Complaints and Compliments
Annual Report

1 April 2013 - 31 March 2014

Adult Social Care Customer Services

Contents

Executive Summary

Executive Summary

This report provides information about compliments and complaints received between 1 April 2015 and 31 March 2016 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 customers' 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 increasing demand on budgets at a time when customer expectations of what they can expect from Social Care is high, 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 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 user 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 front line support and professional staff including staff of commissioned providers so that they understand the health and social care complaints process and how this dovetails to their systems. Training was provided to 300 support and professional staff.

- Continuing to promote the complaints service across all Adult Social Care operational teams by attending their Team meetings to share the key issues highlighted, the national picture and the impact this will have on their practice.

- Further strengthening links with our NHS partners and Advonet via the Leeds citywide Complaints Managers Group which is chaired by the Leeds Healthwatch Chief Executive. 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.

- 618 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.
- 466 complaints were recorded compared to 433 in the previous year, representing an increase of just over 7.5**%**. 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 resolving complaints within timescales agreed with the complainant are continuing. 98% of complaints were responded to within 20 working days similar to 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.
- 20 enquiries were made to the Local Government Ombudsman compared to 9 the previous year. A breakdown of the 20 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 2015 and 31 March 2016, 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 a commissioned 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 11,312 people received a service from Adult Social Care.

When looking at the total number of complaints of 466, therefore, 4.1% of customers or someone acting on their behalf raised a complaint about a service that they received and 618 (5.45%) 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	**2015/16**	%	2014/15	%
Re-ablement Service	**286**	46.3%	**314**	49.5%
Mental Health Residential and Day Services	**91**	14.7%	**79**	12.5%
Learning Disability Housing and Day Services	**65**	10.5%	**40**	6%
Access and Care Assessment and Care Management	**59**	9.6%	**64**	10%
Resources and Strategy	**29**	4.7%	**16**	2.5%
Older People Residential and Day Services	**27**	4.4%	**15**	2.5%
Learning Disability Assessment and Care Management	**20**	3.2%	**23**	3.5%
Mental Health Social Work	**18**	3.0%	**-**	-
Strategic Commissioning	**11**	1.8%	**6**	1%
Equipment and Adaptations	**5**	0.8%	**35**	5.5%
Independent Sector Home Care*	**4**	0.6%	**7**	1%
Physical Disability Residential & Day Services	**2**	0.3%	**33**	5.5%
Leeds Shared Lives	**1**	0.1%	**-**	-
Transport/Meals	**-**	-	**2**	0.5%
Independent Sector Care Homes	**-**	-	**1**	-
Total	**618**	100%	**635**	100%

***In addition to the 4 compliments about commissioned services which were sent directly to the Adult Social Care Complaints Team, providers received 979 compliments sent to them directly. These are shared with the Adult Social Care Contracts Team as part of the Quality Standards Assessment return.**

6.1 Table 1 above details the number of compliments received during 2015/16 reporting period. 618 compliments have been received compared to 635 in the previous year. 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 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 Re-ablement Service which saw the number of compliments received drop slightly to 286 compared to 314 in the previous year. 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:

"Dear Elaine just a quick note to say thanks for your support in selecting and providing a team of care workers to improve the quality of life for M. and a life line for myself. The intervention came at a critical time for both of us… the reablement team have given me the strength and help to bear and share the crushing responsibilities of caring for M. They came into our home as strangers but in a consistent and dignified way looked after M with a smile and a genuine level of care which was brought back memories of times past. We have a pet name for them (Elaine's Angels) It has been much more than just personal care - they have given us both hope and love."

"I have found the two workers provided by the Skills team excellent. They have given me excellent care, support and encouragement and treated me with respect and dignity. I have been able to make progress in the tasks. They have helped me with their encouragement to grow in confidence and can now do more things myself. I would not hesitate to recommend this service to others."

"I am happy to voice my honest compliments regarding the team of carers who have cared for me over the recent weeks. They were not only professional but committed to their work, Polite, courteous and very caring at all times. I found myself looking forward to their visits each day, while at a low time in my life they lifted my spirits."

"Cannot be more pleased with the help and support given by the ladies. Their attitude to the work and helping is second to none. At first I was a little apprehensive how my father would accept the help offered. I had no need to worry always smiling always helpful, their outlook on life is infectious and dad and I are very grateful for their help. Thank you just isn't enough."

6.4 Mental Health Provider Services received 91 compliments in this period compared with 79 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:-

"*What I got here was sheer acceptance. It's changed my whole life. I had no self-esteem, but it's a different story now." She is particularly grateful to Cassandra and Uriel from the service, who she describes as "amazing" and who made her feel listened to and understood."*

"From the bottom of our hearts we would like to thank you for your care and kindness shown to our wonderful Joan when we were struggling to care for her in her own home safely you came to our rescue. It is such a shame her condition deteriorated so suddenly and she is no longer able to stay with you all, where we know she was happy."

6.5 The Learning Disability Housing and Day care services received 65 compliments in this period as opposed to 40 last year.

Some examples of the compliments are as follows:

"Thank you all so much for the help, encouragement and guidance you have given to James over the past 2 years, we are so grateful for all you have done for him."

"I would like to take this opportunity to thank you and everyone involved in G's care for the love you all gave her. I know she had a very happy life and this was entirely down to the wonderful care and the support given to her throughout her life by all your staff."

