.

2. Background

- 2.1 The Regulations place a duty on Local Authority Social Services and the National Health Service to establish and implement a procedure for dealing with complaints and representations.
- 2.2 The provision of an Annual Report is a statutory requirement, providing information on the number of compliments and complaints received, lessons learned leading to service improvements and the adequacy of the Complaints Procedure.

3. What is a complaint?

The Department of Health defines a complaint as:

‘An expression of dissatisfaction or disquiet about the actions, decisions or apparent failings of a local authority’s Adults Social Services and the National Health Service provision which requires a response’. Leeds Adult Social Care uses this definition.

If it is possible to resolve the matter immediately, there is no need to engage the complaints procedure.

4. Who can make a complaint?

Anyone coming into contact with Leeds City Council can make a complaint. The Corporate Complaints Procedure provides a process for all customers to use. If the complaint is about Adult Social Care, the statutory complaints procedure for Health and Social Care services must be used.

A person is eligible to make a complaint under the statutory complaints procedure where the Local Authority and the Health Service have a power or duty to provide or secure a service. This includes a service provided by an external provider acting on behalf of the Local Authority. In such a case service users can either complain directly to the provider or to the Adult Social Care Complaints Team.

Commissioned providers are encouraged to attempt to resolve complaints at the first point of contact in line with good practice highlighted by the Local Government Ombudsman, but are equally advised to direct service users and/or their carers to commissioners of the service where local resolution is not possible or appropriate, or where the service user/carer remains dissatisfied.

A complaint can be made by the representative of a service user who has been professionally defined (under the Mental Capacity Act 2005) as having no capacity to make decisions, as long as the representative is seen to be acting in the best interests of that service user.

Anyone can complain who is affected (or likely to be affected) by the actions, decisions or omissions of the service that is subject to a complaint.

5. The complaints procedure

The complaints procedure is a two-stage complaints system, focusing on local resolution and, if unresolved, an investigation by the Ombudsman.

The aim of the Local Authority Social Services and the National Health Service complaints regulations is to make the whole experience of making a complaint simpler, more user-friendly and more responsive to people's needs. The emphasis is to offer a more personal and flexible approach, which is effective and robust. Complaints are risk assessed and graded. The level of investigation needed is linked to the potential risk and the wishes of the complainant.

Complaints Officers contact the complainant to agree the complaint, resolution plan and sought outcome. They then determine the level of risk and complexity and, using the Department of Health Complaints Toolkit, determine a resolution plan. Options include mediation, resolution by the Service Manager or an independent investigation.

Each complaint is treated according to its individual nature and the wishes of the complainant.

In the reporting year 11,389 people received a service from Adult Social Care.

When looking at the total number of complaints of 433, therefore, 3.8% of customers or someone acting on their behalf raised a complaint about a service that they received and 635 (5.75%) of customers or their representative were happy with the service that they had received.

6. Review of compliments received

Table 1 – Compliments Received by Service Area

Service area	2014/15	%	2013/14	%
Community Support Service	314	49.5%	301	40%
Mental Health Residential and Day Services	79	12.5%	49	6.5%
Access and Care Assessment and Care Management	64	10%	165	22%
Learning Disability Housing and Day Services	40	6%	39	5%
Equipment and Adaptations	35	5.5%	41	5.5%
Physical Disability Day Services	33	5.5%	1	-
Learning Disability Assessment and Care Management	23	3.5%	23	3%
Resources and Strategy	16	2.5%	18	2.5%
Older People Residential and Day Services	15	2.5%	43	6%
Independent Sector Home Care	7	1%	5	0.5%
Strategic Commissioning	6	1%	14	2%
Transport/Meals	2	0.5%		
Independent Sector Care Homes	1	-		
Leeds Shared Lives			52	7%
Total	635	100%	751	100%

- 6.1 Table 1 above details the number of compliments received during 2014/15 reporting period. 635 compliments have been received compared to 751 in the previous year and represents a decrease of over 15%. Customers and their representatives are encouraged to tell us what they think of our services, good or bad. People can complete the feedback form or contact the relevant social care team to express this.
- 6.2 Compliments are, however, largely made directly to frontline staff either verbally or by personal letter. Whilst all staff and managers are encouraged to make sure that all compliments are passed to the Complaints Team so that good practice can be recorded and reported across the Directorate, many frontline staff choose to keep this information to themselves. However, as part of the Complaints and Customer Experience Training, staff continue to be reminded to pass the compliments to the Complaints Team so that the information can be recorded and used to influence and promote best practice.
- 6.3 The largest number of compliments was received by the in house Community Support Service which saw a further rise in the number of compliments receiving 314 (49%) compared to 301 in the previous year. Of these 298 were made to the Reablement service with a further 6 to the Reablement (mental health) team and 10 to the long-term generic community support team. Service users and family members expressed their appreciation for the caring and professional help and support they had received from staff.

Some examples of the compliments are as follows:-

"I feel that the team was very supportive. They had a mature common sense approach to caring. They dealt with all my dad's foibles and peculiarities. They were thorough and professional. I must make particular mention to Karen and Lynn who had the most contact with my dad. Smashing ladies doing a difficult job with cheerfulness and humour. I wish I could use this team on a permanent basis."

"The care received has been second to none. We are so grateful for the kindness and professionalism of the carers who she has become very fond of and will miss them. We cannot thank them enough. The service they have provided has been excellent! Nothing has been too much trouble."

"You have certainly done your job re-enabling my mum to get herself dressed and undressed most days and able to make herself a cup of tea or coffee. I have been reassured that she was in safe hands and just wanted to say a big thank you to all who were involved with her."

- 6.4 The Learning Disability Housing and Day care services which received 39 (5%) compliments last year received 40 this year (6%). The Learning Disability & Mental Health Assessment Care Management Team received 23 compliments this year, the same number as last year

Some examples of the compliments are as follows:-

"..I just want to thank you and your team for all the support and understanding I have received during the most traumatic year of my life

Marie, nothing seemed to be too much trouble for you to help me through this, you so understood.

John, your patience and understanding with me knew no bounds.

Neil, thank you for a cracking cup of coffee and for just being there with John on that Monday morning

I feel very lucky at the level of support and words of encouragement I have received, I really do not believe I would have come out of it without this. The counselling I received from care plus was second to none. I now feel that I am fit and well and looking forward to new beginnings. The whole staff team at Scott hall have been amazing, what a great team and a great place to work."

- 6.5 Mental Health Provider Services received 79 (12%) compliments this year as opposed to 49 last year. The compliments thanked Outreach Support workers for the help and support given to service users.

Some examples of the compliments are as follows:-

"I really like the follow-up that you don't forget about me, that you call me if we haven't met for a while"

“Ruth I won’t be meeting you today because I no longer need your services, I am doing very well. I have you and your colleagues to thank for that. Ruth you have helped motivate me and make me feel good. Thank you. I wish you the best for the future. Take Care”

- 6.6 The number of compliments for commissioned independent sector home care providers sent to Adult Social Care Complaints Team directly is 7. In addition to this the providers received 1725 compliments sent to them directly. The compliments received by providers directly are sent to the Contracts Team as part of the Quality Standards Assessment return.
- 6.7 Compliments for the Access and Care Assessment and Care Management service fell markedly, to 64 (10%) compared with 165 (22%) in the previous year. Compliments were received across the city, thanking a variety of workers for the help and support they have given service users and their families.

An example of assessment and care management compliment is as follows:-

“..Nicola turned out to be exactly what we needed. She quickly, effectively and thoroughly assessed our needs and supported us in finding the right support and the best services for us. She helped me wade through the benefit system and got us the help we needed to sort our financial problems. She gave me information I needed to be able to access the right support and she provided a much needed pillar of support when I needed someone understanding to talk to. Throughout what has been the most difficult period in the life of my family, Nicola has been invaluable and I honestly believe that I would have been unable to continue to care for my wife.”

- 6.8 There was a marked increase in the number of compliments for Physical Disability provider services with 33 being recorded this year as opposed to just 1 last year. This is mainly due to 29 being received by Holt Park.

An example of one of the compliments is as follows:-

“I would just like to take this opportunity to express mine and my family’s appreciation for the weekly computer skills sessions by Caroline at Holt Park Active Day Centre when my father attends on a Wednesday. My father, who suffers from Alzheimer’s disease has never used a computer in his life. Also he is generally quite passive, tending not to interact. So it was to our utter amazement when, on returning from the Day Centre a few weeks ago he informed us that he had been working on a computer! I have not seen him as animated as he was that afternoon for a number of months/years. It was as if a light had been switched back on and it has remained “switched on” since. He is generally more alert, interactive, responsive and seems to have a renewed enjoyment in things he has previously got such pleasure from, such as listening to his favourite music, something that he had stopped doing as it seemed to have become more of an irritant than a joy.

As for his computer sessions – these have continued weekly and he is really enjoying them. I cannot express the overwhelming delight of receiving my first email from him, something I will treasure forever! Not only does he have an email account, but he also has a Facebook account (thanks to Caroline) and many family members are now his Facebook friends, posting photographs and comments on his

page, ready for him to see/read/respond to every Wednesday, all of which is providing such fantastic pleasure and stimulation. Best wishes and thanks again”

- 6.9 In-house residential care homes and day services for older people received 15 (2.5%) compliments, compared to 43 last year. Family members gave thanks for the staff teams providing excellent care to relatives.

An example of one of the compliments is as follows:-

“A” was at “D” residential home for a long stay and spent a considerable amount of that time in bed. Staff, I am sure, made some attempt at encouraging her out of bed and to address her personal hygiene issues but with very little or no success. Since she has been at “C” residential home, her motivation has improved and her personal hygiene has massively improved. This has everything to do with the input and attention from your staff. The work that went into her “hairedressing” in particular was excellent and has no doubt made an enormous difference to her self-esteem and confidence. Thanks again to all your staff for their efforts”

“my ... moved into residential home in September 2014 and I would like to compliment the staff which includes the kitchen staff, carers and managers of the excellent service they provide. I often visit at different times of the day and the staff have always been extremely kind, caring, helpful and happy. I have been astounded by the commitment to the job in hand and nothing is too much trouble. I felt I must portray my thoughts in writing and hope someone would pass my message on and also congratulate the staff on the wonderful service they provide. He has settled well into the home and I couldn't have wished for a smoother transition.”

- 6.10 Compliments about Resources functions fell again this year from 18 to 16. Community Care Finance services received 8 compliments (down from 9 last year), thanking staff for the work they had done regarding service users' finances; the Complaints service received 7 compliments (up from 6). 1 compliment was received for Support Services.

Examples of the Resources & Strategy compliments included the following:-

Finance: “.. it is unfortunately rare in these circumstances to be dealing with someone who (1) gets the problem and (2) can grasp the nettle and sort it. Seriously, you are a whizz. Thanks once again for your help.”

Complaints Team: “..Leeds City Council has to be one of the very best performing Councils when it comes to briefing providers with relevant local and national information”. “.. just to let you know my managers were very impressed with the complaints training today and really excited to implement some of the ideas”, “..we both found it 10/10 informative, entertaining, “S” and I felt it encouraged us both to question ourselves to look at it as a positive process, way of learning, improving. I would recommend it.”

- 6.11 Equipment and Adaptation's services received 35 compliments compared with 41 last year. Some of the compliments thanked workers processing Blue Badge applications and other compliments thanked staff in area teams for the support and help given to service users.

An example of one of the compliments received is as follows:-

".. I am truly grateful for your effort and I feel certain that you must have gone far beyond the norm in the kindness and understanding of my somewhat current fragile emotional state. I much appreciate the advice you gave me in discussing with the practicalities of my rather strange condition and am considering taking it on board"..

- 6.12 Commissioning Services received a total of 6 compliments this year compared to 11 last year. Small numbers of compliments were received in other services. 1 compliment was received for the private residential sector. 1 compliment each was recorded for Other Council Departments providing Meals and Transport to service users.

7. Review of complaints received

Table 2 – Complaints received by service area

Service area	2014/15		2013/14	
	Number of complaints	% of total complaints	Number of complaints	% of total complaints
Total	433	100.0%	390	100.0%
Access and Care Blue Badge Applications	119	27.5%	137	35.1%
Access and Care Assessment and Care Management	85	19.5%	58	14.7%
Learning Disability Assessment and Care Management	37	8.5%	20	5.1%
Support services	31	7.1%	49	12.5%
Community Support Service	31	7.1%	31	7.8%
Access and Care Equipment and Adaptations	27	6.1%	13	3.3%
Independent Sector Home Care	23	4.9%	18	4.6%
Mental Health Assessment and Care Management	18	4.2%	14	3.5%
Learning Disability Housing and Day Services	13	2.8%	10	2.6%
Other Council Department	10	2.3%	12	3.1%
Mental Health Accommodation and Day Services	10	2.2%	9	2.4%
Independent Sector Care Homes	10	2.1%	7	1.9%
Strategic Commissioning	8	1.8%		
Independent Sector Other	3	0.6%	2	0.6%
Older People Direct Provision Residential Care	3	0.6%	5	1.3%
Older People Direct Provision Day Services	3	0.7%	4	1.2%
Safeguarding Unit	1	0.2%	1	0.3%
Care Communication	1	0.2%		

7.1.1 Whilst we appreciate positive feedback, we also understand that sometimes things do go wrong and as a result customers are unhappy with the support they have been provided with. The teams are encouraged to attempt to resolve problems at the first point of contact in line with good practice, but are equally advised to direct service users to access the complaints procedure where an instant resolution is not possible or appropriate. In these circumstances, they and/or their relatives/carers are advised to raise concerns with the Complaints Team. The Complaints Team recorded 433 complaints in this reporting period. This number shows just over 10% increase on the previous year.