6.6 The number of compliments for commissioned independent sector home care providers sent to Adult Social Care Complaints Team directly is 4. In addition to this the providers received 979 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 59 compliments were received for the Access and Care Assessment and Care Management, compared with 64 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:-

"I would like to say it has been a pleasure working with you on E's case and I am very pleased at what was a very difficult situation for her at home has now had a happy ending. You dealt with E (who can be a challenge!) perfectly and professionally, going above probably what was expected! A credit to LCC social care."

"G's key worker contacted me very soon after the incident and suggested a meeting with him. I was instantly impressed with how proactive she was in putting measures in place to help G. She provided him with a brilliant service throughout and managed to get him rehoused and put measures in place to assist him with this. She clearly understood his needs and managed to convince him to move. I would like to thank her for all her hard work and make her management aware that she really is a great social worker – by far the best I have ever come across"

6.8 Compliments about Resources functions increased over this period from 24 last year compared to 29 this year. Community Care Finance services received 10 compliments, thanking staff for the work they had done regarding service users' finances; and the Complaints service received 18 compliments.

The following compliment for the Complaints Team was sent by a Chief Executive of an Independent Sector provider:

"I have just read this report and it is full of excellent guiding principles, useful recommendations and examples of good (and not so good!) practice.
I have forwarded this to our Exec Team and our Board of Trustees. We will be benchmarking our own approach to complaints against this and making improvements if necessary.
Thanks again - we really appreciate all the resources and information you send out to us. We try to stay abreast of all policy and practice developments but it isn't always possible to access everything.

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. Please record this as a compliment on your corporate system!"

6.9 In-house residential care homes and day services for older people received 27 compliments compared to15 last year. Family members gave thanks for the staff teams providing excellent care to relatives.

Some examples of the compliments received are as follows:-

"*Over the years we could see that all the staff were a team, more than a team, they were like one big family. Every resident was treated with respect and dignity, a laugh, and a joke, it is such a relaxed atmosphere. In the last year of mums' life she succumbed to a number of illnesses. On one of the last times the doctor was called we were told mum needed End of Life Care and could either go in to hospital or if staff were willing mum could stay at Holmlea. Immediately three of the staff who were in attendance requested permission from us that mum could stay with them. We knew mum would be looked after in hospital but not like the care and attention she would receive at Holmlea. The love and dignity that mum received until the end was above and beyond the call of duty."*

"As a family, we would highly recommend Parkside Residential Home to anyone. It is not the most posh, (we looked at some of those and were quite perturbed) but it has a wonderful atmosphere, is very homely, clean, with good food, a happy, welcoming and friendly staff who obviously work to very high standards of care and ethics in how they deal with their residents."

"I knew I could leave my vulnerable, elderly mum in a safe, caring and secure environment, knowing all her needs would be catered for, which is a very special feeling. My mum described Richmond House as a 'home from home' and compared service standards on her return to her own residence! Thank you to every single person who is involved with this amazing facility which should be the copy book on how all care homes are run throughout the country'

6.10 Learning Disability Assessment & Care Management received 20 compliments compared to 23 last year. One example is the following for a Transitions social worker:

"This is the second visit we have received from Gillian who is assisting us all through the current changes. (Our son) is 17-years-old, has Athetoid Cerebral Palsy and uses a Communication Aid to speak with and, as you can imagine, there have been many, many Social Workers who have come and gone and (he), nor we, have never really had the greatest of experiences with these workers. Gillian, however, is in another league entirely and we cannot fully express just how good she is and how amazing, helpful and informative she has been. From the first, she has arrived on time (which is very important to us) and fully listened to (his) wishes and was led by him which is evidenced by the completed assessment form which, for the first time ever, we have not sent back due to having serious concerns about the content! The form reflected exactly what (he) and we, his parents, discussed and asked for and it was also done in a massively positive way about (him) in which his abilities were also noted as opposed to just a list of disabilities. Gillian's positive attitude towards disability is a refreshing welcome to us as after years of battling with Social

Workers and trying to make them see beyond (his) wheelchair and see him as the funny, intelligent person he is, it has never really happened until Gillian became involved. We would like to pass on our thanks and praise to Gillian for her professionalism and approachability which has made this whole process so straightforward and stress-free for us all. (Our son) has said that he would also like to write and express his gratitude and said that he will be doing this later today."

6.11 Mental Health social work received 18 compliments in 2015/16, having received none last year. The following example was sent by a relative of a service user:

"Compliment for Peter Donnelly. I just wanted to thank you for your professionalism and your care yesterday. You helped us all feel informed and contained in an extremely difficult time. I know your job is extremely difficult."

6.12 Equipment and Adaptation's services have received 2 compliments compared with 35 last year.

6.13 Commissioning Services received a total of 11 compliments this year compared to 6 last year.

An example of the compliments received is:

"We are very grateful to Maggie King for the smooth transition to another care provider when we were being dropped by another provider .She made a real difference to the difficult situation. We survived because of her dedication, she even rang us up on a Sunday to make sure we were ok"