8. Outcomes

The table below shows the outcome of complaints following an investigation. The three main categories for classifying the outcome of a complaint are “Upheld”, “Partly Upheld” and “Not Upheld”. Also included is a proportion that were “inconclusive” and those that were “Withdrawn”. It will be noted from the table that 52.9% of complaints were either upheld or partially upheld.

	2014/2015 %
Ongoing	1.3
Upheld	34.1
Partially upheld	18.8
Not upheld	37.1
Withdrawn	3.2
Inconclusive	5.5
Total	100%

9. Nature of Complaints

The nature of complaints received were mainly in relation to

- Assessment and care planning
- Quality of service provision
- Customer service
- Charging/Finance

9.1 119 complaints were made about **Blue Badge assessments** compared with 137 the previous year. Complainants often cited that their disability had been overlooked, that on the day of the assessment they had taken strong medication which enabled them to get through the assessment. Some people were of the view that the assessment did not take into account their medical condition and that removing the blue badge would take away their independence.

9.2 The other **assessment and care planning complaints** related to concerns about the care plans being inadequate citing that social workers had not taken time to listen to their needs and that, therefore, the care plans did not meet their needs. Other people argued that the assessment appeared to be process driven and not taking into account individual needs. The other concern raised was that the questions in the assessment were not appropriate for someone with dementia and questioned whether staff undertaking the assessments had had dementia training.

People also raised concerns about the lack of clarity/information regarding local authority rates of pay and contributions.

Assessment and Care planning complaints also raised concerns about the delays in carrying out the assessments.

9.3 **Quality of Service – assessment and care management.** The second most common cause for complaints across the service areas has been the quality of service provision citing delays in service provision; failure to provide a service; inconsistent home care service; poor standard of service and lack of social work support. Service users and carers have cited concerns about:-

- Staff not adhering to arrangements made with families and not keeping them informed of any changes, meetings cancelled without informing families when often family members have had to take time off work to attend the said meetings.
- Social work staff changing appointment times without notifying family members who wished to attend and going ahead with meetings without family members being present.
- Social workers failing to provide them with the right information about what they are entitled to and what they reasonably expect in terms of support.
- Lack of contact and response to questions and not being able to contact the social worker during a crisis.
- Lack of social work support whilst in residential care. The social worker not liaising with the care home to ensure that the service user is getting the right support and not ensuring that the care home have been provided with the right information.
- Social workers not taking time to carefully listen to service users' problems to help inform appropriate support.
- Failure to keep service users informed, not doing what has been agreed and not following up on agreed tasks resulting in service users not getting the services they should be getting.

9.4 **Quality of Service – Independent Home Care** complaints have included the following

- Poor standard of home care service i.e. workers not washing up properly dishes still dirty after they have been washed up.
- Lack of clarity about the support plan, expecting workers to undertake certain tasks which they are not undertaking.
- Care assistants not adhering to the support plan resulting in service users not receiving the service.
- Several missed calls – care assistants not attending at all and the back office neither keeping service users informed of changes nor replying to telephone messages.
- Poor communication between the agencies especially when service user is admitted to hospital and provider visits are cancelled but they then fail to inform the providers when the service user returns home resulting in lack of service provision.
- Lack of consistency of trained staff resulting in providers sending untrained staff to attend to service users.

As reported last year, the Social Care Complaints Service has continued to invest in Complaints Handling Training for Commissioned Provider support and professional staff and the Contracts Team has continued its rigorous monitoring programme. The complaints service also attends provider's forums to report on trends, key issues and developments and to advise on best practice. These initiatives are ongoing.

9.5 Quality of Service – community support complaints have included the following:-

- Not adhering to times specified on the support plan – inconsistent homecare service
- Service users feeling under pressure as the Care Assistant rushing the visit
- Missed calls impacting on medication not being provided

9.6 Quality of Service – supported living complaints have included the following:-

- Poor quality of service due to constant changes in staffing.
- Poor communication with families.
- Re-active as opposed to being pro-active with staffing resources resulting in families exploring seeking direct payments so that they can recruit their own staff for their children who reside in supported living.

9.7 Quality of Service – assisted living complaints included the following:-

- Not collecting equipment promptly and/or not turning up to collect the equipment as agreed
- Equipment delivered which was not serviced and/or faulty
- Delayed discharge from hospital due to equipment delays

9.8 Poor Customer Service was the third most common cause for complaints across all the service areas i.e. calls not being answered and poor staff attitude/conduct.

Examples of the poor customer service includes:-

- In the process of blue badge assessments, people feeling as though they were being cross-examined when asked about their medication and/or their disability.
- Staff not responding to important phone calls and emails and/or correspondence.
- people feeling as though there were being talked down to by the social workers and failing to provide accurate information.
- When families have telephoned passenger transport to complain about the transport not turning up, the staff in the office have appeared to lack empathy and unable to provide answers to queries.

9.9 **Charging/Finance was** the fourth most common cause for complaining. The majority of these related to delays in processing payments and challenging the outcome of financial assessments and the lack of information about charges and how people are assessed and when charges apply, examples include

- Being incorrectly charged as the service user had been in respite for the period they had been charged'
- Challenging the outcome of financial assessments and the lack of information about charges and how they are assessed.
- Being told they owed money they didn't think they owed due to direct payments not having been audited for over three years and when audited being told that they owed money.
- Delays in processing direct payment payments resulting in Personal Assistants not being paid for over three months
- Delays in processing payments by the Council Receivership Section
- Challenging decision not to give service user the 12 week disregard and the delay in providing a response
- Complaints from care home owners about the delay in payment of fees
- Complaint about receiving an invoice six months after charging for the service was introduced
- Complaint about being charged when discharged from hospital to a residential home. They are of the view that it should be free as it followed a hospital discharge. Also raised concerns about lack of clarity about charges and when they apply

9.10 **Safeguarding** concerns included complaints about delays in concluding the process, concerns were also raised about the safeguarding practice, lack of information about what people should expect and how the case conference had been conducted. Family members also raised concerns about poor quality of care in commissioned residential services. Although the complaints procedure will not consider complaints about the outcome, it will consider complaints about how the outcome is reached and if safeguarding procedures have been followed.

9.11. Other complaints considered were in relation to services provided on the Directorate's behalf by other council departments, these related to Passenger Transport Services, for instance, transport arriving much later than they should resulting in the service user being late for their appointment. Meals provision concerns about the quality of the meals.

10. **Formal investigation**

This year 4 of the 433 complaints were escalated to formal investigation by Independent Investigating Officers. As is standard practice, complaints requiring formal investigation are investigated by Investigating Officers who are independent of Leeds City Council. Independent investigation has proved effective in resolving complex complaints.

Appendix 7 of this report contains examples of the lessons learnt during this reporting period and actions taken to improve the quality of services.

11. The Local Government Ombudsman

11.1 Summary of Ombudsman Cases

9 complaints have been made to the Ombudsman in this reporting period compared to 25 the previous year. Last year the increase was largely attributable to the assessment of Disabled Parking Permits (Blue Badges) and people challenging the outcome of the assessments. In this reporting period the number of Blue Badge complaints reduced from 10 to 2. In both cases the Ombudsman found no fault in the decision not to award a blue badge.

6 of the remaining 7 complaints made to the Ombudsman related to Access and Care, Assessment and Care Management cases. In 3 of these the Ombudsman decided that the complaints were outside her jurisdiction to investigate. In one case the Ombudsman decided that an investigation was not appropriate.

In one case the Ombudsman found that the complaint was upheld and that maladministration causing injustice had occurred. She decided the most appropriate way of resolving the complaints were by recommending a Local Settlement which the council fully complied with.

One case was closed after an initial enquiry and no maladministration was found.

The final complaint fell within the remit of Resources and Strategy and again after initial enquiries had been made no maladministration was found.

A breakdown of the Ombudsman enquiries and the findings are detailed in Appendix 5 of this report.

12. Local Settlements and Public Reports

Where the Ombudsman finds fault she will either recommend a local settlement or issue a public report. In this reporting period two cases were settled by local settlement totalling £5,986 and none resulted in a public report.

13. Timescale Performance

13.1 The statutory timescale for acknowledging complaints is 3 working days. In 2014/15 performance against this timescale was at 96%, a drop from the previous year 99%.

13.2 Whilst the statutory timescale for fully resolving a complaint is now up to six months based on level of risk and complexity, the service aims to provide an initial response to complaints risk assessed as low within 20 working days. This year performance against this timescale dropped slightly to 97% compared to 98% the previous year. The continued achievements in timescale performance has been as a result of joint efforts and close working with Chief Officers, Heads of Service, Service Delivery Managers, Team Managers and the Complaints Team. Other initiatives employed include the highly effective reminder system and monitoring of complaints at risk of going overdue.

14. Compensation Payments

- 14.1 Under Section 92 of the Local Government Act 2000, Local Authorities are empowered to remedy any injustice arising from a complaint. It is now practice to consider small *ex gratia* payments by way of recompense for costs incurred or compensation for a distress caused as a result of a matter complained about. The Local Government Ombudsman also has powers to direct the authority to pay compensation and to recommend the amount. In this reporting period £4,403.81 has been paid in compensation to complainants.

15. Methods of notifying complaints

- 15.1 There is no requirement that a complaint must be written, although a person making a complaint is always encouraged to be as specific as possible. Consequently, complaints can be received via a number of different channels and the chosen channel of communication is recorded. Leaflets providing information on how service users can send compliments and complaints are widely available across all service areas and the leaflet contains a simple form, which people can use.
- 15.2 173 people chose to make their complaints by letter compared with 179 the previous year. This remains by far the most popular way for people to make their complaints. The numbers using email increased to 100 (23%) from 70 (18%) the previous year. The numbers of people using the complaints form remained static at 16 (3.7%).
- 15.3 Although there was a reduction in the numbers of people making their complaints in person it is still clear that many customers prefer to discuss their complaints by various means such as telephoning the complaints service (36); complaining directly to workers (36); telephoning the Contact Centre (49) and visiting Head Office (4). 11 complainants made their complaint through their local Councillor or MP and 7 went directly to the Ombudsman. Overall 143 people made their complaints by direct contact.
- 15.4 The trend of relatives (85, 20%) and carers (105, 24%) making complaints rather than service users themselves has continued this year, although this year there has been a drop in the numbers of service users complaining in their own right, down slightly to 197 (45%) compared to 213 (55%) last year.

16. Equality Monitoring.

- 16.1 All complaints are subject to equality monitoring, which now includes all the equality characteristics protected through legislation (age, disability, gender, race, religion or belief, sexual orientation). Information is most frequently provided on ethnicity, gender and disability. No information has been provided about other characteristics. 53% of all complaints have ethnicity recorded, reflecting a decrease on 62% last year, falling below the level of previous years. 98.5% have gender recorded and 80% of complaints state whether the person was disabled or not (slightly lower than 81% of people willing to provide this information in 2013/14). A breakdown of the equality related information provided by complainants is detailed in Appendix 6 of this report.
- 16.2 Overall, data demonstrates that fewer people are willing to provide information relating to equality monitoring. Our priority is to continue focusing on the nature of any complaint which may cause the service user an inequality.

16.3 Data also demonstrates that the proportion of people from a non-UK/white background making a complaint is lower than both the proportion of the same groups receiving a social care service. This is an established trend and a better understanding of the reasons for this lack of recourse to the complaints procedure is required.

17. Lessons Learned

17.1 Where a complaint has been upheld, it is often the case that the manager undertaking the resolution of the complaint will make recommendations on how the service should be improved to avoid a similar situation arising for another service user. These actions will be brought to the attention of the complainant and there is a system in place for recording the action and the person with responsibility for implementing the action. Appendix 7 of this report contains examples of the lessons learnt during the course of the year and actions taken to improve the quality of service.

18. Customer Satisfaction surveys

18.1 The Complaints Service sends a satisfaction questionnaire to all complainants after they have received a response to their complaint. The purpose of the questionnaire is to seek complainants' views on how easy they found it to complain and how satisfied they are with key aspects of the process and outcome.