7. Review of complaints received

Table 2 – Complaints received by service area

	2015/16		2014/15	
Service area	**Number of complaints**	% of total complaints	Number of complaints	% of total complaints
Total	**466**	100.0%	**433**	100.0%
Access and Care Assessment and Care Management	**139**	29.8%	**85**	19.5%
Access and Care Blue Badge Applications	**74**	15.9%	**119**	27.5%
Learning Disability Assessment and Care Management	**47**	10.0%	**37**	8.5%
Support services	**45**	9.7%	**31**	7.1%
Access and Care Equipment and Adaptations	**43**	9.2%	**27**	6.1%
Mental Health Assessment and Care Management	**28**	6.0%	**18**	4.2%
Other Council Department	**13**	2.8%	**10**	2.3%
Mental Health Accommodation and Day Services	**12**	2.6%	**10**	2.2%
Older People Direct Provision Day Services	**11**	2.4%	**3**	0.7%
Skils / Reablement	**10**	2.1%	**31**	7.1%
Aspire	**7**	1.5%	**13**	2.8%
Independent Sector Home Care*	**7**	1.5%	**23**	4.9%
Strategic Commissioning	**7**	1.5%	**8**	1.8%
Independent Sector Care Homes	**6**	1.3%	**10**	2.1%
Independent Sector Other	**5**	1.1%	**3**	0.6%
Older People Direct Provision Residential Care	**5**	1.1%	**3**	0.6%
Safeguarding Unit	**3**	0.6%	**1**	0.2%
Learning Disability Commissioned Services**	**2**	0.4%		
Home Care – Long Term Generic in-house	**1**	0.2%		
Care Communication	**1**	0.2%	**1**	0.2%

*** In addition to the 7 complaints about the independent sector home care services which were sent directly to the Adult Social Care Complaints Team, 311 complaints were sent directly to home care commissioned providers. **179 complaints were sent directly to Learning Disability, Mental Health and Physical & Sensory Impairment commissioned providers. These figures are shared with the Adult Social Care Contracts Team as part of the Quality Standards Assessment return.**

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 466 complaints in this reporting period, an increase of 7.5% 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 59% of complaints were either upheld or partially upheld.

Outcome	2015/2016	%
Upheld	**142**	30.5%
Not upheld	**142**	30.5%
Partially upheld	**133**	28.5%
Inconclusive	**22**	4.7%
Withdrawn	**17**	3.7%
Ongoing	**10**	2.1%
Total	**466**	100%

9. Nature of Complaints

The nature of complaints received were mainly in relation to

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

9.1 Quality of Service – assessment and care management. The 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:

- Social workers not informing people about the requirement for services users to contribute to their care charges.
- Poor communication, inadequate involvement of families and insufficient provision of information to help families make choices
- Delayed discharges from hospital.
- Delays in identifying appropriate residential care provision.

- Disagreement with the assessments of service users' mental capacity.
- Social workers failing to provide them with the right information about what they are entitled to and what they can 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.
- Delays in allocating social workers to begin reviews and assessments.
- The conduct of Safeguarding investigations, including the decisions taken during an investigation and the outcomes.

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

- Lack of communication between the care provider and Council staff having an impact on provision of services
- The failure to provide a settled carers team for service users who require continuity and consistency.
- Missed or late calls, resulting in medication not being taken on time.
- The availability of home care services when people's needs change (for example when fit for discharge from hospital)

As reported last year, the Social Care Complaints Service has continued to invest in Complaints 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.

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

- Service users feeling under pressure as the Care Assistant rushing the visit.
- Relatives of people receiving a Reablement service have queried the level of support provided.
- Inconsistency of staff leading to problems of care for service user.
- Transfer of service provider having an adverse effect on health and well-being of service user.

9.4 **Quality of Service – Older People's Residential Care Services** complaints have included the following:-

- Lack of appropriate support for a resident's deteriorating medical condition.
- Service user's partner unhappy that he will have to go to a new respite placement. The reasons for this were not properly explained to her.

- Lack of communication from residential establishment to complainant when resident was hospitalised.

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

- Withdrawal of equipment leading to service user being unable to contact emergency services when she fell at home.
- Challenging the recommendations made by Occupational Therapists.
- Delay in delivering equipment.
- Difficulties in contacting the equipment service.
- Delay with repairs leading to service user falling and suffering injury.
- Equipment delivered but left in inappropriate place, leaving service user to struggle to get it in place.
- Alleged failure of telecare equipment to work properly.

9.6 74 complaints were made about the outcome of **Blue Badge assessments** compared with 119 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.

9.7 **Charging/Finance was** the third most common cause for complaining. These complaints related to:

- Delays in producing invoices leading to service users building up a large debt to the Council.
- Delays in payment to residential providers
- Whether charges imposed on service users' residential care are valid.
- Confusion over CRAG including deferred charges and the 12 week disregard.
- Incorrect increases to top-up charges.
- Delays in commencing or increasing Direct Payments.

9.8 **Poor Customer Service** was the fourth 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:-

- Alleged bullying and intimidating behaviour of social workers.
- Service Users and family members feeling harassed into taking action they didn't need to take.
- Breaches of confidentiality.

- Social workers attitude during assessments and safeguarding investigations.
- Failure to return telephone calls.
- Allegations of impartiality and collusion in family disputes.

10. Formal investigation

This year 6 of the 466 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

20 complaints have been made to the Ombudsman in this reporting period compared to 9 the previous year. A breakdown of the Ombudsman enquiries and the findings are detailed in Appendix 5 of this report.

The themes are as follows:-

Access and Care – Assessment and Care Management

7 complaints related to Access and Care, Assessment and Care Management cases. In 2 cases the Ombudsman found no fault and closed her enquiry.

In 2 cases the Ombudsman found fault but concluded that the service users had suffered no injustice, therefore, no remedy was recommended:

- Concerns about the safeguarding process and practice resulting in delays and a process that was not clearly explained to the complainant. As the Council had commissioned an independent person to investigate complaint, and had already acknowledged the failings, the Ombudsman found that the Council had taken sufficient action to put things right.
- The Council had delayed arranging the transfer of a case of a person who had moved to another local authority. As the Council had continued to support the service user until the transfer was completed the Ombudsman recommended no further remedy.