18.2 This year 47 (9%) complainants returned completed questionnaires. 91.5% of respondents said they found it either very easy (51%) or quite easy (40.5%) to make their complaints. Satisfaction with the time taken to respond increased to 83.5% with 47% of respondents being very satisfied and 36.5% being quite satisfied. 66% of respondents were satisfied with the outcome of their complaint, which compares to 52% last year, with 42.5% reporting that they were very satisfied and 23.5% that they were quite satisfied.

18.3 Amongst the 14 complainants who were dissatisfied with the outcome of their complaint the reasons given were:

7 complainants believed that their concerns had not been addressed and not looked into properly and seriously which left them with unresolved complaints.

3 complainants did not give reasons for their dissatisfaction with the investigation and response to their complaints.

3 people complained about their Blue badge applications, although only one was about the decision not to award a badge. The other 2 complainants were dissatisfied with the length of time it took to re-award the badge, having to attend in South Leeds for assessment when there was the facility to assess in West Leeds; and a delay in receiving a response to the complaint.

1 complainant was unhappy she had to have a second financial assessment which caused her some stress.

18.4 4 respondents (8.5%) said that they found it difficult to complain. They gave the following reasons for this. 2 said that they found staff unhelpful with one adding that they were concerned that services would be withdrawn. The other 2 said that they were unsure who they should complain to. The above feedback will be shared with staff as part of the frontline complaints handling training.

19. Developments / updates - 2014/15

2014/15 has proved to be another busy, challenging and successful year for the Complaints Team. The team were able to work on most of the priorities set for the year. The team has seen more complaints and experienced more contact from service users and their representatives and the issues being raised have been more complex, often cutting across a number of organisations. The focus has been to maintain and/or raise the standard of complaints handling by focussing on improving customer experience when things have gone wrong.

20. Training

20.1 Training for front line support and professional staff has continued from the previous year. When Councils commission or pay for a service on behalf of someone who has social care needs, the Council remains responsible for the quality and efficiency of the service. In view of this, it is important for commissioned provider staff to understand the health and social care statutory complaints procedure and how this dovetails to their systems. In the reporting period, the training was provided to 334 support and professional commissioned provider staff. The training focuses on customer service, staff behaviour and the role that workers have in resolving complaints. The training also provides an overview of the health and social care statutory complaints procedure and how this dovetails to their systems.

20.2 The feedback from the training has been excellent. One of the compliments states "Leeds City Council has to be one of the very best performing councils when it comes to briefing providers with relevant local and national information". "just to let you know my managers were very impressed with the complaints training today and really excited to implement some of the ideas", "we both found it 10/10 informative, entertaining, wanted input, we felt it encouraged us both to question ourselves to look at it as a positive process, way of learning, improving. I would recommend it." "it was very informative, well presented and engaging".

21. Review of information literature for service users

21.1 Monitoring and review of information for service users to ensure that the Complaints Procedure is accessible to all service users and carers is one of ongoing monitoring, development and review.

21.2 The vision of developing Leeds citywide core branding for complaints information is continuing. Leeds City Council Adult Social Care, Leeds Community Health NHS Trust and Leeds & York Partnership Foundation Trust have adopted the core branding. The 3 Leeds CCGs and Leeds Teaching Hospital Trust are in the process of taking the development of the "Tell us What you Think" branding through their governance process.

21.3 Information for people with a Learning Disability as well as information for Deaf people who use British Sign Language are in the process of being updated.

22. Complaints Handling – national developments

22.1 **Department of Health chaired Complaints Programme Board:** Following the outcome of the public inquiry led by Sir Robert Francis QC and the complaints review by the Rt Hon Ann Clwyd MP and Professor Patricia Hart, the Department of Health set up a Complaints Programme Board which meets monthly to oversee the work on improving local complaints handling across Health and Social Care. The Secretary of State made it clear that the membership of the Board must run across the care system, therefore, its membership includes CQC, LGO, PHSO, LGA, Healthwatch England, ADASS and the National Complaints Managers' Group.

The aims of the Programme Board includes to:-

- Ensure all forms of feedback help improve care for all service users and patients
- Ensure that when things go wrong the Complaints system is clear, fair and open
- Ensure patients and service users know who they can turn to for independent local support, if they want and
- Ensure that at every level the NHS and Social Care learns from mistakes to improve care.

The above agenda has led to further research and influenced a number of reports on the state of complaints handling evidenced below.

22.2 **Local Government Ombudsman Review of Adult Social Care Complaints 2013 - Report published on 28 May 2014:** The Ombudsman published its first Annual Review of Adult Social Care complaints (2013/14) highlighting a number of issues where, nationally, complaints handling could be improved particularly Accessibility, Working Effectively and Accountability.

22.3 **Advising residents about health and social care complaints: a guide for councillors published in June 2014 by the Local Government Association and the Centre for Public Scrutiny:** The LGA and CfPS have published a guide for Councillors to help them support residents who wish to make a complaint about a health or social care service. The guide provides basic information and sources of further advice.

22.4 **Healthwatch England Report – Suffering in silence published October 2014:** Healthwatch England (the National Consumer Champion) report followed their research to dig deep into people's experiences of health and social care services. Their findings highlight the following:

- People are not given the information they need to complain. People fed back that staff were often unable to tell them how to complain, resulting in people having to find out for themselves
- People do not have confidence in the system to resolve their concerns. As opposed to a simple explanation and/or an apology or a simple change, people found themselves drawn into a bureaucratic and adversarial process that did not reflect their reason for complaining

- People find the complaints system complex and confusing. There are so many different agencies and providers involved i.e. service providers, commissioners, regulatory bodies - people found the process complex and difficult to navigate
- People need support to ensure their voices are heard. Over 70% of people who experienced poor care but did not complain said that they would be more likely to in the future if there offered advocacy and support.
- People need to know that health and social care services learn from complaints. People fed back to the effect that their main motivation in complaining was a desire to make sure health and social care improves for the future.

In view of the above, Healthwatch England have put forward a number of recommendations to make it easier for people to complain, ensure a compassionate response and resolution are provided and to hold to account those who fail to listen.

22.5 Care Quality Commission Complaints Matter Report published in October 2014: - “Complaints matter – to individuals, to health, social care services and to CQC”: The report followed the outcome of the public inquiry led by Sir Robert Francis QC and the complaints review by the Rt Hon Ann Clwyd MP.