One case was outside the Ombudsman's jurisdiction and the investigation was closed.

2 Ombudsman enquiries are ongoing.

- One is a mixed sector complaint involving, Adult Social Care, Leeds Teaching Hospitals NHS Trust, the Clinical Commissioning Group, NHS

England (2 GPS) and an independent Care Home. The Ombudsman is still in the process of reviewing this complaint.
- The other ongoing complaint involves Adult Social Care and an independent commissioned care provider.

Mental Health

5 complaints were made about Mental Health social work. In one of these the Ombudsman found fault, but she concluded that this fault had already been acknowledged by the Council during its consideration of the complaint under the internal complaints procedure, and that the remedies already provided by the Council were sufficient. She therefore closed the complaint without undertaking any further investigation. 2 complaints were closed after no fault was found. 1 complaint was outside the Ombudsman's jurisdiction. 1 investigation is ongoing.

- The Council accepted fault in failing to accept a referral and carry out an assessment. The Ombudsman accepted the Council's already offered remedy for its failing.
- A mixed sector complaint with L&YPFT. A complaint that the hospital admission was inappropriate and not adequately explained and the Trust's handling of the complaint. The Ombudsman found no fault with Adult Social work practice but fault was found with the Trust for failing to explain the purpose of the hospital admission and awarded a remedy £250 in recognition of the distress to the service user.
- A mixed sector complaint with L&YPFT. Complaints that the Council and the Trust failed to provide support services to meet their health and social care needs; lack of communication between the Council and Trust; delays in the Council assessing their needs and in providing a support package. The Council accepted fault for taking too long to assess and also in providing a support package and offered £2,365 to acknowledge the injustice caused by the delay in assessment and in providing the support package (this is what it would have cost to provide the service without the delay and we agreed to pay the service user's parents £500 in acknowledging the impact on them as his carers. The Ombudsman found that there was an unacceptable delay from the Trust in responding to the complaints and recommended that the Trust make a payment for the injustice caused by the delays.
- 1 no fault was found. This was from a service user who regularly complains about the quality of his accommodation and not being able to access services or support. When support is arranged the complainant fails to attend and when maintenance or inspections are arranged to carry out on the accommodation he denies them access.
- 1 complaint was outside the Ombudsman's jurisdiction. The complaint was about a Social Care service user being unfairly evicted from their home. Following review of the complaint, the Housing Ombudsman did not uphold the complaint, with an outcome of outside jurisdiction. This was because the conduct of Adult Social Care would be for the Local Government Ombudsman to consider.

Blue Badge complaints

In this reporting period the number of Blue Badge complaints increased from 2 to 4. In all these cases the Ombudsman found no fault in the decision not to award a blue badge.

- 3 of the complainants were offered a re-assessment, however, the outcome following a re-assessment was not to award a blue badge and the Ombudsman found no fault in the decision not to award a blue badge.
- 1 complainant was not offered a re-assessment and the Ombudsman found no fault in the decision not to award a blue badge.

Learning Disability – Assessment and Care Management

2 complaints were made about Learning Disability Assessment & Care Management, in one of which no fault was found. The other investigation is ongoing.

Mental Health Day Service

One complaint was made about a Mental Health Day Service case. This was closed after an initial review and no maladministration was found.

Independent Sector – Extra Care Housing

One complaint about an independent sector extra care housing provider was premature and was referred back to the Council for investigation under its internal complaints procedure.

12. Local Settlements and Public Reports

Where the Ombudsman finds fault she may recommend a local settlement or issue a public report. In this reporting period she did not recommend a local settlement and none resulted in a public report.

No financial payments were made to complainants as a result of Ombudsman investigations in this period.

13. Timescale Performance

13.1 The statutory timescale for acknowledging complaints is 3 working days. In 2015/16 performance against this timescale was 98%, an improvement on the previous year (97%).

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 improved slightly to 98% compared to 97% 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 Complaints Training provided to front line staff and 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 £10,083.22 has been paid in compensation to complainants.

Of this £2,250 was paid out of recognition of significant failings identified by complaints investigations, and of the time, trouble and distress caused by making a complaint.

£6,790.82 was paid to reimburse costs that the Council has accepted complainants had incurred as a result of the failings identified by complaints investigations.

£1,042.40 of care fees were waived in recognition of failings in service provision.

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.

15.2 125 people chose to make their complaints by letter compared with 173 the previous year. This remains the most popular way for people to make their complaints. The numbers using email increased by one to 102 (22%) on the previous year. The numbers of people using the complaints form dropped to 12 (2.6%) from 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 (25); telephoning the Contact Centre (which increased significantly to 85 from 49 last year); and visiting Head Office (1).

15.4 The Complaints Team has worked closely with the Personal Assistants to the Directorate Leadership Team to ensure that any complaints made via enquiries from Elected Members are registered and investigated in accordance with the complaints regulations. As a result the numbers of complaints received from Elected Members on behalf of a constituent rose to 71 from 11 the previous year. 6 complaints were referred to the Council by the Local Government Ombudsman.

15.4 The trend of relatives (152, 32%) and carers (96, 21%) making complaints rather than service users themselves has continued this year, although this year there has been a further drop in the numbers of service users complaining in their own right, down to 157 (34%) compared to 197 (45%) 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. 67% of all complaints have ethnicity recorded, reflecting an increase on 53% last year. 99.8% have gender recorded and 86% of complaints state whether the person was disabled or not (an increase on 80% of people willing to provide this information last year). A breakdown of the equality related information provided by complainants is detailed in Appendix 6 of this report.