From October 2014, CQC have made complaints central to their inspection process and will include a lead inspector for complaints and staff concerns in large inspection teams. They will use people’s feedback to tell them how responsive a provider is, how safe, effective, caring and well-led they are.

22.6 My expectations for raising concerns and complaints report by the Local Government Ombudsman, Healthwatch England and Parliamentary and Health Service Ombudsman Report published in November 2014: As part of the Complaints Programme Board set up by the Department of Health the Parliamentary and Health Service Ombudsman (PHSO) was invited to lead the development of a user-led vision for good complaints handling across both the health and social care sectors, in partnership with Healthwatch England (HWE) and the Local Government Ombudsman (LGO). The research included patients, service users, frontline staff and stakeholders.

The vision lays out a comprehensive guide to what good outcomes for patients and service users look like if complaints are handled well. It presents a series of ‘I statements’ laid across a complaint journey. The ‘I statements are expressions of what patients and service users might say if their experience of making a complaint was a good one. The 5 ‘I statements’ are as follows:-

I felt confident to speak up

I felt that making my complaint was simple

I felt listened to and understood

I felt that my complaint made a difference

I would feel confident making a complaint in the future

The above vision will be incorporated into frontline staff training and good practice guidance for staff to understand what the outcomes of good complaint handling should be and consistently deliver them.

It is important to note that CQC will use the framework in its new inspection regime and that NHS England will also use it as a performance management tool to be built into the NHS Outcomes Framework. The PHSO and the LGO will also integrate the vision into principles of good complaint handling.

22.7 **Healthwatch England: Independent Complaints Advocacy standards** - of what good advocacy must look like from a user perspective. Published February 2015

23. Other priorities to be taken into account during 2015/16 include:

- Contributing to achieving the Council and Adult Social Care Strategic Priorities by continuing to work closely with operational and support services' teams and sharing lessons learned from customer feedback in order that the information can be used to inform assessment and care management policy and practice, commissioning of services, contract monitoring, training and service planning.
- Continuing with the training programme to staff and managers on the statutory complaints procedure, incorporating learning from customer feedback.
- Continue to provide briefings to voluntary sector organisations so that they understand the complaints process to enable them to effectively support people who may wish to access the process.
- We will continue to push forward a learning culture throughout the organisation. We will continue to do this by ensuring learning is followed up by simple action actions plans with the Service Managers at the time the complaint is closed. Learning which has a wider impact will be incorporated into the Master Action Plan which will be monitored via the Chief Officer Access and Care Delivery Senior Management Team
- Monitor the Care Act 2014 impact and inform performance management
- We will continue to monitor and evaluate information provided to service users and carers to ensure that the complaints procedure is accessible to all service user groups.
- We will contribute to the Leeds City Council Change Programme through work undertaken by Departmental Customer Relations Officers for Customer Strategy Board.
- Continuing to promote the complaints service across all Adult Social Care operational teams by attending their Team meetings sharing the key issues highlighted, the national picture and the impact this will have on their practice.

24. Conclusion

2014-2015 has been a busy, challenging and successful year for the Adult Social Care Complaints Team. In a year of on-going change with transformation of services, the focus for the Complaints Team has been to maintain and/or raise the standard of complaints handling by focussing on improving the customer experience when things go wrong.

The Complaints Team continues to work with staff at all levels to ensure that the complaints procedure is effective and trusted by people wishing to access it, and encourages workers to have a positive attitude towards complaints. This reporting year has seen, through the collective efforts of Service Managers and the Complaints Team significant progress in respect of the key principles of the complaints process, such as the speed of response, respecting and listening to service users and a positive approach to dealing with complaints.

Effective monitoring of customer feedback from compliments and complaints and ensuring that lessons from such customer feedback are learned and understood by staff and incorporated into service planning, commissioning and practice is crucial. It is equally important to acknowledge that staff are working in difficult and complex situations, often where there is no clear cut and right answer. It is vital that staff feel able to acknowledge mistakes but equally they should be supported and given praise when this is due. Complaints continue to be a complex and difficult service area with both legal and insurance implications.

If you would like to comment on this report, or to receive it in large print, Braille or other format, please contact:

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Appendix 1 - Compliments received by service area

Service area	2014/15	%	2013/14	%
Community Support Service	314	49.5%	301	40%
Mental Health Residential and Day Services	79	12.5%	49	6.5%
Access and Care Assessment and Care Management	64	10%	165	22%
Learning Disability Housing and Day Services	40	6%	39	5%
Equipment and Adaptations	35	5.5%	41	5.5%
Physical Disability Day Services	33	5.5%	1	-
Learning Disability Assessment and Care Management	23	3.5%	23	3%
Resources and Strategy	16	2.5%	18	2.5%
Older People Residential and Day Services	15	2.5%	43	6%
Independent Sector Home Care	7	1%	5	0.5%
Strategic Commissioning	6	1%	14	2%
Transport	2	0.5%		
Independent Sector Care Homes	1	-		
Leeds Shared Lives	-	%	52	7%
Total	635	100%	751	100%

Appendix 2 - Complaints by service area

Service area	2014/15		2013/14	
	Number of complaints	% of total complaints	Number of complaints	% of total complaints
Total	433	100.0%	390	100.0%
Access and Care Blue Badge Applications	119	27.5%	137	35.1%
Access and Care Assessment and Care Management	85	19.5%	58	14.7%
Learning Disability Assessment and Care Management	37	8.5%	20	5.1%
Support services	31	7.1%	49	12.5%
Community Support Service	31	7.1%	31	7.8%
Access and Care Equipment and Adaptations	27	6.1%	13	3.3%
Independent Sector Home Care	23	4.9%	18	4.6%
Mental Health Assessment and Care Management	18	4.2%	14	3.5%
Learning Disability Housing and Day Services	13	2.8%	10	2.6%
Other Council Department	10	2.3%	12	3.1%
Mental Health Accommodation and Day Services	10	2.2%	9	2.4%
Independent Sector Care Homes	10	2.1%	7	1.9%
Strategic Commissioning	8	1.8%		
Independent Sector Other	3	0.6%	2	0.6%
Older People Direct Provision Residential Care	3	0.6%	5	1.3%
Older People Direct Provision Day Services	3	0.7%	4	1.2%
Safeguarding Unit	1	0.2%	1	0.3%
Care Communication	1	0.2%		

Appendix 3 - Complaints—how received

How received	2014/15	%	2013/14	%
Letter	173	39.7%	179	45.8%
Email	101	23.0%	70	17.8%
Corporate call centre	49	11.0%	41	10.6%
Telephone	36	8.3%	35	9.0%
Via staff	36	8.3%	27	7.0%
Form	16	3.7%	16	4.1%
Via an elected member	11	2.5%	10	2.6%
Via the Ombudsman	7	1.6%	5	1.3%
In person	4	0.9%	7	1.8%
Total	433	100.0%	390	100.0%

Complaints—received from

Complainant—how involved	2014/15	2013/14
Service user	197	213
Relative	105	93
Carer	73	47
Other	22	18
Other agency	21	6
Parent	12	7
Worker	2	3
Advocate	1	3

Appendix 4 - Timescale performance

	Acknowledged within			Responded within		
	Average days	% within 3 days	% after 3 days	Average days	% within 20 days	% after 20 days
Access and Care	1	97%	3%	17	97%	3%
Strategic Commissioning	1	95%	5%	18	100%	
Care Delivery	1	92%	8%	28	96%	4%
Other Council Services	1	100%	-	10	100%	
Resources	1	93%	7%	15	97%	3%
Total	1	96%	4%	18	98%	2.0%

Appendix 5 - Breakdown of Ombudsman complaints and enquiries received between 1 April 2014 and 31 March 2015

	After initial enquiry No investigation.	Outcome				Total
		No fault found	Outside Jurisdiction	Local Settlement	Ongoing	
Finance		1	-			1
Learning Disability Assessment and Care Management	-	-		1		1
Access & Care Assessment and Care Management	1	1	3			5
Access and Inclusion Blue Badge	1	1	-			2
Total	2	3	3	1		9

Appendix 6 - Complainants by ethnicity provided by complainants

Ethnicity	2014/15 Number	%	2013/14 Number	%
UK/E	219	50.7%	211	55.0%
Not known	186	42.9%	150	38.0%
Indian	9	2.1%	8	2.0%
Pakistani	8	1.8%	8	2.0%
Black African	4	0.9%	3	0.7%
Black Caribbean	3	0.7%	7	1.6%
Other	2	0.5%	3	0.7%
Black Other	1	0.2%		
Chinese	1	0.2%		
Total	433	100.0%	390	100.0%

Complainants by gender

Gender	2014/15 Number	%	2013/14 Number	%
Female	258	60.0%	217	55.8%
Male	163	37.4%	152	39.1%
Not known	4	0.8%	12	2.8%
Joint (Mr and Mrs)	8	1.8%	9	2.3%
Total	433	100.0%	390	100.0%

Complainants by disability provided by the complaints

Disability	2014/15 Number	%	2013/14 Number	%
Disabled	194	44.9%	208	53.7%
Non-disabled	152	35.2%	108	27.2%
Not known	47	19.9%	74	19.1%
Total	433	100.0%	390	100.0%

Appendix 7 - Lessons learnt

Access & Care Community Support	Lessons Learnt
A complaint was made about the attitude of a social worker who chaired a review meeting of a service user with learning disabilities at her residential commissioned placement	The service delivery manager investigated the complaint and found that the social worker had acted appropriately in questioning the providers about the lack of communication to ASC regarding 2 incidents where the service user had suffered significant injuries. The service delivery manager insisted that procedures be put in place at the home to ensure that ASC were kept fully informed about such incidents.
Access & Care Assessment & Care Management	Lessons Learnt
Following a complaint about a social worker failing to attend a meeting with a family and not letting them know that she would not be able to attend due to illness.	The service manager apologised to the family and has spoken to the staff team to ensure that workers who are unable to attend meetings for any reason will ensure that families are kept informed as soon as possible.
Access & Care Assessment & Care Management	Lessons Learnt
A complaint was raised about the attitude of a member of staff. The complainant felt that the worker did not listen to her resulting in a delay in service provision	The team manager agreed that there had been a delay and will put in procedures to ensure that staff are managing outstanding cases in an efficient manner
Access & Care Assessment & Care Management	Lessons Learnt
A complaint was made by the daughter of a service user who had been a resident of a care home commissioned by ASC. She raised concerns about the quality of care her mother received, and on being placed back home with a package of care about the quality of service provided by the allocated social worker.	The issues raised by the complainant regarding the quality of care provided by the care home were investigated by the contracts team and resolved to the satisfaction of the complainant by means of an improvement plan for the home to be monitored by the contracts team. The ASC team manager investigated the alleged lack of service provided by the social worker and confirmed that he has addressed

	<p>the above issues with the social worker, and her line manager . The social worker acknowledged that there were lessons to be learnt for her, and it has been agreed that she will be supported by her line manager to develop her practice within the realms of formal supervision and appraisal.</p>
Access & Care Assessment & Care Management	Lessons Learnt
<p>Following a complaint from the sister of a service user about the quality of service she received from ASC and also a delay in assessment.</p>	<p>The Service Delivery Manager thoroughly investigated the complaint and could not find any delay in the assessment process that could have been avoided. However, she did find some incorrect information had been given and that some work to the service user's home had been sub-standard.</p> <p>To prevent future misinformation she has let all her staff know, via a staff meeting, of their responsibilities of providing the correct information to people. The manager of the service installing equipment has reminded all staff to ensure that the equipment is secure before they leave the premises.</p>
Access & Care Assessment & Care Management	Lessons Learnt
<p>Following a complaint from the manager of a care home regarding the procedures and outcome of a safeguarding investigation regarding one of the residents</p>	<p>The Service Delivery Manager writes to the complainant to confirm that the lessons to be learned where elements of the investigation were not to the standard expected have been taken on board, as discussed with the head of the Adult Safeguarding Unit.</p>
Access and Care Assessment & Care Management	Lessons Learnt
<p>A complaint was made by a family member who had contacted ASC to ask to be updated about his relative's welfare. This was not given due to DPA</p>	<p>The Service delivery Manager agrees that it was correct for the administrative staff not to give personal information about a service user but should have forwarded the call to the duty officer who</p>