16.2 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. The return rate in this reporting period was less than 2%. Efforts will be made to understand the reasons for the low return rate and report on this in the next reporting period.

19. Developments / updates – 2015/16

2015/16 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 Complaints training for front line support and professional staff has continued from the previous year. The training for this reporting period was targeted at staff within Adult Social Care Older People Services and commissioned provider staff involved in resolution of complaints. The Complaints Team has continued to extend the Complaint training to commissioned services' staff. This is especially because the

Local Government Ombudsman has been very clear that where there is fault or care falls short, the Council as commissioner is accountable for the actions of the provider they have commissioned to carry out the service. The training, therefore, aims to build capability and capacity in resolution of complaints which are made directly to the providers about commissioned services. It is also important for commissioned provider staff to understand the health and social care statutory complaints procedure and how this dovetails to their systems. In addition, the training focuses on customer service, staff behaviour and the role that workers have in resolving complaints. In the reporting period, the training was provided to 300 staff.

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 and and Leeds & York Partnership Foundation Trust have adopted the core branding.

21.3 Information for people with a Learning Disability has been published and we are in the process of updating information for Deaf people who use British Sign Language.

22. Complaints Handling – national developments

22.2 **Local Government Ombudsman Review of Adult Social Care Complaints 2014-15 Report published on 12 November 2015**: The Ombudsman published its second Annual Review of Adult Social Care complaints (2014/15) highlighting a number of issues where, nationally, complaints handling could be improved particularly highlighting the need for clear accountability, better signposting, support, a positive experience and a quality response for people who use social care services.

The Ombudsman also highlighted the need to work even more closely with commissioned providers by ensuring that, as commissioners, the Council has robust mechanisms in place to hold providers to account for their approach to welcoming and resolving complaints. That Councils should ensure that they include clear arrangements for receiving and responding to complaints in their Contracts with commissioned providers – and as an indicator of performance.

22.3 **Department of Health chaired Complaints Programme Board:** As part of the Government's response to Sir Robert Francis QC investigations in respect of Mid-

Staffordshire Foundation Trust and the complaints review undertaken by the RT Hon Ann Clwyd and Professor Patricia Hart, a Department of Health Chaired Complaints Programme Board was set up to address the recommendations in these reports. The membership of the Board runs across the care system and its membership includes CQC, LGO, PHSO, LGA, Healthwatch England, ADASS and the National Complaints Managers' Group (England).

The following list outlines the progress made:-

NHS Constitution Supplement:

The Department of Health committed to developing an easy to understand narrative to provide service users with information on how to raise a concern or to make a complaint if they are dissatisfied with the service they have received from the NHS. This narrative is to become part of the NHS Constitution website.

STATUS: Complete

Building Complaints into CQC Regulation and Inspections

The quality of complaints handling by a provider being a key component of CQC's inspection programme.

STATUS: Complete

Complaints Data into NHS Electronic Data System Published Quarterly:

The Department of Health, working with the Health and Social Care Information Centre committed to developing a system that enabled Trusts to publish accurate, detailed quarterly data on the number of complaints received and to enable comparison across hospitals.

The overall aim of the revisions is to provide members of the public and regulatory bodies with frequent, more meaningful data which will identify organisations whose level of complaints, whether high or low, suggests there may be cause for concern.

STATUS: Complete

A measurable Vision for Complaint handling Across health and Social Care:

The Parliamentary and Health Service Ombudsman, Healthwatch England and the Local Government Ombudsman have been leading a project to develop universal expectations for complaints handling to drive improvements in service user and patient satisfaction with complaints handling.

STATUS: Complete

Regular and Standard Method to Survey Complainants:

Exploring the options for introducing a regular and standard way of surveying people who have made a complaint to find out whether they were satisfied with the way it was handled.

STATUS: Ongoing

Setting of Standards for Complaints Advocacy:

Developing a set of national standards for the delivery of independent complaints advocacy services.

STATUS: Complete

Review of PALS:

This work is to consider the effectiveness of the Patient Advice and Liaison Services within the wider NHS.

STATUS: Initial Work Complete. Further work to be undertaken.

Evaluation of NHS Complaints Advocacy Arrangements

This project is to consider the effectiveness of NHS complaints advocacy services with particular regard to the delivery of services.

STATUS: Initial Work Complete. Further work to be undertaken.

22.4 **Local Government Ombudsman Casework Guidance Statement on jurisdiction on Safeguarding Adults Boards and Complaints about Safeguarding Adult Boards (SABs)**

The introduction of the Care Act together with lessons learnt from the Local Government Ombudsman's (LGO) previous involvement in complaints about safeguarding adult boards and serious case reviews led the LGO to review its approach to how such complaints are investigated.

Prior to the Care Act the LGO did not generally investigate complaints about the actions or decisions of SABs on the basis that it was not clear that they constituted an administrative function of a Local Authority. However, with the changes introduced with the Care Act, the LGO consider that they can now look at the actions of SABs, including actions of professionals who are not employees of the Council. The Guidance is helpful and includes an appendix that lists examples of complaints which should appropriately be handled under the Social Care statutory complaints procedure.

23. Other priorities to be taken into account during 2016/17 include:

- Contributing to the Council achieving its vision of a more enterprising Council, working with partners and businesses who are more civic and a more engaged public.
- Evidencing how the Adult Social Care Directorate is meeting its priorities of keeping people safe from harm, people feeling safe and people living with dignity and staying independent for as long as possible because the Complaints Service is a useful tool for indicating where services may need adjusting and/or were they are working well.
- Continuing to work closely with operational and support services' teams, sharing lessons learned from customer feedback to inform practice and service improvements.
- Continuing with the Complaints training programme of 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 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

The current developments in Health and Social Care Services which represents the most significant reforms of care and support by putting people and their carers in control of their care and support, the impact of commissioned services' failings and mixed sector complaints has potential to increase pressure on the Complaints Service in terms of volume and complexity. 2015-2016 has been a busy, challenging and successful year for the Adult Social Care Complaints Team. In a year of on-going change with increasing demand on budgets at a time when customer expectations of what they can expect from Social Care is high, the focus for the Complaints Team is to maintain and/or raise the standard of complaints handling by focussing on improving the customer experience when things go wrong.

The Complaints Team will continue to work with staff at all levels to ensure that the complaints procedure is accessible, open/transparent and it is trusted by people wishing to access it. 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.

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 feel 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:

Complaints Service, Leeds City Council, Adult Social Care, PO Box 848, Leeds LS1 9PQ

Telephone: (0113) 2224405. If you are a textphone user you can contact us on (0113) 2224410

Email: Judith.kasolo@leeds.gov.uk

Complaints Team Members include:

Judith Kasolo, Head of Complaints, Dominic Wyatt, Complaints Manager;

Tina Price, Complaints Officer and Sarah Jones, Complaints Co-ordinator

Appendix 1 - Compliments received by service area

Service area	**2015/16**	%	2014/15	%
Community Support Service	**286**	46.3%	**314**	49.5%
Mental Health Residential and Day Services	**91**	14.7%	**79**	12.5%
Learning Disability Housing and Day Services	**65**	10.5%	**40**	6%
Access and Care Assessment and Care Management	**59**	9.6%	**64**	10%
Resources and Strategy	**29**	4.7%	**16**	2.5%
Older People Residential and Day Services	**27**	4.4%	**15**	2.5%
Learning Disability Assessment and Care Management	**20**	3.2%	**23**	3.5%
Mental Health Assessment and Care Management	**18**	3.0%	**-**	-
Strategic Commissioning	**11**	1.8%	**6**	1%
Equipment and Adaptations	**5**	0.8%	**35**	5.5%
Independent Sector Home Care	**4**	0.6%	**7**	1%
Physical Disability Residential & Day Services	**2**	0.3%	**33**	5.5%
Leeds Shared Lives	**1**	0.1%	**-**	-
Transport/Meals	**-**	-	**2**	0.5%
Independent Sector Care Homes	**-**	-	**1**	-
Total	**618**	100%	**635**	100%

Appendix 2 - Complaints by service area

	2015/16		2014/15	
Service area	**Number of complaints**	% of total complaints	Number of complaints	% of total complaints
Total	**466**	100.0%	**433**	100.0%
Access and Care Assessment and Care Management	**139**	29.8%	**85**	19.5%
Access and Care Blue Badge Applications	**74**	15.9%	**119**	27.5%
Learning Disability Assessment and Care Management	**47**	10.0%	**37**	8.5%
Support services	**45**	9.7%	**31**	7.1%
Access and Care Equipment and Adaptations	**43**	9.2%	**27**	6.1%
Mental Health Assessment and Care Management	**28**	6.0%	**18**	4.2%
Other Council Department	**13**	2.8%	**10**	2.3%
Mental Health Accommodation and Day Services	**12**	2.6%	**10**	2.2%
Older People Direct Provision Day Services	**11**	2.4%	**3**	0.7%
Skils / Reablement	**10**	2.1%	**31**	7.1%
Aspire	**7**	1.5%	**13**	2.8%
Independent Sector Home Care	**7**	1.5%	**23**	4.9%
Strategic Commissioning	**7**	1.5%	**8**	1.8%
Independent Sector Care Homes	**6**	1.3%	**10**	2.1%
Independent Sector Other	**5**	1.1%	**3**	0.6%
Older People Direct Provision Residential Care	**5**	1.1%	**3**	0.6%
Safeguarding Unit	**3**	0.6%	**1**	0.2%
Learning Disability Commissioned Services	**2**	0.4%		
Home Care – Long Term Generic in-house	**1**	0.2%		
Care Communication	**1**	0.2%	**1**	0.2%

Appendix 3 - Complaints—how received

How received	2015/16	%	2014/15	%
Letter	**125**	26.8%	**173**	39.7%
Email	**102**	21.9%	**101**	23.0%
Corporate call centre	**85**	18.3%	**49**	11.0%
Telephone	**36**	7.7%	**36**	8.3%
Via staff	**25**	5.4%	**36**	8.3%
Form	**12**	2.6%	**16**	3.7%
Via an elected member	**71**	15.2%	**11**	2.5%
Via an Advocate	**3**	0.6%		
Via the Ombudsman	**6**	1.3%	**7**	1.6%
In person	**1**	0.2%	**4**	0.9%
Total	466	100.0%	433	100.0%

Complaints—received from

Complainant—how involved	2015/16	2014/15
Carer	**96**	**73**
Service user	**157**	**197**
Relative	**152**	**105**
Other agency	**24**	**21**
Other	**21**	**22**
Advocate	**12**	**1**
Parent	**4**	**12**
Worker	**0**	**2**

Appendix 4 - Timescale performance

	Acknowledged within		Responded within	
	% within 3 days	% after 3 days	% within 20 days	% after 20 days
Access and Care	99%	1%	98%	2%
Strategic Commissioning	96%	4%	100%	
Resources	95%	5%	100%	
Total	**98%**	**2%**	**98%**	**2.0%**