	could have called the service user to see if it was alright to pass on information. Staff have been reminded that this is the procedure which should be followed in the future.
Access and Care Assessment & Care Management	Lessons Learnt
Complainant is the daughter of a service user who receives a Personal Budget. She was concerned about the delay in receiving the money and her mother was in arrears and concerned that her services may be withdrawn.	The Service Delivery Management notes that a number of errors had been made and put the following procedure in place to prevent this from happening again: All staff have been reminded of the changes to the Direct Payment Agreement and that they must be sure that the correct form is being used. We have ensured that copies of the old form have been removed from the website. We have also instigated a more rigorous checking system of the post received by those colleagues who are off on sick leave for any length of time, to ensure that this is brought to the attention of the team manager.
Access and Care Assessment & Care Management	Lessons Learnt
A complaint was made by a service user who was unhappy with the installation of an adaptation to her home. She was unhappy with the quality of the workmanship and with the attitude and behaviour of the workmen.	Staff to be reminded that they should try to minimise the spread of dust. The complainant's comments have been listened to and refresher training will be given. Council surveying staff will monitor the company and will check with future clients about their worker's behaviour.
Access and Care Assessment & Care Management	Lessons Learnt
Following a complaint by a disabled service user who complained about the attitude of a worker who undertook an assessment of her level of disability.	The team manager has spoken to the worker and has set up a programme of assessment observation and close supervision to address the issues raised.
Access and Care Assessment & Care Management and Commissioning (Home Care)	Lessons Learnt
A complaint about the quality of home care provided to her mother and the assessment and review of her needs. The	The home care provider undertook an audit of all timesheets and invoices submitted to the Council. Adult Social Care undertook to

complainant also questioned the accuracy of the charges for the home care service and the legitimacy of charges for the residential care placement to which she ultimately moved.	monitor the performance of the home care provider in respect of the reporting of significant events that may indicate a change in a service user's needs.
Access and Care Assessment & Care Management – Mixed Sector with NHS England, Leeds Teaching Hospitals Trust, and Leeds NHS Clinical Commissioning Groups	Lessons Learnt
A relative complained about a wide variety of health and social care services that were involved in her elderly mother's journey through the health and social care system in the last six months of her life.	The Head of Service for Assessment & Care Management and Health Partnerships undertook to meet with her counterpart in Leeds Teaching Hospitals Trust to review the service user's discharges from hospital and how these were co-ordinated with other health and social care services. Adult Social Care undertook to write to service users or their representatives to clearly spell out how their care will be funded and how much the service user shall contribute. Adult Social Care also undertook to reimburse residential care home fees that should have been funded by the Local Authority.
Access and Care Assessment & Care Management	Lessons Learnt
A disabled member of the public complains about the withdrawal of his disability scooter which he needs to attend hospital treatment in Leeds. The reason given was that the hospital lies outside the boundary set by Leeds ASC	The manager of the service clarifies that the hospital concerned still lies within the boundary and the service user can use the disability scooter to access his treatment
Access and Care Mental Health Social Work	Lessons Learnt
A person complained that he had been discharged from the Community Mental Health Team under the Care Programme Approach without a proper support plan or any follow-on services having been identified.	All CMHT workers undertook training in holistic CPA assessments; managers within CMHT undertook training in quality assurance of assessments; information to service users about the CPA was reviewed and revised so that service users have clear expectations of the service; the CMHT already had plans to carry out an annual review of the CPA protocol and it undertook to include in this clear

	guidance on professional roles and responsibilities; Managers within CMHT to ensure that workers understand that they must record in sufficient detail every contact with service users.
Access and Care Learning Disability Assessment & Care Management	Lessons Learnt
A service user had to move out of her bedroom in which she had been settled for many years following the admission to her supported living placement of a violent service user. It took 16 months to find alternative accommodation for the violent person.	In similar cases in future where a person has challenging behaviour a full risk assessment shall be carried out and a report presented to nominations panel (i.e. before the placement is made).
Other Council Department – Passenger Transport	Lessons Learnt
A complainant about a 91 year old service user who was being transported back home from his respite care. The complaint is regarding the conduct of the driver / escort who took his father home.	Procedures for Passenger Transport Drivers were amended in respect of staff induction, mobility, exiting buses, and reporting significant incidents up the line to gain advice and support. Information about whether passengers have support in place at their destination is to be provided to the service.

Independent Sector Home Care	Lessons Learnt
Following a complaint from a service user about her commissioned provider not fulfilling their agreed care plan and falsifying time sheets.	The management of the care provider undertook a full investigation and found that there had been significant failings in the actions of their staff. The main member of staff was disciplined and the company put in place positive actions to ensure that these mistakes were not repeated. All the recommendations underlined in the investigating officer's report will be implemented.
Independent Sector Home Care	Lessons Learnt
Regarding a complaint from a family carer about a commissioned provider failing to attend to his mother-in law's home regularly as per her care plan.	The company has put in place a system to talk to carers weekly by phone to confirm the calls to be made and to monitor this by weekly calls to make sure calls are not missed.
Care Delivery	Lessons Learnt
A complaint was made about the attitude of his son's social worker, lacking understanding and empathy as well as his professional attitude in working with a man with a rare and debilitating illness.	Feedback was given to the worker regarding practice areas. The Service Delivery Manager assures the complainant that lessons have been learnt from the complaint and that further training will be offered to social work staff.
Care Delivery	Lessons Learnt
A complaint was made about the failure of ASC to manage an extension of a sitting service over a weekend with the provider. The response from the social worker was poor and tried to put the responsibility of care back on to the family.	The Service manager upheld the complaint and has taken up the issues raised with the worker and the rest of his team to ensure that their practice responds positively to people asking for help in the future.
Care Delivery	Lessons Learnt
Following a complaint from a service user about the behaviour of fellow residents	A meeting was held with service users and staff to discuss the issues raised in the complaint. House rules drawn up and regular house meetings to be implemented

Care Delivery	Lessons Learnt
A complaint regarding the quality of care a service user is receiving whilst in extra care housing	The service manager puts in place an action plan and this will be monitored on a daily basis.
Resources and Strategy	Lessons learnt
A complaint was raised about the lack of information regarding a change to funding arrangements for a service user in an out-of authority residential placement causing confusion with the family and the provider.	Head of Finance apologises for not providing the required information. The Community Care Finance manager has taken this up with the worker concerned and his team to ensure this does not happen again.
Resources & Strategy	Lessons Learnt
A complaint from a service user about a delay in receiving an invoice for payment following her financial assessment which made her feel stressed as it will likely mean a large bill will arrive which she cannot afford to pay.	The investigating officer explains the reasons for the delay and waives the charges for the period up to the current date. Arrangements are now in place to ensure that billing will commence for all customers from now on.
Resources & Strategy	Lessons learnt
A complaint from the parent of a disabled service user regarding a delay in the transfer of monies from the Direct payments team to the team at ASSIST. As a result her son's PA has not been paid for 2 months and the complainant is extremely stressed as a result.	The Community Finance manager apologises for the delay and rectifies the situation. He adds that a new team has been set up to deal with payment backlogs and queries to try and prevent the issues raised.

Complaints and Compliments

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