Appendix 5 - Breakdown of Ombudsman complaints and enquiries received between 1 April 2015 and 31 March 2016

	Outcome							Total
	Closed after initial enquiry - no investigation.	No fault found	Maladministration No Injustice	Outside Jurisdiction	Maladministration and Injustice	Premature	Ongoing	
Mental Health Social Work	2			1	1		1	5
Learning Disability Assessment and Care Management		1					1	2
Access & Care Assessment and Care Management		2	2	1			2	7
Access and Inclusion Blue Badge	4							4
Mental Health Day Service	1							1
Strategic Commissioning – Independent Provider						1		1
Total	7	3	2	2	1	1	4	20

Appendix 6 - Complainants by ethnicity provided by complainants

Ethnicity	**2015/16 Number**	%	2014/15 Number	%
White British	**296**	63.4%	219	50.7%
Not known	**152**	32.6%	186	42.9%
Black Caribbean	**6**	1.3%	3	0.7%
Pakistani	**5**	1.1%	8	1.8%
Black Other	**3**	0.6%	1	0.2%
Indian	**2**	0.4%	9	2.1%
Other	**2**	0.4%	2	0.5%
Chinese	**1**	0.2%	1	0.2%
Black African	**0**	-	4	0.9%
Total	**466**	100.0%	433	100.0%

Complainants by gender

Gender	**2015/16 Number**	%	2014/15 Number	%
Female	**282**	60.5%	258	60.0%
Male	**172**	36.9%	163	37.4%
Joint (married / partnership)	**11**	2.4%	8	1.8%
Not known	**1**	0.2%	4	0.8%
Total	**466**	100.0%	433	100.0%

Complainants by disability provided by the complaints

Disability	**2015/16 Number**	%	2014/15 Number	%
Disabled	**222**	47.6%	194	44.9%
Non-disabled	**179**	38.4%	152	35.2%
Not known	**65**	13.9%	47	19.9%
Total	**466**	100.0%	433	100.0%

Appendix 7 - Lessons Learnt

Access & Care Mental Health Day Sevices	**Lessons Learnt**
Following changes to the way ASC community mental health services are organised, the generic letter sent to service users informing them of the changes was neither dated nor signed	Community Mental health service managers were reminded of the standard of written correspondence with services users. All correspondence must be accurate, dated and look professional on the headed LCC template.
Concerns about the length of time the service user failed to attend (6/7 weeks) a Day Centre before staff alerted other agencies (ie GP, Police). The service user was found to have been dead in his property for 6/7 weeks.	That staff should follow up non-attendance at the day centre by service users within a reasonable time frame, dependent on their use of the centre and as identified within the support plan. The performance and quality monitoring tool is used daily by managers and staff. All service users have a support plan which identifies contact time with a service. Clear escalation lines are now in place for the alerts to managers and other agencies.
Access & Care Assessment & Care Management	**Lessons Learnt**
Adult Social Care together with its NHS partners to review the information and publicity available to service users regarding the detail of charges for differing residential care services.	The charging review has taken place. Social Workers do take out the charging booklet with them. A leaflet has been designed to sit within the documentation given to people admitted to hospital which clearly differentiates between the different types of beds and whether they are free long term, short term or charged for.
Access & Care Assessment & Care Management	**Lessons Learnt**
Adult Social Care to review the guidance to staff regarding review processes of home care packages when there is active social work involvement.	To develop guidance in line with the new Care Act 2014 regarding carrying out a social work review of people who are in receipt of home care. This is ongoing as an End to End review is planned to streamline the assessment, support planning and review processes.

Access & Care Assessment & Care Management	**Lessons Learnt**
A complaint highlighted the need for social workers to share copies of assessments, care plans, CHISA's and top-up agreements with service users and their representatives and to place signed copies on the file.	Copies of draft LGO decision statement, and LGO Focus Report of Sept 2015 "Counting the Cost of Care" shared with relevant Heads of Service in Access & Care for discussion in team meetings, and a staff communication has been drafted for inclusion in "Change Communication".
Access and Care Assessment & Care Management	**Lessons Learnt**
Regarding the transfer of a Leeds resident to City of York Council, the Ombudsman found that Leeds delayed requesting the formal transfer of the service user's care to York. This did not cause an injustice as Leeds continued to fund the care during this time. In response to the Ombudsman's enquiry we stated that Leeds has learned from this case that in the future it should notify the other local authority from the date the person's residency changes. Whilst Leeds acted with the best of intentions in not making a referral until it had completed its review in August 2013, an earlier referral would have enabled joint working with York from the outset and potentially would have flagged up any potential problems and disagreements earlier in the transfer process.	A briefing shall be circulated with the Ombudmsna's decision statement instructing SDMs to ensure that this is discussed at Team Meetings so that managers and workers are aware of the need to make a referral to the receiving local authority immediately so that the transfer can begin at the earliest opportunity. A summary shall also be drafted for inclusion in "Change Communication".
Access & Care Safeguarding	**Lessons Learnt**
That current documentation regarding information on the process for Safeguarding Conferences including what happens after an allegation is made, what happens at conference and what happens after conference including	The current procedures and guidance have been reviewed. The West Yorkshire forms used by Leeds include guidance for staff on where to record the views of adults at risk and people who are believed to be the source of risk.

timescales is reviewed. This should include guidance on where the views of the adult at risk and the person alleged to have caused harm will be recorded and that the minutes are produced from notes and not verbatim.	A request has been made to the West Yorkshire, North Yorkshire and York procedures group to include a sentence to the effect that minutes of safeguarding meetings are not a verbatim record of the meeting.
That the adult at risk and/or families should automatically be given information on the process for Safeguarding Conferences together with the opportunity to discuss this in further detail at any stage throughout the process.	A leaflet for the public, including adults at risk, provides outline information with regards to the purpose and functions of case conference meetings. This resource is available to anyone requesting a case conference and is provided by safeguarding coordinators to invitees as appropriate. There is advice within the leaflet about where to locate the full policy and procedures for more detailed information. Safeguarding coordinators provide written information to adults at risk and their families in relation to the process for safeguarding case conferences plus the opportunity to discuss further in detail is available at any stage through the process. We shall now record when the relevant fact sheets are provided, namely fact sheet 6 “what is a case conference meeting?” and fact sheet 7 “information for relatives and friends”. Further action will be to formulate further easy read information in accessible format for people with a learning disability.
That any request to hold a case conference at a later date rather than the earliest date available for attendees due to reports not being completed is agreed by a Manager from the Safeguarding Unit.	This has been reviewed. It has now been agreed by Adult Social Care that enquiry reports will be submitted with the request for a case conference meeting. This will ensure that case conferences will not be set up before the enquiry report is produced.

	The postponement of a case conference meeting once it has been arranged should therefore no longer be caused by the lack of a completed report.
Agreed decisions made during the safeguarding process must be recorded in the relevant case file.	All staff have been made aware of the requirement to record relevant information and decisions on the person's case file.
That, where possible, when adults at risk/their families are attending case conference people do not enter the room of a case conference until all parties have arrived so that there is a clear start time and formalities are respected.	Chairs call the room to order to formally start the meeting. The start time is recorded for the minutes. At the beginning of the meeting, the chair explains the ground rules for the meeting, and ensures that those present are introduced.
That professional staff attending case conferences are reminded that they need to be mindful of the comments they make and how their interactions may be perceived when the adult at risk/their families are in attendance. As these meetings have such great importance to the parties affected this should always be borne in mind to minimise the risk of a misunderstanding.	The ground rules have been reviewed. Chairs of Case Conference meetings are expected to ensure whilst explaining the ground rules that all present are reminded that behaviours and statements should be respectful to others, in particular to those who are not present in a work capacity.
Access & Care Mental Health Social Work	**Lessons Learnt**
A referral for an assessment of need by Housing to Adult Social Care made to the Contact Centre was not acted upon.	Contact Centre Customer Service Officers have had additional training on screening, eligibility and safeguarding. The Contact Centre now implements a two tier approach where safeguarding matters are identified and there is a process to escalate concerns to a registered professional within the Gateway to Services protocols in order for enhances fact finding to be undertaken and for a registered professional to review the data and progress accordingly. This process serves the dual purpose of providing an enhance service delivery and to lower the risk of safeguarding concerns and requests for assessments not being addressed to and/or progressed in a timely manner.

Access & Care Older People Day Services	**Lessons Learnt**
A service user walked out of the day centre when an alarmed door that had been deactivated so that it could be opened to cool the building. The service user fell causing a fracture to his wrist along with bruising to his face and eye.	The security alarm across the site has been upgraded ensuring that any external door that exits into an unsecured area remains activated at all times. This alerts the staff team to any person leaving or entering the premises. The Registered Manager has met with the staff team and ensured that all understand the required diligence and scrutiny to security and safety of the customers attending the care service. A review of this service user took place and regular checks are undertaken and if restlessness occurs the team respond to ensure that he remains comfortable and relaxed. Lessons from this incident have been shared with other Care services.
Independent Sector Extra Care Housing	**Lessons Learnt**
The provider should consider asking Managers of housing and care provision to record clearly on care plans / review forms any arrangements regarding support with medication and how and where this should be recorded.	All care staff complete training on documentation resident in/out sheets and in care plans. Particular emphasis on medication. Where staff administer medication Medication Administration Record sheets are provided by the pharmacy and filled in each time medication is given or reasons for not being given.
The provider to alert the Council if any resident who previously did not receive care or support begins to receive this. This will ensure that any assessment or further assessment regarding charging for such services can be considered by the Council.	Adult Social Care call centre referral now made at point of care needs changing to update ISA previously agreed on residents moving in to Assisi Place. Where in the past the provider has made changes to increase or decrease care and address via care plans it is now involving ASC.
When undertaking shopping for more than one resident monies used for shopping and other services were accounted	Residents are made aware of transport / taxi use and costings and an agreement are signed by residents prior to this activity starting.

for but no information relating to shared travel costs was recorded.	Costs for taxis to be split between all concerned and receipt given for each resident's portion of the payment.
Other Council Department – Passenger Transport	**Lessons Learnt**
Regarding a service user who struggled getting off the minibus back from respite care. After he got out of the bus his trousers were around his ankles and he fell twice during the walk to his home. Upon arriving at his home he was left on the floor in the hallway with a home carer who had said to the driver that she was unable to assist my father to his feet.	The Passenger Transport referral form has been amended to include a question about whether a passenger can use either the steps or the tailgate. Drivers have been briefed regarding mobility/exiting buses. The issue of escalating of issues to managers before leaving a customer has been included in regular staff briefing sessions with drivers. A checklist has been introduced as part of the induction for drivers which details the minimum topics that should be covered during induction / shadowing.

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

Adult Social Care
PO Box 848
Leeds
LS1 9PQ

Telephone: 0113 222 4405
Textphone: 0113 222 4410

Email: complaints.socs@leeds.gov.uk